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APOM

NEWSLETTER

A Newsletter for OHSU Anesthesiology and Perioperative Medicine

Finding Joy in Our Work



Jeffrey Kirsch, M.D.

PROFESSOR AND CHAIR
ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE

Meriam-Webster defines “joy” as the emotion evoked by well-being, success, or good fortune or by the prospect of possessing what one desires. As your chair, I am passionate about making sure that everyone in our department regularly feels a sense of joy at work.

In case you react with an immediate lack of interest in this opening statement and decide not to read further, I’d ask you to consider emailing or calling me or stopping by my office to offer suggestions for how to bring more joy to our department. I really want to hear from you.

I strongly believe that work is typically not the primary cause of an overall feeling of joy, or lack thereof. Rather work is more typically an important experience that significantly adds to or subtracts from the joy that exists in your personal life.

We all deal with many real-life stresses involving ourselves and our families. Despite this, coming to work, being in a supportive environment and doing something meaningful helps each of us get through.

This is certainly true for me, as I recently experienced the death of my father. Thanks to each of you who offered your support during that difficult time for me and my family.

We are fortunate; a number of things make our jobs joyful. Top among them is our focus on helping others.

At a meeting of anesthesiology chairs from other top academic departments (Morton Group) and at the ACGME Board of Directors meeting, the topic of joy was a focus. Indeed, a number of other top academic anesthesiology departments are exploring new ways to bring joy to the workplace. These have included on-site meals, yoga, mindfulness training and many other things that we already have in place in APOM.

The ACGME surveyed a large number of residents and fellows nationally to determine what needed to change in their training experience in order to experience more joy. Interestingly to me, the trainees did not suggest working less intensely or for fewer hours. Rather, they asked to spend more time doing patient care instead of paperwork. As a result, the ACGME has started a pilot program, creating requirements that will result in more direct patient care, particularly in the primary care specialties.

We can be part of reigniting the joy in our work. Please share with me your creative suggestions on how best to bring more joy to OHSU APOM.

Thanks for the joy you bring me as your colleague.



The Role of Complementary and Alternative Medicine in Treating Pain

In April, the American College of Physicians (ACP) developed clinical recommendations for noninvasive treatment of lower back pain. These recommendations stress the use of nonpharmacologic treatment (such as acupuncture, massage, and chiropractic) for acute and chronic low back pain. These methods should be considered for patients before turning to other options like nonsteroidal anti-inflammatory drugs and opioids, the ACP says.

For pain providers like Scott Mist, these recommendations hint at a welcome change in how we view pain. Scott Mist is an acupuncturist and pain researcher at OHSU with a Ph.D. in Systems Science. He's received funding from the National Institute of Health since 2000 and focuses his research on chronic pain and conditions that Western medicine sometimes struggles to treat, like fibromyalgia and temporomandibular joint disorder. Additionally, he's developing an in-patient

acupuncture service for adult acute pain patients. If the in-patient acupuncture service is successful here, he hopes to expand it to pediatrics and the emergency room.

Although it's clear that the ACP's goal is to decrease opioid use, Mist says the recommendations help address the current state of research regarding complementary and alternative medicine (CAM).

"There's a disconnect between the state of research and what physicians are actually practicing for nonpharmacologic approaches," Mist says. "It's not unusual for any of us to not be caught up on all the research, but it's important to be aware of this because patients and physicians are looking for different methods [to treat pain]."

Mist hopes the ACP's recommendation will help bridge the gap between what research has demonstrated to be effective and what is being practiced, with physicians encouraging patients to try nonpharmacologic approaches for their pain.

There are signs that the culture regarding opioids and complementary and alternative medicine is changing. Until recently, opioids were commonly funded by insurance companies, while many CAM services were not. However, with more organizations offering CAM services (for example, the V.A. has recently started providing acupuncture for patients), insurance companies may be more willing to start covering these services.

Regardless, Mist says the ACP's recommendations aren't likely to affect patients at the Comprehensive Pain Center (CPC). Even before the ACP's recommendations, the Comprehensive Pain Center offered CAM services and encouraged patients to try different techniques to treat their pain. Still, Mist says it's not uncommon to encounter patients who are adamant about using opioids.

