Chairman’s Comment

A paraphrase of the mission statement of the USC Department of Surgery is to educate tomorrow’s physicians and surgeons through exceptional patient care programs and groundbreaking surgical and basic science research. The core of the mission statement is education. For the Department of Surgery this involves the education of medical students, graduate students, surgical residents, post-doctoral research fellows and clinical fellows. In order to achieve our core educational mission, two essential elements are necessary. First is an excellent research program so that the students, residents and fellows are immersed in an environment rich in scientific thought to keep their knowledge base at the cutting edge. Second is a clinical practice so that the residents have the experience necessary to excel in clinical surgery and the research trainees have sufficient clinical material to excel in translational research. The core educational mission of the Department of Surgery cannot be maximized unless the essential of research is at the forefront of scientific thought and the essential of patient care is at the forefront of clinical achievement. Keeping them there is difficult because science and surgery are moving forward at an astonishing rate. Breakthroughs in both basic research and patient care occur on a routine basis, permeate the field and alter approaches to therapy by subtle but significant ways. The faculty’s job is to weave the impact of these advances into our educational program.

What has the Department done to sustain the two essentials to our core educational mission? Foremost has been the integration of limited access technology into all aspects of the residency training. The majority of what our graduating residents do in practice will likely involve minimally invasive techniques. Hence, it was incumbent upon the Department to incorporate this skill into the fabric of resident education. A little more than a decade ago the use of minimally invasive techniques for the treatment of surgical disease was just being conceptualized. The vast majority of surgical operations were performed through open incision. In the span of ten years, minimally invasive surgery has become the surgical approach of choice for gallbladder disease, appendicitis, incisional hernia, gastrointestinal reflux disease and adrenal disease. In fact, two out of every three surgical procedures performed on our busy non-trauma emergency surgery service is done by a minimally invasive approach. The technique is now being applied in obesity surgery, splenic surgery, gastric surgery, colorectal surgery, and some thoracic pulmonary and esophageal surgery. Further, the technology is constantly evolving to where grafts are placed endovascularly for aortic aneurismal disease, gastric and biliary surgery are done endoscopically and the appendix is removed by an endoscopic transgastric approach. To facilitate the teaching of minimally invasive surgery, endoscopy and endovascular surgery, the Department constructed one of the finest surgical skills training laboratories in the nation. In these laboratories, residents develop their minimally invasive surgical and endoscopic skills and are exposed to the use of robotics, virtual reality simulation and surgery done with electronic imaging technology.

In basic science, the Department has developed laboratories in molecular biology to characterize the pathophysiology of disease and wound healing at a molecular level. Similarly, a laboratory has been developed to investigate the field of angiogenesis that holds promise to redefine the therapy of cancer. As a consequence of this effort the Department, in comparison to other depart-
President’s Report

James A. Murray, M.D.
President, SGS

Fellow Members, it is an honor for me to be addressing you during this exciting time for the Society of Graduate Surgeons. The Society has had to make some changes over the past couple of years which have lead to a revitalization of our growth and activities. Dr. DeMeester and the Department of Surgery have graciously accepted the administrative responsibilities of the Society. We are grateful to Jim Dowden for the many years of outstanding service he provided us. The Department of Surgery Faculty will be offered the opportunity to become members of the Graduate Society.

The Society will continue to sponsor the C. J. Berne Visiting Professor and the Annual Banquet. Over one hundred members and guests were able to attend the May 2004 banquet. This year’s Visiting Professor was Judah Folkman, MD. This year we initiated the honoring of the 20-year Graduates at the Annual Banquet. Drs. David Faddis, Courtney Harris, Mark Rechnic, Raymond Shofler, and Steven Shoop were honored and able to re-unite with old friends and colleagues. Also honored, but not present at the event, was 20-year graduate, Chris Griffith.

