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Committee Examines Surgery's Linkage to Opioid Crisis



Physician Lead Dr. Brooke Chidgey (R) & UNCH Clinical Pharmacy Mgr. Jamie Mann (L) at UNC Employee Pharmacy MedSafe® drop box

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Big Pharma... inadequate regulation... offshore sourcing... narcotic potency. Multiple factors have perpetuated the opioid epidemic as the United States' worst-ever, self-inflicted health crisis. In recent years, researchers have reframed the crisis as a byproduct of opiate over-prescription and non-disposal of unused supply.

UNC Medical Center (UNCMC) is examining surgery's linkage to the crisis, consistent with epidemic research at other top-tier academic medical centers. In early 2017, a group comprised of School of Medicine (SOM) faculty from partnering surgical disciplines, as well as faculty from UNC's School of Pharmacy, proposed a project aimed at decreasing opioids available for misuse and diversion. Informed by historical data from the most recently available records on UNC surgeon prescribing practices and patient reports on actual usage, the Steering Committee developed a three-fold set of aims: 1) Precision Prescribing (providers); 2) Convenient Disposal (patients); and 3) Education (both). UNCMC adopted this project under the Quality Pillar of its FY'18 Organizational Goals.

As Physician Leads on the project, Chief of Pain Medicine Dr. Brooke Chidgey and Vice Chair of Patient Safety and Quality Improvement Dr. Peggy McNaull have been instrumental in recognizing this challenge and developing a structure to address it.

One of the Committee's primary goals is guiding surgical providers past widely varying opioid-prescribing practices. There are little data to guide providers in determining how much to prescribe following a procedure. For patients traveling long distances to UNCMC's campuses, most surgeons want to minimize the need to return for another prescription. The Steering Committee determined this concern was most directly linked to opioid over-prescription at UNCMC and nationwide.

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Reducing Opioids: The power of the prescribing provider

PRECISION PRESCRIBING AND PERSONALIZED PAIN MANAGEMENT

THE OPIOID EPIDEMIC: A NATION AND STATE IN CRISIS

- Since 2014, complications from opioid analgesics have been the leading cause of accidental death in the U.S., surpassing motor vehicle accidents.¹²
- 3 people die every day in North Carolina as a result of opioid misuse complications.¹³
- Surgeons prescribe approximately 10% of all opioid prescriptions filled in the U.S. and NC each year, with 70-90% of the pills going UNUSED by the patient.¹⁴
- Approximately 6-10% of post-surgical patients become new chronic users of opioids after surgery.¹⁵
- 70% of opioid misusers report obtaining their drugs from friends and family.^{15,16}
- 80% of recent heroin initiators report misusing prescription opioids first.⁵

In 2017, UNC Medical Center, the Ambulatory Surgical Center and Hillsborough Hospital together prescribed 857,993 opioid pills for post-procedural pain.

OPIOID STEWARDSHIP: AIMS

- In 2017, UNC Medical Center, the Ambulatory Surgical Center and Hillsborough Hospital together prescribed 857,993 opioid pills for post-procedural pain.
- Increase access to safe and convenient disposal of opioids, and patient- and provider education on treatment of post-surgical pain.

OPIOID STEWARDSHIP: HOW?

- A data-driven Standard Opioid Prescribing Schedule (SOPS) with specific recommendations for opioid prescribing based upon the surgical procedure and actual patient usage.
- Convenient options for opioid disposal through MedSafe® boxes and/or Deterra Drug Deactivation System® bags in the post-surgical clinics.
- Educational tools for patients and healthcare providers on pain expectations, options for multimodal analgesia, precision prescribing of opioids to post-surgical patients, and appropriate storage and disposal of opioid medications.

UNC Medical Center established OPIOID STEWARDSHIP as FY18 QUALITY ORGANIZATIONAL GOAL. During Quarter 4, there must be 50% compliance with the Standard Opioid Prescribing Schedule in 3 post-surgical populations in order to meet the goal.

UNC HEALTH CARE

Limiting Opioid Availability

Reducing Opioid Abuse

Preventing Opioid Diversion and Misuse

SAFE AND EASY MEDICATION DISPOSAL

available at the blue MedSafe® boxes at UNC Hospitals

Do you have medication that's expired or you no longer use?

Dispose of it safely and anonymously at one of three blue MedSafe® boxes located around UNC Hospitals. The medication will be safely and legally destroyed.

