Byron Decuire: Thoughtful Respiratory Care Fosters Leadership on Diversity

Sometimes he is caring for patients. Other times he is finding ways to talk honestly and constructively about issues of diversity. Yet in every workplace situation, Byron Decuire brings a well-honed sensitivity shaped by a lifetime of experience.

Decuire was born in England while his father was in the Air Force. When his father retired from the Air Force after 20 years of service, the family moved to a rural stretch of Arizona where Decuire completed high school in 1983. In 1985, he joined the army, staying until 1991, a stint that included service during the first Gulf War.

“I traveled, met my wife in Germany and we were married in 1987,” he says. “I was also a driver for the deputy commanding general of the Sixth Army and in that role, I got to meet a lot of people, including Colin Powell and Nancy Pelosi.”

Becoming a Respiratory Therapist

When he left the army, Decuire went to work in a bookstore in San Francisco until he made a friend who was a respiratory therapist in a pediatric facility. “I went to observe one day, and I met this little girl who’d had a tracheotomy and was so full of life and love,” says Decuire.

He was so moved that he immediately enrolled at Skyline College. This is where he eventually graduated with an A.A. degree in general studies and an A.S. degree in...
Message from the Chair

Strength in Diversity

During our Department’s almost 60-year history, we have made pioneering breakthroughs in anesthesia, critical care, perioperative care, and pain medicine. These innovations would not have been possible in an environment where teamwork, collaboration, communication, mentorship, and education were not strongly supported. Today, we are working hard to build and improve on our storied legacy, where all are included and able to develop to their fullest potential while contributing to our missions of patient care, education, and research. One of our biggest challenges is to maintain a feeling of cohesion and common purpose when we’re spread across five hospitals in San Francisco.

In this issue, we describe some of this work, with a focus on specific faculty and their activities at each of our sites: UCSF Parnassus, UCSF Mount Zion (Pain Management Center), UCSF Mission Bay, the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), and the San Francisco Veterans’ Affairs Medical Center.

In the research domain, Assistant Professor Arun Prakash is shedding new light on our understanding of the complex pathophysiology of lung ischemia reperfusion injury, while addressing a central challenge of modern medicine: “not just figuring out how to act, but also knowing when and where to act and for how long.”

We highlight the efforts of our Associate Director for Anesthesia Education, Jannot Ross, her commitment to diversity, customer service, and to providing the tools to help our Anesthesia trainees be the best physicians they can be. Her initial priorities include spearheading a move to the MedHub curriculum management system, working on an application for a regional anesthesia fellowship and building on the strong work the department has already put in place to recruit a more diverse group of residents and fellows.

Finally, we would like to give a huge thanks to our all of our alumni donors whose support helps make all of this great work possible.

And as always, thank you for reading, and for your ongoing support of our department and university. We look forward to hearing your comments.

Michael Gropper, MD, PhD
Professor and Chair

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Byron Decuire
continued from front cover

Respiratory Therapy. As he progressed through his first experience with higher education, his academic confidence soared. When he graduated in 1996, Decuire secured a per diem job at UCSF’s Mount Zion facility, ultimately winding up two years later with a full-time position at what is now Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).

“The rest is history,” he laughs. He is now a supervisor and says he loves his work, particularly “building relationships with families and patients. There is nothing more rewarding than having someone come up and say thank you - you helped save my family member and you treated my family with respect.”

In fact, building relationships and treating people with respect characterizes every aspect of Decuire’s life. Even as he managed his career and raised a son with his wife, Decuire has done a range of community work: asthma education in the Bayview-Hunter’s Point neighborhood; volunteering with veterans at the San Francisco Veteran’s Administration Health System, and; volunteering for the American Lung Association, where he was chosen one of their volunteers of the year in 1998.

Building Awareness and Acceptance of Diversity

The volunteer work primed him to step more boldly into the difficult, but necessary work of creating honest conversations about diversity with the goal of building genuine respect for differences. That effort took a formal turn a couple of years ago when UCSF faculty, including Vice Chancellor, Diversity and Outreach Renee Navarro, PharmD, MD, came to ZSFG to speak about the idea of unconscious bias.

Decuire’s thoughtful questions that day caught the ear of an administrator who asked him if there was anything he could do to help. He volunteered for UCSF’s Differences Matters program, joined committees and eventually became part of the first group of people in UCSF’s Diversity Inclusion program; all are efforts to create a truly diverse and inclusive culture and community across UCSF. In particular, the Diversity Inclusion program was a once-a-week commitment for ten weeks, with participants learning how to foster productive discussions about our many biases, both conscious and unconscious.

“It was transformational to reflect on my own biases and to understand others’ biases and how these things affect patients and co-workers,” he says. “It opened the door to more discussions about race and what we each to bring to the table.”

To that end, Decuire recently facilitated a program about “Race and Allies” at work for a diverse audience of co-workers. These are notoriously difficult discussions and Decuire says, “What works best for me is telling the truth and letting people know these are individual experiences with no intention behind sharing them – no ill will.”

As an example, he tells of a time in the workplace when he was hurt by a racial joke, but says, “I was alone in my discomfort and disbelief.”

Unsure of how to deal with it and getting increasingly upset, Decuire says, “I didn’t want to penalize my co-worker for their comment but I didn’t feel they really understood – I wanted them to understand their words had a powerful impact on me.” A friend suggested he simply speak with his co-worker directly and they agreed to meet.

“I started off by telling them how much stress I had been under trying to figure out a solution to this and how hurt I was,” says Decuire.

Taken aback, the co-worker apologized profusely. They were just joking, they told him, and struggling to understand why it was okay when they heard African Americans make similar jokes among themselves. The comment opened Decuire’s eyes to his co-worker’s perspective, the talk went on for a while and it ended in a hug and a promise from Decuire that they were still friends.

When one of his colleagues praised Decuire the next day for speaking directly with his co-worker and not reporting them to the boss, “that was an incredible moment for me,” says Decuire. “It proved that by moving past my own pain, I could create a moment of healing, understanding and empathy that could go on for decades. Now when we see each other, they come up to me and hug me without hesitation. We are now true friends.”

Byron’s Song

Walking through life consciously unconscious. Crawling through people while looking up for acceptance. I feel like I do not qualify for the same space. I crawl wanting to stand up but fearful of bumping into people. They walk around me like I am a barrier. They step over me like I am an obstacle. When I stand up they say, “Where were you?” “Excuse me, you are in my way.” I am consciously aware of their unconsciousness. They are aware that I am aware of their uncomfortable feeling. They want to speak but don’t. They want to say, “thank you,” but have never spoken to a black man before. They want to say, “Tell me a story about how it is being black.” Then they will understand better. I feel I am like their shadows, trying to catch up to them and pull them back into my Darkness. I can hold them there, captive within their own shadow.

I live in a world where I have to make conscious choices moment by moment. I navigate a world that has created barriers to prevent me from walking freely and openly. I live in the shadows of others and come out when it is safe. I recede into my unconscious where it is safe. I plot my escape to the light and recede again. I attack people with my words. I pleasure people with my calmness. And then Boom! They are magically aware.

I stand upright now! I make people aware of my presence. I thank people for theirs. I look to engage now and listen better. I understand better how the power of silence becomes insidious and pervasive and twists us into submission.

I submit to you I am dedicated to raising awareness of the Unconscious and bringing equality to all of those that crawl on their knees, scared to stand up and be heard.
The work that Jessica Tashjian, MD, does at UCSF Parnassus campus is emblematic of the complexity of care that many team members deliver there.

Tashjian is a fellowship-trained cardiothoracic anesthesiologist, who spends much of her clinical time delivering care to patients undergoing cardiac and thoracic surgical procedures, including transplant and those requiring advanced life support. She also provides anesthesia support for complex percutaneous cardiac interventions and conducts perioperative transesophageal echocardiography for patients undergoing cardiac and non-cardiac surgical procedures – and for intraoperative emergencies.

That’s quite a load for someone who only joined the faculty halfway through 2015. She is doing that work while also raising two young children after she and her husband moved across the country from Virginia to complete her cardiothoracic anesthesia fellowship at UCSF.

