



IU ANESTHESIOLOGY

Residency Newsletter

INDIANA UNIVERSITY
DEPARTMENT OF ANESTHESIA
School of Medicine

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Happy Spring!

As the end of this academic year approaches, we have many exciting things to celebrate. The ITE is over, graduation is approaching, and the days are getting warmer. Many of our residents recently traveled to Detroit to present at the Midwest Anesthesia Residents Conference and represent our program. We have gotten to know the new residents and faculty and will soon be welcoming the incoming CA-1 class in a few months. Although we will be saying goodbye to a group of talented residents, we look forward to celebrating all of their hard work at graduation. Please see some unique faculty perspectives below- we hope you enjoy reading this newsletter! Lastly, continue to scroll down for some pet therapy!

Editors Dr. Elizabeth Emhardt and Dr. Michelle Arce

Faculty Spotlights

Dr. Oscar Viegas, Eskenazi Health

- 1. Where are you from originally? Where did you train?** I am originally from the Portuguese colony of India, Goa, which is now a part of India. My culture is more Portuguese than Indian. My abbreviated name is Oscar Jose Viegas.
I completed my medical school training at GS Medical college/King Edward Memorial Hospital, Bombay, India. During my time, this institution only admitted students who topped the entrance exam. After completing my medical training, I did a British type internship in Uganda and Kenya under the tutelage of Professor Fulton. I then moved as a legal immigrant to the USA. I did my internship at St. Joseph Hospital, Lorain, Ohio and then proceeded to do a year of internal medicine at Henry Ford Hospital, Detroit, Michigan.
- 2. What made you decide to go into anesthesia?**
I switched to anesthesia after speaking to my medical school roommate who like me did a medicine residency in Boston. I initially was not thrilled with the specialty, my interest was internal medicine/nephrology. Remember, when I started anesthesia was not a well-respected specialty.
- 3. What is one of the most significant changes or developments you've seen in the practice of anesthesiology since you've been working?** I have seen a number of changes and innovations that have made anesthesia a respected and desirable specialty attracting talented students. Anesthesia has now become so safe that it is felt by some that it does not need all that education. Not so. In my mind inventions like newer inhaled agents, video laryngoscopy, ultrasound, regional anesthesia, muscle relaxants and reversal agents are responsible for this safety. All this may have a negative effect on MD's. Let's hope not.
- 4. If you could pass along any advice to residents, what would you share?**
My advice to residents is to engage in in-depth reading, always have a curious mind and focus on research and have an open mind. I would also like them to be equal or better than their East and West coast colleagues but this can only happen if they are exposed to faculty with similar attributes.
- 5. What is your favorite book?** My favorite book is "Emperor of all Maladies", Siddhartha Mukherjee.
- 6. Tell me more about your career path to today.** On completion of my residency, I joined the staff at Wishard. I have seen the hospital name change from Marion County General to Wishard to Eskenazi. I started the ICU service at Wishard along with Mary McCarthy, a general surgeon who is now chair of surgery at Wright University. My research interest was mainly on neuromuscular blockers and reversal agents. I have publications on vecuronium, rocuronium, rapacuronium (raplon) and now sugammadex. As you know, I was the principal investigator for sugammadex at this institution and I am one of the authors of the first paper on the multi-institutional study on sugammadex done in the US. I know and have met the inventor, Ton Bom, of sugammadex at research meetings in New York and South Africa. I have invited Ton Bom to lecture faculty and staff on research but because of an agreement with Merck he was unable to do so. I still communicate with him. I have invited prominent national and international speakers to talk on topics related to intensive care and pain blocks. I also arranged for one of our residents to spend time in Belgium with a prominent intensivist. I did all this to advance knowledge, care of patients and interest in research. I truly believed we were backward. My efforts were not without cost to me. But who cares as long as I accomplished my mission.



Dr. Gene Harker, VA

1. **Where are you from originally? Where did you train?**
I grew up in Kewanee – a small town in central Illinois. My medical degree is from the University of Illinois and I did my residency at Indiana University. (You may have heard of it.)
2. **What made you decide to go into anesthesia?** I find anesthesia inherently interesting, especially the nuanced application of physiology and pharmacology in the operating room. I also like the rhythm of the profession. As a hospital based doctor, I only work when I'm at the hospital. There is a clear boundary between work and the rest of my day. I can be intensely focused when in the OR and equally single-minded in what I do outside of work.
3. **Have you worked outside of medicine prior to training? What did you do?** Medicine is my third profession. (My fourth, if you count being a student. When I turned 40, I had only been out of school nine years, which included the five before kindergarten.) I have four advanced degrees: MA (New Testament), MEd (Education), PhD (Counseling Psychology), and MD. My first profession was part-time pastor. I then earned a PhD and worked as a clinical psychologist for four years before entering medical school at the age of 33. In addition to being boarded in anesthesia, I'm a licensed clinical psychologist in Illinois.



