When Mervyn Maze, MB ChB, assumed leadership of the UCSF Department of Anesthesia and Perioperative Care, it was with deep respect for the department’s history, but also with an understanding that maintaining worldwide leadership meant adapting successfully to changing times. To that end, Maze has reorganized the department, delegating new levels of responsibility and oversight to four vice-chairs whose primary charge is to continue delivering outstanding patient care for every patient, every time. Equally important, Michael Gropper, MD, PhD, will continue in his role as director of critical care medicine at UCSF.

See the four vice-chair profiles starting on page 3
Before I assumed this position, many of the people I spoke with told me that what sets UCSF apart – and particularly what sets this department apart – is a sense of belonging to a special place with special people. They told me that not only do people here do an exemplary job advancing an important mission, but they also create a type of family in which people from diverse, global cultures care deeply about each other.

The untimely passing of Jeanie Murakawa, our residency program director (see In Memoriam, page 11) – and the response of her immediate family and this community – drove this feeling home for me in a way I never could have understood before. Jeanie was a member of the UCSF family for over thirty years, and what I saw of her in my short time here revealed that she did a lot more than perform a job with remarkable skill. She was our department’s den mother, nurturing the bodies and souls of residents, staff, and faculty alike with her sharp wit, empathetic mind, and drawers full of food that she fed to anyone who looked like they needed a lift. And when Jeanie lay dying, surrounded by her loved ones, it was clear where her sense of family came from. Even in a moment of deep sadness, her family took time to worry about how our department would fare, as though that were important at all in the face of this devastating personal tragedy. We grieve together at this profound loss.

Surely those of us who work in and around a medical center like UCSF understand how suddenly and frequently tragedy and loss can occur. We understand that nothing can dull the immediate pain of losing a Jeanie Murakawa – and that there is no real protection against the losses still to come. Yet the sense of community and connection that she and her family represent also reminds us of the type of nourishment we need to survive and move on. We must never lose sight of that – and remember to cherish it each and every day.

Mervyn Maze, MB ChB
Professor and Chair
New Administrative Roles Recognize Changing Times, Changing Needs

Manuel C. Pardo, MD
Vice-Chair for Education and Training

Manuel Pardo, MD, is a founding member of the Haile T. Debas Academy of Medical Educators, and holds the Sol Shnider Endowed Chair for Anesthesia Education, a role in which he serves as a liaison between the Academy and the anesthesia department. His clinical practice includes critical care medicine and anesthesia for liver transplantation.

"My portfolio as vice-chair (Education and Training) encompasses the residency, fellowship, medical student education, continuing medical education (CME), and simulator programs, each with its own oversight group and leadership," says Pardo.

He and Kristen Sullivan, MD, lead the residency program. Linda Liu, MD, and deputy director for education and training, runs the fellowship program. Martin Bogetz, MD, runs the medical student education program. Susan Ryan, MD, runs the CME program. Finally, Adam Collins, MD, runs the Anesthesia Patient Simulator Program, one of a few in the nation endorsed by the American Society of Anesthesiology.

In all five areas, one of Pardo’s key goals is to measure the outcomes of the department’s efforts as rigorously as possible. “For example, if our goal is to train future leaders, we need to know what leadership positions our graduates assume after they leave here,” he says. “Right now we don’t have mechanisms in place to do things like poll the leaders of organizations where our graduates work. I want to put those things in place.”

Enhancing Rigor, Expanding Options

Because it is where the next generation of UCSF-trained anesthesiologists will learn their profession, Pardo is particularly focused on the residency program with its mission of producing scholarly clinicians capable of leading perioperative care teams.

To achieve that mission, Pardo and his team have devised an extensive list of goals and tactics that include: developing leadership skills through increased committee involvement for residents; providing expert training across the full spectrum of perioperative care, including pain management, critical care, and all aspects of preoperative and postoperative care; concentrating on a team approach that includes the use of 360 degree evaluations, in which
team members provide constructive suggestions to achieve common goals; and expanding selective choice in the CA-3 year.

“In the past, during their three years here, residents have only been able to have one month to choose something they would like to concentrate on,” says Pardo. “Now they’ll have up to three months of choice, and those in the UCSF Pathways to Discovery program – as well as those in our innovative residency tracks in critical care and research – will be able to do more.”

