CHAIRMAN’S COMMENT

It is that time of the year when senior medical students are immersed in the activity of applying and interviewing for a residency. The USC Department of Surgery has approximately 500 applicants for their categorical internship. Several faculty members review the applications and 50-60 likely candidates are selected for interviews. Four interview dates are chosen, and following the interviews a rank order list of candidates is submitted from which seven will match with USC. They represent 1.2% of the applicants and 14% of those interviewed. To say the least, it is an enormously tense and competitive time for the students. They try to get the best possible position, a place where they can learn and develop the skills required to become a surgeon. They know that it takes five or more years to become a surgeon, and to select a department that will prepare them to function in a world five years hence is no easy task.

As Chairman I meet with all of the candidates on each scheduled day of interviews. My goal is to bring the personality and character of the applicants to their file. I do this by reviewing their personal story in a group interview, asking them questions prompted from their application. After the completion of the interview with each person, I give him or her the opportunity to ask one question. The group setting encourages a variety of different, carefully constructed questions. Through my answers the candidates learn about me, my thoughts about our residency program, and my perspective on becoming a surgeon. A question often asked is what characteristics I am looking for when selecting a candidate for the USC surgical residency program. I thought my answer to that question might interest you.

I start by stating that we are looking for two qualities: talent and capacity. The talents are the gift of intelligence and motor skills. We are looking for candidates who have the capacity to change, that is, to modify their concepts and opinions, the ability to incorporate into their personality qualities that show respect for the field of surgery and the sacred trust patients have for their surgeons.

Second, we are looking for individuals who have the capacity for accountability. Surgeons are perhaps the most...
The contractor (McCarthy-Clark-Hunt) for the Los Angeles County + USC Medical Center “replacement facility” continues to meet the construction deadlines. That means “turn over” to the County Department of Health Services should occur in the spring of 2007 (four years after work began). The expectation is that transfer of patients into the new hospital will commence in late summer or early fall.

The new hospital stretches along the north side of Marengo Street beginning at State Street and going east. There are three distinct buildings. From west to east the first is the Outpatient Department, then the core facility, and then the patient beds and ICUs. The emergency room, operating rooms, radiology department, laboratories, cafeterias, etc. are all in the core (center) building. Maximum earthquake protection went into the planning of the construction of the entire facility. The picture shows the Outpatient Department in the foreground, and then the “core”. You cannot really see the third building in this photo.

Dr. Randy Sherman, Chief of Surgery at the County Hospital, and many of the faculty are very much involved with the plan development that will make for a smooth transition from the “Old” to the “New” County.

If you plan to attend the CJ Berne Visiting Professor lecture and/or the SGS Annual Spring Dinner and would like a tour of the new County Hospital on Friday March 3rd, let me know by e-mail (berne@usc.edu). If there is enough interest, I would be happy to arrange the tour, and perhaps we can even throw in a “nostalgia” tour of the old County Hospital and possibly the University Hospital with a look at our state-of-the-art Surgical Skills Center.

Continued on Page 3
Message from the President
(cont. from page 2)

Again, this year at the Society of Graduate Surgeons Annual Spring Dinner, we will be honoring our twenty-year graduates. In the past, the dinner has been held in conjunction with the CJ Berne Visiting Professor’s lecture; however, this year the dinner will be held as usual on Friday night (March 3rd) and, for the first time, the CJ Berne lecture will be held on that same Friday in the morning from 8:30-9:30 AM. The department moved our weekly Surgical Grand Rounds to Friday mornings to accommodate resident education and thus the reason for the lecture’s move from Saturday morning. Dr. Hiram Polk is this year’s CJ Berne visiting professor.

The chiefs who graduated in 1986 are: Neil Dixon, Greg Greaney, Amy Gonsier, Ken Kushner, Charles Lewinstein and Willis Wagner. I have spoken to each of them and I expect that most, if not all, will attend. Of course, every graduate of the program is more than welcome to attend (with a guest if you wish). The event is free for active members of the Society and their guests. It is a great chance to catch up with your fellow residents, visit with the present and emeritus faculty, and chat with Dr. Hiram Polk.

If you would like to attend the SGS Spring Dinner, or, if you are interested in reserving a room at the Ritz-Carlton Huntington Hotel, please contact Sandra Estrada at (323) 442-5718 or e-mailing her at sestrada@surgery.usc.edu. We have arranged with the Ritz-Carlton Huntington Hotel & Spa in Pasadena for reduced room rates of $179.00 plus tax per day. We hope you can join us!

The Society of Graduate Surgeons
Spring Dinner 2006
THOMAS V. BERNE, MD

Chairman’s Comment
(cont. from page 1)

accountable practitioners in medicine. A surgeon’s error is usually an error of commission as opposed to the error of omission. The capacity for a surgeon to hold himself accountable is critical for the process of self-correction and the commitment he makes to the patient as he carries them through their therapy. This quality differentiates the surgeon from other technical specialists and is key to the preservation of the surgical profession.

