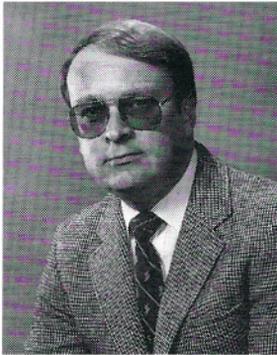




Stanford Anesthesia Alumni Association

Volume 8 September 1996

Chairman's Report



Donald R. Stanski, M.D.

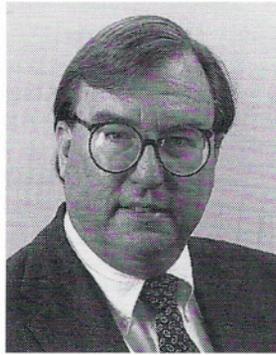
“... the alumni newsletter is a wonderful opportunity to review the past efforts of the department and project the new and unrealized changes that are ahead.”

As I enter the fifth year of my leadership of the department, the alumni newsletter is a wonderful opportunity to review the past efforts of the department and project the new and unrealized changes that are ahead.

Many of the past year's initiatives are now reaching adolescence, with the attendant rapid growth and sometimes uncertain behavior!! Dr. Steven Fischer's Pre-Operative Assessment Clinic has received both institutional and national recognition. The July, *Anesthesiology* journal has a lead article from Steven and an editorial that is attracting telephone calls from around the country. Dr. Jim Healzer, trained in both anesthesia/internal medicine and our chief resident from the 1996 graduating resident class will join the faculty and work in conjunction with Steven to continue to mature and expand the pre-surgery

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Report from the Association President



William New, Jr., M.D., Ph.D.

If there is any silver lining for anesthesia in the clouds and chaos of managed care, it is the greater sense of community and pulling together in shared adversity that has developed throughout our specialty. The essence of community is communication, the everyday sharing of ideas and experiences.

E-mail and the Internet have made our personal and professional communication easier than ever. I would encourage all alumni who do not have a personal e-mail account to

“E-mail and the Internet have made our personal and professional communication easier than ever.”

sign up soon. It is very low-cost (often free). I invite all alumni to send me an e-mail message (williamnew@aol.com). We will compile an electronic alumni directory and return a copy to you — by e-mail!

Stanford has been very active incorporating e-mail and the internet into daily activities. I encourage you to

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The Department of Anesthesia, Stanford University

invites you to attend its

Alumni Reunion Reception

Monday, October 21, 1996

6:00 p.m. to 8:00 p.m.

Omni Royal Orleans

621 St. Louis Street

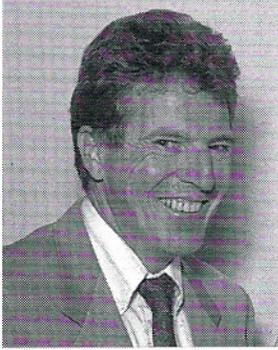
New Orleans, Louisiana



RSVP on enclosed envelope.



News From the Editor



Thomas W. Feeley, M.D.

“... the Newsletter features ... pieces from our Alumni Association President, and our Director of Research.”

Greetings from Stanford! This year's issue of the Newsletter features a review of the department's activities from our Chair as well as pieces from our Alumni Association President, and our Director of Research. In the past year the department opened a new anesthesia simulator center and re-opened a remodeled library with the financial help of many alumni. We have therefore featured articles about those changes. We also added two articles about our residents. The first deals with the experiences our graduates had in finding practice opportunities or fellowships. We asked all of our graduating residents to describe their experiences. All eventually found opportunities in anesthesiology although it clearly is not as simple as it was when you completed your training. The second article profiles some of our residents who will be completing their training this year. Since many of our residents have gone to groups where other Stanford graduates practice, we thought you might like to know who is completing this year. Please feel free to contact them or any of the faculty for more information. As always, we are very proud of our upcoming graduates! I hope to see you at the reception in New Orleans!

Research

Mervyn Maze, M.B., Ch.B.

