

UPDATE

Association of University Anesthesiologists UPDATE | 2022 | Spring Issue

PRESIDENT'S MESSAGE

The mission of the Association of University Anesthesiologists (AUA) is “to promote excellence in academic anesthesiology through mentorship; promotion of diversity and inclusivity; and professional growth throughout the careers of educators, academic leaders, and researchers.” This mission, with a focus on the promotion of excellence in academic anesthesiology, might seem inconsistent with the common or historical perception of the AUA as an honorific society that merely recognizes excellence. The AUA is, however, thoughtfully transitioning to a more functional organization with the goal of actively expanding, advancing, and diversifying academic anesthesiology. This evolution might create discomfort for some, or even concern. As I consider the AUA and the state of academic anesthesiology, here are some reflections as to why this strategic refocusing is imperative.

1. Academic anesthesiology is under threat. Economic and operational pressures, coupled with a relative lack of resources, have the potential to compromise the academic mission of anesthesiology as well as many other medical specialties. The traditional tripartite mission and co-equal status of



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clinical care, research, and education in the academic medical center can no longer be assumed. As such, the AUA cannot fully serve the field by only recognizing excellence—we must actively cultivate it.

2. We need diverse teams to ensure a vibrant future for academic anesthesiology.

Academic anesthesiology faces new threats, but it also has new and exciting opportunities. Diversity of perspective is an important way to foster creative solutions that can mitigate threats and actualize opportunities. The AUA must broaden the conception and recognition of

individual accomplishments through a growth mindset that attracts committed academic anesthesiologists with diverse backgrounds and skills.

3. A pivot from exclusivity does not mean a pivot from excellence. We must reject the artificial dichotomy of inclusivity vs. quality. Thoughtfully broadening the membership criteria of the AUA will be critical to building a stronger academic workforce that can advance the field in a multidimensional way. We cannot afford to leave any talent untouched

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**Matching Speakers
 with Speaking
 Engagements**

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or underdeveloped—the AUA should not just be a place where the giants roam but also a place where the giants grow. The AUA can be elite in its contributions without being elitist.

4. We need to democratize scientific excellence and increase accessibility. Academic anesthesiology is a complex network and there is increasing evidence of the network phenomenon of “preferential attachment”—commonly embodied in the phrase “the rich get richer.” As funding and talent become more concentrated in a limited number of departments or institutions, the fabric of academic anesthesiology can weaken and a cultural divide can widen. Promoting engagement in data-sharing or research networks creates the possibility of democratizing scientific contributions. The AUA is committed to broader reach and inclusion of university anesthesiology departments to share best practices, mentorship, and support.

5. We need to partner with organizations in our field and likeminded organizations in other fields. Academic anesthesiology has several organizations with unique strengths and foci. The AUA is committed to partnering thoughtfully and strategically to reduce duplication or competition and to enhance synergy. Furthermore, we need to partner with other academic organizations across diverse fields to understand best practices in promoting academic culture in a healthcare

environment of increasing constraints. The AUA can be a vital partner in a team-based approach to advancing academic anesthesiology.

Fortunately, we have a plan. A task force—led by Jeff Kirsch, Dolores Njoku, Monica Vavilala, Keith Vogt, and Jeanine Wiener-Kronish, with the strong support of Vivian Abalama—worked intensely throughout 2021 to develop strategic direction. The entire AUA council—including the new chair of the Scientific Advisory Board, David Mintz, and the new chair of the Educational Advisory Board, Susan Martinelli—have been engaged in refining this plan. There is high enthusiasm as we begin implementation in 2022. Working together with a broad AUA membership that is collectively committed to excellence in the field, we are confident that we can achieve our ambitious goals to help secure and shape the future of academic anesthesiology.

[Read](#) Dr. Mashour's article, “Redefining the Role of AUA in Academic Anesthesiology,” in ASA Monitor (Volume 86, Issue 4 | April 2022). 



2022 AUA MEMBER NOMINATIONS

Round Two of the 2022 AUA Member Nominations will open July 1, 2022!

Please review the member nomination guidelines prior to completing nomination forms.

For questions or concerns, contact Vivian Abalama, IOM, CAE at vabalama@iars.org.

EAB REPORT

This is such an exciting time to be part of the AUA. As the new Chair for the Educational Advisory Board (EAB), I am grateful for the opportunity to participate in the growth and development of our organization according to the desires and needs of our membership. I joined the AUA in 2017 and have been a member of the EAB since 2018. My passions within our field lie in resident education and education research. I would like to thank Dr. Keith Baker for his service as the EAB Chair for the past four years. He has done a tremendous job steering our Board and is an incredible mentor to me.

In addition to the change in leadership, we also have a number of new EAB members to welcome. Thank you to all the very qualified individuals who volunteered to participate on the EAB. Our new members include Dr. Barbara Jericho (University of Illinois Hospital and Health Sciences System), Dr. Arthur Calimaran (University of Mississippi Medical Center), Dr. Maurice Joyce (Tufts Medical Center), Dr. John Mitchell (Beth Israel Deaconess Medical Center), and our new Early Stage Anesthesiology Scholars member (eSAS) Dr. Ticha Munda (University of Rochester). We would also like to take this opportunity to thank the Board members whose term concluded this spring: Dr. Cynthia Lien, Dr. Edward Nemergut, and Dr. Lara Crock.

One of the strategic priorities for the AUA is to create recognition pathways for excellence in academic anesthesiology. In direct accordance with this goal, Dr. Baker implemented 2 new EAB awards this year. The Education Research Award acknowledges outstanding achievement and success in education research by an anesthesiologist. The inaugural recipient of this award is Dr. John Mitchell. Dr. Mitchell is an Associate Professor of Anesthesiology and Vice Chair of Education at Beth Israel Deaconess Medical Center. He is the founding director of CERTAIN (the Center for Education Research Technology and Innovation) within the Department of Anesthesia. He has published over 50 educationally related peer reviewed manuscripts and 100 scholarly works and has led, mentored, or collaborated on over a dozen educational research grants funded by sources including FAER and NIH. Much of his research has focused on integrating hand motion feedback into procedural learning, ultrasound education, and feedback and communication. Dr Mitchell will be joining the innovative team in the Department of Anesthesiology, Pain Management and Perioperative Medicine at Henry Ford Health in Detroit, MI this summer as Vice Chair for Academic Affairs where he will be building a state of the art educational research lab and applying educational research as a vehicle for faculty development.



