FROM THE CHAIRMAN
BY RON PEARL, MD, PhD
RICHARD K. AND ERICKA N. RICHARDS PROFESSOR
CHAIRMAN, DEPARTMENT OF ANESTHESIA
rgp@stanford.edu

It was my great pleasure to be the official host for last October’s two-day 50th golden anniversary celebration of the Department of Anesthesia’s founding in 1960. You will read the article 50th Anniversary: A Celebration of Gratitude, Pride, and Optimism elsewhere in this newsletter, but I want to share with you my impressions and some of the remarks I made in my role as host of this special occasion.

First and foremost, the reunion weekend was a time for celebration, for renewing old friendships and for making new ones, creating new memories, and seeing what has changed and what has remained the same at Stanford. My favorite parts of the weekend were those moments when I had a chance to catch up with our alumni and learn how their lives had developed, enriching the field and their communities. I am proud of our alumni and all they have accomplished during their careers.

At the Saturday dinner, we had video interviews of each of the five prior Chairs discussing their personal experiences leading the department. Although I did not have a video, I did provide comments on my own experience. During my first two decades as a faculty member at Stanford, I focused on clinical care, teaching, and laboratory and clinical research. Becoming a chair was never one of my aspirations. However, during the search for a new Chair, I met with the external candidates and was concerned that they did not appreciate what made our department so special. My decision to be a candidate was based on my view that the department’s future would involve building on, rather than discarding, those special attributes.

My eleven years as Chair have been full of fascinating, exciting, fulfilling change. When I became Chair in 1999, few medical students chose anesthesia as a career. Several years later, our specialty was recruiting the best medical students in the country, but faculty were deserting academic anesthesia departments for higher...
salaries in private practice. Many departments simply devolved into clinical anesthesia service departments. The same could have occurred at Stanford, except for the collective foresight of Dean Pizzo, the leaders of Stanford and Packard hospitals, and our surgical colleagues, all of whom recognized the importance of having a high-quality, academic anesthesia department, funding it accordingly, and allowing it to prosper and thrive.

During the past decade we have built on our illustrious history by aggressively pursuing three themes—growth, balance, and collaboration—all of which are key to remaining a great academic anesthesia department.

Growth—During this decade, billings tripled to $100 million per year and collections to $40 million per year. Our department now includes 172 anesthesia attendings, 70 residents, and 24 clinical fellows, who collectively cover over 80 locations within four hospitals. Subspecialties have grown—30 fellowship-trained pediatric anesthesiologists, 14 cardiac anesthesiologists, 7 obstetrical anesthesiologists, 11 pain management physicians, and 15 critical care physicians—and new sub-specialties have proliferated, necessitating the renaming of the General OR group to the Multispecialty Division. In every area, from obstetrical anesthesia to neurosurgery to airway management to pain to critical care, our growth has allowed us to increase the number of faculty with dedicated subspecialty expertise, improving patient care and allowing us to advance the frontiers of knowledge.

Balance—A great academic anesthesia department needs to do four things: provide outstanding clinical care, train the next generation of anesthesiologists, advance the field’s state of knowledge, and develop leaders. We have used growth as an opportunity to progress in all these areas, hopefully using advances in one area to drive advances in the others.

Collaboration—As science and medicine have become increasingly complex, we have expanded intra- and inter-departmental collaborations within Stanford and between faculties at Stanford and elsewhere. We clearly can progress much faster by combining people with different areas of expertise, especially as we begin to tackle big issues with outcomes research, genomics, and molecular biology.

What makes a great academic anesthesia department?

As just mentioned, a great academic anesthesia department needs to do these four things: provide outstanding clinical care, train the next generation of anesthesiologists, advance the field’s state of knowledge, and develop leaders. I believe we have succeeded at all four.

Provide outstanding clinical care—We provide outstanding patient care, including the most complex and challenging patient populations, with results in perioperative care and in pain management that lead the country. We have contributed to the impressive outcomes achieved at Stanford and the VA in such diverse areas as general surgery, solid organ transplantation, adult and pediatric cardiac surgery, obstetrical anesthesia, and critical care. Although the emphasis has been on clinical anesthesia, our excellence comes from using research to develop better methods for clinical care. Over the years, we have made important contributions in adult and pediatric pain management, prevention of local anesthetic toxicity, development of pulse oximetry, management of obstetrical and pediatric patients, simulation for training and for understanding cognitive processes, and the development and use of almost every new pharmacological agent in anesthesia.

Train the next generation—In the area of resident education, we consistently recruit the best medical students in the country, whether assessed by medical school transcripts, AOA membership, board scores, or choice of residency program. Under the direction of Alex Macario as our Residency Program Director, we have taken a leadership role in innovative approaches to resident education, including blogs, tweets, simulation, interactive sessions, and now, with the expertise of Larry Chu and other faculty, the use of laser capture video and the best residency web site around.
Advance the field’s state of knowledge—
Research advances over the past 50 years were covered in Stanford Anesthesia 2010, 50th Anniversary edition and in Dr. Steve Shafer’s excellent presentation at the reunion’s scientific sessions, so I will not comment further here, except to say that during the last decade’s growth the faculty careers of Martin Angst, Ed Bertaccini, Dave Drover, Dave Gaba, Rona Giffard, Greg Hammer, Elliot Krane, Bruce MacIver, Sean Mackey, Drew Patterson, and Jim Trudell have blossomed; and the faculty careers of Brendan Carvalho, Larry Chu, Dave Clark, Gary Peltz, and Dave Yeomans have taken root and been nurtured. And this is just a partial list!

Develop leaders—Our alumni are leaders in both academic anesthesia and private practice. Our faculty and alumni have accounted for four presidents of the American Board of Anesthesiology, multiple ABA board examiners, three officers in the Foundation for Anesthesia and Education Research (FAER), over 30 members in the Association of University Anesthesiologists, more than a dozen chairs or vice-chairs of US departments and at least six in other countries, editors of both major anesthesia journals, and presidents of almost every subspecialty society in anesthesia. Six of our faculty or alumni have been presidents of the California Society of Anesthesiologists, and Joe Annis is an officer in the AMA. The majority of our alumni have been leaders of their anesthesia groups or hospital medical staffs. Our alumn-leaders have made major contributions to improving patient care in their institutions; they have served their communities, including the under-served populations; and they have taught and provided care in other countries.

Fifty years of accomplishment—Finally, as Chair during our golden anniversary year, I take great pride in all 50 years of accomplishments and believe that Stanford Anesthesia will help transform anesthesia’s expansion into perioperative medicine as we focus on improving long-term patient outcomes. As I commented in my concluding remarks, “The best part of being Chair is working with the greatest faculty and residents one could ever ask for. You are the reason that Stanford has succeeded and will continue to lead anesthesiology. I thank you for all that each of you has contributed and hope that you will continue your involvement with Stanford throughout the coming years.”

FROM THE DEPUTY CHIEF
BY RICK NOVAK, MD
ASSOCIATED ANESTHESIOLOGISTS MEDICAL GROUP
rjnov@yahoo.com

Clinical Case for Discussion: A 5-year-old male is scheduled for tonsillectomy. The child is fearful in the preoperative suite, and he is crying, agitated, and clinging to his mother. The patient refuses to swallow oral midazolam. During the preoperative interview, the mother reveals the patient’s interest in the cartoon show, SpongeBob SquarePants. What do you do?

Discussion: You pull your smart phone out of your pocket, cue up YouTube, enter “sponge bob” into the search window, and select a SpongeBob SquarePants video. Once the video is playing on the screen, you hand the phone to the child. The boy immediately becomes calmer, and grows absorbed and distracted with watching the video. You are able to wheel the patient’s gurney away from the mother and take the patient into the operating room. The patient holds onto the phone and watches the video while the staff positions him on the operating room table, and a smooth and uneventful sevoflurane mask induction is carried out.

Anxiety at induction of anesthesia was studied in 1250 children aged 3-12 (Davidson AJ, Shrivastava PP, et al: Risk factors for anxiety at induction of anesthesia in children: a prospective
The incidence of high anxiety at induction was 50.2%. Younger age, behavioral problems with previous healthcare attendances, a longer duration of procedure, having more than five previous hospital admissions and anxious parents were all associated with high anxiety in the patients.