At the banquet six Chief Residents were inducted into the Society. They are: Guilherme Campos (General Surgery), Costanzo DiPerna (Cardiothoracic), Farbod Esmalian (Plastic Surgery), Adil Farooqui (General Surgery), Eunice Huang (Pediatric Surgery), and Manfred Ritter (Colorectal Surgery). They continue to represent the diversity and quality of recent graduating classes from our outstanding program. Taking their place is a new set of residents who we encourage to become active in the Society’s functions during their training.

More on the New County Hospital

Thomas V. Berne, M.D.

The replacement facility for the LAC+USC Medical Center remains on target for its opening in early 2007. All of the structural steel is up now and they are beginning to put up the inner walls along with some of the siding. It will be a 600 bed, 1.5 million square foot facility built at a cost of 850 million dollars and estimated equipment cost of 150 million dollars. The new hospital is the largest capital construction ever undertaken by the County of Los Angeles and is presently the largest construction project underway in the County. It is to be fully computerized with digital images and records available immediately in all parts of the hospital and clinic. Also, it will have 200 intensive care beds compared to the 80 we have now. A generous supply of elevators are to be “high speed”, the helipad will be right on top of the ER and the CT scanners will be adjacent to the many trauma bays. Just like the old hospital…right?

Chairman’s Comment (continued)

ments of surgery, has moved from 71 to 33 in total NIH funding. All of this is done so the graduating residents will be able to think of disease in molecular terms, comprehend the basis of pharmacogenomics, understand how to select chemotherapy on the basis of a tumor’s genetic profile, to appreciate the epigenetic mechanism by which gene expression is silenced and to know how to block angiogenesis in the treatment of cancer.

How are the residents responding? Based on objective scores, they are doing outstanding. There has been a progressive increase in the ABSITE score since 1998 and this year 24 of our residents scored above the 90th percentile (see page 3). That places >50% of our residents in the top 10% of the country. This is a record figure in the Department. The School and all of us in the Society can be proud.
training programs often go into academic practice after their training. Eleven of the last twelve (92%) pediatric surgery residents over the past 12 years have taken academic positions. Eight of the twenty residents in the colorectal training program over its seven-year history have taken academic positions (40%). Sixteen of the fifty-six residents trained in Plastic Surgery over the past 18 years have taken academic positions (29%). Five of the eight fellows trained in the Thoracic/Foregut clinical fellowship (63%) have taken academic positions.

Dedicated time in the research laboratory aimed at advancing the residents’ understanding of surgical science is strongly encouraged. Nearly 80% of surgical residents currently spend 1-2 years in full time research endeavors. Further emphasis is placed on publication by residents of significant findings in the research arena. Since 1995, the Department’s chief residents have published a total of 33 papers in scientific journals. An annual Grand Rounds showcasing resident research accomplishments was instituted in 2003.

The Accreditation Council for Graduate Medical Education (ACGME), through its Surgical Residency Review Committee, reviewed the Department of Surgery in 2003. The committee provided, not only continued full accreditation, but also an unprecedented commendation for improvements in education.

The program has continued its remarkable progress in percentile ranks for The American Board of Surgery In-Training Exams (ABSITE) scores. A remarkable 24 of our residents scored above the 90th percentile in 2004!

<table>
<thead>
<tr>
<th>Item</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. ABSITE Percentile Score—All Residents</td>
<td>40%</td>
<td>48%</td>
<td>50%</td>
<td>50%</td>
<td>60%</td>
<td>74%</td>
<td>78%</td>
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<tr>
<td># of Residents Scoring &gt; 90th Percentile</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>13</td>
<td>24</td>
</tr>
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</table>

The Department continues to train future leaders of the surgical sciences. Residents who graduate from the general surgery program and accept positions in academic medicine are a reflection of this objective. The Department studied the last 10 years of activity in this area and determined that 15 of its 56 graduating residents (26%) have chosen an academic surgical career.

