

ACUTE PAIN

NEWSLETTER of the IASP Special Interest Group on Acute Pain (APSIG)

June 2005

Interim Committees

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WELCOME

Dear Colleagues,

At the 2003 IASP Council meeting it became apparent that the spectrum of IASP special interest groups (SIGs) has a major gap: acute pain. Although chronic pain undoubtedly is a major health care problem that had received too little attention before the founding of IASP, there is also much to be improved in the care of patients with acute pain problems due to accidents, surgery, acute medical disease states or acute exacerbations in chronic diseases.

Fortunately, IASP is in an excellent position to put its weight behind movements towards improved acute pain treatment. Basic research done by IASP members and published in its flagship journal PAIN is as relevant for acute pain as it is for chronic pain. Translation from bench to bedside may actually be easier for acute pain than for some chronic pain states. IASP has an established link to WHO (through its liaison officer Harald Breivik) and may thus extend the successful promotion of cancer pain treatment to areas such as postoperative pain treatment. Acute pain is an area, where the educational objective of IASP can be pursued in a straightforward manner, since many well-known treatment paradigms are not yet implemented uniformly, and this is true for both developing and industrialized countries. Finally, unlike IASP itself, many of its national chapters already have very active SIGs on Acute Pain.

In April 2004, IASP council member Rolf-Detlef Treede and Edmund Neugebauer, former chair of the German SIG on Acute Pain, sat down to write an application to IASP for the formation of an IASP-SIG on Acute Pain. We immediately received written support for this motion by well over the 25 required IASP members, and the IASP Executive Committee gave its approval on July 30, 2004. Since then, we are officially a "SIG in formation", with annual reports to IASP, listings in the membership directory and on the dues forms. In the IASP newsletter 4/2004, IASP president Sir Michael Bond announced the formation of our SIG to all IASP members. As of May 2005, our SIG has already 106 members from 34 countries representing 16 specialties. Thus, we can proudly state that our SIG is both international and multidisciplinary in the true spirit of IASP.

The important task now is to put SIG in formation into action. To this end, a meeting was convened during the European Anesthesiology Congress in Vienna (May 30, 2005). We achieved a refined wording of the Mission Statement that will be put to a vote at the first general business meeting during the World Congress on Pain in Sydney (Aug 24, 2005). We identified outstanding candidates who are willing to take the leadership of this SIG as its officers. These candidates are already offering their service as the interim steering committee, but official business will start after the elections in Sydney. Additional nominations for officers will be welcome. The Executive Committee needs the help of members who serve on the Management Committee. In Vienna, we already identified some members, mostly from Europe. Additional members for the Management Committee need to be selected at the business meeting in Sydney.

You will find the minutes of the meeting in Vienna as well as the agenda for Sydney in this Newsletter. We have also included a draft of the Bylaws, kindly provided by the IASP Sig on Neuropathic Pain (NeuPSIG)

We look forward to seeing you in Sydney,

Rolf-Detlef Treede, MD
Member of IASP Council

Edmund Neugebauer, PhD
Acting chair of IASP-SIG Acute Pain

Coming soon - IASP Acute Pain Special Interest Group Business Meeting

Wednesday, August 24, 2005, Sydney Convention Center , Australia

in the Harborside Meeting Room 6, at: 4:30 – 5:30 p.m.

Minutes of the Inaugural Meeting of the Interim Steering Committee

by Esther Pogatzki-Zahn and Albrecht Wiebalck

On the 30th of May 2005 members of the recently founded acute pain special interest group (APSIG) in formation met for the first time in Vienna during the European Society of Anaesthesiology (ESA) meeting. The APSIG in formation meeting began with a general discussion on the structure of SIGs and on the relationship between IASP and its SIGs. Consensus was reached that APSIG wants to have a lean management structure with the minimum number of committees possible. Subsequently, Rolf-Detlef Treede and Edmund Neugebauer, the two founding fathers of the APSIG, summarized the reasons for the necessity of an acute pain special interest group (see 1 below) and gave a brief history of the past events leading to the founding of APSIG (see 2 below).