Cancellation of planned surgery because of child refusal is not uncommon. Nine percent of anesthesiologists responding to a survey cancelled one or more cases for child refusal in the past year, and 45% cancelled one or more cases for child refusal during their career (Lewis I, et al: Children who refuse anesthesia or sedation: a survey of anesthesiologists. Paediatr Anaesth 17(12); 2007:1134-42).

Oral midazolam premedication is the most common method for relieving anxiety in pediatric patients prior to inhalation induction. The majority of patients are calm and sedated after oral midazolam, and separate from their parents without excessive crying. Oral midazolam may have a delayed onset or be spit up, and child cooperation is the main variable. Intramuscular medications are effective but cause pain, and they are usually reserved for children who refuse oral premedication or those in whom lighter premedication regimens have failed in the past. Intravenous medications are effective but require an IV be inserted in an awake child. Mask induction can be achieved without premedication. The anesthesiologist can hold the mask over the face of a screaming child, and inhalation induction can be achieved in less than one minute, but the child may have unpleasant or fearful memories of the event.

Non-pharmacologic methods to reduce preoperative pediatric anxiety have been studied. Parents commonly request to be present during induction of anesthesia. Many anesthetizing locations in the United States, including all facilities where the author practices, no longer permit or encourage parental presence at induction of anesthesia (PPIA). Adding PPIA to oral midazolam premedication to treat preoperative anxiety in children has been studied versus a control group using midazolam premedication alone, and anxiety levels at the introduction of the anesthesia mask did not differ significantly between the two groups with or without PPIA. Parents who accompanied their children to the operating room, however, were less anxious and more satisfied (Kain ZN, et al: Parental presence and a sedative premedicant for children undergoing surgery: a hierarchical study, Anesthesiology 92(4); 2000:939-46).

Use of a hand-held video game for pediatric preoperative anxiolysis has been described (Patel, et al: Distraction with a hand-held video game reduces pediatric preoperative anxiety. Paediatr Anaesth 16(10);2006:1019-27). In a randomized, prospective study of 112 children (4-12 years of age) undergoing outpatient surgery, anxiety was assessed after admission and again at mask induction of anesthesia. Patients were randomly assigned to three groups: parent presence at induction (group P), parent presence at induction + a hand-held video game (group VG), and parent presence at induction + oral midazolam (group M). There was a statistically significant increase in anxiety (P<0.01) in groups P and M compared with baseline, but not in the video game group. A hand-held video game was concluded to be a low-cost, easy-to-implement, portable, and effective method to reduce anxiety in children in the preoperative area and during induction of anesthesia.

Gomes described using YouTube displayed on a video screen, attached to the anesthesia machine in the OR, prior to pediatric anesthesia induction (Gomes SH: YouTube in pediatric anesthesia induction. Paediatr Anaesth 18(8);2008:801-2). The disadvantage of this method is that the YouTube video cannot be screened until the patient has already entered the foreign and sometimes-fearful OR environment. If parents are not being allowed into the OR, the child must separate from his parent(s) prior to viewing any cartoon video.

In the 21st Century, the availability and portability of smart phones or iPads make for a superior method of inducing relaxation prior to pediatric surgery. YouTube includes a library of thousands of video clips including nearly every cartoon known to children, all accessible via a 3G or wireless Internet network. Children love cartoons, and watching one is a favorite activity of
presumably every pediatric patient. Merging the smart phone from the physician’s pocket with the children’s love of cartoons creates a wonderful opportunity for a new, non-pharmaceutical premedication—video relaxation. In addition to video entertainment, a smart phone provides access to thousands of game applications. Playing a video game of the child’s choice prior to pediatric induction can help relax both child and the parent in the minutes prior to surgery.

If you haven’t tried it previously, pull out your smart phone and hand it to the next 5-year-old you’re scheduled to anesthetize. The patient, his parents, and the anesthesiologist will all be smiling within minutes!

Editor’s Note: Rick Novak’s catalog of past Clinical Case of the Month Columns is now available online at www.TheAnesthesiaConsultant.wordpress.com

DR. GARY PELTZ WINS TRANSFORMATIVE RESEARCH RO1 AWARD1

“People have been teasing me for years about being a mouse doctor, so I decided to show them a thing or two,” said Dr. Gary Peltz mischievously, when asked how he got interested in Human Pharmacogenetics and Human Liver Regeneration, the subject of the Transformative Research Projects Program Award (RO1) he recently won from the National Institutes of Health (NIH).

Professor of Anesthesia Peltz, MD, PhD, is one of 18 US investigators who landed this prestigious award, designed to “support exceptionally innovative, high-risk, original, and unconventional research projects that have the potential to create or overturn fundamental paradigms.”

Using specially engineered chimeric mice as a revolutionary experimental platform, Peltz and his colleagues hopes to answer these questions:

On the basis of genetic factors, can we predict an individual’s metabolism of medications and determine which medications will work best?

Can we use this information to personalize drug delivery to patients?

Can we harvest fat-based human stem cells, implant them in mice, reconstitute human liver tissue, and transplant that autologous tissue into a human with end-stage liver disease?

Can we create a mature, fully functional, in situ, genetically desirable, human liver within a stable, mouse-model organism?

The Mouse Platform—Peltz and his colleagues worked for several years with Japanese collaborators at the Central Institute for Experimental Animals (CIEA) in Tokyo, Japan to genetically engineer a special, immuno-deficient, chimeric mouse model that can receive human cells to engraft, proliferate, and differentiate. In this model, mice livers express a thymidine kinase transgene. When the non-toxic drug gancyclovir is administered, the mouse liver tissue is ablated, and human liver cells are injected into the mice. They reconstitute mature human liver (with a characteristic gene-expression profile and 3-dimensional architecture), in situ, which survives for 8 months. The mice produce fully mature, functional human liver tissue that does not exhibit liver pathology or need continued drug treatment. The mouse platform combined with recently developed methodology to re-program human skin cells into induced, pluripotent stem cells (hIPS) or to direct the differentiation of adipocyte-derived stem cells could enable a complete paradigm shift for the treatment of liver failure.

The Two Areas of Study—Peltz and his collaborators—Dr. Toshi Nishimura, Research Associate and Dr. Yajing Hu, postdoctoral scholar—will use the $7.5M grant funds over the next five years to study two areas:

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1 Sources for this article include the following:
http://projectreporter.nih.gov/project_info_description.cfm?aid=8017309&date=0
Pharmacogenetic effects of common drugs, including cholesterol medications, on mice with livers grown from human liver cells. “We will determine if the rate of metabolism of tested drugs is determined by the genetic factors within the donor human liver cells used to reconstitute the human liver,” says Peltz. Using engineered mice with mature, functional human livers with known human genetic backgrounds, Peltz and colleagues hope to characterize human pharmacogenetic variables that may result in pharmacogenetic discovery. This study could provide insight into why people’s responses to the same drug vary by genotyping the donor human liver cells, Peltz and colleagues will produce a panel of mice with ‘humanized livers’ with specified human alleles of phase I drug metabolizing enzymes, which can be used to identify genetic differences that affect drug metabolism. They will analyze the rate of formation of human-specific drug metabolites for at least three drugs whose metabolism depends upon human CYP450 enzyme activity.

If Peltz and colleagues succeed, this mouse model will enable performance of pharmacogenetic analyses within an entirely human context, in vivo, with all confounding environmental variables controlled. Identifying the pharmacogenetic factors affecting drug metabolism is a key, first step toward addressing the public-health problems caused by drug-induced liver toxicity—drug candidate failure, withdrawal of approved drugs, and acute liver failure (Hussaini SH, Farrington EA. Expert Opinion on Drug Safety 200;6:673).

Liver transplantation. Liver transplantation, the only available treatment for end-stage liver disease, is limited by the availability of donor organs and the requirement to suppress the recipient’s immune system. Peltz and colleagues will develop novel transplantation methods that enable three types of stem cells to reconstitute a human liver: (1) human liver stem cells, (2) human-induced pluripotent epithelial cells (hiPS), or (3) human adipocyte-derived stem cells. With the experimental mouse platform, they can develop a liver transplantation methodology—use autologous stem cells an avoid immunosuppression. If they succeed, treatment of end-stage liver disease will undergo a complete paradigm shift: Peltz’s model system overcomes the substantial liver transplantation problems (kidney and liver pathology, short lifespan, incomplete liver replacement) of other models.