Likewise, fellows training in the Department’s subspecialty

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Grad.</th>
<th>Specialty</th>
<th>Current Medical School</th>
<th>Appointment</th>
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<tbody>
<tr>
<td>Scott Johnson</td>
<td>1992</td>
<td>Cardiac</td>
<td>U. of Texas, San Antonio</td>
<td></td>
</tr>
<tr>
<td>Doug Hood</td>
<td>1993</td>
<td>Vascular</td>
<td>USC</td>
<td></td>
</tr>
<tr>
<td>Tom Watson</td>
<td>1993</td>
<td>Thoracic</td>
<td>U. of Rochester</td>
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<tr>
<td>Jim Murray</td>
<td>1995</td>
<td>Trauma</td>
<td>USC</td>
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<tr>
<td>Cartland Burns</td>
<td>1995</td>
<td>Pediatric</td>
<td>USC</td>
<td></td>
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<tr>
<td>Rosemary Kelly</td>
<td>1995</td>
<td>Cardiac</td>
<td>U. of Minnesota</td>
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<tr>
<td>Petar Vukasin</td>
<td>1995</td>
<td>Colorectal</td>
<td>USC</td>
<td></td>
</tr>
<tr>
<td>Greg Modrall</td>
<td>1996</td>
<td>Vascular</td>
<td>U. of Texas, Southwestern</td>
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</tr>
<tr>
<td>Ross Brenner</td>
<td>1998</td>
<td>Cardiac</td>
<td>USC</td>
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<tr>
<td>Arthur Sanford</td>
<td>1998</td>
<td>Burn</td>
<td>U. of Texas, Galveston</td>
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<td>Perry Shen</td>
<td>1998</td>
<td>Oncology</td>
<td>Wake Forest</td>
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<tr>
<td>Wayne Hofstetter</td>
<td>1999</td>
<td>Cardiothoracic</td>
<td>UCLA</td>
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<td>Rosa Hwang</td>
<td>2000</td>
<td>Surgical Oncology</td>
<td>MD Anderson</td>
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<td>John Liphm</td>
<td>2001</td>
<td>Thoracic/Foregut</td>
<td>USC</td>
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<td>Guilherme Campos</td>
<td>2004</td>
<td>Foregut Surgery</td>
<td>UCSF</td>
<td></td>
</tr>
</tbody>
</table>

Upcoming calendar dates

- **October 2004...**
  American College of Surgeons Banquet—Venue TBA.

- **SGS 1985 graduates to be honored at**
  C. J. Berne Dinner, March 18, 2005, at the Ritz-Carlton Hotel, Pasadena, CA.—more info to follow in the January 2005 newsletter.
SGS Honors 20-Year Graduates at Banquet

Upon leaving LAC-USC in 1984, Sally and I moved to New Orleans for the next two years so that I could finish a fellowship in surgical oncology. In 1986, I joined Jim Blitz and Dave Dahl in their general surgery practice. Over the next few years, I worked hard to compliment and sustain my partners’ practice, and moved to a larger home just in time to receive the benefits of managed care medicine in California!

We were blessed in 1990 to have the first of our three children born—Sarah Ann, who will be 14 this year, David (1992), and later (surprise!) Jonathan (1994) followed—with what I consider to be the best thing that ever happened to me...fatherhood.

The next ten years were filled with amazing challenges in what I consider to be a great surgical practice. Pasadena remains a good place to live and work, and even now I see new things daily. In 1999, we developed the Constance G. Zahorik Breast Center in Pasadena, offering state-of-the-art multidisciplinary care to the breast cancer patient. I completed my political obligation as chief of staff at Huntington Hospital in 2001, but remain on the Board until 2005. I am an active member in the Society of Surgical Oncology, American Society of Breast Surgeons, and am a member of the American College of Surgeons Oncology Group. As medical director of the Zahorik Breast Center, I participate in ongoing clinical trials (ACS Z10.11), and sit on our Institutional Review Board. (Enough horn tooting!)