Susie Martinelli, MD
*Chair, Educational
Advisory Board*
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The Education Innovation Award celebrates and recognizes new and innovative developments in medical education. The inaugural recipient of this award is Dr. Jed Wolpaw. Dr. Wolpaw is an Associate Professor and Residency Program Director at Johns Hopkins School of Medicine. He is the founder and host of the Anesthesia and Critical Care Reviews and Commentary (ACCRAC) Podcast. Since the development of the podcast in 2016, Dr. Wolpaw has produced over 200 episodes for an audience of over 50,000 listeners in more than 100 countries worldwide. He has changed the face of anesthesia education by providing an opportunity for our anesthesia residents to learn from experts in an asynchronous manner.

We plan to continue the foundational educational experiences of the AUA. We are in the process of planning the content for the next Annual meeting. Additionally, we have 2 webinars scheduled for the fall. I will present alongside Dr. Randy Schell on “Using Cognitive Load Theory to Design Better Presentations” and Dr. Cathleen Peterson Layne will present on “Self-Assessment: Accuracy, Impact, and Ways to Improve It.”

As we look toward the future of the AUA, we were charged with multiple strategic goals. The theme of mentorship repeatedly surfaced. As a council, we believe it is important for the Boards to address this need in a collaborative fashion. Although we are still in the early stages of determining what this will look like, the EAB is hoping to provide education to our membership in how to serve as mentors.

I am proud to be an academic anesthesiologist. And as such, I am honored to be involved in the AUA as it pivots to address the current needs and desires of the membership while promoting excellence in academic anesthesiology. 

LAB REPORT

Mentorship: Challenges and Future Direction

Throughout the ages, mentorship has remained an attractive concept of connection, learning, and support. In the Greek epic, the Odyssey, Ulysses leaves to war and entrusts his son Telemachus to the care of the old and wise Mentor. With Mentor's guidance, it was hoped that the young prince would develop to his full potential. Later, mentorship became an integral aspect of learning the practice of medicine. As an apprentice, the student learned the skills of the expert master physician who imparted their wisdom, knowledge, and expertise.

In modern times, mentorship retained its principles of guidance, advising, and support. Mentorship in medicine, whether formal or informal, has been shown to have a positive impact on career trajectories. Faculty members who engaged in mentoring relationships report better career visibility, increased scholarship, more publications, more likelihood to be promoted, improved retention, and overall better career satisfaction.¹⁻⁴

Despite these benefits, physicians who are women or from minoritized groups are less likely than their colleagues to report having mentors.^{2,5} These observations can be attributed to a lack of visibility, access, training, and focus.

LACK OF VISIBILITY

Physicians who are women or from groups that are under-represented in medicine (URiM) experience a "visibility gap" that precludes them from finding and connecting with mentors.⁵ Some of the lack of visibility is related to women's reluctance to brag about their own achievements or to seek mentors, when compared to men.⁵ Providing women and URiM with progressive leadership positions within an organization can help lift that invisibility cloak. However, increased visibility may entail increased vulnerability. This risk can be mitigated by peer groups and supportive leadership practices.

LACK OF ACCESS

Women and URiM are under-represented across positions of advanced leadership in academic medicine and anesthesiology. This leads to a paucity of women and URiM available to serve as role models and mentors. Accordingly, as their career advances, women and URiM have difficulty finding mentors with whom to connect.⁵ In addition, their mentors tend to have less "organizational clout."³ Because of their limited influence, these mentors cannot become effective sponsors of their mentees.³ In turn, women and URiM in mid-careers are often asked to become mentors of younger faculty members. The burden of mentorship and of representation thus falls on a smaller group of physicians who may ultimately experience the "minority tax." To mitigate that impact, mentorship commitments and community service should be included in the promotion criteria in academic institutions.

LACK OF TRAINING

A combination of skills is necessary for effective mentorship such as self-awareness and self-management, as well as active listening, empathy, and conflict resolution. Few mentors receive any training prior to engaging in mentoring relationships. While bias training has limited benefits, skills associated with emotional intelligence training may be helpful for both mentor and mentee.⁶ In addition, cultural sensitivity training may be needed for effective mentorship of women and URiM physicians.

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LACK OF FOCUS

Men and women receive different types of mentoring.⁵ The mentoring women receive focuses on self-improvement, self-awareness, and on the acquisition of goal-directed skills. By contrast, the mentoring men receive focuses on strategic planning, anticipation of next steps, and troubleshooting in the workplace.⁵ Mentoring for women and URiM should shift from tactical to strategic, from trying to “fix” the individual to integrating the workplace.

Establishing longitudinal mentoring programs within departments is further challenging because of limited resources in time, money, and personnel. Several solutions can help circumvent this challenge: connecting with mentors from other departments or from other institutions, engaging alumni to serve as mentors, and establishing peer mentoring groups.^{7,8} In addition, medical societies are increasingly playing a role in bridging this gap to provide mentoring and networking opportunities for faculty members.

In 2020, the Leadership Advisory Board (LAB) was proposed by the AUA Council and approved by AUA membership with a key mission to help promote and advance the careers of academic anesthesiologists. To achieve this goal, **LAB members Drs. Jeanine Wiener-Kronish, Tetsuro Sakai, and Maria Bustillo** are building on their experiences to create a mentoring program within the AUA with three objectives:

to **support** the junior and mid-level faculty members of the AUA;

to **inspire** medical students to learn about academic anesthesiology;

and to **collaborate** with other academic societies in our field.

