

SPRING 2017



APOM

NEWSLETTER

A Newsletter for OHSU Anesthesiology and Perioperative Medicine



Diversity is making us stronger



Jeffrey Kirsch, M.D.

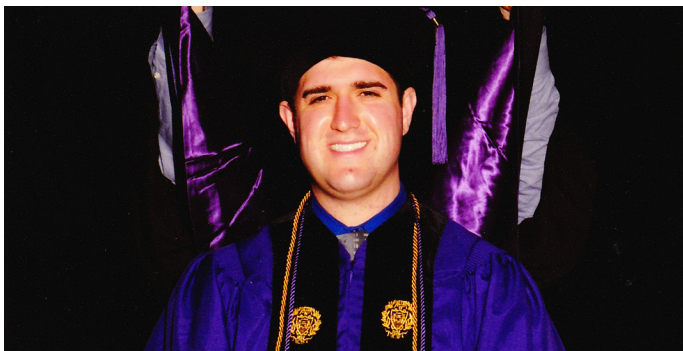
PROFESSOR AND CHAIR
ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE

As anyone who knows me well understands, one of my biggest passions is diversity and inclusion. Quite simply, I love providing opportunities for extraordinarily talented people to excel.

I also know that when you bring together people who look at problems and potential opportunities completely differently, the final outcome of any important decision is better if the leader listens carefully and has an open mind to the input that is received from a diverse advisory group.

One thing that I can say for sure; our department would never be in its current state of excellence without my incorporation of the thoughts, opinions and support of our department members who come from very different backgrounds than me.

His passion is personal



ALAN KIRSCH, JEFF KIRSCH' SON, GRADUATED FROM NORTHWESTERN SCHOOL OF LAW A YEAR EARLY.

Similarly, I have close personal experience with how discrimination based on disability, race, cultural background, sexual orientation or personal presentation can be devastating to an individual and a culture, while embracing these differences facilitates growth and improvement.

My son has significant learning disabilities. Throughout his K-12 years, we were told to give up because he would never amount to anything. His teachers did everything they could to discredit and demoralize him. However, because of his strong drive and appropriate accommodation he earned an economics degree from University of Washington and his J.D./M.B.A. (with honors) from Northwestern University School of Law (Chicago) and University of Chicago Booth Business School. He earned membership in both Mensa (www.mensa.org) and the Triple Nines Society (www.triplenine.org). He is currently a member of the Leadership and Finance Development Group at Lapcorp International, with an interest in private equity and mergers and acquisitions.

I am very pleased that APOM is consistently recognized as a leader for diversity and inclusion at OHSU. We are very fortunate that the people we have recruited have been visionary and outspoken and have helped our department become stronger in clinical care, research, education and administration.

As you can see from the list of those who recently matched to OHSU and our department (see page 11), our education office and our current residents and faculty have done just a fantastic job of recruiting individuals who are not only outstanding people, but diverse. I am also proud of how we have been able to provide accommodations to those of us who have a disability and that those accommodations have allowed people to meet their full potential.

However, there is still much work to be done, particularly in getting us all to recognize our unconscious biases and move forward to strengthen our culture by supporting development of a more diverse work environment.

For those individuals who were initially intimidated by the lack of diversity at OHSU and, therefore, timid about speaking up, I am proud that they now “have their wings” and feel empowered to share their opinions with me and more widely throughout OHSU.

For those individuals who are frustrated that we haven't accomplished enough, I would submit that it is up to all of us to engage further to achieve our goals, rather than to retreat out of frustration. If you are passionate about the goal, you owe it to yourself and your colleagues/those who follow you, to dig in and help us achieve our goals with more ease.

Thank you for your hard work and commitment.

Dr. Schulman and team develop standard protocol for post-surgery atrial fibrillation

The OHSU Anesthesiology and Perioperative Medicine team is now using rate or rhythm control to prevent atrial fibrillation after cardiac surgery, which occurs in about one-third of patients. Patients undergoing heart valve surgery, or both heart valve surgery and coronary artery bypass grafting, are at highest risk.