Like everyone else, I’m working too hard, but am thankful for the good health my family and I are blessed with. I’m honored to participate in this 20-year reunion.

~ David Faddis, MD~

The passage of 20 years has been enormously facilitated by my surgical experience and training at LA County USC Medical Center. I have been in private practice in Washington State and primarily in the city of Olympia, Washington and presently am in a group with four surgeons who do general, vascular and non-cardiac thoracic surgery. We do a large complement of laparoscopic surgery and we have an exceptional group of practitioners that I believe would be the envy of any graduate of the LA County USC Medical Center.

I have had the privilege of raising five children, with my last child just completing high school this year and beginning college in the fall. We have had an active involvement in our church and community and feel very fortunate to be in our present circumstances. I have had the opportunity to participate in teaching of family practice residents at our community hospital where we have had a program in place for the past eight years, which has been quite beneficial to our community. I believe the next 20 years hold great promise for additional service to our community and to the medical profession in many arenas.

Best wishes to my colleagues and to LA County USC Medical Center.

~Chris Griffith, MD~

After finishing at LAC-USC in 1984, I spent 3 years at the University of Iowa. I completed training in cardiac, thoracic, and peripheral vascular surgery. I worked in Fort Wayne, Indiana, with Dave Lloyd until 1989.

(Continue on Page 5)
Bio-sketches of 20-Year Grads (continued)...

Mercy Hospital in Iowa City, about 200 beds, wanted to start a cardiac surgery program on the tail of a fledgling cardiology program. A USC med school graduate, Cam Campbell, started this cardiology program. We started doing hearts in 1990. Greg Lugo joined me after he finished his cardiac with Dr. Stiles and "the boys." The program has done well. We do mainly cardiac and peripheral vascular, with an increasing but still smaller amount of non-cardiac thoracic. Greg went home to St. Louis a couple of years ago and is in practice there. I'm married to Janet, from Iowa City. We each have 2 kids from prior marriages, ages 17B, 16G, 15G, 14B and 3 kids together 4B, 3G, 8moB. Looking forward to seeing everybody and the county.

~Courtney Harris, MD~

I am now in solo practice as a plastic surgeon in La Jolla, California. I was excited (if somewhat daunted) to be accepted into the program and progress through those five years. But 5 years at LAC wasn't enough so I stayed around for another 2 in the USC Plastic Surgery program founded by Tom Krizek in about '82. My practice nowadays consists primarily of cosmetic surgery and hand surgery, although I have done a lot of major reconstruction and microsurgery surgery for the first twelve or so years that I have been practicing here. Seems like it's a long way from general surgery, but the "Big Lessons" learned have always served me well. I have adjusted to less emergency call and trauma (which I used to thrive on), as my body wore, and as my family's needs for time and attention grew.

I am still married to my one and only, Annellese. Our friend, Phil Manly, senior Chaplain (second generation) at LAC+USC still serves there after 20 years, performed our wedding service. Annellese is now in a group practice in anesthesia. We have two wonderful boys, aged 9 and 12. My boys and I are all studying and playing piano. I still carve wood now and then, but piano has pretty much taken over as a diversion.

The L.A. County experience was more than a meaningful experience; it was an all-consuming entire phase of life. Remembering my first day as an intern, it was on a Sunday, June 24, 1979. We made rounds for Friday service on 9700 that morning. I have always respected and appreciated Dr. Berne's presence and 'style' since that day. My thanks also go out especially to Drs. Donovan, Yellin, Zawacki, Mike Greaney, Max Gaspar, and so many others to numerous to list, my co-residents, and to those ahead of and behind our class on whom we counted for so much.

