

Anesthesiology & Critical Care News

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EDITOR'S NOTE

Because of the many changes occurring in our department last academic year, we were unable to publish a newsletter in the fall of 1996. However, once more everything is running smoothly and we are pleased to resume semi-annual publication of our newsletter. We hope you will all enjoy reading the included information which should reach all of you before the holiday recess.

As before, the body of the newsletter is the product of contributions primarily by the members of our editorial board, currently consisting of Drs. Charles Buffington, Pat Kochanek, James Krugh, Jan Smith and myself, with Lisa Cohn and Lisa Goetz serving as our professional editors and Joanne Woodson as our secretary. The most important new member of this group is Lisa Goetz as the production editor. Her recruitment to our department is described elsewhere in the newsletter.

As always, the newsletter depends heavily on solicited and voluntarily provided information by all members of the department. In anticipation of another issue in the spring of 1998, we will be pleased to receive additional material from you for that purpose at your convenience. In the meantime, we wish you all a happy holiday season!

Ake Grenvik, MD, PhD, Editor

Department Chairman Reflects on UPMC Expansion

As UPMC partners with other local hospitals to form an Integrated Delivery System of health care to Western Pennsylvania, the Department of Anesthesiology and Critical Care Medicine contemplates its academic mission and the interests of both patients and colleagues.

Our Department's role in the rapidly expanding UPMC Health System continues to be a topic of faculty debate and concern. In what is truly a historic change, we are becoming the sole provider of perioperative anesthesiology, critical care medicine, and pain services for one of the nation's largest Integrated Delivery Systems (IDS), which entails a colossal clinical commitment. This is a unique and unprecedented role, because no other single anesthesiology department, academic or otherwise, provides this magnitude and

spectrum of services to any large-scale IDS. By comparison, the scale and complexity of our current professional schedules, record keeping, accounting, and continuous quality improvement processes approximate those of a mid-sized domestic airline. Given such background, it is perfectly reasonable, and perhaps even mandatory to ask ourselves, "is this the right direction for us?"

Our Department's clinical responsibilities extend throughout the core of the University-affiliated tertiary hospitals in Oakland. In addition, we now provide perioperative medical services to the more community-oriented sites in the UPMC Health System, including: UPMC-South Side; UPMC-Beaver Valley; and UPMC-Monroeville SurgiCenter; as well as the Children's Hospital North SurgiCenter. By the time this edition of the newsletter is circulating, new responsibilities will likely include the UPMC-Bethel Park SurgiCenter; UPMC-Shadyside; and UPMC-

Braddock. And invitations to negotiate for exclusive provider rights have been received recently from UPMC-St. Margarets, and the soon-to-be-completed UPMC-Moon SurgiCenter. Other new components of the UPMC Health System include UPMC-Passavant and UPMC-McKeesport.

Should our Department expand to fulfill the needs of the System? Can we afford to? Can we afford not to? What will be the impact on our academic mission? And perhaps most important, who ultimately decides our course, and what is the decision-making process?

Answers to these questions are rooted in times before I assumed the Chairmanship in July 1996. When I was offered this position, UPMC administrators and attorneys had already begun to lay the groundwork for creating the UPMC Health System. It was clear to me that serving the needs of patients and colleagues in the IDS could



LEONARD L. FIRESTONE, MD

secure the resources to safeguard our academic mission. This had already proved to be the case in academic medical centers in California, Minnesota, and Arizona during the onslaught

hospitals. The brunt of these reductions will be borne by academic medical centers, and thus the hospital-based specialties will be expected to sharply curtail their expectations for hard support. More-

national trends), predominantly through incentive plans linked to individual productivity.

All of these factors weigh in on the side of "we can't afford not to," but what are the other costs to our educational and research missions? With increasing clinical demands, academic time is in short supply, and what we once enjoyed in relative abundance, must now be rationed as a precious resource. Yet, despite these pressures, federal, foundation, and industry research funding are at an all-time high (by January 1998, we will have received six new NIH/federal grants since I began as Chair); our new Critical Care Medicine Research Training Grant and Schertz Research Fellowship positions are occupied by outstanding young investigators, as are all of our clinical fellowship positions in Pediatric Anesthesiology, Chronic/Cancer Pain, and the Multidisciplinary Critical Care Training Program (MCCTP); our average Citation Index publication "impact factor" also has never been higher; and no fewer than ten of our faculty members have been put forward for academic promotion in the past year and a half (itself a historic number for such a time interval).

In contrast to these hopeful signs, we continue to struggle

to recruit qualified residents in the wake of the Abt Manpower Report and changes in the leadership of the residency program and Department. Faculty involvement in didactic teaching programs also seems to be waning, and these two problems comprise the highest priorities of our Educational Advisory Council. They may also be the most difficult to solve, as rapid clinical expansion seems most toxic to the fragile ecology of the teaching atmosphere. Later in the Spring, a departmental retreat will be dedicated to this sensitive aspect of our teaching mission.