While some patients are asymptomatic, many develop palpitations and other adverse sequelae. Atrial fibrillation also primarily causes or exacerbates hemodynamic instability, complicating postoperative care. Postcardiac surgery atrial fibrillation is associated with an increased length of hospital stay, and more importantly, increases the risk of stroke and death.

“We can lessen the risk of postoperative atrial fibrillation in our cardiac surgery patients, but can’t routinely prevent it,” says APOM Associate Professor and

Cardiac Intensivist Dr. Peter Schulman. “We can stratify patients into low, intermediate, and high risk, but this approach is an imperfect science.”

History informs need for standard

When patients in the Cardiovascular Intensive Care Unit (CVICU) develop, or are at risk of developing, new onset atrial fibrillation, the ICU team attempts to correct predisposing factors, such as correcting electrolyte disturbances and weaning vasoactive medications when feasible. However, the team ultimately must decide between two main strategies: rate control, aimed at keeping the ventricular heart rate less than about 110 beats per minute, or rhythm control, aimed at converting the patient back to sinus rhythm. A recent randomized prospective study found that the two approaches were equivalent in risk of stroke and death. Given the frequency of atrial fibrillation in cardiac surgery patients, Dr. Schulman was charged last year with developing a standardized management protocol.

Teamwork key to develop protocol

He emphasizes the teamwork involved, including working closely with anesthesiology resident and critical care fellow Dr. Anila Elliott, who has since graduated.

“We closely collaborated with other key stakeholders and experts on this topic,” Dr. Schulman says. “Input and buy in from our electrophysiology and cardiac surgery colleagues was invaluable. We decided that despite recent evidence that rate and rhythm control are likely equivalent, rhythm control would remain our standard approach.”

Even though rhythm control had not been the official standard, it was already the approach most CVICU providers and surgeons preferred. For many patients rhythm control, if successful, eliminates the need for systemic anticoagulation (blood thinners) and the associated side effects of these medications. Dr. Schulman explains that while it is often reasonable to choose either a rate control or rhythm control strategy when managing new onset atrial fibrillation, having a standard approach provides intensivists and other critical care providers with a framework.

“There are a number of advantages to a standardized approach to medical care for problems that are amenable to a protocolized strategy,” says Schulman. “Still, that doesn’t mean you shouldn’t deviate from the standard approach when indicated.”



Thank you for your service

Dr. Jeff Kirsch, M.D. professor and chair of the Department of Anesthesiology and Perioperative Medicine, ended his two-year term as president of the Society of Academic Anesthesiology Associates on the final day of the annual meeting in Chicago in November.

APOM pursues quality as a mishap-prevention tool

Anesthesia and Perioperative Medicine's Continuous Quality Improvement (CQI) Program is increasingly going beyond a risk management and compliance approach to look for opportunities to improve practices to prevent future incidents.

"In the past, most of CQI's efforts were devoted to risk management, which mostly consisted of responding to and managing incident reports and reports of near-misses," said Alyssa Lorzano, APOM's quality manager. "Beyond this, we need to evaluate the incident reports and develop or improve processes to help ensure that the issues don't happen again. That is the gold mine."

An intentional investment

About two years ago, APOM CQI leadership began dedicating more resources to quality improvement. Now the team - Dr. L. Michele Noles, APOM's chief of Quality and Safety; Dr. Edward Kahl, associate chief of Quality and Safety; Alyssa Lorzano, quality manager; and Megan Schmidt, quality improvement specialist - can retrospectively manage incident reports and turn them into quality/process improvements and even more proactively strive to meet regulatory standards.

As part of the shift, APOM's CQI Program has expanded and formalized its structure to cover additional APOM units, including the Cardiovascular Intensive Care Unit (CVICU), the Neurosurgical Intensive Care Unit (NSICU), the Comprehensive Pain Center (CPC), and the Preoperative Medical Clinic (PMC).

This expansion includes an appointed medical director of quality for each area. Further, the APOM CQI leadership has committed to fostering the physician-administrative dyad to operationalize the three essential pillars of quality improvement, risk management and compliance within these units. The goal: create a physician and an administrative champion for quality in each unit.

