



New England Surgical Society Newsletter

Volume 11, Number 1

January 2009

2008-2009 Executive Committee

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Francis D. Moore, Jr., MD

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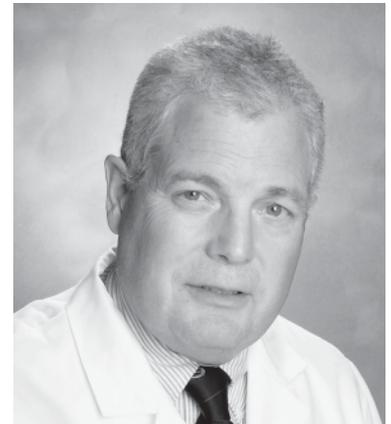
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FROM THE PRESIDENT

It was a great privilege for me to become the President of the New England Surgical Society at the 89th Annual Meeting recently held in Boston. Since September, the leadership of the NESS has already been hard at work in anticipation of what will be a year of both challenge and opportunity for the organization and our surgical specialty. In these difficult economic times, we need to remember the value of our Society and the importance of staying involved with an organization that has stood steadfast for almost a century.

This past year, Dr. Thomas Colacchio led the NESS through a year of change that concluded with a very successful meeting on September 26-28, 2008 at the Seaport Hotel and World Trade Center in Boston; our overall attendance reaching just under 300. The scientific program, well executed by Dr. Richard Barth, included 16 podium presentations, two of which were the winners of the spring 2008 NESS Resident and Fellow Research Day, 12 brief reports and 28 posters. As done in 2007, concurrent Specialty Group Breakfast Sessions were held on Saturday



Francis D. Moore, Jr., MD

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Editor's Corner

Bruce J. Leavitt, MD

The first snow fell in the Champlain Valley today. Mount Mansfield has now had a white frosting for two weeks. Snow tires are on our cars and my motorcycle has a warm blanket covering it for the upcoming cold months. Woodpiles are stacked high in anticipation for the slow march to the fireplaces and woodstoves of our homes. Most of us who live in New England enjoy winter and all the activities the snow covered ground brings us. Last year we had a plentiful amount of snow which kept the skiers, snowboarders and snow machine riders very happy. Let us hope for another great winter.

Our last meeting was exceptional. The weather did not cooperate, but the science, friendship, camaraderie and the venue made up for the three days of seaside fog and rain. Although the meeting site had a covered walkway from the hotel, the rain seemed to come in sideways, sprinkling us a bit. It was nature's way of waking us up walking to and from the meeting. The rain



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Highlights of the EXECUTIVE COMMITTEE MEETING & ANNUAL BUSINESS MEETING

September 26 & 28, 2008 / Boston, Massachusetts

Report of the Editor of the Archives of Surgery

Dr. Freischlag reported that with the improved Impact-factor of 3.485, the Archives had another excellent year. With respect to presentations from the 2007 NESS Annual Meeting, a total of 24 manuscripts were submitted with 9 accepted for the NESS dedicated issue which included a surgical reminiscence paper on Arthur Baue. For the last five years, the NESS has acceptance rates of 92, 50, 74 and 41, and 38%.

Due to the increased number of submissions, the affiliated societies are limited to one dedicated issue. Dr. Freischlag reminded NESS of the new requirement that published comments would be limited to those of invited discussants. Because the NESS does not invite discussants, beginning in 2009 invited critiques would be published with each accepted paper. The NESS would help to identify NESS members to provide the critiques. Dr. Freischlag added that, after 2010, the Archives would no longer publish Presidential Addresses but a commentary would be an option for publication.

Dr. Freischlag concluded with an update on the value of the Archives website as a resource; 12 hours of CME credit are available every year for readers; the CME quizzes being available online at www.archsurg.com. She added that CME credit would also be offered to peer reviewers who meet quality and timeliness criteria.

Report of the President

Dr. Colacchio thanked Dr. Bruce Leavitt for his hard work as Vermont Representative and introduced the New Representative to the Committee, Dr. Neil Hyman.

Dr. Colacchio reported on securing \$25,000 from Ethicon Endo-Surgery in support of the 2008 Annual Meeting. As a part of the agreement, a symposia titled, "Highlighting Laparoscopic Liver Resection, Thyroidectomy, and Bariatric Surgery" would be offered on Saturday afternoon.