Peltz and his colleagues are hopeful that performing studies with their revolutionary, experimental mouse platform will result in potentially stunning biomedical advances—ranging from discovering and analyzing human pharmacogenetics to being able to perform autologous human liver transplantation.

Opening of Center for Immersive and Simulation-based Learning

In the Medical School’s brand-new, 28,000-square-foot Center for Immersive and Simulation-based Learning, trainees can work within simulated OR, ICU, ER, and large-disaster environments. These environments contain computerized mannequins simulating standard patients, a mock clinic in which patient-actors interact with trainees, rooms for learning hands-on medical and surgical procedures, and virtual-reality worlds in which trainees’ avatars solve a patient crisis.

According to Dr. David Gaba, Professor of Anesthesia and Associate Dean for Immersive and Simulation-based Learning, “The goal is to have experiential learning completely imbedded,
starting at the beginning of students’ education and maintained through their careers, to “help the young doctor go from being under supervision to being it.” In the 1980s, noting the parallels between skills development, dynamic decision-making, and teamwork on an aircraft’s flight deck and those in an OR, Dr. Gaba and colleagues built the first mannequin-based, realistic anesthesia patient simulator to teach technical, medical skills. The simulator incorporated monitoring, lifelike physiological responses, clinical pharmacology, PK/PD, and anesthesia effects. Young anesthesiologists were tested in simulated, critical and potentially lethal events. Standardized skills training resulted; specialized pediatric and OB simulators simulated crises like catastrophic hemorrhage. Simulation training expanded to include anesthesia crisis resource management—communicating with and leading the medical team in an emergency.

Dr. Gaba and colleagues plans to add more surprise simulations to the working environment throughout the School of Medicine—doctors may answer an emergency call only to find an in-situ simulated crisis to deal with. The point for learners within these high-fidelity simulation situations is to hone skills, get fully debriefed, incorporate expert feedback, continuously improve performance, and build confidence.

Dr. Robin White (mentored by Dr. Giffard) and Kevin Johnson (mentored by Dr. Sean Mackey) are the current fellows supported. Funding will exist for two, additional fellows, beginning July 2012 (application deadline is January 25, 2012). Applicants may or may not have anesthesia residency under their belts, but they are expected to have MD, PhD, or MD/PhD credentials. Trainees will closely interact with both a primary research mentor and a secondary mentor to develop a personal plan and to master these vital skills: pose important and well-thought-out questions; think critically; use cutting-edge, interdisciplinary tools to answer posed questions; present results in oral and written format (to prepare for competitive grant proposal writing); and collaborate to effectively advance research.

Anesthesiology faculty mentors, appointment areas, and research interests are listed below:

- Angst, Martin, MD, Genetics and inflammation in experimental human pain
- Clark, David MD, PhD, Pain genomics, role of heme oxygenase in pain, clinical pain
- Giffard, Rona MD, PhD, PI, Ischemic brain injury, role of astrocytes, gene therapy and computational modeling
- Hammer, Greg MD, PK/PD in pediatric cardiac anesthesia
- MacIver, Bruce PhD, Mechanisms of anesthetic action
- Mackey, Sean MD, PhD, Functional neuroimaging of pain, pain and consciousness
- Patterson, Andrew MD, PhD, Adrenergic receptors in cardiac function and sepsis
- Pearl, Ronald MD, PhD, Pulmonary hypertension
- Peltz, Gary MD, PhD, Genomics, metabolomics, pain addiction and genetics pharmacology
- Trudell, James PhD, Molecular theories of anesthesia
- Yeomans, David PhD, Pain physiology of sodium channels and inflammation

ANESTHESIA TRAINING PROGRAM IN BIOMEDICAL RESEARCH

Dr. Rona Giffard, Vice-Chair for Research, was recently awarded a prestigious T32 training grant, one of 12 awarded in the US, for two years of support for anesthesia fellows interested in pursuing an academic anesthesia research career. Dr. Giffard notes that this training grant complements the FARM program that already exists.

2 http://lksc.stanford.edu/programs/details.html?prog=0
3 Paul Costello’s interview of Dr. Gaba
http://med.stanford.edu/ism/2010/september/5q-gaba-0927.html
4 Excerpted from
http://med.stanford.edu/anesthesia/research/fellowship.html
Faculty mentors from other Stanford departments are listed here:

- Altman, Russ MD, PhD, Bioengineering, Genetics and of Medicine, Bioinformatics, pharmacogenetics
- Butte, Atul MD, PhD, Medicine - Med/SMI & Pediatrics, Genomics and translational bioinformatics of obesity and diabetes
- Davis, Mark PhD, Microbiology and Immunology, Molecular mechanisms of lymphocyte recognition and differentiation
- Davis, Ronald PhD, Biochemistry, Whole genome analysis in *Saccharomyces cerevisiae* and humans
- Glover, Gary PhD, Radiology, Advancing imaging sciences for applications in investigative and diagnostic radiology
- Kobilka, Brian MD, Molecular and Cellular Physiology, Structure, function and physiology of adrenergic receptors
- Mochly-Rosen, Daria, PhD, Chemical and Systems Biology, Protein kinase C isozymes in normal heart function, cerebral ischemia, protein-protein interaction in signal transduction
- Steinberg, Gary MD, PhD, Neurosurgery, Pathophysiology and treatment of acute cerebral ischemia
- Wang, Shan PhD, Materials Science and Engineering, Magnetic nanotechnology, biosensing and information storage

Mentoring is the heart of the training program, but it will be supplemented by didactic training and, for clinical researchers, may be supplemented by a master’s degree in epidemiology or health science research. The faculty mentors are grouped into three overarching areas: 1) Omics: a systems approach to disease, 2) Inflammation, signaling and tissue injury, and 3) Mechanisms of anesthesia and addiction. Some faculty participate in more than one area.

Specific requirements for trainee candidates are listed at [http://med.stanford.edu/anesthesia/research/fellowship.html](http://med.stanford.edu/anesthesia/research/fellowship.html)

**RESIDENCY UPDATE**

**BY ALEX MACARIO, MD, MBA**

**PROGRAM DIRECTOR amaca@stanford.edu**

**Teaching Scholars for 2011**—We are pleased to announce the six, 2011 faculty Anesthesia Teaching Scholars:

- **Ana Crawford** will produce a global health website for Stanford Anesthesia with residents Nate Ponstein and Jack Kan, and she will attend the Global Outreach: Anesthesia in Challenging Environments, a training program in Dalhousie, Canada that prepares anesthesiologists from Canada and the US for global missions.

- **Julie Williamson** will prepare Pediatric anesthesia rotation web curriculum and devise pre/post rotation assessment with residents Laura Downey and Ring Liu, and she will attend the Harvard Medical School Macy Institute Program for Educators in the Healthcare Professions, 2011.

- **Periklis Panousis** will prepare a systems-based practice curriculum for the anesthesia Urology rotation focusing on the management of epidural analgesia with resident Luis Verduzco, and he will attend the Society of Education in Anesthesia meeting, June 3-5, 2011 in San Antonio, TX.

- **Alimorad G. Djalali** will prepare a practical and evidence-based curriculum with assessment for anesthesia for abdominal surgery, focusing on communication between the anesthesiologist and the surgeon, and he will attend the International Association of Medical Science Educators meeting in St. Petersburg, FL, June 18-21, 2011.
• **T. Edward Kim** will prepare basic ultrasound curriculum, and he will attend the Harvard Medical School Macy Institute Program for Educators in the Healthcare Professions, 2011.

• **Vivek Kulkarni** will prepare a bronchoscopy teaching module with resident John Peterson, and he will attend the Society for Education in Anesthesia meeting in Fall 2011 & the Society for Technology in Anesthesia (present project) Jan 2012.

