Welcome to Central Line. I'm your guest host for today's show, Dr. Brooke Trainer. And today, I'm welcoming Dr. Lori Conklin to the show so we can learn what it's like to serve on the Board of Medicine and to be a practicing anesthesiologist in the great state of Alaska. I knew her once upon a time as a practicing anesthesiologist at the University of Virginia, where I ran across her during my anesthesia critical care fellowship. She was also very active in the Virginia Society of Anesthesiologists before being appointed to the Virginia Board of Medicine. She has a very interesting story, and she's a great guest for this day in the life of an anesthesiologist episode. Welcome to the show, Dr. Conklin. I'm thrilled to have this opportunity to speak with you today.

Oh, thank you very much, Dr. Trainer. It's good to be here, actually.

Let's start off by learning a little bit about you. You've held some pretty interesting positions. Can you tell us a little bit about where you've been and where you are now?

Okay. I did my residency at Baylor College of Medicine in Houston, and from there I was looking at a wide range of programs. I interviewed in Virginia and they flew me up, which as a resident, was, you know, really nice. And it was very beautiful. I'd never been to Virginia before. And I got along really well with the faculty that I interviewed with. I really had a great time, flew back home and was really torn. I thought, okay, I've been offered a job up in Boston at the Brigham and, you know, who would have thought that would have ever happened? I came from a town with three stoplights and not even a McDonald's. And so I really was torn. And but what kind of sealed it for me was on Christmas Eve, I got a sweatshirt from UVA and I thought, oh, my gosh, they have parties, they send Christmas presents and they work. So that place has got to be
something special. That's how I ended up in Virginia. It was a great move. I was there for almost 16 years and pretty much loved every minute of it.

DR. TRAINER:

So tell me a little bit how you got involved during that time in Virginia on the Board of Medicine.

DR. CONKLIN:

Well, it started out with me getting involved with the VSA. I went to the VSA meetings and they said, Oh, we have an empty spot on our list for officers at the VSA. Would you like to be secretary? And I'm like, Oh yeah, sure, that sounds good. And so I kind of slid into that position, which got me integrated into some of the workings of the anesthesiology as a profession outside of the practice of medicine. And so that got me interested in just how things work. Not necessarily from a clinical standpoint, but from a practice standpoint. So then leading into the Board of Medicine, I was on call one Sunday night at UVA and we got these emails from the VSA and it said there is an opening for the Virginia Board of Medicine. So I thought, well, heck, you know, I'm not doing anything right now. I guess I'll just apply for this. So literally it was just I'm bored, I don't have anything to do. I'll just send in my CV and fill out this form and see what happens. And lo and behold, three months later, I got this phone call and said, you know, congratulations, we'd like you to come for orientation. So how that happened.

DR. TRAINER:

That is amazing. And it's so true what you say about just being present, showing up and then being a glutton for volunteering. Right?

DR. CONKLIN:

Exactly. That's exactly right.

DR. TRAINER:

And I know you're no longer in the Board of Medicine role, but I'm wondering if you have any opinions on things to watch out for coming down the pike that might be problematic or present unique opportunities for the board. Like what should we keep our eyes on? Is there anything folks like me can do to ensure that the board of Medicine, you know, stays on top of these things?
DR. CONKLIN:

So as far as what we need to look out for, scope of practice issues are still on the front burner, that that is something that is hit on in multiple states every year. Our ASA VSA or state society lobbyists do a really good job at defending us, but they are kept very busy because it seems like every year something is brought up regarding that scope of practice. And it's rather interesting because it's not that we as practicing anesthesiologists have anything against CRNAs, AAs working together with us. It's just the independence side of it, I think is something that is just it's just their training is just different. And that's something that unfortunately, I think a lot of the general public understands. And we can always do our very best to get out that message as just to what the differences are so someone can make an educated decision, right, who they want, being in charge of their of their health care.

The second thing, financial issues like Medicare, Medicaid billing, that is something that from a financial standpoint, and someone who still has to pay a mortgage, et cetera, is high on my list. I don't want to work for free. And I like being compensated for all the things that all the training and the education, the birthdays, weddings, etcetera that I've missed. So we I think it's important that we have a seat at the table when it comes to reimbursement.

And then one thing that's high on my list, just personally, are naming rights you see down in Florida and some of these other states, nurse anesthesiologists. Now, how confusing is that title?

DR. TRAINER:

Title misappropriation, I think. Correct, yeah.

