Gallehugh: Today our oral history of Texas College of Osteopathic Medicine continues with Dr. Paul A. Stern who is Professor and Chairman of the Department of Anesthesiology. And I think it is very appropriate that we have Dr. Stern as our guest today because this year marks the 20th anniversary of the founding of the Department of Anesthesiology at the Texas College of Osteopathic Medicine. Dr. Stern I would like for you to begin a little bit by telling us a little bit about what transpired 20 years ago which prompted the founding of our Department of Anesthesiology and a little bit about what has transpired over the years that has brought our department to the distinguished place where we have now in the curriculum of Texas College of Osteopathic Medicine.

Stern: 20 years ago I was recruited by Dr. Joel Alter to head up the Anesthesiology Department at the school. The school was then a private institution, we were housed in the bowling alley which no longer exists. Almost all the faculty were volunteer faculty members; I know I was, and all the members of my department were volunteers. The course we provided at that time was a rather simple course. It consisted of 21 one-hour lecture periods, standard stand-up lecture for 50 minutes. In 1977, after the school became a state supported institution, I was recruited by Dr. Willard, the president of the school, to head up the department again, and I came on full time at TCOM, leaving my practice in Dallas Osteopathic Hospital. In 1978 I attended a course at Harvard Medical School on Course Design. I was not pleased with the way we taught anesthesiology then and I didn't

know how to change it. At the same time, Dr. Hyman Kahn joined my department. I recruited him. And our course was then devoted to teaching the basics of safe patient care in anesthesiology. The next year we changed the format of the course so that the course now consisted of 8 two-hour class periods. There was an audiovisual program that the students were required to prepare for the class. When they came to class there was a short period of slide identification of pertinent slides in the program and that was followed by a short lecture by one of the faculty members. In the second hour of the class the class broke up into four and in later years into five small groups, each with a faculty member to facilitate the program, and in the second hour there were special study questions that were reviewed by the students and the facilitator and also gave the facilitator an opportunity to meet with small groups and to answer any of the questions that they might have had left over from the program. The course also provided for elective rotations which were one month programs at the local affiliated hospitals and this was very popular with students. A great number of students took this elective rotation anywhere from 20% to 25% per class year. The course itself has always received high student evaluations in the student satisfactory index. I would say in the last 10 years our course has been in the upper 10% of all the student evaluations and in the last five years our course has been listed as either #1 or #2 by students. In 1980 at the instance of Dr. Willard, the clinical faculty were asked to develop school-based residency programs and our department developed the first program, AOA approved program, at the school. It was also the first school based anesthesiology program in the osteopathic profession. It is approved by the AOA and the American Osteopathic College of

Anesthesiologists. And we developed a consortium to provide the instruction at Fort Worth Osteopathic Medical Center, Dallas Family Hospital, Northeast Community Hospital, Dallas Memorial Hospital. The program at that time was a two-year program following a year of internship. We also incorporated in the program a four-month rotation at Baylor Medical College in Houston for high risk obstetrics training and also for cardiovascular anesthesia for major surgery there. And we also provided a two-month rotation at then the Children's Hospital for pediatric anesthesia. In 1986 the residency was changed to a three year program and at the same time we had a new president, Dr. Richards, who asked me to change the funding of the program. Since its inception funding of the program had been through the participating hospitals and through the generosity of Dr. Willard through his institutional development fund. We never did receive any state funding of our program. With the budgetary constraints when Dr. Richards came on we had to then develop our own funding process which we did and we have continued that since then, leaving the school out of the business of funding the Department of Anesthesiology Residency Program. The residency, when we started back in 1980, was approved for 10. We had two residents to start with and we have gradually increased that until in the last five years, six years, we have been funded for seven residents. The program has been rather successful. Our residents do well on the certification examinations and many of them are now practicing in the Dallas/Fort Worth area. We have had, early in our career, small research projects. We had three programs that Dr. Kahn supervised and I did one program with the Department of Pharmacology on anesthetic mechanisms. The department has been involved also with the ACLS program, the Advanced Cardiac Life Support

program, since 1979, which our department instituted and then turned over to the Department of Emergency Medicine when it came on.