"Oftentimes, I'll hear patients say something like 'my insurance is requiring me to try non-opioid methods before I get the drugs or surgery I want – the reason I'm here is to jump through this hoop,'" Mist explains. "They don't believe [CAM] is going to fix it. They've got this idea that the only thing that's going to help their pain is opioids or surgery."



However, these recommendations may encourage more organizations to offer a variety of CAM services, allowing more patients to become familiar with the range of options available to them.

“I hope people are going to think ‘I can do pain psychology’ or ‘I can do acupuncture’ or something like that, and that they believe those things will be helpful to them,” says Mist.

Improving integration between Western medicine and complementary and alternative medicine will help us improve patient care.

As an example, Mist points to his time working in the liver-gall bladder department in a Chinese hospital. Once a week, Mist worked with patients with gall stones. After using an ultrasound to view the size of the gall stones, the team would determine what the most appropriate treatment was for the patient: herbal, diet therapy,

acupuncture, Western drugs, and surgery were often considered.

“They didn’t think of it as ‘you’re doing CAM’ or ‘you’re not doing CAM’; they thought ‘this is what is available, we’ll triage based off these images to get the best results,’” Mist says.

As medicine becomes more integrative, we’ll be able to explore new possibilities for CAM services. As Mist explains, the primary aim of CAM research is to show its efficacy and compare it to the standard of care; however, we haven’t been able to focus on improving the medicine.

“That’s what I’m excited about,” Mist says. “When we get to the point of having CAM more available, we can ask ‘how do we improve Chinese medicine, acupuncture, massage? What if we do two different techniques in combination?’ We can start learning best practices.”



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Jordan Graeme Takes Holistic Approach to Her Career

Jordan Graeme is a chiropractor at the Comprehensive Pain Center who's always looking for ways to improve her abilities as a provider.

Beyond working with her team at the CPC to provide an integrative and collaborative approach to treating pain, Graeme is pursuing a doctorate in Clinical Nutrition and a fellowship in Integrative Health and Medicine, which she believes will make her even more equipped to help patients with their pain.

Before she even knew she wanted to be a chiropractor, Graeme knew she wanted a career helping people. She just wasn't sure what that career would look like.

"I was the first person in my family to go to college, and I knew I didn't want to spend a lot of money on something I wouldn't want to do," Graeme says. Although she originally intended to be a dermatologist, Graeme decided to switch paths and pursue physical therapy.

Unfortunately, after shadowing a physical therapist, Graeme realized that a career in physical therapy wouldn't be a good fit for her. Feeling stuck and just a bit worried that she had spent a lot of money at college without a foreseeable career path, she turned to her friends for advice. After a little encouragement from her friend in chiropractic school and from the physical therapist she was shadowing, Graeme decided to look into chiropractic school and fell in love with the practice.

As a chiropractor, Graeme sees a variety of patients, from those looking to enjoy the benefits of sports medicine to individuals trying to manage chronic pain. Chronic pain patients are particularly challenging, but also extremely rewarding, Graeme says. "Chronic pain patients are desperate to figure out the root of their pain and to have someone help them." For these patients, reducing their pain levels and increasing their functional levels can have huge effects on their overall wellbeing.

Graeme's drive to always improve led her to obtaining a Master's in Human Nutrition and Functional Medicine. She is currently pursuing a Doctorate in Clinical Nutrition, focusing on motivational and interviewing and developing nutritional plans that will reduce patients' inflammation.

Graeme is also excited for the opportunity to start a fellowship from the Academy of Integrative Health and Medicine. The fellowship stresses collaboration and includes providers from a variety of medical backgrounds, including MDs, Dos, chiropractors, acupuncturists, and midwives. "[The fellowship] encourages an integrative thought process in medicine," Graeme explains. "Patients get better faster when we're working together."

The fellowship is a two-year program that will allow Graeme to continue working with patients and her team at the CPC while learning. She looks forward to the opportunity to become a better team member and leader within our clinic at OHSU, and hopes that to be an example to other clinics and hospitals on how to heal through collaboration.



