Recap: 2019 ISA’s Women in Anesthesiology Conference

The second Women in Anesthesiology Indiana State Conference hosted by the ISA was a big success in August! We were fortunate to have engaging guest lectures by renowned female anesthesiologists from around the US. Topics included millennial physicians in anesthesiology, the art of mentorship & sponsorship, leadership success in private practice, long-term effects of opioids, and success in medicine & government. Big thanks to Dr. Corinna Yu (University) for all her hard work and countless hours spent organizing this fantastic event! Dr. Yu serves on the board of directors for the ISA as well as the board of directors for the national WIA group. The conference was a great opportunity for networking, furthering education and socializing with colleagues outside of work. Survey data collected about the benefits of the conference will be presented at the ASA Annual Meeting in the Scientific Educational Exhibits!
Health Update from Kelly Grott

Thank you.

Those two words only begin to convey the gratitude I feel for your help. If there is one thing that I do to pay you back it might be to serve as a reminder to always wear your helmet when riding your bicycle (or scooter or whatever).

As most of you know, I was riding in a “Bikes & Beers” bike race with my family on August 24th in Kalamazoo, MI when I was struck by a speeding Hyundai going roughly 40 mph. Since the beer was promised at the end of the ride, I unfortunately felt everything completely sober. My thinking was clear enough to go limp on impact but my “almost last words” would not have made my mother very proud, so thankfully I get a redo at that, hopefully at a much later date.

While the EMTs failed to start an IV, they did quickly get me to the nearby Bronson Health hospital, a Level 1 trauma center. There I learned that I broke my L4 vertebral body, eighth right rib, right-sided humerus head, and incurred some pretty nasty road rash (down to fascia - my stinking shoe decided to abandon me during the crash).

Many people have laughed that I feel so thankful, but that’s truly all I can feel. My helmet is cracked and still has a shard from the car’s windshield. My beloved bicycle is mangled way beyond repair. But I’m alive, I can walk, I will heal, and I do not have to worry about giving up my goal of being an amazing IU anesthesiologist. Nonetheless, broken bones come with frustrating and at times maddening restrictions (no bending, twisting, lifting anything over 5 lbs, no using my right arm), but I am hopeful that with a couple more weeks of patience and abiding to these restrictions, I will have a full recovery without needing surgery.

Let me finish like I started by saying how deeply I appreciate Dr. Stewart and the other faculty’s understanding and patience while I heal. I am also deeply grateful for the flowers you all sent and how readily everyone has stepped up to cover my call. Thank you all for making my concerns about my career the least of my worries. I look forward to seeing you all again soon. Thank you.

- Kelly Grott, CA-2

Anesthesia Trivia

The 20th Surgeon General of the United States, Dr. Jerome Adams, completed his anesthesia residency at Indiana University (2003-2006) and was faculty at Eskenazi Hospital prior to accepting his current role.
Dr. Mark Tasch
UNIVERSITY HOSPITAL

1. Hometown? Louisville, KY.
2. If you could pick the music for the day in the OR, what would you choose? My first choice would be classical music, but I doubt that anyone else in the OR would be happy with that. My next choice would be 60s-80s rock.
3. How do you like to spend your weekends off? Most importantly, not setting the alarm clock. Weather permitting, I like to spend as much time as I can outside, catch up on things I need to do and go to a favorite restaurant or have a few friends over to our house.
4. What’s the best piece of advice you’ve ever received? Stay skeptical, even about yourself.
5. What would your career have been if you hadn’t gone into medicine? I probably would have been an accountant.
6. Favorite drink (alcoholic or not)? Any dark beer. I’m also partial to good spirits and dry red wines.
7. Favorite place you’ve ever traveled to? The country I’ve enjoyed the most is Uzbekistan and the city I would most like to go back to is Barcelona.
8. Best way to unwind after a long day or week at work? In no particular order: hiking/walking in nearby woods, cooking, watching baseball, reading. Also, see answer to Question 6.
10. How did you end up in the field of Anesthesiology? My first exposure to the field came during a high school summer job as a surgery orderly. I noticed then that the anesthesiologists were the happiest people I encountered (certainly happier than the floor nurse who stopped me from returning a postop patient to the wrong room or her colleague who saw me taking a deceased patient to the morgue in a wheelchair when I couldn’t find a stretcher nearby). I intended to be an internist until my first rotation in internal medicine. The attending and resident made that area of practice highly unappealing. When the time came to apply for a residency, I had very little experience in anesthesiology, just a short elective in my second year, but I had enjoyed it a great deal. My choice of specialty was mostly a hopeful guess. Luckily, I guessed correctly.