At APOM ICUs, Dr. Mike Wollenberg and Dr. Kamila Vagnerova champion the CVICU and NSICU CQI Committees respectively, in collaboration with Megan Schmidt as the ICU quality administrative champion. At the Comprehensive Pain Center, Dr. Sandy Christiansen and Lorzano champion the CPC CQI Committee. At the Preoperative Medical Clinic, Dr. Mike Axley, Dr. Cornelia Taylor, and Megan Schmidt champion the PMC CQI Committee.

While the new effort is in its infancy, Lorzano can already see improvements: the department has received and responded to over 65 incident reports per month in the last quarter.

"A lot of projects and initiatives have stemmed from these incident reports, like our Glycemic Management initiative... and improving processes to decrease the risk of needle stick injuries," Lorzano said. "We now also have the means to quantitatively define how we are doing at every step of a process and the associated outcomes. These quantitative measures help us define areas of risk and give us the opportunity to identify any abnormalities."

In addition, the CPC Quality Committee has improved risk management and referral processes and completed its first project, standardizing and improving the CPC Team Pause.

"This has led to increased opportunities for interdepartmental collaboration, which increases transparency and cultivates a team-based approach to problem solving," Lorzano said. "This is essential since incidents are rarely exclusively due to one person."

Coming soon

The PMC Quality Committee is also in the process of developing a Quality Improvement initiative to reduce the number of cancelled cases per month. Next up: educating staff on the problem-solving approaches and communicating the resulting quality improvement initiatives.



Dr. Miller Juve on choosing successful residents

Amy Miller Juve, Ed.D., M.Ed., co-presented with Keith H. Baker, M.D., Ph.D. on "Choosing Successful Residents: Do We Have a Gambling Problem? Board Scores, Letters of Recommendation, GRIT" at the annual Society for Academic Anesthesiology Associations (SAAA) meeting in Chicago last fall.

Physicians debate use of corticosteroid injections in pain treatment

A new proposal from Oregon's Health Evidence Review Commission (HERC) could impact the way physicians treat pain.

A recently released HERC proposal recommends against all corticosteroid injections for treatment of lower back pain, including epidural, facet joint, medial branch, and sacroiliac injections. HERC asserts that the evidence in favor of these procedures is of low quality and insufficient.

This concerns pain physicians like Kim Mauer, M.D., medical director of the OHSU Comprehensive Pain Center.

Dr. Mauer, who has a fellowships in pain research and pain management, believes that in the right situation and in the appropriate setting, corticosteroid injections should still be the standard for treating lower back pain. At the first HERC meeting in March, she joined other physicians, patients, and members of the Oregon Society of Anesthesiologists in supporting the need for corticosteroid injections.

Dr. Mauer has interacted with a diverse group of patients coping with cancer-related pain, migraines, diabetic neuropathy, and other pain problems and makes a practice of tailoring treatments to individual patients.

Variety of options crucial for treating pain

New patients receive a comprehensive physical, diagnosis and referral to physical therapy and complementary alternative medicine services. Patients are often offered anti-neuropathics or anti-inflammatories, in lieu of opioids. They rarely receive corticosteroid injections except in situations of acute pain.

"It's important to offer a variety of options for treating lower back pain," Dr. Mauer stresses.

Still, some patients require corticosteroid injections to reduce their pain to the point of functionality.

The problem: corticosteroid injections are frequently overused

in pain treatment, creating significant expense to Oregon's health care system. But Dr. Mauer says effective treatment for pain, rather than just expense, must guide treatment recommendations. She hopes that HERC will write guidelines for appropriate corticosteroid use to treat patients who need this therapy, while also preventing overuse.

She also wants a new guideline allowing Medicaid recipients automatic coverage for corticosteroid injections in certain situations to expand coverage and insure patients in need receive them. Currently, Medicaid recipients must appeal for coverage, which can be a barrier.

HERC responsive to feedback

Dr. Mauer believes HERC is being responsive to the evidence. Oregon's Society of Anesthesiologists is planning a conference to discuss how to work with HERC to maintain coverage for Oregonians. Dr. Mauer and OHSU will continue their commitment to ensuring appropriate corticosteroid use by educating physicians and other medical professionals statewide.

