

MESSAGE FROM THE CHAIR

As we look ahead



Warren S. Sandberg, MD, PhD

I hope each of you had a restful holiday season and are refreshed and ready for the new year. The kick-off to a new year is a great time to set new goals or remind ourselves of current goals. I personally have **three goals**, which include:

- Preparing the department and the periop team to navigate the CS2.0

transition and come out stronger on the other side

- Consolidating and extending the benefits of departmental Enhanced Recovery After Surgery (ERAS) and Periop Consult Service successes from 2015

- Continuing to **equip and develop the leadership** in all of its endeavors

The diverse talent within our department continues to demonstrate the four Cs articulated in 2015: we are compassionate, creative, committed and collaborative in so many ways. (For new hires, ask your AA or hiring manager for a department badge.)

Take a look at the press coverage to see some of the action within Anesthesiology.

I want to highlight a couple of upcoming events. A History of Nurse Anesthesia reception will take place on Wednesday, January 27, 2016, commemorating over 100 years of nurse anesthesia service at Vanderbilt University Medical Center. A reception will be held from 5:00-6:00 pm followed by speakers from 6:00 pm - 8:00 pm, including Dr. Bradley Smith, longest serving chair of the department. The event is a great opportunity to recognize and honor our CRNA staff.

Thank you to each of you for your ongoing commitment to Anesthesiology. Your dedication and talent are appreciated!

Indiana State Health Commissioner Promotes Leadership and Diversity to Residents

Renuka Christoph

Dr. Jerome Adams, Indiana State Health Commissioner, was invited by Dr. Jesse Ehrenfeld with the Department of Anesthesiology to speak on diversity and leadership development to residents. Adams, a practicing anesthesiologist at Indiana University, provided residents with personal insight on his path to leadership.

“We were privileged to have Dr. Adams share his insight in minority leadership development and converse with our residents. It is through such collaborative efforts that we are equipping tomorrow’s leaders with the necessary tools for success,” stated Dr. Warren Sandberg.



Dr. Jerome Adams and Dr. Warren S. Sandberg

Press Coverage

Vanderbilt Anesthesiology Promotes Leadership and Diversity to Residents
Tennessee Tribune
January 6, 2016

Dr. Susan Eagle-Invision-Heart
Tennessean
January 5, 2016

ADVERSE Drug Events: Incidence & risk reduction across the care continuum
Anesthesiology
January 2016

Shaw lauded for research mentorship
Vanderbilt Reporter
December 10, 2015

Vanderbilt, Ono Pharmaceutical sign drug discovery agreement
Vanderbilt Reporter
December 10, 2015

The upside of EHRs: 3 physicians' perspectives on what they get right
Beckers Hospital Review
December 2015

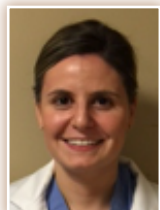
As Non-OR Procedures Soar, New Guidelines Are Needed
Anesthesiology News
December 2015

Advanced Airway Training Needed for Anesthesiologists
Anesthesiology News
November 9, 2015

Schools of Nursing, Medicine create new LGBT health course
Vanderbilt Reporter
November 12, 2015

Visit the newsfeed on the homepage of website to view additional news

SPOTLIGHT



Catherine Behrle
Nurse Practitioner
Division of
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PREVIOUS POSITION:
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EDUCATION:
MS in Nursing, University
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Meredith Coleman
CRNA

PREVIOUS POSITION:
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EDUCATION:
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(2015)
BS in Nursing, Samford
University, Birmingham, AL
(2011)
BA in Business Administration



Christy Crockett, MD
Assistant Professor, Division
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PREVIOUS POSITION:
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EDUCATION:
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BS in Biology, University of
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Hunter Douglas
Research Assistant I

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EDUCATION:
BS in Biochemistry, Cellular,
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sity of Tennessee, Knoxville,
TN (2014)