William L. Young, MD  
Vice-Chair for Research

William Young, MD, received the 2009 American Society of Anesthesiologists Excellence in Research Award. He directs the interdisciplinary UCSF Center for Cerebrovascular Research, where he investigates the integrative physiology of cerebral circulation with special reference to angiogenesis, brain vascular malformations and occlusive cerebrovascular disease.

“Our goal is to maintain and grow our position as the top anesthesia department in the country in NIH funding,” says Young. “To do that, we need to guard against complacency. We have to ensure a stream of promising junior investigators, continue to support the people who have already established themselves, and overcome the antiquated notion that our research efforts are represented by a collection of free-standing principal investigators who minimally interact. Vibrant, interdisciplinary scientific explorations must reach across departmental lines, specialties and institutions.”

Enacting this vision requires careful, practical steps, especially in a department as large as the UCSF Department of Anesthesia and Perioperative Care. “Coordinating all administrative infrastructures is a big component of success,” says Young, who will be assisted by Judith Hellman, MD and an extended set of faculty.

One idea is to appoint a departmental research administrator, Claire Harmon, to serve as a central focal point for all research-related affairs. Another is to ensure that department members are aware of each other’s work, by instituting regular, department-wide research development seminars. This is important for the researchers themselves, as well as for the clinicians and educators with whom they work.

Expand the Research Vision

Effectively developing the research paths of residents and junior faculty is an especially critical goal. “We must bring together the various aspects of the training environment under one conceptual heading, which we have dubbed, ‘Pathway to Scientific Independence,’” says Young.

He spoke to this idea in his remarks accepting the 2009 Excellence in Research Award from the American Society of Anesthesiology. Using his own mentored development as a model, he spoke of how important it is to choose a strong mentor and not be constrained by your particular research question at the time. He noted that part of a mentor’s role is to clear the path of obstacles to scientific career development, but emphasized that the process should not be rushed. Comparing it to the biological concept of neoteny, Young noted that strong mentoring should occur until such
time when new researchers are ready to succeed on their own.

Finally, he spoke of researchers looking beyond the current state of clinical practice to address larger issues of perioperative care and disease pathogenesis.

“We have all kinds of opportunities in our department,” says Young. “Our innovative residency track in research. Our T32 training grant. The university’s CTSI program. Internal departmental funding. The promise of strategic new recruits. The breadth and depth of talent in our faculty. But we must use these resources to help research faculty consider any question that captures their imagination, so they can truly advance the science and—put simply—excel.”

William A. Shapiro, MD
Vice-Chair for Clinical Affairs

William A. Shapiro, MD, is chief of anesthesia services and medical director of the post anesthesia care unit (PACU) at UCSF Mount Zion Hospital. His special clinical interest is in the management of anesthesia for vascular, thoracic, and major cancer surgery and he also has considerable expertise in perioperative electrocardiograms (ECGs) and cardiac echocardiography.

The leadership group for clinical affairs oversees all clinical anesthesia services at UCSF Moffitt-Long and Mount Zion hospitals, as well as those at the UCSF Ambulatory Care Center and UCSF Orthopedic Institute.

“Our strength is in working with complex patients, often with multiple co-morbidities,” says Errol Lobo, MD, PhD, and clinical director for Moffit-Long Hospital. “At a high volume, tertiary care center like UCSF Medical Center, anesthesiologists need the skill set to work through the most complicated surgeries.”

To continue the department’s storied history of worldwide leadership in clinical anesthesia, Lobo believes its clinical activities must complement innovative changes in surgery and the increased demand for anesthesia participation in non-operating room locations.

“UCSF continues to rank among the top ten hospitals in the US, and a lot of the success is attributable to excellence in perioperative care,” says Lobo. “Anesthesia care-givers can be compared to the midfielder on a football (soccer) team: they silently provide the support that make the strikers (surgeons) look good.”

Fostering Diversity and Collegiality

“The challenge is that we operate in a kind of controlled chaos,” continues Lobo. “One way we can improve is to foster a collegial environment in what has become a huge and diverse department.”

Diversity is the hallmark of a clinical staff that delivers care to a diverse population. Patients arrive with every conceivable disease, and from all over the world. Faculty, residents, and CRNAs (certified registered nurse anesthetists) nearly match that diversity, coming from nearly every ethnicity in the U.S. and from around the globe.

