



Elite Anesthesiology Board Training  
 Targeting Boards Through Focus and Discipline  
 www. boardprep.com

# Dr. Jensen's Anesthesiology Board P.R.E.P. News

Post-Graduate Review and Education Programs 1999

Dr. Jensen's Anesthesiology Board Prep prepares anesthesiologists for Written-Recertification and Oral Board examinations. Since 1990, over 5,000 anesthesiologists have become Board PREP Rangers. Dr. Jensen individually coaches more anesthesiologists taking Board examinations than anyone in the USA. We do it the most because we do it the best.

## "COACH'S REPORT"

"I Don't know what to tell you about this war. The undertakers are winning it. The politicians talk of the need of it, the generals of the glory of it, and the soldiers just want to go home." Some are dubious regarding a military analogy when it comes to Boards. They have never struggled on any examination, including Boards. But this does not apply to every anesthesiologist. For many, the analogy to war and to a battle is not far-fetched at all. Further, with pressures to become Board certified steadily increasing, ramifications of failure are often increasingly significant.



#1 Board Coach Niels F. Jensen, MD  
 "Coaches More Anesthesiologists taking Boards than anyone in the USA"

My primary purpose in writing this newsletter is to maintain my friendship with the many wonderful, disciplined and dedicated anesthesiologists I have had the privilege of serving over the past several years. I also hope to further stimulate interest in my programs and in the information database and performance objectives of the American Board of Anesthesiologists. These programs are #1 in the USA and I hope that anesthesiologists interested in Boards will strongly consider them. As always, thanks to my friends for your past support and personal encouragement. It's been fantastic!

**HISTORY QUIZ  
 FOR THE BOARD PREP  
 RANGER:**  
 (answer on page 4)

- 1) Who was the first President of the American Board of Anesthesiologists?
- 2) Who was awarded certificate #1 by the ABA?

## INDEX

<b>Coach's Report</b>	<b>1</b>
<b>Coach's Corner:</b>	
<b>Oral Lock 'n Load</b>	<b>2</b>
<b>Oral Boards &amp; Casey Stengel?</b>	<b>2</b>
<b>Written Lock 'n Load</b>	<b>3</b>
<b>"What now, Coach?"</b>	<b>3</b>
<b>Recertification Dilemma</b>	<b>3</b>
<b>This is War! Let's Win</b>	<b>4</b>
<b>"Letters to Coach"</b>	<b>4</b>
<b>Registration/Order Form</b>	<b>5</b>

# Coach's Corner

## Oral Lock 'n Load: An important pillbox in 1998

1. What is the most appropriate action if bleeding occurs during needle or catheter insertion in a patient who will be heparinized at some time during surgery?
2. What is the optimal time to remove an epidural catheter in a patient who has undergone a major vascular procedure which required heparinization intraoperatively?

### The Facts:<sup>1</sup>

1. Spinal hematoma after central nervous block is very rare. The design of a prospective, randomized study is ethically and methodologically very complex and would require in excess of 100,000 patients. Meta analysis of nearly one million patients from studies in many centers and spanning over forty years is possible and is the basis for the conclusions drawn below. These conclusions, while arguable, do constitute a rational approach to the problem.
2. Using 13 case series involving 850,000 patients, Tryba estimated the risk for spinal hematoma following subarachnoid anesthesia to be 1: 220,000 and following epidural anesthesia to be 1: 150,000.

3. Presenting signs of acute spinal hematoma include muscle weakness, back pain, sensory deficit, urinary retention, and paraplegia.
4. The only successful treatment for a compressing spinal hematoma is emergency decompressive laminectomy with evacuation of the hematoma.
5. Final neurologic outcome from a compressive spinal hematoma depends upon: 1) the speed with which the hematoma develops; 2) the severity of preoperative neurologic deficit; 3) the size of the hematoma; 4) most importantly, the time span between hematoma formation and surgical decompression. Surgery should be performed within 8 hours of the onset of paraplegia.