Dr. Christopher Grindle
ESKENAZI HOSPITAL

1. Hometown? Wabash, IN.
2. If you could pick the music for the day in the OR, what would you choose? I enjoy 90s and early 2000 hip hop — so I like Pandora’s Hip Hop BBQ.
3. How do you like to spend your weekends off? Perfect weekend is a fun day with my family on Saturday (zoo, orchard, museum, etc.) then Sunday at the Colt’s game.
4. What’s the best piece of advice you’ve ever received? I had an attending once tell me “Treat every patient as if they were your own mother, father, brother, sister, son or daughter.” I think it is important to care for and respect the patients we have the opportunity to care for.
5. What would your career have been if you hadn’t gone into medicine? I considered teaching but I never really considered any other career than medicine. That being said, I have always been intrigued by the thought of being a professional gambler.
6. Favorite drink (alcoholic or not)? Diet Dr. Pepper.
7. Favorite place you’ve ever traveled to? Bar Harbor, Maine.
8. Best way to unwind after a long day or week at work? I enjoy cooking and doing lawn work to just “zone out”.
9. Favorite book or genre? Anything by Morgan and Mikhail, of course...not really, but I don’t read a lot of novels. I prefer to read blogs about cooking, new technology or sports.
10. How did you end up in the field of anesthesiology? When I was a third-year medical student, I met Dr. Nakata during my two-week anesthesia rotation and was considering a career in primary care. After talking with him, I realized my interests in medicine could be better satisfied through anesthesiology. I enjoyed hands-on work, direct patient care and appreciated the quicker pace of the operating room. If I had it to do over, I would not choose any other specialty over anesthesiology.
Get To Know Your Attendings,  

Dr. Julie Dunlap  
RILEY HOSPITAL FOR CHILDREN

2. If you could pick the music for the day in the OR, what would you choose? I would definitely pick 80’s music. I love 80’s hairbands and power ballads.
3. How do you like to spend your weekends off? How I would like to spend them and how I actually spend them are very different. I currently spend them waking up early and play leggos, barbies, jumping on our trampoline and playing referee between my twin 7-year olds. Please do not tell the ortho surgeons at Riley that we have a trampoline. My ideal weekend would be sleeping in, going to Starbucks for coffee, and then shopping with my Mom and sisters.
4. What’s the best piece of advice you’ve ever received? The best piece of advice that I have been given is “Don’t make decisions when you are angry or ecstatic.” I am not very good at this yet, but I am a work in progress.
5. What would your career have been if you hadn’t gone into medicine? If I had not gone into medicine, I would have continued with social work, gone to law school, and worked as a juvenile court judge. Child advocacy is still one of my great passions.
6. Favorite drink (alcoholic or not)? I love Pike’s Place coffee and peppermint mochas from Starbucks. I truly could not survive without coffee. I probably should have a favorite alcoholic drink; it may make parenting easier.
7. Favorite place you’ve ever traveled to? Belize. The snorkeling and food were amazing. We stayed in a jungle hut with no electricity and a freshwater outdoor shower.
8. Best way to unwind after a long day or week at work? I truly do enjoy spending time with my family. They are what keeps me going in this crazy world. We love weekend trips to Chicago and lots of swimming.
10. How did you end up in the field of Anesthesiology? I was a social worker in the ICU at Riley for several years and decided to go back to medical school after interacting with the physicians on the team. I planned to do general pediatrics, but my sister showed me the error of my ways, and now I love what I do.

Dr. Sanjay Gupta  
VA MEDICAL CENTER

1. Hometown? New Delhi, India.
2. If you could pick the music for the day in the OR, what would you choose? My favorite music is Bollywood songs but it will annoy everyone else in the operating room.
3. How do you like to spend your weekends off? Spend time with family and relax.
4. What’s the best piece of advice you’ve ever received? Quite a few:
   - Never justify a bad result.
   - Read textbooks.
   - Move to USA.
5. What would your career have been if you hadn’t gone into medicine? Software engineer.
6. Favorite drink (alcoholic or not)? Darjeeling tea brewed English way.
7. Favorite place you’ve ever traveled to? Kilauea Volcano, Hawaii. (Lava hike was an experience in itself.)
8. Best way to unwind after a long day or week at work? Watch an 8-hour long game of cricket.
10. How did you end up in the field of Anesthesiology? With my background in pulmonary medicine, anesthesia seemed like the most practical choice.
Reflections from Your Former Chief Resident

We asked last year’s chief resident Drew Schmidt to tell us a little about his life now post-residency.