From West to East and Back Again

Tashjian grew up in Fresno before leaving to attend Swarthmore College in Pennsylvania and then Duke medical school. While an undergraduate, she met her husband – a pathologist now in private practice – and the couple matched at the University of Virginia for their residencies. She chose anesthesia as her specialty because, I like things that are fast-paced, working in the perioperative environment, hemodynamic complexity, and helping critically ill patients."

Before deciding on UCSF for her fellowship, however, Tashjian and her husband – who had grown up on the East Coast – faced a decision about where they wanted to be permanently. “In the end, we really love it out here,” she says, looking across from Parnassus to the Marin headlands. “It had always been a dream of mine to come to San Francisco and once I was in the fellowship, I found a department and division full of nice, thoughtful, helpful people – it’s been a really wonderful place to work.”

She adds that it’s not just the dynamics within department, but also with the surgeons, who she finds engaged and collaborative. “It also helps that there are a lot of systems in place that foster innovation and improved care experiences for patients,” she says. “It’s so refreshing here, that there is a mature, organized approach to improving patient care.”

Joining the QI Parade

As a faculty member, Tashjian has gotten involved in a number of different areas. She is excited to be part of the lung transplant program, which has some of the best outcomes in the country. “It’s an amazing multidisciplinary team,” she says. She is also working to improve the educational experience for residents and fellows in cardiothoracic anesthesia. “I’ve been trying to make the didactics more accessible and useful, including developing a quarterly morbidity and mortality conference for our division and trying to create self-directed learning experiences for residents and fellows,” she says.

She is doing all this even as she and her husband parent their four-year-old and one-year-old children, taking particular pleasure in exploring the city’s playgrounds. “You can’t go a quarter of a mile without finding a gorgeous playground in this city,” she says.
Melissa Haque, MBBS, is this year’s 2113 representative in the department. In the 2113 program, Haque’s E3 visa allows her to work at UCSF using her Australian credentials for one year. “It lets me come and have a taste of America, to get some perspective on my own practice at a place with a worldwide reputation and to have an adventure in San Francisco, where there is an exciting and colorful history to explore – and where I believed the weather was good,” she laughs.

While Hague’s arrival in June confirmed Mark Twain’s famous quote about summers in San Francisco being the coldest winters, Haque still felt immediately and warmly welcomed by the department. That mattered, she says, because her initial weeks were stressful as she adapted to a new job, a new vocabulary for many clinical tools, an entirely new culture and the challenges of keeping in touch with home across dramatic time differences. “I’m so grateful to the department for helping me make the adjustment,” she says.

Haque entered medical training straight out of high school at age 17, because she loved science and, she says, “I couldn’t think of anything else to do…. Anesthesia appealed because I like seeing cause and immediate effects and I found other jobs on the ward frustrating. I like the necessary attention you have to pay in anesthesia; it keeps me engaged.”

Over the past few months, as the nuts and bolts of how she would go about her days became established, the stress ebbed and Haque now feels right at home. Mostly stationed at Parnassus, she has been something of a generalist: doing a lot of work in interventional radiology and plastic surgery, as well as orthopedic, otolaryngological and neurological surgeries. “I’m particularly interested in the gender reassignment surgery I’ve seen at UCSF and major spine cases with high cervical lesions because I haven’t seen those in Australia. It’s also great to see robotic assisted surgery being used outside of Urology here. There is daily opportunity to contribute to the cross pollination of ideas between not just Australian and American practices but also many other nations well represented here in the department,” she says.

**Experiencing Different Medical and Social Cultures**

It’s been fascinating, she adds, to observe the differences between the medical culture in Australia and what she’s experienced at UCSF. “Here, communication is a much bigger part and done very well. You might email a surgeon a question to prep for your case and you’ll get a reply the same day,” she says. “And adherence to WHO timeouts is really exemplary at UCSF…. Generally, people are really proud to be working here, which makes it a really nice environment, when you pass people who are proud and happy. Patients feel that as well.”

As for life outside the hospital, Haque is living in the lower Haight and has connected with a group of fellow Australians with whom she has been exploring the city. “I love this area – great restaurants and jazz clubs, wonderful parks,” she says. “I love to spend my weekends lying on the grass, reading, or exploring new places to brunch,” she says. “The next few months are going to be busy with a steady rotation of Australians coming to visit me so I’m planning trips to Speakeasy SF and a few walking tours of the Mission and Pacific Heights. It won’t hurt to see the Golden Gate bridge another few hundred times either. I get a thrill seeing it out of the windows at work each day. It’s hands down the best work view I’ve ever had.”
In December 2015, when psychologist Sue Gritzner joined the UCSF Pain Management Center team, she brought with her experience from her time at Oregon Health & Science University and a passion for the task at hand. “I like working with people with chronic pain, because I can usually see a real difference in their quality of life,” she says.

Understanding Pain as a Complex Experience

Chronic pain, says Gritzner, is a fully bio-psychosocial experience, which is why it demands an interdisciplinary clinical approach. “You may have an injury, but that could also mean you have to quit your job, which affects your financial situation, then your family; sometimes the medications for pain are addictive or have side effects with unintended consequences,” she says. “Pain can bring in a whole spectrum of consequences.”

As the team’s psychologist, Gritzner’s primary role is to use both individual and group therapy to help patients deal with the emotional consequences of pain: anger, sadness, depression, isolation, frustration – and, at times, fear of movement that is causing the pain.

“A lot of the time, people need validation, someone to spend the time to listen and hear their stories,” she says. “Other times people need coping strategies, things like cognitive behavioral therapy to help regain at least some of the function they’ve lost.”

A Thoughtful, Multi-Modal Treatment Process

At the UCSF Pain Management Center, an interdisciplinary team, led by anesthesiologists, begins with medical interventions. “The goal of medical support is always to improve function,” says Gritzner. “Ideally, the next step is for patients who need it to be seen by physical therapy.”

The center’s physical therapists design a program that accounts for each patients’ entire history and current functional abilities and aimed at helping patients achieve their goals, whether that means simply walking or sitting – or returning to work.

Then, for those who need it – and the vast majority of chronic pain patients do – Gritzner gets involved to provide support and encouragement as patients begin their effort to adhere to what can be challenging physical regimens.

“Many of these patients become resistant to movement, and my role might be to help them think a little differently so they can continue moving,” says Gritzner. “That involves building a relationship that allows me to help patients engage in a cognitive restructuring, which helps them devise new ways of looking at their challenges.”

Often, Gritzner encourages patients to consider what is important to them and helps them understand that simple improvements, such as walking two minutes, represent genuine progress toward their goals.

Gritzner is also a big proponent of group therapy, because, she says, “People really encourage each other and learn things they can’t learn from me.” She offers a free, basic pain education class for all comers across the university, at the Osher Center, on the fourth Tuesday of every month from 10 am – 12 pm.

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Team Effort Improves Quality of Life for Chronic Pain Patients

Being part of these efforts, says Gritzner, “is very rewarding work. We improve quality of life in small, but measureable ways and when all parts of what we do are moving together – PT, medicine, psychology – we can be pretty effective.”
Since the UCSF Orthopaedic Institute opened in 2009, Sakura Kinjo, MD, has served as its director of anesthesia. Today, she oversees a dozen anesthesiologists, two certified registered nurse anesthetists and a nurse practitioner for the Prepare clinic.

She brought a broad range of experience to the job. After training originally in Japan, she did a U.S. anesthesia residency in Texas before completing a pain fellowship at UC Davis Medical Center. She then returned to Japan to practice, until she arrived at UCSF in 2005 with a focus on regional anesthesia.

**State-of-the-Art Regional Anesthesia**

Its high volumes – about 1,800 procedures each year – and emphasis on rapid throughput, ambulatory procedures make the Orthopaedic Institute a rich setting for anesthesia practice. Kinjo attends on everything from cervical and lumbar microdiscectomies to shoulder arthroscopies and foot, ankle and hand surgeries. In addition, the Department of Orthopaedic Surgery is piloting ambulatory hip and knee replacement at Moffitt; if successful, they will move those procedures to the Orthopaedic Institute.

