



The Penn Surgical Society News is published semi-annually for its members, colleagues and friends of the Department of Surgery. For submissions, inquiries or comments, please contact either Lori Pray or Angela Wurster.

Leadership Message from the Chairman

Penn Surgery Creating the Possibilities for the Future of Medicine



Larry R. Kaiser, M.D.

Since becoming the Chair of this Department in July of 2001, I have heard many comment on "the number of changes that have taken place" -- some with great enthusiasm, some with criticism and I welcome both. Webster defines change as "to put or take in place of something else, to substitute for or replace with". We have all heard the comments "change is difficult, change is never welcomed, change is good, change is dynamic, change is necessary, and you need change management".

Let me be clear, Penn Surgery is not focused on change. We are not interested in substitution or replacement; we are interested in moving forward in line with our vision of what Penn Surgery should be and can be. Penn Surgery is focused on progress and creating possibilities; the possibilities that every day "Create the Future of Medicine".

Those of us who are great students of history take tremendous pride in the idea of building upon the foundation of the past. I am honored to be the Chair of a Department that is so deeply rooted in historical firsts. I am committed to honoring our past and at the same time, I am committed that we will not be held hostage to "better or different" variations of the past but rather that we will make progress every day. I am committed to developing leaders that are both visionaries and actionaries in creating the future of medicine.

The possibilities for the future are not given by the past, they are created now -- today, by envisioning what can happen in the open space ahead. What needs to motivate and inspire each of us, what needs to shape the actions of our present -- is the future -- the vision of what is possible. What distinguished the Penn Surgery leaders of the past from their peers was their ability to simultaneously honor the past while seeing possibilities for the future and to bring those visions to fruition. That is a tradition I am committed to honoring.

A handwritten signature in black ink that reads "Larry R. Kaiser, M.D.".



Why the Best and Brightest Choose PENN Surgery

Jon B. Morris, M.D. - Program Director, General Surgery

Despite an apparent decline in the general surgical applicant pool nationally, the number and quality of medical students applying to PENN continues to improve. This year ninety of the top students in the country were invited to interview on three separate days at HUP. To these talented medical students who are participating in the National Resident Matching Program this year, choosing an academic surgical program is perhaps the most important decision of their professional lives. This outstanding group of men and women will ultimately choose an academic training program based on four factors: operative experience, scholarly activity, career paths of the graduates, and the commitment to graduate surgical education of the Department of Surgery.

Additional rotations on the specialty components (transplantation, cardiac and thoracic surgery) provide important and unique exposure to a diverse group of patients. As a result, the graduates of the Penn program on an average will participate in greater than 1,000 operative cases, with a particularly large experience in complex major cases. Compared to their peers nationally, the PENN residents log an exceptional number of index cases, including esophagectomy (99%), abdominal aortic aneurysms (98%), pancreaticoduodenectomy (98%), adrenalectomy (98%), total proctocolectomy with ileoanal pull through (97%), abdominoperineal resection (97%), distal pancreatectomy (96%), pulmonary lobectomy (96%) and hepatic lobectomy (90%).



departments in the School of Medicine, such as physiology and molecular medicine, as well as The Wharton School and the Leonard Davis Institute. Ample opportunity to present at national meetings enables the residents to publish their work in prestigious scientific journals.

The career pathways of the programs graduates are an indicator of the success of our training program. Over the past six years, PENN residents have pursued advanced fellowship training in a wide variety of specialties at many of the premier training programs. Several have chosen to stay at PENN. Perhaps the ultimate success for an academic surgeon is to be appointed chair of a University Department. No less than 17 graduates of HUP have gone on to such a distinction including the recent appointments of Drs. Dempsey (Temple), Dafoe (Jefferson), Smythe (Texas A&M), Thomas (Kansas) and Jacobs (Duke).