Besides cluttering up your medicine cabinet, unused or expired medications can be dangerous – especially opioids, which are being abused more and more.

- 73% of teens say it is easy to access prescription drugs from their parent's medicine cabinet.
- 70-80% of people who abuse opioid medications like oxycodone, morphine, and fentanyl obtain them from a family member or friend.
- One child is poisoned by opioids every 45 minutes.

Medications should not be simply thrown away or flushed down the toilet; improper disposal of medication can lead to environmental or safety hazards.

LOCATIONS

Just look for the blue MedSafe® boxes at one of three locations:

<p>UNC HILLSBOROUGH OUTPATIENT PHARMACY Lobby Level, Hillsborough Hospital 430 Waverstone Drive Hillsborough, NC 27278 Hours: Monday-Friday 9 a.m. - 5 p.m.</p>	<p>UNC CENTRAL OUTPATIENT PHARMACY Lobby Level, NC Cancer Hospital 101 Manning Drive Chapel Hill, NC 27514 Hours: Monday-Friday 7 a.m. - 8 p.m.</p>	<p>UNC EMPLOYEE PHARMACY Lobby Level, NC Memorial Hospital 101 Manning Drive Chapel Hill, NC 27514 Hours: Monday-Friday 8 a.m. - 5 p.m.</p>
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TIPS FOR DISPOSAL

ACCEPTABLE

- Pills, tablets, capsules
- Ointments, creams, lotions
- Powders
- Liquid medicines - no more than 4 oz.

NOT ACCEPTABLE

- Aerosol spray cans
- Needles, syringes, or sharps containers
- Trash
- Batteries and Hazardous materials

Leave medication in original container when possible, or place in plastic baggie before disposal. MedSafe® boxes are available to the public during normal business hours. Do not leave medication outside of the box.

HAVE QUESTIONS? ASK A PHARMACIST AT ANY LOCATION.

UNC HEALTH CARE

Above photos: (L) A provider-targeted info sheet overviews Stewardship Committee's opioid precision-prescribing aim. (R) Flyers overview and note location of three MedSafe® drop boxes between UNC Hospitals' two campuses.

In early 2018, the Steering Committee introduced Precision Prescribing to pilot surgical populations by creating a Standard Opioid Prescribing Schedule (SOPS). The data-driven SOPS guides providers to prescribe based on the particular surgical procedure, using information collected from their patient population. In support of the Committee's Precision Prescribing efforts, UNCMC has set a FY'18 4th quarter Organizational Goal of attaining 50% compliance with the SOPS in at least three surgical populations.

A 2014 *Journal of Psychoactive Drugs* survey (n=383) found multiple sources for accessing unused opioids including patients beyond pain control (47%); friends (87.7%) and relatives (44.1%) given leftover supply; and buyers (80.2%) of another's unused supply. Other studies indicate that new persistent opioid use (6% - 2017 *JAMA*) after surgery may be one of the most common surgical complications.

Data evidencing the risk posed by leftover opioids backed the introduction of Convenient Disposal initiatives at UNCMC in 2017. Access to safe and convenient disposal sites was established at UNCMC's Chapel Hill (Central Outpatient and Employee Pharmacies) and Hillsborough (Hospital Pharmacy) campuses. To further decrease unused opioids in homes, the Committee is also working to make Deterra® Drug Deactivation system bags available in UNCMC surgical clinics for safe disposal in the clinic or at home.

An over-arching Education goal of the Opioid Stewardship Program is to teach a range of surgical service providers how to properly prescribe, store

and secure opioids. The Committee's Education aims are aligned with new legislative restrictions in the State of North Carolina. In 2017, the State's Strengthen Opioid Misuse Prevention (STOP) Act began limiting initial opioid prescriptions to a 7-day supply after surgery, or a 5-day supply for an acute pain episode.

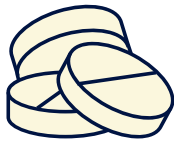
Both adult and pediatric surgery data indicate a clear need for better patient counseling to support appropriate use, storage and disposal to prevent underage access to leftover household opioids. A UNCMC 2017 pediatric tonsillectomy study (n=137) showed 71% of opioid doses were unused and often kept indefinitely in the home. Additionally, some parents treated the opioid like an antibiotic, finishing the entire prescription, regardless of their child's pain. The Steering Committee has used their findings to drive education to parents and patients.