Jennifer Jayaram
Perioperative Nurse
Practitioner

PREVIOUS POSITION:
NP, Instructor, Assistant in
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Vanderbilt University Medical
Center, Center for Surgical
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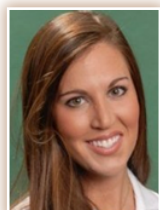
EDUCATION:
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Katharina Modes, MD
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BS in Nursing, Auburn Uni-
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Jenny Venecek
Program Coordinator, IMPACT
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United States Peace Corps
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BA, Anthropology, UNC-Char-
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Lindsey Kilgore
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PREVIOUS POSITION:
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Crystal Parrish
Nurse Practitioner
Division of Pain Medicine

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Jeffrey Boon
Nurse Practitioner
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Accomplishments



Dr. Vikram Tiwari

Dr. Vikram Tiwari was elected as “President Elect” of the Health Applications Society (HAS) within the Institute for Operations Research and the Management Sciences (INFORMS) for 2016. The position will automatically move up to “President” for 2017. HAS has 900 members worldwide. INFORMS has over 8,000 members worldwide. Tiwari will be running the HAS cluster in the next annual INFORMS conference, which will be held in Nashville November 13-16, 2016. Contact Dr. Tiwari if interested in presenting or creating a session/panel.



Dr. Brian Rothman

Dr. Brian Rothman was invited to serve on the American Society of Anesthesiologists 2016 Ad Hoc Committee on Data Governance. In this role, Rothman will provide oversight and guidance to ASA staff leadership to ensure that ASA’s information technology (data collection, IT strategies, IT projects, business intelligence, technology infrastructure, etc.) is aligned with ASA’s strategic plan, initiatives and Board of Directors (BOD)\House of Delegates (HOD) actions.



Dr. Andrew Shaw

Dr. Andrew Shaw was elected for membership into the Foundation for Anesthesia Education and Research (FAER) Mentors in Anesthesiology. The objective of the Academy is to recognize those individuals who, as mentors, have contributed to the development and advancement of academic anesthesiology in research and promoted mentoring among others in the specialty, thereby increasing the quality of research and advancing the scope of academic anesthesiology.



Dr. Jerod Denton

Dr. Jerod Denton lectured at the Department of Biochemistry and Molecular Pharmacology at the University of Massachusetts Medical School, on “*Inward Rectifier Potassium Channels: Emerging Drug Targets for Global Health.*”



Dr. Kelly McQueen

Ono Pharmaceuticals is supporting Dr. Jerod Denton’s drug discovery

lab with a post- doctoral fellow, Takahiro Mori, and lab operating funds support for the next two years.

Dr. Kelly McQueen attended the Global Action Summit held in Nashville and gave a presentation entitled, “*Adding Value-Decreasing Maternal and Infant Mortality Through Surgery and Safe Anesthesia.*”

Dr. Heidi Smith has been elected to Associate Membership in the Association of University Anesthesiologists (AUA).

Startup company, Volumetrix, which was co-founded by **Dr. Susan Eagle**, has been recommended for Phase I STTR funding by the National Science Foundation for project: “Wireless point-of-care sensor for continuous fluid status monitoring of patients with congestive heart failure.” Volumetrix seeks to fulfill critical unmet needs in medicine by developing novel non-invasive devices and algorithms for intravascular volume status determination.

Dr. Josh Billings presented the primary findings of the Statin AKI Cardiac Surgery RCT, a 653 subject NIH and department supported clinical trial in the High-Impact Late-Breaking Clinical Trials Session at the American Society of Nephrology meeting in November 2015. His work was also selected for media presentation for media blast the day before. Billings has also been elected to the AUA.

Dr. Mark Newton has been appointed to World Federation of Societies of Anaesthesiologists (WFSA) for a one-year term as a member of the ASA Committee on Representation.

Dr. Michael Pilla was invited to join the SOM Clinical Practice Appointments and Promotions Committee.



Dr. Heidi Smith



Dr. Susan Eagle



Dr. Josh Billings



Dr. Mark Newton



Dr. Michael Pilla

ATTENTION CLINICAL FACULTY

Have You Started Your Career Development Award (CDA) Application?