In service of this tripartite vision of support, inspiration, and collaboration, the group aims to build a sustainable and longitudinal mentoring program across the AUA in service of faculty members. The work builds on the current educational webinar offerings, on the networking programs, and on the speaker database initiated by the SAB.

This work is not foreign to the AUA’s mission and the dedication of its members. Many of the AUA members are recognized mentors in our field with innumerable contributions to the specialty and to the community of anesthesiologists.

The expertise, the commitment, and the support of AUA members will ensure the success of this initiative. For the many AUA members who want to contribute, please reach out to Ms Vivian Abalama at vabalama@iars.org or to members of the mentoring committee. We hope that this work cements the role of AUA as an academic home for anesthesiologists, provides members with the connections needed for their success, and serves to inspire the future generations of academic anesthesiologists. 

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Don't forget to follow AUA on Twitter!

 @AUA_Anesthesia



SAB REPORT

The AUA Scientific Advisory Board (SAB) is looking forward to continuing ongoing efforts and launching new projects to actively promote the interests of anesthesiologist physician scientists across our specialty. The SAB has new membership, with Dr. David Mintz taking over as the Chair, and with the addition of Drs. Miriam Treggiari, Ben Palanca, Jiapeng Huang, Eellan Sivanesan, and Kimberly Rengel as new members to replace those who are rotating off. Returning members include Drs. Christine Sang, Niccolo Terrando, Anthony Anderson, Frederick Billings, Maurizio Cereda, Christina Pabelik, Jean-Francois Pittet, Rene Przkora, and Deepak Sharma. The SAB had its opening meeting with the newly constituted group and discussed last

year's meeting, ongoing initiatives, and ideas for new initiatives. The group decided to work collaboratively to develop a mission statement and strategic goals which are aligned around the new strategic plan crafted by the AUA Council, to serve as guidance for the current and future boards in developing and maintaining initiatives.

Ongoing projects already agreed upon include developing content for the upcoming annual scientific meeting, continuing the Webinar series, and increasing the reach of the newly launched Speaker Exchange.

The Webinar series had its most recent episode on May 4th, entitled "Growing and Retaining a Sustainable Pain Research



**C. David Mintz,
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*Chair, Scientific
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Workforce." A distinguished panel of pain research experts, including Drs. Christine Sang, Laura Wandner, Vivianne Tawfik, and Daniel Carr presented the results of new surveys initiated by NINDS and the Anesthesia Research Council exploring the changing landscape in challenges to researchers in Pain Medicine. The panel members interacted with the audience to brainstorm about what is needed to grow and sustain pain research in the future.

The Speaker Exchange continues to recruit interested individuals and match them with opportunities for virtual speaking engagements at peer institutions. Special emphasis is being placed on junior faculty, small and midsize academic

programs, and ensuring opportunities for speakers from diverse backgrounds. At present 10 talks have been given or are pending via the exchange, and a further 20 are in the process of matching.

In addition to refining ongoing projects, the SAB is actively discussing and debating new initiatives. Some current possibilities include a project to increase recruitment of members, the establishment of an example grant repository, and the creation of a mock study section to help our constituents with grant writing. The SAB looks forward to a productive and exciting year in which we plan to add value in the research community. 



Association of University Anesthesiologists

ASSOCIATION OF UNIVERSITY ANESTHESIOLOGISTS

ANNUAL MEETING 2023

DENVER, COLORADO
APRIL 13-15, 2023

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AUA

SPEAKER EXCHANGE

AUA's speaker exchange promotes interpersonal networking, scientific collaboration, and academic advancement in academic anesthesiology.

The exchange provides a platform to match highly accessible speaking engagements with qualified and interested speakers.

While open to all, it is designed specifically to focus on junior faculty speakers and smaller, more intimate host venues such as divisional conferences and research seminars. All engagements will be performed remotely to limit barriers associated with travel.

In addition to the speaking engagement, host venues will facilitate one on one meetings between the speaker and host venue faculty with related interests.

This program is designed to reflect the AUA principles of diversity and inclusion with respect to speakers and care will be taken to be inclusive of hosts and speakers from small and medium size academic programs. It is open to all individuals who are engaged in the pursuit of discovery in all fields related to anesthesiology, critical care, and pain medicine. The AUA has assembled a Speaker Exchange board to provide oversight for the exchange and to allow for helpful feedback between the involved parties to ensure a high-quality experience for both speakers and host venues.

BENEFITS FOR SPEAKERS

- Gain national and international recognition for your work
- No need to ask for time for travel
- Introductions to scientists in your field who may become your collaborators or mentors
- Receive helpful feedback about both the content and presentation of your lecture

If you are interested in participating as a speaker, please visit [AUA's Speaker portal](#).

BENEFITS FOR HOST VENUES

- A broader and more diverse speaker pool than is available to most smaller venues.
- No budget for travel or stipend required.
- The more host venues are provided by a department, the more opportunities will be opened to department members.

If you are the organizer for a host venue, please visit [AUA's Host Venue portal](#).

For additional information, visit [AUA Speaker Exchange](#).

MEMBERSHIP ENGAGEMENT BOARD (MEB)

With recent revision of the [AUA mission statement](#) and strategic plan, the AUA Council and membership voted to create a [Membership Engagement Advisory Board \(MEB\)](#) that will manage the AUA member portfolio to drive engagement, recruitment, and retention of a diverse AUA membership.

FUNCTIONS OF THE MEB:

Promote Membership Engagement & Satisfaction

- Identify and develop member engagement opportunities
- Review AUA membership data to identify member trends and needs
- Survey members to better understand needs and perceptions

Promote Membership Outreach

- Engage with departments to encourage expansion of AUA membership
- Welcome new members

Promote Membership Retention

- Review current membership model and categories
- Ensure progression of members through categories (if current model remains)
- Outreach to members whose dues are lapsed



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OTHER PERTINENT INFORMATION:

Composition

1. The MEB Chair shall be appointed by the President. The MEB Chair shall serve for a period of two years, and may be reappointed. The regular members of the MEB shall serve for a period of three years with appointments staggered so there are new appointments made each year.
2. The MEB Chair (after consultation with the AUA President) shall appoint members to the MEB.