DR. CONKLIN:

It's total. And you get paid patients and they don't know I mean, used to when attendings wore long coats and medical students were short white coats. Now, everybody in the hospital has a long white coat on. You know, that is a set up for confusion. You get the muddy down the water so much that the standard average American doesn't know who's taking care of them. And that puts us as anesthesiologists who are more behind the scenes, I think, at a distinct disadvantage because we're not there with the patient from the very beginning of their diagnosis. And so we don't get the opportunity to develop that rapport, if that makes sense. I tell some of my patients, if you see me again, there's a problem, um, unless it's, you know, socially.
DR. TRAINER:

So, Dr. Conklin, you had mentioned that mentorship was really a key influencing part of your involvement in the Board of Medicine. Any words of encouragement for specialty leaders? Maybe listening today to get more involved in mentorship for rising physicians or even listeners hoping to one day follow in your footsteps, including folks like me? Any advice for those who want to engage more substantially?

DR. CONKLIN:

Yes, mentors are so incredibly important. And if I if I might share a little story as an aside, right before I got accepted into medical school, I was working as a waitress in Houston on a Saturday morning I waited on this table and there was a man and his wife there. I just happened to, you know, take his credit card for payment, went and noticed on he had MD by his name. And so I went back and gave him his credit card. I said, Oh, that's very interesting that you're a physician. And really slowly he was like, Yes, I'm a cardiothoracic surgeon. Like, I might not know how to either say that or what that meant. Oh, that's great. I'm going to medical school this fall at UT Houston. And he's like, Oh, that's wonderful. Would you like to come into the ORs with me sometime? And so that led into my publications of the first three papers I ever wrote were with him, and that set me apart to be different when I was looking for a residency position because I already had three papers published. And you can find a mentor anywhere and you can be a mentor anywhere. From the VSA ASA standpoint, one of the cardiac anesthesiologists at Baylor, I got to know really well. She went on to become one of the presidents of the ASA. Through my meeting her as both a surgical resident and then as an anesthesiology resident, I was able to rely on her guidance and leadership because our relationship went back, you know, ten years.

You know, if you show up and you act interested and you put yourself out there and you're willing to be a participant and always say yes, don't say no, then it just affords you a wealth of opportunity. And then as a mentor, it's just so important to try to give back to guide the next generation, because that's one of the reasons why we are in academic practice, is to prepare the next generation of anesthesia leaders.

DR. TRAINER:

That's right. Yeah, that's so true. I want to talk a bit about your life now. Just transition a bit, but and talk about how it's changed. But please stay with us through this short break and we'll be right back.

(SOUNDBITE OF MUSIC)
Hi, this is Dr. Alex Arriaga with the Patient Safety Editorial Board. Perioperative Insulin Administration in the pediatric population requires attention to detail. There are considerations pertaining to preoperative fasting, insulin formulations and dosing and management of hypoglycemia, hypoglycemia and other potential metabolic abnormalities. In addition, insulin pumps and continuous glucose monitors are becoming increasingly common. Attention to principles of patient safety can help avoid preventable patient harm regarding perioperative insulin administration. Avoid excessive reliance on verbal communications over those that are written. Have an ongoing mechanism to review insulin order sets and policies with attention to any insulin ordering practices that may be unclear. Provide clinicians with a means for updated and accessible education on the latest in perioperative diabetic management by promoting patient safety and best practices in perioperative insulin administration. Health care professionals can work together towards providing even safer anesthetic care to the pediatric population.

For more information on patient safety, visit asahq.org/patientsafety22.

Dr. Conklin, welcome back. So at some point, you made an enormous change in your life. Could you tell us about that decision to move to Alaska? What inspired you and how is it all working out for you now?

Oh, that's, that's funny. Just like about everything else that's happened to me in my life, it just so happens that we had this pandemic hit. And as you know, working, especially working in the ICU in 2020, it was a struggle as anesthesiologists. I mean, we were literally on the front lines taking care of these patients. When you have something that starts out as a respiratory disease in nature, we were there for for these patients whenever they would come in. And so little was known about it being a novel virus. You know, you didn't know exactly what the effects were going to be or how susceptible you really were at catching it. And that's just the the path we chose. We chose to take care of this patient population. And so it was a real isolating time for, I think, us as a profession, especially at UVA, where we got referrals from a lot of different places and a lot of these smaller hospitals were not doing anything at all because of lockdown. We
I mean, we were full. Um, and so I began feeling very isolated and I felt more increasingly just out of step with, with the practice of medicine, how I had known and loved it. Why, you know, why I went into the practice of medicine. Wasn't to practice in a silo. We're social creatures just by nature. So that was hard. Um, and we had some leadership changes at UVA, and I just felt like in order for me to grow best as both a person and as an anesthesiologist, I really needed to step out of my comfort zone and make another big move like I did in 2006 when I went from Texas to Virginia.