Mindful Yoga for Chronic Pain Professional Training:

For yoga teachers and physical therapists.
No prior yoga experience necessary.
Continuing Education credits available.

Join Jim Carson, Ph.D., and Kimberly Carson, M.P.H., C-IAYT, and a team of medical specialists, physical therapists and exercise physiologists to learn innovative applications of mindfulness and yoga practices for people with chronic pain.

This program has been shown in clinical trials to reduce pain in multiple chronic conditions. Training integrates meditation, breath work, postures and other yogic practices with Western medical knowledge.

September 10–16, 2017

OHSU, Portland

Register online at www.ohsu.edu/mindfullyoga

For more information, email
kimberly@mindfullyogaworks.com
or call 503-245-9642.



Comprehensive Pain Center showcases services at Women's EXPO

A team of women clinicians and staff from the Department of Anesthesiology and Perioperative Medicine showcased the OHSU Comprehensive Pain Center's services at the Portland Women's EXPO consumer tradeshow March 11.

Providing information on a diverse range of topics relating to women's wellbeing, from gardening advice to self-defense tips, the EXPO hosts 400 exhibitors and draws some 10,000 attendees.

"It was a wonderful opportunity to meet a lot of potential patients in one spot," says Tina Foss, clinical operations director for APOM and organizer of the Comprehensive Pain Center (CPC) booth at the expo.

Outreach intended to expand patient base

Dr. Catriona Buist (Pain Psychologist), Dr. Sandy Christiansen (MD/Pain Physician), Jordan Graeme (Chiropractor), Carla de Martino (Licensed Massage Therapist), Jennifer Hessick (Licensed Massage Therapist), Amanda St. John (Advanced Practice Provider), and Brooke Buzzi (Certified Advanced Rolfer®) staffed the expo booth. Booth visitors got their questions answered while stocking up on free water bottles and stress balls or trying a chair massage from the CPC's licensed massage therapists and Certified Rolfer®.

With the Comprehensive Pain Center's expansion as part of its move to the 15th floor of the OHSU Center for Health and Healing, community outreach is key to let people know how the CPC can help manage their pain.



APOM continued its proud participation in The Salvation Army's adopt-a-family program during the 2016 winter holidays, assisting Salvation Army in serving families experiencing trauma such as major illness, workplace accidents, job loss, and death in the family. This year's gift collection specifically benefited a local emergency shelter.



Dr. Kirsch takes department friends and alumni to brunch

The Department of Anesthesiology & Perioperative Medicine would not be the amazing community it is without the support of alumni and friends of the department. To recognize their deeply appreciated philanthropic and advisory support, Dr. Jeff Kirsch, APOM professor and chair, hosted brunch events for department alumni. Dr. Kirsch would like to express his gratitude for the gifts of time, engagement and financial support provided to him and the department.

Rolfing promotes self healing from pain without medication



Brooke Buzzi
ROLFER, PAIN CENTER

Rolfing is one of the latest additions to OHSU's Comprehensive Pain Center (CPC).

Known for its ability to relieve chronic muscle pain, improve range of motion, and reduce anxiety and headaches, Rolfing uses touch therapy and guided movement to help realign and balance the body.

"Rolfing is a hands-on method of bodywork that uses slow and sustained pressure," says Brooke Buzzi, the CPC's Certified Advanced Rolfer. "The goal is to relieve tension and bracing in the body to move more fluidly."

Evolution of Rolfing

Rolfing stands for Rolfing® Structural Integration, a technique developed in the early 1920's by Ida P. Rolf, an American biochemist and holistic thinker. However, Buzzi notes that the method has changed since its conception.

"In the past, Rolfing was known as being very intense and using deep pressure. But through pain science and more clinical knowledge, we know bodies don't change when forced," she says. "Now we use a listening touch to influence the nervous system. The bodywork is always very slow and it should never bring anxiety. However, changing patterns can be mentally and emotionally challenging."

Buzzi's patients often come to her after attempting other pain relief methods like massage and physical therapy. Her patients have a diverse range of pain issues, but the most common problems are lower back pain, frozen shoulder, neck and shoulder tension, repetitive motion injuries, and postural problems.

