A “unique experience” — father, two children working as CRNAs in Department of Anesthesiology

Article by Erin Wides

Their family routine has shifted from preparing school lunches and reviewing homework to preparing operating rooms and monitoring patients before, during and after surgery. Brian Reid, certified registered nurse anesthetist (CRNA), and his two children, Chris Reid and Mary Case, both CRNAs, are now all working together in the Department of Anesthesiology at Vanderbilt University Medical Center.

On a typical day, the three arrive at the Vanderbilt Outpatient Surgery Center. They greet their coworkers, begin to set up their respective operating rooms, and take time to visit before cases start.

“It’s a unique experience for me to be working with these two,” Brian said of his adult children. “I worked with Mary from time to time at her last job, prior to her coming to Vanderbilt. We would see each other in the hall in the morning, and then we probably wouldn’t see each other for the rest of the day.”

While the three are each providing anesthesia in different operating rooms, thanks to the technology at Vanderbilt, they can keep up with what one another is doing.

“With the electronic boards and technology, we can look and say, ‘OK, they’re getting out of their room, they’re probably going to the PACU.’ We know enough about what each other does... we can imagine how their day is going,” Chris said.

Continued on page 2
It is shaping up to be a busy spring for the department. Many of our events take place this time of year, we have new hires coming in, and continued achievements from current faculty and staff.

Some of my favorite events are taking place in April and May: the Dr. James Phyton Endowed Lectureship in Pediatric Anesthesiology, and the Research Symposium. These serve as great opportunities for camaraderie among department members and a look at the latest research.

This time of year brings a new class of residents, as well as new chief residents. We appreciate all the hard work of the outgoing CA-3s and chief residents and look forward to seeing what the new class accomplishes.

There is a lot of growth coming to the department and Vanderbilt. A new inpatient tower is being built on 21st Avenue S. This will bring more care to patients in Middle Tennessee and add additional positions to help with that care. We anticipate adding around 30 new faculty positions and 50 CRNA positions in the coming years.

MESSAGE FROM THE CHAIR

Warren Sandberg, MD, PhD
Chair, Department of Anesthesiology

Brian came to Vanderbilt in 2002. He worked in several departments, including multispecialty anesthesiology, cardiac and radiology. Around 2006, the Department of Anesthesiology added the Ambulatory Surgery Division.

“They’d never had one (Ambulatory Division) before. This was all new to the department. I was named the first lead CRNA of the Ambulatory Division in, I believe, 2006. I stayed there until 2016,” Brian said.

In addition to working on the main campus, he’s worked at most of the Vanderbilt outpatient centers, including Cool Springs Surgery Center (CSSC), Vanderbilt Surgery Center Franklin (VSCF) and Vanderbilt Health Belle Meade (VHBM).

He retired from a full-time position in February 2018 but was allowed to stay on the staff as a part-time employee (PRN) to help in busy times or when extra staff is needed.

“It’s fun for me, it gives me something to do, gets me out of the house. I can’t play golf all the time,” he laughed. “The way I look at it is, they won’t call me unless they need me, which means they need me. They need some extra help, and so it’s my obligation, I think, to help out if I’m available.”

Chris and Mary have been exposed to the fields of anesthesia and surgery their whole lives. Their mother, Nita, was an operating room nurse for more than 30 years. When they were in their late teens, they came to Vanderbilt during the summer to work as anesthesia technicians.

“We had tackle boxes sitting around the house with anesthesia equipment in it,” Chris said. “So, there was always an interest in it for me.”

For as long as Mary can remember, she said anesthesia is all she’s wanted to do.
“Of course, I attribute that to my dad and going to work with him, hearing all of his stories. Everything was always so interesting,” she said.

In January she joined the team of CRNAs at Vanderbilt after working at a small community hospital for 17 years.

“Everybody here has just been absolutely wonderful. From the Anesthesia Department, to the attendings, to the CRNAs, to the surgeons, just everybody as a team has welcomed me with open arms,” she said.