These types of procedures have driven an emphasis on peripheral nerve blocks, including interscalene blocks, axillary nerve blocks, femoral nerve blocks and sciatic nerve blocks all in the preoperative setting. Kinjo and her team’s expertise with ultrasound-guided nerve blocks helps minimize patients’ pain during and after surgery.

“These blocks – which reduce the opiate requirement during surgery and opiate side effects – enable better control of pain and nausea, and get the patient awake quicker,” says Kinjo. “They help expand the number of surgeries possible in the ambulatory setting.”

Moreover, the successful application of these techniques, when combined with a one-stop shop that includes on-site physical therapy, has helped keep patient satisfaction scores high. The facility often hears quickly and directly from its patients, who express strong levels of satisfaction with their pain control.

**Challenges Lead to Innovations**

Kinjo notes, “These types of procedures also demand a special emphasis on screening patients well and understanding the limits of what we can do here. I work with the Prepare team and surgeons very closely to make sure we are selecting patients properly.”

She adds that the increased demand for ambulatory surgeries has fostered a culture of innovation. The Institute was among those who pioneered ambulatory nerve catheters, which are now in widespread use. Such innovations, the high volumes and the opportunity to participate in small clinical research projects may be one of the reasons that the Institute is a very highly rated place for residents interested in regional anesthesia. Kinjo says the place also cultivates a familial atmosphere.

“Everybody helps each other here,” she says.

Those factors and the attractions of the wider Bay Area have also played a role in Kinjo’s longevity. “Being here forces me to push myself in many ways, not just clinically,” she says. “It’s taken me time to become proficient in English and to get used to the cultural diversity here, but that’s part of what makes it an exciting place; it’s full of interesting people – and I like it.”

Dr. Sakura Kinjo and her team’s expertise with ultrasound-guided nerve blocks helps minimize patients’ pain during and after surgery.
Pediatric cardiac anesthesiologist Hung Nguyen, MD, arrived at his chosen profession in something of a roundabout way.

Born in Vietnam, Nguyen grew up mostly in East San Jose, a place, he says, that does not typically produce a high percentage of highly skilled professionals. “But I had a good mentor in high school, a science teacher who took me in along with many of my classmates and put me on the right track,” he says.

A Winding Road to Anesthesia, UCSF

Nguyen attended UC Berkeley for his undergraduate education and, after graduation, began conducting research at UC Davis related to smoking and lung injury. He then began working with a pulmonologist at the medical center there, while also volunteering in a free clinic.

“Being that close to biological science and volunteering in the free clinic solidified my decision to go into medicine,” he says. He attended UC Davis medical school, and began his residency there in pediatric surgery. Two years in, however, he decided to make the switch to pediatric anesthesia, driven in part by the needs of his growing family and in part by the encouragement of one of his mentors.

He completed his residency and then a fellowship in critical care and pediatric cardiac anesthesia, during which time contacts with the UCSF Department of Anesthesia and Perioperative Care led to his landing a faculty role here. “It’s been a great, five-plus years and I’ve never had a moment of regret,” he says.

Thrust Into Leadership Early

No regrets, but Nguyen has certainly had his challenges. After about a year and a half on faculty, a number of people in his division retired or left and Nguyen not only became the most senior person in pediatric cardiac anesthesia, but also interim chief of the division.

Strong support from the department, including the anesthesia techs – as well as from the cardiology group led by Phillip Moore, MD, MBA, and the cardiac operating room nurses – helped Nguyen advance some important initiatives while the department sought a permanent chief, who eventually became Scott Schulman, MD, MHS.

“Together, we’ve devised and refined pathways and policies that strengthen patient care and minimize the potential for negative outcomes,” says Nguyen.

For example, any cardiac patient undergoing non-cardiac surgery now undergoes a preoperative evaluation with pediatric cardiac anesthesia. After, an interdisciplinary team looks at the results to determine if the patient is appropriate and to ensure they tailor the procedure to individual needs. Over time, the teams have extended this type of evaluation to patients with pulmonary hypertension in collaboration with and support from Jeffrey Fineman, MD, chief of critical care medicine at UCSF Benioff Children’s Hospital San Francisco.

Another important initiative involved working with the cardiology team to create 100 percent involvement from anesthesia in the cardiac catheterization lab. “Our being there to provide airway support and management allows interventionists to focus on their procedure and minimize emergencies,” says Nguyen.

The Move to Mission Bay

Then, of course, there was the exciting move to Mission Bay, a state-of-the-art facility with many advantages for pediatric cardiac care, including coded central lines and dedicated ultrasound in the cardiac catheter lab. Nguyen says these improvements have eased clinicians’ ability to deliver patient-centered care, and created a powerful learning environment for a wide range of learners.

Pediatric cardiac anesthesia is now a popular rotation for senior residents, but is also a place for learners that include anesthesia technicians, pediatric ICU nurse practitioners, flight nurses and others. “Our approach – our emphasis on continuous improvement – has created a group of people eager to help each other and respond efficiently to crises and to manage airways in a variety of settings,” says Nguyen. “It takes time, but we are creating an environment where everyone can be their best.”
Helping Ease the Transition to a New Facility

Susan Yoo, MD – who did her anesthesia residency and critical care fellowship at UCSF before joining the faculty in 2011 – plays a number of different roles at Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).

As the UCSF Department of Anesthesia and Perioperative Care’s critical care lead at ZSFG, Yoo coordinates educational lectures, house staff and fellow rotations and morbidity and mortality conferences. She works alongside the ICU’s medical director to help oversee its clinical operations, serves as medical director of respiratory care services and recently became chair of ZSFG’s Code Blue committee – all important roles as the entire ZSFG staff has been adapting to a brand new facility.

**Transitions Require Time, Attention**

Yoo says that as wonderful as the new facility has been, no amount of preparation can fully prepare a team for how things will operate day-to-day. “The move into that big, shiny new clinical space was a real upgrade, but there were definitely some challenges – some anticipated and some unforeseen,” she says, noting that people are still making adjustments to create optimal workflows.

In the surgical ICU, the entire staff had to understand how the new facility would accommodate the challenges of working with trauma patients who have suffered a devastating injury, but often can’t supply information about their medical histories. Yoo says that the combination of leading diagnostic tools and an outstanding team – anesthesiologists, surgeons, neurologists, nurses and respiratory therapists – has made addressing these challenges considerably easier. “These are great people and I enjoy working with them every day,” says Yoo.

That doesn’t mean, however, that everything has been smooth. For example, the ability to more quickly image and triage trauma patients and get them to the appropriate level of care with less travel time, changes how teams in the emergency department, ICUs and on the floors do their work.

In the midst of all this, Yoo was one of those charged with getting house staff up to speed, as they rotated through every month along with the emergency, pulmonary and surgical residents and fellows. In response, Yoo and Erin McKay, MD, were doing three orientations a month for house staff.

**A Perioperative Code Blue Team**

At present, Yoo is particularly intrigued with her leadership role on the code blue committee. “A code blue system is meant to speed emergency access to the sickest person in the hospital,” she says. “We had to ensure we had the ability to deliver this emergency care by quickly recognizing and correcting any obstacles the new hospital presented.”

There were a lot of moving parts, including the introduction of a new perioperative code blue team, distinct from the hospital-wide team. “Anesthesiologists serve as the code leaders [on this new team] and we are working with some of the OR nurses to develop fully standardized protocols, so the same person is doing the same thing every time, and the focus is entirely on the patient.”

The committee has also introduced a monthly code blue curriculum focused on developing code blue physician leaders using simulation training. Led by anesthesiologist Krishna Parekh, MD, and pulmonologist Christina Yoon, MD, the sessions cover clinical decision-making, team management, communication, resource management and leadership skills, with the goal of improving patient outcomes.
A
fter completing a critical care fellowship at UCSF in 2010, anesthesiologist and intensivist Christopher Choukalas, MD, MS, joined the faculty and began work at the San Francisco VA Medical Center (SFVAMC). He relishes the multiple challenges – and multiple rewards – of working there.

