



New England Surgical Society Newsletter

Volume 11, Number 2

August 2009

2008-2009 Executive Committee

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FROM THE PRESIDENT

Serving as President of the New England Surgical Society over the past year has been an honor and I would like to thank you again for the opportunity to serve our surgical specialty in this capacity. Be sure to join us at the 90th Annual Meeting taking place at the Hyatt Regency in Newport, Rhode Island next month; you will not want to miss this year's exciting scientific program and the social events we have planned at a perfect late summer venue. Details of the 2009 Annual Meeting can be reviewed in the pages of this issue of the NESS Newsletter.

Throughout this economically difficult year, the NESS Executive Committee has stayed the course in the enhancement of what the Society offers to its membership. I am pleased to report the following advancements made and initiatives conducted during the past several months.



Francis D. Moore, Jr., MD

(continued on page 4)

Editor's Corner

Bruce J. Leavitt, MD

I hope you and your families are enjoying summer in our wonderful part of the world. In a few weeks we will gather in Newport for our Annual Meeting. I have always really enjoyed Newport as a meeting place. There are many activities in this historic seaside town.

Busy surgeons focus on the care they provide patients. Almost all surgeons that I know have some avocation that provides stress relief from our busy practices. Many of us have hobbies that we participate in as intensively as surgery. As we all know, it is not always about the size of the trout or the length of the golf drive. It is about the time that the mind can concentrate on things other than surgery. It is also about spending time with family and friends. It is about volunteering or

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New England Surgical Society
www.nesurgical.org
September 11-13, 2009
Hyatt Regency
Newport, Rhode Island

PRELIMINARY PROGRAM

Friday, September 11, 2009

9:00 AM – 5:00 PM **SPEAKER READY ROOM**

8:00 AM – 5:00 PM **REGISTRATION**

11:00 AM – 7:00 PM **AUTHOR POSTER SET UP**

10:00 AM – 4:30 PM **OPTIONAL FLS TESING**
To register, visit
www.nesurgical.org/annualmeeting.cgi

1:00 PM - 2:45 PM **SCIENTIFIC SESSION I**
Chairman: John C. Louras, MD

Management of the Most Severely Injured Spleen: A Multi-Center Study of the Research Consortium of New England Centers for Trauma (ReCONNECT)

Surgery and Radiation Therapy for Abdominal and Retro-peritoneal Sarcoma: Both Necessary and Sufficient?

The Effect of Neo-Adjuvant Chemoradiation on the Diagnostic Value of Lymph Nodes After Surgery for Rectal Cancer

Pre-operative Predictors of Positive or Close Margins Following Initial Partial Mastectomy for Breast Cancer

Transgastric Pancreatogastric Anastomosis: An Alternative Operative Approach for Middle Pancreatectomy

Adherence to VAP Bundle Decreases Incidence of Ventilator-Associated Pneumonia in the Surgical Intensive Care Unit

Portal Vein and Hepatic Artery Resection for Hilar Cholangiocarcinoma

Are Thromboembolic And Bleeding Complications A Drawback For Composite Aortic Root Replacement?

Impact of Job Availability on Applications for Cardiothoracic Surgery Residency Training

The Role of Magnetic Resonance Enterography in the Management of Crohn's Disease

3:00 PM - 4:30 PM

SCIENTIFIC SESSION II

Chairman: J. Lawrence Munson, MD

The Impact of Laparoscopy on the Volume of Open Cases in General Surgery Training

What is the Optimal Timing of Surgery for Acute Appendicitis?

Computed Tomography Reliably Excludes Necrotizing Soft Tissue Infections

Feasibility of Minimally Invasive Esophagectomy Following Neoadjuvant Chemoradiation.

Outcome of Small Bowel Obstruction In Patients With Previous Gynecological Malignancies

4:45 PM – 5:30 PM

State Caucus Meetings

6:00 PM - 7:00 PM

Welcoming Reception

Light hors d'oeuvres and cocktails

7:00 PM – 9:00 PM

Ad Hoc Issues & New Members Dinner

Saturday, September 12, 2009

7:00 AM – 12:00 PM

SPEAKER READY ROOM

7:00 AM – 12:30 PM

REGISTRATION

7:00 AM– 7:45 AM

SPECIALTY GROUP BREAKFAST

Topic 1: Maintenance of Certification
Topic 2: Quality Indicators and How It Impacts Your Practice
Topic 3: On-Call Reimbursement

7:00 AM – 8:00 AM

CONTINENTAL BREAKFAST

6:30 AM - 7:45 AM

PROGRAM DIRECTORS BREAKFAST MEETING *Invitation Only

7:45 AM – 8:00 AM

INTRODUCTION - NEW MEMBERS

8:00 AM – 4:30 PM

OPTIONAL FLS TESTING

To register, visit
www.nesurgical.org/annualmeeting.cgi



Newport, Rhode Island

8:00 AM – 8:30 AM **SCIENTIFIC SESSION III**
 Chairman: Francis D. Moore, Jr., MD

Family and Gender Impact Career Goals: Results of a National Survey of 4586 Surgery Residents

Surgical Resident Perceptions of Trauma Surgery as a Specialty

8:30 AM – 9:50 AM Panel Discussion - "Rationalization of Acute Care Surgery"
 Moderator: Francis D. Moore, Jr., MD
 Panelists: Pro: Orlando Kirton, MD
 Con: TBD

9:50 AM – 10:35 AM BREAK with POSTER SESSION

10:35 AM – 12:05 PM **SCIENTIFIC SESSION IV**
 Chairman: James Whiting, MD

Colorectal Trauma: An Outcome Analysis

Retrospective Review of Glycemic Control in Patients Undergoing Renal Transplantation

Manual Dexterity Scores do not Predict Acceptance into Surgical Residency Programs

Short-term Outcomes Following Surgery for Breast Cancer in Pregnant Women in the U.S.