Pulling Off the APOM Picnic is a Family Affair

APOM thanks Judge and Sally Hicks for providing food for the department picnics for about eight years now. From simply grilling hamburgers, the picnic has expanded to include approximately eight pounds of smoked pork shoulders, coleslaw, Hawaiian rolls, Carolina sauce, grilled teriyaki chicken, Polish dogs and hot dogs, grilled beanburgers and, of course, grilled half-pound hamburgers.

The preparation for the picnic starts well before the event. The Hicks family determines attendance, Mrs. Hicks creates a map for table and food placement and they decide how much to cook based on previous year. Dr. Hicks starts the process of cooking the pulled pork a few days before the event.

The day of the picnic, the Hicks awaken early to prepare, and Mrs. Hicks spends more than five hours baking. They arrive early to set up.

Dr. Hicks says he and his wife enjoy contributing to this wonderful family event. Additionally, we would like to thank Dr. Jeff and Robin Kirsch for their leadership and all their help in preparing for the picnic, and Dr. Mike Axley for providing Salt and Straw ice cream.



Amy Miller Juve, Ed.D., M.Ed., promoted to associate professor, described speaking at the School of Medicine Promotion and Tenure Reception Sept. 26 as her "Academy Award moment." She said, "I couldn't see my future here because I wasn't a physician. But Jeff (Kirsch) challenged me to become a faculty member. I'm so excited to have my future here at OHSU."

APOM Congratulates Ascending Faculty Members

The Department of Anesthesiology and Perioperative Medicine is honored to announce the promotion of the following faculty members to their next academic rank. Their dedication to improvement and success can be seen in their hard work at this institution and throughout the world. We would also like to provide special recognition to Dr. Dawn Dillman, who is the first woman in the history of our department to start at the level of assistant professor and ultimately be promoted to the rank of professor. Congratulations to each of these amazing faculty members.

Rank of professor:

Michael Aziz, M.D.

Dawn Dillman, M.D.

Julie Saugstad, Ph.D.

Rank of associate professor:

Heike Gries, M.D.

Jeffrey Iliff, Ph.D.

David Larsen, M.D.

Amy Miller Juve, Ed.D.



OHSU Professional Development Opportunity Teaches Cross-Cultural Competence And Communication

OHSU and the Department of Anesthesiology and Perioperative Medicine recognizes and celebrates our differences and encourages each of us to learn and grow in areas of diversity and inclusion.

To this end, the OHSU Intercultural Communication for Leaders Course is an excellent professional development opportunity for managers, lead workers and individuals who manage workflow to increase their knowledge and skills to work more effectively in a diverse collegial environment.

This course includes interactive sessions designed to challenge and engage participants in ways that force them to think critically about themselves and their cultural awareness.

The course aims to build awareness of not only others' cultures, but also our own, to teach us how to acknowledge our differences and recognize the value in these differences, and how to adapt to various situations in a culturally inclusive manner as a leader.

The course started in 2015 after OHSU leaders determined that the area of inclusive leadership was a skill they wished to improve among managers and HR professionals and was created specifically with the OHSU cultural environment in mind.

APOM manager valued the course

Recently, Madel Heruela, a human resources and administrative manager in APOM, attended this eight-hour course. Now, she's encouraging her fellow leaders in the department to do the same.

"I learned a lot about myself, my background, my cultural background, my family and my upbringing," Heruela says. "It has really taught me that I need to be mindful of everyone's cultural background and how to communicate effectively when it comes to that. This ties into my communication style, my perception of the world, and my unconscious bias and blindspots."

The class includes workshops and activities where participants rotated groups and partners. Participants read scenarios and came up with solutions to tackle the problem posed.

For example, one of the scenarios involved an employee who was not meeting the manager's performance expectations. The manager was unsure how to approach the problem since she believed that the employee's cultural background contributed to a misunderstanding between herself and the employee.

From this, Heruela and other participants brainstormed ideas on how the manager could approach the situation. The suggestion was this: speak directly with the employee, explain what they have noticed and give the employee the chance to explain, in order to address any miscommunication in an understanding and respectful way.

