Effective July 1, 2005 Surgical Grand Rounds will now be held on Friday from 8:30-9:30 a.m., instead of Saturday 8:00-9:00 a.m. Venue will commence, once again, in the Doheny Vision Research Center (DVRC) auditorium on the Medical School Campus. The only exception for the July-December 2005 schedule will be the above-mentioned Max Gaspar Vascular Surgery Grand Rounds, which will be held from 8:30-9:30 a.m., Saturday, October 1, 2005.

There will no longer be a Grand Rounds Summer Recess (where there are no Grand Rounds June-August). Grand Rounds will now be held year long unless otherwise specified in the monthly flyer.

Chairman’s Comment

I have emphasized repeatedly that the department’s core mission is education of medical students, residents and fellows, and that two essentials are necessary to accomplish this core mission. These essentials are a clinical practice of sufficient size to support the educational mission and an active research program in each division to keep the knowledge base current and the practice of surgery up to date and at the cutting edge. At USC this activity takes place within a University community, an environment that fosters discovery and transmission of knowledge. For the Department of Surgery, the USC Health Science Campus is the focal point. It is a dynamic, interactive environment for learning, discussion, collaboration and discovery. The residents and fellows are benefited by immersion in this invigorating environment.

The Health Science Campus is one of two USC campuses. It consists of some 50-acres and contains the Keck School of Medicine, School of Pharmacy, School of Independent Health Professions, USC University Hospital, USC Health Care Consultation Centers I and II, USC Norris Comprehensive Cancer Center, Doheny Eye Institute, as well as one of the largest teaching hospitals in the country, the Los Angeles County+USC Medical Center. The other campus, the University Park campus, is in downtown Los Angeles and the home of the College of Letters, Arts and Sciences and sixteen other professional schools. The Children’s Hospital of Los Angeles is also staffed by USC faculty from the Keck School of Medicine and is commonly referred to as USC’s third campus. Altogether these campuses house 16,500 undergraduate students, 15,500 graduate and professional students, and 3,000 full-time faculty. The Department of Surgery takes appropriate pride in being part of this great University. Today, USC is one of the world’s leading private institutions of higher learning and much of the university’s success can be attributed to excellence in teaching, a strong emphasis on research, a serious commitment to public service and 180,000 living and loyal alumni.

Recently Dr. Steve Sample, President of USC, called attention to the Lombardi Report, an annual assessment of American research universities. The report shows the share of academic research productivity
County Hospital Update—Two Years to Go!

THOMAS V. BERNE, M.D.

The Los Angeles County + University of Southern California Medical Center “replacement facility” remains on track for a summer 2007 opening. Recently several members of our Surgery faculty were taken on a tour of the work-in-progress. It was hard for us to believe the size of everything. For instance each trauma room is larger than all of “C-booth”! You can put about four of the 15th floor ORs in the smallest of the new ones. A lot of effort went into planning the organization of the hospital. These include obvious improvements like having all the operating rooms together and having several CT and MR scanners in the ER, to things that we anticipate will be needed in the hospital of the future, such as a much higher ratio of ICU to floor beds. We do have some concern that there will not be enough teaching space (conference and meeting rooms) and administrative space. There are several plans to deal with those problems. We are all looking forward to moving into this state-of-the-art “Big” County Hospital.

USC Surgical Education and Research Foundation

FRED A. WEAVER, MD
Director of Operations and Development

Over the course of the last year, the Department has established the USC Surgical Education and Research Foundation. The Foundation was established to further the Department’s Vision, which is: “To Improve the Lives of Patients through the Professional Development of Surgeons and Creative Science that makes a Difference”. The Foundation addresses a critical need facing our Department of Surgery: the need for a sustainable source of support for education and research. The Foundation will address this need through the development of an endowment. The Foundation will seek contributions to the endowment from patients, patients’ families, professional and scientific collaborators in the biotechnology industry, and alumni of the Department’s educational programs. Potential benefits of giving to the endowment include the opportunity to honor a loved one, advance scientific discovery, create an educational opportunity, or leave a legacy of generosity to the Department and the University of Southern California.