Gallehugh: Lets go back a little further with regard to the profession in Texas. I understand that you are the very first residency trained anesthesiologist to practice in the state. Is that correct?

Stern: I am the first osteopathic trained resident in the state of Texas. And I was a founder member of the Osteopathic Society of Anesthesiologists and also the American Osteopathic College of Anesthesiologists and then when we had our own certifying board established at that same time I took my exams and I now have certificate #3 which I guess was, I don't remember, way back.

Gallehugh: What other positions have you held with the American Osteopathic College of Anesthesiologists? I know you have had several honors and positions over the years in that organization.

Stern: I have been a member of the Board of Governors. I have been a president of the College of Anesthesiologists. I have been parliamentarian. I was appointing to the certifying board, the American Osteopathic Board of Anesthesiology and I stayed in that position almost 8-9 years. I was mainly concerned with the questions and the process for certification, not so much with the details of who does get the exam and who doesn't. My big contribution to that was that I helped throw out many of the questions because I found them improper and archaic. I am currently, at this time, still a

consultant to the American Osteopathic Board of Anesthesiology, and I am pleased to say that I have helped in getting members of our department into positions of responsibility both in the College of Anesthesiologists and the Board of Anesthesiology since my time there and up to this time currently, including yourself. Dr. Gallehugh was a member of the Board of Governors of the College of Anesthesiologists, Dr. Kahn is a member of the Board of Anesthesiology, Dr. Steven Stern is now a member of the Board of Anesthesiology, having previously been a member of the College of Anesthesiologists. So we are maintaining our continuity and our influence on the profession through the school.

Gallehugh: I know you received a number of awards from the American Osteopathic College of Anesthesiologists. I know you have given the Crawford-Esterline Memorial Lecture one year and I also know that you received the distinguished service award one year.

Stern: That is true, and I appreciate those awards. They were very gratifying to receive and I look forward to members of my faculty who are now currently involved to receive similar awards. I expect that because they are good people.

Gallehugh: You have had over 40 years in the field of anesthesiology and looking back over... You were a founding member of a hospital in Dallas and you have been founding member of other organizations and all. What would you say has been the biggest change in the specialty of anesthesiology in this 40 year period of time since you entered practice.

Stern: When I came to Dallas to practice anesthesiology I had in my armamentarium the following anesthetic agents: I had diethyl ether, cyclopropane, nitrous oxide for inhalation anesthesia. I had oxygen of course. We did regional conduction anesthesia, spinal blocks mostly. We did a lot of caudal blocks. When I came we didn't have things like plastic catheters and those are new, little fine tubes that you can slide through needles and leave them implanted in the body of the patient so that you could give incremental doses. They didn't even exist for placing little cannulas in veins. The intravenous agents we had; we had thiopental and we had one muscle relaxant which was a crude form of curare and that was anesthesiology at that time. All the major anesthetic agents being explosive, we wore conductive shoes, electrically conductive shoes on electrically conductive floors. But then with time things improved. We got potent anesthetic agents that were not explosive, halothane particularly. We got some newer muscle relaxants like succinylcholine. We had another one called decamethonium and things changed. They improved quite a bit. The major thing that I think also took place was the monitoring of the patient during anesthesia. There was no monitoring as we understand it now. The patient was monitored by having his blood pressure taken and his pulse and respirations recorded. There were no automatic ventilators to put on the patient whose respirations were paralysed. We had to do that by hand. Every anesthesiologist developed wonderful muscles in his forearm. He looked like Popeye. Those things came along and helped out with the development of the nonexplosive agents like halothane, methoxyflurane and flurane. We didn't have to wear conduction shoes. They didn't have to have conduction flooring in the operating suite. And we now had also much

better monitoring devices. We had cardioscopes to monitor the electrocardiographic tracing on the patient. We have respirometers to measure the respiratory pressure and the volume of each breath on the tidal volume during the anesthesia. And these were very helpful. Special kinds of monitors. I think the most beneficial one that we ever came across was one that didn't require batteries, wires, or anything like that and that was the esophageal stethoscope. That was the ideal monitor. You could hear the heartbeat and monitor respirations all at the same time through one ear and hear what is going on in the rest of the operating suite with your other ear. I thought it was the most efficient monitor there ever was. The equipment nowadays is much, much sophisticated. My first gas machine that I bought when I came to Dallas Osteopathic Hospital cost about $300 to which I applied about $1000 worth of accessories. A standard piece of anesthesia equipment nowadays with the necessary monitors will run anywhere from $35,000 to $50,000 and definitely worth the money.

