

INSIDE THIS ISSUE

- Pandemic Redeployment
- Numbers at a Glance
- Chair's Note
- Leadership Highlights
- Staff Spotlight: Chris Meinecke
- Virtual Recruitment
- Residency Updates
- Retirements, Anniversaries & Promotions
- Research
- Scholarly Honors & Highlights

The Bandwidth to Backfill, The Call to Serve

MDs, NPs & CRNAs Redeploy to Support UNC Health's Surge-Driven Provider Gaps

**MAKE A
GIFT**

Support the missions of
UNC Department of
Anesthesiology by donating

[med.unc.edu/
anesthesiology/donate](https://med.unc.edu/anesthesiology/donate)



Providers Needed for on-site coverage at the Monoclonal Antibody Infusion Center at Meadowmont

Minimum to no extra work! Excellent time to work or perform virtual visits in a quiet, dedicated workroom fully equipped for telehealth and located in a non-COVID area of the clinic space.

Qualified Providers: Physicians, medical residents, fellows & APPs (no CPPs)

Key Responsibilities: Respond to emergent infusion reaction not otherwise handled by standard nursing protocol.
**Reactions are extremely rare*

Days & Hours:
Monday-Friday
Morning Shifts - 8am-12:30pm
Afternoon Shifts - 12:30 pm- 5pm
Looking to fill shifts with volunteers, however, **if shifts remain open, we will look to redeploy providers.**

Monoclonal Antibody Infusions help to significantly decrease hospitalizations. Decreased hospitalizations reduce stress to the healthcare system.

LEFT: Over three surges, UNC Anesthesiology Nurse Practitioner Renee Rosiek, FNP, joined UNC Health APPs in redeploying to UNC Medical Center's high-volume OHS clinic to serve on the CVD-19+ project team. RIGHT: In late 2021, SARS-CoV-2 case rates escalated due to overlapping surges of the Delta and Omicron variants. When UNC Health recruited physicians, APPs, residents and fellows to redeploy to the Monoclonal Antibody Infusion (MAI) clinic at Meadowmont, Professor of Anesthesiology Dr. Nancy Wilkes volunteered over four months to help supplement provider coverage for administering MAI therapy to critically ill CVD-19+ patients.

Over three pandemic surges, frontlines staffing shortages have most visibly hit in-patient critical care units. Outpatient clinics have equally felt the impact of shortfalls in qualified providers to administer back-end CVD-19 screening, testing and education to the vast number of CVD-19+ and exposed outpatients.

UNC Health has responded to surge-driven staffing strains through recruiting physicians, APPs, residents and fellows with the bandwidth to redeploy to in-patient and outpatient units in greatest need of backfill. During the April 2020, 2021 Delta and 2022 Omicron surges, UNC Anesthesiology redeployed physicians and APPs with the time, training and enthusiasm to assist understaffed teams at the UNC Medical Center's Occupational Health Services (OHS), UNC Medical Center's in-patient adult and pediatric Respiratory Therapy (RT) areas, and UNC Health's outpatient Monoclonal Antibodies Infusion (MAI) Center in Chapel Hill.

During all three surges, UNC Anesthesiology Nurse Practitioners **Renee Rosiek, FNP**, and **Raquel Rey, ANP**, joined a distinguished group of UNC Health APPs who redeployed and served on the CVD-19+ project team at UNC Medical Center's high-volume OHS clinic. When the April 2020 CVD-19 surge hit, the two NPs dedicated 50% of their scheduled duty over eight+ months to working on the OHS's CVD-19 Medical Review Team. Renee and Raquel returned to the OHS when the Delta SARS-CoV-2 variant hit the U.S. with heaviest impact in late 2021. When the Omicron surge caused the pandemic's highest rate of infection at the 2021–2022 calendar year change, the two NPs joined OHS CVD-19 Exposure Team over eight weeks through the last day of February.

Via telehealth interviews using a team-developed, CDC-guided plan of care over three surges, Renee and Raquel and fellow UNC Health APPs redeployed to the OHS to screen patients for exposure, symptoms, contact tracing, scheduled testing and follow-up. To ensure UNC Hospitals employees would have a safe return to working on campus, their team provided extensive education on CVD-19 transmission, prevention, and quarantine guidelines.

-  Visit us on Facebook
[UNC Anesthesiology](#)
-  Follow us on Twitter
[@UNC_Anesthesia](#)
-  Connect with us
on LinkedIn
[UNC Anesthesiology
Alumni](#)

continued from page 1

Renee noted: “During the pandemic’s earliest period while elective surgery was much lower-volume, I could dedicate scheduled clinical duty serving on the [OHS] team. I was pleased I could make a difference, especially during the Omicron wave when we worked 10–12 hour days, at one point for 11 days straight. So many UNC Hospitals employees I interviewed needed education on a disease we knew little about.”

Raquel noted: “In pre-procedural services, I assist patients whose medical problems necessitate optimal anesthesia care prior to surgery. Training specific to our discipline gave me a foundation to phone consult with many exposed and [CVD-19+] UNC Hospitals employees who have underlying health problems and need be guided through adopting high-caution behaviors that optimize wellness and permit a safe return to work.”