To our great pleasure the start of the APSIG in formation was supported by 106 members from 34 countries and 16 specialties including Anaesthesiology, Neuroscience and Nursing.

Rolf-Detlef Treede presented a draft for a constitution and bylaws for this SIG that had been modelled after the bylaws of NeuPSIG, the IASP SIG on Neuropathic Pain. A brief discussion revealed that this model was considered appropriate.

It was agreed to install an interim steering committee according to the management structure of IASPs for SIG consisting of four elected officers (Chair, Vice-Chair, Treasurer, Secretary) supported by an appointed management committee.

The following members were elected as Interim Steering Committee

Chair: Edmund Neugebauer (Germany)
 Vice Chair: Stephan Schug (Australia)
 Treasurer: Christine Miasowski (USA) *to be confirmed*.
 Secretary: Dan Benhamou (France)

The following members were appointed to the interim management committee.

Advisor on Membership: Narinder Rawal
 Newsletter: Esther Pogatzki-Zahn
 IASP Council Liaison: Rolf-Detlef Treede
 International Pain Registry: Winfried Meissner
 Scribe: Albrecht Wiebalck

At the first general business meeting in Sydney, we will look forward to encourage more members, who are willing to put

effort into promoting the aims and objectives of APSIG, into the management committee.

Furthermore, the members of the APSIG agreed on a mission statement presented by E. Neugebauer (see 3 below)

In order to have a publishing organ of APSIG Stephan Schug suggested that the journal, *Acute Pain*, may be appropriate. This suggestion was welcomed and it was agreed to proceed with careful negotiations in due course. It was also agreed to obtain the IASP position on SIGs having their own journals.

Stephan Schug also presented the new Guidelines of the ANZCA (Australian and New Zealand College of Anaesthetists) on Acute Pain Treatment that will be handed out to all delegates at the 11th World Congress on Pain in Sydney.

At the end of first APSIG in formation meeting Winfried Meissner suggested a world wide benchmarking project on acute pain comparable to an already existing and well functioning project in Germany – built up on an internet-based databank (see 5.2). The aim is to compare the efficacy and the outcome of acute pain treatment in different institutions of different countries. In addition, this project would allow close relationship to the IASP Task Force of C. Richard Chapman (Utah) and Ruth Zaslansky (Israel) (International Pain Registry).

Overall, the first APSIG in formation meeting was well accepted by the attending members and emphasized the need of a SIG on acute pain.

1: Necessity of APSIG

- Although much is known about the pathophysiological mechanisms of acute pain, there is a lack of practical implementation of existing treatment paradigms
- Rapid progress in our knowledge base can be expected, if basic research is focussed on acute pain in addition to the research efforts into chronic pain.
- WHO is mostly concerned about chronic pain
- IASP has no SIG on acute pain
- Many IASP Chapters have SIGs on Acute Pain

2: History of events:

- Oct 30, 2003: IASP Council, Fortaleza: need recognized
 Apr 1, 2004: Preparation of SIG application at the German Pain Society (DGSS, Chapter of the IASP) council meeting. Recruitment of > 25 founding members was rapidly achieved
 Jul 30, 2004: Approval by IASP executive committee as SIG in formation
 Nov 1, 2004: First SIG report to IASP
 End of 2004: First announcement by IASP President in IASP Newsletter 4/04
 May 30, 2005: Founding meeting in Vienna and selection of interim steering committee
 Aug 24, 2005: First general business meeting will be held in Sydney at WPC including the election of executive committee and appointment of management committee

3: Mission Statement:

The SIG will advance the understanding of mechanisms, assessment, prevention and treatment of acute pain due to surgery, injuries or diseases.

APSIG Aims and Objectives:

- Collaboration for basic and clinical research
- The study of the underlying mechanisms of acute pain, including the transition from acute to chronic pain, and the implications of acute pain therapy for clinical outcome and quality of life
- The exchange of information and experience about the assessment and treatment of acute pain, both within IASP and its chapters, as well as with other national and international bodies such as WHO
- The identification and implementation of programs to minimize the occurrence of acute pain and its consequences
- Furthering the educational objectives of the SIG by international meetings, workshops at the World Congress on Pain (WCP), WCP satellite meetings, a newsletter, a website linked to the IASP website, and other appropriate means.
- Increasing public awareness of acute pain, its treatment, and its consequences.