Departmental expansion involves innumerable decisions related to finances and clinical administration. Our Executive Steering Committee (ESC) (comprising the department chair, department chiefs, medical and division directors, and residency, MCCTP, and Safar Center Directors) has met at least twice each month since July 1996 to consider all proposals to expand. Because expansion proposals are proprietary by definition, ESC members signed "Nondisclosure Agreements." This has had the unwanted effect of chilling communication between our ESC and faculty, but is, unfortunately, unavoidable. UACCMF's Board of Directors, as well as Ed McQuade, MBA, evaluate all

"Should our Department expand to fulfill the needs of the System? Can we afford to? Can we afford not to? What will be the impact on our academic mission? And perhaps most important, who ultimately decides our course, and what is the decision-making process?"

of managed care in those states. Thus, the option of being sole provider for our IDS became the essence of my negotiation; whether we collectively would or could exercise that option would await wider faculty input. However, the alternative of remaining an isolated academic department, competing with a large cohort of different private practices serving the many sites within our IDS, seemed to be a prescription for slow, inexorable starvation. This view was unanimously confirmed by numerous personal consultants, including academic medical center presidents and department chairs. The point was driven home repeatedly that the Balanced Budget Reform Act of 1997 put into law, large reductions in Medicare (so-called part "A") reimbursement

over, the Act will also cut drastically the Medicare (part "B") reimbursement for anesthesia, critical care, and pain services, by fostering risk sharing through HMOs and capitated reimbursement.

In the context of the sharply declining revenues, an eroding patient base would be fatal for our Department. The IDS can secure our patient base and clinical revenues, and, in fact, allow us to prudently expand our faculty in certain clinical domains at a time when most academic departments must radically shrink. Expansion into community settings will also offer opportunities for resident training, and for clinical investigation and information system development. Finally, on the short-term at least, we have been able to raise judiciously faculty compensation (in keeping with



FROM LEFT:
Winter
Grenvik
Kochanek
Baldisseri
Mandel

financial implications of expansion, and no contract negotiations or signings are undertaken without written Board resolution, in accord with UACCMF's bylaws and applicable state regulations.

In a department as vast as ours, the chiefs and division directors have always played a more active role in balancing the clinical teaching and research efforts of faculty, than is typical in an academic department. Each chief determines his/her site's staffing plans; is responsible for all on-site operations and personnel relations; and partners with both me, and the other division chiefs, in such matters as recruiting, salary standards, and practice standards. All of the chiefs are also integral to the Reappointments and Promotions Committee, so they are in an ideal position to project the vision of their group into the future.

In my view, the quality, experience, and talent of our department's chiefs and directors are among the greatest legacies of my predecessor, Dr. Peter Winter. It is my hope that successful expansion to secure our Department's academic mission well into the future may be among mine.

—*David L. Firestone, MD, Safar Professor and Chairman*

Emeritus Honors

Peter Winter, MD, former Chairman of the Department of Anesthesiology and Critical Care Medicine, who retired on July 1, 1997, was named Professor Emeritus at the University of Pittsburgh School of Medicine. His Emeritus status will be celebrated by the Department in January 1998.

Ake Grenvik, MD, PhD, was named Director Emeritus of the Multidisciplinary Critical Care Training Program on July 1, 1996.

Dr. Peter Safar Honored

Peter Safar, MD, has been named Doctor honoris causa at the University of Magdeburg, Germany, where he was honored on November 20, 1997. Safar became Dr.h.c. in 1972 at the Johannes Gutenberg University of Mainz, Germany, and in 1996 at the University of Campinas, Brazil. On May 21, 1997, the City of Vienna presented Safar with the "Golden Man of City Hall Award" in recognition of his numerous contributions to medicine. In February 1997 Safar was the recipient of the Christer Grenvik Ethics Award in Critical Care Medicine.

Tenure Announcement

Patrick Kochanek, MD, was granted tenure in the School of Medicine in May. In addition to his duties as Associate Professor in the Department of

Anesthesiology and Critical Care Medicine, and Associate Professor of Pediatrics, Kochanek is Director of the Safar Center for Resuscitation Research and Associate Director of the Pediatric ICU at Children's Hospital of Pittsburgh.

Promotions

Marie Baldisseri, MD, was promoted to Medical Director of Critical Care Services and the Medical/Surgical ICU at Magee-Womens Hospital beginning July 1, 1997. She had been the Associate Medical Director at MWH since 1987.

Moyses Mandel, MD, was promoted to Associate Professor of Clinical Anesthesiology effective January 1, 1997.

Critical Care Fellows Recognize Exceptional Faculty Members

The 1996-1997 Critical Care fellows have honored the following faculty members:

FACULTY OF THE YEAR:

Paul Rogers, MD, Associate Professor of Anesthesiology/CCM and Medicine.

OUTSTANDING TEACHER:

Samuel A. Tisberman, MD, Assistant Professor of Surgery and Anesthesiology/CCM.

OUTSTANDING CLINICIAN:

Michael P. Donaboe, MD, Associate Professor of Medicine and Anesthesiology/CCM.