Chidgey concluded: "It's difficult to go after the consequences of opiate overprescription, given these drugs' vital role in post-operative pain management. The conflict is similar to that inherent to chemotherapy treatment for a cancer patient. In their respective applications, both drugs provide a unique benefit outweighing the associated risk of chronic use.

Pain medicine is just beginning to realize that part of the opioid crisis lies in getting rid of unused supplies. Luckily, we know how address the problem through working directly with prescribing providers and post-op patients."

NUMBERS AT A GLANCE*

UNC Department of Anesthesiology



861,431

Total Number of Opioids Prescribed in 2017 from UNC Hospitals

13



Number of Surgical Services / Divisions Included in Project



979

Number of Patients in Study During 2017-2018 Trial Period

52%

Average Percentage of Unused Opioids per Patient

Number of Opioid Prescribing Recommendations Created

20

Patient Populations

100

Different CPT Codes



Chairman's Note

David A. Zvara, MD
Professor and Chair

What are our Core Values?

Last November, everyone in the department was invited to participate in a survey assessing the state of our clinical, academic and professional environment. 229 of you completed this survey, and for the first time, the Anesthesiology technicians were included. The 17 questions in the survey were identical to those asked in 2010 and 2013. Using the same questions allows us to follow departmental trends, issues and opportunities over time.

The survey provides us with a window of opportunity to better understand who we are and what we stand for. It is important that we ask the hard questions about how our department functions, and it is vitally important that we all listen to the results so that we may focus our attention on resolving issues. The survey also provides us a chance to reaffirm and reassess our core values. Four questions among the 17 addresses are what I consider to be our core values in the department. These questions are:

1. Is it important to me to work in a professionally rewarding environment?
2. Is patient safety a Departmental priority?
3. Is delivering outstanding service a fundamental value in the Department?
4. Is innovation a Departmental priority?

If these are the core values, how well do our Faculty, Residents, CRNAs, Staff and Anesthesia Technicians assess our actions in these areas? 96% of you thought it important to work in a professionally rewarding environment. 87% affirm that patient safety is a priority and that outstanding service is a fundamental value. Lastly, 66% thought that innovation is a Departmental priority.

Not bad, but not perfect, either.

Our commitment to our patients, to training tomorrow's physicians and care givers, and to the development of new knowledge and techniques requires constant nurturing and attention. Clearly, resources are required to accomplish these missions in clinical care, education and research, but having adequate resources is insufficient. We must have the vision, the will and the drive to accomplish our goals. We must work as a team to get there. I believe that we are well positioned to lead in clinical care, patient safety, education and research. Let's fully recognize those areas in which we can improve, let's embrace positive change and let us never surrender our core values along the way.



UNCH CRNA long-timers (Front row, L to R) Debbie McGrady, Kathy Oleniacz, Julie Lowery (Back row, L to R) Jamal Khrais, Bobby Silvers, Dave Kilduff

CRNA Service

*Proudly Recognizing Our
UNC Nurse Anesthetists with
Over 20 Years* of Experience*

“In my 15 years of working at UNC, I have particularly appreciated working with our long-time CRNAs. Our whole CRNA team is amazing and provides excellent anesthesia care on a daily basis. Having this wealth of experience to tap into is invaluable, especially for the newer members of our team. They have witnessed the many changes and growth that our Department and our profession have experienced over the years.”

– Marc Caruana, Chief CRNA

CRNAs and Years of Experience*

Robert Morris	42 years	Terri Masier	23 years
Kathleen Oleniacz	38 years	David Kilduff	23 years
Bobby Silvers	35 years	Jane Price	22 years
Debbie Kernick	33 years	Karla Moore	22 years
Susan Crumpler	30 years	Shirley Sopko	22 years
Cynthia Boortz-Marx	30 years	Julie Lowery	22 years
Debra McGrady	28 years	Bea Kendall	21 years
Deborah Marcinko	26 years	Nancy Roberts	21 years
Mary Ellen Farrior	26 years	Jamal Khrais	21 years
Tammi Meath	23 years	Paul Daniel	20 years

*20+ years at UNC and elsewhere



Above: CRNAs Tammy Meath (L) & Terri Masier (R) joined UNC Hospitals in 1994 and are UNC's longest-serving CRNAs.