As ICU/Critical Care in-patient units prepared for the impact of the coming Delta surge late summer 2021, UNC Anesthesiology physicians and APPs reached out to RT colleagues to assist with administering critically needed adult and pediatric in-patient respiratory therapy. Organized by Vice Chair of Clinical Operations **Meena Bhatia, MD**, Chief CRNA **Kyle St. Jean**, Assistant Chief CRNA **Aaron Lemmon**, and CRNA **Tyler Smith**, volunteer physicians and APPs department-wide stepped up to assist a UNC Medical Center RT workgroup with mapping out where comprehensive cross-coverage was most needed.

Dr. Bhatia noted: “As anesthesia and critical care providers, our focus and area of expertise includes all things respiratory. The extension of our skill set to include advanced oxygen delivery devices came naturally as our team joined our Respiratory Therapy colleagues. Both teams worked well together, learning from and growing with each other, and we were left with a feeling of deep appreciation of the service they provide.”

In early 2022, UNC Health RTs again struggled to keep up as ill CVD-19+ in-patients overwhelmed main hospital ICU/Critical Care units due to the Omicron surge. To assist strained RT teams caring for both adult and pediatric in-patients, UNC Anesthesiology sent rotating pairs of CRNAs on weekdays throughout January to help care for in-patients requiring supportive ventilatory modalities, such as titrating oxygen delivery devices.

Kyle St. Jean stated: “The dynamic skill set UNC CRNAs possess made a critical difference in assisting our Respiratory Therapy colleagues in out-of-OR settings when the Omicron surge taxed their ability to treat high in-patient volume across UNC Medical Center. UNC CRNA cross-coverage provided at the pandemic’s peak demonstrated we’re always committed to ‘One Great Team.’ UNC CRNAS selflessly augmented critical staffing for adult and pediatric RT teams impacted by attrition over the course of an unrelenting two-year pandemic.”

In late 2021, overlapping Delta and Omicron surges perpetuated qualified provider shortages at UNC Health’s Monoclonal Antibody Infusion (MAI) Clinic. Over four months spanning November 2021 to February 2022 and covering 43 shifts, Professor of Anesthesiology **Nancy Wilkes, MD**, committed scheduled vacation and administrative days to help supplement coverage at the MAI. Dr. Wilkes joined a day-to-day, rotating team of redeployed UNC physicians and NPs in administering MAI therapy to critically ill CVD-19+ patients. She additionally provided physician response to rare, but emergent infusion reactions, evaluated critically ill patients prior to treatment, and arranged ER admission for those deemed too sick for therapy.

At the MAI clinic, Dr. Wilkes witnessed challenges that outpatient clinics experienced nationwide over the pandemic in reaching and treating CVD-19+ infected individuals. During the Delta surge, some patients receiving the MAI therapy REGEN-COV® did not return for the requisite three consecutive days of therapy. As the Omicron wave spread high rates of infection, the MAI clinic

experienced an antibody shortage. Big Pharma R&D rollout of non-infused monoclonal treatment in 2021, such as Eli Lilly’s injectable bebtelovimab, also contributed to decreased patient capture at the MAI clinic.

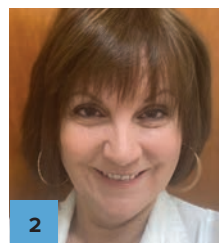
Dr. Wilkes noted: “As the Delta wave waned and Omicron brought on the pandemic’s highest rate of infection to date in early 2022, the [MAI Center] experienced a fluctuating number of patients presenting for treatment. My four months of volunteering in an extremely busy UNC Health clinic came at a timely point when I could invest in physician giveback. I was pleased to serve on a team treating a large volume of ill CVD-19+ outpatients with therapeutics that had proven effective in neutralizing SARS-CoV-2 and its variants that were perpetuating ongoing high case rates over several pandemic surges.”

“Our area of anesthesia and critical care expertise includes all things respiratory. The extension of our skill set includes using advanced oxygen delivery devices. It came naturally for our team to assist our respiratory therapy colleagues who needed support.”

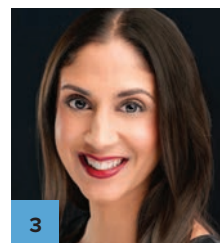
– Meena Bhatia, MD



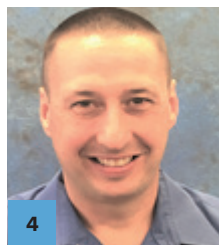
1



2



3



4



5



6



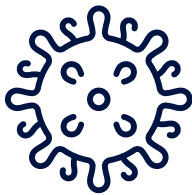
7

UNC Anesthesiology Redeployment Leaders: **1. Renee Rosiek, FNP** (Occupational Health Services); **2. Raquel Rey, ANP** (Occupational Health Services); **3. Meena Bhatia, MD** (In-patient Adult and Pediatric Respiratory Therapy); **4. Kyle St. Jean, CRNA** (In-patient Adult and Pediatric Respiratory Therapy); **5. Aaron Lemmon, CRNA** (In-patient Adult and Pediatric Respiratory Therapy); **6. Tyler Smith, CRNA** (In-patient Adult and Pediatric Respiratory Therapy); **7. Nancy Wilkes, MD** (Monoclonal Antibodies Infusion Center)

NUMBERS AT A GLANCE*

UNC Department of Anesthesiology

Redeployment Shifts



221

COVID-19 ICU

43

Monoclonal Antibody Clinic

19

Respiratory Therapy



more than
150

Occupational Health

*As of May 2022



David A. Zvara, MD, FASA, FAHA
Professor and Chair

Chair's Note

This is an exciting issue of *Carolina Dreaming*. For me, the issue taps into the selflessness of our people. The sacrifice and love our people endure and provide for others is on full display.