Third, we look for candidates who have the capacity for meaningful relationships. The profession of surgery is dependent upon the willingness of patients to submit to surgery. To do so, patients develop a unique relationship with their surgeon that makes possible the confidence and trust they must have to undergo an operative procedure. The capacity for a surgeon to develop a relationship of confidence with their patients is critical if surgery as a profession is to survive. In a world that emphasizes self-fulfillment, there are few individuals who develop a relationship with a person for the purpose of taking on their burden and becoming accountable for it. That is why patients love their surgeons. Emphasis on the technical and disregard for patient relationships has allowed surgery to be eroded by the technology of less personal specialties. In the past, surgeons were the embodiment of technology in medicine; that is, technology was person dependent. Today technology is person assisted. For this reason, the future of surgery is dependent on the recruitment of candidates who have the capacity for change, accountability and relationships.
USC Surgical Education and Research Foundation

FRED A. WEAVER, MD
Director of Operations and Development

Over the past year the USC Surgical Education and Research Foundation has actively pursued support from the biotechnology industry, the grateful patient, and graduate surgeons of the Department’s education program. The Foundation is designed to further the Department’s education and research mission.

As you can see from the related article in this newsletter (see page 5), progress has been significant. A number of you have generously given to support the Foundation, and with a recent gift from Storz Corporation, the corpus of the endowment is now approximately $790,000 with pledges that will take us over the $1.0M mark in the coming year.

Giving such as this is essential for the expansion of the Department’s six research initiatives. One of those initiatives, the Angiogenesis Research program, has been considerably strengthened by the Department’s recruitment of Young Kwon Hong, Ph.D. from Harvard University. Dr. Hong was actively recruited by many outstanding academic institutions and chose USC due to the Department’s commitment to scientific advancement as evidenced by its Foundation initiative. His main interest is lymphangiogenesis and recently he received a National Institute of Health grant in this area.

The Department’s educational program is the other major emphasis of the Foundation. The desire of the Department to provide additional educational opportunities for the surgery residents will be underwritten by scholarships from the Foundation. The goal is to provide opportunities for Masters level education in the areas of clinical research and medical management and education during the residency experience. This initiative will add additional luster to the already outstanding USC surgical residency and enhance the recruitment of the best and brightest medical students to USC surgery. As we enter 2006, please consider supporting the Foundation’s efforts, and thank you to those who have already generously given.

Supporters on Page 5
THANKS A MILLION!
The following SGS members have given their support of the USC Surgical Education and Research Foundation...

Harold Bailey, MD  Max Gaspar, MD  Ambrose Masto, MD
Nicole Baril, MD  Steven Gossard, MD  John Rosental, MD
Thomas V. Berne, MD  Richard Haensli, MD  Ali Salim, MD
Ruediger F. Bracht, MD  Richard Hahn, MD  David Schreier, MD
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Weldon Bullock, MD  Courtney Harris, MD  David Sievers, MD
Steve R. DeMeester, MD  Richard Heuer, MD  Glenn Silcott, MD
F. Laird Facey, MD  Jonathan Hill, MD  Tom Terramani, MD
Berry Foran, MD  Douglas Hood, MD  Fred Turrill, MD
Joe Frankhouse, MD  Jeffrey Johnsrud, MD  Richard Vanderhoof, MD
K. Frederick Fung, MD  Steven Katz, MD  Fred Weaver, MD

GENERAL SURGERY RESIDENCY REPORT

The past several months have been a busy time for the residency program staff as Marge Bloom, Sandra Flores and I have been working with members of the Department of Surgery Faculty on the process of selecting candidates and interviewing prospective interns for the 2006 Match. We have interviewed more than 60 fantastic candidates on four weekends for our 7 categorical positions. In the coming weeks, we will also interview a number of candidates for our 14 preliminary intern positions. This process is demanding of the time of many individuals but it is worthwhile given the critical importance of selecting the “best and the brightest” to our mission of educating the physicians and surgeons of tomorrow.

Our educational program has undergone several other notable changes in the past several months. Our educational conference schedule has changed, moving Grand Rounds to Friday morning at 8:30 AM, following M&M conference, which begins at 7:00 AM. We have also reorganized the Skills Center curriculum and the Core Curriculum conference so that both occur during the protected educational time on Friday morning after Grand Rounds.

As always, we encourage the members of the Society to visit us for these and other department educational conferences and to take advantage of the extensive list of Visiting Professors that the Department hosts over the course of the year.

Jeffrey A. Hagen, M.D.
Program Director of Surgery
I recently E-mailed John Condie, MD because, as a 20 year graduate, we had contacted him last year (about the Spring SGS Dinner) and learned he was running a missionary hospital in northern Pakistan. His reply was interesting and he gave permission for us to reprint here.

Tom Berne

From: John Condie [mailto:jcondie@team-family.org]
Sent: Wednesday, November 02, 2005 8:13 AM
To: Thomas V. Berne
Subject: Earthquake in Pakistan

Dear Dr. Berne,
Thank you for your kind letter of concern about our situation after the earthquake. You are correct that we were very close to the epicenter. We were very fortunate that only a few external walls fell on the hospital compound. None of our staff were injured or killed. Our two children in school in Murree, as well as all the other staff and children, were also uninjured.