Retirements

Ray McKenzie MD, MB, ChB, retired in June 1996 from Magee-Womens Hospital where he served as Chief of Anesthesiology, 1972-1992, and as Director of Respiratory Therapy from 1976-1992. In addition, McKenzie was a Professor in the University of Pittsburgh School of Medicine, Department of Anesthesiology, from 1977 to the time of his retirement. He held a secondary appointment as Professor in the School of Dental Medicine, Department of Anesthesiology, from 1977-1992.

Joseph Fine, MD, retired in December 1996 from Montefiore Hospital, where he was an anesthesiologist since 1968. He served as an Associate Professor at the University of Pittsburgh School of Medicine, 1978-1996.

Retiring in June 1997 from Magee-Womens Hospital, Department of Anesthesiology, was **Boonrak Tantisera, MD**, where he served as an anesthesiologist since 1971. Tantisera was an Assistant Professor in the University of Pittsburgh School of Medicine, Department of Anesthesiology, since 1972.

The Department Welcomes Philip Lebowitz, MD, MBA, as Chief Anesthesiologist, UPMC

On August 1, 1997, Philip Lebowitz, MD, MBA, began his duties as Chief Anesthesiologist of UPMC. Most recently, Dr. Lebowitz served as Professor of Anesthesiology at New York Medical College and as Chair at Long Island Jewish Hospital. Prior to that he was an Associate Professor at New York's Albert Einstein School of Medicine. Explaining his decision to accept the Chief position at UPMC, Dr. Lebowitz notes, "I knew of the Department's outstanding reputation, and I wanted the opportunity to work with colleagues who are experts in their respective areas. The high standard of excellence of the Department is well-known."

Coinciding with Lebowitz's arrival at UPMC is his completion of an MBA degree from the Stern School of Business at N.Y.U. His decision to earn the MBA was based on the changing climate of medical practice. He describes his new role at UPMC as the "next stage" in his career. According to Lebowitz, the UPMC opening combines clinical anesthesia and an administrative challenge, incorporating lessons learned in his business training. Lebowitz explains, "I was trained in the '70s when management was not part of the curriculum."

Lebowitz understands that today the role of the chief anesthesiologist involves a marriage of clinical and administrative duties. Moreover, he recognizes the need of business principles in facing the challenge of balancing medical practice and care with standards of medical training and research. Thus, he was driven to become more knowledgeable of management through formal business training. Majoring in finance, Lebowitz studied a broad business curriculum, including operations management, that complements his years of medical experience. To that end, Lebowitz notes, "First and foremost we are doctors. But, to best care for patients where resources are limited, we must combine clinical, teaching, and business approaches, though seemingly incompatible."

Key to Lebowitz's role as chief of anesthesiology is assessing the staff and their individual strengths, then implementing a plan that will help each person to develop his or her career. Such a focus on staff development, Lebowitz says, in turn will lead to excellence in the Department as a whole. His ultimate goal, in a word, is "quality." One of his main objectives is, simply, anesthesia and patient care throughout the UPMC network.



Academically, Lebowitz's most recent interests concentrate on medical ethics and the business of medicine, as well as focus on operations management in anesthesia and perioperative services.

Citing his more than 20 years of anesthesia experience in both academic and private practice and in large hospitals and smaller institutions, Lebowitz feels he has perspective on the network arrangement at UPMC. Furthermore, he is dedicated to accomplishing the tasks set before him, noting, "I have resolved to get the job done in a way that respects the human element in the beehive of activity of a modern medical center."

Commenting on unexpected features of his new job, Lebowitz notes, "This is not a

surprise, but I'm impressed with the complexity of surgical procedures and anesthesia management of patients; such sophisticated practices are not a part of the standard repertoire of anesthesiologists across the country." Moreover concerning his move to Pittsburgh after living on the Upper East Side of Manhattan Lebowitz explains, "I'm surprised at how quickly I've started feeling at home here." However, he jokes that his adjustment to suburban living involves "a lot more driving."

Prior to his work in New York Lebowitz served as Assistant Professor at Harvard, Clinical O.R. Coordinator at Massachusetts General Hospital, then Chief of Anesthesia at Harvard's Cambridge Hospital. As a young faculty member at Mass. General, Lebowitz first met Leonard Firestone, who was starting a cardiac anesthesia fellowship. In addition, the two have served together in various editorial positions. Says Lebowitz, "I look forward to working with Dr. Firestone again and to helping him fulfill our mutual goals for the Department."

PETI Clinical Update

The Pain Evaluation and Treatment Institute welcomed Doris Cope, MD, as new Clinical Director on September 1. Before coming to UPMC, she served as Director of Research, Resident Program Coordinator, and Associate Professor of Anesthesiology and Physiology in the Department of Anesthesiology at the University of South Alabama Medical Center.

