behind the screen
THE NEWSLETTER OF THE DEPARTMENT OF ANESTHESIA

FELLOWSHIP
Graduating residents and fellows highlighted

Much more...prominent research...global outreach...new ORs...

Volume 1 • Number 2
I was honored when Enrique Pantin asked me to write an article for the newsletter about Valerie’s retirement. However, I’m not sure if he wanted my input or he couldn’t find another person brave enough to write a story about Valerie. Well, either way, here it is:

I worked alongside Valerie in the Clinical Anesthesia Office for seven years. This was back in the day when Dr. Klein was our chairman and Drs. Kortis and Wugmeister were the clinical directors and there were about fifteen anesthesia faculty members and ten residents. We used MultiMate® and WordPerfect® on our desktops and e-mail was unheard of.

The clinical office has always been a hectic and chaotic place to work with people constantly coming and going, the copier running, phones ringing off the hook and a million personalities all at once. At that time Valerie already had worked for the University for thirteen years and had a streamlined system in place for running the office.

As far as I was concerned, she knew everything there was to know about working for the University and running that office. I quickly learned that Valerie belongs to that rare group of very special people that commit to their job on a daily basis, even when the going gets tough. Valerie is an amazing teacher and her work ethic is second to none. She is one of the first staff in every day, never comes back late from lunch and never leaves early. She is someone you can count on to keep the office routine going and to keep the office running that office. I quickly learned that Valerie belongs to that rare group of very special people that commit to their job on a daily basis, even when the going gets tough. Valerie is an amazing teacher and her work ethic is second to none. She is one of the first staff in every day, never comes back late from lunch and never leaves early. She is someone you can count on to keep the office routine going and to keep the office running.

On quite a few occasions, Valerie drove me home, and on other occasions, to the mall after work. For a foreign graduate at my first job, it meant a lot.

Happy retirement Miss Valerie, from Miss Nancy and everybody at the Department!
**News: The anesthesia department...**

by Enrique Pantin

Over the years our Department has been involved in several ventures beyond the limits of our hospital building, New Jersey, and the United States of America.

Besides the many day-or-two visits we have had from other institutions and countries, our department, with hospital support—specifically the Division of Cardiac Anesthesia, has hosted an anesthesia resident from Colombia who stayed with us for a total of three months, and with whom our Cardiac Anesthesia Fellows engage. They observed what is done in cardiac anesthesia and other anesthesia areas and each presented two cardiac anesthesia-related topics. Their educational component emphasized learning echo-cardiography. Dra. Medina published the case report, “Anestesia para corrección de escoliosis en paciente pediátrico con atasixia de Friedreich” in Revista Española de Anestesiología y Reanimación.

These interactions not only benefit the visitors, but their professional community. After her rotation here, Dr. Agámez remarked, “in my hospital I am promoting the interest in echocardiography for the perioperative management of patients, teaching my colleagues what I have learned with the tools you provided me.” We also learned from our visitors how a similar case is managed else where, and what differences in the practice of medicine there are.

One of the things we asked of our visitors is to provide us feedback of what could help us improve—whatever that may be. We have learned that most differences are related to limited resources and technology, and that unfortunately we do waste many more resources than actual scientific data would be able to support we have to—mostly related to regulatory issues.

We know we still have room for improvement, and becoming waste conscious and add a “green” mentality to health care is one of the challenges ahead of us. We hope to continue to foster curiosity in our Department and welcome colleagues interested in being a part of us.

My rotation in echocardiography has been an enriching, extraordinary experience that motivated me and injected energy and additional drive to become better every day.

It was a significant academic challenge and time commitment, but every hour spent—even the late nights studying and working on improving my English was very worthwhile.

It is a very competitive environment that forces you to give the best of you.

Thanks to the efforts of the whole cardiac anesthesia team, cardiac anesthesia fellows, nurses, perfusionists, technicians, and anesthesiologist residents that received me in my house and made my stay to be as pleasant as possible.

—Gabriela Agámez Medina

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...spans the globe

**Reaching as far as Egypt**

by Ashley Glor

In 2007, a Robert Wood Johnson University Hospital (RWJUH) team led by Dr. Peter Scholz, and Dr. AlAnn So-lina traveled to Saint Petersburg to teach cardiac surgery techniques. The recent mission to Egypt was borne from that initial educational endeavor.