Instrumental in Change Efforts

Among Choukalas’ top priorities is helping to drive process improvement at the SFVAMC. He spent a year and a half as the physician liaison to the SFVAMC’s Office of Systems Improvement and although he moved on from that role, he remains deeply involved in a variety of change efforts. He believes that when a motivated staff combines with lean methodology, the right factors are in place for successful change.

“Any given process touches and is touched by a number of people, each with different goals and perspectives,” he says. “Lean creates a dedicated time and a structured methodology for those people to interact.” The methodology includes a detailed mapping out of a process and an interrogative technique – the five whys – used to determine the root cause of a problem.

“But the third or fourth “why,” you often find that what you thought was necessary, might just be an unexplored assumption,” says Choukalas. “That understanding helps us identify steps that work and those that don’t, and we can often eliminate steps without touching clinician-patient time.”

He cites, for example, a project driven by a concern that dialysis patients were presenting for surgery without coordinated lab checks and dialysis, leading to cancelations or worse: urgent ICU admissions for dialysis. Choukalas worked with nephrologists, vascular surgeons and nursing staff to figure out a way to automate team notifications when these patients are scheduled for surgery and to flag the vascular surgeons when test results dictate the need for a nephrology consultation.

He is using the same approach to streamline and improve the perioperative process by advising hospitalists and other anesthesiologists on the lean process as they create a perioperative surgical home with anesthesiologists as the hub. “This will allow us to eliminate some duplicative work and make the process easier on both patients and clinicians,” he says.

Opportunities for Research

Choukalas also enjoys how his position at the VA creates opportunities to complete focused research projects, like one he is working on to help make better use of ICU alarms to detect a potential cardiac arrest before it happens.

“This is a labor of love,” he says. “We’ve gone back in time to figure out what we could have seen that would have told us an arrest was coming and we’re realizing that synthesizing some alarm data may give us more actionable information.”

He and his team are working to publish a manuscript on their results that might enable clinical teams to recognize an imminent arrest and intervene sooner.

Teaching Residents

Finally, Choukalas values the VA as a teaching environment, both for himself and for the residents.

“Every day is varied, and the fact that many of our patients suffer from a number of comorbid chronic illnesses makes it a great environment for residents,” he says. “They encounter complex patients much earlier in their residency than in many other settings – working on thoracic and liver procedures and doing more regional anesthesia – and they often work one-on-one with an attending, something not all sites can offer.”

Attending physicians benefit from this dynamic as well. “Taking somebody relatively junior through complex procedures keeps us more involved,” Choukalas says. “It keeps us sharp.”
When Jannot Ross first moved to California from Washington State, she was excited by her job in one of Silicon Valley’s first Internet start-ups. But in the early 2000s, the economy crashed, so Ross found a job as an education coordinator and then program manager at the Stanford Department of Medicine. It was there she discovered her professional passion: helping young physicians figure out a career path and giving them the tools to succeed.

Now the associate director of education for the UCSF Department of Anesthesia and Perioperative Care, Ross brings an invaluable set of personal and professional experience to her new role.

**From Reservation to Education**

A member of the Colville Confederated Tribes, Ross grew up on a Native American reservation in Washington State, where her mother worked as an emergency medical technician. “I actually hated that aspect of medicine, but I’m a caregiver by nature – I like helping people, making sure everyone has what they need,” she says. “And I realized in that first job [at Stanford] I really like working within the process that students, residents and fellows are going through.”

Among her roles at Stanford, Ross managed and helped to revamp the internal medicine residency program. She focused especially on increasing diversity, improving financial management, maintaining ACGME accreditation and moving the department’s management systems from paper to digital through use of a MedHub residency-tracking tool.

Anxious to expand her capabilities, Ross eventually moved on to positions managing medical education programs at Dignity Health and Saint Mary’s Hospital. She wound up at UCSF in November 2014 because an opportunity arose in the Graduate Medical Education (GME) office.

“There is a great, hardworking camaraderie among the residents, fellows and faculty. I can’t imagine working with better people.”

– Jannot Ross

“‘There is a great, hardworking camaraderie among the residents, fellows and faculty. I can’t imagine working with better people.’”

Michael Gropper with Anesthesia Research Track Resident Paul Su at Research Day

encourage more diverse applicants, Ross believes in the human touch and starting early with medical students, undergraduates and high school students.

“You have to let people know the opportunities are there,” says Ross. “We have to represent UCSF and anesthesia in high schools, community meetings, campus clubs – set up programs [like the Undergraduate Research Internship led by Jennifer Lucero, MD] – and let young people know there are people here who are from a similar background who understand their challenges.”

More generally, Ross is committed to making life easier for people who are doing an enormously demanding job after years of grueling education. “Our customers are the residents and fellows and we have to provide them the very best customer service by giving them the tools to be the best physicians they can be,” she says.
New Light on the Role of Inflammation in Lung Injury and Beyond

In his clinical role at the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center, anesthesiologist Arun Prakash, MD, PhD is keenly aware of how lung ischemia reperfusion (IR) injury poses a significant mortality risk to his patients. “Our typical trauma patients have undergone life threatening injuries that often compromise blood supply to vital organs, including the lungs – and many succumb due to lung failure later on in the ICU after we had given them blood products and other agents to restore their circulation,” says Prakash.

The clinical work drives the research Prakash conducts, with both dedicated to understanding the pathophysiology of lung IR injury in an effort to inform more effective clinical responses.

Wrestling With the Many Unknowns

The research presents an enormous challenge, both because there is still very little known about what causes the dangerous inflammatory processes that occur in lung IR injury and because, more generally, inflammation is such a complex process that can be life-threatening but is also necessary for healing. The Prakash lab is making progress on at least two fronts.

His early work generated a number of papers in which he identified specific cells in the lung as well as signaling pathways involved in lung IR injury. As he continued to pursue that research, he uncovered an unexpected link between gut bacteria – the microbiome – and lung inflammation. A 2015 paper published in Shock showed that gut bacteria are communicating with certain resident cells in the lung to control or create the level of inflammation in lung IR injury.

“When we removed the gut bacteria in mice with antibiotics, we didn’t see the inflammation that ischemia reperfusion generates,” he says. “Now we need to understand exactly how and why gut bacteria communicate with the lung.”

That work will be informed by yet another finding, which adds to the complexity of the work but also may make it more essential in this era of precision medicine: While using certain knockout mice that experienced decreased inflammation, Prakash found that in the absence of IR inflammation, these mice were unable to clear a bacterial pneumonia with which they’d been infected. Even as Prakash submits a paper on these findings, they have caused him to expand his thinking on the role of inflammation and the immune system in lung injury, as well as in many other clinically challenging conditions.

“Our work is identifying how the inflammatory processes occur and contribute to lung failure, but maybe those processes are also how our body has evolved to defend against infection or injury in the lung, an organ that is vitally important to our minute-to-minute existence,” he says.

He adds that this might explain why blanket treatments – such as current sepsis therapies aimed at inflammatory overload – often fail. “We’re building on the work of many others when we suggest inflammation might be important for healing and fighting infection and that stopping it as a blanket strategy might be a bad way to approach things,” he says.

His hope is that the in vivo models he is creating can shed new light on the complex behavior of inflammation in the setting of a life-threatening disease process. “If so, we can help address a central challenge of modern medicine,” he says. “Not just figuring out how to act, but also knowing when and where to act and for how long.”
**News Briefs**

**New Anesthesia and Perioperative Care Website Launched**

We are pleased to announce the launch of the new Anesthesia and Perioperative Care website, featuring an enhanced organizational structure, search functionality, and clinical, educational, research and administrative resources.

Whether you’re an Anesthesia and Perioperative Care patient, caregiver, trainee, administrator, or applicant, you can find what you’re looking for here. Take advantage of some of our new features:

- **Patients** can find resources about their patient rights, navigating our campuses and facilities, preparing for procedures and surgeries, as well as managing pain, while clinicians can find clinical guidelines and quality and safety updates on our Patient Care pages.
- **Connect with your Anesthesia colleagues** using our People page – where you can filter your search by role, category, location, and clinical area.
- **Explore our education programs** on our Education pages, including program information for applicants and learning resources for our current trainees and faculty.
- **Find out about our Anesthesia research projects and training programs** and collaborate with your research colleagues on our Research pages.
- **Find upcoming Anesthesia events** on our Events page – where you can subscribe to an events calendar and filter your search by audience and location.
- **Learn about our department’s Mission and Storied History** and check out the interactive timeline of our department’s contributions to the fields of anesthesia, perioperative care, critical care, and pain medicine.
- **Stay up to date on department news** on our News page.