“... we defined a limited number of research foci on the basis of an existing critical mass of investigators....”

During the last academic year the Director of Research position was reestablished as much to unburden the Chairperson of the day-to-day responsibilities for this activity as to enhance our position among the elite academic departments in the country, and hence the world. How can we achieve this lofty goal given the relatively small size of our department coupled to the austere funding situation. The key to our re-engineering strategy is to become more integrated.

Following a series of “town-hall” meetings two years ago, we defined a limited number of research foci on the basis of an existing critical mass of investigators as well as the likelihood that these areas could attract external funding. In each of these foci, we would pursue “linearly integrated” research in which we could leverage off each other's ideas and resources. Unlike other departments which have relied heavily, if not exclusively, on “hired guns,” we gave a healthy blend of both physician and non-physician investigators which allows us to pursue a line of investigation at several levels from molecules to man.

A pivotal element to the success of this strategy is the viability of the physician-investigator in today's harsh Health Care environment. The lifeblood is time; both the commitment to spend the time to undertake rigorous scientific training as well as the nonclinical time to consummate the research. In both instances the time has to be paid for. In the case of time for training, this can be achieved through NIH-sponsored Program Projects and Training Grants while nonclinical time must be paid for by principal investigator-generated grants and/or contracts.

With this strategy in place, I am confident that we have the personnel and the resourcefulness to increase our prowess in research.

Here Are Our Upcoming Graduates

In order to familiarize our alumni with our upcoming graduates, I asked all of our residents who will be completing their training either in January or next June to write a paragraph describing themselves and what types of practice opportunities they were interested in so we could publish their profiles in the newsletter. We received responses from 7 of our 14 completing residents and have published them below. Please feel free to contact them or any of the faculty for more information. They are a great group of graduates! (TWF)

Gary Coppa, M.D.

Having lived my entire life in California, I did not come to appreciate the racial and sociopolitical tolerance and diversity of the Pacific Coast (contrary to what the media would have us believe). After seeing what life is like elsewhere, I hope to stay in one of the western states and enter a private or hospital anesthesia. I would like to practice a variety of operating room and/or labor and delivery anesthesia, perhaps utilizing my senior year concentration in pediatric and cardiac anesthesia. In addition, I intend to continue programming, and maintain my ties with programmers at Stanford, perhaps getting involved in a project on the World Wide Web or in computerizing the OR.

Email: coppa@summit.stanford.edu.

Thomas Ellis, M.D.

I will be a 32 year old graduate looking for work either in Southern California, the Bay Area, or New York City. My original intention was to return to Manhattan but I have become so accustomed to the climate and lifestyle of California that I wouldn't mind staying here. I enjoy pediatric anesthesia and would be happy working in a place that would allow me to anesthetize children. I have no restrictions with respect to where I will practice but would like to remain close to an urban area.

Email: tellis@leland.stanford.edu

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Graduates

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Annie Evans, M.D.

Hello to my fellow Stanford graduates! My name is Helen Anne Evans (Annie) and I am one of the upcoming graduates of the Department of Anesthesia 1997. It is a pleasure to make your acquaintance on paper, and someday hopefully we will meet in person. Here is a short synopsis about me and my life.

I am not a California native, but a homegrown Midwesterner, born and raised in St. Louis, MO. My undergraduate days were spent in Bloomington, IN, at Indiana University where I received a BS in biology and minor in psychology. Following undergraduate, I stayed in the Hoosier state and received my MD from Indiana University School of Medicine in Indianapolis. Yes, I am a big basketball fan. I then traveled back to St. Louis and spent a year at St. John's Mercy Medical Center where I completed a transitional internship. My curiosity and adventurous spirit then led me out of the Midwest to sunny and beautiful California and Stanford University.