Dr. Cope came to specialize in the treatment and management of pain when she was the chief of anesthesiology at the Vicksburg Hospital in Biloxi, Mississippi, where she cared for chronic pain patients. Believing that one should "seize opportunities when they arise," Cope enthusiastically confronts the challenges of her specialty. "I receive a great deal of satisfaction helping

pain patients, especially cancer patients," she explains.

As the Clinical Director of PETI, Cope finds particularly stimulating the "creative collaboration" of personnel necessary to treat each chronic pain patient. PETI houses a variety of specialties, including neurology, psychology, occupational therapy, and physical therapy. "The tricky part of treating the chronic pain patient is the complexity of the patient, which requires coordinating a number of medical professionals in the treatment of one patient," she notes.

Dr. Cope feels she brings to PETI her ability to nurture individual talents for the betterment of the whole enterprise, as well as her talents as a team leader. As she explains, "I am the consummate mom. I encourage and move people together. I consider myself the unifying factor, keeping the team together," says Cope.

Seeing PETI as a resource for other colleagues and departments, Cope's goals include maintaining a focus on chronic and cancer pain; strengthening PETI's collaborative network; and expanding the clinical base to match the well-established research division of PETI.



DORIS COPE, MD

Visiting Associate Professor from Norway

Fridtjov Riddervold, MD, PhD, is an internist/anesthesiologist/intensivist from the University of Oslo, Department of Anesthesiology, who has been appointed as a visiting associate professor during academic year 1997-98. In addition to holding Norwegian specialty certification in the above three areas of expertise, he serves on the liver transplant team at the University Hospital in Oslo, the only liver transplant facility in Norway, performing 25-30 such procedures per year. Dr. Riddervold is here to gain further experience in our busy



FRIDTJOV RIDDERVOLD, MD, PhD

program, spending the first six months on Dr. Yoogoo Kang's OR team to be followed by liver ICU assignment under Dr. David Kramer's leadership. Furthermore, Dr. Riddervold will participate in relevant research activities.

Riddervold and his wife, Hilda, have rented a house for the year in Fox Chapel, where four of their six children attend school. The eldest child remains in Oslo as a University student, and one child is spending the year with an uncle in Colorado. We wish the Riddervold family a happy and eventful year in Pittsburgh and welcome Dr. Riddervold to our liver transplantation activities in the OR, ICU, and research laboratories. — Ake Grenvik, MD, PhD

UACCMF Welcomes New Executive Administrator

Edward McQuade, MBA, was appointed Executive Administrator of the University Anesthesiology and Critical Care Medicine Foundation on July 15, 1997. A graduate of Katz School of Business at Pitt, McQuade brings to the Foundation over 12 years of experience in health care management, last serving at Allegheny General Hospital as Senior Director for the Departments of Surgery, Neuro-surgery, Plastics, Oral/Maxillofacial, ENT, and Trauma Surgery.

The opportunity to work with a group of multi-talented individuals and to learn more about the health care market in the region attracted McQuade to UACCMF. Moreover, he welcomes the new challenge of managing business affairs in academic, research, and clinical areas. "I'm in a fortunate position to utilize the management skills that I have already mastered, while learning aspects of the health care business that are not as familiar to me," he explains.

According to McQuade, he brings to the position experience in running a business successfully, putting together business plans for new ventures, and creating successful projects by finding a common purpose among individuals with different



EDWARD McQUADE, MBA

agendas. "I offer the Foundation my management skills to enhance the already strong business identity of UACCMF," says McQuade.

While McQuade's short-term goals focus on understanding the academic side of the business, his long-range objectives include maintaining UACCMF's presence as a significant factor in its affiliations with the UPMC merger sites. As McQuade notes, "Our growth potential is now being realized through the mergers and acquisitions of UPMC."

Although McQuade spent many hours of his first three months at UACCMF becoming acclimated to the demands of his new position, he has resumed his formula for success in his professional and home life. He explains, "Balance is essential in achieving life's goals. For me, success comes from balancing career, family, spirituality, and athletics."

Faculty and Residents Tie in Softball Battle

Saturday, October 4, 1997, will be etched in UPMC anesthesiology history. As the day unfolded, the sunny skies and rolling green grass of Treesdale set the stage for an epic struggle. The residents took the field, the faculty went to bat, and the battle was joined. The faculty grabbed an early 1-0 lead, but the residents responded in the bottom of the first inning with 3 runs of their own. Not to be denied, however, the faculty continued to effectively swing the lumber and, with the help of superb field play by Drs. Joseph Thimons and Brian Williams and efficient pitching by Dr. Carol Rose, were able to maintain the lead through the middle innings. The residents would not roll over and die, despite such faculty wishes. They fought, scraped, and hustled to stay in the game in a truly outstanding team effort. The seventh and final inning began with the faculty ahead 9-6. They added another run to their total, and the residents came to bat slightly dazed but knowing full well the task at hand. With two runners on base and two outs, Dr. Todd Oravitz belted the ball into deep right field and with his lightning speed was able to circle the bases and tie the score at 10. The residents' side then retired and, as the day was growing dark and both sides exhausted, the game was declared a tie. Voted most valuable players were Carol Rose for her outstanding pitching and Todd Oravitz for his clutch hit in the bottom of the seventh inning. A large trophy was awarded to the co-champions.— Todd Oravitz, MD, *Unbiased Sports Reporter*