Think of the sacrifice we all have been through together with COVID-19. Our personal and professional lives turned upside down in the past two and a half years. And is it over? Who knows? What we do know, however, is that each of us on the team stepped up in our own way. In this issue, we highlight several in the Department who extended their professional repertoire and willingly redeployed to other work areas. Each had to enter a new work environment, accept new responsibilities, and get out of their comfort zone.

And why'd they do that?

In another feature story, we hear about Chris Meineke and his very personal sacrifice for a family member. We read about his "big Italian family" and what that bond means. Well, for Chris, it means a lot. Like, half a liver, a lot!

And why'd he do that?

Why do our people do extraordinary things everyday here at UNC? Fundamentally, we are all human and there is a strong pull for compassion, empathy and "doing the right thing." But what we observe is something more. There is something special about the people who choose to work at UNC. We are big, and clunky, and slow, and irritating, and parking is not all that great. And we are, at the same time, caring, present, resonant, and committed.

Over these past two+ years, we've all had our moments. The strain is real. The ups and downs are undeniable. But where I land is in a place of constant awe and appreciation for our people. Our amazing people that do more with less. And do you know why they do that?

Because they care.

#GDTBATH!

Leadership Highlights



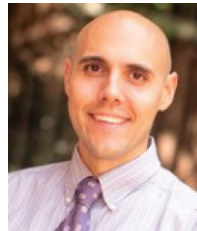
MEENA BHATIA, MD
Vice Chair of Clinical Operations

Over almost seven years on faculty, Associate Professor of Anesthesiology **Meena Bhatia, MD**, has acquired an extensive understanding of operational and financial measures that medical disciplines use to administer patient care optimally within a large academic medical center. Well-equipped to apply her expertise to the role, Dr. Bhatia has impactfully served as UNC Anesthesiology's Vice Chair of Clinical Operations since her February 2021 appointment.

Dr. Bhatia's expertise in leading subspecialized anesthesia care delivery across UNC Health includes serving as UNC Anesthesiology's Critical Care Medicine Division Chief (2018–2021) and as its Supervising Physician of the Department's CVTICU APPs (2019–2022). She contributes invaluable fiscal expertise to the Department through serving on its Academic Incentive Workgroup and its Finance Committee. During the pandemic, Dr. Bhatia worked closely with leaders from across UNC School of Medicine (SOM) departments as Chair of the SOM's COVID-19 Extra Pay Committee. Her excellence in physician engagement has been repeatedly affirmed by UNC Anesthesiology residents, who selected her five years consecutively for the Department's annual Faculty Teaching Award (2017–2021), as well as its Faculty Mentorship Award (2019).

At UNC Medical Center, Dr. Bhatia is well-established in cross-disciplinary physician leadership service. Her experience includes wide-ranging team participation across UNC Hospitals, including: 1) Committee of Perioperative Leaders; 2) Perioperative Quality Council; 3) Hospital Infection Control Committee; 4) Surgical Site Infection Workgroup; and 5) ICU Advisory. In late summer 2020, Dr. Bhatia led the UNC Anesthesiology COVID-19 redeployment of ICU physicians. A year later, Dr. Bhatia led physician and APP redeployment to assist UNC Medical Center ICU/Critical Care Respiratory Therapy (RT) colleagues with administering critically needed adult and pediatric in-patient respiratory therapy during the COVID-19 Delta surge.

“As Vice Chair of Clinical Operations, I define success by the ability to provide the safest and highest quality of care to the citizens of North Carolina while balancing the challenges of an everchanging complex workforce, academic integrity, educational initiatives, and engaging in research and collaboration.”



MATT MAUCK, MD, PhD, FASA
Vice Chair of Research

In October 2021, Assistant Professor **Matt Mauck, MD, PhD, FASA**, was named UNC Anesthesiology's Vice Chair (VC) of Research. Over six+ months, Mauck's collaborations with investigative leadership across UNC have advanced strategy aimed at growing federal and industry sponsorship of intra- and cross-disciplinary basic science and clinical research studies linked to anesthesiology.

Mauck's path to becoming an established physician scientist traces to his years of obtaining his MD-PhD degrees from the Medical College of Wisconsin (MCW)'s Medical Scientist Training Program (MSTP). After completing his Anesthesiology residency and Pain Medicine fellowship at Duke University, he joined UNC Anesthesiology's Division of Research and Pain Medicine in mid-2015. Through UNC's Institute for Trauma Recovery (ITR), Mauck has led multiple large-scale investigations of major thermal burn injury that advance the understanding of biological mechanisms inciting acute to chronic pain transition following major thermal burn injury and other traumas.

A nationally recognized leader of clinical trials examining chronic pain pathogenesis, development and outcomes following major traumatic injury, Dr. Mauck has a well-established record of NIH funding. In early career, the NIH's institutional K12 Career Development Award provided core training in clinical trial leadership. A subsequent NIH career development award (K23) enabled him to explore the mechanistic underpinnings of an intervention to prevent chronic pain after burn injury. A renowned expert in designing large-scale, federally funded chronic pain trials, Mauck currently leads an NIH R21 pilot study aimed at reducing racial disparities in pain outcomes following Motor Vehicle Collision via use of Vitamin D.

