



AUA

Association of University Anesthesiologists

Update

Summer 2002

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AUA Update Now Has an Editor

W. Andrew Kofke, M.D.
Philadelphia, Pennsylvania

The AUA council appointed me to be editor of the Society's newsletter, *AUA Update*. I am pleased and honored to accept this position and hope, with the input of interested members, that we can develop this into a periodical that everyone finds informative and useful.

This appointment is the culmination of a lengthy process that was led by J. Gerald Reves, M.D., Charleston, South Carolina, when he was chair at Duke University. He organized and led a task force that examined proposed content and financial issues in producing a periodical newsletter for AUA. The members of the task force included: Dr. Reves; myself; Sorin J. Brull, M.D., Ph.D., Daytona Beach, Florida; Mark J. Lema, M.D., Ph.D., East Amherst, New York; Henry Rosenberg, M.D., Livingston, New Jersey; Lawrence J. Saidman, M.D., Palo Alto, California; and Joyce A. Wahr, M.D., Ann Arbor, Michigan. Their efforts resulted in a report to the Council, which in turn resulted in what you are now reading. Thank you.

Gary W. Hoormann, AUA Executive Director, has been working on the newsletter already for some time, bearing much of the work and responsibility for the content and format of previous newsletters. He will continue to be my and the Society's main organizer of the newsletter and an important reporter of any information we

need, along with his other many responsibilities. We owe him our gratitude for getting this going and know he will continue to be an important and integral part of this effort.

The first decision I had to make was the composition of an editorial board and even whether to have such a board. I have decided to create a de facto board composed of individuals with AUA appointments that put them in a position to provide timely updates to the membership on topics of interest. Thus, the chairs of the Scientific Advisory Board (SAB) and the Educational Advisory Board (EAB) and their members will become central contributors. In addition, the officers will each be asked to provide one written report annually via the newsletter. These individuals will form the central nucleus for a grid of articles that will be included in each issue, a format suggested to me by Dr. Lema based on his experience as editor of the *ASA NEWSLETTER*. In general, the regular contributions will be an editorial column by me or another editorial writer, an officer report, SAB report, EAB report, general news and announcements of interest, membership news, AUA meetings report, "focus" column (invited summaries of departments or individuals), Web and technology tips columns (by Ira J. Rampil, M.D., Stony Brook, New York), subspecialty news and letters from members.

The types of things you should see in the articles will reflect areas that one would expect the typical AUA member to find helpful and interesting. For example, the SAB articles should include reports of past AUA meeting science highlights, plans and calls for abstracts for future meetings, information on grants, commentary on relevant scientific breakthroughs and perhaps some scientifically educational articles or figures. The EAB articles will include meet-



W. Andrew Kofke, M.D.

"I am pleased and honored to accept this position and hope, with the input of interested members, that we can develop this into a periodical that everyone finds informative and useful."

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EAB Report:

2002 AUA Meeting

Jonathan Mark, M.D.
Durham, North Carolina



Jonathan B. Mark, M.D.

Not surprisingly, of chairs who completed the survey, more than half reported that 80 percent of their faculty members were in non-tenure tracks, whereas more than half report less than 20 percent of faculty in a tenure track.

The AUA Education Advisory Board (EAB) sponsored two panel discussions in Nashville, Tennessee, at this year's Annual Meeting. The first was titled "The Role for the Clinical Track in Academic Anesthesiology" and provided a lively presentation from three AUA members who now serve as medical school deans: J. Gerald Reves, M.D. (South Carolina), Edward D. Miller, Jr., M.D. (Johns Hopkins) and Stephen Slogoff, M.D. (Loyola).