As has been previously described in this newsletter, faculty charged with teaching aspire to achieve the same high level of expertise (in education) as that expected of research faculty (in clinical or laboratory investigation). Expanding and refining the teaching toolbox of faculty is required by the many and changing demands of graduate medical education. To help meet this challenge, the Department supports the Teaching Scholars Program to further train and empower faculty to improve residency education.

This one-year faculty career development award provides the following:

- Funding for travel expenses/tuition (up to $2000) and up to three days non-clinical time for the Teaching Scholar to attend an education-related meeting or workshop.
- Recognition. The Teaching Scholar designation can be added to the CV as a formal title.
- Opportunity to work with others interested in teaching. The Teaching Scholar will work on one project during the year to improve resident education. The Teaching Scholar may work with 1-2 anesthesia residents to help with the project.

**Residents of the Month**—Congratulations to these residents, voted on by faculty:

- June—Joyce Hairston
- July—Evan Serfass
- August—Carlos Brun
- September—Nate Ponstein
- October—Chris Tirce

- November—Matt Jolley
- December—Erin Hennessey
- January—Javier Lorenzo

**Chief Residents**—I am very pleased to let you know that Drs. Jay Jay Desai, Laura Downey, and Javier Lorenzo have been elected Chief Residents for the 2011-12 academic year. Please join me in congratulating them.

**Grand Rounds Schedule**

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<th>Date</th>
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**CELEBRATIONS**

**FARE THEE WELL, GRADUATES**

Twenty four, third-year residents, families, friends, faculty, and staff celebrated graduation June 26, 2010 in an elegant indoor-outdoor party at the Stanford Faculty Club. The party’s atmosphere was joyous, as evidenced by generous applause of graduates for one another. The class’s *esprit de corps* and rapport with faculty were reflected in the variety of presentations graduates made after dinner: the attending prank-of-the-year, songs, Madlib exercises, slide show, a spoof of a day in the life of Rosenthal, and a photo.
montage to rap music of residents both as youngsters and professional adults.

Dr. Alex Macario expressed pride in the graduates: “The specialty is in good hands.” He also acknowledged Janine Roberts as “the backbone of the residency program.”

There were a number of awards:

- Staff Administration Award to Susie Ruperto
- Frank Sarnquist Award to Dr. Frain Rivera
- Outstanding Resident Award to Dr. Shea Aiken
- Ellis N. Cohen Achievement Award to Dr. Sean Mackey
- Faculty Teacher of the Year Award to Dr. Cliff Schmiesing
- G. Brant Walton Resident Teaching Award to Jon Bradley
- Resident Research Award to Tzevan Poon

As is his custom, Dr. Ron Pearl gave a special name to the class of 2010: “golden.” He referenced the frontier spirit, esprit de corps, and independence of the 1849ers in the California gold rush and tied the class to the 50th (golden) anniversary of the Department.

The outgoing chief residents expressed their appreciation to four staff members—Janine Roberts, Bernadett Mahanay, Kris Aaro, and Theresa Kramer. The incoming chiefs are Bill Ennen, Erin Hennessey and Nate Ponstein. To see what’s next for these newly minted graduates, consult the table below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Med School</th>
<th>What’s Next</th>
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<tbody>
<tr>
<td>Shea Aiken</td>
<td>UC San Diego</td>
<td>Cardiac Fellowship, Stanford</td>
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<tr>
<td>Rob Becker</td>
<td>Stanford University</td>
<td>Private Practice, Fremont</td>
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<td>Jon Bradley</td>
<td>SUNY-Stony Brook</td>
<td>Cardiac Fellowship, Stanford</td>
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<td>Stephen Fink</td>
<td>UC Los Angeles</td>
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<td>Darin Flynn</td>
<td>Stanford University</td>
<td>Private Practice, Carson City, NV</td>
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<td>Harvard</td>
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<td>UMDNJ-Robert Wood Johnson</td>
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<td>Private Practice, Detroit, MI</td>
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<td>Vince Hsieh</td>
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<td>Zeest Khan</td>
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<td>Milo Lochbaum</td>
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<td>Nisha Malhotra</td>
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<td>Karim Rafaat</td>
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<td>Sam Seiden</td>
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<td>Ying Tian</td>
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**Welcome New Residents**

Incoming residents were welcomed July 10, 2010 on a spectacular summer evening in Stanford’s Rodin sculpture garden. In the oak grove, the buffet and round tables for residents, guests, faculty, children, and dogs made for a relaxed, convivial event. Rodin’s large-scale Gates of Hell was the tongue-in-cheek, sardonic backdrop for the group photo of those beginning Anesthesia residency.
“It was important to honor those who made such tremendous contributions to the Department and our profession. I am amazed by the continuing quality of Stanford Anesthesia’s research and by the numbers of alumni who hold leadership positions across the country…. It was fun to meet old friends and professors. By the end of the weekend, I felt great pride in the program and in the giants in our field who have inspired me to be the best that I can be in my profession,” said Dr. Gerald Holguin. Dr. Steve Shafer added, “It was evident throughout the weekend’s program that the Department is viewed with great love and respect by the faculty, staff, and residents who have had the privilege of being associated with Stanford over the past 50 years.” These and other, similar comments were inspired by Stanford Anesthesia’s celebration of 50 years of excellence over the weekend of September 24-26, 2010.

The weekend kicked off with a Friday morning golf tournament and continued with an evening reception, attended by more than 300, in the spectacular Rodin Sculpture Garden and Cantor Museum on campus. Current Chair, Dr. Ron Pearl, said this event was his favorite of the weekend. “I found it gratifying to catch up with lots of people, who, over the years, had done well at pursuing a spectrum of anesthesiology careers.” Dr. Cathy Brummel remarked, “I don’t think I ever stopped smiling! Sure do miss all of you… wish we could have had more time to catch up.”

Four leaders in Stanford Anesthesia’s rich research tradition and culture of excellence spoke at Saturday morning’s scientific program at the Medical Center’s new Li Ka Shing Center for Learning and Knowledge.

- **Cardinal Numbers: 50 Years of Stanford Anesthesia Research**, Dr. Steve Shafer
- **Sleep Deprivation and Work Performance: Are we sleepy people, keeping people asleep?** Dr. Steve Howard
- **Gaining on Pain: The Art and Science of Analgesia**, Dr. Sean Mackey
- **Is Anesthesia good or bad for your brain?** Dr. Mervyn Maze

Presenters in this well-received educational program fielded numerous lively questions. The scientific program concluded with a tour of the Goodman Center for Immersive and Simulation-based Learning.

Dr. Douglas Merrill commented, “The scientific session not only provided wonderful education, but it also explicated the fact that the Department is so well-managed and peopled with such fine teachers and academicians that I would push any of our residents to try for a fellowship on The Farm. I never would have tried to dissuade them, but I am now armed with reasons it should be first choice!”

When asked about the future of anesthesia research, Dr. Steve Shafer commented, “We now ask more important questions than we did in the past; I am personally very optimistic about anesthesia research.”

Saturday afternoon was open for optional activities, such as campus tours and leisurely, catch-up conversations.

The 318, dressed-to-the-nines attendees at Saturday evening’s 50th Celebration Gala in the Alumni Center, were greeted and enchanted by lovely guitar music played by three musicians during the pre-dinner cocktail party. Two professional photographers, each in a booth, took memorable photos, including group photos by decade.

Before dinner began, Dr. Michael Champeau, president of the Stanford Anesthesia Alumni Association, welcomed alumni home to Stanford, reminding them of common fond memories, affection, and latent pride in being members of the Stanford Anesthesia family. He invited alumni to return to the Department the generosity and goodwill it had shown them, by contributing to the 50th Year Campaign, to help insure the future...
The Gas Pipeline, March 2011, Page 12

of the Department’s clinical, educational and research excellence.

“I don’t think there’s a person in this room who wasn’t thrilled to be accepted into the Stanford Anesthesia residency. That enthusiasm was validated during our resident years, as we received the knowledge, skill and experience...to go into the world and define, for ourselves, the careers of which we are so justifiably proud. Not everyone is so fortunate.” In Dr. Champeau’s work as an oral examiner for the American Board of Anesthesiology, he has evaluated graduates of numerous anesthesia training programs, learning that quality instruction and concern for residents’ professional development are not universal.