Shapiro, Lobo and the rest of the clinical affairs leadership group believe that embracing that diversity – and reviving the type of informal collegiality that was easier when the department was smaller – is an important part of advancing the department’s mission of outstanding care for every patient, every time.

The department is taking a number of steps to achieve these goals. For one, it has expanded its workforce to include more CRNAs, thus reducing the clinical burden on anesthesia faculty and residents. Similarly, the leadership team is working on changing the staffing
model to optimize the predictability of faculty hours. “We’re having some shifts come in later in the day with the aim of giving people more relief,” says Lobo.

In addition, Lobo – who is from Kenya and just returned from volunteer work in Haiti – notes that offering faculty and residents global health experiences, and having residents learn from faculty who have practiced in the developing world, can help foster skills that are difficult to learn in the U.S., where so much of care is automated.

“You come back from these experiences a better, more humble physician,” says Lobo.

Adrian Gelb, MBChB
Vice-Chair for Faculty Affairs

Adrian Gelb, MB ChB, arrived at UCSF in 2004 after a career that included serving as a faculty member, ICU co-director, and chair in the Department of Anesthesia at the University of Western Ontario, Canada. At UCSF, Gelb spends much of his clinical time in the OR working with neurosurgical patients. Similarly, his research activities focus on the neurosciences, especially cerebral blood flow and volume, neuromonitoring and ischemia.

“We’ve renamed academic affairs ‘faculty affairs’ to connote a broader portfolio,” he says of his new position. “Our hope is that by expanding the portfolio we can do even better at making faculty members feel supported and welcome, and ensure all of the faculty’s work is consistent with the department’s vision,” says Gelb.

Gelb is now responsible for faculty recruitment, retention, compensation, merit and promotion, mentoring, and appraisal. He is exploring a number of program enhancements, including: helping faculty members use their non-clinical time in ways that advance the department’s vision as well as their own careers; instituting a new compensation process; and revising the materials new faculty members receive, so they can quickly acclimate themselves to their new surroundings.

“We want the department to be as welcoming as possible by bringing more clarity to arcane UC processes,” says Gelb.

More Focused Mentoring

Gelb is especially excited about creating a more focused mentoring program. “We are linking mentoring with the department appraisal, merit, and promotion processes,” he says. “So, for example, this year no junior faculty applications for merit and promotion will be accepted without mentor review. This directly conveys the value of mentor-mentee relationships.”

Another goal is to give faculty early and thorough feedback on where they stand as regards merit and promotion. This will give promising faculty the support they need to advance their careers as quickly as possible, and help quickly identify those who are not a good match for the department.

“For many of these things, mechanisms are already in place, either at the UC or UCSF level, or at the department level, but part of what I’m trying to do is make the information more easily available, or remind people of processes they may have forgotten,” says Gelb.

ASK THE EXPERT:

Maurice Zwass, MD, asks: What is the proper response when a child has an upper respiratory infection (URI) and is scheduled for surgery?

This is one of the most perplexing problems in pediatric anesthesia. The parents have taken time off from work, found a baby-sitter for their other children, and may have driven a long distance to get to the hospital. Furthermore, children have a URI about six times a year. There is no guarantee the child will be well if the surgery is delayed a few weeks.

The concerns are laryngospasm, bronchospasm, “tight chest” with coughing, and oxygen desaturation. These conditions are common when anesthesia and surgery are performed in children who have a full-blown URI (productive cough; rales; ronchi;
n How long has the child had the URI? Is it just starting or is it waning? If the URI is just beginning, it is impossible to know what problem the child will have in two days.

n Is the child coughing? Coughing up phlegm? What color is it? Green or yellow secretions are more significant than scant clear or white secretions. Patients who have a URI and cough will have increased pain after surgery with coughing, and this may cause the child not to cough, leading to pulmonary complications. A child having peripheral surgery usually does not have this problem.

n Is there rhinorrhea? Many children have a runny nose much of the year due to allergies. Their secretions are usually clear and contain eosinophiles. Secretions from patients with a URI are often thick and contain granulocytes and other white cells. If the rhinorrhea is caused by allergies, the likelihood of respiratory problems is much less than if it is due to a URI.

n Has the child been febrile – to what degree? Temperatures above 38.3°C are of concern and can be harbingers of many childhood illnesses.