ROW ONE: Charles Buffington ROW TWO: Ken Goldschneider, Randy Wood, Regis Switala, Phil Lebowitz, Yoogoo Kang ROW THREE: Rick Bjerke, Carol Rose, Doris Cope, Brian Williams, Todd Oravitz, Joy Roth, Steve Roth, Barbara Fried, Sheri Davis, Alex Lim ROW FOUR: Jim Deisfeld, Dave Metro

Multidisciplinary Critical Care Training Program Names Curriculum and Fellowship Coordinators

James Rieker, PhD, recently began his position as Curriculum Coordinator for the MCCTP. Rieker, who earned his doctorate in biochemistry from the Department of Biological Sciences at the University of Pittsburgh Medical School, also has a background in instructional design, learning theory, and software development. Rieker plans to integrate new educational technologies into MCCTP's curriculum.

According to Rieker, contemporary learning technologies will allow fellows to access information, communicate ideas, and engage in interactive learning through a networked environment. The curriculum will help fellows develop skills in using a variety of computer-based productivity tools suited to tasks required in their careers. For example, they will utilize electronic resources to locate information relevant to critical care and to search for employment opportunities. Furthermore, fellows will create electronic slides viewable via computer projection or the World Wide Web to complement lectures. Rieker also will design self-study electronic modules for fellows to learn at

their own pace and within a demanding clinical schedule.

Lisa Smith has joined the MCCTP as Fellowship Coordinator. She has a degree in Specialized Technology and continues her educational goals in public administration. Joining the MCCTP from the Department of Medicine, Lisa has been coordinator for the Medical Oncology Fellowship Program and brings a great deal of experience to her position. She is responsible for recruitment activities, compliance with state and federal regulations, accreditation, alumni relations, and special projects in the world's largest multidisciplinary training program in critical care.

Ake Grenvik Multidisciplinary Critical Care Training Center

The Division of Critical Care Medicine has established the Ake Grenvik Multidisciplinary Critical Care Training Center to serve as an educational resource in the subspecialty of Critical Care for multiple health care disciplines. David J. Powner, MD, MCCTP Director, announced the opening of the Center at the Ake and Inger Grenvik Critical Care Endowed Lecture on November 10. Ake Grenvik, MD, PhD, led the Multidisciplinary Critical Care Training Program from 1971 to 1996.

Welcome to the 1997-98 Critical Care Fellows . . .

Pediatric Critical Care Fellows

Kato Han, MD
James McJunkin, MD
Randy Ruppel, MD
Neal Seidberg, MD

Anesthesiology Critical Care Fellows

Jewel Alleyne, MD
Todd Davis, MD
Michael Dishart, MD
Leonard Trapani, MD

Internal Medicine Critical Care Fellows

Eyad Abu-Hamda, MD
Jenee Bowman, MD
Anthony Carlese, DO
Michael Dacey, Jr., MD
Martin Hendrickson, DO
Anton Nicolescu, MD
Michael Power, MD
Natesa Shanmugam, MD
Bryan Veynovich, DO

Emergency Medicine Critical Care Fellow

Ted Kimball, MD

Surgical Critical Care Fellows

Marilyn Borst, MD
Paul Freeswick, MD
Amitabh Goel, MD
David Kam, MD

Second Year Critical Care Fellows

Terrence Gilbert, DO
Amjad Musthafa, MD
Najarajan Ramakrishnan, MD
Ahmed Rashwan, MD

NIH Fellows

David Nunley, MD
Michael Dishart, MD

Under his leadership, it became the largest such program in the world. In 1995 the University of Pittsburgh named Grenvik Distinguished Service Professor of Critical Care Medicine, the only such appointment in the United States. That same year the Grenvik Endowed Lecture-ship was established through alumni donations. The Grenvik Center features distance education programs, estab-

lished lectureships, directed/supervised study, observational preceptorships, acute care nurse practitioner clinical rotations, internet educational programs, regional and national scientific meetings, and extended community hospital continuing medical education curricula.

Sabbatical at the University of Paris

Michael R. Pinsky, MD, is on a one-year sabbatical, beginning July 1997, at the University of Paris, where he has been named *Professeur Associé*.

Awarded by the French Ministry of Health, the honor is bestowed upon only a few people each year.



MICHAEL PINSKY, MD

Jean-François A. Dhainaut of the University of Paris invited Pinsky to apply for the visiting position. Well known on the medical lecture circuit in France, Pinsky has visited the country in a professional capacity approximately 20 times in the last few years. Moreover, Pinsky and Dhainaut have collaborated on several works as writers and as editors.

While at the University of Paris, Dr. Pinsky divides his time among three sites: Cochin Hospital's Department of Intensive Care Medicine (referred to in French as *Reanimation Medicale*); the

Molecular Biology Institute of Cochin Hospital; and the Pasteur Institute under Jean-Marc Callivon.