He concluded, “To my mind, contributing is a gracious way of saying thanks to the Department that trained us.”

During a sumptuous dinner, between courses, videotapes featuring four previous Chairs—Drs. John Bunker, C. Philip Larson, Jr., Barrie Fairley and Don Stanski—were screened. Their reminiscences, summarized below, were another highlight of the weekend celebration.

Dr. John Bunker (chair 1960-1972) founded the Stanford Anesthesia Department, insisting that it be distinct from the Department of Surgery. He was enormously challenged by starting from nothing and building a research environment. His remembrances included Dr. Ty Smith’s setting up cardiovascular pharmacology and physiology and Dr. Bunker’s single telephone call to NIH that resulted in funding for a national halothane study, the nation’s first epidemiological study of surgical mortality. He feels astonished by and takes great pride in the Department’s brilliant research results and clinical advancements over 50 years, particularly the fact that Anesthesia has become part of Medicine.

Dr. C. Philip Larson, Jr. (chair 1972-1982) was recruited to Stanford from UCSF by Drs. Norman Shumway and Eugene Robbin. He cited three areas of accomplishment: (1) founding and development of a multidisciplinary ICU, for which he recruited Dr. Mike Rosenthal; (2) founding of a pediatric ICU, developed by Drs. Al Hackel and Aubrey Maze; and (3) founding of cardiac anesthesia group, for which he recruited Dr. Kent Garman. He believes the Department has grown into international recognition as a top department of anesthesia worldwide.

Dr. Barrie Fairley (chair 1985-1992) Dr. Fairley came to Stanford after spending a total of thirty years at the University of Toronto and then UCSF. In Toronto, he directed one of the first, interdisciplinary respiratory care units in North America. Next, at UCSF he taught clinical anesthesia and critical care, conducted NIH-sponsored research in the physiology of respiratory failure, and served in a variety of administrative positions: Chief of Anesthesia at the VA, then at the San Francisco General Hospital; overseer of UCSF ICU programs; and Associate Dean.

When he joined Stanford, he was ready to trade an urban health services campus for the attractions of Stanford University and its medical school. Arriving at the time of the department’s 25th anniversary, he supervised our move into the new hospital’s ORs, the design of new office space on the third floor, and the conversion of the old office space in the Grant Building to laboratories.

The faculty at the Palo Alto VA was strong in research, but there was no anesthesiologist at Stanford itself who was doing NIH-sponsored research. Thus, one of Dr. Fairley’s early goals was to recruit additional research-oriented MD faculty.

He recalled with pride two of his appointments, Drs. Ron Pearl and Rona Giffard, and ended by saying that what he enjoyed most about his career was the people he met along the way and the associations he made, “and perhaps that is more important than anything else.”

Dr. Don Stanski (chair 1992-1997), who began in pharmacology, saw anesthesiology as the ultimate environment for clinical pharmacology, so he became a medical doctor. Later, he trained in internal medicine at UCSF and spent two years developing the principles of clinical pharmacology research, modeling, and PK/PD. Recruited to Stanford by Dr. Phil Larson, he and Dr. Steve
Shafer built a clinical anesthesia research organization, discovering and conveying the scientific underpinnings of IV anesthesia and incorporating EEG data to measure drug effects. After becoming Chair at Stanford, Dr. Stanski focused on growing the pain clinic, establishing the first pre-operative assessment clinic, creating a pediatric anesthesia division, founding the OR management group, and fostering the success of many faculty. Over the last few years, he built a science organization at Novartis Pharmaceuticals, applying anesthesia-modeling concepts to such diseases as Alzheimer’s, schizophrenia, and congestive heart failure. He concluded by enjoining anesthesiologists to reinvent the field: by determining public health issues: What care should anesthesiologists provide to what patients at what cost?

Seeing and hearing from these leaders stirred reactions. Dr. Alex Macario said, “I loved hearing the founders tell their stories about their goals and initiatives.” Dr. Lois O’Brien: I truly do feel special, having been at Stanford for remarkable and exciting years. Seeing John Bunker in that interview was amazing. That voice and profile are unforgettable.

Dr. Linda Hertzberg: Great event, beautifully done. I saw many people I had not seen for years and enjoyed meeting new people as well. The tributes were lots of fun.

Dr. Vanila Singh: The rich history of our department and its bright future were abundant!

A few, final comments sum up the emotions participants felt during this stunningly successful weekend event. Dr. Vladimir Nekhendzy wrote, “This was a fantastic celebration event, exceptionally well-organized and thought-through. It made people feel privileged and proud about belonging to the Stanford Anesthesia family.” Dr. William Forrest: “I am so proud and grateful to be a part of this Department’s anesthesia history. It was very moving to listen to John Bunker reminisce and reflect. We collaborated on research projects for almost ten years, even though for two of those years I was concurrently in private practice, directing a team of halothane researchers in Sacramento’s Sutter Memorial Hospital’s basement.”

First Chair, Dr. John Bunker wrote: “Please let Drs. Larry Chu and Cliff Schmiesing know how pleased and impressed I am with their superb publication, Fifty Years of Excellence, and how proud I am in having started it all. I’ve enormously enjoyed learning just how impressively the department has developed over the years. And even though I was unable to be there for the celebration, my sense of being a part of the department has been strongly renewed. I welcome the opportunity to be back in touch with you.”

Former Chair, Dr. Barrie Fairley, wrote, “We remembered, in great style, how splendid and unique are Stanford and its Department of Anesthesia. One could sense a remarkable feeling of camaraderie and pleasure at belonging to something we are all proud of, from John Bunker on. I am sorry John could not see for himself what a wonderful thing he set in motion. None of us can visualize the future achievements, nor can we envision who will carry the chairmanship baton, but I do know this: the achievements and changes will be impressive. I am reminded of a large, carved notice at the entrance to Costa Rica’s great Braulio Carillo National Park. Translated, it says: ‘This land belongs to the Costa Ricans. Many are already dead, some are still living, but the majority has yet to be born.’ Stewardship is a great responsibility, but at Stanford, stewardship is in good hands!”

Kudos go to Larry Chu and Cliff Schmiesing, co-editors of our superb 50th anniversary report, and to the reunion organizers—Dr. Myer “Mike” Rosenthal, Chair; Drs. John Brock-Utne, Michael Champeau, Larry Chu, Sheila Cohen, Christine Doyle, Alex Macario, Richard Mazze, Fred Mihm, Tad Nishimura, Ron Pearl, Frank Sarnquist, and Cliff Schmiesing; and staff members Jill Wilson and Alan Winkleman. Collectively, they performed the meticulous planning and flawless execution characteristic of anesthesiologists.
NEW LIBRARY BOOKS

Hillary Farkas, Anesthesia Medical Librarian, reports several additions to the shelves—classics, new titles, and new editions. Patricia Rohrs, department medical editor, donated three, Edward A. Tuft classics that present fascinating examples and brilliant discussion of visual and graphic communications. Dr. Buechel contributed current copies of *Anesthesia, Anesthesia News, Military Medicine*, New England Journal of Medicine, and *Regional Anesthesia and Pain Medicine* and funds to purchase the new edition of Fishman’s.

The books below are listed by shelf, title, and author/editor.

P *The visual display of quantitative information*. Tufte. 93.5 T84 1983

P *Envisioning information*. Tufte. 93.5 T84 1990

P *Visual explanation*. Tufte. 93.5 T84 1997

RC *Critical care handbook of the Massachusetts General Hospital*. Bigatello. 86.8 C76 2009

RC *Critical care medicine*. Marini. 86.8 M38 2010

RC *Harrison’s pulmonary and critical care medicine*. Loscalz. 735.R48 H37 2010


RC *Renal and electrolyte disorders*. Schrier. 903 R47 2010

RD *A practical approach to anesthesia equipment*. 1st Ed., Dorsch. 78.8 D68 2011

RD *Clinical ambulatory anesthesia*. Raeder. 82 R12 2010

RD *Clinical anesthesia procedures of the Massachusetts General Hospital*. Levine. 82.2 C54 2010

RD *Anesthesia secrets*. Duke. 82.3 D85 2011

RD *Anesthesia emergencies*. Ruskin. 82.5 A55 2011

RD *Atlas of regional anesthesia*. Brown. 84 2011

RD *Atlas of ultrasound-guided regional anesthesia*. Gray. 84 2010

RD *Core topics in endocrinology in anaesthesia and critical care*. 87.3 Hall. E53 C81 2010

FACULTY CORNER

PUBLISHED ARTICLES


- Carvalho B, Clark DJ, Qiao Y, Yeomans DC, Angst MS. The effect of continuous wound infiltration with bupivacaine on the local release of nociceptive and inflammatory mediators following cesarean delivery. *Anesth Analg* 2010 Sep 22.