The session was moderated by Andrew Kofke, M.D., University of Pennsylvania, Philadelphia, who introduced the panel. He presented a report of a survey conducted by the EAB to deter-

Clinical Track (non Tenure)

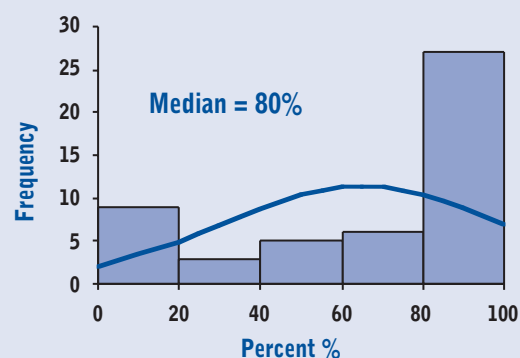


Figure 1

mine which academic tracks most current anesthesiology faculty members are pursuing. Not surprisingly, of chairs who completed the survey, more than half reported that 80 percent of their faculty members were in non-tenure tracks, whereas more than half report less than 20 percent of faculty in a tenure track [Figures 1 and 2]. Our three deans shared both their personal and institutional perspectives, which varied considerably, and invited spirited comments from the audience. The panel succeeded in bringing the challenges facing academic anesthesiology into sharp focus.

The second panel of the afternoon, "Medical Simulation in Anesthesia. Can We Afford It? Can We Afford Not to Have It?" opened with a broad consideration of the role of simulation both in and out of medicine and was

Clinician Educator Track (tenure)

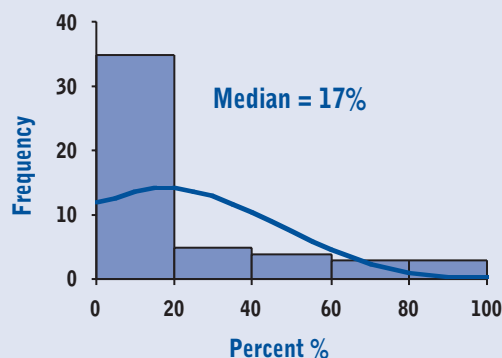


Figure 2

offered by James Bagian, M.D., Director of the Veterans Affairs National Center for Patient Safety, Ann Arbor, Michigan. Dr. Bagian drew upon his experiences as an anesthesiologist, Navy flight surgeon, pilot and NASA astronaut to highlight the relations between simulation and patient safety, particularly as a model for building effective teamwork. Next, David Murray, M.D., Director of the Clinical Simulation Center, Washington University School of Medicine, St. Louis, Missouri, outlined the costs of medical simulation, both for capital and for operation. Finally, W. Bosseau Murray, M.D., Director of the Simulation Development and Cognitive Science Laboratory, Pennsylvania State University College of Medicine, Hershey, Pennsylvania, provided a practical view of medical simulation training processes for anesthesia trainees.

Academic anesthesia is so cool! I hope nothing happens to change it!

The EAB is currently organizing next year's program for the annual meeting in Milwaukee, Wisconsin. Based upon our preliminary discussions and feedback from the audience in Nashville, we are considering the following topics:

- Training in perioperative care. Do we need to redesign our current residency programs?
- Fellowship training and certification.

- Recruitment of medical students into anesthesiology.
- Outcomes-based training of anesthesiologists.
- Accreditation Council for Graduate Medical Education core competencies. How do we teach them? How do we determine whether the objectives have been achieved?

The EAB welcomes suggestions and input from AUA members either in terms of additional topics, program format or speakers. Please feel free to contact any EAB member or Jonathan B. Mark, M.D., Chair, AUA Educational Advisory Board <mark0003@mc.duke.edu> .

EAB:

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Artwork courtesy of S. Jourin

AUA Update Now Has an Editor

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ing reports and plans, issues relevant to resident and fellow education and reports of activities of other societies of interest to the membership such as Society of Academic Anesthesiology Chairs, Association of American Medical Colleges, American Board of Anesthesiology, Accreditation Council for Graduate Medical Education and so on.

We would like to have articles that focus on two departments each year, one an academically successful department and the other the host department for the upcoming AUA meeting. In addition, we would like to see articles focusing on distinguished members and

have some invited (and perhaps uninvited) comments from deans and chairs.

Finally, the newsletter will provide a unique forum for news and opinions on the many issues and challenges facing academic anesthesiology. Such issues might include consequences of cost containment, problems with National Institutes of Health (NIH) funding of anesthesiology, subspecialty accreditation and certification, "privatization" of the culture of academic departments, recruiting academic faculty and so on. If you are eager to alert the AUA membership to your thoughts on such issues, please let me know.

It will thus follow, in a general way, the format of the ASA NEWSLETTER. However, it is important that the focus be slanted to academic issues, and it certainly will not be as extensive as the ASA NEWSLETTER.