Pinsky's research goals while at the University of Paris are two fold: "to study molecular mechanics of sepsis and assess the impact of health care economics." In addition to his research objectives, Pinsky serves as a liaison between the University of Pittsburgh School of Medicine and the University of Paris in an effort to establish what Pinsky calls a "cross fertilization" of talents. As an ambassador of sorts, Pinsky hopes to "develop new tools and interests" for his colleagues at Pitt, as well as "forge academic relationships among members of our faculty and Europe." Toward that end, as chair-elect of the International Liaison Committee of the Society of Critical Care Medicine, Pinsky has encouraged other department faculty members to present their research at European forums.

As Pinsky explains, the purpose of European study is "not just to enjoy the culture but to study and participate in international meetings where the best data and newest ideas are presented." Thus, Pinsky encourages department faculty members to speak internationally so that they may promote their own ideas and learn from other talented researchers.

In addition to conducting research and presenting lectures, Pinsky's studies in France have allowed him to analyze clinical care in a French academic medical center. He notes that in the French system, "There is little bedside teaching. All teaching is done by senior registrars through formal lectures." However, Pinsky explains, bedside ICU training in France is two to five years after certification, whereas in the U.S. such instruction lasts

for one year. Pinsky finds that U.S. and French medical facilities are generally equal in terms of resources, quality of care, and outcome, and notes that a medical professional would be comfortable in both settings. He sees one difference between the two systems, however, in that medical care in France is uniformly good nation-wide "because of socialized medicine, which limits ineffective care more quickly than in the U.S."

Calendar

Lectures

Don P. Wolf, PhD, senior scientist in the Division of Reproductive Sciences at the Oregon Regional Primate Research Center in Beaverton, Oregon, and professor of obstetrics and gynecology and of physiology and pharmacology at the Oregon Health Sciences University, was the presenter of the Eighteenth Peter and Eva Safar Annual Lecture in Medical Sciences and Humanities on September 4, 1997. Dr. Wolf lectured on "Progress in Cloning and Other Monkey Business."

Peter Safar, MD, presented at the First Annual James E. Eckenhoff, MD, Lecture at the Department of Anesthesia, University of Pennsylvania Health System on September 18, 1997. Dr. Safar lectured on "Anesthesiologists as Intensivists Revisited."

Guest speaker Arthur Caplan, PhD, lectured on "What is Wrong with Physician Assisted Suicide?" at the Third Annual Ake and Inger Grenvik Lecture on November 10, 1997. Dr. Caplan is the Director of the Center for Bioethics at the University of Pennsylvania.



Paul Rogers, MD, Named VP of Critical Care Services at VAMC

In June 1997 Paul Rogers, MD, was appointed Vice President of Critical Care Services in the new administrative structure at the Veterans' Administration Medical Center (VAMC) in Oakland. The reorganization plan, implemented on October 12, 1997, streamlined the management design at the VAMC from 53 Service Chiefs to 12 Vice Presidents.



PAUL ROGERS, MD

In his new role, Rogers, with the other Vice Presidents, relates issues bi-monthly to the Communications Board. Rogers is responsible for setting the objectives, managing the resources, and facilitating the educational objectives of the unit. Moreover, Rogers oversees Surgical ICU, Medical ICU, Coronary Care, as well as critical care nurses, respiratory critical care personnel, and secretarial support. The unit also employs a business manager, Steve Kedzuf, to assist Rogers with budgeting issues. "I went from directing the Surgical ICU and two critical care physicians to supervising 128 employees," Rogers notes.

According to Rogers, his goal as VP of Critical Care Services is to provide high quality care in a manner that is cost-

efficient, keeping in mind the best interests of both the patients and the personnel. Specifically, Rogers wants to improve communication between his unit and the primary care providers of VAMC patients brought in from other VA hospitals. Moreover, Rogers would like to establish protocols for weaning patients from the unit and create policies insuring patients efficient access to the ICUs. "I want the unit to provide quality care to the critically ill vet patients and to furnish clinical pathways that reasonably move people through the unit," Rogers notes.

In addition to his new responsibilities, Rogers remains active in clinical work and teaching, now supervising three fellows, two medical students, and various others who rotate through the SICU at the VAMC.

Our Newsletter has a New Production Editor

Lisa M. Goetz, who received her PhD in English Literature from Duquesne University, joined us as the new primary writer and production editor of the newsletter this fall. As Francie Siegfried resigned on August 29, 1997, to pursue full time her educational goals, we were fortunate to find such an outstanding successor in Lisa Goetz. She is responsible for the current edition of the newsletter.