Those who engage in scientific research and development continually strive for safer, quicker, and more cost-effective improvements to surgical approaches. The birth of minimally invasive surgical techniques has done just that. With its reach to cardiac surgery patients, this technique is having a less painful and quicker recovery time.

Minimally invasive cardiac surgery procedures require a smaller incision between the patient's ribs or the breastbone or sternum, replacing the classical complete incision through the sternum. This approach is not only a game-changer for the patient, but also presents a different set of skills for all who participate in the patient's care.

While presenting on Minimally Invasive Cardiac Surgery (MICS) at an international conference in Cairo, Dr. Mort Anderson, caught the eye of the Egyptian Ministry of Defense. The Egyptian authorities asked for assistance in developing their own MICS program.

Dr. Anderson met with us and teamed with Dr. Pantin to work on setting up a training program for the Egyptian team.

In January 2011 with the support of Amy Smith, former Vice-President of Perioperative Services and Dr. Christine Hunter, Chairman of Anesthesia, Drs. Anderson and Pantin formed a team that embarked on what would become a multi-year mission including nurses and perfusionists from RWJUH.

These individuals collaborated on this training mission directly with the Egyptian government in a military medical facility that had an existing cardiac surgery fellowship at El Galaa Family Hospital in Cairo.

The Egyptian Ministry of Defense has continued its efforts even after the departure of Anderson in 2013. Joint efforts from RWJUH providing perfusion and nursing personnel, Rutgers Robert Wood Johnson Medical Center providing anesthesia support, and Albert Einstein Medical Center in Philadelphia, make the program a reality. The effort to train, teach, and improve patient’s lives will continue with the leadership of Drs. Anderson and Pantin.

Pantin concludes, “Our Egyptian colleagues are able to successfully face cases with a new set of techniques and tools like never before, and for that we are very proud of being able to take some credit for it.”
Graduating Residents

Dr. Candy Anim will remain with us as a fellow in pain medicine.

Dr. Andy Burr, former chief resident, will work as an attending anesthesiologist at the University of Rochester, Rochester, NY.

Dr. Mohammad Chaudhry will stay with us as a fellow in cardiothoracic anesthesia.

Dr. David Delatte will stay with us as a fellow in pain medicine.

Take advantage of five matters before five other matters: your youth, before you become old; your health, before you fall sick; and your riches, before you become poor; and your free time, before you become busy; and your life, before your death.
—Prophet Muhammad SAWS

Dr. David Delatte will stay with us as a fellow in pain medicine.

Dr. Jane Kim will work as an attending anesthesiologist with the Advanced Anesthesia Group in Christ Hospital in Jersey City, NJ.

Dr. Sana Shaikh will join a fellowship program in pediatric anesthesia at Case Western Rainbow Babies and Children’s Hospital in Cleveland, OH.

Wherever you go, no matter what the weather, always bring your own sunshine.
—Anthony J. D’Angelo

Dr. Jane Kim will work as an attending anesthesiologist with the Advanced Anesthesia Group in Christ Hospital in Jersey City, NJ.

Dr. Taranya Shkolnikova will join a fellowship program in cardiothoracic anesthesia at the University of Washington, Seattle, WA.

Love is state of perpetual anesthesia.
—paraphrased from a quote of Henry Louis Mencken

Dr. Darrick Chyu will stay as an attending cardiothoracic anesthesiologist at Robert Wood Johnson Medical School in New Brunswick, NJ.

Dr. Aysha Hasan will join a fellowship program in pediatric anesthesia at Children’s National Medical Center in Washington, DC.

You only live once, but if you do it right, once is enough.
—Mae West

Dr. Ankit Kapadia will work as an attending anesthesiologist with the Advanced Anesthesia Group in Christ Hospital in Jersey City, NJ.

Dr. Darrick Chyu will stay as an attending cardiothoracic anesthesiologist at Robert Wood Johnson Medical School in New Brunswick, NJ.

Dr. Phat Trinh will work as an attending cardiothoracic anesthesiologist at Lawnwood Regional Medical Center in Fort Pierce, FL.