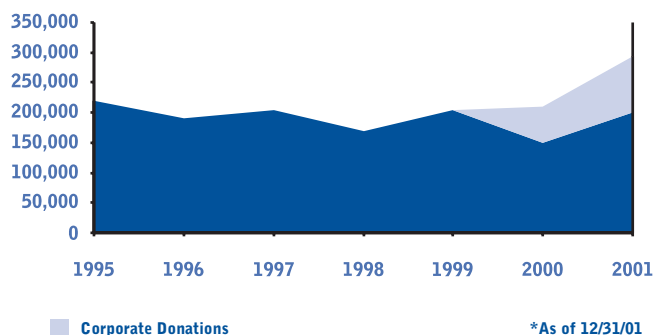
I look forward to this task as AUA Update editor and invite any suggestions. You may contact me at <kofkea@uphs.upenn.edu > .

AUA Treasurer's Report 2002

The Association is in good financial health with assets totaling \$293,000 invested in agency paper and in a checking account at the Northern Trust Bank of Illinois [Figures 1 and 2]. Approximately one-third of AUA's assets, \$110,000, reflect corporate donations received since the policy to accept corporate donation in support of the AUA education mission was implemented three years ago. The AUA annual meeting continues to "break even" on its operations [Figure 3].

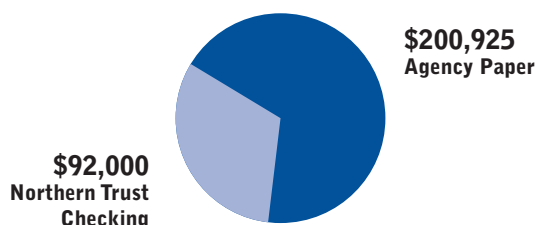
Check-writing controls have been instituted, with approval of invoices by the President and Treasurer, followed by the issuance of a check by AUA management. (This system replaces the pre-

Figure 1: Total Assets



A number of changes in budgetary and accounting practices have been put in place over the past two years. For the third year in a row, the annual budget has been submitted to the council for its approval, a process that continues to be refined. Accounting procedures have been changed from cash to an accrual basis, and the Association's finances have been consolidated with all expenses now dispersed by AUA management.

Figure 2: Asset Allocation

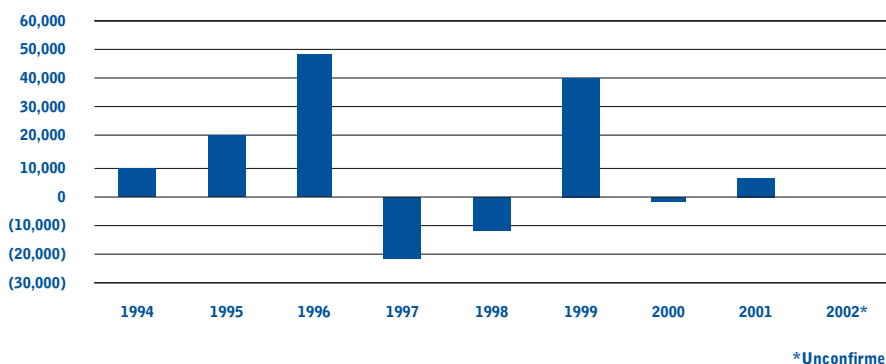


vious system where checks, regardless of amount, were sent by mail for multiple signatures prior to the payment of invoices.) The President and Treasurer receive monthly financial statements of accounts, income, expenses and disbursements.

A \$25,000 donation to Foundation for Anesthesia Education and Research was recommended for the current fiscal year.

Respectfully submitted,
Lydia A. Conlay, M.D., Ph.D, M.B.A.
Treasurer

Figure 3: Annual Meeting P/L
(Excludes Corporate Donations)



Call for Abstracts

Deadline: Friday, November 22, 2002

The Scientific Advisory Board (SAB), chaired by Jeffrey R. Balsler, M.D., Ph.D., Nashville, Tennessee, invites you to submit an original research abstract for presentation at the AUA 50th Annual Meeting to be held May 2-4, 2003, at the historic Pfister Hotel in Milwaukee, Wisconsin. As was the case for the 2002 Annual Meeting, all submitted abstracts will be accepted. However, open acceptance could result in more abstracts than available space. Only one abstract per member (authored or sponsored) will be accepted.

