

J. Kent Garman, M.D., Vice President and President-Elect, Stanford Medical Staff

Staff President-Elect Believes in Connections—Bombardier to Cardiovascular Anesthesiologist

By Mike Goodkind, Editor, Stanford Medical Staff Update

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J. Kent Garman, who became vice president and president-elect of the Stanford Hospital medical staff in September, believes in connecting his own career as a cardiovascular anesthesiologist to other professional activities—medical administration, sure, but soldiering?

In the 1960s, while a Navy Flight Surgeon, he regularly flew combat missions “in the right seat of an A-6 as a bombardier-navigator” with the Marines he provided care for in Chu Lai, Vietnam. “You get to know your patients and their concerns really well in the cockpit,” he said during a recent interview. “You get to know what they’re thinking, what they need.”

As a cardiovascular anesthesiologist, Garman connects patients to surgeons and the rest of the medical team. He says he’s proud to have served in cutting-edge situations, like the pioneering 1981 heart-lung transplant that is reflected in a picture over his desk; it’s a lone photo in the midst of a cluster of diplomas and certificates. As a physician leader, he served as chief of cardiovascular anesthesia at Stanford for 12 years starting in 1973.

Since the mid-1980s, the connections have included linking hospitals, physicians, and patients to the world of fiscal reality. After receiving a Sloan fellowship and an M.S. in management from Stanford’s business school in 1983, Garman took a break from academic medicine, and he combined his medical career with administrative responsibilities and leadership, including private practice in San Diego and at Sequoia Hospital. At the latter hospital in Redwood City he also served as both president of the medical staff and chief of staff. He has connected politically as a member of the board of both the San Mateo County Medical Association and CMA Political Action Committee (CalPac).

The now gray-haired Garman returned to Stanford’s faculty in 1998, “because, quite frankly, I missed the teaching, I missed the collegiality, and I missed

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working in an academic environment. You don't really understand the stimulation, the professional growth potential that you have in an academic hospital with world class leaders in their fields until you try to do the same job as a doctor in another setting." Garman said he'd like to communicate that message to his colleagues in private practice. "And I'd like to encourage my faculty colleagues to make an effort to welcome and support their fellow physicians whose focus is private practice. Faculty and community physicians have much to learn from each other, and bridging that gap, building coalitions, making connections, offers real value-added benefit to all doctors here.

"Right now, personally, I have the best of all worlds, the opportunity to be a clinician three-plus days a week. But I also teach, get involved with the research enterprise, and spend a great deal of time and effort working on a variety of care review and other committees with other doctors and hospital administrators. Right now, for example, I'm physician project co-leader on a task force that is looking at a comprehensive perioperative management system for the hospital, a multimillion dollar, multi-year project."

Garman will serve as vice president for two years and then ascend to the presidency for two more years. "As vice president, I'll be working with Bruce [Adornato, the staff president], an outstanding physician, teacher and well respected leader who understands this place. As I see it, and as I think Bruce and many of my colleagues see it, the mission over the next few years is to face some serious challenges and find some better ways for doctors and the hospital to work together to come up with improved ways to deliver efficient, compassionate, quality hassle-free medicine.

"And first and foremost, I see my role [as medical staff president-elect] to build coalitions and serve as a representative, an advocate for physicians. I really want to be a voice representing the views of my colleagues to hospital administration and the community at large," he said.

"We face some serious obstacles. The physical plant is strained. In the operating room where I work, there are scheduling constraints that we must somehow resolve, and this will take cooperation as well as resources to improve the physical plant. There are dynamics among various practice groups that must be resolved, and they must be resolved collegially. I think we can do that if we can continue to act smart, to explore and implement best practices and to understand there is a role to play for a variety of different practitioners."

Quality management, he said, "must go far beyond peer review to find solutions for efficiency, cost benefit, and just simply reducing the annoyance factor for all medical staff, hospital personnel and patients."

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“Right now a major issue is clinic access. This affects faculty practice directly, and this is a concern we must address as physicians in close partnership with our hospital,” Garman said. “Our medical staff has an opportunity to ‘package’ this issue and present our concerns and suggestions to hospital administration in a coherent, consistent manner.”

Other current issues include computerization and record-keeping, Garman said. “Stanford is not a leader in information systems, and I’d like to work hard on this with my colleagues and the hospital to develop effective systems that will make life not only more efficient, but less stressful for everyone.”

Among specific interest is an effort to better use personal digital assistants (PDAs) to manage, often interactively, prescriptions, medical records and scheduling.

“I think we can learn quite a bit from our colleagues and neighboring institutions, including the VA. The Veteran’s Administration has very sophisticated data tracking systems that produce a wealth of information. If we could tap into that, we’d have an opportunity to develop the tools we need to improve efficiency—without reinventing the wheel.”

Garman, a native of Reading, Pennsylvania, graduated from Temple University School of Medicine in his home state. After serving in the Navy, he returned to the University of Pennsylvania for his anesthesia residency and fellowship before joining the University of Pennsylvania faculty for a year in 1972.

His time at Stanford, from 1973 to 1984, and again since 1998 has included scholarly clinical research in cardiovascular anesthesiology. He has written the chapter on cardiovascular anesthesia in Jaffe and Samuels, *Anesthesiologists Manual of Surgical Procedures*, 3rd Ed. 2003. Scheduled to be published in 2004 is a chapter on Information Technology in Anesthesiology in Lake’s *Advances in Anesthesia*.

The new vice president lives in Half Moon Bay with his wife, Judith. The couple have four children, all over the age of 30, and three grandchildren under age 3. Among his hobbies is a connection to photography. He recently won a blue ribbon from the American Society of Anesthesiologists for a photo of a window in an old building he visited on a recent trip to Italy. Garman admits that his career combining academic, clinical and private practice with medical business has been a bit unusual and isn’t for everyone. I made my choice, because I enjoy what I’m doing and I hope that in the next four years I can work with my colleagues to make a difference with Stanford’s medical staff.”