4. **What is one of the most significant changes or developments you've seen in the practice of anesthesiology since you've been working?** My top three are ... Ultrasound, GlideScope, Sugammadex
5. **If you could pass along any piece of advice to residents, what would you share?** Always have a project to focus your interest, drive engagement, and foster meaning. Satisfaction in life results from the pursuit of experiences that are novel and challenging. Who you are, your identity, is shaped more by your activities than your personality. Develop a "What's next" mentality, seek mastery, and expand your horizons.
6. **What areas of anesthesia interest you most?** Regional anesthesia and care of older patients with complex medical histories
7. **What are your favorite things to do outside of work?** Learning, Exercising, Creating, Relating
8. **If you weren't an anesthesiologist, what would you be and why?** I'd be a full-time husband, dad, and grandpa. I cannot imagine anything better than investing in the well being of my family.
9. **Favorite book?** This is a really tough question. I mostly read non-fiction and find value in almost all of the books I read. Recently, the concepts found in Crucial Conversations by Grenny, McMillan, Switzer, and Patterson have had the biggest influence on my day-to-day interactions. In its pages, the authors offer a model for having productive conversation when the stakes are high and emotions are trumping reason. I apply their principles almost every day.

Dr. John Emhardt, Riley Hospital

1. **Where are you from originally? Where did you train?** Indy, Indy, Indy. I grew up here. I went to Park Tudor High School, Purdue Engineering undergrad, IU School of Medicine, IU Residency, and Riley for my Peds fellowship.
2. **What made you decide to go into anesthesia?** I really like thinking in numbers, and I always loved physiology and pharmacology. Despite that, I started in Orthopedic Surgery (engineering undergrad, seemed like a good fit) but was not happy. Back then you could switch residencies pretty easily and I'm very glad I did. My Riley Pediatric Anesthesia mentors were some of my favorite teachers of all time and were probably a primary reason I chose pediatric anesthesiology. I think one's mentors play a large role in one's career direction. Plus, I was really taken by Pediatric Cardiac.
3. **What is one of the most significant changes or developments you've seen in the practice of anesthesiology since you've been working?** Oh too much for one thing. Sorry....
Ultrasound opened the world of peds regional and postop pain management . LMAs revolutionized pediatric airway management. MRI became the primary diagnostic tool for many disease processes. Interventional Radiology has been amazing to watch develop. I don't get to do cardiac now but I was a fellow on Riley's first arterial switch and staffed our first cardiac transplant and some of Riley's earliest Norwoods.



4. **What is your favorite book?** Recently, I loved A Gentleman in Moscow by Amor Towles. I've given away many copies of The Art of Racing in the Rain by Garth Stein, a great novel. Any John Steinbeck is great. East of Eden and Grapes of Wrath are two of my favorites. My favorite downtime activity is reading a well written novel.
5. **If you could pass along any piece of advice to residents, what would you share?** Everyone is a teacher, everyone is a role model. I have learned much from colleagues, residents, fellows, nurses, students and hospital personnel.
6. **What areas of anesthesia interest you most?** I enjoy reading about many areas, peds and adult. Nowadays I get to be Medical Director of the Riley Outpatient Surgery Center. It's a very positive place and I'm proud to have been able to help design it and then help establish and foster the culture.
7. **What are your favorite things to do outside of work?** My grandkids are very fun. I play in a really good cover band, DUDE! We play 25-30 dates per year. Weddings (Elizabeth and Kevin's was epic), many bar gigs, Colts games, Super Bowl, Convention center. I also like to play golf. I'm a big Colts, Pacers, and Purdue fan. My wife Joanie is the sweetest woman ever and we have been married for 38 years. We have three adult children and they all live in town and we get to see them a lot. I lead a charmed life.
8. **If you weren't an anesthesiologist, what would you be and why?** If I was an MD, probably orthopedics had I not changed. If not medicine, maybe a patent attorney like my Dad. There are many attorneys in my family. My brother (Elizabeth's dad), my mom, sister were/are attorneys. Patent law is pretty cool and I can imagine the challenges of the digital age and intellectual property issues. If not that, Biomedical Engineering is pretty cool too. My first jobs were with Cook Incorporated in Bloomington and that was very fun.

Resident Pets!

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Match the pets with the residents!