A native of Pittsburgh, Lisa Goetz obtained her BA and MA degrees at the University of Pittsburgh and successfully completed her PhD requirements at Duquesne University this fall with her dissertation on Late Medieval and Early Tudor Drama. Throughout her educational years, she has been a staff and freelance writer and editor in different departments. In addition, she taught various English literature and writing courses during her four years at Duquesne University. She brings to us excellent expertise and experience in production editing. We greet her welcome to our department and owe her much appreciation for the production of this newsletter. — Ake Grenvik, MD, PhD, Editor

Visiting Observing Physicians

Our Department is privileged to host a number of visiting physicians. Forging international relationships not only offers a learning experience for these doctors, but also enriches the Department, medically and culturally. Visiting from Turkey are Ebru Tastan, Atilla Soran, Isil Ozkocak, and Demet Albayrak; from Japan are Akira Takasu and Takao Yokoe; from Spain are Elisa Prados and Rosina Zarauza; from Norway is Ann Aass-Hunting; from New Zealand is Stephen Streat; from Greece is George Briassoulis; from Italy is Juan Carlos Bassalo; from Brazil is Liu Nein Shing; from Peru is Morayma Ulloa-Ascencio; from Singapore is Hwei Yee; from Venezuela is Margie Martinez; from Sweden is medical student Joacim Ohrn. In addition to these international visitors is David Sees from Texas.

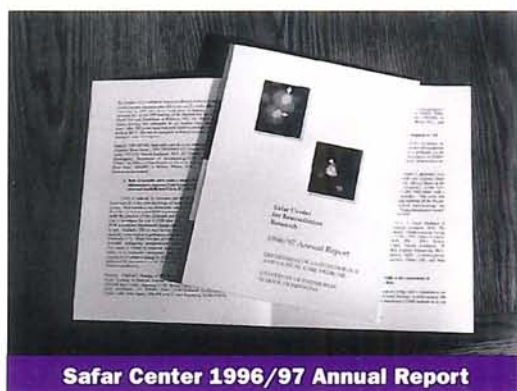
Safar Center for Resuscitation Research Update



Dr. Peter Safar

It has been an outstanding year at the Safar Center for Resuscitation Research. Investigators are working in four areas of research: traumatic brain injury, cardiopulmonary arrest, disaster medicine, and shock and suspended animation. The 1996-1997 annual report of the Safar Center for Resuscitation Research, published in October 1997, describes 32 peer-reviewed papers, 265 chapters, and 52 abstracts generated by Safar Center investigators last academic year. Safar Center scientists currently have 31 grants, of which 25 are extramural, totaling over \$7.8 million in funding.

On the horizon for the Safar Center for 1997-1998, Dr. Peter Safar, PI, and Samuel Tisherman, Co-PI, were just awarded a \$2.4 million grant from the Department of Defense, United States Navy Medical Research and Development Command, Office of Naval Research, for their proposal entitled, "Novel Resuscitation from Lethal Hemorrhage" which began on October 1, 1997. This grant includes funds for research at the Safar Center with a large number of collaborators at the University of Pittsburgh. Also included are funds for work coordinated from the Safar



Safar Center 1996/97 Annual Report

Center contracted out to five satellite sites: Hawaii (Dr. B. Siesjo), Houston (Dr. R. Hayes), Baltimore (Dr. H. Champion), Miami (Dr. T. Sick), and San Francisco (Dr. P. Bickler). The proposal includes a comprehensive bench-to-bedside approach to a novel resuscitative strategy. The grant proposal emerged out of a long history of discussions, planning sessions, and meetings by Drs. Safar and Tisherman, with Dr. Lynn Yaffe on the Naval Medical Research Institute, and Dr. Ronald Bellamy (a national expert on combat casualty epidemiology and related research).

There has been little improvement in the outcome for combat casualties since the Vietnam War. Most of the casualties on the front lines result from bullet wounds. These soldiers die rapidly from exsanguination in the field. Many of these victims have wounds that would be very amenable to surgical repair if they could reach field hospi-

tals quickly. However, that is generally not possible. In addition, aggressive fluid resuscitation in the field is also problematic and has been of limited success because of the exacerbation of hemorrhage and coagulopathy. A novel approach to this problem might be the

induction of transient "suspended animation" followed by transfer back to the field hospital for repair and delayed resuscitation. The approach, if successful, could also have important application to civilian casualties. Funded by the US Navy and spearheaded by Drs. Safar and Tisherman at the Safar Center, this unique approach is the focus of the grant and of related symposia.

On December 5-7, 1997, the Safar Center hosted a meeting of investigators involved in research ultimately targeting the application of suspended animation to resuscitation strategies for otherwise lethally wounded combat casualties. At this meeting, a collaborative investigative team of national and international researchers and consultants, including both civilian and military clinicians/scientists, were assembled to formulate investigative approaches in this remarkable area of research. — *By Patrick M. Kochanek, MD, Director*

Research Awards

The Society for Neuroanesthesiology and Critical Care (SNACC) presented **Dr. Elizabeth Sinz** with the Young Investigator Award for her paper entitled "Quinolinic Acid is Increased in CSF and Associated with Mortality in Human Head Injury."