• Todorovic J, Welsh BT, Bertaccini EJ, Trudell JR, Mihic J. Disruption of an inter-subunit electrostatic bond constitutes an initial step in glycine receptor activation. PNAS 2010;107(17):7987-7992.


• Carvalho B, Clark JD, Yeomans DC, M, Qiao Y, Angst MS. Continuous subcutaneous instillation of bupivacaine compared to saline reduces interleukin 10 and increases substance P in surgical wounds after cesarean delivery. Anesth Analg 2010;111:1452-9.

• Chu LF, Zamora AK, Young CA, Darimont J, Angst MS. The endogenous opioid system is not involved in modulation of opioid-induced hyperalgesia. J Pain 2010 (Epub ahead of print).


• Angst MS, Clark JD. Ketamine for managing perioperative pain in patients on chronic opioid therapy: a unique indication? Anesthesiology 2010;113:514-ff.


BOOKS AND BOOK CHAPTERS


ABSTRACTS AND POSTERS


• McCue R, Lawrence J, Sohlberg E, Knutson B, Mackey S. Differential effects of reward stimuli on pain evaluation in fibromyalgia patients and healthy controls. International Association for the Study of Pain 13th World Congress on Pain, Montreal, August 29-September 2, 2010.

• Brown J, Chatterjee N, Mackey S. Human brain activity identifies the presence or absence of pain. International Association for the Study of Pain 13th World Congress on Pain, Montreal, August 29-September 2, 2010.

• Younger J, Chu L, D’Arcy N, Trott K, Mackey S. Prescription opioid analgesics rapidly change the human brain. International Association for the Study of Pain 13th World Congress on Pain, Montreal, August 29-September 2, 2010.


INVITED TALKS AND GUEST PROFESSORSHIPS

• Brendan Carvalho, MB ChB, FRCA, spoke at the Australian Society of Anaesthetists, Melbourne, Australia, in October 2010 on three subjects: (1) New options to minimize post-cesarean pain, (2) Spinal hypotension prevention during cesarean delivery: an evidence-based approach, and (3) Predicting the mother and baby (plenary lecture).

• Einar Ottestad, MD, gave two workshops (1) Ultrasound-guided saphenous, ilioinguinal and iliohypogastric, lateral femoral cutaneous, and intercostal nerve blocks, and (2) Ultrasound-guided sacroiliac joint, piriformis, and sacrum injections at the American Society of Regional Anesthesia and Pain Management Meeting in Phoenix, AZ November 17-21, 2010 and led discussions about ultrasound’s role in pain management.

• Steve Lipman, MD, spoke on Multi-disciplinary simulation and systems redesign: the ObSim experience at Grand Rounds to the Department of Anesthesia, Stanford on November 8, 2010.

• Martin Angst, MD, spoke on Update on opioid safety and tolerability: current concepts to minimize side effects and risks at the Annual Meeting of the ASA, San Diego, CA 2010.

• Andrew J. Patterson, MD, PhD, spoke about Perioperative management of hemodynamics for neurosurgical patients at the Tiantan International Neurosurgical Anesthesia Symposium in Beijing, China on June 5, 2010.

• Andrew J. Patterson, MD, PhD, spoke about Anesthesia: what every cardiologist should know at the Cardiovascular Medicine Grand Rounds, University of Michigan, Ann Arbor, MI on September 21, 2010.

• Andrew J. Patterson, MD, PhD, spoke about International medical missions at the University of Michigan, Ann Arbor, MI on September 22, 2010.

• Andrew J. Patterson, MD, PhD, spoke about Perioperative beta blockers: the quality/performance measure that caused strokes at the Dept of Anesthesia Grand Rounds, Univ Michigan, Ann Arbor, on September 23, 2010.
• Andrew J. Patterson, MD, PhD, spoke about *ICU pharmacology: what’s new in 2010?* at the American Society of Critical Care Anesthesiologists 23rd Annual Meeting in San Diego, CA on October 15, 2010.

• Andrew J. Patterson, MD, PhD, spoke about *Perioperative beta blockers: the quality/performance measure that caused strokes* at the Department of Anesthesia Grand Rounds, Emory University, Atlanta, GA on November 23, 2010.

• Andrew J. Patterson, MD, PhD, spoke about *Medical management of left ventricle failure* at the Multidisciplinary Critical Care Medicine Conference, Emory University, Atlanta, GA on November 24, 2010.

• Ed Mariano, MD, spoke about *Continuous peripheral nerve blocks for acute pain management* at the Third Annual San Matteo International Meeting on Pain Research in Pavia, Italy, December 3-4, 2010.

• Ed Mariano, MD, spoke about *Regional anesthesia practice management* at the 2010 UCSD-NMCSD Intensive Regional Anesthesia Course on November 6, 2010.

• Ed Mariano, MD, spoke about *Regional anesthesia and trauma* at the 2010 American Society of Anesthesiologists Annual Meeting on October 20, 2010.

• Ed Mariano, MD, spoke about *Continuous peripheral nerve blocks* at the 2010 American Society of Anesthesiologists Annual Meeting on October 19, 2010.

• Ed Mariano, MD, spoke about *Ultrasound-guided regional anesthesia and clinical skills* at the 2010 American Society of Anesthesiologists Annual Meeting on October 18, 2010.

• Dr. Gary Peltz, MD, PhD, spoke about *Genetic and translational discovery* at Univ Pennsylvania, Philadelphia, PA on June 15, 2010.

• Dr. Gary Peltz, MD, PhD, spoke about *Genetic analysis of wound biology* at the World Pharmaceutical Congress in Philadelphia, PA on June 16, 2010. He was also a member of a plenary panel discussing the interactions of academia, big pharma, and biotech.

• Dr. Gary Peltz, MD, PhD, spoke about *Computational mouse genetics: translational discovery* at Yale University Department of Medicine in New Haven, CT on November 30, 2010.

• Dr. Gary Peltz, MD, PhD, spoke about *Computational mouse genetics: translational discovery* at Columbia University, Department of Anesthesiology on December 1, 2010.

• Dr. Gary Peltz, MD, PhD, spoke about *Computational mouse genetics: translational discovery* at Mount Sinai School of Medicine, Department of Neurobiology, New York, NY on December 2, 2010.

• Edward Bertaccini, MD, and James Trudell, MD, spoke about *The molecular mechanisms of anesthetic action: updates and cutting edge developments from the field of molecular modeling* at the University of Pennsylvania School of Medicine, Department of Anesthesia, Philadelphia, PA on March 15, 2010.


• Edward Bertaccini, MD, and James Trudell, MD, spoke about *Computational advances in understanding anesthesia mechanisms* at the 2010 Annual Meeting of the Biophysical Society, San Francisco, CA.

• Sean Mackey, MD, PhD, spoke about *Addressing regional needs in the management of chronic pain: a focus on opioid misuse, abuse, and diversion* at the Washington State Pharmacists Association Annual Meeting in Coeur d’Alene, ID, June 2010.

• Sean Mackey, MD, PhD, spoke about *Functional imaging of pain* at the Western Pain Society Annual Meeting in Seattle, WA, June 2010.
• Sean Mackey, MD, PhD, spoke about Functional imaging of pain at the Neural Interfaces Conference Chronic Pain Symposium in Long Beach, CA, June 2010.

• Sean Mackey, MD, PhD, spoke at Grand Rounds about Windows into the brain: lessons learned about pain from neuroimaging at Case Western University, Cleveland, OH, July 2010.