Dr. Colacchio and Dr. Tracy called the Executive Committee's attention to an article recently written by Dr. E. Christopher Ellison that examined the vital signs of regional surgical societies. After extensive dialogue, Dr. Colacchio closed the discussion and opined that older members have the responsibility to encourage younger members to participate in the survival of an organization.

Report of the Secretary

The membership statistics as of September 15, 2008, reported total membership of 755. Dr. Tracy reported that the membership is now reaching the point where, with the Active membership limit currently set at 300, the space available for new active members is starting to diminish; at present there would be room for 17 new members in 2009.

It was opined that the Society might consider a By-Laws change to increase Active membership to 325. Historic information indicated that raising the Active levels had been done every 10 years or so.

Bylaw Amendment presented and approved:

ARTICLE II - MEMBERSHIP Section b. Active Membership shall be limited to 350 members. No more than 35 new Active members shall be elected in any single year. Honorary membership shall be limited to 5 members. There shall be no limitation for senior or associate members.

Report of the Treasurer

Dr. Coe, Treasurer, presented a financial report for the period ending August 31, 2008. Total assets as of the end of August were \$228,608, versus year-to-date 2007 assets of \$265,260. The Reconciliation portion of the Statement of Financial Position (balance sheet) indicated beginning cash of \$211,188 with a current operating surplus of \$17,421 as of August 31st resulting in total assets of \$228,608.

Total receipts as of August 31st were \$136,265 and consisted of: \$49,903 in Dues & Assessments received to date with an added \$1,700 in initiation fees; \$83,650 in Meeting Registration receipts so far for the 2008 Annual Meeting; \$350 in rental of the membership list; and \$662 in Interest Income. Dr. Coe noted that Ethicon Endo-Surgery grant of \$25,000 would be received shortly after the Annual Meeting. Total Disbursements of \$118,844 consisted of: \$59,044 in total General and Administrative expenses; \$7,970 in total Publications expenses; a total of \$43,151 in Meetings and Education disbursements so far for the 2008 Annual Meeting; and a total of \$8,180 in Committees expenses so far in 2008. The current net operating surplus for the Society as of the end of August was \$17,421.

Report of the Recorder

Dr. Yeston read the names of the Necrology and a moment of silence was observed in their memory:

Kirk K. Barnes, MD	Connecticut
Mortiner J. Buckley, MD	Massachusetts
Eugene Fitzpatrick, MD	Connecticut
Judah M. Folkman, MD	Massachusetts
Clement Hiebert, MD	Maine
Donald Hight, Sr., MD	Connecticut
Erwin F. Hirsch, MD	Massachusetts
Charles J. McCabe, MD	Massachusetts
J. Bishop McGill, MD	Vermont
Carroll Miller, MD	Massachusetts
Ronald P. Ponn, MD	Connecticut
Henry Saltonstall, MD	New Hampshire

Report of the Program Committee

Dr. Colacchio reported that planning of the meeting had gone well and that the attendees should look forward to an excellent scientific program.

(continued on next page)

Report of the Newsletter Editor

Dr. Leavitt reported that the latest issue of the NESS Newsletter had been re-circulated to the Executive Committee for information and thanked PRRI staff for working with him on another successful year.

Report of the Representative to the American Board of Surgery

Dr. Jacobs addressed a number of current issues being worked by the American Board of Surgery (ABS) and the most recent steps being taken as of the January and June 2008 meetings of that organization. Projects included the curriculum project and SCORE, resident educational requirements, the orientation video for certifying examination candidates, accreditation of non-ACGME accredited fellowships, recommendations for certification in Surgical Oncology, the primary certificate in surgical critical care, and the ongoing Maintenance of Certification process.

Report of the Representative to the American College of Surgeons Board of Governors

Dr. Ferguson reported that more involvement from the Regents with respect to the Board of Governors had been apparent in recent months. Other elements of his published report included the identification of reimbursement, liability, and work force issues as major areas of concern, the good financial health of the College, and how the College has been quite active in legislative issues this year.

Report of the Representative to the American College of Surgeons Advisory Council for Surgery

Dr. Zarfos addressed how the concept of an Office of General Surgery to the ACS Board of Regents was accepted and that, at present, the Advisory Council is requesting input from ACS members for specific activities they would like the Office to carry out. Suggested projects from the Advisory Council to date have included current and future manpower needs for general surgeons, advocacy efforts similar to those for trauma and cancer, working with the RRC on training issues, a town meeting during the 2009 Clinical Congress, and the development of programs that highlight the need for general surgeons. The Executive Committee then provided Dr. Zarfos with some additional thoughts and issues for her to take back to the Advisory Council.

