Ake Grenvik is notoriously unflappable, even jumping out of an airplane at 14,000 feet, as he did at age 75 in 2004. He calls the jump, which ended with a soft landing after reaching speeds of 146 mph, “uneventful.”

“I was a flight surgeon before coming to the U.S.,” says the critical care expert. (He doesn’t mention that was 40 years ago.)

The field of critical care medicine as a subspecialty began in the University of Pittsburgh School of Medicine in 1962, when the late Distinguished Service Professor Peter Safar founded the first critical care residency program in the United States. In the 45 years since, close to 700 physicians have been trained at Pitt in the art of caring for patients at their most vulnerable—when they are on life support or when they require organ support systems.

During their time in Pittsburgh, most of those physicians—a vanguard of critical care expertise that is now scattered across the globe in some 50 countries—became intimately familiar with the particular joys of rounding in the intensive care unit at 4 a.m. At least that’s what Grenvik, the stern taskmaster of those predawn rounds, says with a chuckle. Besides Safar, no one person did as much to advance the critical care program in Pittsburgh as Grenvik, who led the training program for 25 years and is now a Pitt Distinguished Service Professor of Critical Care Medicine and professor of anesthesiology, medicine, and surgery. In recognition, the Department of Critical Care Medicine is raising funds to create the Ake and Inger Grenvik Chair, which will be held by a Pitt physician-scientist with extraordinary strengths in critical care research and simulator-aided medical education.

Grenvik received his MD and PhD in his native Sweden, where he trained as a cardiothoracic surgeon. In 1966, he published a study of patients on and off mechanical ventilation in the ICU at Uppsala University. Subsequently he was offered a post in charge of that ICU. This would have required anesthesiology training, which was the standard in Europe for intensive care. Grenvik wanted training specific to critical care, so he accepted an invitation to be both a junior faculty member and one of Safar’s fellows at Pitt. He never returned to his promised post in Uppsala.

After one year, Safar put Grenvik in charge of the ICU at Presbyterian University Hospital. Grenvik soon discovered that by 7 o’clock in the morning surgeons would begin arriving in the ICU to check on their critical patients. Heart surgeon Henry Bahnsen, the chair of surgery, was a notable early riser. And the lean figure of Thomas Starzl was a regular presence at the bedside of his liver transplant recipients. Grenvik says that four in the morning was “the time that I found useful” both for the good of the patients and to have them in optimal condition for the surgeons’ rounds.

Initially set up to train only anesthesiologists, the program expanded under Grenvik and now prepares specialists in medicine, surgery, and pediatrics for board certification in critical care. Knowing that medical professionals, including himself, are not necessarily born unflappable, Grenvik was a proponent of Pitt’s Peter M. Winter Institute for Simulation Education and Research, which trained some 3,000 people in 12,000 medical encounters last year. In 2001, Pitt’s critical care program officially came into being as the first fully independent department devoted to critical care in an American medical school.

When Lois Pounds Oliver (MD ’65) arrived at her residency at Children’s Hospital in Boston in 1966, she felt her clinical skills allowed her to more than hold her own among the Ivy League grads. Her Pitt training was made possible in large part because of a fellowship she received as an undergraduate—a $1,500 stipend, which covered her tuition and books (except in her senior year, when some of the money bought a used Volkswagen Beetle). Pounds Oliver learned the importance of scholarships then, as well as when she was dean of student affairs in Pitt’s School of Medicine. Now, the retiree in North Carolina has planned a gift of $350,000 to the School of Medicine to support scholarships.

National Science Board Chair and University of Pittsburgh Trustee Steven Beering (MD ’58) remembers many bright and dedicated Pitt classmates who attended medical school without scholarships. “Anyone knows,” he says, “that the amount of money needed to attend med school is sometimes an overwhelming amount.” He’s donated $250,000 to the School of Medicine to establish the Steven Beering Scholarship Fund. (Read more on Beering on p. 38.) – Matt Minczeski

For information on giving to the school: Deb Desjardins, 412-647-3792 or ddeb@pmhsf.org