• Sean Mackey, MD, PhD, spoke about CRPS: where are we today? at the International Association for the Study of Pain 13th World Congress on Pain in Montreal, Quebec, Canada, August 2010.

• Sean Mackey, MD, PhD, spoke about Fibromyalgia: is this a brain problem? At the Irish Pain Society 10th Annual Scientific Meeting in Dublin, Ireland, September 2010.

• Sean Mackey, MD, PhD, spoke about Neurobiology of pain at the Walter Reed Army Medical Center, Waging War On Pain: New Strategies to Improve Pain Care for Military & VA Personnel in Washington, DC, September 2010.

• Sean Mackey, MD, PhD, spoke about Pain in the central nervous system: what have we learned from neuroimaging at the American Association of Neuromuscular & Electrodiagnostic Medicine 57th Annual Meeting in Quebec City, October 2010.

• Sean Mackey, MD, PhD, spoke about When acute pain becomes chronic: mechanisms, prevention & treatment at the American Society of Anesthesiologists Annual Meeting in San Diego, CA, October 2010.

• Sean Mackey, MD, PhD, spoke about What are the outcomes we need to measure in pain medicine? at the American Society of Anesthesiologists Annual Meeting in San Diego, CA, October 2010.

• Sean Mackey, MD, PhD, spoke about fMRI: brain re-mapping - the pain, it is plain, is mainly in the brain? At the Texas Pain Society Annual Meeting in Austin, TX, October 2010.

• Sean Mackey, MD, PhD, spoke about Opening windows to the brain: lessons learned from neuroimaging of pain at the American Society of Regional Anesthesia Annual Pain Meeting in San Antonio, TX, November 2010.

• Sean Mackey, MD, PhD, spoke about How I treat neuropathic pain at the American Society of Regional Anesthesia Annual Pain Meeting in San Antonio, TX, November 2010.

• Sean Mackey, MD, PhD, spoke about Polypharmacy in the pain clinic at the American Society of Regional Anesthesia Annual Pain Meeting in San Antonio, TX, November 2010.

• Sean Mackey, MD, PhD, spoke about Functional neuroimaging techniques in pain at the NIH Pain & Musculoskeletal Disorder: Translating Scientific Advances into Practice Symposium in Bethesda, MD, December 2010.

• Sean Mackey, MD, PhD, spoke at Grand Rounds at Washington University, St. Louis, MO, January 2011.

• Ian Carroll, MD, spoke about Why do some patients have persistent pain and persistent opioid use following surgery? At the American Psychiatric Association 2010 Annual Meeting, in New Orleans, LA, May 22-26, 2010.

Promotions, Awards, and Honors

• Dr. Genevieve D’ souza has been promoted to Clinical Assistant Professor of Anesthesia, effective July 1, 2010.

• Dr. Friedrich Moritz has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective September 1, 2010.

• Dr. Stephen King has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective September 1, 2010.
• Dr. Natasha Funck has been reappointed to Clinical Assistant Professor (Affiliated) of Anesthesia, effective September 1, 2010.

• Dr. Bruce M. MacIver has been promoted to Professor (Research) of Anesthesia, effective October 1, 2010.

• Dr. Jarred W. Younger has been appointed as Assistant Professor (Research) of Anesthesia effective October 1, 2010.

• Dr. Hoameng Ung won the Clinical Science Award at the UCSF Bay Area Pain Day, October 13, 2010.

• Dr. Steven K. Howard has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Heath Care System, effective November 1, 2010.

• Dr. David R. Drover has been reappointed to Associate Professor of Anesthesia at the Stanford University Medical Center, effective November 1, 2010.

• Dr. Kimberly Valenta has been promoted to Clinical Assistant Professor of Anesthesia, effective November 1, 2010.

• Dr. Ravi Prtoad has been reappointed to Clinical Assistant Professor of Anesthesia, effective September 1, 2010.

• Dr. Martin S. Angst has been promoted to Professor of Anesthesia, effective January 1, 2011.

• Dr. Brendan Carvalho has been promoted to Associate Professor of Anesthesia, effective January 1, 2011.

• Dr. Olga Albert has been reappointed to Clinical Assistant Professor of Anesthesia, effective January 1, 2011.

• Dr. Sara Goldhaber-Fiebert has been promoted to Clinical Assistant Professor of Anesthesia, effective January 1, 2011.

• Dr. Vivekanand Kulkarni has been promoted to Clinical Associate Professor of Anesthesia, effective January 1, 2011.

• Dr. Naiyi Sun has been promoted to Clinical Assistant Professor of Anesthesia, effective January 1, 2011.

• Dr. Vanila M. Singh has been promoted to Clinical Associate Professor of Anesthesia, effective 1/1/2011.

• Dr. Elliot Krane was selected by the Mayday Fund as one of six, national, Mayday Pain & Society Fellows for 2010-2011. Fellows are recognized pain-management leaders who learn communication and advocacy skills, to better advocate for their patients and communicate to media and policy makers about pain treatment issues, such as under-treatment of pain, pediatric pain, chronic pain, palliative care, the treatment of pain with prescription pain medications, and disparities in pain treatment.

• Dr. Sean Mackey was appointed to an Institute of Medicine (IOM) panel to address the current state of science in pain research, patient care and education and to explore new approaches to help advance the field. This panel is the first one to take a comprehensive, high-level, government look at pain as a prominent US public health problem.

• Dr. Kevin Johnson was awarded an NIH T32 grant for Transcranial magnetic stimulation for the management of chronic pain.

• Dr. Ian Carroll was awarded a SINTN Seed Grant for Determinants of time to pain resolution following surgery: complimentary & preclinical models.

• Dr. Jarred Younger was awarded a SINTN Seed Grant for Peripheral biomarkers of opioid-induced hyperalgesia, cognitive dysfunction, and drug craving.

• Dr. Sean Mackey was awarded a Pfizer Visiting Professor grant to host Dr. Michael Cousins at the upcoming Anesthesia Awards Dinner.

• Dr. David Gaba, Associate Dean for Immersive and Simulation-Based Learning and Professor in the Department of Anesthesia, has been named the first-ever
recipient of the Under Secretary for Health’s Award for Excellence in Clinical Simulation Training, Education and Research. VA Under Secretary for Health, Dr. Robert A. Petzel, presented the award during the International Meeting of Simulation in Healthcare in New Orleans January 24, 2011. “This award honors an individual who has made a national impact through the direct provision of clinical simulation training, education and research in VA,” said Dr. Petzel. “Dr. Gaba’s influence on the skills of clinical staff throughout VHA has benefited the millions of Veterans cared for in our health care system.”

**POPULAR PRESS**


**TRANSITIONS**

**IN MEMORIAM**

**Dr. Amy Wang**, an anesthesiology resident, passed away on September 12, 2010. She was an outstanding young physician, dedicated to a career in medicine and taking care of patients coming to the hospital for surgery. Dr. Wang was kind to others and is fondly remembered for her strong work ethic, dedication to children, and serving those in need.

In memory of Amy Wang, and in collaboration with her family, the Department established the Amy Wang Memorial Fund\(^5\), whose mission is to support Stanford resident wellness.

Under the fund’s sponsorship, Dr. Laura Roberts, Chairman and Professor, in the Department of Psychiatry and Behavioral Sciences, an international expert on resident wellness and mental health, will speak September 26, 2011 6:45-7:40 am at the Li Ka Shing Center for Learning and Knowledge (LKSC).

**Susie Ruperto**, administrative assistant for 14 years, passed away December 1, 2010. Her friends and colleagues in the department shared their feelings and memories.

**Bernadett Mahanay**—Susie Ruperto put a smile on your face no matter the mood you were in. I remember coming to work one Monday in a bad mood. When I passed Susie in the hallway, she chirped, “Happy Monday, Bern,” and automatically I was in good spirits. When I stopped by to fax or mail a letter, Susie said, “Let’s have a dance break.” Susie loved to dance, and she especially loved R&B and soul music.

Susie also enjoyed the annual anesthesia holiday party. She always asked, “Will you be there so we can have a dance or two together?”

