Preparation the Alumni Newsletter is a wonderful opportunity for me to step back and reflect on what has happened in the past year in the department and at Stanford in general. The daily and weekly activity frequently makes one lose focus on the "bigger picture" of an academic department and medical center in constant evolution in a medical marketplace that appears to be going upside down. The department continues to grow and expand, although in a careful manner and in selected areas. Let us look at some of these areas and issues.

During the past year, the impact of recruiting Dr. Elliot Krane to lead the expansion of pediatric anesthesia has become visible to all. Elliot has provided vision and leadership to both Lucile Salter Packard Hospital and our department. Pediatric surgery continues to grow, especially with the recruitment of a major pediatric solid organ transplant program from San Francisco. Stanford now has one of the largest pediatric renal and liver...
News From the Editor

Thomas W. Feeley, M.D.

This issue of the Alumni Newsletter is devoted to new clinical developments in the Department of Anesthesia.

As you can see from Dr. Stanski's column, there are many new faculty with new ideas about how to continually improve the department.

The most pressing concern for our residents is how they will fare in the ever tightening market for practice opportunities. As you can see from Dr. Mihm's column on the residency program, while all of our residents found positions, more than half were in fellowships. How they will fare after their fellowship training is still an unknown.

This year we are starting to publish short biographical sketches of some of our completing residents in the event you are looking to add a Stanford graduate to your practice. You can also find information about all of our residents at the Department of Anesthesia's world wide web site. The address is:


We all look forward to seeing you at the Stanford reunion in Atlanta!

Residency Update

Fred Mihm, M.D.

The Anesthesia Residency program at Stanford is alive and well in 1995. This year twelve residents have finished their training, and they are all working. Of the twelve, five are in full time private practice positions in Sacramento, Houston, Albuquerque, Las Vegas, and San Antonio, while seven are pursuing fellowship training in Pain (3), OB (1), ICU (1), Pediatrics (1), and Cardiac Anesthesia (1). Our residents continue to obtain some of the best fellowships in the country, whether at Stanford or elsewhere in the country (Cardiac anesthesia at Emory, Pediatric anesthesia at Penn).

Change is a constant theme in our residency program as we continue to look for ways to enhance our training program

Some of these changes are:

Simulation Training

With the opening (July 1995) of the new Anesthesia Simulation Center at the Palo Alto VA Hospital by Dr. David Gaba, a new aspect of education has been introduced into the residency program.

Each month, 4 residents will spend a full day in the Simulation Center to enhance their developing skills in their specialty.

Regional Anesthesia

Under the leadership of Bill Brose, a new series of regional anesthesia didactic and practice sessions giving residents "hands-on" instruction on volunteer "patients" has been inaugurated.

In small groups, residents will receive the best instruction that we can provide in peripheral nerve blocks for the upper extremity (axillary, interscalene, blocks at the elbow and wrist), lower extremity (femoral, sciatic) as well as neuroaxial techniques.

Computer Literacy

Recognizing the computerization of the practice of anesthesiology as well as our everyday lives has directed us to provide computer facilities at all our affiliated institutions, and to open a special computer facility in our new Anesthesia Library and Computer Resource Center.

All residents now receive free email accounts on their orientation day into the program.

The Computer Resource Center has new MAC and PC computers, a laserwriter printer, flatbed scanner, and a slide maker, with CD rom readers on the way.

We have begun developing a homepage for the anesthesia department on the WWW (World Wide Web) thanks to the efforts of Will Spiegelman.


Educational goals and programs to meet those goals are being developed, and we welcome any ideas from interested alumni.

(fmihm@leland.stanford.edu).

We are also interested in using our computer resources to network with alumni, to provide links with our residents looking for jobs, and to give you access to academic resources (lecture handouts, clinical consultations, computer education, etc). Send me your ideas and your email address if you have one.

The thinning of the applicant pool over the last few years has gotten everyone's attention. We are proud to be the only West Coast anesthesia program that filled its residency in the match for July 1996. We hope that our continued openness to innovation and change to improve our residency experience will retain our position as one of the best anesthesia programs in the country.
Resident Profiles of this Year's Graduating Residents

James Healzer, M.D.
Chief Resident in Anesthesia

I am a native of San Jose and I attended college at Stanford, where I received B.S. and M.S. degrees in biology. I attended medical school at UCLA, and then completed a residency in internal medicine at UCSF. After practicing internal medicine for a brief period, I came to Stanford for my anesthesia residency. I am particularly interested in obstetric anesthesia and cardiac anesthesia, and I would like to remain in northern California following the completion of my training.