4: Constitution and Bylaws

Article 1. Membership and Dues**1.1 Membership**

Membership shall be open to all members of IASP.

1.2 Annual Dues

The level of annual dues shall be proposed by officers of the SIG and approved by the membership in accordance with IASP guidelines.

1.3 Termination of Membership

Members can terminate their membership by a written request to the Chair of the SIG. Membership will be deemed to have lapsed after non-payment of dues for fourteen months.

Article 2. Meetings**2.1 General Meetings**

The SIG will hold a general meeting to conduct and approve the business of the SIG. This will be held every third year in conjunction with the IASP World Congress on Pain.

2.2 Extraordinary Meetings

An extraordinary meeting can be convened at any time at the request of the Executive Committee or twenty five (25) or more members of the SIG in good standing.

2.3 Notice of Meetings

Notice of general and extraordinary meetings of the SIG will be provided to the membership in writing at least sixty (60) days prior to the date of the meeting.

2.4 Quorum

Fifteen (15) members of the SIG in good standing shall constitute a quorum at any general or extraordinary meeting.

2.5 Scientific Meetings

Scientific or professional meetings will be held on a regular basis in accordance with the Aims and Objectives of the SIG and will be organized and financed by the SIG. These may be held at the request of a national or regional chapter of IASP, jointly with other educational bodies or as separate events. Such meetings shall not conflict with other IASP activities and will be open to all IASP members on a space-available basis. The SIG will contribute to IASP educational activities as requested.

Article 3. Officers**3.1 Officers**

The SIG officers shall be a Chair, Vice Chair, Treasurer and Secretary. All officers must be members of IASP and the SIG in good standing. These officers shall constitute an Executive Committee. They may propose dues and will function as the administrative body of the SIG.

3.2 Terms of Office

The term of office of all officers shall be three years. The term of office shall be from the general meeting at which they were elected until the next general meeting at the subsequent Congress. Treasurer and Secretary may be re-elected for a further three year period. Thereafter, there must be a lapse of three years before they are eligible for re-election to any post.

3.3 Election of Officers

Candidates should be proposed and seconded in written or electronic format by members of IASP and the SIG in good standing. The nomination should be accompanied by the agreement of the candidate to take part in an election and to serve if elected. Nominations should be made to the Executive Committee twenty eight (28) days prior to the general meeting. Election of officers shall be by means of a ballot, with a simple majority vote of members attending the general meeting deciding the successful candidates.

3.4 Removal of Officers

Any officer who fails to attend three consecutive business meetings without reasonable cause or who fails to pay dues shall be removed from office.

3.5 Resignations

Resignations of officers should be made in written or electronic format and submitted to the Chair.

3.6 Vacancies

Vacancies in the Executive Committee (with the exception of the Chair) shall be filled from the membership of the SIG. Nominations should be proposed and seconded as in Section

3.3. In the event of multiple nominations the remaining members of the Executive Committee will elect the new officer.

3.7 Chair

The Chair shall be responsible for running the affairs of the SIG. These duties will include the conduct of general and extraordinary meetings, submitting an annual report to the IASP Secretariat and carrying out any other duties that are consistent with the aims and objectives of the SIG.

3.8 Vice Chair

The duties of the Vice Chair are to assist the Chair in the performance of the duties listed under Section 3.7. The Vice Chair will assume the position of Chair in the event of absence, vacancy or resignation of the Chair. The Vice Chair shall assume the post of Chair for a three year period at the end of the subsequent World Pain Congress.

3.9 Treasurer

The duties of this post are to oversee and maintain the funds of the SIG. The Treasurer will recommend measures to the Executive Committee to ensure the prudent and appropriate use of SIG funds and will present an annual report to the membership of the SIG in the newsletter or by electronic

means and shall make a further formal report at the general meeting.

3.10 Secretary

The duties of this post are to support the Chair in the administration of the SIG. The Secretary shall be responsible for the minutes of meetings, the maintenance of bylaws and will correspond as appropriate with IASP and the membership of the SIG via written or electronic means.

