“My most striking memory of [Dr. Herbert Weintraub], however, is that he cared about people. Not what they could do for him, but what would be in their best interests. Many of his efforts in this regard were done ‘under the radar’ and were unrecognized by those he helped.”

Our department has lost a great friend and a benefactor. On Thursday, February 24, Dr. Herbert D. Weintraub passed away suddenly while at home. He was 81 years old. Dr. Weintraub (HDW to those who received his written missives) was a great advocate for our profession and especially for GW. Herb loved GW and showed his passion in many ways including cheering on GW’s basketball team for many years after his retirement.

Dr. Weintraub was a well-travelled man with eclectic interests. Born in New York City, he went to college and medical school in Oxford University and had many stories of his experiences in England. He travelled throughout the world. Like me, he was a fan of the New York Yankees. I remember him leaving the operating room to play squash at every opportunity. He was well-read and cultured and could swap a good story with the best of them. And who could forget the pipe-smoking? Imagine doing that in an OR environment today! My most striking memory of Herb, however, is that he cared about people. Not what they could do for him, but what would be in their best interests. Many of his efforts in this regard were done “under the radar” and were unrecognized by those he helped. He was a great friend, and it was hard for me to watch him struggle with illness during the last several years.

Dr. Weintraub was on faculty at GW from 1971 until his retirement in 1997. He served as Chairman of our department from 1991 to 1997 and believe me, it was not an easy time to hold such a position. Herb accomplished a lot in his life and this newsletter will celebrate his life more extensively in its next edition. His loss is too acute to do it justice now.
Message from the Program Director

I have a vision for GW’s Anesthesiology Residency that involves the systematic implementation of 3 goals over the next 10 years:

1. Become a top 10 residency program nationally;
2. Become the top program regionally;
3. Offer superior clinical, didactic and research opportunities for residents.

These goals may sound ambitious (and they are), but I believe that they are possible based on the support of our Chairman, our regional demographics, a historical emphasis on teaching and learning, and access to scholarship opportunities at GW as well as at NIH.

We have already accomplished much: full accreditation of our program nationally; new international experiences in Ecuador and Guatemala; practice management seminars & “AOD” experiences for senior residents to prep our graduates for life after GW; existing research opportunities in Pan Medicine, Critical Care Medicine, bench research, education and clinical trials; and new measures of assessment and evaluation with multi-source feedback, high fidelity mock oral examination, and standardized patient experiences.

This year, we had over 800 applicants to our program (for 7 positions) from esteemed medical schools across the nation. Average scores for interviewed applicants were Step I: 232 and Step II: 246, with class rankings and impressive extra-curricular activities to match! "This year, we had over 800 applicants to our program (for 7 positions) from esteemed medical schools across the nation. Average scores for interviewed applicants were Step I: 232 and Step II: 246, with class rankings and impressive extra-curricular activities to match!"

Jeff Berger, MD, MBA

Resident Recruitment 2010

On October 1, 2010, the electronic pathway to the GW Anesthesiology and Critical Care Residency Program opened to interested applicants across the country. Hundreds of hopeful, type A medical students readied their applications for delivery at midnight by the Electronic Residency Application Service (ERAS). Our Recruitment Committee sorted through and reviewed daily dozens of files for what turned out to be one of the most qualified fields of candidates yet. Consistent with the trend of the past several years, the number of applications received by GW continued to grow this season. More than 800 fourth year medical students from Wayne State University to the University of North Carolina considered our program worthy of consideration for future anesthesiology training.

The Recruitment Committee takes very seriously the task of selecting candidates whom we believe will be a good fit for our program. Prospective candidates must meet not only a strict set of academic standards but must also demonstrate sincere interest in our specialty. Additionally, we value research experience and extracurricular activities, and we carefully review letters of recommendation. Believe it or not, every personal statement is read by several committee members. At the end of this rigorous evaluation, we invited approximately 140 applicants to visit our program to learn first-hand what makes our residency program unique.

At each interview season I am impressed with the interest and enthusiasm of our candidates. We have received highly complimentary evaluations from our medical students and those who visit with us. The clerkship will continue to be a “work in progress” as we strive to provide a fulfilling educational experience to our students.

Thank you to everyone who contributed to the 2010/2011 residency recruitment effort. Match day recently occurred on March 17. We are thrilled with the new crop of residents that we matched—5 from GW!!

Marian Sherman, MD

GREETINGS FROM THE EDITOR

Back in college, I was the editor of M.O.M. (means Gathering in Korean) which translated and published famed Korean poems in English. The job was simple. Every week members got together and translated poems. At the end of the year, we took the translated poems to the publisher. That was it.

The Gas-ette is a different story. Capturing the everyday moments that usually ends up as a smile or a laugh around the department in words and pictures is a difficult task. However challenging it might be, I am glad that the entire GW Anesthesiology community can share it through the newsletter.