The Career Development Award (CDA) program application process is now in effect and provides an opportunity to reflect on your FY16 goals and set your intentions for FY17. As you look back, document your achievements to date within your Curriculum Vitae. This will save time during the Academic Achievement Award (AAA) program this summer when you will be rewarded for your efforts this fiscal year. See below for additional information:

FY17 Career Development Award Program

For the period of July 1, 2016 – June 30, 2017

Important Dates:

- January 29th Applications due
- April 11th Notice of CDA

All clinical faculty must apply for a CDA to be guaranteed any non-clinical time (including “baseline” days) except:

- VMG pain physicians unless you have >20% department-funded effort
- Faculty who do not have >20% Vanderbilt effort
- Per diem faculty

Common Application Issues:

- Omitting the “base days” (no guaranteed “base days” anymore)
- Writing too little (or too much) about how you will spend CDA
- Expecting more CDA without evidence of accomplishment with current CDA or providing compelling rationale

FY16 Academic Achievement Award Program

For the period of July 1, 2015 – June 30, 2016

Important Dates:

- June 6th Forms sent to faculty
- July 11th Forms due
- September 30th Payment received

Summary of changes for FY 2015-2016:

- To qualify for AAA, you must complete at least 2/3 of all resident or fellow evaluations assigned via New Innovations (starting October 1st)
- Will now get 1 point for every evaluation with substantive narrative feedback
- Cap for Vanderbilt teaching increased to 500 points and can get 300 additional points if garner more than 1,000 points (500 above cap)
- Enduring materials component refined
- “Clinical Care Pathways” category refined with new category of “Practice Protocols”
- Impact factors adjusted indexed to our key journals
- Refinement and clarification of Academic Service category

For any questions regarding these programs and your participation please contact **Dr. Matthew Weinger**, Vice Chair for Faculty Affairs or **Callie Hanks**, Program Coordinator. Read the **full guidelines here**.

Indiana State Health Commissioner *cont'd*



Dr. Charlene Dewey, Assistant Dean for Educator Development, Dr. Sheryl Rimrodt, Assistant Professor in Developmental Medicine, Dr. Jesse Ehrenfeld, Commissioner Jerome Adams, Dr. Annet Kirabo, Pharmacology, Dr. Kevin Johnson, Chair of Bio Informatics

The commissioner emphasized the importance of patient advocacy and getting involved with institutional and government organizations where key decisions are being made. Issues such as HIV, proper drug prescribing and hypertension were among the relevant topics mentioned during a lunch discussion.

As health commissioner, Adams finds his power to convene and connect individuals as the greatest asset in his role. Through this, vital conversations are taking place and individuals who otherwise would not have had a voice are being heard.

“Commissioner Adams is an inspiring leader, who embodies the type of change that is possible when physicians bring their leadership skills to bear on our nation’s greatest public health problems,” commented Dr. Jesse Ehrenfeld, the professional development rotation director.

“I am delighted that our trainees were able to learn so much from him and take away from the experience a little bit of his passion for health.”