Getting unstuck

She has found that after someone experiences an injury or develops bad posture habits, the person's body gets stuck in a position that leads to more pain.

"For example, if you sprain an ankle, you may limp for awhile. The injury heals, but the body keeps the limp," Buzzi explains. "The nervous system has locked into a holding pattern to avoid the pain of injury, even after it is better. Using touch therapy, Rolfing helps open up a person's posture and awareness, empowering his or her self-healing."

One of Buzzi's patients had experienced a repetitive motion injury that caused persistent pain. After finding little success with traditional pain relief methods, the woman was considering undergoing surgery for pain relief when a friend recommended Rolfing. The woman was referred to Buzzi, and after working together for some time, was successfully able to find pain relief. The woman later chose against pain surgery and was able to stop taking pain-relief medication.

Moving away from pain medications

Dr. Kim Mauer, the Director of the Comprehensive Pain Center, views Rolfing as a positive addition to the complementary therapies already offered at the center. Pain is a multifaceted problem, and as such, Rolfing adds another option to help people dealing with pain.

"We are moving away from medication to solve chronic pain. In fact, taking regular medicine reinforces the idea of being sick. We want to help patients move away from medication to healthier lifestyle options as a long-term strategy," Dr. Mauer says. "Rolfing will be beneficial for our patients with myofascial pain, arthritis, de-conditioned muscles, and injuries. I also think it will be great for our cancer patients with tension and stress in their bodies."



Relieve your pain
with Rolfing.®



Dr. Chris Swide represents OHSU in the Portland Business Journal



Chris Swide

As the Accreditation Council for Graduate Medical Education (ACGME) took comments this year on its new recommendations for medical education, the recommendation that interns be allowed to work 24-hour shifts drew some fire.

Critics argued that these changes would harm patients and young doctors. To address these concerns and other aspects of the recommendations, Chris Swide, M.D., professor of anesthesiology and perioperative medicine and associate dean for Graduate Medicine Education, spoke with a reporter from the Portland Business Journal.

Better preparing interns

Dr. Swide believes the recommendation reflects positive changes in how interns are trained. The 24-hour shifts are designed to reduce the frequency of patient handoffs so that interns would not need to clock-out during the middle of a procedure. According to Dr. Swide, these changes would also better prepare interns for residency, which already includes the 24-hour shifts.

“This is a global reassessment of what residents’ responsibilities should be and what the resident learning environment is,” says Dr. Swide. “It’s designed as a global way of increasing resident wellbeing and patient safety and quality, and resident involvement in these activities.” Dr. Swide also hopes that the change would increase the involvement of young doctors as leaders in the medical community from the very beginning of their residency.

OHSU ahead of the game

OHSU has already experimented with the longer shifts. After suspending 16-hour shifts for interns, OHSU found that patient safety was not affected by these

changes. The longer shifts also improved continuity of patient care. “If this change goes through, it gives more flexibility to programs about how to structure their clinical working environment,” Dr. Swide notes. OHSU is already a leader in many of the changes that the task force is recommending. The OHSU School of Medicine Resident and Faculty Wellness Program helps faculty and residents

identify and mitigate their stress and fatigue. OHSU also offers mental health services that can be accessed at any time. We would like to extend our congratulations to Dr. Chris Swide for excellently representing OHSU on this important issue!

Note: The article included in this newsletter is a summary of an article previously printed in the Portland Business Journal. To read the original article, please visit the Portland Business Journal’s website and search for the article, *First-year docs work 24-hour shifts? OHSU expert weighs in*, by Elizabeth Hayes.

Meet APOM’s new Chief Resident John Meyer, M.D.



John Meyer

For Dr. John Meyer, the path to a career in anesthesiology was hardly direct. Dr. Meyer grew up in Kansas City and went to college in Idaho to study geological engineering. Convinced that he wanted to study rivers and watersheds, Dr. Meyer later received a master’s degree in Civil Engineering and worked for an engineering firm in Wyoming.

However, after working as a consultant for four years, he returned to Kansas to attend medical school.

Dr. Meyer had already seen what a career in medicine might look like. His wife, Ana, has multiple family members who are physicians, which gave Dr. Meyer the opportunity to observe many facets of medicine.