I have truly enjoyed the people I have met and the experiences I have had these past two years and hope to have a lifetime more of them. It is hard for me to believe it is my time to think about life after residency, but it is coming near. At this time my thoughts post-residency are of a group practice that will enable me to use all my skills as an anesthesiologist. There isn't really one specific area I have enjoyed more than the others in the field and would like to continue administering a variety of anesthetics for a variety of cases (including Peds, OB, Cardiac, if possible). Also, I've come to think of myself as a California transplant and would preferentially like to stay in the Bay Area if possible. Outside of California, I would enjoy the Pacific Northwest, West, Rockies, or back in the Midwest.

This is an exciting and ever-changing time in medicine and I know I must keep my eyes and mind open to whatever these times may bring. Overall, I am just looking forward to practicing anesthesiology and medicine to the best of my knowledge and

capabilities. Hopefully, I will help a few people, bring some joy and happiness to others, and have some fun along the way.

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Michael Leong, M.D.

Hi. My name is Michael Leong. I was born in Vancouver, Canada, and grew up in the San Francisco Bay Area. I went to Santa Clara University and then to Georgetown Medical School. My anesthesiology training started at U.C. Davis and I am completing my residency at Stanford. I am pursuing a fellowship in Pain Management. I wish to practice clinical anesthesiology and pain management in Northern California, particularly the San Francisco Bay Area and Sacramento regions.

Email: MSLEONG@leland.stanford.edu

Diane Pond, M.D.

Having been born and raised in the Big Sky Country of Montana, attending medical school at Stanford was a great opportunity. I had initially thought I would go into internal medicine but was so impressed with the anesthesia department at Stanford, especially OB anesthesia, as well as ICU, I decided to do an anesthesia residency here at Stanford. I have enjoyed my residency training so far and hope to some day practice in a private practice type setting which also has variety in the types of cases I see. I especially enjoy OB anesthesia and have to include it in my practice. I am not particularly tied to any geographical area, however, I do enjoy the Bay Area. I also would very much enjoy practicing in any of the western states, i.e., especially Montana, Colorado, Washington, Oregon.

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Cliff Schmiesing, M.D.

I will finish residency in July 1997. I went to Stanford for undergraduate, UCSF for medical school, and then completed a residency in internal medicine at California Pacific Medical Center. I practiced emergency medicine on staff at Kaiser, Oakland and was also in general practice on the Mendocino Coast for two years before returning to Stanford.

I enjoy all aspects of OR anesthesia, including pediatric and

cardiac, and I am interested in preoperative assessment. In addition to my previous training and work experience, I plan to spend time during my third year working with Drs. Steve Fischer and John Pollard focussing on preoperative assessment. I would enjoy the opportunity to combine an OR practice with work in the area of preoperative assessment.

My wife Laurie and I live in Mountain View with one two-year-old daughter Allie in a home we have tried to "fix up" in all our spare time. We have many family and personal ties to the Bay Area and we would like to remain here if possible.

Email: schmies@leland.stanford.edu

Chris Tataru, M.D.

My career goal is to practice Obstetrical Anesthesia. My immediate plan is to apply for an OB Fellowship. Alternatives: (1) academic career — case in which I would like to do an OB Anesthesia Fellowship and (2) private practice — some combination of OB Anesthesia and General OR.

I will be extremely flexible in terms of location choice.

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President

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get on the World Wide Web and browse the many sites dedicated to anesthesia, both from Stanford and other major institutions. Paper specialty journals may soon become a luxury of the past, and today's important research developments and breaking news often hit the Internet before the printed page.

I look forward to seeing many of you in New Orleans this year at the ASA. There are exciting developments we will be able to share with you. Today's entering residents are the precious seeds for anesthesia progress in the coming century. We need your moral and financial support to insure that Stanford remains at the top in this next generation. Send me some e-mail and I will send you the details. And share with us your thoughts and feedback over the Information Highway!



Anesthesia Simulation

David Gaba, M.D.