CRNA Spotlight

CRNA Long-Timers Witness to UNCH Through Many Seasons

The Department of Anesthesiology salutes ALL UNC CRNAs who've reached 20+ years of service in anesthesia patient care. Many of these individuals commendably have 25+ years of CRNA experience at UNC and elsewhere. Amongst our dedicated bunch, we congratulate Tammy Meath and Terri Masier as UNC's two longest-serving CRNAs. Both women were two of UNC Hospitals' earliest CRNAs in an era when nurse anesthetists were emerging as predominant providers of anesthesia care in physician-staffed OR settings.

In September 1994, Tammy Meath was hired as UNC Hospitals' seventh CRNA. Just a month later, Terri Masier became Number 8. Terri and Tammy joined [the former] UNC Hospitals system when only North Carolina Memorial Hospital and North Carolina Neurosciences Hospital stood on its grounds. Two+ decades later, these dedicated clinicians anchor a team that's grown to 80 CRNAs providing anesthesia care across UNC Medical Center's five-hospital system.

The long-timers reflect: "The constant expansion over the past two decades created a lot of changes in types of anesthetizing locations and distances to those locations. Happily, the long, dark underground tunnel from [NC Memorial Hospital] that used to connect [NC Neurosciences Hospital] is gone!

All said, the more things change, the more they stay the same. The art of giving anesthesia is always patient-centered. Even with all the studies and new recipes, we consistently give excellent care. This is who we are. UNC Department of Anesthesiology is an awesome and caring group. We've both witnessed this firsthand over many years."

Bringing Round-the-Clock OB Anesthesia Coverage to UNC L&D

Over 300 babies are delivered every month at the University of North Carolina Women's Hospital. Several record-breaking months in 2017 pushed UNC's live birth total to its highest ever — 3,799 births. Fortunately, the inevitable need for round-the-clock Obstetric Anesthesia coverage had been addressed long before. More than a year prior, UNC's Obstetric Anesthesia Division had taken first steps through extending its weekday and weekend coverage hours on Labor & Delivery (L&D). Following a long-discussed transition to dedicated OB Anesthesia service within the Women's Hospital, the much-anticipated rollout of 24/7 coverage was completed in July 2017.

Dr. David Mayer, 25+-year UNC faculty member and Obstetric Anesthesia Division Chief, witnessed UNC's fast-rising birth rate and increased patient complexity and recognized the current call coverage system was inadequate. He recalls: "About five years ago, our department considered devoting specialized resources to pregnant patients beyond our weekday L&D coverage consisting of resident teaching and attending-staffed daytime hours. We knew duplicating our entire in-house call system wasn't possible without having dedicated FTEs in place. We decided to introduce dedicated OB Anesthesia service in several stages, culminating in round-the-clock coverage."

The Division first established dedicated [M-F] coverage until 11pm through an OB late call shift. OB-specific weekend call shifts followed. In July 2017, the Division completed the transition to 24/7 dedicated coverage through replacing OB late call with an attending-staffed weekday 5 PM to 7 AM in-house system.

July 2018 will mark one year of 24/7 obstetric anesthesia coverage. By then, the division aims to have three additional dedicated OB anesthesiologists on board. The longer-term goal is to have six or seven fellowship-trained OB anesthesiologists within the department.

Mayer concluded: "The entire transition to 24/7 coverage was well received by our UNC OB colleagues, residents and the OB anesthesia team. Establishing dedicated coverage round the clock would not have been possible without having our broad base of departmental faculty. We hope to sustain a strong base of OB-dedicated faculty who have a desire to serve on the OB call team to continue to provide quality round-the-clock coverage."