Few departments of academic surgery are as committed to graduate surgical education as PENN. The general surgery training program remains the crown jewel within the academic enterprise of the department. For more than 20 years

Career Paths of Graduates 1999 - 2004

Cardiothoracic (N=17)

- Penn - 6
- Brigham & Women's - 4
- Wash. Univ. - 3
- MGH - 1
- Columbia - 1
- Emory - 1
- Cornell - 1

Colon and Rectal (N=2)

- Cleveland Clinic - 1
- Univ. of Toronto - 1

Pediatric Surgery (N=3)

- CHOP - 1
- Boston Children's - 1
- LeBonheur Children's - 1

Surgical Oncology (N=5)

- Penn - 2
- MD Anderson - 2
- John Wayne Cancer Center - 1

Transplant (N=3)

- Penn - 3

Trauma (N=1)

- Penn - 1

Vascular (N=5)

- Penn - 4
- Temple - 1

To be a surgeon is to operate. The core clinical education for PENN General Surgery residents occurs in the principle components of surgery at HUP, including gastrointestinal, oncologic, colorectal, vascular and trauma surgery. Additional important clinical experience is gained at the integrated (Presbyterian Hospital and the Veteran's Administration Hospital) and affiliated (Children's Hospital of Philadelphia and Pennsylvania Hospital) institutions.

The Department of Surgery has a long and proud tradition of providing surgical residents with a wide range of opportunities in basic surgical investigation since the Ravdin era. A talented group of principle investigators representing virtually every division in the Department resides in the Harrison Department of Surgical Research. The benefits of close collaboration with a world class University enable residents to pursue investigation with other

Penn Surgery to host the
Society of Clinical Surgery's
161st meeting and the
continuation of the 100th
Anniversary,
November 4-6, 2004.

under the outstanding direction of Dr. Jim Mullen, Vice Chairman for Administration, the Division of Surgical Education has provided the necessary infrastructure for undergraduate, graduate and continuing medical education in the Department. There exists an appropriate balance between education and service that allows for an optimal training environment. We are in complete compliance with the ACGME 80-hour work week, made in part possible by the clinical nurse specialists and practitioners program, which includes 68 mid-level providers. The ratio of general surgery residents to nurse practitioners is nearly one-to-one.

The educational mission of the Department is further enhanced by its state of the art facilities, such as the William T. Fitts Surgical Educational Center and the

Flyers/76ers Surgical Theater. It is in these facilities that resident educational conferences occur. The residents' educational curriculum consists of four major components: First, the Thursday morning 90-minute Case Management Conference, which includes a multi institutional review of complications on all surgical services; Second, a monthly visiting speaker of national or international prominence is invited to deliver Surgical Grand Rounds; Third, the Divisional Conferences, which are held by different surgical specialties on a weekly basis; Finally, the fourth component consists of the core curriculum for surgical residents, which occurs one hour every Tuesday morning. The components of the core curriculum include an evidenced based surgery conference predicated on the

monthly American College of Surgeons on-line update Newsletter, a practical skills curriculum, mock oral examinations, and applied basic science, based on the Department's own textbook entitled *The Surgical Review: An Integrated Basic and Clinical Study Guide*.

The complete educational mission can only occur with strong leadership and support at the highest level. In just a few short years, as the thirteenth John Rhea Barton Professor and Chairman of the Department of Surgery, Dr. Larry Kaiser has taken us to the next level in surgical education. Under his guidance, you can rest assured that PENN will continue to attract the best and brightest medical students to become the future leaders in academic surgery.

2004 General Surgery -- PENN Match

This year the Department of Surgery Education Committee invited 90 of the finest medical students in the country to interview at The Hospital of the University of Pennsylvania. These top candidates were perhaps the most talented group of individ-

uals to visit PENN in several years. The PENN match was most successful as the program filled with seven extremely competitive applicants within two cycles on our rank order list. As a group, all received an Honors in their core surgery medical school

rotation, their mean USMLE Part One score was 252 (versus national average scores of 200 to 220) and the mean PENN faculty interview score was 4.9 (maximum score = 5.0). The categorical General Surgery Intern Class for 2004-2005 is:



Raymond J. Fitzpatrick, III
B.S. in Mathematics
University of Notre Dame
Temple University School of Medicine