### The Arguments:<sup>2</sup>

Here are some reasonable recommendations with the above five facts in mind:

1. If bleeding occurs during needle or catheter insertion in patients who will be heparinized at some time during surgery, it should be rescheduled for the following day under general anesthesia.
2. At least 60 minutes should pass after the time of central nervous blockade before full heparinization is initiated.
3. Epidural and spinal catheters should be removed when the following conditions are met: 1) at least 120 minutes have elapsed after stopping heparin; 2) normal clotting times have been restored.

---

<sup>1</sup>Vandermeulen, EP, Aken, HV, Vermlyen, J. Anticoagulants and spinal-epidural anesthesia. *Anesth Analg* 79: 1165-77, 1994.

<sup>2</sup>Ibid

## Oral Boards:

### How not to do it: Stengel-ese I

Casey Stengel was one of the best managers in the history of major league baseball. He joined the New York Yankees in 1949 and until 1961 his teams were the most successful in the history of the game. During one stretch, the Yankees won the World Series five times—a mark unequalled. Despite his brilliance as a manager, Stengel would probably have been a perennial at the Anesthesiology Oral Boards. Without a complete overhaul of his style (not to mention substance), his experience would likely have been one of repeated frustration. He serves as a model of how not to answer a question. Generally, it is much more important to study models of verbal excellence than models of verbal ineptitude but in Stengel the ineptitude is brilliant, entertaining, and deserves careful study. (The quotes are verbatim and no typing errors are involved)

In 1958, the day following the All Star game, Stengel and his star outfielder, Mickey Mantle, appeared before the Senate Subcommittee on Antitrust and Monopoly to testify concerning baseball's request for exemption from anti-trust laws. It was a memorable occasion for all concerned. He is some of the testimony:

Senator Joseph C. O'Mahoney: "How many minor leagues were there when you began?"

Casey Stengel: "Well, there were not so many at that time because of this fact: For anybody to go into baseball at that time with the educational schools that we had were small, while you were probably thoroughly educated at school, you had to be—we only had only small cities that you could put a team in and they would go defunct."

If you answer questions like, this please give me a call. Answering specifically the question asked is an important goal of the Oral Board examinee. Because he was such an entertaining character, Stengel could get away with an answer like this. When communicating with a surgeon or taking an Oral Board, you and I can not.

# WRITTEN LOCK 'N LOAD

From The Joint Council on In-Training Examinations  
American Board of Anesthesiology-American Society of Anesthesiologists

---

There are three ways to focus upon Written exam content: analysis of key words, old questions, and "Joint Council"(Lock 'n Load) topics. Dr. Jensen has analyzed every key word since 1988 and categorized each according to a topic covered in Big Blue. He has answered virtually every old question ever released by the Board. Periodically, a council of the ASA and ABA meets. Over twenty topics have been released to guide residency programs in teaching efforts. Twenty topics might not seem like many, but time has shown them to be a "target rich" environment. Let's "Lock n' Load" on one of them!

---

"The following responses on the 1995 ITE suggested misconceptions in specific areas of the knowledge domain of Anesthesiology. . . based upon the performance of CA-3 residents taking the examination for ABA credit."

(I regard these "misconceptions" to be important because in a competitive situation questions related to them stratify and discriminate within a group, thus meeting their goal. Go over these several times. Be careful! Expect the concepts to be disguised with distracters and land mines all around the target area. Ranger attack!)

According to the Board:

**2/3's of CA-3 residents failed to acknowledge that nitrous oxide has myocardial depressant properties.**

Barash states, "When given alone in a 40% concentration, nitrous oxide can decrease cardiac output. . . When nitrous oxide is given to patients with heart disease, particularly in combination with opioids, it causes hypotension and a decrease in cardiac output."

## Recertification Dilemma

Whether to recertify should not be a dilemma at all. Of course you should recertify, and for a number of reasons! First, it's rewarding, challenging and fun. It provides an opportunity to review relevant information to anesthetic practice. Second, the recertification exam is currently not very difficult and the pass rate is high. It used to be that the Written exam was straightforward. Today, it is very challenging. The recertification exam could go the same way. Third, the importance of recertification will grow and just as with primary certification, what is "voluntary" can evolve over time to something virtually mandatory.

The recertification exam is a subset of the Written examination. It is currently shorter, does not involve K-type (multi-choice, multi-guess) questions, and enables the examinee to actually "throw-out" a certain number of questions.