Michael Whalen, MD, received the Charles Schertz Memorial Research Fellowship award. The award will allow Dr. Whalen to further his research interests over the next year and to attend in the Pediatric ICU at Children's Hospital of Pittsburgh.

Brian A. Williams, MD, MBA, was the recipient of the 1996-1997 Society for Ambulatory Anesthesia Young Investigator Award.

Anesthesiology Residency Program News

Under the direction of Dr. Charles Buffington, Residency Director, this past year has been a time of positive change, growth, and development in the Anesthesiology Residency Program. Buffington advocates a solid educational curriculum to enhance the future of the program.

After becoming members of the anesthesiology program, the residents and fellows have the opportunity to enhance their educational experience in various ways. A weekly didactic series is presented for each class. Drs. Mark Hudson, Rita Patel, and Helen Westman coordinate the CA-3 Didactic Series, which consists of Oral Board Review and Evidence Based Medicine Sessions, designed to assist residents in their studies and research.

The Oral Board Reviews, under the direction of Dr. Westman, prepare residents for the oral board examinations. Department faculty members offer these study sessions September through June.

Additionally, the CA-3 residents have the opportunity to participate in the Evidence-Based Medicine Sessions, in which they learn how to use research literature most efficiently. The residents' turnout, interest, and enthusiasm for the first session of the year pleased Dr. Patel, coordinator of the series.

New to the residency program is the combined curriculum for CA-1 and CA-2 trainees, spanning 24 months and organized by Mark Hudson, MD. This didactic series is held weekly, in addition to the lectures offered at each pavilion.

Another activity of the program is the resident journal club, organized by Chief Resident Alex Lim, MD, which consists of informal article review sessions held once a month at a faculty member's home. A resident, under the direction of a faculty preceptor, researches a particular subject area and distributes pertinent articles to other residents. At the meeting proper, participants discuss and debate literature in the field of anesthesiology.

The Program also offers social events to the residents and fellows that enhance their role in the Department. For example, every other month, Dr. Leonard Firestone, Department Chairman, and Dr. Buffington hold an informal dinner in order to meet with residents and to listen to their thoughts on the program. In addition to the bimonthly gatherings, last July Dr. Watkins invited new residents and fellows to his home in order to meet the faculty in a relaxed setting.

New Anesthesiology Residency Coordinator

Dr. Charles Buffington, Residency Director, selected Ms. Barbara Chismar as the new Anesthesiology Residency Coordinator in September, replacing Ms. Patricia Lutz who held the position for many years. Ms. Chismar is not a newcomer, however, having served as Assistant to the Residency Coordinator since 1986. She is, among other things, responsible for ensuring smooth processing of licensure, benefits, payroll, and reimbursements for all anesthesiology residents and fellows. Moreover, she is in charge of organizing the recruitment process and coordinating the visits of

potential anesthesiology residents. "I'm the first person they meet; I have to make a good impression," she says cheerfully.

With "interview season" upon her, Chismar optimistically explains, "Dr. Buffington and I are happy that we have seen an increase in applications over last year." Chismar notes that Dr. Buffington has made positive efforts to increase recruitment and hopes to enroll the best class possible for 1999. Medical students at the University of Pittsburgh have expressed a great interest in the Department this year.

Intranet an Immediate Success

The Department's Intranet is fast becoming indispensable, with anesthesiology personnel using the system as a scheduling tool, case database, and clinical resource. According to John Lutz, Web Applications Developer, the Intranet passes information throughout the Department using the same technology that sends information around the world through web applications, such as Netscape. The Department has been using its Intranet for over a year, explains Lutz, who developed and administers the Department's Intranet system.

At first, the Intranet was used to post faculty schedules,

phone numbers, and office locations.

Since then, Intranet services have grown to include evaluations of residents, faculty, and rotations. The Department's Intranet also serves as a clinical tool, posting OR schedules, which include information on the surgical team and patient history.

Although the Department's Intranet is primarily a tool of the Anesthesiology team, Lutz says that Critical Care Medicine will soon provide their resident and faculty evaluations on line. David Powner, MD, Director of the Multidisciplinary Critical Care Training Program, led the

development of the MCCTP Internet web site that serves as a marketing and training tool, an educational resource, and a vehicle for communicating news to alumni and the medical community at large. MCCTP plans to develop its use of the Department's Intranet so that their fellows with rotations off campus can have access to scheduling and other pertinent information.

A part of the MCCTP web site is the Journal Club web page, created by Jim Rieker, PhD, Curriculum Coordinator for MCCTP, and John Kellum, MD, Assistant Professor. The address for MCCTP's web site is <http://www.anes.upmc.edu/mcctp>.

Future use of the Intranet includes expanding into Children's Hospital, hopefully the VAMC and Magee, and certainly to other pavilions as UPMC gets larger," explains Lutz.

In recognizing the success of the Department's Intranet, Lutz gives credit to Piotr Drzewinski, Database Administrator and Programmer, who is responsible for "the nuts and bolts of the data handling." In addition, Lutz notes, "Dr. Firestone has been very supportive of the development of the Intranet."

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