Duties

1. The MEB shall manage the AUA member portfolio to drive engagement, recruitment, and retention of a diverse AUA membership.
2. The MEB shall review and consider any revision to the membership eligibility requirements and member benefits for each of our membership categories.
3. The MEB shall identify the needs of members and recommend the development of services and engagement opportunities to meet those needs.

ACTIVE AND ASSOCIATE MEMBERS ARE ELIGIBLE

Process: If interested in becoming a member of the new Membership Engagement Advisory Board, please visit the [Membership Engagement Advisory Board Application](#) to provide a letter of interest and your CV.

Note: If interested in becoming the inaugural Chair of the Membership Engagement Advisory Board, please indicate that in your letter of interest.

Deadline: The deadline to apply for the Membership Engagement Advisory Board is **Sunday, June 26, 2022**. If you have any questions, please email AUA Staff, Vivian Abalama (vabalama@iars.org).

ANNOUNCEMENTS

AUA Visits NMA

It gives me great pleasure, as a member of the Association of University of Anesthesiologists (AUA) Leadership Advisory Board, to announce that the AUA will have a presence at the annual meeting of the [National Medical Association \(NMA\)](#) in Atlanta, GA from July 30 – August 3, 2022. A few members of the AUA are also members of the NMA. Nearly every year since its founding in 1895, the NMA has held the Annual Convention & Scientific Assembly, which is regarded as the nation's foremost forum on medical science and African American health. The NMA is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education (CME).¹

Through the presentation of CME programs at the national and regional conventions as well as at state and local society meetings, NMA members can meet Category 1 requirements for the Physician's Achievement Award of the NMA and the Physician's Recognition Award of the American Medical Association (AMA).¹ The NMA offers CME programs in 23 specialties; from aerospace medicine to urology. The current president of the NMA is Rachel Villanueva, MD. The NMA has not shied away from issues of social concern. The statement calling for Common Sense Comprehensive Gun Reform after another mass shooting of black people in Buffalo, NY was posted on their website on May 16, 2022.²

The NMA is the largest and oldest national organization representing African American physicians, dentists, other health professionals and their patients in the United States since its inception in 1895. The NMA is a 501(c)(3) national professional and scientific organization representing the interests of more than 30,000 African American physicians and the patients they serve, with nearly 129 affiliated societies throughout the nation and U.S. territories. The NMA is committed to improving the quality of health among minorities and vulnerable populations through its membership, professional development, community health education, advocacy, research, and partnerships with



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federal and private agencies. Throughout its history the NMA has focused primarily on health issues related to African Americans and medically underserved populations; however, its principles, goals, initiatives, and philosophy encompass all ethnic groups. The National Medical Association has firmly established its leadership role in medicine. The importance of inclusiveness within the NMA was stated by one of its founding members and it is represented in the following quotation:

“Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry.”

— **C.V. Roman, M.D.** NMA Founding Member and First Editor of the Journal of the National Medical Association (NMA) 1908.³

The exigent circumstances at the time related to the Jim Crow era in the United States whereby state laws and social customs mandated the racial segregation of medical societies, medical facilities, and medical education.^{4,5} The NMA was organized by twelve black doctors attending the Cotton States and International Exposition in Atlanta, Georgia. The first president was Dr. Robert F. Boyd, and Dr. Daniel Hale Williams served as the vice president.¹ I encourage the readers of this article to delve into the biographies of Dr. Boyd, who was born an enslaved child in the American South and Dr. Daniel Hale Williams, who founded the first integrated hospital in the U.S. (Provident in Chicago, IL) among many other achievements.

To give additional historical perspective in 2005, the Institute of Ethics of the American Medical Association (AMA) commissioned an independent panel, the Writing Group on

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the History of African Americans, and Organized Medicine, to analyze the AMA's history on issues of race.⁶

The Writing Group's research clearly documented the AMA's role in creating structural racism, defined as "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity."³ After the research group reported back to AMA's Board of Trustees, in July 2008, immediate past President, Dr. Ronald Davis issued a formal public apology to the NMA. The speech by Dr. Davis included the following:

"I humbly come to the physicians of today's National Medical Association to tell you that we are sorry...on behalf of the American Medical Association, I unequivocally apologize for our past behavior. We pledge to do everything in our power to right the wrongs that were done by our organization to African-American physicians and their families and their patients."⁶ It is important to note that the AMA also supported activities against other ethnic minorities, most notably the Asian Exclusion Act of 1924. This act was not only anti-immigration but prevented citizenship to Asian people living in the US until the mid-twentieth century.⁷

THE ANESTHESIOLOGY SECTION OF THE NMA

The Evelyn E. Henley Anesthesia Society (EEHAS) was established in 2015 by a group of physicians who were concerned and committed to highlight the contribution of anesthesiologists to healthcare delivery in the United States. The EEHAS strives to be a leading authority for physicians and patients and issues that impact the practice of and access to inclusive pain management and anesthesia care in all populations, including advocacy for initiatives and programs focused on education and treatment modalities. The EEHAS is focused on building strong, effective relationships with varied stakeholders throughout the healthcare community to advance its advocacy agenda. The current president of the EEHAS is Bryant Murphy, MD.