It is the journey not the destination that matters
—paraphrased from a quote of Greg Anderson

Dr. Branson Collins will work as Director of Pain Medicine at Saint Alphonsus Medical Group, Boise, ID.

Dr. Sloane Yeh will work as an attending anesthesiologist and pain management physician with Advanced Anesthesia and Pain in Hoboken, NJ.

Graduating Fellows

Dr. Ali Dinani will join the staff at Kingsbrook Jewish Hospital in Brooklyn, NY.

Never regret anything, because at one time, it was exactly what you wanted.
—Unknown

Dr. Sabrina Haque will work as an attending anesthesiologist at the Albany Stratton VA Medical Center in Albany, NY.

Each of us has much more hidden inside us than we have had a chance to explore. Unless we create an environment that enables us to discover the limits of our potential, we will never know what we have inside of us.
—Muhammad Yunus

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Dr. Shaul Cohen led a prospective clinical trial investigating whether suturing the epidural catheter to the skin can reduce the incidence of a poorly functioning epidural block that subsequently failed often due to catheter dislodgments. The study included 1,324 parturients requesting an epidural block for labor, vaginal delivery or cesarean section. The patients were randomized to one of two groups. In one, 660 parturients had their epidural catheters sutured with 3-0 silk sutures at the insertion site and then looped downward 5 cm. In the other group, 664 parturients had their epidural catheters looped downward 5 cm in the same manner without being sutured. In both groups, after catheter was looped, Mepi- sol® liquid adhesive and transparent dressing were then applied. Results showed a significant reduction in catheter movement and need for reinsertion, one-sided anesthesia, catheter puncture of epidural vessels, and increase in overall success of the epidural block. These results were presented as a poster entitled “Suturing the epidural catheter reduces the incidence of failed epidural block in obstetric patients” at the American Society of Regional Anesthesia and Pain Medicine (ASRA) 11th annual Pain Medicine meeting in Miami, FL in November 2012.
mentioned in the first installment of this history, the animosity that flavored every interaction between the University faculty and the private practitioners both anesthesia and surgical, who felt threatened by our presence and potential for growth.

One typical example, which I have remembered fondly for nearly thirty years follows. I was supervising two nurse anesthetists in two operating rooms when I was approached by the head nurse. She pointed out to me a surgeon in the lounge whom I had not seen before. She said he was an urologist who used to do over 150 cases per year at our hospital, but as a protest against the presence of the medical school, had moved nearly all of his surgical cases to St. Peter’s Hospital.

Maybe I could go talk to him and see if I could use my vast supply of charm to get him to reconsider? I eagerly approached him with a welcoming smile, introduced myself as the new chief of anesthesia and asked if there was anything I could do for him that would make his life easier, getting him to reconsider his move to St. Peter’s.

“Yes, he said, [pregnant pause] you and all the members of the University staff can drop dead!”

Me: “What’s your second request, you aren’t getting your first.”

Another flash point: Because the private practice had to wait around in the recovery room to extubate when they thought the patient was ready. When I found out about this practice, I met with the head nurse of the recovery room and asked what training her people had on reintubation. The answer was “none”, but it did not matter (she said) as no patient had ever gone into respiratory distress to the point where reintubation was necessary. I asked for the records proving the belief, and to my barely hidden distress to the point where reintubation was necessary. This made our staffing and on call arrangements everywhere, who grabbed a copy of this magazine, heard of us.

The private practice people flat out refused, and had it written into their contract with the hospital, that they would not cover the obstetric floor past four o’clock every day. This made our staffing and on call schemes complicated, but built our reputation, as we provided a level of service the hospital had not seen before.

This may or may not have contributed to the suicide death of our first chief of OB. Anesthesia, who, according to the coroner’s report, died of a self-injected intravenous dose of the now ancient drug Brevital (methohexital). Since this drug was by no means a favorite of addicts, the death was ruled intentional. Next time: We start the residency and our money disappears.

Watch for the continuation of this story in the following issue of *behind the screen*. History of our Department, Chapter Two by Sanford Klein

The Role of the Pharmacist by Ken Hau and Rich Tyska

Ken Hau (left) and Rich Tyska (right), both doctors of pharmacy, compound, prepare, and distribute medications in the operating room (OR) satellite pharmacy, rapidly serving anesthesiologists and other staff members in the OR suite.