What to do?
After talking with the parents and surgeons and informing them of the potential problems and their seriousness, as noted above, typically the safest thing is to delay the case for two weeks.

If this is not possible, however, provide a sufficient depth of anesthesia to reduce the chance of bronchospasm, laryngospasm, coughing, and oxygen desaturation. If the case can be done with an LMA, insert it when the depth of anesthesia is sufficient to prevent laryngospasm (which occurs commonly when LMAs are used in these patients).

Depending on what is done and on coexisting problems, it may be necessary to observe the patient in an ICU after surgery. If the child is to be sent home, the patient should be observed for several hours longer than usual to be sure there are no late airway problems. The parents should understand which respiratory signs and symptoms are worrisome and that they should go to an emergency room or their doctor as soon as possible if the symptoms/signs occur.

– George A. Gregory, MD
A Collaborative Path to Personalized Medicine

The Pharmacogenetics of Membrane Transporters (PMT) study is a groundbreaking, NIH-funded project led by UCSF Co-Chair of Bioengineering and Therapeutic Sciences, Kathleen Giacomini, PhD. Its findings could dramatically enhance physicians’ ability to tailor drug therapies to an individual’s genetic profile.

In association with other large research projects, PMT has become a worldwide, multidisciplinary collaboration that coordinates sophisticated bench research, high throughput computational analysis, an expanding database, and sophisticated clinical studies with diverse populations.

“Our hope is that genetic variants in membrane transporters will be predictive of drug response and enable us to personalize therapy,” says Claire Brett, MD, of the UCSF Department of Anesthesia and Perioperative Care. Brett oversees the PMT’s clinical studies.

The Value of Membrane Transporters

Before PMT began, the scientific community knew little about genetic variants in membrane transporters. But in a decade of work, PMT researchers have identified common variants in about 100 transporters, and begun to better understand their role in drug response.

“Membrane transporters are involved in most drug response, because drugs have to get into and out of cells,” says Giacomini. “We are discovering the ways in which common genetic variants in the transporters may change how people respond to drugs.” For example, some variants might enable more of a drug to enter a system faster, while others may delay or mute the response.
Advancing to Clinical Studies in Diverse Populations

Understanding exactly what role these variants play is a complex task that demands the time and talents of diverse teams of scientists and clinicians. “It requires people who do genomic work, computational people, multidisciplinary clinicians, the CTSI (Clinical and Translational Science Institute at UCSF); you just can’t do this type of work without intense collaboration, because it’s incredibly interactive,” says Brett.

PMT’s clinical studies are one of the things that distinguish it. “If you don’t take the science right to a volunteer, you may miss the point,” says Brett. “(Giacomini’s) lab is not only doing clinical studies, but also capturing results in diverse populations...We began with 120 volunteers from four genetically distinct groups, and we genotyped all of them...and because we know them so well, we can follow them closely, and have them available for callback.”

To ensure safety, the studies take place in a clinical research unit, where clinicians carefully watch for and monitor any side effects. “I talk to the patients, nurses are present, and I am available by pager,” says Brett, who essentially serves as the project’s chief clinical officer.

Understanding Uptake and Elimination

The PMT has numerous drugs and genetic variants in various stages of testing, with most studies examining drug uptake and elimination.

“Usually, we track the drug levels themselves – especially because higher levels are associated with toxicity – and the response,” says Brett. One potentially far-reaching study is of metformin, the most prescribed diabetic drug in the country. This study is now in a Phase One-like clinical trial, during which healthy volunteers take small doses of the drug and their response is tested via a glucose tolerance test.

Other clinical work has examined, or is examining the role genetic variants in membrane transporters play in sensitivity and resistance to anti-cancer drugs; the incontinence drug, trospium; and drugs that cross the blood brain barrier, such as gabapentin.

“We’re not there yet, but our end point is to develop a diagnostic test for genetic variants that indicate a patient’s response to numerous drugs, so that rather than today’s trial and error approach for (certain therapies), doctors can make an informed, personalized choice about dosage or alternative drugs,” says Brett.
Jean-Francois Pittet, MD, filled many important roles during his 20 years at UCSF, including during his final year and half, when he served as director of the Department of Anesthesia and Perioperative Care’s T32 training grant. The T32 is an NIH program that supports research fellows conducting either basic science or clinical research.