DR. EVELYN HENLEY'S HISTORY

Evelyn Elnora Henley, MD (August 25, 1913 – August 28, 1976) was the first Black woman to be certified as Diplomate of the American Board of Anesthesiology and a Fellow of the American College of Anesthesiologists in 1960. (Fig. 1). She subsequently served as Chief of Anesthesiology at Howard University College of Medicine. Dr. Henley started her career as a practicing nurse anesthetist who decided to go to medical school and become an anesthesiologist. She graduated from Howard University College of Medicine in 1954 with honors and completed her residency in Anesthesiology at DC General Hospital in 1958. Subsequently, she served as Chief of Anesthesiology at Howard University College of Medicine. Dr. Henley was the first minority female to chair the Anesthesiology Department at Boston University.^{8,9}



Figure 1.
Dr. Evelyn E. Henley

The EEHAS has a packed agenda for its portion of the annual NMA meeting including lectures and workshops. The airway and point of care ultrasound workshops for regional and regional anesthesia with live models are popular every year. In addition, as is the custom for this meeting, there will be representatives from leadership from every major anesthesiology organization including American Board of Anesthesiology, American Society of Anesthesiologists and AUA. It is during these sessions that mutual feedback is given regarding pressing issues and concerns from each organization on behalf of their members. More information can be found about the EEHAS at www.henleysociety.com.

Vivian Abalama, AUA Director, and I will be staffing the AUA exhibit at the EEHAS meeting & the NMA 2022 national meeting. If you plan to attend, please stop by. Registration for the 2022 annual NMA meeting can be accessed using the final reference for this article.¹⁰ 

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2022 Virtual Annual Meeting

AWARD WINNERS

Junior Faculty Travel Award in Pediatric/Pediatric Anesthesia Winners

The Junior Faculty Travel Award is awarded to the top scoring abstracts submitted to the AUA Annual Meeting in the areas of pediatric anesthesia or perioperative medicine by an early-stage academic anesthesiologist within the first six years of faculty appointment at the instructor or assistant professor level.

Incidence and Risk Factors of Perioperative Respiratory Adverse Events in Children Undergoing Elective Surgery Employing Logistic Regression and Machine Learning Cluster Analysis

Johnny Kenth, BSc, MSc, MBBS, FRCA, PG Cert, MSc, MAcadMEd

Royal Manchester Children's Hospital, Manchester, England

Association of Anesthesiologist Staffing Ratio with Postoperative Morbidity and Mortality

Michael Burns, MD, PhD

University of Michigan
Ann Arbor, Michigan

Junior Faculty Research Award

is awarded to the top scoring abstracts submitted to the AUA Annual Meeting by an early-stage academic anesthesiologist within the first six years of faculty appointment at the instructor or assistant professor level.

Preoperative Factors Predict Neurocognitive Disorder after CABG or PCI in a Population-Based Cohort of Older Adults

Elizabeth Whitlock, MD, MSc

University of California, San Francisco School of Medicine, San Francisco, California

Local Anesthetics Induce an Antitumoral Immune Response in Vitro and in Tumor Established in Mice

Lucillia Bezu, MD, PhD

Gustave Roussy Cancer Campus
Villejuif, France

Margaret Wood Resident Research Award

is awarded to the highest scoring abstract submitted to the AUA Annual Meeting by a resident or fellow.

Phase-Locked Acoustic Stimulation Increases Human Thermal Arousal Thresholds during Dexmedetomidine Sedation

Christian Guay, MD

Washington University School of Medicine of St. Louis, St. Louis, Missouri

Resident Travel Award is awarded to the top scoring abstracts submitted to the AUA Annual Meeting by a resident or fellow.

The effect of Tidal Volume on Postoperative Respiratory Complications is Dependent on Patients' Respiratory System Elastance: A Multicenter Hospital Registry Study

Aiman Suleiman, MD, MSc, SPC

Beth Israel Deaconess Medical Center, Boston, Massachusetts

Please visit [here](#) to review past award winners

AUA visits NMA *continued from page 10*

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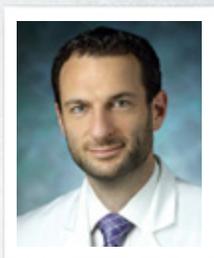
Education Advisory Board & Leadership Advisory Board 2022 AWARD WINNERS

AUA's EAB and LAB hosted the inaugural presentation of three new awards at AUA's 2022 Virtual Annual Meeting.

Keith Baker, MD, PhD, former Chair of AUA's Educational Advisory Board, presented two awards:



2022 | **Education Innovation Award**



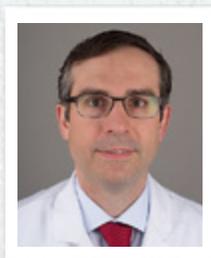
Jed T. Wolpaw, MD, MEd
Johns Hopkins School of Medicine
Residency Program Director
Associate Professor of
Anesthesiology and
Critical Care Medicine

About EAB's Education Research Award

The EAB Education Research Award is to acknowledge outstanding achievement and success in education research by an anesthesiologist. Its purpose is to publicize, motivate, encourage, and suggest models for original education research at its best. Nominations are invited from AUA members and should include the PubMed IDs of the relevant educational research that has been published in the previous three years. The letter of nomination should also describe how the research contribution has advanced the field of medical education.



2022 | **Education Research Award**



John D. Mitchell, MD
Beth Israel Deaconess Medical
Center, Vice Chair for Education,
Director Center for Education
Research, Technology and
Innovation (CERTAIN)

About EAB's Education Innovation Award

The EAB Education Innovation Award celebrates and recognizes new and innovative developments in medical education. Impacts may include a policy or programmatic change, a revelation of a pedagogic tool or methodology, increased awareness of an issue, implications for research by other contributors, or a change in thinking among anesthesiology education professionals. Nominations are invited from AUA members and should describe the nominee's contributions and how the innovation contributes to medical education.

Maya Hastie, MD, EdD, Chair of AUA's Leadership Advisory Board, presented one award:



2022 | **IDEAL Award**
Inclusion, Diversity, Equity, Acceptance, and Leadership



**Tracey Straker, MD, MS,
MPH, CBA, FASA**
Professor of Anesthesiology
Vice Chair for Clinical Operations
Officer for Diversity, Equity, and
Inclusivity, Montefiore Medical Center

About LAB's IDEAL Award

The IDEAL Award (Inclusion, Diversity, Equity, Acceptance, and Leadership Award) is awarded to an AUA member in recognition of their commitment and leadership to promote diversity, equity, inclusivity, and belonging at the local or national level. A positive impact on healthcare outcomes is the ultimate goal. In addition, tangible impact on diversity and equity metrics of the healthcare workforce such as promotions, recruitment, retention, professional development is sought. Evidence of community service and its impact should be provided when available. Other supporting evidence such as publications, speaking engagements, and committee work are encouraged and will be taken into consideration.