Although Dr. Meyer was already considering becoming a physician, he ultimately chose to go to medical school after being a patient in the emergency department. Dr. Meyer was fascinated by the activity of the medical personnel and the level of knowledge and organization needed to keep everything running smoothly. After this experience, Dr. Meyer knew he wanted to become a physician.

He wasn’t quite ready to become an anesthesiologist though. “I was convinced I was going to be a cardiologist,” Dr. Meyer reflects.

As a new medical student, he perceived anesthesiology as limited to putting patients to sleep. But a classmate convinced him to keep an open mind. As medical school progressed, he found the specialty to be much broader than he expected. (See page 9)

“By my fourth year, it was a ‘no brainer,’” says Dr. Meyer, realizing the instant gratification of combining pharmacology and physiology with an analytical mindset that had initially attracted him to engineering.

Dr. Meyer appreciates that anesthesiology includes a little bit of everything from medicine. He enjoys getting to work with everyone in the hospital and taking care of patients with different backgrounds and needs.

“We love it here,” says Dr. Meyer, who has two young sons. “We’re not planning on going anywhere.”

Dr. Derick Du Vivier represents OHSU School of Medicine in gun violence initiative



Derick Du Vivier

Derick DuVivier, M.D., M.B.A., assistant professor of anesthesiology and perioperative medicine, is serving as one of just a few School of Medicine faculty members on an advisory committee addressing Gun Violence As A Public Health Issue. Convened by OHSU, the OHSU-PSU School of Public Health and the OHSU Center for Diversity

and Inclusion, the advisory committee includes subject matter experts from a broad range of areas representing university students, faculty, and staff along with government and community stakeholders.

The advisory committee is planning and executing three forums addressing the impact of gun violence and trauma, including racial tensions between communities of color and police officers. The first forum, Jan. 25, at CLSB, engaged the OHSU community, the second, April 22, at Highland Christian Center, engaged the larger Portland community, especially culturally specific communities. The third is being planned with Portland business leaders for June.

Through a series of keynote addresses, break-out and large group sessions, the forums have created transparent, open, honest and ongoing conversations about various forms of trauma and gun violence and race relations and implicit bias on our campuses and in our community. The forums have promoted empathy, healing and discussion of solutions.

“The gun violence forums have been powerful opportunities to surface the myriad components of gun violence – its causes and effects – and the topic has become a metaphor for talking about race relations in an effort to find healing and better paths forward. It’s been an engaging, growth experience to participate,” said Dr. DuVivier. “I am grateful to Dr. Gibbs for his leadership, and I am pleased to see OHSU seeking our role in this space.”

OHSU Vice President for Equity and Inclusion Brian Gibbs, Ph.D., led the launch of the gun violence initiative with the Stand Together event Oct. 4, 2016 in front of Mac Hall, where faculty and staff from across OHSU came together to commit to addressing gun violence as a public health issue.

APOM mourns the loss of Per Thorborg, M.D.



Per Thorborg

The OHSU School of Medicine and the Department of Anesthesiology and Perioperative Medicine announced with great sadness that Per Thorborg, M.D., Ph.D., F.C.C.M., professor of anesthesiology and perioperative medicine died April 22.

Dr. Thorborg, an anesthesiologist-intensivist, shared his time between the OHSU operating rooms and the V.A. Portland Health Care System intensive care unit, caring for perioperative patients often with challenging medical conditions. From 2005 to 2010, he served as director of Anesthesiology Critical Care Medicine.

“Per always impressed me with his incredible intelligence, his talent as a clinician and his voice of reason. As our trainees will attest, Per was a passionate and incredibly effective teacher,” said Jeffrey Kirsch, M.D., professor and chair of anesthesiology and perioperative medicine, OHSU School of Medicine. “He often would present me with a stack of articles as he was advocating for a change in practice. I will personally miss these regular, respectful challenges that represented his intent to make sure we provide patients with the most recently available evidence-based care.”

The Department of Anesthesiology and Perioperative Medicine held a remembrance event May 11. Donations in Dr. Thorborg’s memory may be made online to the OHSU Foundation, in support of the Anesthesiology Research and Education Support Fund.