VANDERBILT UNIVERSITY
MEDICAL CENTER

DEPARTMENT OF ANESTHESIOLOGY
presents

History of Nurse Anesthesia
at
VANDERBILT UNIVERSITY MEDICAL CENTER

CELEBRATING OVER 100 YEARS
IN HONOR OF CRNA WEEK

Wednesday January 27, 2016

Reception
5:00 PM

Guest speakers (TBA)
6:00 PM -8:00 PM

Light Hall 214

Heavy hors d'oeuvres, beer and wine will be served

Recent Publications

- Aline F, Wanderer JP, Ehrenfeld JM.** Managing the Impact of the ICD-10 Transition on a Data Warehouse. *J Med Syst.* 2016 Mar;40(3):57. doi: 10.1007/s10916-015-0418-9. Epub 2015 Dec 9. PubMed PMID: 26649437.
- Alvis BD, King AB, Hester D, Hughes CG, Higgins MS.** Randomized controlled pilot trial of the rigid and flexing laryngoscope versus the fiberoptic bronchoscope for intubation of potentially difficult airway. *Minerva Anesthesiol.* 2015 Sep;81(9):946-50. Epub 2014 Oct 3. PubMed PMID: 25280140.
- Bennett JM, Deegan R, Maltais S, Pretorius M.** Failed Percutaneous Transcatheter Tricuspid Valve-in-Valve Replacement Caused by Retained Valve Holder. *Anesth Analg.* 2016 Jan;122(1):34-6. doi: 10.1213/ANE.0000000000001021. PubMed PMID: 26678467.
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- Cropsey C, Kennedy J, Han J, Pandharipande P.** Cognitive Dysfunction, Delirium, and Stroke in Cardiac Surgery Patients. *Semin Cardiothorac Vasc Anesth.* 2015 Dec;19(4):309-17. doi: 10.1177/1089253215570062. PubMed PMID: 26660055.
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- Epstein RH, **Jacques PS, Wanderer JP, Bombulie MR, Agarwalla N.** Prophylactic Antibiotic Management of Surgical Patients Noted as "Allergic" to Penicillin at Two Academic Hospitals. *A A Case Rep.* 2015 Nov 9. [Epub ahead of print] PubMed PMID: 26556109.
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- Johnson KB, Patterson BL, Ho YX, Chen Q, Nian H, Davison CL, **Slagle J**, Mulvaney SA. The feasibility of text reminders to improve medication adherence in adolescents with asthma. *J Am Med Inform Assoc.* 2015 Dec 11. pii: ocv158. doi: 10.1093/jamia/ocv158. [Epub ahead of print] PubMed PMID: 26661717.
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- Kla KM, Coursin DB, Rice MJ.** Limitations of the Pupillary Reflex: Do the Eyes Have It? *Anesthesiology*. 2015 Dec;123(6):1480-1. doi: 10.1097/ALN.0000000000000896. PubMed PMID: 26655314.
- Latuska RF, Kuhl NO, Garrett CG, **Berry JM**, Gelbard A. Severe bradycardia associated with suspension laryngoscopy. *Laryngoscope*. 2015 Nov 3. doi: 10.1002/lary.25590. [Epub ahead of print] PubMed PMID: 26526978.
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- McEvoy MD**, Hand WR, Stiegler MP, DiLorenzo AN, **Ehrenfeld JM**, Moran KR, Lekowski R, Nunnally ME, Manning EL, Shi Y, Shotwell MS, **Gupta RK, Corey JM**, Schell RM. A Smartphone-based Decision Support Tool Improves Test Performance Concerning Application of the Guidelines for Managing Regional Anesthesia in the Patient Receiving Antithrombotic or Thrombolytic Therapy. *Anesthesiology*. 2015 Oct 28. [Epub ahead of print] PubMed PMID: 26513023.
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- O'Neal JB, Shaw AD.** Goal-directed therapy in the operating room: is there any benefit? *Curr Opin Anaesthesiol*. 2016 Feb;29(1):80-4. doi: 10.1097/ACO.0000000000000273. PubMed PMID: 26658176.
- Prielipp RC, Morell RC, Coursin DB, Brull SJ, Barker SJ, **Rice MJ**, Vender JS, Cohen NH. In Response. *Anesth Analg*. 2015 Dec;121(6):1680-2. doi: 10.1213/ANE.0000000000000957. PubMed PMID: 26579669.
- Reducing Adverse Drug Events Related to Opioids Implementation Guide. Editors: Frederickson TW, Gordon DB, De Pinto M, Kral LA, Furnish T, **Gupta R** (editor and co-author of 8 sections), Austin PN. Philadelphia, Pennsylvania, United States: Society of Hospital Medicine; 2015 Nov.
- Rice MJ**, Coursin DB. Glucose Meters: Here Today, Gone Tomorrow? *Crit Care Med*. 2015 Nov 17. [Epub ahead of print] PubMed PMID: 26588831.
- Rooks HJ, Anthony JR, Sexton KW, Marshall AP, Guillaumondegui OD, **Ehrenfeld JM**, Shack RB, Thayer WP. Transfers for Hand Surgery Correlate with Increased Reoperations for Complications. *Am Surg*. 2015 Nov;81(11):1177-81. PubMed PMID: 26672590.
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Townley KR, Lane J, Packer R, Gupta RK. Unintentional Infusion of Phenylephrine into the Epidural Space. AA Case Rep. 2015 Oct 26. [Epub ahead of print] PubMed PMID: 26513673.