Report of the Ad Hoc Issues Committee

Dr. Berger recapped that the most recent initiative to recruit younger surgeons into the activities of the Society had culminated into a combined function with the new members as part of the 2009 Annual Meeting social program. He reviewed the relaxed format of the function with no invited speaker and encouraged all Executive Committee members to attend.

Report of the Charitable Foundation

Dr. Hammond, President of the NESS Charitable Foundation, presented a financial report for the period ending August 31, 2008. Total assets as of the end of August were \$211,224. The Reconciliation portion of the Statement of Financial Position (balance sheet) indicated beginning cash of \$205,100 for the year with a current operating surplus of \$6,124 resulting in total assets of \$211,224.

Total receipts as of August 31st were \$12,543 which consisted of: \$7,994 in contributions; \$1,800 in Initiation Fees; and a total of \$2,749 in interest revenue. Total Disbursements as of August 31st were \$6,419 which consisted of payments made in support of the Research Day and awards for the Annual Meeting. The current net operating surplus for the Foundation was \$6,124.

Report of the Archives Committee

Dr. Colacchio recapped the past discussions on the establishment of the Ad Hoc Centennial Celebration Committee and added that Dr. Crombie had several recommendations for potential members.

Dr. Colacchio then referenced the current archive now electronically indexed through the Countway Library "Finding Aid" and showed an example of document digitization for consideration. It was agreed that this option should continue to be explored and that the Archives and Centennial Celebration Committees will need to oversee. In light of the cost factors involved with digitization, it was also agreed that the Foundation be asked to fund that project and that it be done within an appropriate timeframe.

Resident Research Day

After discussions, it was voted to amend the NESS management agreement to allow PRRI to take over management of the NESS Spring Resident Research Day.

New Business

Dr. Tracy reported on how communication of open positions at the ACS and ABS might better be circulated to the membership and it was agreed that future such openings best be circulated electronically and/or via the website prior to discussion of candidates by the Executive Committee.

International Relations Committee Proposal

Dr. Colacchio recalled the Executive Committee's attention to the proposal made by Dr. Robert Quinlan that the Foundation be asked to support the ACS International Relations Committee's efforts to fund visits by international young surgeons to the United States. In doing this, the stipend would be in the area of \$8,000. After discussion, it was agreed that the proposal letter be sent to the Foundation for consideration and that the timing of this be a consideration as additional expenditures had recently been provided by the Foundation.

FROM THE PRESIDENT

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and addressed the following important topics currently facing us as surgeons: On-Call Reimbursement, Maintenance of Certification, Acute Care Surgery, and Difficult Decisions at the End of Life. Congratulations to Rick and the 2008 Program Committee on another job well done in 2008.

Other highlights of the scientific program in Boston were the traditional Samuel J. Mixter Lecture, delivered by Dr. Lucian Leape, the conferment of the Nathan Smith Award to Dr. Richard Dow, and an excellent Presidential Address delivered by Tom Colacchio titled "Health, Society, and the Surgeon: The News." Satellite scientific symposia, held by Ethicon Endo-Surgery on Saturday afternoon, highlighted Laparoscopic Liver Resection, Thyroidectomy, and Bariatric Surgery and our thanks go out again to Ethicon for their support of the NESS.

In light of the troublesome economy now upon us, an important item on the Executive Committee's agenda for this year will be the organization of an Ad Hoc Committee

The expansion of the Ad Hoc Issues Committee membership will also be a focus and we encourage younger members, especially those who attended the Friday evening dinner during the 2008 Annual Meeting, to become involved with this group

for Long Range Planning. The expansion of the Ad Hoc Issues Committee membership will also be a focus and we encourage younger members, especially those who attended the Friday evening dinner during the 2008 Annual Meeting, to become involved with this group (if you are interested please contact Stan Alger, NESS Executive Director, at 978.927.8330). The Ad Hoc Centennial Celebration Committee will also continue its planning for the 100-year celebration of the NESS in 2016.

Over the past few years, the membership has responded well to the active participation requirement of the Society and I remind all members that attendance at the NESS Annual Meeting and/or the spring Resident and Fellow Research Day is the best way to fulfill the this requirement. Stay connected with the NESS website at www.nesurgical.org for updates on these educational opportunities.