In 2009, Pittet and T32 Program Director Allison Cole, PhD, zeroed on one of the specialty’s most vexing issues: how can anesthesia departments more effectively recruit and support promising researchers, particularly researchers from underrepresented minorities? They conceived of and hosted a one-day symposium that brought together the ten T32 anesthesia directors in the country with Shawn Drew, PhD, and a program director in the National Institutes of Health (NIH) Division of Minority Opportunities in Research.

“We wanted to put all of the directors in a room to address these issues of diversity and research,” says Pittet. “Today, there is so much pressure to have anesthesia be a service department for perioperative care that research issues are not at the forefront for many hospital directors.”

Speakers Catalyze Discussions

In the morning, the group focused entirely on diversity. UCSF Department of Anesthesia and Perioperative Care Chair Mervyn Maze, MB, ChB spoke about his experiences growing up and going to medical school in South Africa. Then Renee Navarro, MD, Director of Academic Diversity at UCSF – also a member of the UCSF Department of Anesthesia and Perioperative Care – spoke about recruiting minorities at UCSF. Next, Esteban González Burchard, MD, from the UCSF Pulmonary and Critical Care Division, spoke about overcoming discrimination to conduct important asthma research.

Those talks led to a group discussion and, eventually, to a talk from Drew about the NIH’s expectations and the ways in which it can help.

“Our goal was to put the problem on the table,” says Pittet. “It’s clear that one of the things that must be done is aggressive recruitment and we discussed some of the recruiting strategies people have used.” Among numerous success stories at UCSF, he points to the recent hiring of Jennifer Lucero, MD, a Native American woman who recently completed her UCSF anesthesia residency and now will do a T32 fellowship.

In the afternoon, the group discussed how to recruit and then launch young researchers along a “pathway to scientific independence.” Afternoon speakers included Keith Miller, D Phil, from Massachusetts General Hospital, William Young, MD, and Vice-Chair for Research at the UCSF Department of Anesthesia and Perioperative Care, and Allan Basbaum, PhD and chair of the UCSF Department of Anatomy. Miller spoke about approaches they are using at Harvard, Young spoke about such things as the department’s innovative research residency, and Basbaum spoke to the value of exchanges among clinicians and bench scientists in his lab.

The day ended with a dinner and the resolve to turn the symposium into a periodic, perhaps annual event. “The day was successful beyond my expectations,” says Pittet.

A Farewell to UCSF

The event also served as an appropriate farewell to UCSF for Pittet, who in early 2010 became director of the critical care division and vice-chair of the department of anesthesia at the University of Alabama at Birmingham.

“It is a tremendous opportunity that I could not pass up,” says Pittet. He is particularly excited about leading the development of a center of excellence in critical care at the University of Alabama hospital. Pittet also will continue his basic science and clinical research programs.

Despite the exciting opportunities, Pittet confesses the move is bitter-sweet. “UCSF gave me incredible opportunities,” he says. “I came from Switzerland, where it is not easy to get time off to do research, but Ron Miller (former department chair at UCSF) gave me and many others that opportunity. It is why UCSF has been so successful.”

Pittet also cherished the opportunity to practice as a trauma anesthesiologist at San Francisco General Hospital, which has a long tradition of being one of the best trauma centers in the west, if not the entire country.

“Trauma is the first cause of death for people between the age of one and 44 in America. The opportunity to practice trauma anesthesiology – which I consider a subspecialty – for San Francisco’s underserved poor populations, and with some wonderful people, is another reason I stayed so long,” says Pittet. “I do not leave easily, but I wanted to meet the challenge of the last ten years of my career.”
In Memoriam: Jeanie Murakawa

Jeanie Murakawa passed away on March 25th, a few days after a sudden and unexpected illness. This profoundly sad news came as a shock to all of us in the Anesthesia Department as well as her friends in the Department of Medicine and elsewhere on the UCSF campus. I still feel depressed and distressed walking past her vacant desk. She and I had become close friends.

Jeanie is survived by many friends and a large family that includes her three sisters (Ellen, Millie, Nina), two children (Kurtis and Ria), son-in-law (David), and three grandchildren (Madisyn, Lucas, Mya). She was particularly close to Madisyn (age 9), her oldest grandchild, who often visited in our office. Madi’s growth record can still be seen on a post near my office door; I measured her height every time she visited over the past four years.