~Mark Rechnic, MD~

As a third year medical student in New York, I asked Dr. Tom Shires for advice in selecting a residency program for General Surgery. He said to choose a county hospital in a big city and mentioned a few programs. Lucky for me he was, and still is, a smart man, which allowed me to find the best surgical residency program in the country. Our internship year coincided with Dr. Donovan’s first year as Chief of Surgery. The next year began with the birth of my first son, David, and a rotation at the Pediatric Hospital. John Puckett, the senior resident, was ill so I had the good fortune to have a packed elective surgery schedule and an infinite supply of appendectomies. It was the perfect start of a surgical residency. The subsequent years went by quickly with my daughter Jessica being born in 1982. The Surgical Forum was one of the highlights of each year with Dr. Rosoff’s cross-examining the distinguished guests.

I joined Alden Roberts in practice in July of 1984. We had a wonderful partnership until he moved to Portland in 1990. Later that year I purchased a laparoscopic instrument set from a small German company and began a laparoscopic program at SJMC. I continued the practice that Alden and I had created and to date remain at the same location. I have been fortunate to maintain a broad general surgery practice, which continues to challenge and excite me.

I think I made two smart decisions in my life: (1) I chose my wife, Barbara, who has been remarkably tolerant in accepting the unpredictable schedule of a surgeon and who has given me three wonderful children; and (2) with Dr. Shires help I chose a surgical residency which gave me a skill and a philosophy to guide me through a career in surgery. We learned the techniques of surgery, but more importantly, we learned to take care of patients. We learned to take responsibility for our actions. We learned to work hard and understand our limitations.

Thank you to Dr. Donovan, Dr. Berne and the other USC professors both at the County Hospital and at Good Samaritan Hospital for giving us the knowledge and confidence to enjoy a life as a general surgeon.

~Ray Shofler, MD~

Completing surgical residency was for me a sort of physiologic benchmark in that, for at least the next two months, my body seemed to claim "Finally!" and initiated a bio-protest against the five-year history of early morning "O-dark-30" get-ups. Fortunately, this proved to be a self-limiting condition that responded to high-dose caffeine therapy.

Following the completion of my residency, the 1984 Summer Olympics was in town, and since the first month of practice were slow I took a job as physician-on-site at two of the venues hosted by Anheuser-Busch. These were hosted VIP settings where large screens were provided for viewing the Olympic events, and copious amounts of Anheuser-Busch products were served to aid in their digestion.

My general surgery practice got busy after that and for the next thirteen years I practiced at Cedars-Sinai, Midway, Brotman, St. Johns, and Daniel Freeman Marina hospitals. Most of my time was at Cedars, where I was involved in medical staff leadership, the arrival of laparoscopy for the general surgeon, and frequently too much politics. Shortly after publishing a paper on laparoscopic cecopexy, I was recruited to a developing hospital system in a small Texas Panhandle town, which was just what the doctor ordered: a less complicated lifestyle and practice, a better place to raise kids, and terrific Texas patients. (And a nifty airport for my plane, just ten minutes away.)

After a year in Texas fate supervised in the form of an invitation—actually a period of arm-twisting—from an old friend and academic surgical colleague to join him in his new start-up company. The company, which at that time was deploying celebrity patient spokespersons to create health issue awareness campaigns, had just received venture capital funding and needed to develop its infrastructure. I took the job, even though it meant leaving clinical practice and moving again, this time to the DC area (not to mention suffering more expensive aircraft hangar fees). That was four and a half years ago, and we’re still having fun.

Throughout this journey I have been blessed to have been accompanied by my wife Michaela, a physician and healthcare consultant, and our two boys. And, unquestionably, much of my career experience was made possible by the superb surgical education I received at County-USC, and through the efforts of Drs. Donovan and Berne, and the rest of the great surgical faculty of 1979-1984.

~Stephen A. Shoop, MD~

ALBERT E. YELLIN, M.D.

The past 15 years, under Tom DeMeester’s leadership, the Department of Surgery underwent major change. It was transformed from a County hospital based Department which historically graduated superb clinical surgeons. It is now a multi-institutional Department which continues to train superb surgeons but also has developed numerous clinical centers of excellence led by internationally acclaimed clinical surgeons, excellent basic science, translational and clinical research programs, and an education program that puts it at the forefront of student and graduate training. The following is a brief summary of events of the past 15 years.