Thank you again for the honor of serving as your NESS President and please feel free to share your thoughts with us (978.927.8330) on how the NESS might enhance its service to the membership.

Francis D. Moore, Jr., M.D.

From the NESS Representative to the ACS Board of Governors

Charles M. Ferguson, MD

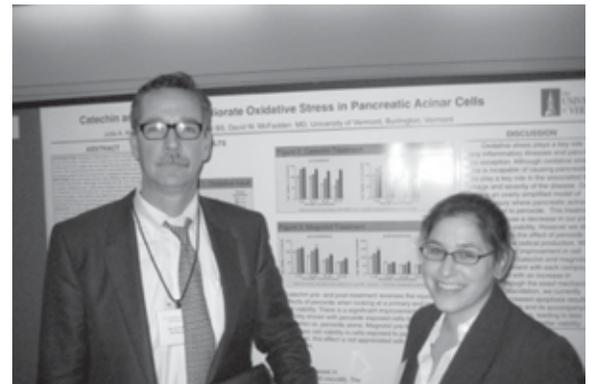
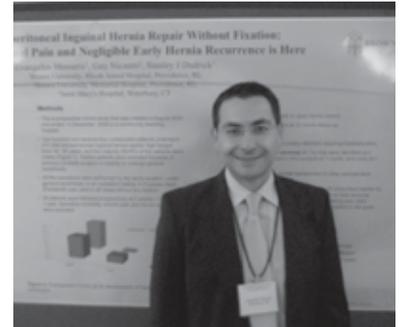
The Board of Governors met Sunday, October 12, 2008 at the Hilton San Francisco. The majority of the morning discussion was spent on review of the Board of Governors Survey Analysis. Reimbursement, health care freeform, and liability reform continue to be major issues for the Governors. A full report of the College's activities in regards to these issues is available on the College website; suffice it to say that the college continues to actively pursue improvements in all of these areas, as well as pay for performance/competency measurement for the practicing surgeon, graduate medical education, improvement in workforce issues, and improvement in federal funding for trauma systems and trauma centers. Much of this work is done through the ACS-PAC, and all governors were strongly urged to contribute greatly and often.

The Board of Regents held a joint session with the Board of Governors this year, unveiling a draft of the ACS Statement on Health Care Reform. This statement is also available in its entirety at the college website, but in brief, states that the college is supportive of quality and safety, access, workforce, and cost issues.

The final portion of the meeting consisted of an open forum moderated by Valerie Rusch, Chair of the Board of Governors, with Gerald Healy, ACS President, LD Britt, Chair, Board of Regents, and Thomas Russell, ACS Executive Director as discussants. This was a lively discussion of the issues previously discussed, and it is clear that the ACS leadership understands the issues facing the fellows of the college and is doing it's best to support the fellows in these difficult times.

***Visit the New England Surgical Society's
Website for the latest NESS News.***

www.nesurgical.org



Future Annual Meetings

2009
September 11 - 13
Hyatt Regency, Newport, Rhode Island

2010
Saratoga Hilton
Saratoga Springs, New York

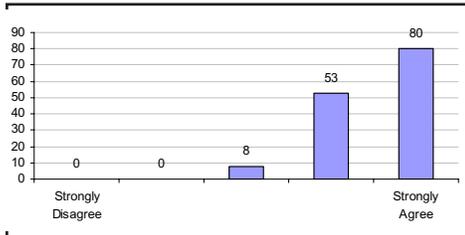
2008 ANNUAL MEETING REPORT

The 89th Meeting of the New England Surgical Society on September 26-28, 2008, in Boston, was a great success. With over 300 attendees, the meeting provided an exciting educational and social experience for physicians in the New England area.

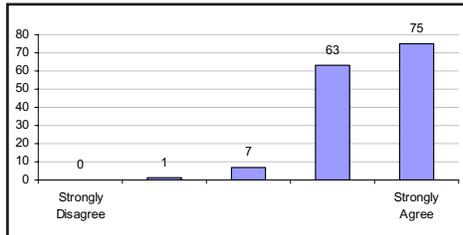
General Post Meeting Evaluation Results

Below is a summary of the survey responses to “Program topics and content met the stated objectives.”