Gallehugh: Okay, there have been a lot of changes in anesthesiology and what organization... I know that you have been very proud of since you are the founding member really, and that's the group which is called SPASM. You want to tell us a little bit about the group SPASM and how historically they have evolved and I think no other organization in our profession probably has had such a long extended run of activity.

Stern: SPASM is the acronym for the Society for the Prevention of Anesthetic and Surgical Misadventure. And we started it in 1957 and we

have been meeting annually since then. We started with about six people in the Dallas/Fort Worth area. Next November we will have our 37th annual meeting. We expect in excess of 40 anesthesiologists and their guests to attend. This organization is very successful because it is a nonorganization. There is no constitutional bylaws, no offices, no elections, no meetings, no dues, no assessments. My role is once a year to select a fine restaurant to provide us a wonderful banquet, to select a speaker, and to select the menu. Everything is voluntary there. The members that attend know that I will apportion their prorata share of the cost of the dinner and that is it. The honorarium for the guest speaker is a token honorarium of a bottle of good brandy. And as I say we have been doing this now for 37 years and it is unique and very successful.

Gallehugh: Who have been some of the speakers you had have over the years for this program?

Stern: We have had many speaker from Southwestern Medical School. The first speaker we ever had was the former chairman of the department, Dr. Pepper Jenkins, and he came and spoke to us more than once in those early years even though there was just a small group like six or seven of us. Twenty-five years later at our 25th anniversary we invited him again and he gave us an update on the talk that he had given us 25 years before. The succeeding chairman of that department, Dr. Buddy Geisgy has spoken to the program at least three times, not too long ago about three years ago. Dr. Ed Johnson who runs the operating suites for the anesthesia department has spoken at least 3-4 times. Warner Allbram who is now down at Texas A&M at Scott and

White Hospital has spoken and that department is being one of the premier anesthesia departments in the allopathic profession has almost all the time provided our speakers. They are anxious and happy to attend our program and accept the modest honorarium.

Gallehugh: Another question I would like to pose to you, Dr. Stern, with regard to medical education and the profession. I noticed that you were Director of Medical Education at Dallas Osteopathic Hospital for a period of time and how do you see the osteopathic profession in regard to when you were a DME back in the 50s and 60s there in regard to how we have our residency training programs now and particularly into our post graduate programs where they have internships leading into residency training program and what has been your view of how the profession has advanced in regard to our postgraduate training programs.

Stern: Well there is no comparison of today's programs to those programs. When I was Director of Medical Education at Dallas Osteopathic Hospital it was a very haphazard thing. It was more an administrative function than even a teaching function. I did set up regular lecture program for the interns. I was also involved in residency training there, but the problem then as it is now is if you have too small a program you can't make a good educational program out of it. Fortunately the small institutions, the small hospitals, have disappeared and post graduate education is now in the larger institutions where a formal program can be structured. For example, I had a resident at Dallas Osteopathic Hospital, I guess then he was the first D.O. resident in training in Texas because that was even before

I was certified as an anesthesiologist and qualified to teach, but at that time certification in anesthesiology came through the Board of Surgery and they really didn't have much influence on the educational program for anesthesiology. A small program like that is a weak program. It is a weak program. My own program here, for example, I have 7 residents and I send them to three of the local hospitals two at a time. They spend six months a piece there. They work with a different set of surgeons in each place, a different clientele of patients and they are trained basically in three different manners. I also provide them with rotations elsewhere in those subspecialty areas that I can't provide here. I send them to Baylor Medical College for four months and I send them to Denver Children's for two months for pediatric anesthesia. I can't provide that in this small program so I make up for it by providing it elsewhere and my residents are well received there in these institutions and they get the training there too. So, if you don't have a large program or a program of decent size with qualified teachers, the program is not worth maintaining, I don't believe.