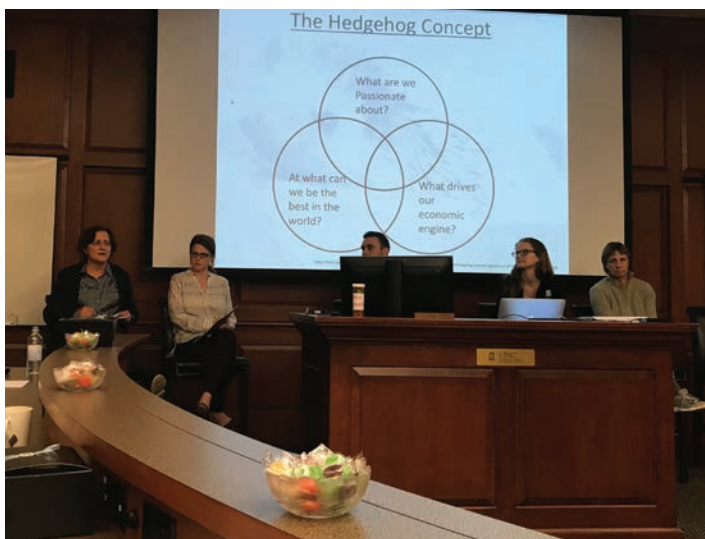
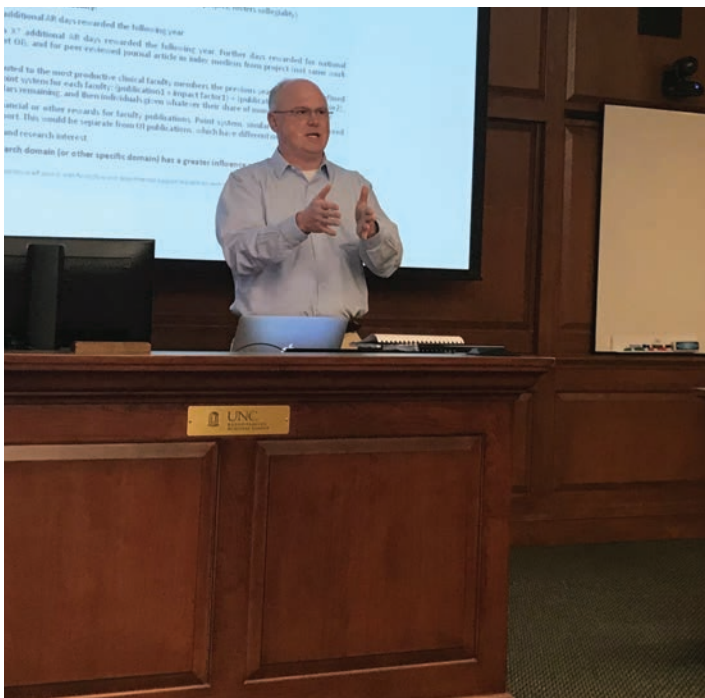


Above (clockwise): OB Anesthesia Fellowship Director & Associate Professor Dr. Kathleen Smith; Obstetric Anesthesia Division Chief & Professor Dr. David Mayer; Obsteric Anesthesia Fellow Dr. Kristen Fardelmann teaches epidural placement to CA-2 Dr. Colton Mojesky on mock patient Assistant Professor Dr. Christina McKenzie.

“When North Carolina Women’s Hospital opened in 2002 with state-of-the-art [L&D] facilities, UNC became a referral center for complicated obstetric patients for both North Carolina and some parts of Virginia. Both our expertise and facilities have contributed to a steadily rising delivery volume in recent years. As numbers have risen, we have also seen an increase in patients who are more and more medically complex.”

Faculty Retreat

On February 17, 2018, the UNC Department of Anesthesiology hosted its bi-annual, daylong faculty retreat at UNC Kenan Flagler Business School's Rizzo Center in Chapel Hill, NC. The focus of this retreat was to update the departmental compensation plan in order to recruit and retain high-quality faculty. As Department Chair Dr. David Zvara noted: "I am really pleased with the faculty retreat. Everyone came ready to take on our departmental issues in a positive and constructive way. Our future looks better than ever before."



Bryant Murphy: Physician Leadership for UNC & State of NC

In November 2014, then-Governor Pat McCrory named Vice Chair for Clinical Operations and Professor of Anesthesiology Dr. Bryant Murphy to the North Carolina Medical Board (NCMB) as one of just four physician leaders chosen statewide. In the years since, Murphy has chaired the Board’s Licensing and Disciplinary Committees and served on its Allied Health, Outreach and Policy Committees. As an NCMB Strategic Opioid Prescribing Initiative Task Force member, Murphy serves as a key decision-maker for planning and implementing NCMB policy regarding opioid prescribing.

Dr. Murphy’s impact on the NCMB has hardly been overlooked. At the November 2017 renewal of his three-year term, Board members affirmed his leadership through electing Murphy as the NCMB’s 2017-2018 Secretary/Treasurer.

NCMB Chief Executive Officer R. “David” Henderson noted: “Dr. Murphy has a real passion for educating his peers about the Board’s work. He’s one of [NCMB]’s most prolific and most requested speakers. His support and contributions have been critical.