When my residency coordinator of many years decided to retire early, I dreaded the prospect of starting anew with someone who had limited knowledge about residency affairs, but, to my good fortune, and that of our Department, Jeanie Murakawa applied for the job, the same job she held in the Department of Medicine for 20 years. The transition was nearly seamless. Jeanie knew the job well, of course, but, all my protestations were met with an understanding nod of her head, followed five minutes later by my office door opening, and a full plate of food slipped onto my desk. Eventually, I came to accept this as an integral part of our relationship, but I often felt like a ‘kept man.’ Jeanie was my ‘right-hand woman,’ indispensable to the functioning of the residency affairs office. But more than that, she was a true friend. I miss Jeanie.

– Mark Rosen, MD

Remembrances about Jeanie Murakawa

“Ms. Murakawa was my very first communication with UCSF and her enthusiasm was a huge reason I became more interested in the program. My thoughts go out to her and her family.”
–Incoming Anesthesia Intern, 2010-2011

“The residents of UCSF are eternally indebted to her and the kindness she gave ever moment we spent with her. We miss you.”
–Anesthesia Resident

“In a sense, she was a one woman alumni organization who collected and proudly displayed baby and wedding pictures from our residents as if they were a part of her personal family.”
–Department of Medicine

“You were there for me on my 1st day as an intern. Such a calming and caring influence. I will always remember your smiling face, always so welcoming. We will miss you – you will always be a part of UCSF.”
–Anesthesia Faculty Member

“Although I only met her (Jeanie) the one time on interview day, my interactions with her were very positive and I was looking forward to working with her- she was even nice enough to sew a button that had fallen off my suit jacket! My condolences to her family and to the Department.”
–Incoming Anesthesia Intern, 2010-2011

“She was a lovely, caring, giving person who worked tirelessly for this program and the residents.”
–Anesthesia Faculty Member

Anesthesia News | Summer 2010

11
Carolina Cernicica, MD  
**MEDICAL SCHOOL:**  
New York University  
School of Medicine  
New York, New York

Andrew Ray, MD  
**MEDICAL SCHOOL:**  
Michigan State University  
College of Human Medicine  
East Lansing, Michigan

Catherine Chen, MD  
**MEDICAL SCHOOL:**  
The John Hopkins University  
School of Medicine  
Baltimore, Maryland

Neil Ray, MD  
**MEDICAL SCHOOL:**  
University of Chicago  
Pritzker School of Medicine  
Chicago, Illinois

Tony Chang, MD  
**MEDICAL SCHOOL:**  
University of South Alabama  
College of Medicine  
Mobile, Alabama

Paul Riegelhaupt, MD, PhD  
**MEDICAL SCHOOL:**  
Albert Einstein College of Medicine  
of Yeshiva University  
New York, New York

Michael Doden, MD  
**MEDICAL SCHOOL:**  
Georgetown University  
Medical Center  
Washington, DC

Devon Smith, MD  
**MEDICAL SCHOOL:**  
University of Michigan  
Medical School  
Ann Arbor, Michigan

Brian Gilliss, MD  
**MEDICAL SCHOOL:**  
University of California,  
San Francisco  
School of Medicine  
San Francisco, California

Lindsey Westerberg, MD  
**MEDICAL SCHOOL:**  
University of California,  
San Diego  
School of Medicine  
San Diego, California

Melissa Haehn, MD  
**MEDICAL SCHOOL:**  
University of Minnesota  
Medical School  
Minneapolis, Minnesota

Edward Yap, MD  
**MEDICAL SCHOOL:**  
New York Medical College  
Valhalla, New York

John Markley, MD, PhD  
**MEDICAL SCHOOL:**  
Cornell University  
Weill Cornell Medical College  
New York, New York

Wei Zhou, MD, PhD  
**MEDICAL SCHOOL:**  
Hebei Medical University  
Shijiazhuang, Heibei, China
### FACULTY HONORS, AWARDS & APPOINTMENTS

**James Caldwell, MB, ChB**  
**CAMPUS AWARD:**  
2010 Recipient of the William K. Hamilton Teaching Award

**Adam Collins, MD**  
**CAMPUS APPOINTMENT:**  
Director, Anesthesia Simulator Center  
Effective April 1, 2010

**Jeffery Katz, MD**  
**CAMPUS AWARD:**  
2010 Recipient of the William K. Hamilton Teaching Award

**Mervyn Maze, MB, ChB, Chairman**  
**EXTRAMURAL APPOINTMENT:**  
Representative for ASA to the Foundation for Anesthesia Education and Research Board of Directors