Gallehugh: As far as the Texas College of Osteopathic Medicine goes you have served a number of different roles here; not only have you been Professor and Chairman of the Department of Anesthesiology but you have had a tenure as Associate Dean of Clinical Medicine and you have had a number of other positions which were at least in the area of committee work and all. What has brought you the greatest challenge that you faced at Texas College of Osteopathic Medicine? What has been the biggest challenge you have faced since you became a full time academic medicine specialist?

Stern: I think my biggest challenge, or course, was my primary responsibility which was to develop a really good instruction in anesthesiology. The importance of my course in anesthesiology (I shouldn't say my course), our department's course is that when the students finish the course they remember after they have left the courses over, after they have graduated and gone elsewhere. Now I know this because graduates have told me this later on and I have heard this from other anesthesiologists who have come in contact with our students. That has been, I think, my personally most gratifying program. The residency program, yes, very much, I am very pleased with that. My other duties here at the school wherein I was appointed as Associate Dean for Specialty Medicine I effected some rather drastic changes that were called for and I think I have been very successfully awarded. I am responsible for cleaning out the Pathology Department and replacing it with an excellent faculty of pathology members. I am responsible for cleaning out the Department of Dermatology and I also helped encourage the members of the Radiology Department to retire because their program was getting a bit archaic and they were not updating. We have replaced the Radiology Department with a very strong group of young, aggressive faculty members and I am still working to see that the new administration fulfills my request for replacing the dermatology group.

Gallehugh: What has been your biggest reward in regard to payoff in regard to accomplishments that you feel like you made here at Texas College of Osteopathic Medicine? Where has been your really payoff for you?

Stern: Personally I have enjoyed it. I enjoyed being with the school very much in spite of the fact that I drive every day from Dallas to come here. It has been a very pleasant time for me. I enjoy being around young people. It pleases me very much to see that they learn what we are trying to teach them. I am also pleased that I have helped some of the students to take their graduate training in other prestigious organizations and institutions whether it is in anesthesiology or in other specialty work. That sense of trust in me to help them is gratifying.

Gallehugh: I know when we go to like the AOCA meeting we see many of our graduates there who are in the specialty who didn't train in our program, I know it does bring about a sense of satisfaction we have put a lot of specialists out there in the field of anesthesiology that have trained in the military and other allopathic as well as osteopathic programs.

Stern: At the recent meeting of the Residency Directors, statistics were produced there that our small department had produced a very high number of anesthesiologists that have completed training and are in training not only in this institution but in other institutions, a very high percentage. In fact, higher than any of the other departments that are putting out residency training. So that was a nice thing to hear.

Gallehugh: What do you see in the future for the Department of Anesthesiology at Texas College of Osteopathic Medicine? We have talked a lot about historically where we are coming from and where do

could grow into a very active clinically practicing department and produce more in the way of scholarly activities, research and things like that. It is difficult to provide those things the way we are at this time. I think we have succeeded within the limitations that prescribe our activities, but I would like to see it develop.

Gallehugh: Any other comments or other additions you would like to make that we have not covered during the interview that you feel like is important for us to preserve in regard to the history, at least the history of our Department of Anesthesiology. It is an important year, 20 years. I think we have accomplished a great deal in 20 years and I think it speaks well for you as well as the other members of the Department of Anesthesiology.

Stern: Well, I don't know what else I would have. I can't think of anything. I told you of all the things that I am most proud of and I told you about my pleasure of being with the school and I don't know what else to add.

Gallehugh: I'm sure it has been the school's pleasure to have you a member of our faculty and I know the years you spent between 1978 and 1992 here driving round trip between Dallas each day, I imagine you have accumulated many hundreds of thousands of miles of your automobile during that period of time and probably you have made a greater sacrifice than many of the other faculty members to be a part of this institution. I think, too, the very fact that you have been in the practice of anesthesiology in Texas now for over 40 years, that is a lot of history in regard to our specialty of anesthesiology and I