Drew Schmidt
CLASS OF 2019

1. Where do you work now? Baptist Health in Louisville, KY
2. Looking back, what was a memorable case from residency? There are a number of memorable cases from residency. I am not sure if I was a magnet for bad cases or just a bad anesthesiologist. The most memorable case was probably the AFE [amniotic fluid embolism] towards the end of residency. I was paired with Dr. Sanford. We detected it early, but she still coded and received a significant amount of blood products. When the 5E falls in your lap and things don’t go well, it’s not much of a surprise. When an otherwise healthy patient has a bad outcome, it sticks with you for a while. Thankfully she had a full recovery and was discharged a week later.
3. What do you miss most from residency? I miss a lot of things from residency. I was happy to graduate but sad to leave. I miss the relationships and camaraderie. I miss the intellectual conversations. I miss the big cases, especially liver transplants. I miss the limitless supply of high-quality ultrasounds.
4. What was Day #1 of attending life like? I was admittedly nervous about starting. I went from praying for the most challenging case on the schedule as a resident, to praying for the easiest case on the schedule as an attending. On my second case of my first day as a real doctor, I had a prone spine case. I intubated in like 3 seconds trying to be Mr. Efficient, private practice attending. Next, we flipped the patient from his bed to the OR table and the surgeon realized that I had placed the prone view upside down. We had to flip the patient back on to his bed to adjust the prone view and I was mortified. Anesthesia is a humbling sport. Just try not to make the same mistake twice or a lot of mistakes at the same time.
5. How is it now, 3 months into working? I couldn’t be happier with my job. The group has been incredibly welcoming and fair. I work in the care team model and love the pace of each day. I see patients, do blocks/procedures, start cases and put out fires. I do my own cases when I am working late, on call and during the weekends. It’s a perfect mix. At the end of the day, I am doing what I love and am grateful for that.
6. What is your favorite part about being an attending? Bicarb is off the formulary forever! Also, I no longer replace the stylet after the initial removal when I am doing a spinal. There is no ‘in and out’ with the stylet. The pencil point is not going to get “clogged.” Don’t let your staff tell you otherwise.
7. What do you like to do with your new attending money and time? Well, I buy Bud Light bottles now, instead of cans...
8. Any advice for current residents? I would encourage each one of you to walk into the OR every day with the composure of Matthew Warner, the intelligence of Mike Sanford, the leadership of Jennifer Stewart, the warm-heartedness of Dana Brock, the skill of TJ Soi and the looks of Greg Jenkins and if you have none of those things, then fake it like Raj Chawla.

Mission Trip to Honduras

At the end of September, Dr. Navid Etemadi (CA-3), Dr. Teal Murphy (CA-3) and Dr. Tasch (University) spent one week volunteering in Comayagua, Honduras with Solanus Medical Mission team. They performed anesthesia for kids and adults undergoing life-saving orthopedic and podiatric surgeries. Navid notes: “When you go on a missions trip and see the needs and opportunities around the world, it gets into your heart. When missions move from your mind to your heart, everything changes, including how you spend your time, energy and even your resources.”
ISA Updates

The Indiana Society of Anesthesiologists is the state component of the American Society of Anesthesiologists. Our goal is to represent physician anesthesiologists, advocate for our profession’s best interests, and provide lifelong learning opportunities. ASA membership unlocks a myriad of resources and I encourage everyone to take advantage of these. You can maintain your ASA membership at https://www.asahq.org/

The ISA’s annual meeting will tentatively be held in the Fall of 2020. Further details including date, location and featured speakers will be highlighted in the winter newsletter. This conference is a wonderful opportunity to network and learn from others in our profession as we have been fortunate to host many distinguished anesthesiologists from all over the country as speakers at these events.

The ASA has three major national meetings every year:

1. **ASA National Meeting in October** - Main focus is on education with hundreds of lectures scheduled over the 5-day conference. There is also a focus on clarifying and presenting the ASA’s stance on various issues related to our profession.
2. **Practice Management in January** - Provides updates on billing, regulations, and projections for the future.
3. **Legislative Conference in May** - Focuses on hill visits with lawmakers to discuss important issues facing anesthesia. For example, last year we discussed a proposed bill that would inhibit student loan interest accrual while in residency (We’re still working on this, but how amazing would it be if it came to fruition?)

If you have any questions, feel free to contact any of your ISA representatives. We are happy to help!

Meet Your ISA Class Representatives!