In July 1995, The Simulation Center for Crisis Management Training in Health Care opened at the VA Palo Alto Health Care System. The Center is co-sponsored by the Stanford University Department of Anesthesia (through generous donations of many alumni) and the VA Palo Alto HCS. The approximately 1600 square foot facility contains a state-of-the-art CAE Patient Simulator system (based on technology invented at Stanford by David Gaba and his students) that replicates the physiologic and pharmacologic behavior of a patient in the OR, ICU, ER or other clinical setting. The simulator's patient mannequin has many clinically relevant features: heart sounds, breath sounds, palpable pulses, twitch response to a standard nerve stimulator, working IV lines, etc. A difficult airway can be produced on command. The simulator's computers and electronics also provide signals to real clinical monitors (the Center has both Hewlett Packard and

"The Center is co-sponsored by the Stanford University Department of Anesthesia (through generous donations of many alumni) and the VA Palo Alto HCS."

Datex monitors) for ECG, invasive and non-invasive blood pressures, pulse oximetry, temperature, cardiac output, etc. The mannequin produces CO2 so that an actual respiratory gas analyzer works in the usual fashion.

The simulator is used for special training of anesthesia residents in Anesthesia Crisis Resource Management (ACRM), a curriculum designed by Stanford anesthesia faculty David Gaba, Kevin Fish, and Steve Howard. The full-day ACRM course is run once each month for four residents at a time. The bulk of the course involves highly realistic simulation scenarios (see photo) each of which is followed by a



A resident as the primary anesthesiologist ("in the hot seat") during ACRM training. The role of scrub nurse is also played by a resident, while an instructor acts as the surgeon.

The control room of the Simulation Center. The computer at the right controls the simulation. The Macintosh computer (middle) controls the video annotation system. A one-way glass window and multiple video cameras allow the instructor to see the action in the OR.



detailed debriefing session (see photo) using videotapes of the preceding simulation. In December, 1995 the prime time news magazine Dateline NBC aired a segment on the ACRM course which was filmed during an actual training session with Stanford anesthesia residents in August. During the coming year, the Center hopes to begin CME training in ACRM for experienced anesthesia practitioners.

The simulator is also used weekly by faculty member Pam Fish to teach medical students during their anesthesia clerkship. The students come for two half-day sessions, one at the beginning of the clerkship and one at the end. The simulator team also conducted a special training session on airway management, monitoring, and an introduction to the care of dynamically changing patients for 2nd-year medical students at the end

of their Preparation for Clinical Medicine course.

Stanford anesthesia alumnus Brian Smith is doing a research fellowship in simulation, and is also the Center manager. Other ongoing or planned activities at the Center include three research projects on human factors and human performance in the OR and ICU (including an investigation by Steve Howard of the effects of fatigue). The Center staff also hopes to extend ACRM-like training into other areas such as ICU, ER, Neonatal Medicine, etc. Finally, work may soon begin on collaborative studies and training sessions for the pharmaceutical and medical device industry.

The Center staff would like to thank those alumni and corporations whose generous gifts help make the Simulation Center a reality.



Experiences of Last Year's Graduates

In June, I asked our graduating residents to write a paragraph for the newsletter describing their experiences in finding either a practice opportunity or fellowship. Of the 12 graduating residents we received responses from 6. These seem to be fairly representative of what things are like for residents completing training currently. (TWF)

Sammy Hassan, M.D.

Oh, what a feeling!! Glad it's over! I started process seven months ago. I brought a FAX machine and sent over 200 copies of my CV, mostly to West Coast hospitals. I spent one to 3 hours a day on the phone, calling heads of Anesthesia groups. My phone bill was \$300-\$600/month (it used to be less than \$80/month). Most people never returned my phone call or told me, "So, you want a job, market's tough!"; or "Even Stanford folks can't find jobs". I heard nothing positive until three weeks before I finished my residency when six offers came in all within four days of each other. To make a long story short, it was the most difficult thing I had ever had to do. I would rather study for the S.A.T. or MCAT's than to have to go through what I did in the past seven months. I have joined a private practice in Portland, OR.

Laureen Hill, M.D.

I knew very early that I was interested in the ICU program at Stanford. In fact, the ICU training program was the primary reason I selected Stanford for my residency. After my first year as an anesthesia resident, I approached Drs. Feeley and Rosenthal to express my interest in the ICU fellowship, and now, here I am!