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**Interactive Timeline of Department’s Sentinel Contributions**

Since our department’s inception in 1958, we have been making groundbreaking contributions to the fields of anesthesia and perioperative care, critical care, and pain medicine, including the first 3-function blood gas analyzer, description of MAC, the first description of anesthetic effects in a fetal lamb model, seminal work around the complications and coagulation defects associated with massive blood transfusions, CPAP for neonatal respiratory distress syndrome, first demonstration of intraoperative transesophageal echocardiography, and others. To learn more, visit our interactive timeline of the UCSF Department of Anesthesia and Perioperative Care’s sentinel contributions, located on our new website. You can click on any area of the interactive timeline to see photos and a description of our contributions from that era.

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**SFVAMC Clinical Volume Data**

**Number of Cases**

<table>
<thead>
<tr>
<th>Type</th>
<th>Cases</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>4,400</td>
<td></td>
</tr>
<tr>
<td>Non-OR</td>
<td>1,565</td>
<td></td>
</tr>
</tbody>
</table>

**Work RVUs Generated**

FY16:

- 8,632 RVU/faculty FTE
- 11,455 ASA Units/Faculty
- Total ASA units 56,860 for the facility OR and NON-OR

**Types of Cases**

- General Surgery
- ENT
- Neurosurgery
- Oral Surgery
- Vascular
- Ortho
- Urology
- Cardiac
- Cardiology
- Psychiatry
- GI
- TAVR
- MRI-DBS
- Interventional Radiology
New Faculty

Career Faculty

Alexandra Anderson, MD
Health Sciences Assistant Clinical Professor
Joined Faculty November 2016
MEDICAL SCHOOL
University of Wisconsin
INTERNSHIP
Surgery, UCSF
RESIDENCIES
Plastics and Reconstructive Surgery, UCSF
Anesthesiology, UCSF
FELLOWSHIP
Liver Transplantation, UCLA
PREVIOUS EMPLOYMENT
Clinical Instructor, Cedar Sinai Medical Center
Senior Partner, General Anesthesia Specialists Partnership Medical Group

Maytinee Lilaonitkul, BSc, MBBS, MRCP, FRCA
Health Sciences Assistant Clinical Professor
Joined Faculty February 2017
MEDICAL SCHOOL
Imperial College, London
INTERNSHIP
Medicine and Surgery
North West Thames Foundation School, London
RESIDENCY – FELLOWSHIP
Anesthesia and Intensive Care, UK
PREVIOUS EMPLOYMENT
Visiting Clinical Instructor, Stanford University
Clinical Assistant Professor, University of Hong Kong

Heidi Reetz, MD
Health Sciences Assistant Clinical Professor
Joined Faculty February 2017
MEDICAL SCHOOL
Johns Hopkins School of Medicine
RESIDENCY
Family Medicine, UCSF Santa Rosa
FELLOWSHIP
Pain Medicine, UCSF

Becky Tsui, MD, MPH
Health Sciences Assistant Clinical Professor
Joined Faculty October 2016
ADVANCED DEGREE
Master of Public Health
University of Pittsburgh
MEDICAL SCHOOL
University of Pittsburgh School of Medicine
INTERNSHIP
Anesthesiology, Massachusetts General Hospital
RESIDENCY
Anesthesiology, Massachusetts General Hospital
FELLOWSHIP
Interventional Chronic Pain Medicine
Massachusetts General Hospital

Visiting Faculty

Katherine Steele, MBBS
Visiting Assistant Professor
Joined Faculty February 2017
MEDICAL SCHOOL
University of Queensland, Australia
INTERNSHIP
Royal Brisbane and Women’s Hospital
RESIDENCY
Anaesthetics Registrar, Various Australian Hospitals, including, Royal Brisbane and Women’s Hospital, Redcliffe Hospital, Royal Children’s Hospital, Caboolture Hospital, and Bundaberg Hospital
FELLOWSHIPS
General and Regional Anesthesiology
The Prince Charles Hospital Australia
Obstetrical Anesthesiology
Royal Brisbane and Women’s Hospital, Australia
PREVIOUS EMPLOYMENT
Consultant Anesthetist, The Prince Charles Hospital, Australia

Mae Ling Chu Yap, BSc, MBBS
Visiting Assistant Professor
Joined Faculty November 2016
MEDICAL SCHOOL
University of Sydney, Australia
INTERNSHIP
Emergency Medicine, Cardiothoracic Surgery, General Medicine, General Surgery
Wagga Wagga Base Hospital, NSW, Australia
St. Vincent’s Hospital, NSW, Australia

Heidi Reetz, MD
Health Sciences Assistant Clinical Professor
Joined Faculty February 2017
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FELLOWSHIP
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University of Pittsburgh School of Medicine
INTERNSHIP
Anesthesiology, Massachusetts General Hospital
RESIDENCY
Anesthesiology, Massachusetts General Hospital
FELLOWSHIP
Interventional Chronic Pain Medicine
Massachusetts General Hospital
Graduating Residents

Ashish Agrawal
Ashish Agrawal attended UCSF Medical School, and was a Critical Care Scholar during his Anesthesia Residency here. After graduation, he’ll continue on at UCSF for his Anesthesia Critical Care Fellowship.

Gina Bane
Gina Bane is from Lansing, MI and attended University of Michigan Medical School. She is a board-certified pediatrician and pediatric intensivist. After graduation, she plans on joining a private practice group at El Camino Hospital in Mountain View, CA.

Marc Buren
Mark Buren earned his medical degree at Albany Medical College of Union University, before arriving at UCSF for his Anesthesia internship and residency.

Matthew Careskey
Like several other UCSF Anesthesia Department legends, Matthew Careskey grew up in the automobile racing capital of the world, the birthplace of basketball: the Hoosier state of Indiana. After completing college at Indiana University, he attended medical school at Tufts University in Boston, where he quickly fell in love with the field of anaesthesiology. By the time residency match rolled around, he knew there could be no better place to train than UCSF. He says he could not be more satisfied with his training here at UCSF, and wants to especially thank all of his co-residents, attendings, anesthesia techs, nurses, and even the surgeons for sharing their knowledge, strengths and support with him during the good times and even the most stressful of situations. After graduation, Matthew and his fiancée Siobhan will be moving to Cincinnati, where he will be a pediatric anesthesiology fellow at Cincinnati Children’s Hospital. As much as they will miss UCSF and the Bay Area, they are looking forward to this next adventure in their lives together!

Josefine Carey
Josefine (Miranda) Carey was born and raised in San Jose, CA. She studied biology and psychology at UC Berkeley and then obtained her MD from UCSF. She returned to the East Bay to complete an internal medicine internship at Kaiser Oakland before coming back to UCSF for anesthesia residency. After finishing residency in October (thanks to her toddler son), she plans to work in the Bay Area before beginning pediatric anesthesia fellowship in 2018. She is so grateful for the wonderful teaching and mentoring, friendship, and support she has received over the years at UCSF.

Denise Chang
Born in Connecticut and raised in Taiwan, Denise Chang graduated from Duke University with a BS in Biology and proceeded to complete her MD at the Case Western Reserve University. After completing her residency in anesthesia at UCSF, she plans to stay at UCSF as a pediatric anesthesia fellow to pursue a career in pediatric anesthesiology.

Monica Chen
Monica was born and raised in Houston, Texas. She attended UC Berkeley for undergrad and UT Houston for medical school. She feels blessed and incredibly grateful for the education and training she has received at UCSF and considers her time here to be the best four years of her life! Perpetually bouncing between TX and CA, she is now returning to her hometown for a pediatric anesthesiology fellowship at Texas Children’s Hospital.

Mellody Hayes
Mellody Hayes earned her medical degree at UCSF Medical School. She then completed an internship in internal medicine at St. Mary’s Medical Center in Long Beach before returning to UCSF for her anesthesia residency.