In 2021, Mauck was named lead Principal Investigator for an NIH multi-institutional trial — the Biomarkers for Pain Treatment (BEST) trial — designed as one of the largest precision medicine trials ever performed probing the biomedical and biopsychosocial mechanisms of low back pain and response to treatment. This trial will enable clinicians to one day to individualize the best set of treatments based on patient's unique characteristics or “phenotype.” The hope is that this trial will revolutionize the way patients with low back pain are treated.

Mauck noted: “It is an exciting time to be leading the research division as Vice Chair. We have a collaborative, outstanding group of investigators, coupled with amazing administrative and research coordination support. Director of Clinical Research Dr. Stuart Grant is exceptional in leading the industry-sponsored clinical trial component of our division.

We are excited to make strides in building our research portfolio and increasing our research footprint institutionally, nationally and beyond. We are incredibly well-positioned because of support from the Department and the outstanding quality of all members of the research division. The future is very bright.”

In a Close Family, Nobody Gets Left Behind

Chris Meinecke's Selfless & Remarkable Journey as His Cousin's Liver Transplantation Living Donor

Growing up in Brooklyn, NY, UNC Anesthesiology's Business Officer **Chris Meinecke, MBA**, lived within close range of his large, Italian-American extended family across the boroughs of New York City (NYC). An only child within the close-knit Careccia family, Chris had nine cousins who over a lifetime have been his siblings and companions. In adolescence, his lively cousin Anthony, a universally liked high school athlete, looked out for Chris as a watchful older brother.

Despite his natural athletic abilities, in adulthood Anthony suffered systemic setbacks taxing both his kidneys and liver. When declining renal function qualified him as a kidney transplant candidate, several family members including Chris stepped forward to serve as Anthony's donor. Though Chris' tissue typing produced a 98%+ match, recipient/donor markers aligned more closely with Anthony's younger sister, and a kidney transplant between siblings was performed in 2018.

In 2020, Anthony again experienced major organ decline, facing chronic liver failure. In critical need of a transplant, he joined the 14,000+ patients across the U.S. on the waitlist to match with a deceased donor's healthy liver. A door opened for Chris to join the small number of individuals who each year serve as living donors for patients in critical need of a liver transplant.

As the only human organ capable of regenerating, the liver can grow back to 95% of its size after a donor undergoes partial resection for transplantation to a matching recipient. For Chris to match and be approved as Anthony's living donor, critical organ donation factors had to match with exactitude: 1) age < 60; 2) blood and tissue types; and 3) donor-to-recipient proportionate organ size > 50%.

UNC Anesthesiology's Liver Transplantation Program team conducts approximately 50 liver transplants annually at UNC Medical Center, dividing the complex transplantation cases amongst members of a five-anesthesiologist team. Liver Transplantation team physician and Professor of Anesthesiology Rob Isaak, DO, discussed with Chris the anesthesia care component of liver transplantation for both living donors and organ recipients.

Dr. Isaak noted: "Though UNC's Liver Transplantation program conducts resection solely with deceased donors, I explained to Chris the anesthesia plan for liver transplantation patients and the implications regarding treatment of patients undergoing liver resections for other indications such as cancer."

In April 2020, Chris' wife Laura traveled with him to NYC for his donor evaluation. Three months later, the New York-Presbyterian Columbia University Hospital liver transplantation team matched and approved him as Anthony's liver donor. The team projected 99%+ success for this case, advantaged by donor/recipient blood relatives who could bypass the rigors of organ procurement and wait lists.

Chris noted: "Looking at it one way, the worst thing that could happen was two deaths. The best outcome, on the other hand, was two non-deaths."

Delayed repeatedly by the pandemic, the liver transplantation finally took place on January 19, 2021, just two weeks shy of Chris' 60th birthday. Over



Chris Meinecke & his cousin Anthony Careccia (Jan 2022)

a 10.5-hour surgery, the transplantation team resected and transplanted 64.8% of Chris' liver to Anthony. After several weeks of in-patient hospitalization, Chris returned to work at UNC in early March. Anthony started the road to a better life and now works with another Careccia cousin on a large-scale engineering initiative to build an industrial seawall in Lower Manhattan.

In early 2022, Chris and Laura returned to NYC to reunite with Careccia family and celebrate a year of good health and recovery. In a family that had experienced multiple losses due to chronic disease, 2021 gave Chris a once-in-a-lifetime opportunity to help others through selflessly giving a beloved cousin the means for returning to a healthy life.

Chris noted: "I'm a big believer that what is meant to happen is meant to happen. For a lifelong close cousin and friend, I didn't think twice or consider it a sacrifice to do something that I uniquely could for Anthony."

Anthony reflected: "Learning I needed a liver transplant was shocking and scary. Chris wanted to help so much that when I needed a liver, he told me that as long as he matched, he was ready to donate."

When I think of all the transplant patients on waitlists, I am the luckiest man in the world to have Chris, my sister and others who wanted to be my donor. There is no greater gift to give. Chris never complained, and he possessed unheard-of selflessness to have already tested to be my kidney donor. He made such a sacrifice in becoming my liver donor. I am blessed."