To encourage endowment participation, a Foundation brochure and website is in development and those individuals who have been supporters of the Department in the past are being identified. The Foundation has set a five-year endowment goal of five million dollars with a long-term goal of 20 million dollars. This corpus invested wisely will provide support to the Department of over a million dollars annually. To preserve the endowment value, the investment proceeds will go toward funding Foundation operations and support the education and research mission of the USC Department of Surgery. As the fundraising process proceeds, updates concerning Foundation giving and specific initiatives will be highlighted in upcoming SGS newsletters. If you would like specific information about the Foundation, you can either contact Dr. Tom DeMeester, Executive Director or Dr. Fred Weaver, Director of Operations and Development at 323-442-5910.

The Society of Graduate Surgeons
Spring Dinner

THOMAS V. BERNE, MD

This year’s Society of Graduate Surgeons spring reception and dinner was held on March 4th, the night before the CJ Berne Visiting Professor lecture, and was well attended by our SGS members, our categorical interns, the graduating chief residents, faculty and Visiting Professor Clyde Barker. There was an interesting PowerPoint presentation that John Condie E-mailed to us. Dr. Condie was one of the honored 20-year graduates, but who was unable to attend. He lives and works at the Bach Christian Hospital in Quandarabad, northwest Pakistan (very close to both Kashmir and Afghanistan). His classmate, Eric Schlesinger, was present and we enjoyed getting caught up on the wanderings which find him now in Phoenix. Gerry Barr, also living in Phoenix, is the third member of that 20-year class, but unfortunately he too was unable to attend.

Next year the SGS spring dinner will be on March 3rd and Hiram Polk will be the CJ Berne Visiting Professor. That is a Friday night; however, we plan to change our Grand Rounds day to Friday as of July 1st, so that means Dr. Polk’s lecture will be moved to Friday, not Saturday as in the past. Please write March 3rd on your 2006 calendar for both the dinner and lecture. We will be sending out a formal announcement later. There is no charge for dues paying SGS members.
The LAC+USC Medical Center is the largest trauma center in the United States. A dedicated Division of Trauma and Surgical Intensive Care was established in 1992 and resulted in a major reduction of deaths in severe trauma. Superior quality patient care is the top priority of the program. There is an in-house trauma team, led by a faculty trauma surgeon, which responds to all major injuries and is present in the emergency room before patient arrival. The in-house trauma faculty supervises all operations. The LAC+USC Medical Center has been an American College of Surgeons designated Level I trauma center and has passed all ACS reviews in the last 11 years with high marks and without any deficiencies.

The USC trauma program trains surgical critical care fellows, and the success rate in the certification exam has been 100%. In addition, the USC trauma program has been training trauma research fellows from numerous countries in South America, Europe, and Asia. More than 80 overseas research fellows have spent more than one year in the USC trauma program and many of them currently hold leadership positions in their countries. Four of our graduates have become directors of trauma programs in the United States (John’s Hopkins Hospital, Harvard Massachusetts General Hospital, East Texas Medical Center and Long Beach St. Mary’s Hospital).

The LAC+USC Trauma Center has an intensive research program. Faculty of the Division of Trauma/SICU have published more than 200 peer review publications, 6 books and more than 80 book chapters in the last 10 years. In addition, faculty in the trauma program hold leadership positions in major national organizations and societies and have been visiting professors in numerous countries and American universities.

The USC trauma program plays an active role in injury prevention and works closely with the local community. It is the lead organization in the Los Angeles County for the Safe Kids organization and its community outreach activities have attracted national attention.