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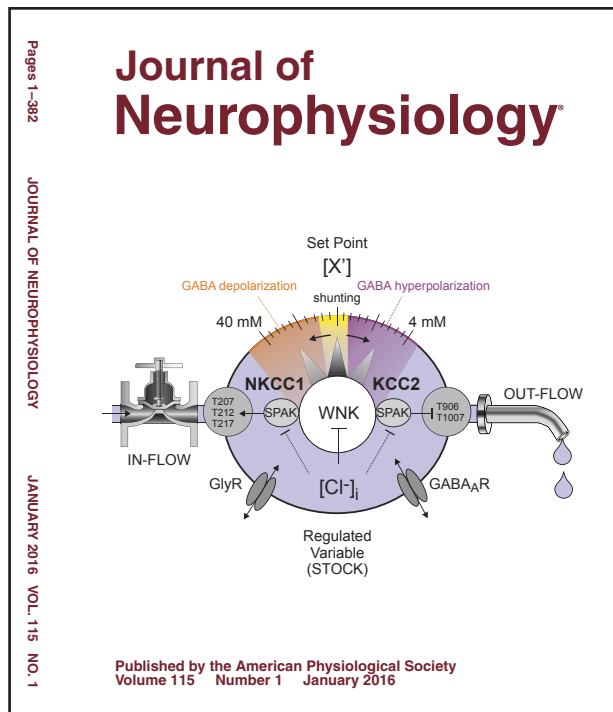
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* Note that we will continue be referenced as “Vanderbilt University Medical Center.”

Journal features cover art by Eric Delpire



Cover art by Eric Delpire

See pages 9-10 for ASRA apps editorial reprinted from the Jan/Feb 2016 issue of *Regional Anesthesia and Pain Medicine*

COMING SOON

Anesthesiology Lead Shielding Inspections

The Vanderbilt Department of Radiology and Radiological Sciences will provide courtesy annual lead shielding inspections in the coming months. The Tennessee Department of Health and Environment, Radiological Health Division, requires inspection of personal protective lead shielding. VUMC requires lead shielding be inspected visually and fluoroscopically annually. Also, lead shielding inspections are a high priority with the Joint Commission, as evidenced by their July visit, as well as are verified during timely Environment of Care Surveys by VEHS, Environment of Care Teams.

The Department of Anesthesiology will be sending out an email later this month detailing how inspections will be coordinated. Stay tuned for further details.

Contact: jonathan.p.dulong@vanderbilt.edu

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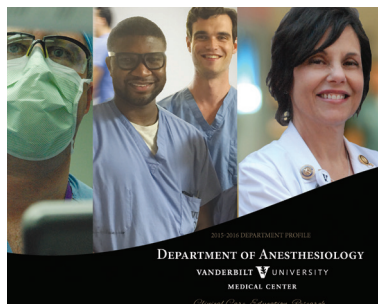
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Attention Social Media Gurus

Interested in joining the Anesthesiology Social Media committee?

The committee will meet **once a month** to:

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- Determine content for Twitter and Facebook
- Gather internal content
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Creating, and Protecting, the American Society of Regional Anesthesia and Pain Medicine's Intellectual Property

Joseph M. Neal, MD,* Angela Stengel, MS, CAE,† and Marc A. Huntoon, MD‡

The creation and use of cognitive aids for medical practice have increased exponentially in recent years. With the evolution of available drugs, increased use of algorithms and care pathways, and expanded surgical indications for patients of greater medical complexity, the anesthesiologist's ability to recall facts is challenged, and the potential for error intensified. Complete and accurate recall diminishes further when one is fatigued or stressed.¹ The American Society of Regional Anesthesia and Pain Medicine (ASRA) has long recognized these challenges and consequently devoted considerable financial and intellectual resources to the creation and periodic updating of evidence-based guidelines and practice advisories on topics such as periprocedure coagulopathy² and local anesthetic systemic toxicity (LAST).³ Although users appreciate an advisory's expansive content, until recently they likely have struggled with how to easily access its information short of being blessed with a photographic memory or stuffing large manuscripts into their back pocket. Acknowledging this struggle, ASRA was quick to invest in the creation of user-friendly apps for smart phones and similar devices. The society is proud of these products and endeavors to promote them across specialties and continents. Although ASRA guidelines, practice advisories, and apps are created for the benefit of medical practitioners and their patients, they are not in the public domain. These products are copyrighted, and the society aggressively protects the intellectual property from which they are derived.