Virtual Recruitment

When medical education governance declared in early 2020 that the academic year (AY) recruitment cycle would go virtual, teaching hospitals nationwide faced the challenge of how to successfully recruit from afar and in the virtual space. Residency and fellowship programs wasted no time developing online platforms that would stand out to applicants nationwide comparing competitive peer institutions.

UNC Anesthesiology developed a medical education virtual platform that has drawn high-achieving residents and fellows over two NRMP recruitment seasons (2020–2021/2021–2022). Information-rich webpages with high-appeal videos have given candidates the next best thing to learning about the Department in person. As a result of all-hands-in dedication to producing a creative end result in a short turnaround time, the efforts paid off. When virtual recruitment kicked off in Fall 2020, a record number of residency applications (1512) poured in.

Prior to interview season, the Department's four Open Houses welcomed applicants to take a first peek at all UNC Anesthesiology offers residents over a three-year program. Each evening prior to interview days, UNC Anesthesiology hosted Zoom Meet & Greets for applicants to virtually interact with faculty as well as residents and their spouses.

Over 14 dates from November to January, 168 residency candidates virtually "visited" UNC Anesthesiology to interview. Divided into two groups, 12 candidates took turns interviewing and virtually touring the Department and UNC Medical Center. The interview team consisted of Chairman Dr. David Zvara, Program Director Dr. Susie Martinelli, two additional faculty, and a senior resident (CA-3). A CA-2 resident leading tours also facilitated an informational session with applicants.

The Department's Residency Program Coordinator Elizabeth Agüero noted: "Our recruitment committee developed and hosted 2021–2022 virtual recruitment using the same approach that worked so well during the 2020-2021 interview season. Holistic and behavior-based interviewing techniques were critical for minimizing bias in interviewing from a distance. To accommodate candidates on the West Coast, we integrated two later day interview windows into scheduling dates."

UNC Anesthesiology modeled virtual interviews for its Obstetric Anesthesia, Pediatric Anesthesia and Pain Medicine fellowship programs after those used for the residency program. On interview days of six to 10 candidates, prospective fellows interview with at least three division faculty and meet for a Q&A session with current fellows. UNC Anesthesiology hosts "second look" sessions for fellowship candidates after interviews conclude.

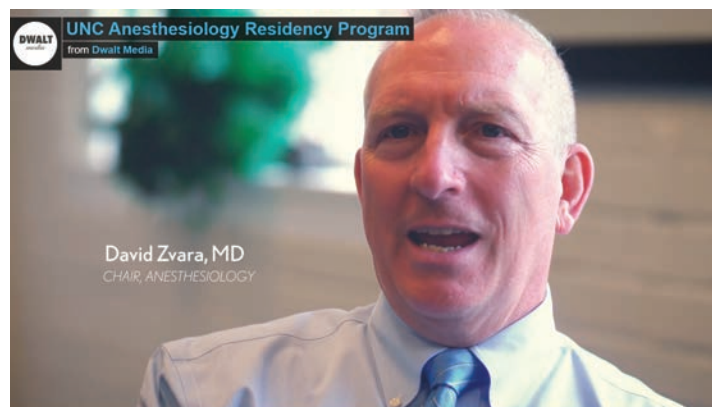
Fellowship Coordinator Shannon Wolfgang noted: "When the pandemic shut us down in March 2020, we had in-person interviews scheduled for early April. We had to quickly convert to a virtual platform. Thinking back, I am proud of how our three programs worked together to conduct virtual interviews that provided plenty of information for our candidates to make an informed decision. We surveyed our candidates after Match Day 2020 and 2021. The feedback about the structure and information provided for interview day has been consistently positive in every area!"

UNC Anesthesiology adapted its well-developed medical education platform to clinical and basic science faculty recruitment. In a half-day first round, faculty candidates have 1-to-1 interviews via Zoom with department faculty members. When COVID-19 case numbers decreased, Department

Chairman Dr. David Zvara offered 2nd-round faculty candidates the opportunity to visit in person and meet socially distanced in the Department's Norfleet Conference Room and in outdoors settings.

UNC Anesthesiology Executive Assistant Robin Brennan played a vital role in orchestrating faculty recruitment and many overall virtual interview elements during the pandemic.

Robin noted: "Most faculty candidates welcomed the invitation to visit in person instead of a virtual platform. This approach was unfortunately not feasible for residency and fellowship recruitment. We were pleased to provide faculty candidates the individualized, in-person experience that for many, leverages decision-making on where they will start or move upward in their medical careers."



UNC Anesthesiology Chair Dr. David Zvara in residency recruitment "A Day in the Life" video



Former UNC Hospitals' Designated Institutional Official (DIO) Dr. Clark Denniston in Graduate Medical Education (GME) video highlighting the resident training experience at UNC

Residency Updates



Leadership (L to R): Residency Program Director Dr. Susie Martinelli / Associate Program Directors Drs. Rob Isaak & Emily Teeter

Spring is a time of new beginnings. Here are some highlights from the Residency Program!

MATCH DAY

March 18th was Match Day. The number of anesthesiology residency applications has increased by 24% in the past 5 years, and the fill rate across the country was nearly 100%. We successfully filled all EIGHTEEN of our spots! This includes 12 categorical spots (up from 10 in years past), 4 physician-only “R” spots (up from 2) and 2 advanced positions. Our incoming residents represent a talented group of aspiring anesthesiologists from all over the country and we can’t wait to welcome them.