A more recent development is the establishment of the USC Navy Trauma Training Center in 2002. The NTTC is the Navy’s first and only comprehensive trauma training program. In support of the training mission, NTTC has a variety of Navy personnel permanently stationed at LAC+USC Medical Center, including two trauma surgeons, one orthopedic surgeon, one anesthesiologist, one emergency medicine physician, three nurses, two hospital corpsmen and one administrative officer. The NTTC training program is designed as 28-day rotations which may accommodate up to 24 individuals, including corpsmen, nurses, and a variety of physicians and surgeons. NTTC rotators undergo a comprehensive training curriculum, which includes didactics, patient simulation, hands-on skill stations, ground and air ambulance transport, and the vast LAC+USC Medical Center clinical experience provided in the emergency department, operating room, and intensive care units. In conjunction with the vigorous training program, NTTC provides more than 230 Continuing Nursing Education and Continuing Medical Education hours as well as Pre-hospital Trauma Life Support Certification. To date, NTTC has trained 528 individuals, including 126 physicians, 121 nurses, 17 physicians assistants, and 260-hospital corpsmen.

“To date, the USC Navy Trauma Training Center (NTTC) has trained 528 individuals, including 126 physicians, 121 nurses, 17 physicians assistants, and 260-hospital corpsmen.”
The Society of Graduate Surgeons 2005 Spring Reception and Dinner

1985 GRADUATES BIOSKETCHES

John Condie, MD ~

After completing my residency training at LAC/USC in 1985, I moved to San Jose, California with Angela, my wife (a USC Med School graduate and pediatrician trained at L.A. Children's Hospital), to join my father in a 5-surgeon group. We had a great 3.5 years together until our family was lead to pursue medical missionary work at Bach Christian Hospital in northern Pakistan beginning in March 1989. BCH is a 50-bed rural hospital serving the poor in the Northwest Frontier Province of Pakistan. It has been a rewarding practice of old-fashion general surgery that includes healthy doses of OB-Gyn, Urology, some Orthopedics, and wide range of general surgery. I work with one other general surgeon from Virginia (who graduated the same year I did), as well as my wife, and four other physicians in Family Medicine, Peds and OB/Gyn. I want to add that my training at LAC/USC was a solid foundation for what I encountered and those principles of surgery work the same wherever you go! When we return to the USA about every four years we make the San Jose area our home. I have joined the Northern California Trauma Medical Group (James Hinsdale, senior surgeon) in a practice of trauma and general surgery on those occasions.

We have four children. Nathan (20) is pursuing a rehab sciences degree in his second year at CSU Fresno in hopes of doing a Masters in physical therapy. Matthew (19) is pursuing a Mechanical Engineering degree in his first year at CSU Fresno. Timothy (17) is a junior in a boarding high school about two hours from us here in Pakistan. He is the only one interested in surgery. Hannah (15) is being home-schooled here by us at the hospital.

Please convey my warmest greetings to the SGS and my apologies for not attending. It's hard to believe it has been 20 years!

Gerald Barr, MD ~

After finishing my surgical residency at USC, I married my present wife, Dawn, in her hometown of Virginia, Minnesota. We had met on the jail ward at LAC/USC Hospital when she was working as a physical therapist. Following the wedding, we spent a two-month honeymoon traveling through Europe and then moved to Phoenix, Arizona. My first two years in Phoenix I worked for CIGNA and served as an attending for the Phoenix Surgical Integrated Residency. The residents selected me as the 'Teacher of the Year' at their annual banquet in my second year.

I then joined two other surgeons in private practice in central Phoenix. This turned out to be a good career move, my partners had excellent reputations, we worked well together, and I was building a successful practice. I worked as an officer for the Phoenix Surgical Society and served as president one year. Unfortunately, about eight years ago a series of medical problems resulted in me being unable to continue my surgical practice.

Although my medical problems have created some difficult times, I’m thankful I have a close-knit family and am hopeful that my overall health will continue to improve. Dawn and I have two children, a sixteen-year-old boy and a fourteen-year-old girl and we will be celebrating our twenty-year wedding anniversary this summer. My years of surgical residency at LAC/USC left me with great memories and excellent training for my years in practice. It also seems that the surgery department has made some important additions and improvements in the last twenty years that will allow it to continue to be one of the premiere surgical training programs in the country.