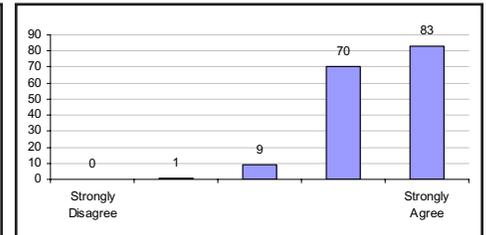
Scientific Session I



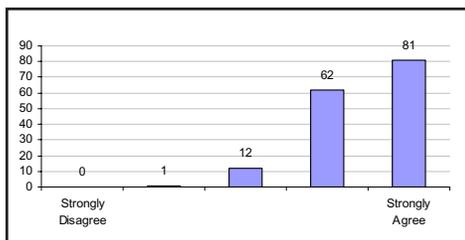
Scientific Session II



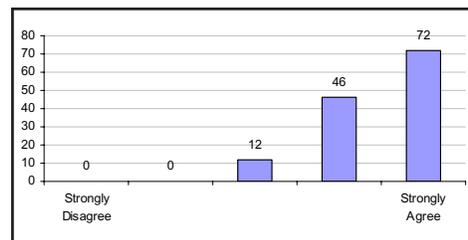
Scientific Session III



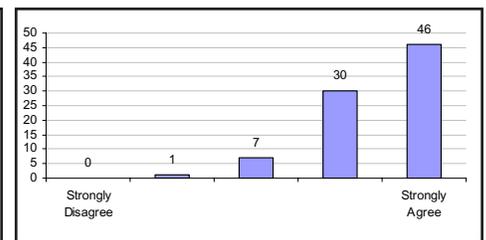
Scientific Session IV



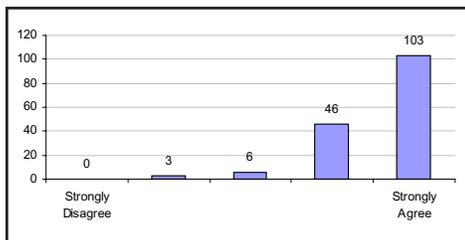
Scientific Session V



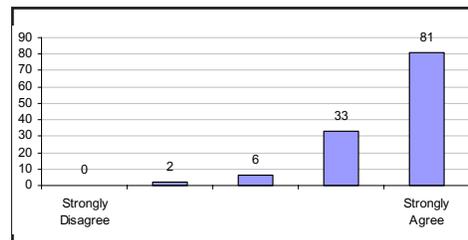
Specialty Group Breakfast Sessions



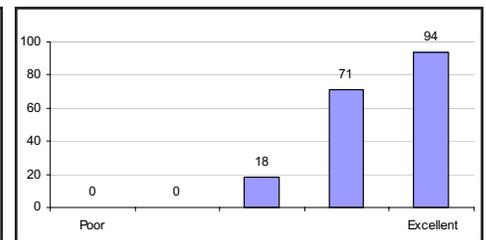
Panel Discussion



Samuel Jason Mixer Lecture



Overall Meeting



Resident Essay Prize Competition

1st Place

**Extracorporeal Membrane Oxygenation for Non-neonatal Acute Respiratory Failure:
The Massachusetts General Hospital Experience from 1990 to 2008**
Deepika Nehra, M.D., Massachusetts General Hospital, Boston, MA

2nd Place

Fulminant Clostridium Difficile Colitis: Patterns of Care and Predictors of Mortality
Elizabeth A Sailhamer, M.D., Massachusetts General Hospital, Division of Trauma, Emergency Surgery,
and Surgical Critical Care, Boston, MA

3rd Place

Outcomes Following Thyroidectomy and Parathyroidectomy in Pregnant Women in the US
Srey Ram Kuy, M.D., University of Texas Health Science Center at San Antonio Department of Surgery

Best Poster Award

**Immunohistological Characterization of Tissue Engineered Graft Remodeling
in Severe Combined Immunodeficient/beige (SCID/bg) Mouse Model**
Rajendra F Sawh-Martinez, B.S., Yale University School of Medicine, New Haven, CT

Editor's Corner

(continued from page one)

delayed the Red Sox game Friday night long enough for me to catch a cab to Fenway Park. Tickets were plentiful for those fans that brought their raincoats. The red hose lost to the evil empire, but it was fun to catch a game on such short notice. The Rays were a bit stronger than the Red Sox in the American League playoffs. A similar rain storm to ours affected the Rays performance in the World Series. Hopefully the Celtics continue their winning ways and the Bruins revert as champions similar to the days of Orr and Buyck. Our New England Patriots are struggling more than our fans are used to. Let's hope that when January comes, the Patriots have a playoff spot.