John R. Frederick
B.A. in Economics
University of Texas
University of Texas Medical School (Houston)



Benjamin J. Herdrich
B.S. in Molecular Biology
University of Wisconsin
University of Wisconsin
Medical School



Emily M. Kaine
A.B. in English Literature
Harvard-Radcliffe College Columbia
University College of Physicians
and Surgeons



Demetri J. Merianos
B.S. in Spanish and Biology
Duke University
University of Medicine &
Dentistry of New Jersey



Philip Mucksavage
B.A. in Biology
University of Pennsylvania
Columbia University
College of Physicians
and Surgeons



Andrew S. Newman
B.S. in Biology
College of William and Mary
University of Virginia
School of Medicine



PENN Surgery Visits Oman

*Najjia N. Mahmoud, M.D. - Assistant Professor of Surgery,
Division of Colon and Rectal Surgery*

I recently had the opportunity to get a first-hand look at the status of medical care and medical education in a small Middle Eastern country. In March, I was invited to deliver a lecture at Sultan Qaboos University in Muscat, the capital of Oman. I met with both the Surgery Department and Deans at the Medical College and got a broad perspective on what it is like to live and work in Oman. The opportunity to compare and contrast my experience as an American surgeon with that of the Omanis made me realize how precious our education and training is. The abundance of choices we have are certainly not enjoyed in Oman, and yet, the persistence and ingenuity by which medical students and residents pursue training opportunities abroad is truly inspirational.

Oman borders the Persian Gulf on the Arabian Peninsula. Sultan Qaboos University (SQU) is the premier educational institution in a country with a population of 2.2 million people (excluding the 577,000 expatriates who earn a living there). It has an undergraduate campus as well as a Medical College and Law School. There are few other graduate degree granting programs available. Admission to SQU is granted to only the top 7% of high school educated Omanis and has 5,000 undergraduates. Literacy rates exceed 80% for both men and women, but opportunities for college education are limited by available resources. Although plans for a new university are being laid, SQU is currently the only university in Oman.

Medical education is based on the British system, with students matriculating after high school and finishing seven years later. While I was there, the Deans of the Medical College were meeting to discuss the logistics of moving to a problem based learning curriculum. After medical school, there is a two year service requirement at an Omani hospital where new graduates serve as interns doing "general medicine" and taking

care of patients on the floors -- they are hospitalists-in-training at this time. During this time, they apply for training visas to secure positions in Canada, Australia, Great Britain, Ireland, and, for a very few, the US. These positions are competitive and take two to three years to arrange. Students choose their place of training not on the reputation of the program or the opportunities afforded by them, but simply because other Omanis have successfully paved the way and have established contacts there. It is an onerous process to get all the letters written, the special visas obtained, foreign sponsors secured, living arrangements established, and required testing completed -- even then it could all fall apart at the last minute. The career of Omani medical students and residents is uncertain at best and the speed at which plans can change are harrowing by our standards.

*While heart disease and cancer
combined claim the life of
about one Omani per day,
accidental death secondary
to traffic mishaps are double
that and constitute the leading
cause of death in Oman.*

About 40% of women do not go on to practice and effectively "drop out" after graduation, succumbing to societal pressures to marry and raise children at an early age. Balancing career and family happens rarely and although University officials are frustrated by the rate at which promising women are pressured to give up their careers, they acknowledge that their own attitudes are far more progressive than those of the society in which they live and educate.



By strictly instituting a law requiring that 50% of students be female, educators in all fields in Oman are placing themselves in opposition to the opinion and reality of the majority of more traditional Omanis. Only time will tell if they will be successful in this social experiment.