NEW CHIEF RESIDENTS

This month, we elected our new Chief Residents. Dr. Erin Dengler will serve as our Recruitment Chief, Dr. Craig Grosshuesch as our Administrative Chief, and Dr. Dayley Keil as our Education Chief. They have already hit the ground running. Thank you to our outgoing chiefs for all the amazing work they put in: Dr. Alex Hart, Dr. Jordan Swearingen and Dr. Mike Gonzalez.



2022–2023 Chief Residents (L to R): Drs. Erin Dengler, Craig Grosshuesch and Dayley Keil

UNIQUE OPPORTUNITIES

With the pandemic (hopefully) winding down, our residents have been able to resume taking advantage of the unique educational opportunities available to them. In 2021, Dr. Katherine Mills (CA-3) was selected from a competitive pool of applicants to spend a month in Washington, DC participating in ASA’s Anesthesiology Policy Research Rotation. In addition to her coursework, she met with several US Senators about issues pertinent to physician anesthesiologists. She is a rising star within our field!



Dr. Katherine Mills (CA-3) was selected from a competitive pool of applicants for the ASA’s Anesthesiology Policy Research Rotation in Washington, DC.

ALIGNING CORE VALUES

In March 2022, the Association of Anesthesiology Core Program Directors (AACPD) Council announced that anesthesiology residency programs will participate in the Association of American Medical Colleges (AAMC) supplemental ERAS application program for the 2022–2023 recruitment cycle. The supplemental application is designed to help both applicants and program directors in efficiently and effectively aligning core values and relevant experiences. The department thanks Associate Residency Program Director **Emily Teeter, MD**, for leading this initiative.

SAYING GOODBYE

It’s hard to believe that our current CA-3s are about to head out into the “real world.” It seems like just yesterday we celebrated seeing their names on our Match Day list. Over their last months in residency, we’ve admired the growth they have achieved during their years of clinical training and the amazing anesthesiologists they have become. Although it is a bittersweet time for us to see them leave, we know they will represent UNC well as they transition from residency into fellowship training and private practice.

Goodbye Grads

Kenneth (Brad) Brown, Jr.
Pain Medicine Fellowship (University of North Carolina)

Bryna Capshew
Private Practice (Louisville, KY)

Austin Erney
Cardiothoracic Fellowship (Cleveland Clinic)

Michael Gonzalez
Regional Fellowship (University of North Carolina)

Logan Gray
Cardiothoracic Fellowship (Ohio State University)

Michael Greenberg
Pediatric Fellowship (University of North Carolina)

Alexandria Hart
Cardiothoracic Fellowship (Texas Heart Institute)

Dylan Hunter
Active Military Duty (Travis Airforce Base – Fairfield, CA)

Eric Johnson
Private Practice (Burlington, NC)

Nathan Leone
Cardiothoracic Fellowship (Emory University)

Jacob Levene
Private Practice (Princeton, NJ)

Luke McNulty
General Anesthesia (University of North Carolina)

Katherine Mills
Private Practice (Kalamazoo, MI)

Tiffany Pham
Pain Medicine Fellowship (University of North Carolina)

Yuxiao Qian
Private Practice (Dallas, TX)

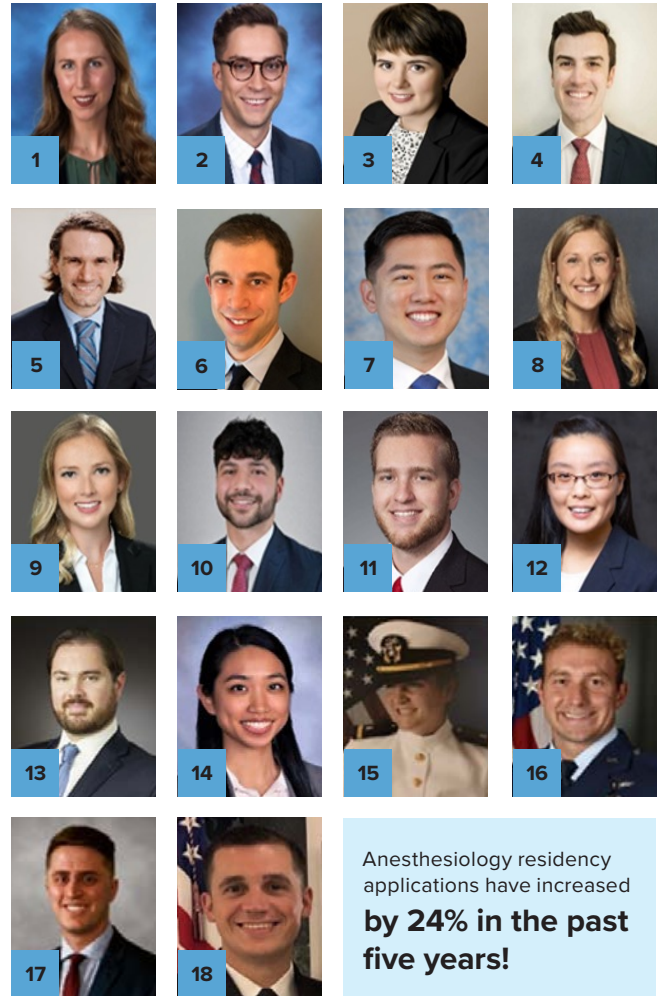
Jordan Swearingen
Private Practice (Memphis, TN)

Robert C. Cefalo House Officer Award



In July 2021, **Dr. Michael Hart**, a former resident and 2021-2022 UNC Obstetric Anesthesiology Fellow, was selected as one of five UNC Hospitals' House Officers for the Robert C. Cefalo House Officer Award. Every year, the Cefalo House Officer Award recognizes members of UNC Hospitals' House Staff who have demonstrated exemplary service to patients and families, professional performance and compassionate patient care.