Chris enjoyed working two summers as a tech and went on to nursing school. He came back to Monroe Carell Jr. Children’s Hospital at Vanderbilt as a CRNA in 2006. He left in 2012 and then returned to the Anesthesiology Department as a CRNA in spring 2021.

“The culture that they have, it’s kind of like home for me. I’ve really spent probably half of my life, it feels like, here at Vanderbilt. It was the first place I decided to come back to when it was time to make another change,” Chris said.

While Brian and Chris have worked for Vanderbilt simultaneously in the past, they’ve never been in the same area. Mary was at her last facility, Sumner Anesthesia Associates Inc in Gallatin, TN, for 17 years so, “This is the first time, besides being in school together, that we’ve really even gotten to be with each other,” Chris said.

This is Brian’s 48th year of working as a nurse anesthetist. But it’s going to be over at the end of July. All CRNAs are required by the hospital and the American Association of Nurse Anesthesiologists (AANA) to re-certify (via continuing education, conferences, etc.) every two years. He has chosen to not re-certify at the end of the current two-year period, ending his career as a CRNA.

“Coming to Vanderbilt was a totally different thing, and I’ve really enjoyed my time at Vanderbilt,” he said. “I’m sad to see it end at the end of July.”

Both Chris and Mary attribute much of their success in the field to their dad.

“He paved the way, if you think about it, for where we are. I can’t tell you how many conversations that we’ve asked, ‘What would you do in this situation? What would you do for this case?’” Chris said. “I do anesthesia a certain way because of things that he’s told me and taught me and ways that he’s done things. It’s just engrained in us.”
During a year with record high applicant participation, our program matched 21 outstanding residency applicants from across the United States.

Residency Program Director Michael Pilla, MD, extends thanks to all of the residents, faculty, and staff who participated in the screening of nearly 1,500 applications, 180 interviews, multiple virtual open houses, five in-person second looks, and countless additional hours of video meetings, e-mailing, interviewing, and answering questions.

According to The National Resident Matching Program (NRMP), this year’s Match — the process of matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors — had record high applicant participation.

A total of 50,413 applicants registered in the 2024 Main Residency Match, an all-time high and increase of 2,257 or 4.7% over last year, according to NRMP. The rise in applicants was driven largely by an increase of 1,986 non-U.S. citizen international medical graduates (IMGs) and 623 osteopathic (DO) seniors over last year.
2024 Dr. Bradley E. Smith Endowed Lectureship on Medical Professionalism

Above: Grand Rounds speaker Harriet W. Hopf, MD, and Department of Anesthesiology Professor David Chestnut, MD, pose for a photo. Hopf’s presentation at the 2024 Dr. Bradley E. Smith Lectureship on Medical Professionalism was titled “Navigating Healthcare Professionally—and Authentically.”

2024-2025 Chief Residents

Alex Brown, MD  Kelsie Keene, MD  David Newton, MD
Study finds more pleasant-sounding medical device alarms could reduce annoyance without compromising effectiveness

Article by Paul Govern, originally published on Feb. 29, 2024, in VUMC News

Researchers at Vanderbilt University Medical Center and McMaster University in Hamilton, Ontario, have found that making medical device alarms more musical can significantly reduce perceived annoyance without negatively impacting the ability of research participants to learn and remember the alarms.

The study, reported in *Perioperative Care and Operating Room Management*, builds on previous work on patient safety and device alarms by researchers at McMaster and their Vanderbilt co-author for this study, Joseph Schlesinger II, MD, professor of Anesthesiology, Biomedical Engineering, and Hearing and Speech Sciences and a faculty member at the Blair School of Music.

The team tested a synthesized xylophone sound against standardized sounds used in medical equipment alarm systems. “The xylophone creates a richer acoustic profile closer to musical instruments than the beeps and buzzes we often hear in hospitals,” said Schlesinger. “This musical quality turns out not to get in the way of quick identification.”