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<th>CA-1s</th>
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<td>SEAN COCHRAN</td>
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Research Corner

Did you know that select University faculty are currently involved in 14 different active clinical studies? Several are highlighted below:

- TAP blocks vs. QL blocks vs. surgeon infiltration for laparoscopic nephrectomy
- PACU incidence of PONV in ERCP patients
- Exparel ESP block vs. Bupivacaine ESP block vs. Exparel surgeon infiltration for VATS
- Cryoprecipitate use during OLT & post-op biliary complications
- ESP blocks vs. TAP blocks for laparoscopic hysterectomy
- Thoracic epidural vs. rectus sheath block vs. surgeon infiltration for cystectomy
- Opioid usage in patients before and after PCEA
- Improving wellbeing and reducing burnout of perioperative health care workers

Any residents interested in becoming involved in a current study, please contact Dr. Yap (University) at yyeap@iupui.edu

RECENT PUBLICATIONS

- **Prospective Comparison of Ultrasound-Guided Versus Palpation Techniques for Arterial Line Placement by Residents in a Teaching Institution**
  - *Journal of Graduate Medical Education*, April 2019
  - (Authors: Yap, Wolfe, Stewart, Backfish)

- **Comparison of methods of providing analgesia after pancreas transplant: IV opioid analgesia versus transversus abdominus plane block with liposomal bupivacaine or continuous catheter infusion**
  - *Clinical Transplantation*, June 2019 (Authors: Yap, Fridell, Wu, Mangus, Kroepfl, Wolfe, Powelson)

- **Pain interventions for organ transplant patients undergoing incisional hernia repair: Is epidural or transversus abdominal plane block a better option?**
  - *Clinical Transplantation*, October 2018 (Authors: Yap, Wolfe, Fridell, Ezell, Powelson)
Anesthesia Bingo

Long case in the OR? Need a study break? Challenge your friends and see how many bingos you can get!

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<td>Forgot to turn off the sevo</td>
<td>Get called &quot;anesthesia&quot; by the circulator, scrub tech or surgeon</td>
<td>On time for first case start</td>
<td>Surgeon asks how many twitches the patient has</td>
<td>Paralyzed patient with LMA in place</td>
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<td>Performed MAC for an ERCP</td>
<td>Patient mispronounces &quot;metoprolol&quot;</td>
<td>Blood sample hemolyzed, need to redraw</td>
<td>Nurse brings patient to the OR before you’re ready</td>
<td>Accidentally pulled out PIV while positioning patient</td>
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<td>Surgeon says “This will only take 10 more minutes”</td>
<td>Patient has ‘normal saline’ listed as an allergy</td>
<td><strong>FREE SPACE</strong> (ICU bed available)</td>
<td>Coffee machine in the lounge broken</td>
<td>EBL “50”, when half the canister is full</td>
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<td>PACU hold</td>
<td>Reversed with neo/glyco the entire day</td>
<td>Taylor Swift music played in the OR</td>
<td>Put in an arterial line under the drapes</td>
<td>Forgot to turn on the sevo</td>
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<td>Didn’t hear surgeon say “table up”</td>
<td>Scrub tech loudly announces “Patient is moving!”</td>
<td>Attending tells anecdote starting with “Back in my day…”</td>
<td>Used a light wand</td>
<td>Patient claimed he/she was NPO, but OG output proves otherwise</td>
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Residents Outside of the OR
What Are the Residents Recommending?

Residency is stressful! It can be mentally and physically exhausting. Study hard but don’t forget to take time to disengage every now and then. Been to a good restaurant lately? Read any good books or listened to a great podcast? Let us know so others can enjoy!

Book:

The Silent Patient
by Alex Michaelides
- Kelly Grott, CA-2

Podcast:

Economist Radio
by The Economist
- Evan Thayer, CA-3

Restaurant:

Livery, Milktooth, Black Market, Nesso, Sushi Bar
- Casey Connor, CA-2

Upcoming Events: Mark Your Calendar!

♦ **October 10**: Journal Club hosted by Dr. Yeap at Kizuki Ramen & Izakaya, 6-8pm
  - Topic: regional anesthesia & feasibility studies
  - Open to all residents and faculty!

♦ **October 19-23**: ASA 2019 in Orlando, FL
  - Select residents chosen to attend will be representing IU
  - Good luck to Dr. Eriko Kanaya (CA-3) with her presentation!

♦ **2nd Annual Friendsgiving** hosted by Maham Mahmood (CA-2)
  - Potluck style; details TBD
  - Residents and AAs only

Residency Family Additions

Martin Brewer Deeb, 8/2/19
(Megan Deeb, CA-2)

Welz Kyle Trosky, 8/8/19
(Elliott Trotsky, CA-1)

Palmer Elise O’Neil, 9/26/19
(Andrew O’Neil, CA-1)