Another activity was called the privilege walk, which Heruela called “the most meaningful and impactful” portion of the course.

Learning about privilege

Participants lined up in the middle of a large room and would either step forward or backward in response to the instructor’s 20 questions. At the end, your place in the room is meant to correlate with your level of privilege.

“The instructors told us ahead of time that it would be intense and invasive,” Heruela explains. “A lot of people were really uncomfortable; some people got emotional.”

As Heruela describes, the questions tackle matters of privilege that we may forget to consider, such as whether your parents speak English. “I never thought about that being a privilege, but it makes sense that it would be,” Heruela says.

In the Sept. 18 APOM managers meeting, leaders got to learn more about the course during a presentation by one of the instructors.

Although the course is not mandatory, Madel Heruela strongly encourages her fellow OHSU leaders to attend.

“I think every leader here at OHSU should take this class because the materials are great, and leaders need to be reminded that they have such great power and influence on people in how they lead. It can really either make things better and influence people to do a good job, or if they abuse the power, they can do harm,” Heruela says. “It’s a good reminder [too] of how people can possibly abuse power without realizing it.”

Expanding your understanding

The experience also left Heruela feeling grateful for the APOM community and for the opportunities for development and growth that this department provides.

What can you expect to take away from this class? According to Heruela, a greater understanding of not only what intercultural communication is, but also how it affects every leader at OHSU.

“Before I took the class, I asked myself, ‘what’s intercultural communication and how is this relevant to diversity and inclusion?’” she said. “Intercultural communication has to do with the level of emotional intelligence that a person has and their ability to have a different mindset or growth mindset when it comes to diversity and inclusion. In other words, we need to continue to educate ourselves and others on how to be inclusive regardless of people’s backgrounds. I don’t think there’s a formula for this. But I think it is important for leaders to lead by example, to continue to have these types of discussions with colleagues and build meaningful relationships within our community.”

The Intercultural Communication for Leaders Course will be offered again in November 2017. The course costs \$50 (but is free for HR staff) and includes lunch.

If you are a manager, lead worker, or individual who manages workflow at OHSU, you can register for this course in Compass. If you have questions about the course, please contact Kristen Wong or Riikka Salonen.



Dr. Derick Du Vivier Explores Strategies to Address Health Care Inequalities

APOM congratulates Dr. Derick Du Vivier for publishing a strong statement regarding diversity and inclusion for the American Society of Anesthesiologists Monitor.

In his article, “Addressing Health Care Inequalities Through Increased Diversity and Inclusion in Academic Anesthesiology Programs,” Dr. Du Vivier examines the role of diversity and inclusion in health care and how academic anesthesiology may play a role not only in addressing disparities in the anesthesia specialty, but more broadly in health care and in service to underserved populations. Dr. Du Vivier also illustrates the effects that diversity and inclusion have had in business and how leaders in academic anesthesiology can use these examples in health care.

View Dr. Du Vivier’s article on the American Society of Anesthesiologist’s webpage, accessible to members.

“Addressing Health Care Inequalities Through Increased Diversity and Inclusion in Academic Anesthesiology Programs” was published May 2017 in Volume 81, Number 5 of the ASA Monitor.

An excerpt from the article follows:

According to the Institute of Medicine (IOM) report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, “though myriad sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”

Fifteen years later, this quote is as relevant to the practice of anesthesiology today as when it was written. Recent research has shown that Black and Hispanic women are less likely than White women to receive epidural analgesia for labor⁶. Another study demonstrated that Black or Hispanic patients on Medicaid or uninsured “...may be less likely to receive regional anesthesia during hip and knee replacement surgery, possibly putting them at greater risk of serious complications...”⁷

In addition to these examples of health care disparities, it has been shown that underrepresented minority health professionals disproportionately serve minority populations, minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, and non-English-speaking patients demonstrate greater medical comprehension, as well as an increased likelihood of keeping follow-up appointments when patient-provider language concordance exists.⁸