- A. Cody Walker
- B. Jeff Remster
- C. Mike Arvin
- D. Wes Porter
- E. Adam Ellis
- F. Navid Etemadi
- G. Casey Connor
- H. Alex Susott
- I. Amelia Flick
- J. Phil Shumsky
- K. Megan Deeb
- L. Dan Germeroth
- M. Teal Murphy
- N. Andrew Ford
- O. Neil Farren
- P. Annie McLaren
- Q. Phil Warton
- R. Immanuel Jacquez
- S. Jake O' Sullivan
- T. Patrick Egan

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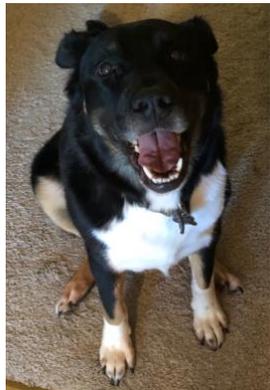
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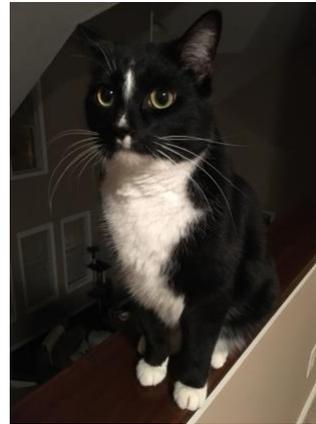
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ANSWER KEY:

1.I 2.T 3.A 4.O 5.K 6.D 7.H 8.F 9.G. 10.R 11.M 12.L 13.S 14.E 15.N 16.P 17.J 18.B 19.Q 20.T 21.C

ISA update

Advocates for Anesthesia

You may prefer one practice model over another, but when you begin to construct an argument for one of them it changes when you shift the focus to our patients. Let's forget for a moment the politics of any practice environment (if that is even possible) and begin to consider our patients' safety. That is the main focus of the American Society of Anesthesiologists (ASA) "When Seconds Count Campaign" and a good place to start with any advocacy effort. The ASA has many ways to get involved with 3 major national meetings every year each with a unique focus:

1. ASA National Meeting in October- Focuses on education with an abundance of lecturers, but also determining the ASA stance on important issues related to our practice or position
2. Practice Management in January- Provides update on billing, regulatory issues, and projections for the future from CMS and Washington
3. Legislative Conference in May- Focuses on hill visits with legislators to discuss important issues facing anesthesia most recently the opioid epidemic, drug shortages, and scope of practice

Each of the conferences has value to you as a resident or faculty member. Attending a conference is a good way to get your feet wet with the ASA. However you don't need to wait to attend a conference to start being involved.

Here are some ways to start:

1. Maintain your ASA membership. Go to <http://www.asahq.org/> and make sure you stay current. This unlocks a myriad of resources that you can keep at your fingertips.
2. Donate to the ASAPAC. 100% of funds donated go towards advocacy efforts. This does not pay for anyone's lunch or conference. This gives those interested in advocating for anesthesia the tools necessary to remain at the table and influence direction of policy. <https://www.asahq.org/advocacy-and-asapac/asapac> Having the residency at 100% participation helps us advocate for you. Plus, there are still prizes to be won for doing so.
3. Follow what is going on at the state level and be a resource for education to your legislators. Right now in Indiana Senate Bill 394 has passed the Senate and is now in the House where it has passed out of committee and could grant APRNs the ability to practice independently. This does not currently include CRNAs but could in the near future. The ISA has several statements out about this. Feel free to forward these on to your legislators. Hearing from a constituent makes a difference. <http://iga.in.gov/legislative/find-legislators>

If you have questions feel free to contact one of your ISA representatives. Just don't forget what is important: patient care and safety. There are other important issues like reimbursement and regulatory oversight, but it has to start with the safety of a patient. That patient may be a close relative or loved one. Let's advocate with them in mind.

Residency updates



Big congratulations to all who represented IU at MARC in Detroit, but special recognition to:

- Dr. **Michelle Arce, CA2**, for 2nd place for neuroscience
- Dr. **Navid Etemadi, CA2**, for 2nd place for airway management

To the Right: Dr. **Andrew Adair, CA2**, enjoying his gourmet lunch from home, the envy of his co-residents. Note the salmon, rice, carrots, and garnish of parsley. Let's all try to be more like Andrew.

Below: Sunday Brunch in Downtown Indy!



*Please email us with any resident shout-outs or events you want included in the next issue. (Make your shout out HIPPA compliant.)
No act of kindness is too small!
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