New Staff



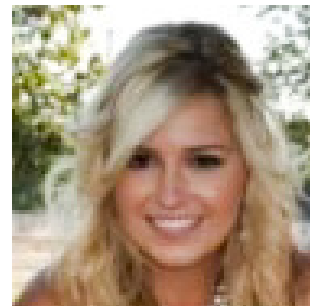
Brooke Buzzi
ROLFER, PAIN CENTER



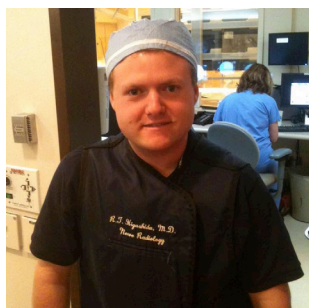
Robert Brown M.D.
OAG FACULTY



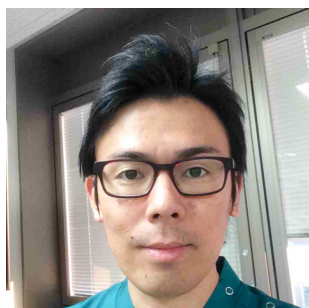
Sandy Christiansen, M.D.
PAIN CENTER



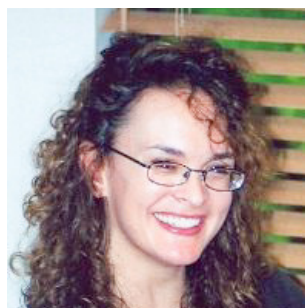
Kasilyn Emrick
QUALITY IMPROVEMENT
SPECIALIST, PAIN CENTER



Mike Jacobson
RESEARCH ASSISTANT II,
RESEARCH



Katsu Matsushita, Ph.D.
POST-DOCTORAL FELLOW,
RESEARCH



Devon Kelly
ASSOCIATE DIRECTOR OF SCHEDULING
AND ICU, ADMINISTRATION



Angie Kitzerow, N.P.
INSTRUCTOR



Christine Le
ADMINISTRATIVE
COORDINATOR, RESEARCH



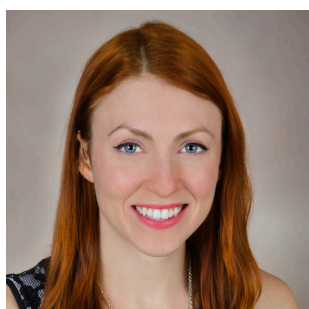
Lavarias Maia, P.A
INSTRUCTOR



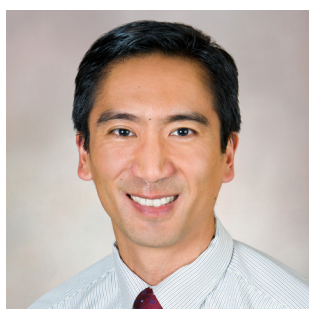
Jason Mauer, M.D.
OGA FACULTY



Kathleen O'Connor
PROGRAM MANAGER, RESEARCH



Jamie Rubin, M.D.
PEDIATRIC ANESTHESIA



Michael Su, M.D.
OGA FACULTY



Praveen Tekkali
SENIOR SYSTEM APPLICATION
ANALYST

Not pictured:

Sharon Harrasser-Stradtman
SCHEDULER

Megan Schmidt
QUALITY IMPROVEMENT SPECIALIST

Brenda Vang
PAS SPECIALIST, PAIN CENTER

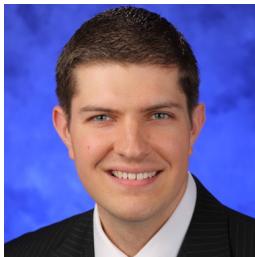
Jessica Ylimaula, R.N.,
PAIN CENTER

New Residents



Adrian Anthony
MEDICAL COLLEGE OF WISCONSIN

Dr. Anthony received his Bachelor's degree in Biology with a Chemistry minor from Oregon State University.



