

National and Chapter News

2011 meeting of the ΑΩΑ board of directors

The annual meeting of the board of directors of Alpha Omega Alpha was held in Chicago, Illinois, on September 24, 2011. Present were:

Officers: President Rae-Ellen W. Kavey, MD, MPH; Vice President Donald E. Wilson, MD, MACP; Secretary-Treasurer C. Bruce Alexander, MD.

Members at large: Robert G. Atnip, MD; N. Joseph Espat, MD; Ruth-Marie Fincher, MD, MACP; Eve J. Higginbotham, MD; Douglas S. Paauw, MD; Don W. Powell, MD; Joseph W. Stubbs, MD, FACP.

Councilor directors: Richard B. Gunderman, MD, PhD, Indiana University School of Medicine; Sheryl Pfeil, MD, the Ohio State University College of Medicine; Alan G. Wasserman, MD, George Washington University School of Medicine and Health Sciences.

Student directors: Alicia Alcamo, MD, the Ohio State University College of Medicine; William E. Bynum IV, MD, University of South Carolina School of Medicine; Tonya Cramer, MSIV, Chicago Medical School at Rosalind Franklin University of Medicine and Science; Cason Pierce, MD, University of Texas Southwestern Medical School.

Medical Organization Director: John Tooker, MD, MBA, American College of Physicians.

Coordinator, Residency Initiatives: Suzann Pershing, MD.

National office staff: Executive Director Richard L. Byyny, MD; Assistant Treasurer William F. Nichols; Managing Editor Debbie Lancaster; Programs Administrator Judy Yee; Membership Administrator Lena Beavers; Controller Barbara Prince.

Absent were: Anne Mancino, MD, councilor director for the University of Arkansas School of Medicine, and Carol A. Aschenbrener, MD, of the Association of American Medical Colleges.

New to the board are: Eve J. Higginbotham, MD, elected to a three-year term as member at large; Alan G. Wasserman, MD, elected to a three-year term as councilor director; Tonya Cramer, MSIV, elected to a three-year term as student director; and Carol A. Aschenbrener,

MD, elected to a three-year term as Medical Organization Director.

Retiring from the board are: Cason Pierce, MD; Anne Mancino, MD; Donald E. Wilson, MD.

Renewed for three-year terms are: C. Bruce Alexander, MD; Robert Atnip, MD; Joseph Stubbs, MD.

Constitutional changes

The board voted to approve the following constitutional changes:

1. Eliminate the office of Vice President
2. Add the office of President-Elect
3. Add the office of Immediate Past President

The relevant changes to the constitution may be seen on ΑΩΑ's web site: www.alphaomegaalpha.org/constitution.html, Article V. Organization and Central Administration.

Dr. Tooker will chair a committee to explore further constitutional changes.

Elections

The following members of the board were elected as officers:

1. Ruth-Marie Fincher, MD, MACP, President
2. Rae-Ellen W. Kavey, MD, MPH, Immediate Past President
3. C. Bruce Alexander, MD, President-Elect
4. Joseph W. Stubbs, MD, FACP, Secretary-Treasurer

Two honorary members were proposed this year. Both were elected to honorary membership for their distinguished contributions to medicine. Profiles of these honorary members will appear in a future issue of *The Pharos*:

1. Thomas R. Cech, PhD
2. Martin George Tauber, MD

Reports

Dr. Kavey and Dr. Byyny presented their reports for the year, summarizing the year for ΑΩΑ programs, new medical school chapters, chapter visits, fundraising, the membership directory and database, communications and public relations, and staffing.



The financial review was presented by Mr. Nichols and Dr. Alexander. A presentation on AΩA's investment program was given by Jennifer Ellison and Diana Lieberman of Bingham Osborne & Scarborough.

A report on *The Pharos* was presented by Debbie Lancaster.

Dr. Gunderman and former councilor director Dr. Gabriel Virella reported on the 2011 AΩA Councilors Meeting, held on September 22 and 23, just before the board of directors meeting. Drs. Gunderman and Virella chaired the meeting. A report on the meeting will appear in a future issue of *The Pharos*.

Dr. Pershing presented a report on the Residents Initiative project, which has resulted in the AΩA Postgraduate Award (see our web site for more details: www.alphaomegalpha.org/postgrad_award.html).

New business

Dr. Byyny discussed the possibility of AΩA support for a leadership development program. A committee chaired by Dr. Tooker will investigate the proposal and possible ways for AΩA to contribute to leadership in medicine.

Dr. Byyny led discussion on communication strategies and public relations outreach to members and the public. A Communications committee was formed, chaired by Dr. Atnip. A PR Committee chaired by Dr. Higginbotham was established.

Miscellaneous

The minutes of the 2010 board meeting were approved. A final budget was also approved. The 2012 board meeting will be held in San Francisco in October 2012.