In a controlled experiment, 44 participants were tasked with learning to identify six short alarm melodies in both the standard and xylophone timbres. Only the timbre — that is, the tone color or quality — was changed, with volume and pitch sequence held constant across both sets of sounds.

Recognition accuracy was similar across both conditions. And when asked to compare the two timbres side by side, participants overwhelmingly rated the musical xylophone sounds as less annoying.

“This result demonstrates an opportunity to address a pervasive complaint about medical alarms without compromising patient safety,” Schlesinger said.

Hospitals have a great many auditory alerts, with prior research indicating upward of 85% of alarms require no urgent clinical action. This overabundance of noise poses patient risks, with clinicians sometimes tuning out important alerts.
Modifying timbre could mitigate excessive annoyance while keeping alarms informative, the study suggests.

“Beeps feel like sensory overload, while more natural sounds are less abrasive,” Schlesinger said. “Shaping timbre to follow musical principles allows alarms to cut through background noise without being uncomfortably loud or shrill. With further testing, musically informed alarms could become a standard part of patient care.”

The team’s research is highlighted in the current issue of Scientific American. The team formed in 2015 and their work has already informed the international standard for auditory medical alarms. Among Schlesinger’s partners at McMaster for this study are Michael Schutz, PhD, professor of Music Cognition/Percussion, and graduate students Cameron Anderson and Andrés Elizondo López.

Schlesinger is vice president of the International Association for Music and Medicine and a member of the medical advisory board at Philips corporation. He is scheduled to give a presentation on alarm sounds and patient safety in Singapore at the upcoming 18th World Congress of Anesthesiologists. More about his work can be found on his page at Linktree.

New VUH inpatient tower and parking garage update

Cranes stand high above the Central Garage on 21st Avenue South, as construction continues on VUMC’s main hospital campus. In 2022 preparation began to demolish an old administrative office building and make way for a new VUH inpatient tower.

Kyle Harris, senior director of operations, said work is currently being done on the adjacent Central Garage. Three floors are being added to the existing space, which allows for 600 more parking spots, columns and beams have been installed to the interior of the garage, and new entrances and exits are complete.

Harris said crews are making good progress. Decking and rebar has been placed on the 6th and 15th floors of the tower.

The 15-story, 470,000-square-foot tower will provide additional adult inpatient beds, operating rooms, clinics and office space.

Click here to read 2022 report in VUMC News.
Nathan Ashby, MD, was appointed to the Editorial Board of *Simulation in Healthcare*.

Josh Billings, MD, was promoted to (tenured) Professor of Anesthesiology.

Lucille Brunker, MD, was named Physician of the Quarter for the VWCH system.

Melody Campbell, CRNA, DNAP, was named MSA SRNA Clinical Co-Coordinator.

Kelly Champion, CRNA, DNP, was named MSA SRNA Clinical Co-Coordinator.

William Chang, MD, was appointed to Rotation Director in the Multispecialty Anesthesiology Division.

Congratulations to Lane Crawford, MD, on being selected as a Portfolio Coach for Vanderbilt School of Medicine.

The Department of Anesthesiology was ranked 5th among U.S. academic anesthesiology departments for NIH funding in FY2023. In 2022, we were ranked 9th. We are proud of our progression & thank you all for supporting our research efforts.

Shravani Durbhakula, MD, MPH, MBA, had her podcast “Pain Rounds” (neuromodulation training course) licensed to the American Academy of Pain Medicine (AAPM). She is also the recipient of the AAPM Presidential Commendation award.

Matt Fosnot, CRNA, DNAP, was named CRNA Manager of Education.

Congratulations to Carrie Grueter, PhD, for her promotion to Research Associate Professor in our Research Division.