**Ronald D. Miller, MD**  
**EXTRAMURAL HONOR:**  
Royal College of Anesthesiologists  
30 years of collective contributions to clinical neuromuscular pharmacology

**Adrian Gelb, MB, ChB**  
**RECOGNITION AWARD:**  
Outstanding Contribution Award for Chinese Anesthesiology

**Isobel Russell, MD, PhD**  
**EXTRAMURAL AWARD:**  
2010 Recipient, Exceptional Physician, UCSF Medical Center

### RESIDENT HONORS & AWARDS

**Alexandra Anderson, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Poster), 48th Annual Western Anesthesia Resident Conference  
Topic: Anaphylaxis Complicating Graft Reprefusion During Orthotopic Liver Transplantation  
Faculty Mentors: Spencer Yost, MD; Helge Eilers, MD

**Thomas Anthony Anderson, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Oral), 48th Annual Western Anesthesia Resident Conference  
Topic: Haiti: General Anesthesia Without an Airway Device, Supplemental Oxygen, and Monitoring Equipment  
Faculty Mentor: Mark Rollins, MD

**Patrick D’Souza, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Poster), 48th Annual Western Anesthesia Resident Conference  
Topic: Intrathecal Catheter for the Management of a Cesarean Section in a Parturient with Uncorrected Tetralogy of Fallot  
Faculty Mentors: Mark Rollins, MD; Pedram Aleshi, MD

**Jennifer Lucero, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Poster), 48th Annual Western Anesthesia Resident Conference  
Topic: Multidisciplinary Blood Loss Estimation After Vaginal Delivery  
Faculty Mentor: Mark Rollins, MD

**Jemiel Nejim, MD**  
**EXTRAMURAL AWARD:**  
Poster Award Presentation, 3rd Place  
48th Annual Western Anesthesia Resident Conference  
Topic: Neutropenia Immediately After Inducing General Anesthesia  
Faculty Mentor: Larry Litt, MD

**Swetha Pakala, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Poster), 48th Annual Western Anesthesia Resident Conference  
Topic: Critical Tracheal Narrowing Due to Posterior Mediastinal Mass  
Faculty Mentor: Isobel Russell, MD  
Topic: Understanding Acute Intraoperative Anisocoria  
Faculty Mentors: Mark Rollins, MD; Merlin Larson, MD

### HONORS & AWARDS

**Anna Rabinowitz, MD**  
**EXTRAMURAL HONOR:**  
Presenter (Oral), 48th Annual Western Anesthesia Resident Conference  
Topic: Ecologic Approaches to Patient-centered Care: An Educational Campaign to Reduce Wastage of Endotracheal Tubes and an Assessment of Environmental Attitudes Among Anesthesia Providers  
Faculty Mentor: Susan Ryan, MD

**Candice Tam, MD**  
**CAMPUS AWARD:**  
2010 Recipient of the Stuart C. Cullen Award for Excellence in Clinical Anesthesia

**Marie Lim**  
**CAMPUS AWARD:**  
UCSF Academy of Medical Educators 2010  
Jaclyn Witte Boyden Award for exemplary service in support of medical education

### NEW CAREER FACULTY

**Christopher Choukalas, MD**  
**Assistant Clinical Professor**  
Joining Faculty on July 1, 2010  
**MEDICAL SCHOOL:**  
University of Minnesota  
Minneapolis, Minnesota  
**INTERNSHIP:**  
Medicine  
Louis A. Weiss Memorial Hospital  
University of Chicago Hospitals  
Chicago, Illinois  
**RESIDENCY:**  
Anesthesia  
University of Chicago Medical Center  
Chicago, Illinois

**Binbin Wang, MD**  
**Clinical Instructor**  
Joining Faculty on July 1, 2010  
**MEDICAL SCHOOL:**  
Mount Sinai School of Medicine, New York, New York  
**INTERNSHIP:**  
Internal Medicine  
California Pacific Medical Center  
San Francisco, California  
**RESIDENCY:**  
Anesthesia  
University of California, San Francisco  
San Francisco, California

### INSTITUTIONAL AWARD

**Veterans Affairs Medical Center ICU**  
**RECOGNITION AWARD:**  
Best risk-adjusted mortality ratio out of 183 VA Intensive Care Units nationally  
VA’s National InPatient Evaluation Center (IPEC)
Profile: Claire Harmon

Claire Harmon is the Pre-Award Grant and Contract Manager for the UCSF Department of Anesthesia and Perioperative Care. But her title hardly describes the critical role she plays in the department, much less her rich life outside of work. An accomplished musician and budding world traveler, Harmon lives in Marin County with her husband, Luke Hones.