The "Big Blue" book is the premier tool to focus effort and study for the exam. The course is a question/answer format and is a very efficient way to cover relevant subject material, as well as identify areas of individual strength and weakness. Beyond passing, the program serves as an effective review of the fundamental basis of anesthetic practice.

## WHAT NOW, COACH?

Dr. Jensen: Is it possible to spend too much time with Big Blue? A couple of weeks ago upon walking into my bedroom, I found "Big Blue" on my bed with a night gown over it and my fiancée's ring on top of it. She asked if I would prefer to sleep with "Big Blue" since I spend more time with it than with her! What should I have said?  
Ranger W, Chicago Platoon

Dear Ranger W: I am a battlefield coach. My advice usually ends at the bedroom door. Because of the delicacy of this situation, I need to make an exception. We've known each other for a couple of years and you are a brilliant anesthesiologist; but you've done a poor job of informing your fiancée about the implications of Board certification. Please share with her the letter on page four. Board certification is now virtually mandatory. Professionally, HMOs and third party payers increasingly desire it. So do surgeons and peers. Personally, it often caps an academic career distinguished by a long record of success. Board certification is within the reach of every anesthesiologist and one shouldn't quit until it's achieved. As has been said, "There is no failure except in no longer trying. There is no defeat except from within, no really insurmountable barrier save our own inherent weakness of purpose."

– Onward to Victory, Niels F. Jensen, MD

# A FAVORITE THIS IS WAR! LET'S WIN QUOTE

Great Battles: The Civil War, Part I—The Final Campaign

"It was the fourth day of May, and beyond the dark river there was a forest with the shadow of death under its low branches, and the dogwood branches, and the dogwood blossoms were floating in the air like lost flecks of sunlight, as if life was as important as death; and for the Army of the Potomac this was the last bright morning, with youth and strength and hope ranked under starred flags, bugle calls riding down the wind, and invisible doors swinging open on the other shore. The regiments fell into line, and great white-topped wagons creaked along the roads, and the spring sunlight glinted off the polished muskets and the brass of the guns, and the young men came down the valley while the bands played. A German regiment was singing, "John Brown's Body."

Beside the roads the violets were in bloom and the bush honeysuckle was out, and the day and year had a fragile light that the endless columns would soon trample to fragments. The last campaign had begun, and a staff officer sat on a bank overlooking the Rapidan and had a curious thought: how odd it would be if every man who was to die in the days just ahead had to wear a big badge today, so that a man watching by the river could identify all of those who were never coming back.

...The men who marched away from winter quarters that morning took a last look back and saw a golden haze which, even at the moment of looking, they knew they would never see again. They tell how the birds were singing, and how the warm scented air came up the river valley. . . It would never be like this again, and young men who were to live on to a great age, drowsing out the lives of old soldiers in a land that would honor them and tolerate them and finally forget them, would look back on this one morning and see in it something that came from beyond the rim of the world."

—Bruce Catton, *A Stillness at Appomattox*

## ANESTHESIA HISTORY FOR THE BOARD PREP RANGER

THOMAS D. BUCHANAN, MD

Dr. Thomas Drysdale Buchanan (1876-1940) was the first President of American Board of Anesthesiology and was awarded Certificate #1. He graduated from the New York Homeopathic Medical College in 1897 (one of a class of seventeen) and became professor of anesthesia in 1904. He held several important positions, including Clinical Professor of Anesthesia at Columbia, but it was his support and promotion of the American Society of Anesthesiologists and the American Board of Anesthesia which were his most notable achievements.<sup>1</sup>

<sup>1</sup>Anesthesia History Association Newsletter, "Thomas Drysdale Buchanan", 9: 1, January, 1991.