Congratulations to Jeana Havidich, MD, for being invited to join the Vanderbilt Institute for Global Health (VIGH) as an affiliated faculty member.

Christina Hayhurst, MD, received her Fellow of Critical Care Medicine. The American College of Critical Care Medicine (ACCM) honors individuals whose achievements and contributions demonstrate personal commitment to critical care excellence.

LaurieAnn Hembree was awarded the February 2024 Staff Credo Award. This award is given to staff who exemplify Credo behavior.

Jordan Hollinshead, CRNA, accepted the position of CRNA Manager within the Adult Cardiac Division.

Miklos Kertai, MD, PhD, was named Vice Chair of Perioperative Medicine.

Congratulations to J. Matthew Kynes, MD, on his promotion to Associate Professor of Anesthesiology.

Katherine Loh, MD, had her abstract, *Methods to Evaluate & Improve Anesthesiologist Faculty Recruitment at an Academic Medical Center*, accepted for poster presentation at the 2024 AUA Annual Meeting.
Frederick W. Lombard, MBChB, FANZCA, was named Division Chief of Cardiothoracic Anesthesiology.

Hannah Lonsdale, MBChB, was awarded the 2024 Junior Faculty Perioperative Medicine Research Award from the Association of University Anesthesiologists.

Marcos Lopez, MD, received his Fellow of Critical Care Medicine. The American College of Critical Care Medicine (ACCM) honors individuals whose achievements and contributions demonstrate personal commitment to critical care excellence.

Angela Lucero, MD, was appointed as Rotation Director for Pediatric Anesthesiology.

Merrick Miles, MD, was promoted to Associate Professor of Clinical Anesthesiology.

Jill Moore, CRNA, was named VCH SRNA Clinical Coordinator.

Roy Neeley, MD, was selected as one of 25 new Academy for Excellence in Clinical Medicine (AECM) members.

Kelsey Neuhalfen, MD, was appointed as Assistant Program Director for Pediatric Anesthesiology Fellowship.

Obstetric Anesthesiology received recertification as a Society for Obstetric Anesthesia and Perinatology Center of Excellence.

Kimberly Rengel, MD, was accepted to the AAMC Early-Career Women Faculty Leadership Development Seminar.

Megan Salwei, PhD, is serving as a Co-PI for the AIM-HI grant to improve use and monitoring of AI in health care.

Joseph Schlesinger, II, MD, FCCM, has work featured in the Scientific American article “Making Alarms More Musical Can Save Lives.”

Danial Shams, MD, was appointed to director of Acute Pain Service/Perioperative Consult Service.

Kara Siegrist, MD, was promoted to Associate Professor in the Department of Anesthesiology.

Heidi Smith, MD, MSCI, FAAP, was promoted to Professor.

Amanda Stone, PhD, was promoted to Associate Professor in our Research Division.

Amanda Toye, MD, has been named Interim Division Chief of Pain Medicine.

Jonathan Wanderer, MD, MPhil, was invited to serve as Chair of the Anesthesia Quality Institute’s EHR Vendor Integration Workgroup.

Sheena Weaver, MD, was accepted to the AAMC Mid-Career Women Faculty Leadership Development Seminar.
Thank you

VANDERBILT INTERNATIONAL ANESTHESIA WOULD LIKE TO SINCERELY THANK OUR FRIENDS AND COLLEAGUES WHO SUPPORTED OUR WINTER FUNDRAISING CAMPAIGN, DURING WHICH WE RAISED OVER $30,000!

THANK YOU FOR SUPPORTING VIA’S MISSION TO BRING LIFE-SAVING ANESTHESIA CARE & TRAINING TO UNDERSERVED AREAS AROUND THE WORLD.