How did you arrive at UCSF?
A friend of mine was extramural funds manager for the department and told me they needed someone to be a contracts and grants assistant. I just passed my ten-year anniversary in June 2009.

What does a Pre-Award Manager do?
I help research faculty submit their grant proposals to extramural entities that include government, nonprofits, and industry. I also facilitate contracts for clinical trials. Basically, I work on the administrative parts of proposals and contracts to make sure they comply with funder, UCSF, and department regulations...

I like my job. I like that my boss trusts me and that the department pre-award analysts I work with work very, very hard. And I actually enjoy working with multiple grants at once; it’s a juggling act and I have to be on...

One challenge is that UCSF is this huge bureaucracy and sometimes I have to go upstairs to Contracts & Grants and stand in front of someone’s desk and beg for something and I’m not someone who pushes naturally.

What do you do when you’re not at UCSF?
Luke and I like to hike and travel. We’ve gone with a UCSF group to China, including Tibet, but until the economy improves we’ll see the USA. In 2008, we did the high plains, went to the Badlands, saw Crazy Horse, Mt. Rushmore, Yellowstone, Devil’s Tower.

And I love music. I grew up in Marin County in a musical family, where everybody plays something. I studied violin through high school; it fell apart in college, part of my rebellion, but I’ve continued to play. (She has played with numerous community orchestras and subbed with the Berkeley Opera.)...For a while, I was going to be a reggae star and was a rhythm guitarist in numerous local reggae bands.

One of the most powerful experiences I had growing up was Cazadero Music Camp. Being in that gorgeous setting, in the redwoods, along the Russian River, it was breathtaking. And mixing that with the constant sound of people making music was extremely powerful. I want to always have that type of experience in my life.

Right now I play with a group called Starlite Strings, at corporate parties, and high-end weddings. We play a repertoire from the Great American songbook – show tunes, and classic pop from the first half of the twentieth century.

Where to from here?
I’d like to take cello lessons just for fun. Violin is great, but you can spend a lifetime trying to master it and sometimes my classical training limits what I can do. I’ve dabbled in Irish fiddle music, bluegrass, and jazz, but it’s really not easy if you’re dependent on written music...

But I’m happy where I am. I’ve pretty much liked all my jobs, and don’t mind that I was never a reggae star.
Cognitive Decline Symposium – An Update from Bench to Bedside Investigations
The Cognitive Decline Symposium brings clinicians and researchers together to discuss the pathophysiology of cognitive decline and how factors such as surgery and anesthesia may affect this phenomenon.
October 13, 2010, 1:00pm-6:00pm
UCSF Laurel Heights Room S1-24 AUD
http://anesthesia.ucsf.edu

COURSE CHAIR:
Jacqueline M. Leung, MD, MPH
Professor, Department of Anesthesia & Perioperative Care
University of California, San Francisco

Program and registration information:
http://anesthesia.ucsf.edu

UCSF Center for Cerebrovascular Research
CCR/PPG SEMINARS
Presented by the Center for Cerebrovascular Research
Department of Anesthesia and Perioperative Care
University of California, San Francisco
San Francisco General Hospital
For a list of upcoming seminars: http://avm.ucsf.edu/
For a list of past seminars:
http://avm.ucsf.edu/research/recent_seminars.html

Critical Care Medicine and Trauma 2011
June 2-June 4, 2011
InterContinental Mark Hopkins Hotel / San Francisco, California

COURSE CHAIRS:
Michael A. Gropper, MD, PhD
Professor and Vice Chair, Department of Anesthesia and Perioperative Care
Director, Critical Care Medicine, UCSF Medical Center

Rochelle Dicker, MD
Assistant Professor in Residence, Department of Surgery
San Francisco General Hospital

Program and registration information: www.cme.ucsf.edu