Article 4. Committees

4.1 Aims and Objectives

Standing committees will be established at the discretion of the Executive Committee at general or extraordinary meetings to pursue the aims and objectives of the SIG. *Ad hoc* committees for a specific purpose may be created by the Executive Committee at any time. An *ad hoc* committee will cease to exist at the time of the general meeting or earlier if their purpose has been achieved. *Ad hoc* committees may be re-appointed to complete their tasks.

4.2. Composition

All committees shall have a minimum of four and maximum of 12 members of the SIG. In addition, the Chair and Secretary are members of all committees *ex officio*.

Membership of committees shall reflect the multidisciplinary and international nature of the SIG where possible. A report of committee meetings shall be made to the membership in the newsletter or by electronic means.

4.3 Appointment to Committees

The Executive Committee will appoint members to the other committees. The term of appointment is three years. Members may be re-appointed. Election to the Executive Committee is covered in Section 3.3.

4.4 Co-option to Committees

Any SIG committee shall have the power to co-opt specialist advisors. Co-opted membership of any committee shall cease after each general meeting. Co-opted members will not have voting rights on that committee.

4.5 Standing Committees

The SIG shall have the following standing committees:

- Executive , consisting of Officers of the SIG (see Article 3.1)
- Management
- Standing Committees as established under Article 4.1

The Management Committee will oversee the administrative, financial and educational activity of the SIG. The Management Committee shall hold a meeting at least annually to review current and future activity within the SIG and will be chaired by a member selected by the Executive Committee.

4.6 Quorum

Four (4) members of any SIG committee shall constitute a quorum.

Article 5. Finances

5.1 Financial Responsibilities

The SIG is responsible for financial support of all its activities, including meetings.

5.2 Dues

Collection of the annual dues payment shall be included in the member’s IASP annual dues payment and these funds will be held by IASP in a restricted account for the exclusive

use of the SIG. The SIG will not collect membership dues independently and may not collect such dues on behalf of IASP.

Article 6. Amendments to the Bylaws

6.1 Amendments

Proposals to amend the Bylaws must be made in writing to the Executive Committee. These will be announced to all SIG members and submitted to a vote at either the next general or extraordinary meeting at which a quorum of members is present. Approval will be by a simple majority of members present.

Continuous Quality Improvement in Postoperative Pain Management – Benchmarking Postoperative Pain. by W. Meissner

Surveys from various countries show that the quality of acute pain management is far from being satisfactory although numerous reports about appropriate techniques and drugs have been published. Thus, the reasons for inadequate pain treatment are mainly deficits in organization and personal resources, not medical problems: “...it appears that the solution to the problems of postoperative pain management lies not so much in the development of new techniques but in development of an organisation to exploit existing expertise” (Rawal 1994). Therefore, a quality improvement system was initiated which bases on continuous internal and external benchmarking and helps to identify “best practice”. Cornerstones of this project are frequent assessments of process and outcome parameters, regular benchmarking and implementation of feed back mechanisms.

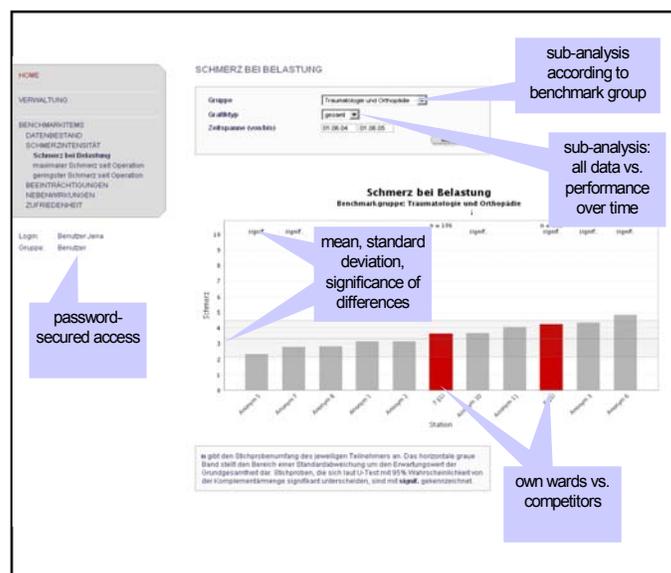
In 1998, we introduced a quality improvement project for postoperative pain in our clinic. Process and outcome quality improved over the observation period. In 2003, a grant from the German Ministry of Health (BMGS) allowed us to expand this project to further sites.