His work on the Board’s opioids initiatives has gone above and beyond. He’s helped raise awareness of NCMB’s position on opioid prescribing, as well as related laws, rules and policies. He was also key to developing an innovative opioids investigative program that proactively screens licensees to identify potentially inappropriate prescribing. He’s additionally been instrumental in the success of a first-of-its-kind NCMB initiative to create controlled substances CME opportunities for North Carolina prescribers.”

“Dr. Murphy’s leadership in physician governance for North Carolina is critically important for all of us. Having a physician anesthesiologist represent all physician interests and speak on behalf of the public is so important. We are lucky to have his representation.”

– Dr. David Zvara, Department Chair

Murphy’s emergence as a physician leader spans both his academic and private practice career. Post-training, he served early career on clinical faculty at both University of Virginia and Wake Forest University. Over an eight-year course as a Staff Anesthesiologist with Cumberland Anesthesia Associates, P.A. (Fayetteville, NC), Murphy served as Partner, Cardiothoracic Anesthesiology Section Head and Director of Cardiac Anesthesia. As an academic anesthesiologist with almost a decade in operational oversight in private practice, Murphy was unsurprisingly appointed both Vice Chair for Clinical Operations and Division Chief of Specialty Anesthesia Care upon his August 2012 arrival at UNC.



(L) Vice Chair for Clinical Operations Dr. Bryant Murphy, (R) one of 13 North Carolina Medical Board members (Bryant back row, 3rd from right).

Resident Update: Going Global

Residents Embrace Anesthesiology Global Health Elective

Early 2018, CA-3s Drs. Stephen Acosta and Aravind Reddy and Pediatric Anesthesia Fellow Dr. Barbara Nzegwu became the Department's first Anesthesiology Global Health Elective participants. All three received UNC School of Medicine Office of International Activities Global Health Travel Scholarships to support their travels (Acosta & Aravind: 4 weeks / Nzegwu: 2 weeks).

As a UNC-Project Malawi partnering School of Medicine unit, UNC Anesthesiology teaches and provides anesthesia care at Kamuzu Central Hospital (KCH) in Lilongwe, Malawi. Since she first joined a UNC-Project Malawi surgical team in 2014, Associate Professor Dr. Janey Phelps has overseen UNC Anesthesiology's partnership with KCH's anesthesia department. Through a simulation-based training program Phelps established in 2016, Department participants at KCH teach local Trainee Anesthesia Clinical Officers (TACOs) advanced skills in anesthesia care. On this latest trip, Drs. Phelps, Acosta, Reddy and Nzegwu also provided anesthesia care in KCH's OR.



1. CA-3 Dr. Aravind Reddy (5th from R), Dr. Barbara Nzegwu (far right) & CA-3 Dr. Stephen Acosta (far left) & TACOs at KCH
2. Drs. Phelps (L) & Acosta (R) administering pediatric mask induction for sacral tumor removal
3. Associate Professor Dr. Janey Phelps (L) & KCH Senior Anesthesia Medical Officer (R)
4. KCH Trainee Anesthesia Clinical Officer (TACO) (L) & CA-3 Dr. Stephen Acosta (R)

Word From Our 2017-2018 Chiefs



As we near the end of our Anesthesiology training at UNC, we are excited for the opportunities and challenges that await us. But more so, we are left with a bittersweet contentment – a quiet confidence gained through hours in the OR working side by side with dedicated faculty and hardworking co-residents, and a sense of pride and community built through years of being surrounded by remarkable and trustworthy colleagues. We feel an immense appreciation for the support and mentorship over the past four years.

The 2018 graduating class matched fellowship positions at a number of prestigious institutions, including: Vanderbilt, Duke, Washington University, Beth Israel Deaconess Medical Center, and of course, UNC Hospitals for spots in cardiac anesthesiology, critical care and pain medicine, and regional, pediatric and obstetric anesthesiology. This class also secured jobs in both academic and private practice. As a testament to the legacy of our graduates, we received over 500 residency applications, interviewed 150 highly qualified candidates and had a successful Match Day in March!

Education remains the heart of our program, and the continued growth of our simulation program has prepared our graduates for the new Objective Structured Clinical Examination (OSCE) portion of the Applied Exam. Our residents maintained their service as educators and researchers. This year, we hosted over 40 rotators from outside departments, 30 medical students, and continued our strong showing at the ASA 2017 Annual Meeting in Boston with 20 residents presenting.