So I looked around, pulled out my little map again and thought, okay, I've already been in Texas. I've done that. I've now been in Virginia. I've done that. So where is it that I could move? Um, that would allow me to completely step out of my comfort zone? Oh, yeah. Alaska. So, So I, um, put the wheels in motion to. To move up here to get a homestead. And I picked a little town about ten minutes north of Anchorage. It's called Eagle River. It's beautiful. There is a river here called Eagle River. Yeah, so I moved up here. I actually decided, like I said, to have this homestead. I had been watching, you know, all these cute little reels from about the Nigerian dwarf goats. Oh, my gosh, they are so cute. Um, merino wool lambs. Who doesn't like merino wool? I don't even know how to spin wool, but the sheep are sure cute. Um, and then if you have a farm, you've got to have chickens. I've never had them before either. So I bought most of my animals when I was on vacation in Italy before I even got here. I didn't even have a barn. But they lived in my garage for the first eight months.

DR. TRAINER:

I'm just smiling ear to ear and it's just sounds incredible. So what's your new hobbies? Any any new hobbies then? Besides, I guess, um, farming and animal watching?

DR. CONKLIN:

Oh, yeah. I mean, you really get into animal watching up here. Let me tell you, whenever you've got moose that can wander through your yard at any given moment,. Today's trash day, and so the rule in the summer is you can only you have to have bear trash cans. And I didn't even know what those were when I moved up here. But I now have two of them. They lock on the top. So you can only take your trash cans down at 6:00 on the morning of garbage day. You cannot take them down the night before. If you do that, you're going to get a fine. They're very, very particular about not habituating bears to people food. You know, a fed bear is a dead bear. And so they really protect the wildlife here. So animal watching, there's a neighborhood, big black bear. Oh, my gosh. That thing is big. Um, fishing. I'm scheduled to go halibut fishing again this Thursday. And this time I'm going to go in Prince William Sound, which should be interesting.
DR. TRAINER:

Very interesting experiences. Definitely broadening your horizons, it sounds like.

DR. CONKLIN:

Oh yeah, I mean, it's so broad. This place is not for the faint of heart. It'll get you when you are when it's -20 and you decide like I did to go dog sledding, you have to really want to be outside in the cold.

DR. TRAINER:

So, Dr. Conklin, just to transition a little bit, what's practicing medicine like there? Is there any unique idiosyncrasies that play out when it comes to like accessibility of care or workforce issues, patient safety, things like this.

DR. CONKLIN:

Oh, well, yeah, there are some real unique issues. I mean, given the fact that from Juneau to Barrow is the same distance from Orlando to Maine -- 1100 miles. This state is big. My practice is in the biggest hospital in the state in Anchorage. And that being said, it's still just a level two trauma center now. We function as a level one, but some of our surgical subspecialties have to cover call to different hospitals. So we can't technically be a level one because they may be at native or at regional. So it's the biggest hospital in the state. We take referrals from everywhere.

And they have to fly. A lot of our patients are flown in either from the bush or from other cities, from other cities that have hospitals that just don't have our level of care. And if we can't handle it, it has to go to Seattle. And that's another, what, 3.5 hour flight from Anchorage. So it puts the pressure on us to really, again, step out of our comfort zone because, you know, sending a patient to Seattle for something that you could do here in Anchorage is, you know, that's a big ask for a patient, unless, of course, it's a transplant or something like that. That's a big ask because they're going to be down there. They're not going to have any family support. They'll be taken on a medevac plane and then the family will be, they'll be stuck here. And so you think of going through operations with no social support system is that can be daunting and scary. Not to mention the fact they have to ride on a medevac plane. What if they don't like to fly? Um, all the things.

And speaking of transplants, it's, you know, we don't do any transplants here in Alaska, not even kidney. And you want to understand how isolated it is up here. There was a
man from Fairbanks. He is on the heart transplant list. He was found … a match was found for him back in the winter, just earlier this year. But he couldn't get there. Fairbanks was fogged in because of weather. He finally got here to Anchorage and we were again, airports were closed again because of weather. And so unfortunately, the transplant window for him evaporated. They had to, you know, send the organ to the next person on the list. So he missed out on that. And so he now lives in Seattle because he doesn't want to, you know, risk missing another opportunity. But, you know, those heart transplants aren't they don't just come up every every week.

And we do a really good job at our practice is a lot a lot different. I'm performing my own cases, which I've never done. And that was really stepping outside of my comfort zone, especially the first six months. I'm not supervising. I'm actually getting my room ready and doing all the anesthetic, everything, writing all the orders, all that myself. So it was a really good opportunity for me to grow both as a person and as a practicing anesthesiologist.