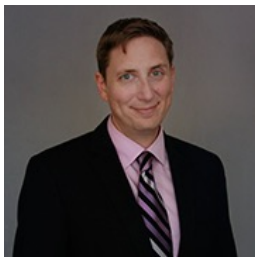
Tanner Gregory
PENNSYLVANIA STATE UNIVERSITY

Dr. Gregory received his Bachelor's degree in Business Management from Westminster College.



Maria Wilczek
UNIVERSITY OF MINNESOTA

Dr. Wilczek completed her Bachelor's degree in Exercise Science at the University of Minnesota.



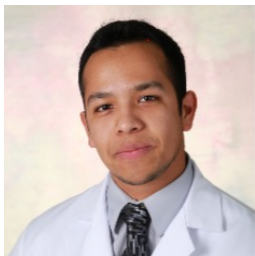
John Hashop
UNIVERSITY OF TEXAS, SAN ANTONIO

Dr. Hashop completed his undergraduate degree in Theatre from Southwestern University and his M.F.A. in Acting from Ohio University.



Courtney Miller
TEXAS TECH UNIVERSITY

Dr. Miller completed her Bachelor's degree in Biology from Oregon State University.



Roberto Lopez-Pacheco
UNIVERSITY OF NEVADA

Dr. Lopez-Pacheco completed his Bachelor's degree in Biology at the University of Nevada, Reno.



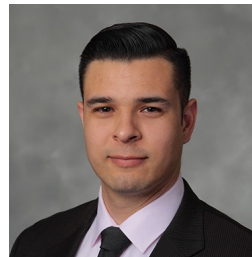
D. Kyle Robinson
OHSU

Dr. Robinson completed his Bachelor's degree in Bioengineering at Oregon State University.



Silas Cardwel
UNIVERSITY OF MICHIGAN

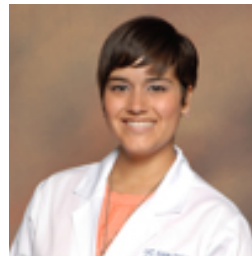
Dr. Cardwel completed his Bachelor's degree in Economics at Howard University and his M.A. in China Studies from Johns Hopkins SAIS.



Eric Shamp
UNIVERSITY OF WASHINGTON

Dr. Shamp completed his Bachelor's degree in Psychology from the University of California, Los Angeles.

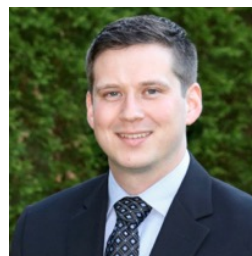
ANESTHESIOLOGY ADVANCED, JOINING APOM IN JULY 2018



Viridiana Tapia
UNIVERSITY OF CALIFORNIA, SAN DIEGO

Dr. Tapia completed her Bachelor's degree in Biology from the University of California, Los Angeles, and her M.P.H. from Johns Hopkins University.

OSP CRITICAL CARE ADVANCED, JOINING APOM IN JULY 2018



Christopher Barton
OHSU

Dr. Barton completed his Bachelor's degree in Biochemistry at Portland State University and is completing his medical degree at OHSU.

OSP CRITICAL CARE CATEGORICAL



Christopher Varani
UNIVERSITY OF COLORADO

Dr. Varani completed a Bachelor's degree in Aerospace Engineering at the University of Michigan, M.B.A. from Oklahoma State and a Master's degree in Finance and Risk Management and an M.D. degree from University of Colorado.



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Portland, OR 97239

OHSU is an equal opportunity, affirmative action institution.
HCM 21490768 5/17



APOM mom gives bears that care

Fern Robinson, mother of Danny Robinson, M.D., pediatric anesthesiologist, started collecting bears in the 1970's. In 2006, she began sending boxes of bears to the Doernbecher's Pediatric Sedation Service. Her "bear care packages" came regularly for the next 10 years and helped thousands of children endure the stressful experience of getting IV's placed and being sedated.

OHSU sedation nurses and pediatric anesthesiologists inspired by Ms. Robinson continued the practice after her major stroke in 2015. The Department of Anesthesiology and Perioperative Medicine says thank you to Ms. Robinson for sharing and igniting even more love for kids.