After SAB peer-review, abstracts will be assigned to oral, poster discussion and poster sessions. Individuals whose abstracts are selected for oral presentation will be asked not to be overly technical in their presentations and to provide adequate background and context for their work. Oral presentations are not intended for postdoctoral fellows or senior faculty.

To maintain the traditional high quality of abstract submissions, it is essential that member authors and sponsors critically review their submissions. If, in the opinion of the membership, this new process results in a diminished quality of abstract, then SAB will return to peer-review for acceptance of abstracts. Members are encouraged to consider submission of clinically oriented abstracts as there has been a decline in the numbers of such submissions for recent meetings.

A total of 12 copies of each abstract are needed. The copy of highest quality should be on the top of the submissions, as this

copy will be set aside for "camera-ready" reproduction into the program booklet. An electronic version of the abstract also should be provided.

All abstract packages must arrive at Dr. Balsler's office by **5 p.m. (Central Standard Time) on Friday, November 22, 2002**. Abstract packages may not be sent as a facsimile. Abstracts arriving after Friday, November 22, 2002, will be considered late and may not be accepted.

An abstract submission form is required for each abstract. The submission form provides SAB with information regarding authors and membership, institutional and corporate affiliations, notification of prior or other presentation(s) of the research and the need for conflict-of-interest disclaimers. A disclosure form is also required for each abstract and must be submitted should there exist relationships of a personal or professional nature that are relevant to the research that was conducted. Abstract submission and author disclosure forms as well as the specifications for abstract submissions may be found on the AUA Web site at www.auahq.org.

Abstracts selected for the AUA 50th Anniversary Meeting will not be published, allowing members to submit essentially the same abstract to the American Society of Anesthesiologists 2003 Annual Meeting.

Council Elections

During the recently convened Annual Membership Meeting in Nashville, Tennessee, members were called upon to elect a Treasurer and a Councilor-at-Large to serve on the Council. Lydia A. Conlay, M.D., Ph.D., was re-elected to a second term as AUA Treasurer with a term expiring in 2004. Ronald G. Pearl, M.D., Ph.D., was elected as a Councilor-at-Large with a term expiring in 2005. The current composition of the council is as follows:

President

Donald S. Prough, M.D.
Galveston, Texas

Immediate Past President

Alex S. Evers, M.D.
St. Louis, Missouri

Secretary

Steven J. Barker, M.D., Ph.D.
Tucson, Arizona

Treasurer

Lydia A. Conlay, M.D., Ph.D., M.B.A.
Philadelphia, Pennsylvania

Councilors-at-Large

Roberta L. Hines, M.D.
Fairfield, Connecticut

Ronald G. Pearl, M.D., Ph.D.
Palo Alto, California

Debra A. Schwinn, M.D.
Durham, North Carolina

In addition, Jonathan B. Mark, M.D., will chair the AUA Educational Advisory Board. Jeffrey S. Balsler, M.D., Ph.D., will chair the Scientific Advisory Board.

S p e c i f i c a t i o n s for Abstracts

Number of Copies

TWELVE COPIES TOTAL. The original followed by 11 copies. If an abstract is two pages long, leave the original copy unstapled. However, do staple together the pages for the 11 copies. An electronic version of the abstract also should be provided.

Typeface

The following are necessary to ensure legibility after photocopying and to facilitate review by the Scientific Advisory Board:

- Type size: 11 point or larger (equivalent to pica typewriter font).
- Line spacing: No more than six lines per vertical inch.
- Fonts: Any font may be used, including proportional and fixed-pitch fonts.

Page Length

Abstract text must fit onto one 8-1/2" x 11" page. Please use reasonable margins. Typically one inch at the left and one-half inch at the right. An optional second page may be used only for the following items:

- Figures with brief legends
- Tables
- References
- Acknowledgements

IMPORTANT!

NO abstract text is permitted on the second abstract page.

Text composition

It is recommended that the abstract be divided into the following sections:

- Introduction: Briefly state the rationale and objective of the project.
- Methods: Summarize the key points succinctly.
- Results: Cite the essential results; give statistical and systemic errors.
- Conclusions: Discuss the significance of the results.