Very few medical students attempt to complete training in general surgery. The training periods are long, the distances are far, and visa problems abound. There was only one native Omani in the department of surgery at SQU -- a very energetic, friendly surgeon who trained in England and did a year of specialty training in breast oncology as well. The remainder of the surgeons in the Department (all 6 of them, including the sole urologist) were expatriates from Ghana, India, Pakistan, and Turkey and none had done fellowships. All were educated in Great Britain or India. I met with them in a round table discussion about surgery. I was fascinated to see that colorectal cancer is really not seen very often at SQU and diverticulitis is almost nonexistent. Gastric cancer is the most common malignancy there with breast and thyroid cancer occurring frequently as well. While heart disease and cancer combined claim the life of about one Omani per day, accidental death secondary to traffic mishaps are double that and constitute the leading cause of death in Oman. There are no ambulances or emergency response teams. The only trauma center in Oman is in the center of Muscat and most traumas arrive by private car. There are only six operating rooms which start at 8:30 am and usual-

ly close by 3 or 4 pm. Most surgeons work about 40-50 hours per week and are salaried by the University. Health care and higher education are free to all Omanis, but funding for research is often difficult to obtain - the usual grant process is quite different in Oman. Although initiatives for health care and education are usually well-funded, clinical and basic science research opportunities are not as well developed. Even so, I met many clinicians at SQU eager to form linkages and collaborative projects with foreign institutions.

The University hospital is a 250 bed institution. The medicine floors are usually overflowing, but the surgery patient floors are only at 40% capacity currently. Patients are housed in large single room open

"wards" with curtains between them. The wards are divided by gender and all are administered and tended by some of the most capable, efficient nurses I have ever met. Most nurses working in Oman are expatriates from Malaysia, the Philippines, and India. They are trained in advanced cardiac life support, they can start central lines, intubate, place nasogastric tubes, and are cross trained in both pediatric and adult critical care. They are fluent in usually two or three languages and carry 4-6 patients per nurse. Their training is so renowned, they are regularly scooped up by American and British recruiters and consequently, the nursing shortage in Oman is worse than that in the United States. Two weeks prior to my visit, an American firm enticed twelve nurs-

es to sign contracts to come to the US. Needless-to-say, after investing an enormous amount into their training, the Omani hospital administrators I spoke to were not amused.

It was abundantly clear that Oman is interested in expanding and improving its educational and medical training resources. I met many young physicians who are invested in the process of improvement, but who are also dealing with the realities of a very different bureaucracy than our own. Their enthusiasm and intelligence will no doubt be needed to realize their goals, and it will be fascinating to see if they can now formulate a comprehensive plan for success.

Doctor, How Can I Show My Gratitude?

Daniel J. Cooper - Chief Operating Officer

OK! So any financial flexibility you (your Division or your Department) had several years ago has disappeared due to a



classic "profit squeeze". You have turned over all of the traditional rocks, most of which were mentioned in my article from the previous issue.

Now what? Let's explore the notion of alternative funding sources.

Charitable giving to health care organizations dipped to \$5.53 billion in 2002, down 30% from \$8 billion in 2001 according to the Association for Healthcare Philanthropy's -- due primarily to a decrease in earnings on investments and endowments. The prediction is that the HIPPA privacy regulations that prevent hospitals from using patient records for targeted marketing could reduce fundraising by as much as

\$3.5 billion over the 12 to 18 months following the April 2003 HIPPA enactment.

Now more than ever it is incumbent for clinicians to be proactive fund raisers. The best fundraiser is the person who does the most for the potential donor. For the person having surgery, the gratitude is to the surgeon. Patients are indebted to you, not the Development Office (although this office can be helpful).

What can you do? Here is what we have done in the past two years -- with some degree of success --

1. Realize this is part of your job -- you, as Chair, Division Chief or faculty member. Without question your job is more complex today. But just as your personal involvement and knowledge in the coding/charge capture aspects of billing will add dollars, so will this; guaranteed!
2. Consider publishing an Annual Report that is suitable for donors, alumni, and a variety of publics. It's a lot of work, but it can establish the framework for an extraordinary effort. It sets the tone of the organization.