The ASRA Coags app has expanded both its content and platform. Guidelines for care of the patient receiving antithrombotic or thrombolytic drugs were developed into an iOS app in spring 2013 and sold through the Apple App Store. A team from Vanderbilt University worked with ASRA to create this app, which distills recommendations derived from the extensive background manuscript² into logic trees based on drug name and clinical scenario (eg, when to safely perform a block in someone taking the drug or restart the drug after epidural catheter removal). In early 2015, ASRA released an offshoot of this work⁴ for the purpose of addressing interventional pain medicine practice scenarios, with special emphasis on management paradigms that differ from those for regional anesthetic blocks. This new app was released fall 2015 as ASRA Coags Pain to distinguish it from the renamed ASRA Coags Regional (Fig. 1). The society has expanded app availability to the Android platform via Google Play. Dual platform availability highlights our commitment to making these products available to the widest possible international audience in anticipation of the 2016 release of the updated regional anesthesia antithrombotic and thrombolytic guidelines, which have been melded with those of the European Society of Anaesthesiology.

On its surface, the process of creating and revising guidelines and practice advisories may seem expensive. The teams of physicians who construct these works are not paid by the society, which itself does not seek to underwrite costs through unrestricted commercial grants. Indeed, ASRA is a standard bearer for guideline and advisory creation free of industry support and its potential for perceived influence. The society's efforts have spanned 2 decades of updated anticoagulation guidelines and slightly less longevity for those initiatives related to LAST,³ neurologic complications,⁵ infectious complications, and most recently pediatric regional anesthesia.⁶ Throughout this time, ASRA has been blessed by teams of content experts who have freely given their time, expertise, and editorial skills—all without benefit of pay or support teams of methodologists and medical writers. The products that result from these efforts represent the writers' intellectual property. By virtue of publication in the journal, ASRA becomes the copyright owner and thus assumes the role of protecting the authors' intellectual rights as well as its own interests. Contrary to the “low cost” creation of advisory content, the development of apps is an expensive undertaking. The costs of developing the Coags, LAST, and TimeOut apps are in excess of \$30,000. Apple and Google receive a 30% commission on each sale and require ASRA to play by their rules when it comes pricing the apps (eg, we cannot offer member discounts). To mitigate these

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J.M.N. is immediate past president and A.S. is executive director, American Society of Regional Anesthesia and Pain Medicine. M.A.H. is editor-in-chief of *Regional Anesthesia and Pain Medicine*.

Dr Brian D. Sites, associate editor-in-chief of *Regional Anesthesia and Pain Medicine*, served as editor-in-chief for this submission.

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FIGURE 1. The ASRA Coags for regional anesthetic applications (left) and interventional pain medicine applications (right).

restrictions, ASRA sets a reduced introductory price for the first month and urges its members to purchase before the price increases.

We hope you now have a better understanding of how ASRA develops its guidelines and cognitive aid products. But this editorial would be incomplete without a story and a warning. During development of ASRA Coags Regional, the society became aware of an iOS app for the management of patients taking or expecting to take antithrombotic and thrombolytic drugs while undergoing regional anesthesia. The American Society of Regional Anesthesia and Pain Medicine's name appeared multiple times in the app, thereby implying our endorsement. Yet nowhere in the app was there proper citation to the information “cut and pasted” from our anticoagulation guidelines²; indeed, the developers had never sought our permission or collaboration. Discovering who these plagiarists and thieves were proved not an easy task, as their US company Web site did not list principals, and their server was located in France. With the help of our attorneys and Apple, sale of the offending app was shut down within days, but not before the perpetrators grossed an estimated \$40,000 though the unauthorized use of ASRA's intellectual property.

The American Society of Regional Anesthesia and Pain Medicine is justifiably proud of its continual efforts to create and update the best evidence-based guidelines and advisories related to complex clinical issues involving our subspecialties. The society and the individuals who develop these products are honored to invest their time and resources into creating the intellectual property that fuels these initiatives and resultant cognitive aids. However, on behalf of its member volunteers and *Regional Anesthesia and Pain Medicine*, ASRA will use any

recourse to defend its intellectual property from those who wish to profit illegally from our good will and expertise.

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