Camille Holeyfield, M.D.

I will be free-lancing at four different hospitals in the Bay Area. As of this writing I have work so far only through August. I have had no practice offers. Prospective employers in the Bay Area are looking to hire only after you have free-lanced for a while with

them. Reimbursement is generally on an hourly rate. Sixty dollars per hour is what I am averaging. Some places pay \$800/day. Some places let you bill for cases you do. It took a lot of phone calling to get the spots. I was on the phone and mailing out resumes starting in February. A lot of summer locums requests came the last couple of weeks in June when I was already scheduled for other work.

Dan Millsbaugh, M.D.

Finding a fellowship in pediatric anesthesia was relatively easy for me. I asked all the pediatric faculty about the best programs. I then applied to the top three and two "good" programs (just to make sure). I got interviews at all of them. I scheduled the interview at my first choice (Seattle) about one month ahead of the others to give them time to accept me before I had to go to other (expensive) interviews. I told them what I was doing (full disclosure). They understood, and one week before my next interview they said, "we want you". I said, "Thanks"! I called the others and said, "sorry, I accepted another offer". That's it.

The hardest part was getting somebody to cover for me in the VA ICU during my interview (not really that difficult), and, of course, all the paperwork.

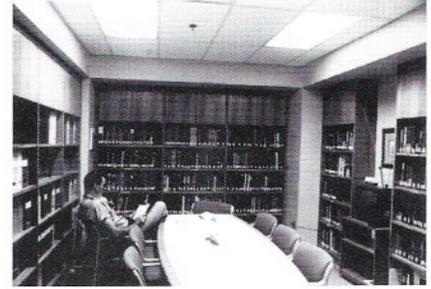
Cathy Russo, M.D.

My experiences in obtaining my Pain Fellowship position are limited. I chose to do a chronic pain rotation early in my CA-3 year to make my final decision if I was interested in Pain Anesthesia. After finishing the rotation in September 1995, I expressed to the Pain attendings at Stanford my strong interest in doing a Pain Fellowship with them. I am married and was not interested in pursuing programs outside the Bay Area. UCSF told me in November 1995 that I was "too late to apply for 1996 ... I'd have to apply for 1997". They also said "we've had our fellows chosen for months!"

Fortunately for me, I have been chosen to work with Drs. Longton, Gaeta and Brose at Stanford!

Alumni Support Revitalizes Anesthesia Department Library

Linda Foppiano, M.D.



Thanks to the many generous donations by alumni, faculty, and the Azko Nobel Pharmaceutical Company, the Anesthesia Department's Penner Library has been markedly improved and expanded. This expansion helped to make room for the extensive collection of books and journals which Dr. H. Barrie Fairley graciously donated to the library for the use of our residents, fellows and faculty. Over eighty newly purchased textbooks and several educational videotapes have also been added to the library's collection.

The library has also been remodeled to include a computer room with one pentium, two Macintosh personal computers, a laser printer and a copy machine. This room has heavy use and is much appreciated by everyone.

All the materials are intended for use within the library and an electronic security system has been installed to discourage the disappearance of materials. The addition of the copier eliminates the need for removal of materials for copying.

We are very proud of our Anesthesia Library and of the alumni and faculty who have and are continuing to help build this wonderful resource.



Chairman

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preparation of patients at Stanford.

The pediatric anesthesia division under the leadership of Dr. Elliot Krane has also experienced continued growth in both volume and complexity. This division now offers a full range of pediatric services, including inpatient and outpatient pain care, out-of-OR sedation services, a return of our department to pediatric intensive care attending and the continued improvement of intraoperative anesthesia for children with one of the nation's largest hepatic and renal transplant services. Three full-time faculty, Drs. Jeanne Rosner, Gail Boltz, and Doug Crockett, have been added in the last year. Gail returns as her husband, Steven, becomes Stanford's first full-time pediatric neurosurgeon. Doug Crockett is a former resident who has completed a pediatric anesthesia fellowship at CHOP in Philadelphia. Dr. Kelly Colingo-Falberg has also joined the group on a part-time basis for part of the year. Drs. Krane and Maze are searching for another group member who would lead the pediatric anesthesia academic program development.