Heading

Include title, authors (first initial and surname) and institution name at the top of the abstract page.

Authors

Each abstract must be authored or sponsored by an AUA member. If none of the authors is an AUA member, list the AUA sponsor's name after the authors as follows: (Spon: J.O. Doe). **REMEMBER: AN AUA MEMBER MAY ONLY AUTHOR OR SPONSOR ONE ABSTRACT.**

References

Inclusion of one to three references is recommended to facilitate abstract review.

Clinical Studies

Include a statement regarding IRB approval.

Animal Studies

Include a statement of adherence to the APS/National Institutes of Health guidelines.

Copies

Send the submission and disclosure forms (one copy), plus the abstract (original plus 11 copies) to:

Jeffrey R. Balser, M.D., Ph.D., Chair
Scientific Advisory Board
Association of University Anesthesiologists
520 N. Northwest Highway
Park Ridge, IL 60068-2573

Deadline

The complete submission packet must be received by 5 p.m. Friday, November 22, 2002. In fairness to those authors who do abide by these rules, the Scientific Advisory Board may remove from consideration abstracts not following these instructions.



AUA

Association of University Anesthesiologists

Abstract Submission Form

Title: _____

Authors: *(list presenting authors first: **boldface** names of authors who are AUA members):*

AUA Sponsor (required only if no author is an AUA member): _____

Principal Department and Institution: _____

Other Departments and/or Institutions: _____

Principal Author:

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Has the presenting author ever given an oral presentation to AUA? Yes No

Check presentation preference (no guarantees): Oral Poster Poster/Discussion

Election of New Members

The Association welcomes the following individuals who were elected to membership during the AUA Annual Membership Meeting held on April 12, 2002, at the Loews Vanderbilt Plaza Hotel in Nashville, Tennessee, during the AUA 49th Annual Meeting

Valerie Ann Arkoosh, M.D.
MCP Hahnemann University
Philadelphia, Pennsylvania

Helene Benveniste, M.D.
SUNY Stony Brook
Stony Brook, New York

Elliott Bennett-Guerrero, M.D.
College of Physicians & Surgeons
of Columbia University
New York, New York

Dan E. Berkowitz, M.D.
Johns Hopkins University
School of Medicine
Baltimore, Maryland

Emery N. Brown, M.D.
Harvard Medical School
Boston, Massachusetts

Albert T. Cheung, M.D.
University of Pennsylvania
Philadelphia, Pennsylvania

Niki M. Dietz, M.D.
Mayo Clinic
Rochester, Minnesota

Robert R. Gaiser, M.D.
University of Pennsylvania
Philadelphia, Pennsylvania

Gilbert J. Grant, M.D.
New York University School of Medicine
New York, New York

Lynn D. Martin, M.D.
University of Washington
School of Medicine
Children's Hospital & Regional
Medical Center
Seattle, Washington

Mohamed Naguib, M.D.
University of Iowa College of Medicine
Iowa City, Iowa

Gregory A. Nuttall, M.D.
Mayo Clinic
Rochester, Minnesota

Craig M. Palmer, M.D.
University of Arizona
Tucson, Arizona

Peter J. Pronovost, M.D.
Johns Hopkins University
Baltimore, Maryland

Armin Schubert, M.D.
Health Science Center of the
Ohio State University
Cleveland, Ohio

Donald H. Shaffner, Jr., M.D.
Johns Hopkins University
School of Medicine
Baltimore, Maryland

Jack S. Shanewise, M.D.
Emory University School of Medicine
Atlanta, Georgia

Call for Annual Meeting Hosts

The AUA Council is now accepting proposals to host the AUA 2007 Annual Meeting. Proposals will be reviewed at the Spring 2003 Council Meeting during the AUA 50th Anniversary Annual Meeting in Milwaukee, Wisconsin. Future AUA Annual Meetings are scheduled for the following cities:

- 2003 Milwaukee, Wisconsin
- 2004 Sacramento, California
- 2005 Baltimore, Maryland
- 2006 Tucson, Arizona

Interested members should contact the AUA office or visit the Association's Web site < www.auahq.org > for a copy of the "Guidelines to Host the AUA Annual Meeting." The guidelines provide information on meeting requirements and hotel needs as well as comments on local arrangements.