Our scientific program was one of the best that I have attended in my tenure in the New England Surgical Society. Dr. Goldfarb's lecture on one of our most prestigious and earliest members, Dr. Harvey Cushing, was very interesting. The resident presentations were outstanding. The brief presentations were informative and the standard podium presentations were of the highest quality. Dr. Leape's Mixer lecture was captivating. We all have much to learn about the future of the quality of the medical and surgical care that we provide. And finally Dr. Thomas Colacchio gave us a "news report" about our surgical care. Both the Friday and Saturday evening social events were exceptional and the new



member dinner was a success. New initiatives at our annual meeting continue to improve the quality and success of our society. The Executive Committee continues to look forward to accommodate the ever changing needs of a regional surgical society. Meetings like our last continue to impress me that the New England Surgical Society is thriving and is a national leader for a regional surgical society.

Dr. Francis "Chip" Moore became our current President and Dr. Patricia K Donahoe was nominated as President-Elect. I was surprised and honored to be elected Vice President. I have a year to work on Dr. Moore's introduction at next year's meeting. Rumor has it that Chip has

enough material that it may take me that long to prepare his introduction.

Have a great winter. And please make plans to attend the Resident Research Day in Boston in May, 2009.

Editor' Note: This winter will be my 21st season as the physician advisor for the Mt. Mansfield Ski Patrol. If any NESS members will be skiing at Stowe this winter, please contact me so that I can give you a personal tour of our mountain.
BJL

ACS Surgical Forum Named in Honor of Patricia K. Donahoe, MD



Patricia K. Donahoe, M.D., President-Elect of the NESS and a pediatric surgeon from Boston was recently named as the dedicatee of the American College of Surgeons (ACS) 2008 Owen H. Wengensteen Surgical forum Program at the ACS's 94th Annual Clinical Congress in October in San Francisco. The first woman to receive this dedication by the Surgical Forum Committee, Dr. Donahoe was honored for her outstanding surgical and scientific career; her remarkable research productivity, including the establishment of a unique area of research around mullerian inhibiting substance (MIS); her recent studies of the genetics of congenital anomalies; her fostering of numerous surgical research trainees; and her commitment to teaching.

Considered to be the foremost expert in the field on MIS, Dr. Donahoe's research has resulted in clarification of the role of MIS in terms of its identification, its role in gender maturation and sex differentiation and abnormalities, and the potential role of MIS in ovarian cancer.

Each year, the ACS dedicates its *Surgical Forum*, a volume of published research-in-progress abstracts, to a notable surgeon for his or her contribution to the surgical profession through years of dedication and research through the fostering and mentoring of young scientific and surgical researchers. Dr. Donahoe has given numerous presentations at the Surgical Forum, especially since the initiation of its pediatric surgery session.

From the NESS Representative to the American Board of Surgery

Lenworth M. Jacobs, MD, MPH, FACS

Director Updates

The Board welcomed three new directors, selected by their respective organizations, to begin six-year terms on the Board: Bruce Schirmer, representing SAGES, Anthony Senagore, representing the American Board of Colon and Rectal Surgery, and R. James Valentine, representing the APDS. In addition, the American Board of Thoracic Surgery has selected Cameron Wright to begin a term on the Board, and he will attend the next meeting.

Directors completing their terms were Timothy Flynn, Chair of the Board, representing the APDS, James Fleshman, representing the ABCRS, and Larry Kaiser, representing the ABTS. Dr. Jo Buyske, who represented SAGES to the Board, is now a member of the executive staff of the ABS.

Staff Changes

After a national recruitment, Dr. Jo Buyske, previously Chief of Surgery at Presbyterian Hospital and a Professor of Surgery at the University of Pennsylvania, joined the staff of the ABS in January 2008 as Associate Executive Director and Director of Evaluation, and assumed full responsibility for this position July 1, replacing Dr. Robert Rhodes. Dr. Rhodes will reduce his work to half-time and will be Associate Executive Director for Vascular Surgery. In addition, he will assist with several special research projects and with the further development of the Maintenance of Certification program.