Hello Newcomers



Anesthesiology residency applications have increased **by 24% in the past five years!**

1. **Natalie Campbell** – Indiana University
2. **Jacob Davis** – Indiana University
3. **Andrea Fritz** – UNC-Chapel Hill
4. **Mark Hanlon** – Georgetown University
5. **Mark Hermann** – Virginia Commonwealth University
6. **Joshua Kaltman** – Emory University
7. **Youlei Li** – University of Florida
8. **Heidi Meeks** – University of Tennessee
9. **Emily Newton** – Eastern Virginia Medical School
10. **Dillon Patel** – Medical College of Georgia
11. **Bryson Shelton** – East Carolina University
12. **Lucy Su** – University of Virginia
13. **Patrick Einhorn** – Drexel University
14. **Jasmine Lin** – Rutgers University
15. **Sara Dryden** – University of Louisville
16. **Christopher Jordan** – Uniformed Services University of the Health Sciences
17. **Nicholas Miller** – Michigan State University
18. **Christopher Scheiber** – Virginia Commonwealth University

Retirements

Working seamlessly alongside our physician anesthesiologists, UNC Anesthesiology's CRNAs are the backbone of UNC Health's excellence in anesthesia care. The Department celebrates our hardworking CRNAs who are transitioning to retirement or have marked milestone years of service over the past two years.

- Karla Moore:** June 2020 (29+ years)
- Bea Kendall:** December 2020 (24+ years)
- Jamal Khrais:** February 2022 (25+ years)
- Julie Lowery:** May 2022 (26+ years)
- Paul Daniel:** June 2022 (20+ years)
- Kathleen Oleniacz:** April 2022 (10+ years)
- Susan Crumpler:** November 2020 (5+ years)



In June 2021, Dr. Jeffrey Berman retired from academic anesthesiology after 20+ years as a teaching faculty member at UNC Department of Anesthesiology. Over his career, Dr. Berman practiced within UNC's Division of Pediatric Anesthesiology.

Happy Anniversary!

CRNA's Milestone Years of Service

25 Years

- | | |
|--------------------------------|----------------------|
| Christine Belgado-Smith | Shirley Sopko |
| Julie Lowery | Judy Kane |
| Stephanie Montague | Terri Masier |
| Nancy Roberts | Angela Monnig |

20 Years

- Paul Daniel**
- Monica Belgado**
- Bob Matthews**
- Jane Price**

15 Years

- Jessica Molnar**
- Carole Washington**
- Carly Raynor**
- Shanna Weaver**

10 Years

- Andrew Disser**
- Adam Smith**
- Jennifer Fisk**
- UK Iroha**
- Kathleen Oleniacz**

5 Years

- Tatyana Boytim**
- Carrie Disser**
- Lynn Harris**
- Courtney Archambo**
- Christina Dowdall**
- Micah Seifert**
- Aubrey Tsao**

Congratulations!

UNC Anesthesiology congratulates its Department faculty members who have been promoted between 2020 and 2022:

- Maryam Jowza, MD** – Clinical Associate Professor
- Janey Phelps, MD** – Clinical Professor
- Elisa Lund, MD** – Clinical Assistant Professor
- Meena Bhatia, MD** – Clinical Associate Professor
- Andres Rojas, MD** – Clinical Assistant Professor
- James Krakowski, MD** – Clinical Associate Professor
- Seema Patidar, MD** – Clinical Associate Professor
- Samuel Blacker, MD** – Clinical Associate Professor
- Benjamin Cobb, MD** – Clinical Associate Professor

- Skye Margolies, PhD** – Clinical Associate Professor
- Robert Isaak, DO** – Clinical Professor
- James Williams, MD** – Clinical Professor
- Christine McKenzie, MD** – Clinical Associate Professor
- Andrew Lobonc, MD** – Clinical Associate Professor
- Jay Schoenherr, MD** – Clinical Associate Professor
- Lavinia Kolarczyk, MD** – Clinical Professor
- Karene Ricketts, MD** – Clinical Professor

Research



Dr. Linnstaedt (Top row, far L) and lab members at UNC's Old Well in Fall 2021.

The primary goal of research in the Linnstaedt Lab is to improve understanding of the underlying mechanisms driving the development of chronic pain following trauma exposure and to use this understanding to develop novel therapeutics that prevent the transition from acute to chronic pain in men and women trauma survivors.

Towards this goal, the Linnstaedt Lab has made substantial progress over the past two years. First, we have advanced our line of work examining whether a stress system protein, FKBP51, is a promising therapeutic target for the prevention of posttraumatic chronic pain. In a recent publication, our lab showed that inhibition of FKBP51 following traumatic stress exposure can prevent the onset of persistent pain-like behavior and can reduce enduring hyperalgesia once developed. Further, in another recent publication, we have used a large community cohort ($n=36,822$) to show that individuals with the highest vulnerability to multi-site chronic pain as adults have a history of childhood trauma, smaller hippocampal volumes, and FKBP5 genetic risk. These two bodies of work demonstrate how the Linnstaedt Lab leverages multiple lines of evidence (e.g. both animal and human data) to test specific hypotheses related to FKBP51, a promising therapeutic target for chronic pain prevention/treatment.