Continue on Page 5
Eric Schlesinger, MD ~

Since completing the residency program at LAC/USC it has been my privilege to practice surgery in Los Angeles, Baltimore, “Chicagoland”, and Scottsdale. For the last seven years my practice has been dedicated to Bariatrics. I have found this practice to be stimulating, challenging and extremely rewarding. From 1998 to 2003, I served as Medical Director of Bariatric Specialists of Illinois and Chief of Surgery at Northwest Suburban Community Hospital. In 2003 my family and I moved to Scottsdale to develop a Bariatric program in the Valley of the Sun. I am currently the Medical Director of Bariatric Specialists of Arizona and Chief of Staff at Barix Clinic of Arizona.

My family is the source of my greatest personal joy. I met my lovely wife, Joanne, when I was a senior resident. In August we will celebrate our fifteenth anniversary. I am the proud father of three wonderful children, Arielle (13), Orly (11), and Sam (9).

I want to express my thanks to Dr. Donovan, Dr. Berne, Dr. Yellin, Dr. Silberman, Dr. Zawaki, and my senior residents for the outstanding training I received at LAC/USC. I am proud to be a Trojan and strive to always be an example of the excellence that is USC surgery.
The changing structure of the health care delivery system, mandates from the Accreditation Council for Graduate Medical Education (ACGME), and the declining interest of medical students in a surgical career over the past decade have brought new challenges to surgical educators. Due to the impact of these changes on our educational programs, the Department of Surgery has had to “adjust our sails” and augment the traditional way of training residents and students. In this article I will outline the Department’s response to the educational challenges of today and discuss how we need to continue to be innovative in our approach to surgical education.

One of the major issues that we are facing is that managed care has resulted in a shorter length of stay and a skewed distribution of patients. The patients that our learners are exposed to is limited to those provided by hospital contracts and often results in inadequate exposure to the breadth of surgical cases required to train residents. More important is the fact that academic surgeons today have increased demands on their time leaving less time for teaching. There is less operating room time and pressure to perform more procedures in a cost effective manner, making teaching in this environment an even greater challenge.

The Department of Surgery has responded to each of the challenges listed above by recognizing that a Surgical Skills Center can be an adjunct to training in the operating room. USC has been a leader in this area and has one of the largest state-of-the-art facilities in the nation. A skills center provides learners with an environment to learn and hone basic skills prior to entering the operating room. This allows expert surgeons, who have less time to teach, the opportunity to move on to advanced techniques and maximize their teaching effort. Having a skills center available also places us in a unique position to augment the traditional apprenticeship model of training and include core skills and competencies that residents may not be exposed to otherwise.

Recently there have been tremendous advances in simulation and virtual reality. Now is the time to move beyond a Surgical Skills center and into a Simulation and Virtual Reality Center. It is possible to perform an entire virtual operative case. As this technology develops we can include cases in our curriculum that are currently not part of our program due to the limits of hospital contracts. We can also include advanced techniques so that residents can practice on virtual models instead of real patients. We need to “adjust our sails” once again and integrate the rocketing advances in information technology to create a sound and comprehensive educational experience for our learners. To do this effectively, we need to be careful that we don’t get caught up in the “gee whiz” of simulation technology and take the time to evaluate the outcomes of new technology before we pull it into our programs. The six competencies imposed by the ACGME have made residency education challenging. Each program must now provide opportunities to teach these skills as well as measure the outcomes of their teaching methods. All of this must be done within the restriction of an 80-hour workweek. USC responded promptly to this mandate by revising current evaluations, restructuring resident Core Curriculum, and creating a Patient Assessment and Management Examination (PAME). More recently we have implemented a new model for M&M, which includes a “practice-based learning” and self-reflective component for residents and are currently expanding the three-patient PAME to a nine-patient Objective Structured Clinical Examination. The hardest competency to include and assess in a curriculum is “systems-based practice” which looks at each resident’s knowledge of the health care delivery system. To meet this requirement we are currently developing a computer-assisted instructional program, which can be incorporated into our curriculum. Lastly, in order to improve Resident Core Curriculum, in an environment where faculty have less time to teach, we have recruited Dr. Cedric Bremner to oversee and attend all Core Curriculum sessions. We are very grateful to have such an expert available and willing to commit so much time to resident education.