Curriculum Project and SCORE

The Surgical Council on Resident Education, under the direction of Dr. Dick Bell, and the General Surgery Residents Committee (GSRC), under Dr. Stan Ashley, continued to actively move forward with the further development of multiple aspects of the curriculum project. The scope of the diseases and operations to be included in the curriculum was finalized in late 2007 and early 2008, and presently the goals, objectives, and testing material for the first 117 modules within this curriculum are under development with volunteers from the GSRC and APDS.

Dr. Bell has secured contracts with B. C. Decker Publishing, current publishers of ACS Surgery and the Cameron Surgical Atlas, for full access to material in those publications, as well as with Lippincott and McGraw Hill for selective access to surgical educational material in their publications. In addition, SAGES, through President Mark Talamini, has generously offered their extensive library of teaching videos and written material, focused on minimally invasive surgery and endoscopy, to the SCORE project.

Materials from all of these sources will be incorporated into a SCORE website, a beta version of which is due to go online in September 2008, which will be used as source material for resident education, and will be presented within the context of the curriculum developed by the GSRC.

Construction of the website is being overseen by Mr. James Fiore, Director of Information Technology for the ABS, and is subcontracted to Mr. Mark Hickey, an external vendor. As noted, the initial debut of the website is scheduled for September, at which time it will be made available to a beta testing group of 33 surgical residencies which have been selected on a random basis to represent various characteristics in regard to size, type, etc. The beta test is planned for 8-10 months, with extensive feedback to be solicited during that time from users, and the final version of the website is projected to be available in July 2009, for rollout to all surgical residencies.

It is intended that the website will provide a "one-stop" location for varied and innovative educational material for surgical residents, structured according to the surgical curriculum defined by the ABS. In addition, it will provide questions and other assessment methodologies designed to allow residents to self-assess their educational progress during residency, and to compare themselves to national norms.

More formalized educational and assessment tools are under development on several fronts, and will be incorporated into SCORE as they become available. For example, Dr. Gary Dunnington, Chair of Surgery at Southern Illinois University, and his staff, have developed an intraoperative assessment tool focused on the objective evaluation of multiple operative procedures specific to various levels of surgical training. The ABS has recently agreed to underwrite the testing and validation of this tool by Dr. Dunnington over the next two years, with the intent of incorporating this into residency assessment when it has been fully proven.

Developmental costs of this project are being funded primarily by the ABS from institutional reserves; none of the costs are incorporated into operating accounts and therefore do not impact in any way on the costs of the examinations administered by the Board. In addition significant supplementary funding for the first three years has been provided by the American College of Surgeons, the American Surgical Association, and the Association of Program Directors in Surgery, all of whom are members of the SCORE advisory panel.

Resident Educational Requirements

The Board at its June meeting, after extensive discussion, voted to initiate new requirements for surgical residents in regard to the completion of structured formal courses in three different areas: Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Fundamentals of Laparoscopic Surgery (FLS). The first two of these courses have been widely incorporated into most surgical residencies at the present time, and this will formalize the requirement that a resident complete each of these courses at least once during residency. FLS

represents a new requirement, and is considered to be an excellent way of rapidly gaining knowledge and experience in the basics of laparoscopic surgery during the early years of residency. It has been developed over the last few years by SAGES, and wide experience has already been developed with its use and value.

Completion of these courses will be a requirement for residents finishing training in June of 2010.

Maintenance of Certification

The other major project on which the ABS staff is focusing is the further development of MOC, and in particular the specifics of Part IV – assessment of performance in practice. Most of the measures which have been publicized by external groups relative to medical quality have focused on processes of care. These are germane to primary and ambulatory care, but have a less relevant role in assessing surgical performance, where outcomes are more important. As a result, the ABS has been focusing on ways in which surgical outcomes can become more central to the assessment of MOC Part IV, and is actively working with the American College of Surgeons in the development of its Case Logging System and Web Portal for Fellows. Dr.

John Birkmeyer and Dr. Clifford Ko are working with Dr. Barbara Bass and the NSQIP Committee of the ACS, to evaluate new and innovative ways of logging surgical procedure outcomes which may be used in satisfying the requirements of Part IV. In addition, Dr. Frank Opelka and the Surgical Quality Alliance (SQA), with representation from the ACS and most of the surgical specialty societies, is actively exploring the development of a registry which would satisfy most of the outcome measures needed to define surgical quality, as well as other information relative to surgical performance. The Board is actively participating in all of these efforts and anticipates that the requirements of Part IV will continuously evolve in the next few years as improved measures become available.