Daniel Millspaugh, M.D.

I grew up in a small town in southern California. After receiving an A.S. from a community college, I attended the University of California, San Diego, where I majored in Biochemistry and Cell Biology. I then attended medical school at the University of California, San Francisco. I came to Stanford in June, 1992 for an internship in internal medicine, and I then began my anesthesia residency. I am currently researching the acid-base effects of intraoperative crystalloid choice in pediatric surgical patients. Following the completion of my residency, I plan to pursue fellowship training in pediatric anesthesia.

Robert Sanborn, M.D.

I grew up in Huntington Beach, and I attended UC Santa Barbara and Dartmouth Medical School. I completed an internship in internal medicine at Oakland Naval Hospital, and then spent two years as a General Medical Officer with a Marine infantry battalion at Camp Pendleton. I would prefer to live in the western United States, and I would like to work in a general practice of anesthesia.

Douglas Brown, M.D.

My undergraduate training included two years at the University of Michigan followed by three years at UCLA. I then attended the University of Cincinnati College of Medicine. I am interested in both cardiac anesthesia and obstetric anesthesia. I am very flexible in terms of where I would like to settle down.

John Ryu, M.D.

I will complete my anesthesia residency in January, 1996. I graduated from Vanderbilt University School of Medicine, and I completed my internship in internal medicine at Vanderbilt Hospital. I am interested in general operating room anesthesia in either community practice or an academic setting, and I am also considering fellowship training in pain management. I plan to live and practice in either the Northeast, Southeast, or West Coast.

Brian Smith, M.D.

I will finish my anesthesia residency in December 1995. I became interested in third world health issues after a trip with Interplast to Ecuador last September. During the month of October I will be in Kampala, Uganda teaching anesthesia at Makerere University Medical School. I plan a one year fellowship in 1996 with Drs. David Gaba and Steve Howard studying anesthesia patient safety and anesthesia training modalities in the anesthesia simulator facility at the Palo Alto VA Medical Center. I ultimately hope to practice anesthesiology on the west coast, preferably in my native Pacific Northwest, or in California.

Marinder Atwal, M.D.

I have been an anesthesia resident at Stanford since October, 1994. Prior to coming here, I completed 15 months of anesthesia training at the Medical College of Wisconsin in Milwaukee. Although I will have a focus on cardiac anesthesia this year, I have received excellent breadth and scope in my education at both institutions. I completed my internship in a transitional year program with a focus on internal medicine and critical care at the Medical College of Wisconsin program at St. Joseph's Hospital in Milwaukee. I also attended medical school at the Medical College of Wisconsin. Being a native of northern California, I intend to remain in northern California following completion of my training. I was born in India and moved to Yuba City at the age of nine. I lived there until my undergraduate years, which were spent at the University of California at Davis.
Pediatric Anesthesia at Stanford

Elliot J. Krane, M.D.

Pediatric anesthesia is slowly unfolding as a subspecialty at Stanford. The changes that have occurred in the past have been driven by the dedication of the administration of the Packard Children's Hospital to have a subspecialty-based practice, and by the rapidly enlarging number of children who undergo surgery and other invasive procedures at Stanford.

One of the most remarkable features of our service is the rapidly evolving caseload, which is quite unique and complex. With the successful Packard Hospital recruitment of the transplant service, we now have the largest pediatric kidney and pediatric liver transplant service in the country, if not the world. Other mainstays in the operating room continue to keep us active, including very busy craniofacial, neurosurgery, and orthopedic surgery services, and a growing volume of general surgery, urologic, and cardiac cases. Many of these patients are now offered a range of regional anesthetic techniques to facilitate their intraoperative course and smooth their recovery from major surgery. Notable is the increasing use of spinal anesthesia and analgesia for children undergoing cardiac surgery.

We are now providing anesthesia daily for a wide range of procedures outside the operating room including endoscopic procedures, biopsies, cardiac catheterizations, interventional cardiology procedures including EP procedures, and interventional radiologic procedures.