The Perioperative Management faculty led by Drs. Vitez and Macario have two experienced, senior anesthesiologists serving as fellows this year. Dr. Patrick Burch, a former fellow and faculty member of the department who is currently CSA president, and Dr. Matt Weinger, an Associate Professor from UCSD. This group has been instrumental in developing new Stanford Health Services clinical service standards for the department along with implementing new statistical control concepts to monitor department start and turnover times. SHS is in the final stages of recruiting a new head OR nurse manager. Once this is complete, increasing involvement in the overall function of the OR will continue to evolve.

The Alumni Association fundraising effort has allowed completion of the resident library/computer room renovation and the Simulator Laboratory Center at the VA. All of the residents now have regular exposure and contact during their residency to the crisis management approaches that Dr. David Gaba and colleagues have prepared.

The remainder of the clinical services remain strong and busy, including the general OR, cardiac, OB and the ICU. The Pain Service has the new leadership of Dr. Ray Gaeta while Dr. Bill Brose has taken a year's leave of absence from the department. This group has been joined by Dr. John Massey, a recent fellow and pain fellowship graduate. A leadership change is occurring at the VA, with Dr. Jeff Baden resigning as service chief after many productive years and Dr. Kevin Fish assuming this position. Dr. Julie Barr has assumed medical

“... I look forward to seeing as many of you as possible at the Department Alumni Reunion in New Orleans on October 21st. See you in the ‘Big Easy’.”

direction of the respiratory therapy services at the VA, a new activity and venture for the department.

Mervyn Maze has assumed the role of the Department Director of Research in the past year. He is leading efforts to strengthen and integrate our current investigative efforts. Also, he is attempting to recruit a senior clinical/scientist to provide academic leadership and integration of the pain/neurobiology/clinical pharmacology research programs. The current laboratory based research programs have been stable over the past year, with an increase of the amount and complexity of clinical research, much of it supported by industry. Peer-review funding continues to be brutally competitive at the NIH level.

Moving to the institution, Stanford Health Services (SHS) has now passed its second birthday. The organization is strengthening and the benefits of physician practice/hospital service integration are beginning to be visible. While there continues to be significant competition and price erosion, SHS and the department continue to increase surgical volume each year. At the School of Medicine, Gene Bauer enters his second year of leadership, creating several new

programs and initiatives, including a clinical trial center and “bench-to-bedside” centers of research excellence. At the chair level, Dr. Gary Steinberg assumed the Chair of Neurosurgery, Dr. Larry Shuer has become the new Chief of Staff for SHS and Dr. Victor Dzau, Chair of Medicine, has resigned to head Brigham and Women's Department of Medicine at Harvard with Dr. Harry Greenberg as Acting Chair of Medicine.

Two big clouds loom ahead in the next year. First, there will be an integration of the administration of the Lucile Salter Packard Children's Hospital with SHS, hopefully retaining the feel and flavor of a true children's hospital. The leadership of UCSF and Stanford are actively discussing the potential merger of the administrations of the two medical centers, creating a new, private enterprise (UCSF partially exits the state system) run by joint board and administration. The goal of this new integration is to capture greater tertiary and quaternary specialty care, create unique identity in California and obtain cost savings from integration and prevention of duplication. The impact of this merger on the two departments of anesthesia is not apparent yet. More next year if this really happens.

Sincere thanks to Azko Nobel Pharm. Co. (Organon) for their generous donation of \$25,000 — \$10,000 to the Anesthesia library and \$15,000 to operating expenses of Dr. Gaba's simulator.

Finally, I look forward to seeing as many of you as possible at the Department Alumni Reunion in New Orleans on October 21st. See you in the “Big Easy”.

Please direct any correspondence for the Newsletter/Alumni Association to:

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