It is worth noting that these disparities and the disproportionate role under-represented minority physicians play in the delivery of care to minority populations are occurring against a changing backdrop of national population demographics. It is projected that by 2044, greater than half of all Americans will belong to a minority group and the United States will become a “majority minority” nation.⁹

Currently, in the under age-18 group, 52 percent of



children are non-Hispanic White alone. Thus, in the under age-18 group, the United States is rapidly becoming a “plurality” of racial and ethnic groups.⁹ If a lack of diversity and inclusion among anesthesiologists holds steady, these changing national demographics have the potential to magnify health care disparities, adversely affect outcomes, depress patient satisfaction score and potentially adversely impact reimbursement.

Academic anesthesiologists are in a unique position to address these health care disparities. “Academic medical centers can play an important role in addressing disparities in care attributable to location of care.”¹⁰ As leaders in these institutions, we can work to increase the racial and ethnic diversity of physicians trained not only in our department but others, improve residents’ exposure to underserved settings, and through clinical outcome studies contribute to the knowledge base regarding segregation of care and creation of disparities.¹⁰

As champions of a diverse and inclusive research community, we can harness the power of diverse groups to “foster scientific innovation, improve the quality of the research, enhance global competitiveness, increase the likelihood that research outcomes will benefit individuals from underserved or

health disparity populations, increase participation of underserved or health disparity populations in clinical studies [and] expand public trust.”¹¹

Growing disparities in health care will complicate the demands of a new health care paradigm that emphasizes values, patient satisfaction and reduced costs. Taking the lead from industry and adopting or developing new strategies to increase diversity and inclusion, the community of academic anesthesiologists can help achieve the goals of increased value, improved patient satisfaction and reduced costs.

As reimbursement becomes ever more centered on patient outcomes and we become more engaged in population health management as perioperative physicians, an anesthesiology workforce that can draw upon greater ethnic, racial, gender and sexual orientation diversity will unleash greater innovation and concomitant marker advantage. Increased diversity and inclusion in our specialty is smart business and just plain good medicine.

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NEW STAFF



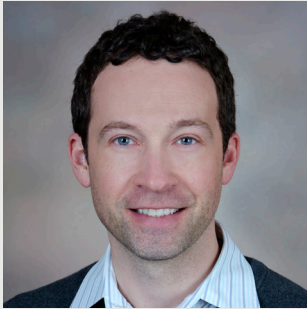
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NURSE PRACTITIONER AND
ACUPUNCTURIST



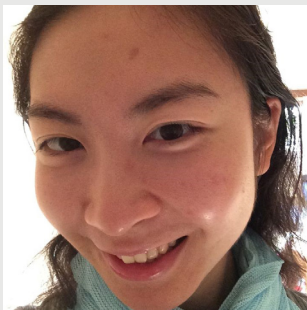
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Renju Sekhar
SYSTEM APPLICATION ANALYST



Andrew Harbick
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Ashley Valentine, M.D.
PAIN MEDICINE FELLOW



Cassandra Barrett, M.D.
CRITICAL CARE FELLOW



Christina Brown, M.D.
PEDIATRIC ANESTHESIOLOGY
FELLOW



Jeff Iliff, Ph.D., Becomes Vice Chair for Basic Science Research

Congratulations to Jeff Iliff, Ph.D, our new vice chair for basic science research.

Iliff's research focuses on cerebral vascular physiology, Alzheimer's Disease, post-traumatic neurodegeneration, and the importance of cerebrospinal fluid flow throughout the brain.

In accepting this position, Iliff has also been recognized with an Endowed Professorship in Anesthesiology and Perioperative Medicine.

Iliff follows in the footsteps of Patti Hurn, Ph.D, and Nabil Alkayed, M.D., Ph.D., both of whom have been recognized internationally as outstanding leaders in this department.

Iliff joins Miriam Treggiari, M.D., Ph.D, M.P.H., our vice chair for clinical research, and Jennifer Young, our administrative research leader, to guide us in our future steps.

We look forward to the great successes and discoveries from OHSU APOM that will come about under this leadership team.

NEW FELLOWS



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