Overall, our volume is much higher than was predicted one year ago. The same may be said for the volume of children cared for by the Pediatric Pain Service, which has nearly doubled in the past twelve months.

As I look to the future, I see a division of twice the number of faculty we now have, two fellows, and dedicated pediatric operating rooms to facilitate scheduling and training of residents. At the present rate, Stanford will offer a training experience that is nationally unique, fun, and challenging, while providing state-of-the-art operating room and pain management for children.

Gregory Hammer joined our practice in May of this year from a busy practice at California Pacific Medical Center, where he was the PICU director and one of two pediatric liver transplantation anesthesiologists. Greg is our liaison with the PICU and carries the title of Associate PICU Director at Stanford, and is developing solid organ transplant anesthesia for children. We are presently interviewing a number of talented and impressively qualified candidates for two more positions that we would like to fill this year in our division. The division therefore now consists of Elliot Krane (Director), Al Hackel, Yuan-Chin Lin (Pain Service Director), Greg Hammer, and Kristi Peterson (part time). I sadly note that Gail Boltz left our division in May for Chicago, where her husband is a neurosurgery fellow.

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Come, join your fellow alumni at THE MANSION!

Alumni Reunion
Sunday, October 22, 6 - 8 p.m.

THE MANSION

Established in 1970, the restaurant is situated on a full city block conveniently close to downtown Atlanta. This century-old mansion (1885) remains as one of the finest examples of High Victorian Shingle Style Architecture. The tradition of excellence carries into the sheer variety of dining that can be experienced here. All this is supervised by an internationally known chef noted for his creative and unusual cuisine.

Come, join your fellow alumni at THE MANSION!
Almost three years ago I was asked by Dr. Stanski and Dr. Mazze, Chief of Staff at the PAVA Health Care System, to join the department. My specific task was to organize and lead a Surgical ICU Service that would provide up-to-date critical care services to patients, educate medical students, residents and fellows and foster academic research activities. With the superb help and enthusiasm of Dr. Juli Barr and the support of Dr.'s Mazze, Stanski, Baden and Rosenthal, the SICU Service started functioning in March 1992. In addition to Dr. Barr and myself, our current faculty includes Dr. Ed Bertaccini, a former resident and fellow in our department, and Dr. Fred Dirbas from the Surgery Department.

The Surgical Intensive Care Service at the VA Palo Alto Health Care System provides critical care to all surgical patients in the SICU. The daily patient census in the SICU ranges between 7-12 patients and consists of cardiac surgery (50-60%), general surgery, vascular surgery, neurosurgery and urology patients (10-20% each). Occasionally, plastic surgery, ENT, and orthopedic surgery patients are admitted to the SICU as well. All bedside charting and note writing are done on a computerized patient charting system (Emtek). While the patients retain their surgeon as their primary care provider, the SICU Service assumes the responsibility for overseeing and coordinating the care of all patients in the SICU, including writing daily orders and notes, and performing needed interventional procedures on all patients. The SICU team consists of an attending (i.e., 1 of 3 anesthesia attendings cover the service for a week at a time; a fourth attending from surgery shares night and weekend call), 1-3 clinical fellows (1-2 ICU fellows from the Stanford ICU program and a pulmonary fellow), 1-2 anesthesia residents, a surgery resident and medical students. Residents and students on the Service pre-round on all patients each morning together with the SICU Fellow and the chief residents from the primary surgical services. Formal SICU Service teaching rounds with the SICU attending commence daily at 8 AM and last until 9:30 AM; they are then followed by Radiology rounds where all daily X-rays on SICU patients are reviewed by the team together with a radiology resident and attending. During the week, the SICU Service organizes daily noon conferences in which topics from the core curriculum of critical care medicine are formally presented and discussed in detail. Following the noon conference, the post-call resident may leave after signing out to the remaining ICU resident(s). Remaining residents admit all new patients, accompany patients to all studies and procedures outside of the SICU, perform all interventional patient procedures to all studies and procedures outside of the SICU, perform all interventional patients' procedures, and gather information in preparation for SICU evening work rounds. Evening rounds which start at 3 PM include the regular members of the SICU team as well as the fellow and/or attending on call that evening. Residents take call on the average of every third night. Fellows and attending physicians also participate in in-house call.