There's a lot of drug use up here, a lot of alcoholism. And so you see the problems associated with that. You see a lot of abscesses. We've had a few vegetations on valves of young patients in their 30 seconds from IV drug abuse. There's a lot of patients who they live outside of a health care system and they've never seen a doctor. Unfortunately, as you know, many of those patients, the first time they ever see a doctor, it's usually not good. It's oh, man, they come in and they are really sick. So the referral base is broad. The tourists in the summer, inevitably, especially right after the COVID restrictions were lifted, you would get patients from cruise ships that things like that.

DR. TRAINER:

Interesting. Yeah. I mean, that's definitely a a different set of problems that I'm sure I mean, I'm sure you dealt with some of that back in the States, but probably just a higher proportion of that complexity of right care out there, I can imagine.

So you've talked a little bit about your journey with with us today, but I know that you've also shared your journey and experiences on social media, Facebook and things like that. And I think your Facebook page is Lori in Alaska if I'm correct And I'm curious. Yeah, I'm curious what you've learned from engaging online and sharing those experiences with your virtual friends and colleagues who are still living vicariously through you.

DR. CONKLIN:
It's been really interesting. For the most part, people have been really great. I haven't had too many haters. You know, I get on there and primarily I'm poking fun at myself. If you can't laugh at yourself, you're, you know, you cry. But that won't be any good up here. Your tears will freeze. So so, yeah, I just you have to have a light hearted approach to the social media aspect because none of it's really real. I try to show people a little glimpse of the things I've learned. For example, if you're going to use a snow blower on your driveway and your driveway is 200ft long and it does have a slope to it, you might you might want to put on your microspikes because otherwise you're going to be falling down and that thing's going to fall on your face. And I've taken care of a few patients who had snow blower accidents. Oh, my gosh. I took care of a son who stuck his hand out in a snow blower, and he came in and had to have an operative repair. And then later that day, in comes his dad. Same thing. Same thing.

So you learn a lot up here just by doing. The Alaskans are just I'm just going to figure this out myself a lot of there's a lot of that mentality. So I just take a lighthearted approach, look at it from that standpoint. Yeah. What is it like to get five feet of snow in one week? That stinks. And if you don't shovel or sweep off your deck, if you don't stay on top of it, you will not see your deck for months. And so you've got to watch that. You also have to watch your smaller pets, like my dogs are big, but you can't let your little baby dogs out in your yard. They'll get scooped up and the next thing I know, they'll be on one of those webcams that have the baby eaglets being born. They're popular. To put the cameras, you'll see them bringing in someone's pet cat. Oh, yeah. There's lunch, dinner and breakfast the next day. We had a moose walk in our hospital a few months ago, and he used to automatic door a young male moose. Now, the thing that people don't realize that I learned from moving up here was bears, yes, bears, they can kill you, but they usually don't. Moose, they are mean. They are mean. They're like, vindictive. And they'll wait for you. I mean, it's moose, yeah. I am way more afraid of a moose whenever I take my trash out in the morning. So that's what I'm on the, on the alert for is. Is okay. Is there a moose anywhere in the vicinity? Because they can sneak up on you for something whose legs are six feet long they can sure be stealth. You've got to adapt.

DR. TRAINER:

Adapt. Exactly. Yeah. So, you know, we've talked a lot about, you know, your, your time and adapting and all the adventures that you've had. But is there any lessons that you've taken away so far? I'm sure you have so many more to to learn and grow, but. That this adventure, you know, moving to Alaska has taught you that you'd love to share in closing with our audience.

DR. CONKLIN:
Oh, I guess my main point is don't wait. Opportunities to do something special. Things that you may think that you're interested in, but you're not sure. Just do it. I'm 57 years old right now. It would have been a lot easier to do the things that I'm trying to do right now when I was 30. So don't wait. Just take advantage of every opportunity, whether it's, you know, being on committees, being on the board of medicine. In your practice, you know, being a leader in your practice, whether it's an academic practice or a private practice. Just seize those opportunities and and take the, you know, take take a chance. It. Don't be afraid to fail. Don't be afraid of embarrassing yourself.

DR. TRAINER:

Dr. Conklin, it was so great to hear about all your adventures and all your time in Alaska and and all your words of encouragement and and leadership and mentorship in our society as well. And I just want to really thank you for joining me and sharing your story with all of our listeners and wish you the best of luck in your adventure as you continue your journey in Alaska and beyond.

DR. CONKLIN:

Thank you. It was my pleasure.

DR. TRAINER:

This was fun. And thanks to you, our listeners, for tuning in. Don't forget to share like comment or follow. And please join us for more central line soon.

(SOUNDBITE OF MUSIC)

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