Fostering wellness through the class retreats, mindfulness workshops and wellness week remains a cornerstone of the Tarheel experience. The first Family Anesthesia Experience Day was a huge success and showcased OR experiences, procedures, and a glimpse into the unpredictability and stress that comes with our jobs. The greatest asset of any institution is its people, and we have the best. We are proud to call UNC home.

Above photos (clockwise): CA-3s Drs. Britney Bowling, Jacob Wang & Daniel Rosenkrans

Research Update

Personnel Growth Keeps Pace with Funding

Since early 2016, UNC Anesthesiology has experienced significant growth in Research Division hiring. Expanding our faculty and staff base is directly attributable to a marked increase in NIH and private funding over the past two+ years. Our overall research operation has grown by 20+ new members* during this time. In June 2017, the Research Division acquired much-needed new office space in relocating a majority of its members to a new offsite facility. The Carolina Crossing facility now houses research division members representing the majority of funded research efforts, with exception of clinical trials.

The Research Division's ongoing growth spans hiring in 2018 for multiple positions, including: faculty (biostatistics and WHS); lead study coordinator (AURORA); biostatisticians (AURORA & ITR); research assistants (AURORA); data manager (ITR); and administrative positions (ITR).



Above (clockwise): AURORA study meeting, led by Dr. Sam McLean; Women's Health Study Social/Clinical Research Assistant Kristen Witkemper; New UNC Institute for Trauma Recovery work space

Research Division Hires Since January 2016

EMPLOYEE NAME	POSITION	STUDY AREA
Valentina Marginean	Soc/Clin Research Assistant	AURORA
Victoria Sandlin	Nurse Consultant	Clinical Trials
Whitney Skillen	Soc/Clin Research Assistant	AURORA
Rebecca Price	Soc/Clin Research Specialist	AURORA
Leigh Ellen McGill	Soc/Clin Research Assistant	AURORA
Jessica Stanek	Soc/Clin Research Specialist	AURORA
Jenyth Sullivan	Soc/Clin Research Assistant	Women's Health Study
Emmalee Metzler	Soc/Clin Research Assistant	AURORA
Jaclyn Kostyla	Business Services Coordinator	Contracts & Grants Mgmt.
Sophie Flotron	Soc/Clin Research Assistant	AURORA
Katharine Ricks	Soc/Clin Research Specialist	AURORA
John Cashwell	Research Professional	AURORA / Data Mgmt.
Dana Sadek	Soc/Clin Research Specialist	AURORA / Data Mgmt.
Desma Jones	Soc/Clin Research Specialist	AURORA
Council Mintz	Soc/Clin Research Specialist	AURORA
Kristen Witkemper	Soc/Clin Research Assistant	Women's Health Study
Sarah McGill	Soc/Clin Research Assistant	AURORA
Victoria Dekle	Advanced Admin Assistant	ADMIN

*List not inclusive of those hired Jan 2016-present, but no longer with department.

Annual NIH Anesthesiology Funding

RANK	SCHOOL	FUNDS
1	University of Michigan	\$17,066,102
2	Washington University	\$12,709,795
3	Stanford University	\$8,453,246
4	State University New York Stony Brook	\$8,233,910
5	University of California, San Francisco	\$7,333,610
6	John Hopkins University	\$7,238,661
7	University of California Los Angeles	\$6,644,783
8	University of North Carolina at Chapel Hill	\$5,636,453
9	University of Colorado Denver	\$5,576,297
10	University of Alabama Birmingham	\$5,456,212
11	University of Maryland Baltimore	\$5,107,860
12	University of Pennsylvania	\$4,774,013
13	Vanderbilt University	\$4,723,339
14	Columbia University Health Sciences	\$4,387,151
15	Medical College of Wisconsin	\$3,900,126
16	Duke University	\$3,500,156
17	University of Washington	\$3,410,270
18	University of Pittsburgh at Pittsburgh	\$3,332,819
19	Oregon Health and Science University	\$3,304,417
20	New York University School of Medicine	\$2,742,120

*Compiled by the Blue Ridge Institute for Medical Research (2017 rankings)

Featured Publications, Awards & Presentations

July to December 2017

MANUSCRIPTS

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Rosenkrans DJ, Kolarczyk LM. Intraoperative Hyperkalemia and Ventricular Arrhythmia During Parathyroidectomy: A Case Report. *A A Case Rep.* 2017 Aug 15;9(4):105-108.