Since the creation of this new SICU Service, the average length of stay in the SICU has decreased considerably, or cancellation due to the lack of ICU beds has almost completely disappeared and an average of $150,000 per year is being saved on SICU drug expenses (Critical Care Medicine, 1994). The research efforts of the SICU Service have focused on studying the pharmacokinetics/pharmacodynamics (pk/pd) of sedative drugs in critically ill patients in close collaboration with the pk/pd research group headed by Drs. Stanski and Shafer.

We would heartily welcome any of you who may be visiting the area to join us on rounds or just come around to say "hello".
transplant surgical programs in the country, with all of the pediatric anesthesia implications.

Dr. Greg Hammer has joined Elliot Al Hackel and Yuan-Chi Lin from his community practice in San Francisco. General pediatric surgery continues to expand; two more new pediatric surgeons will start in September. We are continuing to recruit for an additional two pediatric anesthesiologists to provide care for this increasing surgical volume. Unfortunately, Dr. Gail Boltz left Stanford in June for Chicago; her husband is undertaking a pediatric neurosurgery fellowship in that city. Elliot describes the new division's activities in another section of the newsletter.

During the past year, Dr. Terry Vitez also joined the department. Terry brings many years of community anesthesia clinical care along with a more recent experience in the new area of anesthesia practice management. His long interest and expertise in anesthesia quality assurance also has arrived. Terry will soon assume the medical directorship of the Stanford Operating Room. He has joined forces with Dr. Alex Macario, a former resident in our program who has now completed a one-year fellowship in the area of health care and policy management. They have created the first OR management fellowship. Terry will be leading Stanford Health System's efforts to optimize care and costs in the operating room along with providing leadership and innovation within the department.

Last year I announced the birth of Stanford Health Services (SHS), a new organization that combined the forces and skills of the Stanford University Hospital and the former Faculty Practice Plan. This new organization represents a much closer integration and dependence of hospital and faculty medicine. Additionally, there have been major leadership changes throughout the medical center.

Dr. Gene Bauer, former chair of Dermatology has replaced Dr. David Korn as Dean of the School of Medicine. Peter Van Etten, former chief fiscal officer for Stanford has been appointed the permanent Chief Executive Officer of SHS. Dr. Victor Dzau has replaced Dr. Ted Harris as chair of the Department of Medicine and Dr. Chris Zarins is the new acting chair of the Department of Surgery, replacing Dr. John Niederhuber. The deck of cards was shuffled this past year!!

The department is continuing to add new faculty, develop new programs and actively contribute to the success of Stanford health systems

The Stanford Alumni have been instrumental in completion of two special projects in the past year. Following an alumni fund-raising effort, the department has now completed a major library renovation and also established a dedicated laboratory of anesthesia simulation under the direction of Dr. David Gaba. The library renovation has created an expanded computer resource for residents and faculty, a comfortable and relaxing reading/study area and a more organized, useful library. The official opening will be this fall. The Simulation Center for Crisis Management Training in Health Care was officially opened in July at the Palo Alto VA. All residents will now get regular simulator training, formal courses will be given for anesthesia practitioners and the research efforts of Drs. Gaba, Howard and Fish will expand. Faculty and alumni contributions to date for the above two projects are approximately $35,000. Thank you to the faculty and alumni who supported the fund-raising.

I am going to save the update of alumni contributions and working with him to maintain Stanford's academic strength in our specialty.

Finally, I look forward to seeing as many of you as possible at the Atlanta ASA and the department Alumni reception to be held on October 22nd.

President

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productivity, quality assurance, systems design - in short, the modern tools of management.

Increasingly, Stanford anesthesia alumni cross-train in management. As an alumni association we can help each other learn these new skills. From personal experience, it is easier to teach physicians to manage than to teach managers medicine!

I look forward to seeing y'all in Atlanta, where we have arranged an elegant meeting in ante-bellum surroundings - a wonderful opportunity to share experiences and perspectives on our progress and management changes at Stanford. Your input and support are critically important to the Department as we transition to a new era. We need your help - when we hang together (as Ben Franklin said), we won't hang separately!