3. Develop your "wish list". Be ready with specifics in answer to the question, "How can I show my gratitude?" Have a range of options that goes from \$2,000 to cover expenses for an education seminar for your staff up to \$2M for an endowed chair. One of my personal biases comes to mind here, "Luck favors the prepared mind."
4. Establish a system for taking care of amenities and non medical needs for those patients who are accustomed to receiving that level of service.
5. Realize that your "favorite charity" is your Department or Division -- you will be asked.
6. And finally, express your gratitude in a personal meaningful way to those who have made contributions to your Department. An initial thank you is not optional but mandatory. As soon as possible, and absolutely within 6 months of receiving a gift thank the donor again and tell them specifically what the gift was used for.

Other ideas of alternative funding sources will be the topic of this column next time. I would be happy to answer any questions of what has worked for us -- don't hesitate to call or email me (215-662-7870 or daniel.cooper@uphs.upenn.edu).



New Chief of Gastrointestinal Surgery - Jeffrey A. Drebin, M.D., Ph.D.

Dr. Jeff Drebin joins the Penn Surgery Faculty from Washington University -- where he was a Professor of Surgery, Molecular Biology and Pharmacology. A graduate with honors from Oberlin College in 1979, Dr. Drebin entered the MD/PhD program in Immunology at Harvard, graduating with both degrees in 1987. He then completed a General Surgery Residency and

Surgical Oncology Fellowship at Johns Hopkins.

An outstanding clinical surgeon, Dr. Drebin's areas of expertise include: malignancies of the gastrointestinal tract with a particular focus on pancreatic cancer. He is the recipient of an RO1 grant from the National Cancer Institute entitled "Therapeutic Targeting of Beta Catenin in Colon Cancer". In addition,

his work is funded by several other sources.

We are indeed pleased to have been able to attract Dr. Drebin to Penn. He is regarded nationally and internationally as a leader in his field. The Division of



GI Surgery has been superbly led by Dr. Ernest Rosato, a gifted surgeon who continues in active clinical practice. We are fortunate to have Dr. Rosato working closely with Dr. Drebin to maintain and build upon the standard of excellence that he has established.

Jeffrey A. Drebin, M.D., Ph.D.

Chief, Division of Gastrointestinal Surgery

Hospital of the University of Pennsylvania

3400 Spruce Street, 4 Silverstein

Philadelphia, PA 19104

215-662-2165

jeffrey.drebin@uphs.upenn.edu

<http://www.uphs.upenn.edu/surgery/fac/jad.html>

PENN Center of Excellence Scholar Award



T. Sloane Guy, IV, MD, MBA has announced his intent to match the cash prize for the PENN Center of Excellence Scholar Award this year and onward annually. The award given to the resident(s) with the highest score on the American Board of Surgery In-service Training Examination is \$500. Dr. Guy will match the \$500 award for recipient(s) who score in the 99th percentile on the examination with an additional \$500 if they score in the 99th percentile all 7 years of General Surgery Residency. Upon completing his 7 years of residency and fellowship training here at PENN, Dr. Guy will join the Faculty at Walter Reed Army Medical Center in Washington, DC as Assistant Professor of Surgery in the Division of CT Surgery.

Save the Date

Penn Surgical Society

**Reception at the American
College of Surgeons**

Tuesday, October 12, 2004

7:00 PM

**The Windsor Court Hotel
New Orleans**

Visit the **Penn Surgical Society Website** www.uphs.upenn.edu/surgery/pss.html

By visiting this website you can read current and past issues of Penn Surgical Society News and the Department of Surgery Annual Report. You can also update your contact information online to help us inform you on the latest news from Penn Surgery. Visit the website now to sign-up to have this newsletter sent to you via email.