Click [here](#) for more information about the AUA EAB and LAB Awards.

In Remembrance: Dr. Lisa Wise-Faberowski

It is with tremendous sadness that we inform you of the passing of Dr. Lisa Wise-Faberowski. Lisa was an important contributor to advancement in academic anesthesiology. I have had the pleasure to consider myself as Lisa's colleague and friend for the past 25 years.

She was a gifted clinician and an incredible intellectual. Her intense work-ethic and high personal standards created a natural path to leadership within organized medicine.

Lisa's passion was to foster the advancement of academics within anesthesiology. Lisa's particular gifts to AUA have been to serve as an engaged mentor on the [AUA Council](#) as the Chair of the AUA Communications and Website Committee. (She began her role as Chair in 2017.)

From the beginning, Lisa's passion and enthusiasm to communicate and engage with AUA members was evident. Under her leadership, in the summer of 2017, the AUA issued its last version of the [original AUA Update](#) and launched a new online web-based format of the [AUA Update](#).

Lisa composed several articles for the AUA Update where you can see her passion and admiration for the field of anesthesiology and its leadership. In 2019, she authored the article "[Dr. Simon Gelman: A Person of Integrity and Honor, a Mensch](#)", where she features Dr. Simon Gelman M.D., Ph.D., F.A.N.Z.C.A. and in 2020, Lisa authored "[Dr. Margaret Wood: "Three Things in Life"](#)", where she features Dr. Margaret Wood, MD, FRCA, MB, ChB.

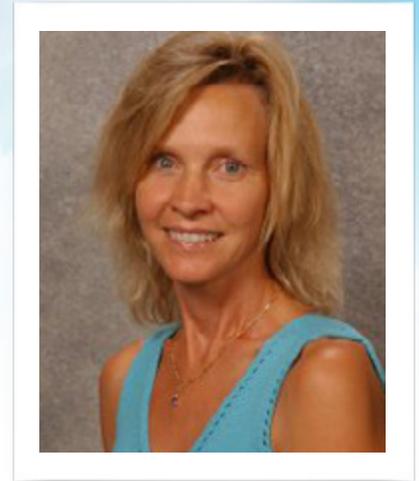
She continued to work to improve how the AUA communicated and engaged with its membership. Lisa led the launch of AUA's Twitter handle [@AUA Anesthesia](#) to begin to better engage with the AUA membership and the larger anesthesia community.

In 2021, Lisa continued to demonstrate her dedication and leadership by collaborating with the AUA Leadership Advisory Board Chair, Dr. Maya Hastie, to create a special publication "[September is Women in Medicine Month](#)" to highlight the achievements of women leaders in the AUA membership. September was designated by the American Medical Association to celebrate women in medicine.

Lisa was exceptionally kind and collegial. All of us who have had the pleasure to work with Lisa greatly appreciate the time that we had with her and thank her family for supporting her in her unwavering dedication to improving perioperative patient care through exceptional research and education.

Lisa will be greatly missed as a colleague and friend.

By Jeff Kirsch, MD, Immediate Past President, on behalf of AUA Council.



Lisa Wise-Faberowski, MD, an associate professor of anesthesiology, perioperative and pain medicine at the Stanford University School of Medicine, passed away January 23 in Lone Tree, Colorado.

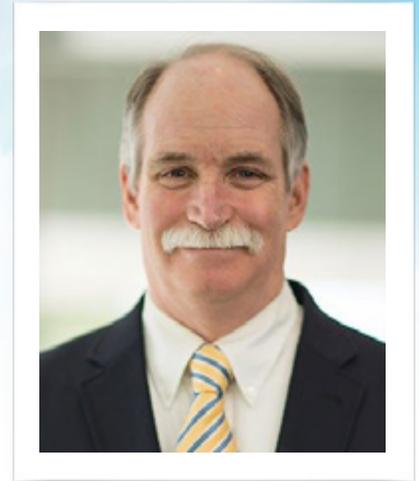
To read more about Dr. Wise-Faberowski, visit: [Stanford Medicine News Center](#) | [Pediatric Anesthesia Article of the Day](#)

In Remembrance: Dr. David S. Warner

It is with profound sadness that we inform you about the passing of a beloved member of our Duke Anesthesiology family and one of Duke's most distinguished faculty, Dr. David S. Warner. He passed away on December 5, 2021, at the age of 68.

An eminent leader in our field, Dr. Warner was one of the world's most respected neuroanesthesiologists and described as a beacon of integrity. He will be remembered as an extraordinary but humble academician, physician, scientist, and mentor who dedicated his career to training the next generation in our specialty and multidisciplinary collaboration. His life's work was focused on understanding the biology of acute central nervous system (CNS) injury, with a specific focus on the development of preclinical models of human disease and the development of therapeutics.

Dr. Warner was born in Illinois and raised in Wisconsin. His anesthesiology career spanned more than four decades, beginning with his anesthesiology training in 1980 at the University of Iowa College of Medicine. After completing residency, he moved to Sweden as a research fellow to pursue further training in basic mechanisms underlying neuroprotection at the Laboratory for Experimental Brain Research at the University of Lund. Dr. Warner joined Duke Anesthesiology faculty in 1994 as a professor of anesthesiology (with tenure), surgery and in neurobiology. In his first year on faculty, he successfully competed for the first Duke Anesthesiology NIH T32 Training Grant, which has been consistently funded ever since. In 2001, Dr. Warner was appointed the vice chair for research in our department – a position he passionately held for 16 years, positively impacting the careers and research directions of numerous trainees and faculty, and setting the standard for a strong pattern for success in transitioning faculty to independent investigator status. He also served as chief of the Basic Sciences Division for ten years in which he was instrumental in the growth and development of the division and translational discoveries. Additionally, he played a key role in Duke Anesthesiology's annual Academic Evening for 20 years, a flagship research event, and was an avid supporter of the department's Duke DREAM Campaign, dedicated to advancing research and transforming patient care.