Gregory Chinn
Greg grew up in southern California where he completed his undergraduate and an MD/PhD at UC Irvine, studying developmental neuroscience. He is currently one of the research scholars and will continue as a CA4 next year, spending most of his time in the lab of Dr. Jeffery Sall, studying the mechanism of neurotoxicity associated with early-life anesthesia exposure. After graduation, he hopes to pursue a career as a physician-scientist, splitting his time researching and working clinically at UCSF.

Lusine Danakian
Lusine Danakian grew up in the heart of the Armenian community in Hollywood, CA and ventured out to Pasadena to study biology at Caltech as an undergrad. Eager to apply her math and science training to real-world problems, she spent the next 5 years working as a Research Analyst at a Washington DC think-tank called IDA. She then returned to her roots in California and her true calling, medicine, and attending UCSF for medical school and residency. She will miss the brilliant minds and warm hearts of the UCSF Anesthesiology family when she returns home to Los Angeles to practice anesthesia.

Iman Hadaya
Iman Hadaya completed her undergraduate and medical education at UCI. She then did her intern year in internal medicine at Huntington Hospital in Pasadena prior to starting her anesthesia residency at UCSF. She has had a wonderful residency experience and plans on staying at UCSF to complete a fellowship in Regional Anesthesia.

Marisa Hernandez-Morgan
Marisa Hernandez-Morgan is originally from Southern California and attended UCLA for undergraduate and medical school. She has had a truly amazing residency experience here at UCSF and is especially grateful for the countless words of wisdom she has received from attendings and fellow residents. After graduation, Marisa will be returning to UCLA for cardiac and critical care fellowships, but she’ll be leaving her heart in San Francisco.

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Jordan Higgins
Jordan Higgins grew up in Albuquerque, New Mexico, where he lived until he moved to Los Angeles to complete his undergraduate degree at USC. He moved back to New Mexico to complete medical school, but knew he wanted to come back to California and UCSF for residency. He has loved his training and would like to thank his friends and mentors over the past 4 years. After residency he will be joining the MAC Anesthesia group in the East Bay, and he hopes to stay in SF as long as he can.

Nicole Jackman
Nicole Jackman grew up in New Jersey, attended Brown University and obtained her MD and PhD degrees from the University of Connecticut. She is grateful for the friendships and mentorship here at UCSF and plans on continuing her career as a private practice anesthesiologist.

Jeffrey Kim
Jeffrey Kim grew up in New Jersey and did all of his schooling on the east coast until he finally made it out to California for residency! He loves San Francisco and is hoping to call California home for the long haul! Jeffrey is headed to UCLA for two more years of training in critical care and cardiac anesthesia. He is incredibly grateful to UCSF for the training he received and will miss his UCSF family dearly!

Bradley Lee
Bradley Lee grew up in the Midwest and then attended University of Maryland School of Medicine. After graduation, he will move to New York for Regional Anesthesia fellowship at Hospital for Special Surgery.

Roger Lee
Roger was born in San Jose, California and grew up in Taipei, Taiwan. He attended UC Berkeley for college and UCSF for medical school. After completing internship at CPMC, he returned to UCSF for anesthesia residency. He will be staying at UCSF for pain management fellowship next year.

Masood Memarzadeh
Masood Memarzadeh was born in Tehran, Iran and moved to the Pittsburgh, PA at the age of five. He then moved to southern California for college and graduated from California State University, Long Beach and then attended the David Geffen School of Medicine at UCLA for medical school. After graduating from anesthesia residency, Masood will be continuing his training at UCSF as a pediatric anesthesiology fellow. He hopes to practice both adult and pediatric anesthesiology in northern California after completing fellowship.

Mastoora Nasiri
Mastoora Nasiri was born in Afghanistan and moved to the US at the age of three. She grew up in Northern California, not too far from San Francisco, and went to Stanford University for her undergraduate education. She briefly left California for medical school in Albany New York but soon realized what a mistake it was to leave home. She was ecstatic when she found out she was coming to UCSF for her Anesthesia training. She will be doing a regional anesthesia fellowship at Stanford, and although she will miss UCSF, she is excited that she will still be in the area around her friends, parents, four older siblings and seven nieces and nephews.

Elaine Nguyen
Elaine Nguyen grew up in Huntington Beach and attended undergraduate and medical school at UCLA. Although she loved the food and sunshine in Los Angeles, she decided to have a change of pace by coming to UCSF for residency. She has greatly enjoyed working with attendings and fellow co-residents, and will take her experiences with her as she starts work at Kaiser Santa Clara!

Megha Parekh
Megha Parekh grew up in the Bay Area. She completed her undergraduate education at UCLA. She then explored the east coast while attending Georgetown University School of Medicine. She returned to Northern California for residency at UCSF. She has truly enjoyed her experience and is grateful for the valuable teaching she received. After graduation, she will be pursuing a fellowship in Trauma Anesthesiology at Zuckerberg San Francisco General Hospital.

Sara Richards
Sara Richards will be moving to Boston, MA for pediatric anesthesia fellowship at Boston Children’s Hospital. She is grateful to her father, also an anesthesiologist, for inspiring her to pursue this fascinating specialty, and to the UCSF Dept of Anesthesia attendings, for their mentorship over the last three years.

Kyle Sanders
Kyle Sanders is honored to graduate alongside such an incredible group of co-residents and friends. He will miss them all dearly as he continues his training at Children’s Hospital of Los Angeles next year.

Paul Su
Paul grew up in Toronto and completed his undergraduate degree in Canada before daring to venture to the big apple, New York City, for medical school at Columbia University. He is honored to have trained alongside his amazing co-residents under the tutelage of the UCSF family. Paul will be doing a victory lap at UCSF next year focusing on his research work in the 5-year research scholars track and applying to a chronic pain fellowship. Congratulations class of 2017!

Allison Thoeny
Allison is originally from southern Arizona and remains a proud University of Arizona Wildcat, where she completed her undergraduate and medical education. Her move to San Francisco for residency was a welcome escape from the heat, and she now considers the Bay Area a second home. She has spent the last three years grateful for the immense professional and life experiences that UCSF has supplied, and has even gotten a chance to perfect her skeeball skills. She and her husband Chris will be headed for another California adventure in July, at Children’s Hospital of Los Angeles for her Fellowship in Pediatric Anesthesia.
Faculty Honors, Awards and Appointments

Matthias Behrends, MD
CAMPUS APPOINTMENT
Interim Director, Acute Pain Service, September 2017
Division of Pain Medicine, Department of Anesthesia and Perioperative Care
UCSF Health

Odinakachukwu Ehie, MD
CAMPUS APPOINTMENT
UCSF School of Medicine High Intensity Teaching Position, Medical Student Longitudinal Coach, 2016

Seema Gandhi, MD
CAMPUS HONOR
Winner, UCSF 5th Annual Caring Wisely Ideas Contest: "Economic Impact of Lowering Fresh Gas Flow (FGF) During Anesthesia"

Adrian Gelb, MB ChB
EXTRAMURAL APPOINTMENTS
Secretary of the World Federation of Societies of Anaesthesiology, 2016 – 2020
Board of Directors, The G4 Alliance for Surgery, Obstetrics, Trauma, and Anesthesia, 2016 – 2018
Honorary Member, Czech Society Anaesthesiology and Intensive Care Medicine, 2016

Martin London, MD
EXTRAMURAL HONOR
New York Times Feature: Association of Perioperative Statin Use With Mortality and Morbidity After Major Noncardiac Surgery

Jennifer Lucero, MD
CAMPUS APPOINTMENTS
Director, Diversity and Inclusion, Department of Anesthesia and Perioperative Care, 2017
Member, UCSF GME Diversity Committee

Manuel Pardo, MD
EXTRAMURAL APPOINTMENT
President, Association of Anesthesiology Core Program Directors, 2016

Oliver Radke, MD, PhD
EXTRAMURAL APPOINTMENT
Official Examiner, Intensive Care Medicine Boards by the Bremen State Medical Board, Germany