However, the devastation to villages to the north of us is hard to believe. The current government count is 73,000 dead and about 60,000 injured, with 3 million homeless. We have been working very hard to do what we can at our 50-bed hospital. We have processed several hundred seriously injured patients through our doors and have had a consistent census until this week of about 120 inpatients. For those less serious, we have used tents for ward overflow. Many of the injured have been carried out to major cities by helicopters. In the early weeks I felt like I was back on 9200 on trauma call, except that most of it was orthopedics. In the second week of the crisis we were finally able to get an orthopedic surgeon from South Carolina to come and help us. I've learned a great deal of ortho in these weeks, especially regarding open fractures.

Now at the end of the third week the rush of acute trauma has decreased, but we are getting patients with late injuries that have in many cases been given inadequate treatment. Many wounds are infected. A 10-year-old girl had plating of a femur fracture in a hospital near us. She came to us near death with an acute tetanus infection. We were forced to amputate her leg. The day after she arrived we found tetanus anti-toxin (normally not available in our area) among some donated medicines. She has slowly recovered after administering the anti-toxin and continued antibiotic and wound care. Of her immediate family, only she and her mother survived the earthquake. This is one of many tragic stories.

Once they are ready for discharge, many of our patients have nowhere to go. Some are living in tents in front of the hospital ward. For others, who want to return to their homes, we are giving food, clothing, and tents as they are discharged. We are also partnering with Habitat for Humanity to target needy villages with temporary tents and looking for designs for locally appropriate replacement housing.

Again thank you for your concern. And thank you for the training that prepared me for a time like this. Greet Dr. Donovan and any others for me as well.

Sincerely,
John

John & Angela Condie
Bach Christian Hospital
PO Qalandarabad
Abbottabad, NWFP, PAKISTAN
secure email: jcondie@team-family.org
Emergency Surgery Service

(Continued from Page 4)

the direction of Dr. Namir Katkhouda with additional elective operating room time to do advanced laparoscopic cases. This allowed for a formal “fellowship” experience in advanced laparoscopic surgery. With the additional responsibilities assumed by Dr. Katkhouda in laparoscopy the leadership of the Division was assumed by Dr. Thomas Berne.

Three teams who rotate call currently staff the Service. Each team consist of a first and second year resident and a senior resident. In two of the teams the senior resident is a third year and in the remaining team a fifth year or chief.

Recently, the surgical residents using an anonymous survey voted The Emergency Surgery Service overwhelmingly the best service in the Department. (Table 1.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td>Emergency Surgery</td>
<td>1</td>
</tr>
<tr>
<td>Trauma</td>
<td>2</td>
</tr>
<tr>
<td>Vascular Service</td>
<td>3</td>
</tr>
</tbody>
</table>

The best aspect of the service was the operative experience as listed by over 65% of the residents. (Figure 1 – Best Aspect of ESS).

The ESS cares for a large volume of emergency and elective cases. In 2005, the service saw 3936 Emergency Surgery consults. Procedures were performed in 1/3 of the consults for a total of over 1300 procedures. Most of these are “basic” operations such as appendectomies, I and Ds, Hernia repairs and cholecystectomies. Increasingly the operative, both elective and emergency are done laparoscopically and include some complex cases such as laparoscopic splenectomy, adrenalectomy, hernia repair (especially recurrent, bilateral groin and ventral, peptic ulcer perforations, small bowel obstruction common duct exploration, etc. In 2005, three hundred and ninety five (32%) of the procedures were done laparoscopically and of these and a total of 31 (3%) were considered advanced laparoscopic cases. This makes the service a great basic operative training experience for junior residents. Of course there are the occasional very difficult bowel obstructions, GI bleeder, necrotizing fasciitis and such that challenge all of us. In 2005, there were 137 (11%) complex or major abdominal cases were performed on the service including colon resections and gastrectomies. The ESS still runs frequent antibiotic study protocols and has an active research program, having just published (Annals of Surgery, Jan. 2006) a randomized controlled clinical trial in the management of gallstone pancreatitis.

At present ESS the faculty includes those faculty who are full time at the County as Team Chiefs, Drs. Rodney Mason, Shirin Towfigh and Helen Sohn. Of the sixteen faculty members who share coverage on the service, Drs. John Lipham, Robert Silcott and Thomas Berne, are graduates of the USC surgical program.

We are what we repeatedly do. Excellence, then, is not an act, but a habit.
~ Aristotle ~

Mark your calendar . . .

- SGS 1986 graduates to be honored at the C. J. Berne Dinner, Friday, March 3, 2006, at the Ritz-Carlton Hotel, Pasadena, CA.

Make your reservations now!
We welcome any ideas and/or suggestions for what you would like to see or have included in upcoming issues of the SGS Newsletter.

For consideration of your ideas and/or suggestions, email them to Sandra I. Estrada at sestrada@surgery.usc.edu.