Orientation Video for Certifying Examination Candidates

It has become obvious in the last few years that the oral examination for general surgery certification has become an object of irrational proportions in the eyes of many graduating surgical residents, and multiple myths, word-of-mouth speculation, and misinformation are propagated in regard to it. One of the consequences is that it is widely believed by surgical residents that “prep” courses are necessary to

prepare for the examination, and well over half of all candidates taking the examination now subscribe to such courses, which may well cost upwards of \$2500 and consume three or four days, despite the lack of evidence that such courses have any benefit. In reality, the CE focuses entirely on basic general surgical knowledge, does not test on esoterica, and is intended only to assess the basic competency and safety of a graduating resident.

To provide better preparatory information to examination candidates and help dispel some of the rumors, the Board is developing an informational orientation video which will be mailed to all candidates who are taking the examination for their use. This will be filmed later this fall, and will be scripted, narrated, and produced by Dr. Jack Pickleman and his wife Brenda, with the intent of being ready for the graduates in June 2009.

Necrology

We were saddened to learn of the deaths of the following Senior Members: Jesse E. Thompson, February 25, 2008, and James C. Thompson, May 9, 2008, and Michael E. DeBakey, July 11, 2008.

AMERICAN BOARD OF SURGERY
SUMMARY OF 2007-2008 EXAMINATIONS

Examination	# of Examinees	# Pass	# Fail	Pass Rate	Fail Rate	Total # Diplomates
Qualifying	1293	1,010	283	78.1%	21.9%	
Recertification	1703	1,601	102	94.0%	6.0%	17,533
Vascular Surgery QE	106	95	11	89.6%	10.4%	
Vascular Surgery Recert.	174	163	11	93.7%	6.3%	1,612
Surgical Critical Care	128	116	12	90.6%	9.4%	2,473
SCC Recertification	101	89	12	88.1%	11.9%	1,146
Pediatric Surgery QE	64	61	3	95.4%	4.6%	
Pediatric Surgery Recert.	122	116	6	95.1%	4.9%	660
Hand Surgery	6	3	3	50.0%	50.0%	237
Hand Surgery Recert.	13	13	0	100%	0%	141
Vascular Surgery ITE	240	---	---	N.A.	N.A.	
Pediatric Surgery ITE	85	---	---	N.A.	N.A.	
ITE – Junior Level Exam	3913	---	---	N.A.	N.A.	
ITE – Senior Level Exam	3699	---	---	N.A.	N.A.	
Certifying	1290	1,034	256	80.0%	20.0%	54,802
Pediatric Surgery CE	70	64	6	91.4%	8.6%	1,059
Vascular Surgery CE	114	107	7	93.9%	6.1%	2,783
TOTAL	13,121					

N.A. = Not applicable.

5,184 examinees, excluding the ITE, VSITE and PITE.

From the NESS Representative to the ACS Advisory Council for General Surgery

Kristen A. Zarfos, MD, FACS

In June, 2008, the Advisory Council for General Surgery introduced the concept of an Office of General Surgery to the American College of Surgeons Board of Regents. The concept was accepted and presently the Advisory Council is requesting input from ACS members for specific activities they would like the Office to carry out.

Some of the Advisory Council members' suggestions follow. I would welcome your input on these, as well as your own ideas.

1. The Office should study both current and future manpower needs for general surgeons, in order to increase the number of residents that are trained to meet the growing demand.

2. The Office should be a champion of general surgeons and a vocal advocate, similar to the roles that the offices for trauma and cancer provide.

3. The Office should be very active in working with the RRC on issues on training, including hour limitations. "Are we sending a wrong message to our residents that the work hours are more important than the quality of care and accountability to the patients?"

4. A suggestion was made to hold a town meeting at the 2009 Clinical Congress to obtain commentary from the ACS members directly on what role the Office should play.

5. The Office should develop programs that highlight the need for general surgeons....."as surgeons who have made a choice to specialize in the care of patients with acute surgical needs and to treat a broad spectrum of surgical diseases."

National focus now has been directed on the need for primary care physicians; the focus needs to be placed on the development and continued support of the general surgeons who provide care to patients who present to our nation's emergency rooms.

Once ACS members have given their input on the role of this Office, the Advisory Council proposal and business plan will be discussed at the October meeting of the Board of Regents.

I welcome your ideas and suggestions. Please email them to kzarfos@stfranciscare.org.



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