In another line of work, the Linnstaedt Lab has focused on the study of sex-dependent mechanisms of chronic pain development following

trauma exposure. In a recent publication, they showed that women with high levels of 17β -estradiol early after traumatic stress exposure have substantially reduced levels of chronic pain over the course of a year following the stressful event. This association was validated across three independent longitudinal studies. Their lab is currently extending this line work via further human cohort studies, as well as in animal experiments in which they administer 17β -estradiol following traumatic stress exposure and assess for reductions in pain-like behavior.

Additional studies include multiple collaborative efforts via analysis of AURORA study data. The Linnstaedt Lab is proud to be a critical member of the core AURORA team via its efforts focused on the collection, processing, and analysis of thousands of biological samples collected from participants in the study. One major goal of this study is to identify promising biomarkers aimed at identifying individuals at high risk of chronic pain development following traumatic stress exposures.

In summary, the Linnstaedt Lab has made substantial progress towards their goal of identifying mechanisms that drive chronic pain development following trauma exposure. They have identified at least two promising therapeutic strategies, inhibition of FKBP51 and administration of 17β -estradiol for preventing posttraumatic chronic pain.

2021–2022 Scholarly Honors & Highlights

Hemanth Baboolal, MD, was nominated for the Pediatric Anesthesiologist James Emonson Honours Award in January 2021.

Rob Isaak, DO, was appointed to the Editorial Board of the *Journal of Cardiothoracic and Vascular Anesthesia* in March 2021.

Kimberley Nichols, MD, FASA, was named the UNC School of Medicine's Associate Dean of Diversity, Equity and Inclusion (DEI) Faculty Access and Success in April 2021.

Susie Martinelli, MD, FASA, was elected to the UNC School of Medicine's Education Committee in April 2021.

Concetta Lupa, MD, was elected to the UNC School of Medicine's Committee to Review Promotions of Fixed-Term Faculty in April 2021.

Mark Henry, MD, received UNC Health's Friend of Nursing Award in June 2021. The Friend of Nursing Award was established in 2009 to recognize the collaborative relationship between UNC Health nursing and medical colleagues.

In June 2021, 10 UNC Anesthesiology teaching faculty members were elected to the UNC School of Medicine Academy of Educators (AoE): 1) **Annika Barnett, MD**; 2) **Kenneth (Brad) Brown Jr, MD**; 3) **Amira Choucair, MD**; 4) **George Dignan, MD**; 5) **Elisa Lund, MD**; 6) **Monika Nanda, MD**; 7) **David Sender, MD**; 8) **Ric Serrano, MD**; 9) **Lacey Straube, MD**; and **Robb Wasserman, MD**.

Bryant Murphy, MD, was appointed to the United States Medical Licensing Examination (USMLE) Management Committee for a three-year term in May 2021.

In July 2021, nine teaching faculty were selected for UNC Anesthesiology's annual Resident Education Faculty Honor Roll: 1) **Meena Bhatia, MD**; 2) **Lavinia Kolarczyk, MD**; 3) **Aaron Low, MD**; 4) **Elisa Lund, MD**; 5) **Irina Phillips, MD**; 6) **Alan Smeltz, MD**; 7) **Kathleen Smith, MD**; 8) **Adam Suchar, MD**; and 9) **Emily Teeter, MD**.

CRNA Robert Matthews was elected to UNC Health's Medical Staff Executive Committee (MSEC) in August 2021.

CRNA Jessica Sylvester was named APP Clinical Lead at UNC REX Holly Springs in August 2021.

Bryant Murphy, MD, was named UNC Anesthesiology's Faculty Recruiting Committee Chair in October 2021.

CRNA Judy Kane was named APP Clinical Lead at UNC Hospitals Hillsborough campus in October 2021.

UNC Medical Center's Mortality Reduction Team, recipient of the Quality and Safety Award, named **David Flynn, MD**, as its Physician Lead in October 2021.

Amira Choucair, MD, was selected as a mentor for the UNC School of Medicine Office of Inclusive Excellence Students in Training, Academia, Health, and Research (STAHR) Program in October 2021.

In April 2022, **Drs. Meena Bhatia, James Williams** and **Robert Kyle** were voted Best Intra-Op/On-The-Fly Teachers by UNC Anesthesiology residents.

Together is Wellness



UNC Anesthesiology residents work hard together and enjoy off-hours comradery together across Tobacco Road. Left: At The Casual Pint in Chapel Hill / Center & Right: At Ponysaurus in Durham

Update in

CAROLINA REFRESHER COURSE 2022

33RD ANNUAL

ANESTHESIOLOGY, PAIN & CRITICAL CARE MEDICINE

Kiawah Island, SC | June 12-16, 2022

After a two-year absence, the **Carolina Refresher Course** returned in June 2022! This 4-day course enables physicians, APPs, and CRNAs from multiple states to learn from and share knowledge with UNC Anesthesiology faculty and guest speakers. This year's CRC workshops included: Point-of Care Ultrasound, Surgical Airway, Regional Block and Problem-Based Learning Discussions. We look forward to seeing our enthusiastic CRC attendees again in Kiawah next year!