Traditionally viewed as the gatekeepers of drugs, pharmacists at Robert Wood Johnson University Hospital are becoming more clinically involved with patient care. Along with compounding and distributing intravenous drugs, pharmacists provide clinical services in the operating room, including educating the staff about drugs, making recommendations on adjusting drug treatments, and participating in medical emergencies or “codes.”

In the operating room, pharmacists draw on their wealth of drug knowledge and experience to provide information. Whether questions come from a physician, nurse, or patient, pharmacists willingly devote their time to inform them about adverse effects, compatibility of different intravenous drug solutions, and drug interactions.

After reviewing a patient’s demographic information, allergies, and pertinent laboratory results, pharmacists may also recommend making changes to drug treatments such as adjusting the dosage to avoid the unwanted side-effects from interaction with another drug or changing the frequency of administration if a patient’s kidney function is compromised.

The pharmacist will then compound the drug. In the operating room, common drugs that are prepared include antibiotics, vasopressors, and coagulation products. Along with distributing any important drug information to healthcare providers prior to drug treatment, pharmacists track patient outcomes by observing the results of the treatment.

Pharmacists also play a key role in monitoring the usage of narcotic drugs in the operating room. Daily, a pharmacist reconciles healthcare provider’s narcotic records by review patient anesthesia records for accuracy and completeness.

By providing information and recommendations, by compounding and dispensing, and by reconciling narcotic records, pharmacists play a pivotal role in caring for patients in the operating room.

How Many Types of Anesthesia are There? by Enrique Pantin

In anesthesia, two extremes define a continuum, from general anesthesia to monitored anesthesia care. In the former, the patient is unconscious, immobile, and does not feel pain—or at least pain that will be remembered—and the body’s automatic responses are manipulated as necessary to keep the patient safe. In the latter, often abbreviated “MAC,” the patient’s vital signs are monitored while a procedure is performed. The anesthesiologist and assistants may administer medications in case the patient does not tolerate the planned intervention.

During MAC, the level of sedation can vary, including “deep” (very close to general anesthesia), “moderate” (sleepy but can be aroused), “light sedation” also called “anxiolytic,” and “just being there” to monitor vital signs while reassuring the patient verbally.

Sister Department: SOCH by Mordechai Bermann

On September 1, 2006, when we were known as the UMDNJ-Department of Anesthesiology, we began providing anesthesia services at Southern Ocean Community Hospital (SOCH), a small, standalone community hospital along the Jersey Shore.

Today, more than seven years since the beginning of that relationship, our department, Rutgers Rob...
The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital opened its doors to the new pediatric operating room suite earlier this year. Staffed by pediatric anesthesiologists and pediatric surgeons in the following specialties: general surgery, hematology and oncology, neurosurgery, ophthalmology, orthopedics, otolaryngology, plastic surgery, and urology, this OR suite has seen an ever increasing volume of cases. Recently, the staff celebrated the completion of one hundred cases in less than a week, a number which has since been exceeded.

Dr. Valerie McRae, pediatric anesthesiologist, and the lead consultant in the design of this suite explains, “Every detail was considered” when the operating rooms were developed, using state-of-the-art equipment. Rooms like the one above provide the anesthesiologist with machines and equipment specifically sized for pediatric patients ranging from premature infants to young adults.

A panoramic composition (top) of one pediatric operating room highlights the state-of-the art equipment available to anesthesiologists and surgeons. The modern design is carried over to the waiting room for patients’ families (right) where they experience a panoramic view of the surroundings behind an electronically controlled privacy glass wall.
Anesthesiologists can also just anesthetize a portion of the body by applying medications near or to the area. Needles can be placed near the spinal cord and, depending on exactly where the anesthetic is placed, epidural or spinal anesthetic can be performed, resulting in deep or total analgesia (no pain) from the upper chest down. Many people call these “epidural anesthesia” or “spinal anesthesia” and over the years these terms have been accepted, but in reality unless we give additional medications to make the patient unconscious these are really “spinal and epidural analgesia” techniques. Finally once the nerves come out of the spinal canal many of them can be anesthetized in their path through the body to create analgesia in a particular region, or local anesthetic can just be applied by infiltrating around the proposed operative area, most of the time this last one is done by the surgeon.