Ahmed Shalabi, MD
CAMPUS APPOINTMENT
Chief, Division of Vascular Anesthesia, 2017

Charlene Swift, MD, PhD
CAMPUS APPOINTMENT
Member, UCSF GME Diversity Committee

John Turnbull, MD
EXTRAMURAL APPOINTMENT
Member, Alpha Omega Alpha Honor Medical Society, 2017

California Society of Anesthesiologists
District Directors, Delegates, and Alternate Delegates from the UCSF Department of Anesthesia and Perioperative Care

District 6

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Term Expires</th>
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<tbody>
<tr>
<td>Kristine Breyer</td>
<td>Delegate</td>
<td>2017</td>
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<tr>
<td>Monica Harbell</td>
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<td>Linda Liu</td>
<td>Delegate</td>
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<tr>
<td>David Shimabukuro</td>
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<tr>
<td>Ramana Naidu</td>
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<tr>
<td>Matthias Braehler</td>
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<td>Matthew Haight</td>
<td>Delegate</td>
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<tr>
<td>Gabriela Sarah</td>
<td>Delegate</td>
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<tr>
<td>Joshua Cohen</td>
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<td>Muhammad Shaikh</td>
<td>Alternate</td>
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<td>Valli Mummaneni</td>
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<td>Lee-lynn Chen</td>
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<td>Manuel Pardo</td>
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<td>Claas Siegmueller</td>
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<td>Melanie Henry</td>
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<td>Adrian Gelb</td>
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<tr>
<td>Seema Gandhi</td>
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<tr>
<td>Christina Inglis-Arkell</td>
<td>Delegate</td>
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<td>Alexandra Anderson</td>
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<tr>
<td>Thoha Pham</td>
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<tr>
<td>David Shimabukuro</td>
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<tr>
<td>Wendy Woo</td>
<td>Alternate</td>
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</tr>
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</table>
Peer Reviewed Publications


continued on next page


London MJ. Intraoperative Mean Blood Pressure and Outcome: Is 80 (mmHg) the “New” 60? Anesthesiology. 2016 Jan;124(1):4-6.

London MJ. Preoperative Administration of Angiotensin-converting Enzyme Inhibitors or Angiotensin II Receptor Blockers: Do We Have Enough “VISION” to Stop It? Anesthesiology. 2017 Jan;126(1):1-3.


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Publications continued from previous page


Sall JW. Anesthesia Kills Brain Cells, but What Does It Mean? Anesthesiology. 2016 Dec;125(6):1090-1091.


Settecasi F, Nicholson AD, Amans MR, Higashida RT, Halbach VV, Cooke DL, Dowd CF, Hetts SW. Onyx embolization of an intrasosseous pseudoaneurysm of the middle meningeal artery continued on next page


### Active Research Grants

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Sponsor</th>
<th>Title</th>
<th>Funding</th>
<th>Investigator</th>
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</thead>
<tbody>
<tr>
<td>Benedict Alter</td>
<td>Principal Investigator</td>
<td>FAER, 7/1/2016–6/30/2017</td>
<td>Mechanisms and Translational Application of Conditioned Analgesia in Post-operative Pain</td>
<td>$7,500</td>
<td>Anesthesia Department, 7/1/2016–6/30/2017</td>
</tr>
<tr>
<td>Roland Bainton</td>
<td>Principal Investigator</td>
<td>SFHC, 7/1/2016–6/30/2017</td>
<td>Single-Entry-Website for UCSF Chancellor Fund, Principal Investigator</td>
<td>$50,000</td>
<td>Anesthesia Department, New Directions Award $10,000</td>
</tr>
<tr>
<td>Matthias Behrends</td>
<td>Principal Investigator</td>
<td>UCSD, 10/1/2014–9/30/2017</td>
<td>Therapy is Warranted Pain for Which Parenteral Opioid (TRV130) in Patients with Acute Cardiopulmonary Bypass</td>
<td>$30,000</td>
<td>Anesthesia Department, 10/1/2016–9/30/2017</td>
</tr>
<tr>
<td>Philip Bickler</td>
<td>Principal Investigator</td>
<td>Various Industry Sponsors, 9/1/1986–12/31/2017</td>
<td>Evaluate the Safety of Oliceridine A Phase 3, Open-Label Study to Trevena Inc, 10/1/2016–10/31/2017</td>
<td>$30,000</td>
<td>Anesthesia Department, Clinical Research Award $30,000</td>
</tr>
<tr>
<td>Marek Brzezinski</td>
<td>Principal Investigator</td>
<td>Grifols Therapeutics Inc, 10/1/2015–10/31/2017</td>
<td>A Prospective, Multicenter, Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Safety and Efficacy of Preoperative Antithrombin Supplementation in Patients Undergoing High-Risk Cardiac Surgery with Cardiopulmonary Bypass</td>
<td>$940,000</td>
<td>Various Industry Sponsors, Accuracy of Pulse Oximeters with Profound Hypoxia $400,000</td>
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<tr>
<td>Richard Fidler</td>
<td>Principal Investigator</td>
<td>UC Center for Accelerated Innovation, 9/1/2016–8/31/2017</td>
<td>UC Center for Accelerated Innovation</td>
<td>$200,000</td>
<td>Anesthesia Department, Clinical Research Award $200,000</td>
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<tr>
<td>Michael Gropper</td>
<td>Principal Investigator</td>
<td>Gordon and Betty Moore Foundation, 10/1/2014–9/30/2017</td>
<td>Implementation Grant for EMERGE at University of California, San Francisco</td>
<td>$4,490,281</td>
<td>Anesthesia Department, Clinical Research Award $4,490,281</td>
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<td>Monica Harbell</td>
<td>Principal Investigator</td>
<td>Mt. Zion Health Fund, 4/1/2017–6/30/2018</td>
<td>Perioperative Pathways Program Data Dashboards</td>
<td>$40,000</td>
<td>Anesthesia Department, Clinical Research Award $40,000</td>
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<td>Zhonghui Guan</td>
<td>Principal Investigator</td>
<td>NIH/NINDS, 9/30/2012–8/31/2017</td>
<td>Epigenetic Regulation in Neuropathic Pain</td>
<td>$947,160</td>
<td>Anesthesia Department, New Directions Award $1,947,160</td>
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<tr>
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<td>$947,160</td>
<td>Anesthesia Department, New Directions Award $1,947,160</td>
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<tr>
<td>Monica Harbell</td>
<td>Principal Investigator</td>
<td>Mt. Zion Health Fund, 4/1/2017–6/30/2017</td>
<td>Enhancing Recovery Program for Total Mastectomy Patients</td>
<td>$29,420</td>
<td>Anesthesia Department, Clinical Research Award $29,420</td>
</tr>
<tr>
<td>Marek Brzezinski</td>
<td>Principal Investigator</td>
<td>Grifols Therapeutics Inc, 10/1/2015–10/31/2017</td>
<td>A Prospective, Multicenter, Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Safety and Efficacy of Preoperative Antithrombin Supplementation in Patients Undergoing High-Risk Cardiac Surgery with Cardiopulmonary Bypass</td>
<td>$940,000</td>
<td>Anesthesia Department, Clinical Research Award $940,000</td>
</tr>
<tr>
<td>Philip Bickler</td>
<td>Principal Investigator</td>
<td>Various Industry Sponsors, 9/1/1986–12/31/2017</td>
<td>Evaluate the Safety of Oliceridine A Phase 3, Open-Label Study to Trevena Inc, 10/1/2016–10/31/2017</td>
<td>$30,000</td>
<td>Anesthesia Department, New Directions Award $30,000</td>
</tr>
<tr>
<td>Richard Fidler</td>
<td>Principal Investigator</td>
<td>UC Center for Accelerated Innovation, 9/1/2016–8/31/2017</td>
<td>UC Center for Accelerated Innovation</td>
<td>$200,000</td>
<td>Anesthesia Department, Clinical Research Award $200,000</td>
</tr>
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<td>Michael Gropper</td>
<td>Principal Investigator</td>
<td>Gordon and Betty Moore Foundation, 10/1/2014–9/30/2017</td>
<td>Implementation Grant for EMERGE at University of California, San Francisco</td>
<td>$4,490,281</td>
<td>Anesthesia Department, Clinical Research Award $4,490,281</td>
</tr>
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### Grants

