

ANESTHESIOLOGIST KENT GARMAN APPLIES AVIATION PROTOCOL IN TEACHING RESIDENTS

The anesthesiology resident was devoting all of her concentration to insertion of an intravenous line into a surgical patient. Veteran cardiac anesthesiologist J. Kent Garman, who was supervising her, discreetly placed his hand over the screen of the vital signs monitor. Then he asked her, “What is the patient’s blood pressure?” Glancing toward the readout and finding it obscured, the perplexed resident said, “I – I don’t know.” Garman calmly replied, “You don’t know because you haven’t looked at the monitor anytime during the past minute.” He reinforces that point by telling residents about Eastern Airlines flight 401.

The L1011 aircraft bound from New York to Miami was approaching its destination on Dec. 29, 1972, when the pilot flipped a switch to lower the landing gear, but the indicator light did not turn on. The pilot, copilot and navigator became preoccupied with the instrument panel, trying to figure out why the light remained dark. With no one actually flying the airplane, the aircraft descended too steeply and crashed in the Everglades, killing 101 of the 176 passengers and crew members aboard.

That disaster illustrates the danger of fixation on a task while ignoring other important functions. “Fixation can kill a patient,” Garman says. “I teach residents an aviation technique: scan, scan, scan.” A pilot must continually scan the horizon for other aircraft, while recurrently checking instruments for air speed, altitude, function of hydraulic and electrical systems, level flight – and then do it again. “Anesthesiologists also must check a lot of physiologic readouts, look at the patient, observe what the surgeons are doing – all that is going on around them. Situational awareness is very important.”

Garman, who joined the UC Davis Department of Anesthesiology and Pain



Kent Garman (courtesy photo)

Medicine faculty part time in 2010 after retiring as a Stanford University professor emeritus, draws upon the aircraft metaphor from first-hand experience. He is a U.S. Marine Corps veteran who participated in combat as a flight surgeon during the Vietnam War. With plans to become a surgeon, the Pennsylvania native completed flight training and shipped out in 1967 for 13 months in Chu Lai, Vietnam, where he was assigned to a bomber squadron.

“We would fly about 300 feet off the deck at 350 knots with 28 bombs, 500 pounds each, over the Ho Chi Minh Trail and look for targets.” His experiences in Vietnam prompted him to become an anesthesiologist rather than a surgeon.

After completing his residency at the University of Pennsylvania, he joined the faculty of Stanford University in 1973 as an attending physician and chief of cardiovascular anesthesia, and rose up the tenure track to become an associate professor within six years. There he participated in pioneering cardiac and heart-lung transplantations. All the while he remained in the Naval Reserve and

had attained the rank of captain when he was honorably discharged in 1992. After departing for a 14-year stint in private practice in a medical group in Redwood City, he returned in 1998 to Stanford, where he was manager of anesthesia in the surgical suites until his retirement in 2006.

He and his wife, Judith, subsequently relocated to El Dorado Hills to be closer to family members. One day in 2013 while Kent was attending to a patient in surgery, his wife of 49 years suffered a fatal heart attack. “I’ve been working through that emotionally, and I find attending to patients and teaching residents therapeutic for me. UC Davis is staffed with very nice people, and working there is a joy. I am the oldest person working in the operating room now,” said the energetic, physically fit Garman, who turned 76 in November.

Throughout his career he has devoted countless hours to professional medical organizations and community groups, and served on numerous voluntary disaster relief missions. Amrik Singh, UC Davis anesthesiology professor, residency program director and associate chief of perioperative medicine, speaks glowingly about Garman.

“Our residents value Dr. Garman as a great role model. He is knowledgeable, patient and polite in dealings with patients, families and trainees. He has compiled a list of ‘Garman Rules’ that he is fond of sharing with our residents. As an example, he introduces himself to the new staff in the OR first thing in the morning to create a sense of teamwork. ‘Building coalitions’ is what he sought to do as the president of Stanford’s medical staff a decade earlier,” Singh said. “The fact that he is still working in his mid-70s is a testament to his lifelong commitment to our profession.”