## Letters TO THE COACH

"Dear Coach:

After sixteen tries (I think I've really lost count), thousands of dollars spent on courses all over the country, years of shame for not having passed the boards, I received notice two days ago that I passed the Written exam this year. I know that I was able to pass this year because of "Big Blue" and because of your course in Chicago. I was sick of all of the study materials I had before but I was immediately motivated by "Big Blue". I couldn't believe how focused I was and would sometimes study for three hours straight without a break. I was still able to concentrate. The course was also extremely helpful. It focused me on weak areas and was a very efficient way to review. . . I cannot tell you what it means to me personally to know and prove that I am able to pass this test. Just consider it! My daughter was 10 when I started this. She is now 26. I will never again have months of every year ruined by constant and ineffectual study, "vacations" to useless courses when I should have been with my family, listening to the "elite" of anesthesia giving the same canned, useless speech. Board certification is finally within my grasp! Thanks for the focus and guidance."  
Dr. J.-Chicago Platoon

1-800-321-7737 or 319-337-3700  
 319-341-9818 (fax)  
 njensen@boardprep.com (e-mail)  
 http://www.boardprep.com

# THE KEYS TO "V"!

Victorious Warriors Win First  
 Then Go to War.  
 Defeated Warriors Go to War First  
 Then Seek to Win.  
 — Sun Tzu

Making the Critical Difference:  
 The top homestudy materials for Written-Recertification and Oral Boards in the USA:  
 "Big Blue" / "Baby Blue" – "Big Red" / "Spiels"

## REGISTRATION FORM

The program is not the cheapest. It is the best. Remember, "The bitterness of poor quality remains long after the sweetness of cheap price is forgotten."

### WRITTEN FIELD TRAINING EXERCISES

FT. LAUDERDALE: Jan 7-10, 1999  
 CHICAGO: April 22-25, 1999  
 DALLAS: May 13-16, 1999  
 NYC/NJ: May 27-30, 1999  
 LOS ANGELES: June 10-13, 1999  
 NYC/NJ: June 24-27, 1999  
 CHICAGO: July 3-7, 1999

### ORAL FIELD TRAINING EXERCISES

CHICAGO: Please Call  
 NYC/NJ: Please Call  
 LA: Please Call  
 CHICAGO: Please Call  
 DALLAS: Please Call  
 FINAL PREP COURSE: Please Call

VISA/MC/Discover/American Express

Exp.

Check all appropriate boxes. Please type or print legibly and include all information requested. Then, mail this form and your check payable to:

**Anesthesiology Board P.R.E.P.**  
 235 Lexington Ave  
 Iowa City, Iowa 52246  
 800-321-7737

Name  
 Address  
 City  
 Phone

State Zip  
 Date of Boards?

### ESSENTIAL BOOKS

#### WRITTEN-RECERT

Essentials for the Anesthesiology  
 Written Board Examination - "Big Blue" \$550  
 "Big Blue" Update \$250  
 Written Board P.R.E.P. Cards - "Baby Blue" \$250  
 "Ranger Lock 'n Load" Audio Tape \$50  
 Practitioner Written Tutorial \$935  
 Fellow/Resident Written Tutorial \$625

**ORAL**  
 Essentials for the Anesthesiology  
 Oral Board Examination - "Big Red" \$550  
 "Big Red" Update \$250  
 Oral Board P.R.E.P. Cards - "Spiels by Niels" \$250  
 Cases and Tapes for the Anesthesiology  
 Oral Board Examination - "Ranger Red" \$400  
 (Includes full Case Book and Tape Set 1 of 3 (Tapes 1-6)  
 Tape Set 2 of 3 (Tapes 7-12) \$50  
 Tape Set 3 of 3 (Tapes 13-18) Coming Soon! \$50  
 "Outlining" Audio Tape \$50  
 Oral Tutorial \$935  
 Complimentary Newsletter Free

Amount Paid \$

I am enclosing a check  
 Please charge my Credit Card

Anesthesiology Board P.R.E.P.  
235 Lexington Ave  
Iowa City, IA 52246

## KEYS TO "V"

#1 Board P.R.E.P. Coach Dr. Niels F. Jensen:  
Statagizing for Victory on Boards

**Dr. Jensen's Anesthesiology Board P.R.E.P.**  
*Post-graduate Review and Education Programs*  
**The Best Medicine for Boards**  
**1-800-321-PREP (7737) or 319-337-3700**  
**319-341-9818 (fax)**  
**<http://www.boardprep.com>**  
**email: [njensen@boardprep.com](mailto:njensen@boardprep.com)**

"I send you one single thought, one sole  
idea that is written in red on every beach  
from Australia to Japan. There is no  
substitute for Victory!"

—Gen. Douglas McArthur