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Bhatia M, Safavi-Naeini PM, Razavi M, Collard CD, Tolpin DA, Anton JM. Anesthesia Management of Laser Lead Extraction for Cardiovascular Implantable Electronic Devices. *Semin Cardiothorac Vasc Anesth.* 2017 Dec;21(4):302-311. doi: 10.1177/1089253217728581. Epub 2017 Sep 21.

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Henley M, Kumar PA. Quadricuspid aortic valve or a rare complication of cocaine abuse? *J Cardiothorac Vasc Anesth.* 2017 Sep 28. pii: S1053-0770(17)30783-8. doi: 10.1053/j.jvca.2017.09.044. [Epub ahead of print]

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Martinelli SM, Chen F, Hobbs GW, Chidgey BA, Hueske LE, Straube LE, Zvara DA, Isaak RS. You will never walk alone: a simulation experience for caregiver's family and friends. *Anesth Analg.* 2017 Dec;125(6):2171. doi: 10.1213/ANE.0000000000002516.

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INVITED PRESENTATIONS

Kolarczyk LM. West Virginia State Society of Anesthesiologists Annual Meeting. August 25-26, 2017. White Sulphur Springs, WV. 1) "Perioperative ACE-inhibitors: The Controversy Continues"; and 2) "Anesthetic Approach to Congestive Heart Failure."

Martinelli SM. University of Miami Miller School of Medicine. Visiting Professor - "Flipped classroom in anesthesia education." October 5, 2017.

Unnithan A. "Neuraxial Anesthesia in a Patient with Spontaneous Intracranial Hypotension" 2017 American Society of Anesthesiologists Annual Meeting. Boston, MA. October 21, 2017.

AWARDS/RECOGNITION

Drs. Stephen Acosta, Aravind Reddy & Barbara Nzegwu - UNC School of Medicine Office of International Activities – 2018 Global Health Travel Scholarship. Funding (Acosta & Reddy: 4 weeks / Nzegwu: 2 weeks) for UNC Anesthesiology Global Health Elective - UNC Project Malawi.

"New Wrist Watch Tech Teams Google, UNC to Treat Post-Traumatic Stress." WRAL online. July 26, 2017. (**AURORA study team, Sam McLean, et al**) <http://www.wral.com/new-wrist-watch-tech-teams-google-unc-to-treat-post-traumatic-stress/16842319/>

2017-2018 Best Doctors in America: **Drs. Ann Bailey, Concetta Lupa, David Mayer, Peggy McNaull, Bryant Murphy, Tony Passannante and David Zvara.** (Published August 2017)

"UNC CLABSI Prevention Heroes" UNC Health Care Newsroom: *Vital Signs* (August 10, 2017) http://news.unchealthcare.org/som-vital-signs/2017/aug-10/unc-clabsi-prevention-heroes?utm_source=vs-email&utm_medium=email&utm_campaign=32 UNC Anesthesiology Course Instructors Recognized: **Drs. Jake Acton, Harendra Arora, Candra Bass, James Krakowski, Priya Kumar and Bilal Lateef**

SIM Thoracic Anesthesia Workshop. Hosted by CT Anesthesiology Division for CA-2s, CT Surgery residents & rotating medical students. (8/8/2017) Course Instructors Recognized: **Drs. Meena Bhatia, Mark Henry, Brian Barrick, Rob Isaak, Ben Haithcock, Lavinia Kolarczyk.**

Mauck M, McCall MH, Sefton, C, Jones S, Hwang J, Williams F, Shupp J, Karlnoski R, Smith D, Cairns BA, McLean SA. Initial PTSD symptoms predict persistent pain among survivors of major thermal burn injury. Society for Biological Psychiatry Annual Meeting. May 2017. San Diego, CA. 2017 Top Poster Award for Translational Research.

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2018 Upcoming Events

For more information regarding the events listed below, please visit www.med.unc.edu/anesthesiology.

May 30

Resident Symposium

UNC School of Medicine • Medical Biomolecular Research Building G202 • Chapel Hill, NC

June 9

Resident & Fellow Graduation

George Watts Alumni Center • Chapel Hill, NC

June 20-23

31st Annual Carolina Refresher Course Update in Anesthesiology, Pain and Critical Care Medicine

Kiawah Island, SC

Sept 14-18

North Carolina Society of Anesthesiologists 2018 Annual Meeting

Charleston, SC

Oct 13-17

American Society of Anesthesiologists Annual Meeting

San Francisco, CA