Shortly after arriving at USC, DeMeester recruited Jeff Peters in Foregut Surgery and Gary Dunnington as a surgical educator. The following year DeMeester and the faculty, meeting on Saturdays, developed a 5-Year Strategic Plan designed to restructure the Department and the training programs. The goal was:

1. To enable the Department to meet the needs of the Medical Center, the University Hospital and the Norris Cancer Center, in addition to enhancing the resident training programs and student education. The stated goal was to provide optimal care for the surgical patient admitted to the Medical Center, USC University Hospital and Norris Cancer Hospital in a cost efficient manner by developing focused units of activity in each facility, which are integrated and interdependent.

2. Provide optimal education, training and supervision of residents, nurses, fellows, paramedical personnel and students.

3. Contribute in a meaningful manner to the body of scientific knowledge concerning human disease and its applicability to surgical therapy.

Initial efforts were the development of focused clinical services, recruitment of faculty who could develop centers of excellence, reorganization of the residency to incorporate the University Hospital and Norris Cancer Center, expand the clinical resources and laboratories, and develop a strong educational program and research program. Remarkably, the initial core planning group which consisted of seven holdover faculty (Berne, Ortega, Silberman, Stain, Weaver, Yellin, Zawacki) plus DeMeester, Peters and Dunnington remained intact throughout these past 15 years, except for retirement (Zawacki) and three who have gone on to Chair Departments of their own: Dunnington at the University of Southern Illinois, Stain at Meharry and Peters at the University of Rochester.

A brief summary of the growth from 1991-1996 follows. In early 1991 the Department had 18 full-time faculty. In 1991-92, recruitment began for a Chief of CT Surgery, Colorectal Surgery, Liver Transplantation, Lung Transplantation, Trauma and Critical Care, and 2-4 General Surgeons. During 1992-93 five new integrated focused Services evolved: Breast/Soft Tissue Tumor/Endocrine, Hepatobiliary, Colorectal, Foregut, and Trauma/Critical Care. A sixth year was added to the residency. Vaughn Starnes was recruited to head CT surgery at USCUH, CHLA, and LAC+USCMC. Demetrios Demetriades came aboard as Chief of Tumor/Critical Care, Kathy Anderson to head Pediatric Surgery at Children’s Hospital LA, Bob Beart to head Colorectal and Dilip Parekh to develop a clinical and research program in surgical oncology. Plastic and Reconstructive Surgery relocated from Good Samaritan back to the campus. A $1,000,000 Ethicon grant was received to develop minimally invasive laboratory programs. 1993-94 saw the recruitment of Rick Selby and Nick Jabbour to develop a liver transplant program and Darwin Eton to build a vascular research program. Four trauma surgeons were recruited and the Trauma Service now had 24-hour day coverage by dedicated trauma faculty. Five additional CT surgeons, a Pediatric surgeon, a Colorectal surgeon and general surgeon were added. Four PhD basic scientists were recruited: Peter and Ite Laird in cardiothoracic cancer, Fred Halls and Mimi Chang in surgical oncology. By the end of the year NIH grants were awarded to faculty on the Emergency Non-Trauma Service, Pediatric Surgery and Thoracic-Foregut Surgery. Under the leadership of Namir Katkhouda a Minimally Invasive Surgery Program evolved. Hepatobiliary built the largest program of live donor liver transplants and Jehovah’s Witness bloodless liver transplants. Plastic Surgery, under the leadership of Randy Sherman, was the recipient of a $2,000,000 endowment by Audrey Skirball and the establishment of the Kenis Chair in Plastic and Reconstructive Surgery, held by Randy Sherman. A new fellowship was approved in Hand and Microsurgery. Vascular Surgery established a fellowship in Vascular and Endovascular Surgery. Fifty aortic stent grafts were successfully placed. Each focused Service reported tremendous growth in their clinical practices and their research. Cardiac Surgery expanded into the community and incorporated the key local surgeons into their academic practice. Soon Huntington, Arcadia Methodist, Glendale Adventist and Intercommunity were included. By the end of 1995 the full-time faculty grew...
A BRIEF HISTORY OF THE DEPARTMENT OF SURGERY:
1990-1999 (PART II) (Cont. from page 6)

to 79 faculty members. Significant new research space was carved out in the Hoffman Building (3500’), Raulston (2200’) and Norris (1800’), but this was only the start.