Methods

On the first day after surgery, a set of outcome and process parameter of postoperative pain management is obtained from a random sample of all patients on surgical wards. Outcome parameter are defined primarily from the patient’s perspective (decrease of pain intensity, functional improvement, reduction of therapy-associated side effects, satisfaction). Process and clinical parameters are limited to information about age, sex, type of surgery, anaesthesia, and pain management. Data collecting SOPs assure comparable procedures on every site. Based on these data, an internal benchmarking process is performed in regular intervals. In detail, the investigated parameters are sent to a benchmark server. Data are calculated for every hospital as well as the surgical wards as smallest units of the benchmarking process. Finally, immediate web-based feedback is transferred to the local multidisciplinary pain management teams and wards.

Status quo

The project was started in September 2003 with 30 wards in six hospitals. Soft- and hardware for data acquisition and -analysing is working. A web-based feed back function was launched in autumn 2004 (Fig.). This tool allows short-term on-line subanalysis, internal, and external benchmarking. It is possible to identify effects of pharmacological and non-pharmacological interventions and to compare departments on the basis of “tracer” surgeries. The German Societies of Anesthesiologists and Surgeons (DGAI and DGCH) plan to continue this project as a nation-wide quality assurance initiative.



Information

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Supported by a grant of the German Ministry of Health (BMGS) (217-43794-6/3)

Meetings Calendar

September 29-October 1, 2005, Cologne, Germany

The 4th International Conference on Complexity in Acute Illness Evidence-based modelling of complex biological systems. Society on Complexity in Acute Illness European Shock Society. Info: www.iccai.org

October 19-23, 2005, Bremen, Germany

Annual German Pain Society (DGSS) meeting: Pain in research, clinic and privat praxis – complexity needs cooperation. Info: www.schmerzkongress.de

Acute SIG Members – June 1, 2005**ARGENTINA**

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Colin S Goodchild PhD (Anesth)
Lyn C Hellier BAppSci (Nursing)
Susan M Kerr RN (Nursing)
Pamela E Macintyre MB BS (Anesth)
Trudy F Maunsell RN (Nursing)
Lindy J Roberts MB BS (Anesth)
Stephan A Schug Dr med (Anesth)
Jane Trinca MB BS (Anesth)

AUSTRIA

Hans G Kress Prof Dr (Anesth)

BELGIUM

Vincent L Hoffmann MD (Anesth)
Lin Shi MD (Neuroscience)
Jan C J Van Hevele MD (Anesth)

BRAZIL

Sergio R G Schmidt MD (Anesth)

CANADA

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Celine Gelinas RN PhD (Nursing)
Meredith A Muscat RN BScN (Nursing)
Lori Palozzi MScN (Nursing)
Laurie M Urban BA BPT (Physical Therapy)

CHINA

Tsun Woon Lee MB BS (Anesth)

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Thomas Klein Dr med (Neuroscience)
Ute M Kock Dr med (Anesth)
Heinz J Laubenthal MD PhD (Anesth)
Eberhard Albert Lux Dr med (Palliative Med)
Walter Magerl Dr (Neuroscience)
Thomas Meuser MD PhD (Anesth)

November 17-19, 2005, Paris, France.

Annual French Pain meeting. Info: www.setd-douleur.org

December 2–3, 2005, Cologne, Germany

Meeting for physicians and nurses of all surgical specialties. Acute Pain after surgery – basic science and clinical praxis.

Spons: German Society of Surgery and Special Interest Group

Acute Pain of the German Society of Surgery Info:

www.medizin.uni-koeln.de/Akutschmerz2005

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Ulrike Pilz de Ynga MD (Anesth)
Rolf-Detlef Treede Dr med (Neuroscience)
Eberhard Weihe MD (Neuroscience)
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