All of us at GW are committed to make the Gas-ette the best newsletter it can be, and many members of the department once again contributed their articles highlighting the changes that we are making in the department. We appreciate the kind words of encouragement from our readers. Thank you! And enjoy!

Seol Yang, MD

News From Medical Student Director

The medical student clerkship in anesthesiology strives to improve the experience of the student doctor in perioperative medicine. The students are taught to integrate their basic science knowledge within the clinical practice of anesthesiology. Formal didactic lectures are supplemented with practice of basic airway management in the simulation center and daily informal one-on-one sessions centered on actual patient care. Many changes have been implemented in the quest to teach the basics, stay abreast with emerging technologies in medicine and complete the mission of guiding our student doctors. This summer we plan to add a formal didactic session on basic acute pain management to assist in the training of medical students in the evaluation and management of acute pain. The Department of Anesthesiology has also established an award for an exemplary medical student pursuing the discipline of anesthesiology. Much of our faculty is involved as shadow mentors with students in high school, college and medical school. We welcome medical students from any year who wish to learn about the practice of anesthesiology. We have received highly complimentary evaluations from our medical students, about the program, the residents and the faculty. The clerkship will continue to be a ‘work in progress’ as we strive to provide a fulfilling educational experience to our student doctors and those who visit with us.

Nilda E. Salaman, MD
Happy Intern Year!
From Our First GW Preliminary Interns: Drs. Catherine Cleland and Karen Rusak

The internship at GW is definitely a year when we learn a tremendous amount, not just about medicine but about how to interact with patients and their families, how to cope with minimal to no sleep during a 30-hour shift, how to work with (and get along with) many different personality types, as well as many other “pearls” that I am sure will serve us well throughout our careers.

The Internal Medicine year, which serves as the first year of our Anesthesiology residency, is composed of 7 blocks of Internal Medicine wards, 2 blocks of ICU, 1 block of night float, 1 block of Emergency Medicine, 1 block of Transfusion Medicine and 1 block of Anesthesiology. The medicine ward months take place at three different hospitals, George Washington University Hospital, Fairfax Inova Hospital and the Veterans Hospital. The hospitals vary in size, patient populations and medical record system. The VA has an entirely electronic medical record system, Fairfax has paper hand written and GW is somewhere in between.

However, despite the questions that we ask while interviewing at various residency programs, the actual intern year experience is not impacted as much by the type of medical record system or number of beds in the hospital. Rather it is shaped by placing the first central line in a critically ill patient, being the first doctor on the scene of a rapid response or a code and knowing what to do when interns are the first person called in the middle of the night for a patient having chest pain. Intern year has been learning when to ask for help (e.g., when you get called for an ABG with a pH=7.03) as well as knowing when to be at work on time the morning after snow, and no plows have touched the roads.

Come July, we are sure we will have the same trepidation all over again when stepping into the operating room for the first time in years, but it will also be the start of something new. We are glad to have spent this first year at GW getting to know our way around the hospital and trying to attend as many of the Anesthesiology gatherings as possible. We are very excited to join the department next year as we start our training as Anesthesiologists. Some people describe the intern year as “Anesthesia Appreciation Year,” which we are confident will be the case! In the mean time, here are a few things we have come to appreciate this year as interns at GW:

Top 10 List of Things to Appreciate during Intern Year:

- The hour between 4-5 am when calls from nurses seem to slow down a bit
- 24-hour Starbucks at GW
- When labs get drawn and reported in a timely manner
- The one day off in seven rule, leading to golden weekends after a 13 day stretch
- Any amount of sleep on call
- Tha Monday and Thursday at the VA (i.e., Thai food for lunch)
- Getting to know our friendly internal medicine colleagues
- Having 4 wheel drive (or a friend with 4 wheel drive) when trying to be at work on time the morning after snow, and no plows have touched the roads
- When rounds end before lunch time
- VACATION!!

Catherine Cleland, MD and Karen Rusak, MD

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Jeopardy Night!!

On February, 2011, annual Anesthesiology Jeopardy took place in DC. The participating teams were from Military (National Capital Consortium), Georgetown and George Washington. Drs. Jerry Gutierrez (CA-1), Kate Hindle (CA-2), and Elvis Rema (CA-3) represented GW.

The evening was a blast! Summary of game:

Early 1st round action saw GW in the lead with 4 straight correct responses from team captain Dr. Rema! Dr. Hindle got her groove on with her knowledge of tourniquet use. That’s when “buzzer-gate” foiled an otherwise friendly competition. Dr. Rema accused military team captain of cheating and chastised Jeopardy host, Dr. Freeman, of favoritism. Nevertheless, Double Jeopardy brought more wise-cracks from the audience, and the Military Team garnered a commanding lead. Team Georgetown took a nose dive with an impressive streak of incorrect answers, landing them ineligible for Final Jeopardy with a negative score. GW went with a “my buzzer doesn’t work” strategy and almost took home the trophy, betting zero dollars in an anticlimactic Final Jeopardy that sought the question, “What is Alkaline Phosphatase?” The correct answer, of course, is the protein that breaks down phosphatidylcholine.