The dramatic growth during this five-year period was remarkable at a time when financial resources were shrinking countrywide. Both Tenet (NME) and LA County provided much of the start up funds needed to recruit new faculty who would then develop new programs. By the mid 90’s each of the clinical Divisions had developed successful clinical programs generating the necessary funds to become self-sufficient, adhering to DeMeester’s admonition “each ship on its own bottom.” Each Division had established itself as a clinical center of excellence in one or more areas and their senior faculty members were recognized leaders nationally and internationally. The Department was fiscally sound. Practice billings went from $2.1 million in 1990-91 to $7.9 million in 1994-95. The clinical programs were strong and the faculty academically productive, now publishing approximately 100 articles, 50+ chapters and several books annually. USC was well represented on the programs of all major society meetings.

The first half of the 1990’s represented the Department’s rapid growth and development phase with many new initiatives, new faculty, new programs, new laboratories and new affiliations. The middle and late 1990’s were years in which the Divisions and the clinical programs matured. The focus changed and increased attention and emphasis was placed on the educational programs.

Full-time support staff and a nurse educator were hired, largely funded by the faculty practice funds. Dunnington laid the foundation for a revamped educational program for the student clerkship and residency program. Fred Weaver, then Jeff Peters and currently Jeff Hagen as Residency Director followed him. Nick Jabbour, George Velmahos and now Shirin Towfigh inherited the student clerkship. In conjunction with the School of Education, a Masters program in education was created. Once emergency trauma surgery became the domain of the trauma surgeons, the remaining emergency general surgery was divided among several focused services. Despite a stipend for in-house emergency surgery call, enthusiasm for such night call rapidly waned and with it the education of students and residents. A Non-Trauma Emergency Surgery Service was created, initially under the direction of Namir Katkhouda and then Tom Berne. Faculty “borrowed” from other focused services staffed NTES. The Minimally Invasive Surgery Program was attached to NTES and a fellowship was created in advanced laparoscopic surgery. This is now the service where the basic and essential open operative and minimally invasive skills of surgery are taught to junior residents and where they begin to fine tune surgical judgment. This is likely a “first of its kind” in surgery. It also is the center of student clinical education. A $3,000,000 grant from US Surgical Corp led to the construction of a Surgical Skills Lab, with wet and dry labs for students and residents. Separate curricula were designed for students and residents. Goals were to teach basic surgical skills, minimally invasive surgery skills, and promote research in surgical education. Lee Sillin led this program. The County residency program shifted more of its focus to the University Hospital and also to Kaiser West Los Angeles. At these sites the residents were exposed to more complex and specialized surgery, index cases not readily available at County. There was greater emphasis on foregut surgery, particularly esophagus, transplantation, tumor, head and neck and endocrine surgery. By the turn of the century, the student clerkship had become the top ranked clerkship at USC and the residency program was attracting stellar applicants. Almost all residents were electing to spend one additional year in a research lab or serving as a clinical instructor in surgery while honing their skills on a focused or specialty area of surgery. An increasing number of graduates were now choosing careers in academic surgery.

In the January 2005 issue ...

A Brief History of the Department of Surgery:
2000-2004 (Part III)

SGS is an in-house newsletter published on a biannual basis to highlight the academic activities of the University of Southern California Keck School of Medicine, Department of Surgery. This distribution is dedicated to the Department’s faculty, residents, staff, and friends.

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