Member News

Penn Surgical Society

Faculty, Residents, Alumni of Penn Surgery email your news to Lori Pray - lori.pray@uphs.upenn.edu

- ◆ **Ali Naji, M.D., Ph.D.** receives \$2M from Mrs. Marian Ware in support of the JDRF - Marian Ware Program for Islet Transplantation at the University of Pennsylvania.
- ◆ **Roy Smythe, M.D.** is the new Professor and Chairman of Surgery at Texas A & M University Health Science Center.
- ◆ **Drs. Ronald Fairman and Jeffrey Carpenter** are serving as national PIs for the US multicenter phase 1 trial of the Vascutek Anaconda Endovascular Graft, which will begin this summer.
- ◆ **Drs. Alan Wein and Philip Hanno** received the "Two Decades of Achievement" Award from the Interstitial Cystitis Association.
- ◆ This summer Discovery Health will air a six-part series on organ-donation and transplantation, "Gift of Life", the special will include the work of surgeons at the Hospital of the University of Pennsylvania and Phoenixville Hospital.
- ◆ **Joseph Woo, M.D.** received a NIH-K08 Award -- Angiogenesis and Cardiac Growth as Heart Failure Therapy.
- ◆ **Jon Morris, M.D.** returned to Penn in October 2003 and has recently been named Medical Director of Admissions for the Hospital of the University of Pennsylvania Hospital. Dr. Morris also serves as Program Director for the General Surgery Residency and Director of the Housestaff Education Program. Effective June 1, 2004, Dr. Morris was appointed Interim Associate Dean of Student Affairs for the School of Medicine.
- ◆ **Kim M. Olthoff, M.D.** was selected as 2003-2004 Fellow in the Hedwig can Amerigen Executive Leadership in Academic Medicine Program for Women.
- ◆ **Omaida Velazquez, M.D.** received the 2004 University of Pennsylvania Center of Excellence Faculty Scholar Award.
- ◆ **Clyde Barker, M.D.** received the 2003 Medallion for Scientific Achievement of the American Surgical Association.
- ◆ **Joseph Gorman, M.D.** received a NIH-RO1 Award -- Mitral Saddle Shape Preservation Valbuloplasty.
- ◆ The Clyde F. Barker Surgical Research Award was established in 2004 by the Department of Surgery to honor **Dr. Clyde F. Barker**, John Rhea Barton Professor of Surgery and Chairman of the Department of Surgery from 1983 to 2001. This prize is awarded to a graduating student who has conducted the most outstanding scholarly research relevant to surgical science as determined by a committee appointed by the Department. The 2004 award recipient is Inez Lin.
- ◆ **Dr. Katharine Goddard Evans Rhoads**, former Clinical Associate Professor in Pediatrics and Fellow in Psychiatry, passed away on April 28, 2004. Dr. Goddard was married to Dr. Jonathan Rhoads, Professor of Surgery and Provost Emeritis. Memorial donations may be made to AMAC School, 25 West 17th Street, New York, NY 10011.
- ◆ The First Annual **Gordon P. Buzby** Surgical Leadership Award and Lecture took place May 26-27, 2004. **Andrew Resnick, M.D.**, General Surgery Resident, received the award for his commitment to exploring the issues of surgical finances, management, administration and leadership. Dr. Resnick is pursuing an MBA from Wharton during his residency training here at PENN. Thomas Krizek, MD, Professor of Surgery in Medicine and Ethics at the University of South Florida, St. Leo University, presented the Gordon P. Buzby Surgery Leadership Lecture on "Surgery: Is it an Impairing Profession?"



Penn Surgical Society NEWS

Editors: Lori Pray
215-662-7870
lori.pray@uphs.upenn.edu

Angela Wurster
215-662-7539
wurster@uphs.upenn.edu

University of Pennsylvania Medical Center
Department of Surgery, 4 Silverstein
Philadelphia, PA 19104

Graphic Design: Robin Noel

Advisory Board Larry R. Kaiser, M.D.
Daniel J. Cooper
Douglas L. Fraker, M.D.
James L. Mullen, M.D.
Ali Najj, M.D., Ph.D.

Website: www.uphs.upenn.edu/surgery/pss.html

To refer a patient: PENNline, a toll free physician to physician line, provides direct access to Penn physicians. Call 1-800-635-7780.

For patient appointments call PENNHealth at 1-800-789-PENN



**UNIVERSITY OF
PENNSYLVANIA
HEALTH SYSTEM**

Department of Surgery
3400 Spruce Street
4 Silverstein
Philadelphia, PA 19104