**Types of Anesthesia**

**SOCH**

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**A Farewell to Glor**

by Viviana Freire

Ashley Glor grew up in Alabama as part of a large family of seven children. She completed her under-graduate education at Virginia Commonwealth University, worked eight years as an intensive care unit nurse, and completed her Master of Science in Nursing Anesthesia at the University of Pennsylvania. Her first job as a nurse anesthetist was here, where she became the clinical coordinator for Rutgers nurse anesthetist students. During Ashley’s last three years here, she has enjoyed the challenge of working as a team with the attending anesthesiologist and surgeons to create the best anesthetic plan for each patient. To describe her view of anesthesia, Ashley quotes one of her mentors, “Anesthesia providers are like ninjas: expertly vigilant, we go in, do our job, and leave without a trace.” Our department of anesthesia has been fortunate to have Ashley Glor as a professional colleague and a friend. She now looks forward to a new position in private practice at Metropolitan Regional Richmond, Virginia that brings forth new challenges and allows her to be closer to her family. Ashley does not leave without out a trace as her excellent teamwork skills, communication, diligence and passion for anesthesia will continue to be cherished by her coworkers in our department. We wish her success in all her future endeavors.

**Anesthesia Technology Education**

by Quiana Frazier

At Rutgers Robert Wood Johnson Medical School Department of Anesthesia believe that education is the foundational building block for any solid career and that is why we have partnered with the first accredited Anesthesia Technology program in the state of New Jersey. The Sanford Brown Institute. Sanford Brown opened near doors to their first anesthesia technology class in April 2009 and to date, seventy-three persons have placed. They are our eighteenth-month program that consists of thirteen months in class and a five-month externship at various hospitals in New York and New Jersey that have been approved by the American Society of Anesthesia Technologists and Technicians (ASAT). Under the direct supervision of Quiana Frazier as the Anesthesia Manpower and Resource Development, the students will be ready to use their anesthesia technical role. The externs rotate through areas that anesthesia is administered including but not limited to: adult and pediatric operating rooms, holding areas, the labor and delivery suite, special procedures and radiology rooms, the endoscopy suite, and the cardiac catheterization laboratory. While rotating these areas, externs are placed with a preceptor, who is a member of the anesthesia technical staff and it is here that they learn their anesthesia technical role. The educational environment that is provided equips the externs with real world clinical experience that will help them in assisting the anesthesia provider during emergent situations in the preoperative, intraoperative and postoperative phases of anesthesia.

We are confident that all the externs who have rotated through our facility will be ready to use their learned technical skills in their professional activity. After the successful completion of the entire program, the school offers career services support to assist the graduates in finding jobs.

We are very proud on being able to not only serve our patients but also to have an opportunity to be part of the education and training of the new generation of anesthesia technologists.

**Adult Cardiopulmonary Anesthesia Fellowship**

by Steven Ginsberg

As the Program Director for the Adult Cardiopulmonary Anesthesia Fellowship, I am delighted to be part of a dynamic and talented team of cardiopulmonary anesthesiologists. Our fellowship program offers our two fellows a tremendous opportunity to experience and care for some of the sickest patients in our intensive care units. We are confident that all the externs who have rotated through our facility will be ready to use their learned technical skills in their professional activity. After the successful completion of the entire program, the school offers career services support to assist the graduates in finding jobs.

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**Photo:** Sagar S. Mungekar
Department of Anesthesia

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Brian Raffel, DO

Residents
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Daphne Anudon
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Bruno Beja-Umukoro
Katherine Glass
Kristen Kelly
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Jade Barnes (Lead)
Kenie Lebron (Lead)
Katrina Sinkfield (Lead)
Salah Attia
Ahmed Bangura
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Luz Camaicho
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Gwendolyn Lee
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Pain Medicine Fellows
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Southern Ocean Medical Center
(SOMC), Manahawkin, NJ
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Michelle Bouyea, MD
Ilya Manевич, MD
Jim Marco, MD
Keith Barton, DO
Jianhua (Jay) Guo, MD
Richard (Rich) Richlan, MD

E-mail editors: behind_the_screen@hotmail.com