In 2012, Dr. Warner received one of the highest honors in academia with his appointment as a Distinguished Professor of Anesthesiology, designated by the Duke University School of Medicine. This endowed professorship recognizes his remarkable achievements in advancing medical science, significantly shaping the field of neuroanesthesiology research and education, profoundly impacting patient care, and exemplifying superior mentorship.

A true physician-scientist committed to both clinical care and investigative discovery, Dr. Warner served as the director of the Multidisciplinary Neuroprotection Laboratory at Duke, which he proudly established in 1999 and described as a consortium of investigators from diverse disciplines dedicated to examining the pathophysiology of acute brain and spinal cord injury with particular reference to disease states managed in the perioperative or neurointensive care environments. Under his leadership, the lab served as a renowned training ground for both pre- and postdoctoral individuals for more than two decades. Dr. Warner's laboratory was the first to define the potential therapeutic efficacy of statins in subarachnoid hemorrhage. His other significant contributions to science include the development of preclinical CNS injury models, the effects of anesthetics on the injured brain and the role of oxidative stress in acute CNS injury. Clinically, Dr. Warner was instrumental in the safe introduction of several drugs into neuroanesthesia practice.

Dr. Warner was a trailblazer in his field. He was continuously funded by the National Institutes of Health since 1988 and has directed postdoctoral research training with T32 awards since 1992. His research prowess was recognized in 2005 when Dr. Warner was named the recipient of the American Society of Anesthesiology's Excellence in Research Award; recognition that the quality of his scientific accomplishments have changed medicine. Dr. Warner was also an internationally-renowned speaker on brain protection; he spoke at more than 220 invited lectures and published at least 440 manuscripts and book chapters.

continued on page 15

In Remembrance: Dr. David S. Warner *continued from page 14*

A cherished and celebrated mentor, Dr. Warner earned several accolades throughout his career, including being elected to “Best Doctors in America” annually from 1995 to 2018 (when he retired from clinical service), but most notably for teaching and mentoring. In 2011, he was named the Robert N. Sladen Teacher of the Year by our department and earned the Distinguished Service Award from the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) – a society in which he once served as president. In 2015, Duke presented Dr. Warner with the Translational Research Mentoring Award. That same year, he received the Mentoring Excellence in Research Award from the American Society of Anesthesiologists and was recognized with the Distinguished Alumnus Award for Achievement by his alma mater. Most of his mentees have remained in productive academic practice and many have established themselves as independent researchers and/or progressed to leadership levels as division chiefs or departmental chairs. Dr. Warner’s commitment to the career development of research trainees stemmed from his belief that physician-scientists are critical in integrating basic science and clinical medicine.

Dr. Warner’s mentorship skills were evidenced by the success of the more than 80 students, trainees and mid-career scientists whom he mentored throughout his career. As one of Dr. Warner’s closest mentees describes, he was a man with a midwestern ethic towards value; one of his exceptional qualities was not only his commitment to mentoring, but he was non-parochial; people came before departments or institutions. He believes Dr. Warner’s most profound impact at Duke was his selflessness and commitment to do the right thing with regard to training and translational research; he truly stood for the human values that make the institution great.

It’s often said that “we stand on the shoulders of giants;” Dr. Warner was unequivocally one of those giants. Duke Anesthesiology stands at these highest levels of research and we continue to develop world-class researchers because he did the heavy lifting back in the 1990s, and we have endless gratitude for his immense contributions. Dr. Warner’s legacy within academic medicine will forever be remembered here at Duke, specifically as we aim to establish a professorship in his name at the Duke University School of Medicine that will advance the translational practice of medicine to improve care and outcomes for those with acute brain injury and ensure that his legacy is preserved. Most importantly, his legacy will live on through his family. He was a dedicated and loving husband to his wife of 40 plus years, Rose, and father to his two children, Lindsay and Seth.

Please join us in extending our sincerest condolences to Dr. Warner’s family, friends and colleagues. At the request of the family, in lieu of flowers, memorial gifts may be made to the David S. Warner Gift Fund to formally establish the David S. Warner Professorship to keep his love of medical education and research alive. Duke flags will be lowered this week in honor of Dr. Warner’s life and legacy.

[Reprinted from Duke University School of Medicine](#)

A Tribute to Ben F. Rusy, MD

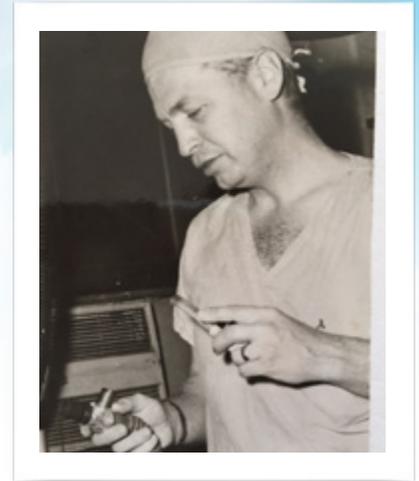
Dr. Ben F. Rusy, Emeritus Professor and former Chair of the Department of Anesthesiology at the University of Wisconsin, Madison, WI, passed away on December 27, 2021.

He received a B.S. degree in electrical engineering (1952) followed by a Doctor of Medicine (1956) from the University of Wisconsin. He completed an internship and residency in Anesthesiology at Temple University Medical School.

He married Anita L. Byrnes in Media, Pennsylvania on June 28, 1957. While at Temple, he completed a postdoctoral research fellowship, earned an M.S. in pharmacology, and became Professor of Anesthesiology and Director of Anesthesia Research. He also served as Adjunct Professor of Biomedical Engineering at Drexel Institute of Technology.