“Buzzer-gate” or not, we congratulate Jeopardy Champion, Military (National Capital Consortium).

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Fun In Snow: Department Plagued With Ski And Snowboard Addicts

Blistering cold does not stop GW anesthesiology from having fun! Many departmental trips were taken to neighboring ski resorts, Whitetail, Wisp, Seven Springs and Snowshoe. Expert snowboarders, Drs. Chris Jackson and Neil Lee, braved the mountains of the west in Utah. Fun does not come without a price. Injuries were common, but no one missed a day of work! We eagerly await the next ski season and welcome participation from our alumni.

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Team GW: Drs. Hindle, Rema and Gutierrez

The Love: Fellow residents and attendings show up for support!

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New Operating Rooms And PACU

On February 2011, members of anesthesiology, surgery, nursing and hospital administration gathered to celebrate the opening of additional operating rooms and newly renovated PACU. The two new ORs are specifically designed for vascular surgery, sporting advanced video capabilities and large size. New PACU area can now accommodate 43 patients, an increase from 37 patients before the renovation. Additionally, new holding area for endoscopy patients was added.

Alumni News

I am ecstatic to hear from our alumni! Keep them coming!

Dr. Jerry Patton (Class of 1994) says hello! Jerry and Sandy with 2 daughters, Grace 16 and Lilli 13 never could get their y chromosome. Private practice in Louisiana. Would never trade my DC experience but y’all do need to take more Cajun residents!” Dr. Patton, your message has been noted by our program director!

Dr. May Chin (Faculty) is becoming quite a star in pain medicine. She was at the World Congress on Pain in Montreal 2010. She presented a topic on outpatient ketamine infusions for pain relief in a patient with severe CRPS. Representatives from many countries including UK, Europe, Australia and New Zealand showed tremendous interest. A pain physician from Australia asked if he could come by to see “how it’s done”! Dr. Chin kindly invited him to the GW ASC to observe the set up. Dr. Chin believes that the topic generated a significant buzz because ketamine infusion is usually only provided in an inpatient setting. Dr. Chin was also at the ASRA Pain Medicine meeting where she presented a topic on the immediate and prolonged effects of outpatient ketamine infusions on patients with neuropathic pain.

Dr. Elvis Rema (Class of 2011) was awarded 3rd Place in the DCSA Research Competition for his work entitled: Outpatient Ketamine Infusion for the Management of Chronic Regional Pain Syndrome Type 2: A Case Report. Dr. Rema was mentored by May Chin, MD, Professor of Anesthesiology and Critical Care Medicine and Co-Director GW Pain Center. Congratulations to both!

Dr. Tanya Lutzker (Class of 2009 and Faculty) and Dr. Tricia Desvarieux (Faculty) are now board certified! Congratulations! We wish our best for Dr. Eileen Quintela (Faculty) who will be taking her oral board in April.

George Washington University Anesthesiology Residency Credo

- We will personalize your education. All efforts are directed solely at resident development with respect to clinical service, education, and research. We will maintain our flexibility to honor requests that further residents’ unique career development goals. No Nurse Anesthetists (CRNAs), Anesthesiologist Assistants (AAs), or Fellows competing for cases and procedures, 100% relief from clinical responsibilities for didactics.
- We will continue to prioritize clinical excellence with respect to exposure to a diverse case mix and state-of-the-art equipment. Graduates of GW will excel in any practice environment.
- We are responsible for providing a technologically advanced, innovative, hands-on curriculum featuring simulation sessions, standardized patient scenarios, problem-based learning exercises, advanced airway workshops, cadaveric and live models for ultrasound-anatomic workshops, 1:1, Mock Oral Board examinations, and a virtual curriculum for basic physiology.
- We will allow opportunities for residents to demonstrate progressive responsibility. Residents will create individual learning plans, in conjunction with faculty advisors, that address short and long-term goal planning. Residents will present a lecture to their peers, participate in major hospital/GME/ASA committees, lead Practice-Based Improvement M&M conferences, participate in Healthcare Policy, and direct operating room flow as Team Leader.
- We will train tomorrow’s leaders and difference-makers in the field of Anesthesiology.

History Lesson

We are compiling a timetable for major events/contributions/figures that have shaped our department over its history. If you have anything to report (scanned pictures included), please email Dr. Jeff Berger at jberger@mfa.gwu.edu and we will try to include it in our history of the department. The completed work will be added to our website (www.gwu.edu/edu/anes) in the near future. Thank you for your help.
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