Instructions for *Pharos* authors

We welcome material that addresses scholarly and nontechnical topics in medicine and public health such as history, biography, health services research, ethics, education, and social issues, as well as philosophy, literature, the arts, professionalism, leadership, and humor. Poetry is welcome, as well as photograph/poetry combinations. Photography and art may also be submitted. Scholarly fiction is accepted. All submissions are subject to editorial board review. Contributors need not be members of Alpha Omega Alpha. Papers by medical students and residents are particularly welcome.

Submissions must meet the following criteria:

1. Submissions may not have been published elsewhere or be under review by another journal.

2. Essays should have a maximum of 15 pages (approximately 5000 words), and be submitted in 12-point type, double-spaced, with one-inch margins. They should be accompanied by a covering letter and a title page with the word count (or page count), return address, and e-mail address. References should not exceed 20 unique items (see below).

3. Poems or photograph/poetry combinations should be in 12-point type, with one-inch margins, with the author's name, address, and e-mail address on the first page.

4. Electronic submissions are preferred. Send them to info@alphaomegalpha.org. Or send by mail to Richard L. Byyny, MD, Editor of *The Pharos*, 525 Middlefield Road, Suite 130, Menlo Park, California 94025.

5. After peer review, comments on the manuscript will be sent to the author along with an editorial decision. Every attempt is made to complete preliminary reviews within six weeks.

6. The editors of *The Pharos* will edit all manuscripts that are accepted for publication for style, usage, relevance, and grace of expression, and may provide appropriate illustrative material. Authors should not purchase illustrative material because the editors cannot guarantee that it will be used.

7. In accordance with revised copyright laws, each contributor will need to sign an Author's Agreement, which will be sent with the edited galley. Information on copyright ownership and re-publication of articles is detailed in the Author's Agreement.

Reference information

Authors are responsible for the accuracy of citations and quotations in their papers. Once a manuscript has been accepted for publication, therefore, the author will be required to provide photocopies of all direct quotations from the primary source material, indicating page numbers. (Please mark the quoted material on the photocopies with highlighter.) In addition, the editors will require photocopies of all references: the title page and copyright pages of all books cited, the first and last pages of book chapters cited, and the first and last pages of journal articles cited, as well as the Table of Contents of the particular issue of the journal in which the cited article appeared. PubMed or MedLine citations are also acceptable. The foregoing items will be used to verify the accuracy of the quotations in the text and the references cited, and to correct any errors or omissions. The photocopies will not be returned.



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References should be double-spaced, numbered consecutively in the text, and cited at the end in the following standard form:

Journal: Zilm DH, Sellers EM, MacLeod SM, Degani N. Propranolol effect on tremor in alcoholic withdrawal. *Ann Intern Med* 1975; 83: 234–36.

Book: Harris ED Jr. *Rheumatoid Arthritis*. Philadelphia: WB Saunders; 1997.

Book chapter: Pelligrini CA. Postoperative Complications. In: Way LW, editor. *Current Surgical Diagnosis and Treatment*, Ninth Edition. Norwalk (CT): Appleton & Lange; 1991: pp 25–41.

Each reference should be listed in the bibliography only once, with multiple uses of a single reference citing the same bibliography reference number. Examples are available at our web site: www.alphaomegaalpha.org.

Citation of web sites as references is discouraged unless a site is the single source of the information in question or has official or academic credentials. Examples of such sites are official government web pages such as that of the National Institutes of Health. Encyclopedia sites such

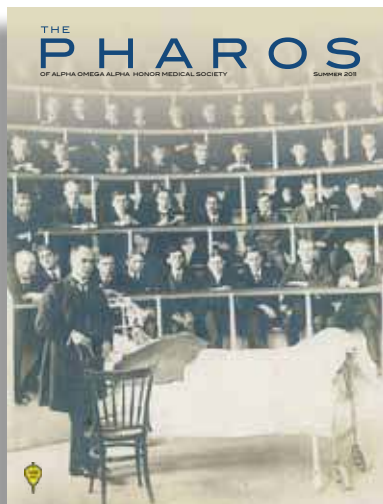
as britannica.com are not primary references. Do not use Wikipedia as a reference.

Leaders in American Medicine

In 1967, as a result of a generous gift from Drs. David E. and Beatrice C. Seegal, Alpha Omega Alpha initiated a program of one-hour videotapes featuring interviews with distinguished American physicians and medical scientists.

The collection has been donated to the National Library of Medicine, which will maintain it for permanent use by scholars visiting the library. The collection has been digitized and excerpts will be featured on AΩA's web site in the future. A listing of videos available for loan as DVD or VHS tape can be found on our web site: www.alphaomegaalpha.org, or by contacting Debbie Lancaster at d.lancaster@alphaomegaalpha.org or (650) 329-0291. Those wishing to purchase copies may do so by contacting Ms. Nancy Dosch, manager, Historical Audiovisuals, History of Medicine, Building 38, Room 1E-21, 8600 Rockville Pike, Bethesda, Maryland 20891. Telephone (301) 402-8818, e-mail nancy_dosch@nlm.nih.gov.