In 1976, he moved to Madison, WI, where he joined the faculty of the University of Wisconsin Department of Anesthesiology. He became Director of Anesthesia Research and was active in research, teaching and clinical practice. His research exploring the effects of various anesthetics on heart function was supported by continuous NIH grants for many years. Ben published dozens of articles in prominent medical journals.

He spent a year on sabbatical in London, England practicing anesthesia and doing research in the field at University College London. In 1988, he became Chair of the Department of Anesthesiology, serving until his retirement in 1997. He was an active member of the Association of University Anesthesiologists (AUA), an organization he had the upmost respect for, and the Society of Academic Anesthesia Chairs, (SAAC).



Daughter Deb Rusy and grandson Ben Schessler

Ben Rusy was passionately involved in the education of anesthesia residents, both in and out of the operating room, influencing their academic advancement and professional future. Hundreds of anesthesia residents were trained under his watch, resulting in a legacy of anesthesiologists whose patient care model and devotion to the science of anesthesia was superlative.

In retirement, Ben focused on family. He and Anita enjoyed their summers on North Bay in Door County, where they lived in a house they built on land purchased by Ben's grandfather in 1927. He loved the woods and waters of Door County and enjoyed sailing and projects in his workshop. A strong and quiet man, he was extremely kind and gentle. He was a loving and attentive husband, a patient and supportive father, a beloved grandfather, and a fond great-grandfather.

He is survived by, and his presence truly missed, by his wife, Anita; his four daughters, his eight grandchildren, and his four great-grandchildren. Two of his daughters (Drs. Deborah and Lynn Rusy) and a grandson (Dr. Ben Schessler) have followed in his footsteps as academic anesthesiologists.



**Deborah Rusy, MD,
MBA, FASA**

Professor of
Anesthesiology
University of Wisconsin,
School of Medicine
and Public Health
Madison, WI

DID YOU MISS THE 2022 AUA VIRTUAL ANNUAL MEETING?

There's still time to register to watch session recordings!



ASSOCIATION OF UNIVERSITY ANESTHESIOLOGISTS ANNUAL MEETING • 2022



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Association of University Anesthesiologists

TOWN HALL | 2022

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Association of University
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BUSINESS MEETING 2022

**Now Available
onDemand**

2022 WEBINAR SERIES PRESENTS:

The Association of University Anesthesiologists is pleased to continue its series of 60-minute webinars. This high-quality education series will feature informative content based on current research and is designed to help advance the anesthesiology specialty.

These webinars are free but require pre-registration. CME credits will be available for AUA members only. Recordings of the presentations will be available (to AUA members only) after they occur.

Increasing Value of Anesthesiology through Public Health

August 2, 2022

6:00 pm – 7:00 pm EDT

REGISTRATION IS FREE

MODERATOR



Karen B. Domino, MD, MPH
University of Washington
Professor,
Anesthesiology
and Pain Medicine

PANELISTS:



Monica S. Vavilala, MD
University of Washington
Professor,
Anesthesiology
& Pain Medicine



Adam Milam, MD, PhD
Mayo Clinic
Arizona
Associate
Professor,
Anesthesiology

Navigating a Brave New World with Pregnant People

September 6, 2022 | 6:00 pm – 7:00 pm EDT • [REGISTER](#)

EAB: Using Cognitive Load Theory to Design Better Presentations

October 4, 2022 | 6:00 pm – 7:00 pm EDT • [REGISTER](#)

EAB: Self-Assessment: Accuracy, Impact and Ways to Improve It

November 1, 2022 | 6:00 pm – 7:00 pm EST • [REGISTER](#)

LAB: Academic Time and Productivity

December 6, 2022 | 6:00 pm – 7:00 pm EST • [REGISTER](#)

MODERATOR



Christine N. Sang, MD, MPH, FASA
Harvard Medical
School

PANELISTS:



Laura Wandner, PhD | National
Institutes of Health
*NIH Workforce Survey
Results*



Vivianne L. Tawfik, MD, PhD | Stanford University
School of Medicine
*Year 1: Workforce
Survey Results*



Daniel Carr, MD, FABPM | Tufts University
School of Medicine
*Pain Research
Workforce Needs*



FAER

*Foundation for Anesthesia
Education and Research*



Fall 2022 Grant Cycle Applications Open: June 1 - August 15, 2022

Research in Education Grant

Eligibility:

Faculty member of any rank
(junior or senior faculty)

Research Areas:

Education research

Purpose:

To improve the quality and
effectiveness of anesthesiology
education research

Funding and Duration:

\$100,000 over two years

Percent of Research Time:

40%

Apply:

FAER.org/REG

Mentored Research Training Grant

Eligibility:

Faculty members who have completed
their core anesthesiology residency
training within the past 10 years

Research Areas:

All areas of research that contribute to
advances in patient care and can lead to
sustained extramural research will be
considered

Purpose:

To help anesthesiologists develop the
skills and preliminary data to become
independent investigators

Funding and Duration:

\$250,000 over two years

Percent of Research Time:

75%

Apply:

FAER.org/MRTG

Research Fellowship Grant

Eligibility:

Anesthesiology trainee after
CA-1 year

Research Areas:

Basic science, clinical,
translational, health services, or
education research

Purpose:

To provide significant training in
research techniques and
scientific methods

Funding and Duration:

\$75,000 over one year

Percent of Research Time:

80%

Apply:

FAER.org/RFG

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**Communications
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SUBMISSION GUIDELINES

Are you interested in contributing an article to AUA Update? Please familiarize yourself with the [submission guidelines](#) before you proceed. Thank you for your interest and contact Dr. Shahzad Shaefi, MD, MPH, at sshaefi@bidmc.harvard.edu with any questions.

CALL FOR ARTICLES FOR AUA UPDATE 2022



If you have an idea for an article, an announcement, or an opinion on a recently published article, please submit your proposal/article to Dr. Shahzad Shaefi, MD, MPH, sshaefi@bidmc.harvard.edu. If your article is selected, we will contact you for editing and formatting.