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<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Anesthesia Department, 7/1/2016–6/30/2017</th>
<th>Anesthesia Department, 7/1/2016–6/30/2017</th>
<th>$31,699</th>
</tr>
</thead>
</table>

#### Michael Lawton
Principal Investigator
NIH/NINDS, 9/30/2014–7/31/2019
Brain Vascular Malformation Consortium: Predictors of Clinical Course
$6,179,248

#### Jae-Woo Lee
Principal Investigator
NIH/NHLBI, 5/1/2012–4/30/2017
Human Mesenchymal Stem Cell Microvesicles for the Treatment of Acute Lung Injury
$1,699,191

#### Jacqueline Leung
Principal Investigator
NIH/NIA, 6/1/2015–5/31/2017
The Effects of Light vs Deep Anesthesia on Postoperative Cognitive Outcomes
$444,033

#### Michael Lipnick
Principal Investigator
Hellman Fellows Fund, 7/1/2016–6/30/2018
Anesthesia and Global Health Equity: Creating a Model of International Academic Partnership for Research and Medical Education Capacity Building in Resource-Constrained Settings
$49,812

#### Bin Liu
Principal Investigator
NIH/NCI, 8/6/2012–7/31/2017
Internalizing Human Antibody-Targeted Nanosized siRNA Therapeutics
$1,607,090

### Helen Kim
Principal Investigator
NIH/NINDS, 7/1/2013–6/30/2018
Predictors of Spontaneous Cerebral AVM Hemorrhage
$2,212,960

### Benn Lancman
Principal Investigator
UCSF-ZSFG Risk Reduction Award, 7/1/2016–6/30/2017
Implementation of Standard Work for Emergency Airway Management
$10,000

### Sakura Kinjo
Principal Investigator
UCSF-ZSFG Risk Reduction Award, 7/1/2016–6/30/2017
Development and Optimization of Clinical Checklists for Routine and Emergency Procedures
$125,000

### Philips Kurien
Principal Investigator
FAER, 1/1/2016–12/31/2017
The Roles and Applications of Orexin/Hypocretin System in Anesthesia
$175,000

### Jens Krombach
Principal Investigator
UCSF-ZSFG Risk Reduction Award, 7/1/2016–6/30/2017
Video Laryngoscopy in Code Bags
$91,137

### Martin London
Principal Investigator
Anesthesia Department, 7/1/2015–6/30/2017
Anesthesia Department
Research Award
$5,500

### Jonathan Pan
Principal Investigator
FAER, 7/1/2014–3/31/2017
Dexametomidine Renders Neuroprotection via Modulation of Systemic and Local Immune Responses Following Rodent Spinal Cord Injury
$175,000

### Mervyn Maze
Principal Investigator
NIH/NIGMS, 9/1/2013–8/31/2017
Inflammation Resolving Mechanism Dysregulation in Postoperative Cognitive Decline
$1,212,399

### Claus Niemann
Principal Investigator
Oregon Health & Science University, 3/1/2016–2/28/2019
Donor Management Research Institute
$2,008,030

### Ludmila Pawlikowska
Co-Leader
NIH/NINDS, 9/30/2014–7/31/2019
Genetic and Statistical Analysis Core (GSAC)
$416,197

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**continued on next page**
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Arun Prakash Budde
Principal Investigator
NIH/NIGMS, 2/1/2015–1/31/2019
Role of Inmate Immune Cells and Pathways in Ventilated Lung Ischemia Reperfusion
$790,560

Principal Investigator
Anesthesia Department, 7/1/2016–6/30/2017
Anesthesia Department Research Award
$80,000

David Shimabukuro
Principal Investigator
Dascena, 8/1/2016–5/31/2017
STTR Phase I: An Integrated Platform for the Analysis of Patient Health Records to Enable Predictive Clinical Decision Support
$67,476

Principal Investigator
Dascena, 1/1/2017–6/30/2017
Patient Condition Prediction through EMR Data Analysis
$38,143

Una Srejic
Principal Investigator
Anesthesia Department, 7/1/2015–6/30/2017
Anesthesia Department Research Award
$20,000

Hua Su
Principal Investigator
NIH/NINDS, 1/1/2014–12/31/2018
Hemodynamics of Cerebral Arteriovenous Malformations
$1,602,479

Principal Investigator
NIH/NINDS, 4/15/2014–3/31/2017
Soluble VEGF Receptor Therapy for Brain Arteriovenous Malformation
$790,313

Mark Schumacher
Principal Investigator
Anesthesia Department, 1/1/2016–6/30/2017
Anesthesia Department Research Award
$80,000

Charlene Swift
Principal Investigator
Anesthesia Department, 7/1/2016–6/30/2017
Anesthesia Department Clinical Research Award
$28,008

Arthur Wallace
Principal Investigator
NCIRE, 3/1/2012–3/1/2018
Perioperative Outcomes Epidemiologic Consortium
$150,000

Principal Investigator
Sponsor VA National Anesthesia Office, 1/2/2014–1/1/2018
VA Anesthesia Quality Improvement Program
$100,000

Principal Investigator
ECOM Medical, 8/1/2016–7/31/2017
Impedance Cardiography: Clinical Evaluation of Endotracheal Cardiac Output Monitor (ECOM)
$10,000

Principal Investigator
Obelab, 8/1/2016–7/31/2017
Clinical Testing of NIRS for Quantitative Assessment of Depression and PTSD
$100,000

Xiaobing Yu
Principal Investigator
Merrimack Pharmaceuticals, 8/1/2016–7/31/2018
Cross Reactive Human mAbs to Tumor Associated Antigens
$300,000

Eunice Zhou
Principal Investigator
Anesthesia Department, 7/1/2016–6/30/2017
Anesthesia Department Clinical Research Award
$65,839

Principal Investigator
IARS, 7/1/2016–6/30/2018
The Roles and Applications of Orexin/Hypocretin System in Anesthesia
$150,000

Donors of $50 – $100
Catherine Cheng | William L. Young Research Endowment
Joshua M. Cohen | Mark Rosen Education Endowment
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Vladimir Nekhendzy | Mark Rosen Education Endowment
Thien Ng | Mark Rosen Education Endowment
Hua Su | Mark Rosen Education Endowment (in memory of Bill Young)
Arthur Wallace | William L. Young Research Endowment

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Barry Bergquist | Ronald D. Miller Distinguished Professorship
Robert Nenad | Ronald D. Miller Distinguished Professorship
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Daniel G. Solomon | Global Partners in Anesthesia and Surgery (Anesthesia Global Health)

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Gretchen E. Hollingsworth | Ronald D. Miller Distinguished Professorship
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Vladimir Nekhendzy | Mark Rosen Education Endowment
Thien Ng | Mark Rosen Education Endowment
Hua Su | Mark Rosen Education Endowment (in memory of Bill Young)
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Donors of $100 – $999
Barry Bergquist | Ronald D. Miller Distinguished Professorship
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Rhonda Arnette | Mark Rosen Education Endowment
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Claus Ulrich Niemann | Mark Rosen Education Endowment
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Donors of $10,000 or more
Ronald D. Miller | Anesthesia Academic Programs
Elizabeth Rowley, Community Foundation of Orange and Sullivan | Center for Cerebrovascular Research – Hua Su, MD
Celebrating Women in Anesthesia
MAY 25, 2017

11:30 am – 1:30 pm
Resident and Faculty Lunch
S-455

3:00 – 5:00 pm
Resident and Faculty Panel Discussion
N-225

5:00 – 6:30 pm
Resident and Faculty Reception
Lange Reading Room

Sue Carlisle, MD, PhD
Vice Dean, ZSFG
UCSF School of Medicine

Harriet Hopf, MD
Vice Chair, Anesthesiology
Senior Special Assistant to the Office of Faculty,
University of Utah

Annemarie Thompson, MD
Residency Program Director, Anesthesiology,
Duke University

Jeanine Wiener-Kronish, MD
Chair, Anesthesia and Critical Care,
Massachusetts General Hospital