SAVE THE DATE

VANDERBILT UNIVERSITY MEDICAL CENTER Department of Anesthesiology

presents the 19th annual Research Symposium

Friday, May 3, 2024

Grand Rounds: Light Hall 208

Symposium: Vanderbilt University Community Event Space 009
Anesthesia services start at Bedford and Tullahoma Hospitals

Anesthesia services will now be provided at both Vanderbilt Bedford Hospital and Vanderbilt Tullahoma-Harton Hospital. These services were previously outsourced to private medical groups to provide care.

We will have 8 additional full-time CRNAs, plus several additional PRN CRNAs between the two hospitals. We will assume operations at Vanderbilt Tullahoma-Harton Hospital on May 1, 2024, and Vanderbilt Bedford County Hospital on May 4, 2024. We have been able to retain full time MDs (Dr. George “Skip” Farr and Dr. Robert (Bob) Link, and almost all of the full time and PRN CRNAs that worked at these hospitals. We also have a dedicated travel team (Dr. Travis Hamilton and Dr. Joseph Netterville) who have committed to providing coverage at the new regional hospitals as well as a handful of other faculty and staff that have been credentialed to help out as needed.

VUMC acquired the hospitals in Bedford and Tullahoma in 2021 as part of an expansion to better serve the communities in Middle Tennessee. Many other hospital divisions including plastic surgery, weight loss, and pain have long been waiting for us to take over services to help expand and grow the hospitals.

Vanderbilt Bedford County Hospital

This 60-bed facility in Shelbyville, TN offers a range of inpatient, outpatient, and surgical care. There are four ORs, two interventional radiology rooms, and one GI room.

Vanderbilt Tullahoma-Harton Hospital

This is a 135-bed facility in Tullahoma, TN. There are seven ORs, two interventional radiology rooms, one GI room, and one labor and delivery room.
Recent Publications


Scan the QR code to see additional department publications.
Frederick Lombard, MBChB, FANZCA
Chief, Cardiothoracic Anesthesiology; Assistant Vice Chair, VUAH Anesthesia Clinical Operations

Bevan Londergan, MD
Division Chief, Pediatric Cardiac Anesthesiology

Thomas Long, MD
Executive Vice Chair, Pediatric Anesthesiology; Anesthesiologist-in-Chief, Monroe Carell Jr. Children's Hospital at Vanderbilt

Letha Mathews, MBBS
Division Chief, Neuroanesthesiology; Medical Director II Neuro Anesthesiology Team

Pratik Pandharipande, MD, MSCI
Vice Chair, Anesthesiology Faculty Affairs; James Tayloe Gwathmey Director in Anesthesiology

Michael Pilla MD
Director, Anesthesiology Residency Program

Amy Robertson, MD
Vice Chair, Clinical Affairs

Edward Sherwood, MD, PhD
Vice Chair, Research; Cornelius Vanderbilt Chair in Anesthesiology

Amanda Toye, MD
Interim Division Chief, Pain Medicine

Ann Walia, MBBS
Chief, Veterans Affairs Anesthesiology Service

Edward Yagmour, MD
Assistant Vice Chair, Perioperative Medicine; Associate Division Chief, Multispecialty Anesthesiology; Assistant Director, Acute Pain Service and Regional Perioperative Service

Pratik Pandharipande, MD, MSCI
Vice Chair, Anesthesiology Faculty Affairs; James Tayloe Gwathmey Director in Anesthesiology

Michael Pilla MD
Director, Anesthesiology Residency Program

Amy Robertson, MD
Vice Chair, Clinical Affairs

Edward Sherwood, MD, PhD
Vice Chair, Research; Cornelius Vanderbilt Chair in Anesthesiology

Amanda Toye, MD
Interim Division Chief, Pain Medicine

Ann Walia, MBBS
Chief, Veterans Affairs Anesthesiology Service

Edward Yagmour, MD
Assistant Vice Chair, Perioperative Medicine; Associate Division Chief, Multispecialty Anesthesiology; Assistant Director, Acute Pain Service and Regional Perioperative Service
Department of Anesthesiology

Compassionate | Creative | Committed | Collaborative

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