Another major issue in surgical education is the declining interest in a surgical career by medical students. Over the past decade the proportion of AOA students applying to surgical training programs has declined, implying that the top 10% of the medical school class is finding surgery less attractive. In addition, programs have had to go deeper into their rank lists to fill available spaces, which implies that there is a shrinking pool of applicants. On Match Day of 2002, when there was a record high of unfilled spots in surgery programs, surgeons realized that they needed to change their approach to medical education. We need to adjust our sails once again and integrate the rocketing advances in information technology to create a sound and comprehensive educational experience for our learners. To do this effectively, we need to be careful that we don’t get caught up in the “gee whiz” of simulation technology and take the time to evaluate the outcomes of new technology before we pull it into our programs. The six competencies imposed by the ACGME have made residency education challenging. Each program must now provide opportunities to teach these skills as well as measure the outcomes of their teaching methods. All of this must be done within the restriction of an 80-hour workweek. USC responded promptly to this mandate by revising current evaluations, restructuring resident Core Curriculum, and creating a Patient Assessment and Management Examination (PAME). More recently we have implemented a new model for M&M, which includes a “practice-based learning” and self-reflective component for residents and are currently expanding the three-patient PAME to a nine-patient Objective Structured Clinical Examination. The hardest competency to include and assess in a curriculum is “systems-based practice” which looks at each resident’s knowledge of the health care delivery system. To meet this requirement we are currently developing a computer-assisted instructional program, which can be incorporated into our curriculum. Lastly, in order to improve Resident Core Curriculum, in an environment where faculty have less time to teach, we have recruited Dr. Cedric Bremner to oversee and attend all Core Curriculum sessions. We are very grateful to have such an expert available and willing to commit so much time to resident education.
Thanks in no small way to Marge Bloom and Sandra Flores; we have just launched a new class of interns on their way to becoming surgeons. The class of 2011 has begun their first 4 week rotations and, by all indications, we have matched another fine group. We have a full compliment of preliminary interns, designated preliminary interns and our full compliment of 7 categorical interns. They are a diverse group, with our categorical interns hailing from the following medical schools:

- Claudia Emami University of Southern California
- Binh Trinh University of Southern California
- Janie Weng-Grumley University of Southern California
- Rebecca Cannom Georgetown University
- Benjamin Chen New York Medical College
- Sugku Han UC Irvine Medical School
- Omar Haqqani St. George’s University

We also have 3 Plastic and Reconstructive Surgery residents that will be with us for three years. They are:

- David Kim UC San Diego Medical School
- Melissa Lubbers Ohio State University
- Sheila Nazarian Albert Einstein College of Medicine

We also celebrated the graduation of our chief residents on Saturday, June 18th at the Huntington Ritz-Carlton. The evening was special as usual with some very lively and entertaining speeches by both residents and their faculty mentors as well. The graduates and their destinations following completion of this year are:

- Michael Bowdish Cardiothoracic Surgery, Columbia
- Michael Feizbakhsh Laparoscopic Fellowship, Cedars
- Nahid Hamoui Bariatric Fellowship, USC
- Jeffrey Lake Colorectal Surgery, USC
- Eric Ley Translational Research, USC
- Firas Mussa Vascular Surgery, Baylor
- Jesus Ramirez Burn Fellowship, Shriner’s Sacramento

Good luck and best wishes from the entire faculty. We trust that they will keep in touch and make it back now and again for the Society Grand Rounds and SGS Reception and Dinner.
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.

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