Susie and I often worked late together. We would back up our stuff to leave for the night, and, instead of walking to our cars, we would stand in the hallway or Falk Building parking lot to talk about our lives. We would laugh, cry and confide in each other.

Susie’s memory will live on inside of me when I listen to music, step onto the dance floor, or give a friendly hello to a co-worker. She was a very dear friend to me, and I will miss her deeply.

**Natasha Dehn**—Susie was a really special human being, the kind of great-hearted person whose value in the world was best measured by the number of people she touched. Many people can replace her work, but few will do it so willingly and cheerfully—and no one else will shine the same sunny light on every task and every person as Susie did every day. She loved being here as much as we loved having her here. To the end, she talked of coming back to work. If only it could be!

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\(^5\) Contributions to the tax-deductible fund can be made at [http://giving.stanford.edu/goto/amywangmemorial](http://giving.stanford.edu/goto/amywangmemorial)
Mercedes Baltazar — Susie was a dear friend to all of us in Anesthesia department. Though her amazing life was cut rather short, her loving, caring, giving, cheerful, kind and ever-so-friendly spirit will live in our hearts. I am forever grateful for having had the chance to have Susie as my dear friend. It deeply saddens me to let her go, and I very much miss her, but I find comfort knowing she is now joined with her mom in God’s kingdom and serving as a guardian angel to all of us.

Alan Winkleman — Susie always ran wherever she was going—to the conference room, the rest room, and up the stairs. “Stop; you’ll slip and hurt yourself,” I admonished her, and she did slip a few times. However, she always resumed running, despite my warnings. Susie’s internal clock ran between 30 and 90 minutes late, and we learned she was not a morning person. Originally, her work hours were 8 am to 5 pm, but she arrived between 8:30 and 8:45, so we changed her starting time to 8:30. Next, she telephoned from Highway 92 to say she would be in at 9 am; she frequently called from the parking lot to say she was 15 minutes away. We changed her hours from 9 am to 6 pm, because she stayed up late. It was good for the department, because the front office was now open from 7 am to 6 pm. Two months later when I was in the front office talking to Renee Grys, Susie approached me to change her start time to 9:30. I said, “Susie, all that means is you won’t come in until 10 am or later because your internal clock runs at least a half hour late.” Renee, who was drinking water, laughed so hard she sprayed her desk. Susie burst out too, slapped me on the shoulder and replied, “You’re right.” When I shared these experiences at her memorial service, her family and friends had a good laugh, too.

Maria Roja — Susie Ruperto, the youngest of 10 children, always aimed to please. She accomplished that at Stanford by providing great service to our doctors, residents, fellows and staffers and by trying to accommodate their needs. And she did it all with a smile. She welcomed our department’s new employees and helped them get acquainted with our surroundings and office equipment. She befriended anyone she came in contact with, hospital and university employees alike.

It seemed like an easy desk and shoes to fill but without Susie at the front desk, it definitely feels different. I will always remember her as being cheerful and pleasant every day, no matter how she felt, running down the hallways, ever eager to be of service.

She lived her life for her family and friends and tried to help them in various ways, caring for their children, easing their financial burden, even though she herself was sick with cancer. But I saw this love returned in full as she was surrounded by her family in her hospital bed, and she was never alone in her last moments.

Susie was patient, kind, thoughtful, and generous. She remembered birthdays and holidays with presents.

She persisted in acquiring more knowledge and experience in integrative medicine and nutrition and spoke of being able to pursue these interests once retired from work. It was not to be, but I feel that she gave it her best effort. Wishing sometimes that I could change her mind, as did everyone else, I had to learn to respect her decision and support her efforts.

Emily Ratner, MD — “Happy Monday, Happy Tuesday, Happy Wednesday, Happy Friday, Happy Easter, Have a fun afternoon, Have a wonderful relaxing weekend, beautiful people!”

These were the words Susie used to end each and every one of her emails to those of us in the Anesthesia Department, where she worked for 14 years. I was very fortunate to be one of the faculty who worked with her.

I have many fond memories of Susie. One picture of her I will always carry is of her smiling and laughing, while running down the hall. It wasn’t a “hurried” running, but a joyful one—with her arms swinging side-to-side, to and fro. It was really charming.

She was so kind and generous, not only of spirit, but also with candy, specifically chocolate. Whenever I brought my then-young children to visit Susie in the front office, she would jump up out of her chair, and hand them as much candy as they wanted. My 14- and 17-year-old teenagers still remember her as “The Candy Lady.”
John Brock-Utne, MD, PhD—I would think that many of Susie’s family did not know that on Susie’s office computer, her screen saver was a picture of her whole family—brothers, sisters, nieces, nephews, and great nieces and nephews. It was a whole army that Susie proudly took me though one by one. She often said, “Have I shown you my family?” I would say, “NOOO.” Her love and enthusiasm for them was such a joy to me that I did not mind hearing about them again and again. Her love of her fellow human being will be something I will always remember and I for one will miss her happily running through the department’s corridors.

Steve Lipman, MD—I loved Susie’s pages: “Happy Friday.” She was all about a smile and positive attitude. She will be really missed.

Tara Cornaby, MD—What a wonderful spirit Susie possessed! She was the eternal optimist. She emanated such good will and joy. I don’t know that I have met someone who can compare. The Department will not be the same without her.

Michael Lumpkin, PhD—Susie was a rarity—a beautiful human being, inside and out.

Julie Good, MD—I remember simple things. In Susie, I will always remember how friendly and approachable she was, and how she would add to each correspondence (the pages and the regular Friday afternoon faculty and staff contact revisions) with us a little note of good cheer at the end of the message: “Have a relaxing weekend, everyone!” or “Have a fun afternoon!” or “Have a fun weekend, and Happy Valentine’s, lovely people!”

These endings made me smile, no matter how harried I was trying to get all of my work done.

The world needs more people like Susie, who heal us, not with their great intelligence or wit, but by helping us remember kindness by embodying it.

All of us know Susie was a sincere, optimistic, warm, and energetic woman, devoted to her family and religion.

One of the last emails Susie sent to our department members, letting us know she would be out on leave because of her worsening illness, ended this way:

“Thank you to everyone who has wished me well. I love my anesthesia family.”

My response to you, Susie, is that we, your anesthesia family, love you too, and you have made our lives so much richer by your presence. You are one of a kind, and we will sorely miss you.

MARRIAGES

Robin White, a research postdoc in The Giffard Lab, married Kurt Lucin, also a Stanford postdoc, October 9, 2010 in Hocking Hills, OH, followed by a honeymoon to Italy, where they savored the treasures of Florence.

Continued on next page
BABIES

Bill and Becki Ennen welcomed Carter Thomas Ennen September 7, 2010. He weighed 7 pounds and was 19.5-inches long. His parents say he is perfect!

Julie Good and Dan Kaleba welcomed their third daughter, Eve Simone Kaleba, on June 9, 2010. She weighed 5 pounds, 8 ounces and was 21 inches long. The parents thank Zoe Kaufenberg for expertly provided epidural analgesia. In the photo below, big sisters, Torii (4 ½) and Tove (2 ½), are bonding with “their” baby.

Daryl Oakes-Gavi and her husband, Benny Gavi, welcomed Joshua Elias Gavi on May 27, 2010. He weighed 8 pounds even and measured 19.5 inches. Big brothers are Ethan, age 5, and Gregory, age 3.

Andrew and Kaycie Wall welcomed Oliver Wall on August 18, 2010. He weighed 7 pounds, 3 ounces. Steve Lipman performed a great spinal.

Continued on next page
Dora Castaneda Rodriguez and her husband proudly and with great thanks announced the birth of their daughter, Samantha Marie Rodriguez, born on February 17, 2011. She weighed 8 pounds, 2 ounces and measured 19.2 inches. They thank the entire faculty, residents, and staff for all of the much appreciated support during their pregnancy.

Clint and Lindsey Atkinson Ralls and her husband, Clint, are thrilled to announce the arrival of their son, Andrew Clinton Ralls, born February 17, 2011. He weighed 7 lb 2 oz and was 20.5 inches. They thank everyone who helped during the pregnancy, especially their fabulous anesthesia team of Steve, Alex, and Christina!