Letters to the editor



Re "AΩA and Professionalism in Medicine"

Your editorial in the Summer issue of *The Pharos* is very well done (Summer 2011, pp. 1–3).

Here is a brief passage from my file—to me it is a like expression of some of the points of your essay:

a voice that medicine can ill afford to lose—one of clearheadedness, un-sentimental idealism, and the great wisdom of affectionate optimism.

—Hans Zinsser commenting on Francis Weld Peabody, circa 1928

I am 83, a retired G.P.—in my medical school days, we talked about learning "professionalism" from our revered

teachers by "osmosis." My sources were William L. Bradford, MD, and William S. McCann, MD.

Russell M. Lane, MD
(AΩA, *University of Rochester*, 1955)
Sunderland, Massachusetts

Re "The Light Switch," Summer 2011, pp. 30–32

Thank you for sharing your unfortunate experience on the obstetric anesthesia service in *The Pharos*. That same thing happened to me on my last call night in anesthesiology residency six-teen years ago. I was



on overnight with one of the cardiac anesthesia attendings. Lucky, because it quickly turned into a cardiac case. Mother and one of the twins did not make it, the other twin survived. After three hours of resuscitation and open cardiac massage, we rolled the patient down the hall to the ICU on fem-fem bypass. The look of the husband's sobbing, anguished face is still seared into my memory. Then when Dr. Sheila Cohn, Chief of Obstetric Anesthesia at Stanford, came in at 6 AM and looked down at me with her wise, sympathetic eyes while I was writing my note, I just lost it. The diagnosis at the time was fairly obvious looking at the bloated, quivering right ventricle and studies later confirmed it: amniotic fluid embolism. But that didn't make it any easier . . . my first intra-operative death, and my career had not even begun. And then the feelings of doubt and guilt. Of thinking over and over, was there something I did to cause this or could have done to prevent it? Maybe there was something more I could have done to save her? It had a huge impact on me as I purposefully chose a job that did not have obstetric anesthesia service despite really enjoying OB anesthesia during my residency.

Reading the beautifully written account of your experience on that fateful night eight years ago helped me remember and reprocess my event. Thanks. I, too, still think about that lonesome father and his daughter, now age sixteen, and grieve.

Jeffrey Clayton, MD
(AΩA, *Medical College of Wisconsin*, 1990)
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My wife and I really enjoyed reading your article, "The Light Switch." It was an extremely well-written account of an incident that every physician fears and dreads facing in their professional career. One can only imagine your thoughts and reactions at the time, but your telling of your experience serves as an example of the compassion that all physicians should have towards their patients and families, as well as part of the process of catharsis that must come sooner or later if one is to continue to be an effective physician. Thank you so much for sharing what must have been a most difficult process for you and all others involved, including the family of your patient.

Roger A. Meyer, MD, DDS, FACS
(AΩA, *Creighton University*, 1975)
Greensboro, Georgia
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Thank you for your article. I am a practicing anesthesiologist in suburban Chicago. We graduated medical school the same year and I can tell our careers have much in common.

I recently cut back to part time practice, but OB anesthesia remains my most treasured work environment. You clearly captured the joy and potential agony of OB anesthesia and I empathize with you and your patient's family.

A bad outcome in anesthesia is very painful for experienced practitioners like ourselves to accept, but is something we all must learn to live with. Your caring and open response to the family and situation provides a model for our profession.

I plan to share your most thoughtful article with my colleagues.

Thank you again for your contribution and best regards.

Ed Matthew, MD
(AΩA, *University of Illinois*, 1982)
E-mail: putuout@yahoo.com

Re "The History of Tracheotomy"

I enjoyed reading the article of Drs. Choby and Goldenberg on "The History of Tracheotomy" (Summer 2011, pp. 34–38). Their exposé of the evolution of the procedure from prehistoric times until today is comprehensive and very interesting. I do take issue with their assertion concerning the death of George Washington which perpetuates the misconception that "the first President of the United States died of an acute upper airway obstruction secondary to a peritonsillar abscess."³⁶ A review of the historical accounts of George Washington's demise and the chronology of his symptoms suggests that his final illness was most likely adult acute epiglottitis. The clinical picture of a rapidly escalating sore throat, hoarseness, and respiratory obstruction is most consistent with this diagnosis. Even though a peritonsillar abscess causes sore throat and fever, it rarely results in significant airway compromise, especially in an adult, and is even more rarely a cause of death. A peritonsillar abscess in its natural history will usually rupture and self-drain prior to causing upper airway obstruction. As an otolaryngologist, I have seen many patients return to the Emergency Room *in extremis* a few hours after being diagnosed with acute pharyngitis and sent home on oral antibiotics, to undergo emergency treatment for acute epiglottitis.

I thank Drs. Choby and Goldenberg for their interesting presentation.

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