The Value Of Intraoperative Frozen Section Examination In Sentinel Lymph Node Biopsy For Breast Cancer

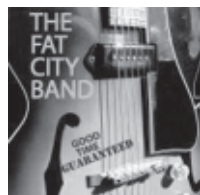
What is the Role of Nipple Sparing Mastectomy?

High Incidence of Pneumatocoles After Thoracoscopic Treatment of Empyema in Children

Safety and Efficacy of Thyroidectomy for Graves Disease in Pediatric Patients

A Novel Hemostatic Dressing (QuikClot Hemostatic Dressing): Efficacy and Safety Evaluation in Both Normal and Anticoagulated Hosts

7:00 PM **President's Reception & Dinner**
Featuring The Fat City Band, a group dedicated to the proposition that music should be fun. Fat City operates most often in that territory where the roots of rock and roll were formed, with rhythm and blues, swing, jump blues, New Orleans gumbo and boogie woogie all meshing together in some smoky roadhouse jam session.



Sunday, September 13, 2009

7:00 AM – 10:30 AM SPEAKER READY ROOM

7:00 AM – 11:30 AM REGISTRATION

7:00 AM Continental Breakfast

7:30 AM - 8:15 AM Annual Business Meeting *Members Only

8:15 AM – 8:45 PM 1st Place
 NESS Research Day Presentations
 Chairman: Patricia K. Donahoe, MD

PODIUM PRESENTATIONS

Clinical Paper- Modified Clinical Scoring System Decreases Use of CT scan in Diagnosis of Pediatric Acute Appendicitis

Basic Paper - The Role of VAV Guanine Nucleotide Exchange Factor in Dectin-1 Mediated Phagocytosis

8:45 AM - 9:40 AM **SCIENTIFIC SESSION V**
 Chairman: Patricia K. Donahoe, MD

Factors Associated with Survival Following Blunt Chest Trauma in Older Patients: Results from a Large Regional Trauma Cooperative

Surgical Management Of Acute Cholecystitis In The Modern Era

Can The American College of Surgeons-National Surgical Quality Improvement Program (ACS-NSQIP) Be Used to Improve "As Expected" Outcomes? The PartnersHealthcare Surgical Consortium Experience

9:40 AM - 10:25AM **25th Annual Samuel Jason Mixer Lecture**
 Atul A. Gawande, M.D., Boston, MA

10:25 AM – 10:30 AM Introduction of President Bruce J. Leavitt, M.D.

10:30 AM – 11:30 AM **Presidential Address**
"Who Takes Responsibility—Lessons from the Past"
 Francis D. Moore, Jr., M.D.

Optional Fundamentals of Laparoscopic Surgery (FLS) Testing

As successful completion of the FLS test is a requirement by the American Board of Surgery for general surgery certification, the Society will be conducting, in collaboration with SAGES, optional FLS testing to attendees of the upcoming Annual Meeting in Newport. Registration for this is required in advance of the Annual Meeting so that the registrant can purchase the educational package from SAGES and self-conduct a home education before they take this test which has both skills and cognitive components. Interested parties should register via the Society website (www.nesurgical.org) by mid-August.

Open Residency and Laboratory Training Slot Listings

Feedback had come to the NESS leadership that having this as an additional resource on the NESS website (www.nesurgical.org) would be an excellent enhancement and I am happy to report that those pages will be complete by the time of the 2009 Annual Meeting. These pages will include a link to the Association of Program Directors in Surgery (APDS) listing of open Surgical Residency Positions.

New Online Membership Application

As previously announced, the NESS established an online membership application process that was effective with candidates for membership consideration in 2010. Although the 2010 candidate submission process has closed, Active and Senior members may now submit

Over the past year, the membership has continued to respond well to the active participation requirement of the Society and, in closing, I would like to encourage all members to attend the NESS Annual Meeting and/or the spring Resident and Fellow Research Day as they are the best way to fulfill the this requirement.

candidates for 2011 consideration; access to the application is via the NESS "Members Only Area" at www.nesurgical.org and, once you are in, select "Sponsor a New Member". Due to oversubscriptions received for the 2009 new membership process, a number of submissions from last fall are being carried forward for 2010; this means that any candidate whom you have already sponsored or endorsed who did not appear on the ballot released this year is automatically being considered for 2010 provided all paperwork on that candidate was completed by the end of 2008.

100 Year Anniversary of the NESS

The Ad Hoc Centennial Celebration Steering Committee continued its planning for this celebration which will take place in 2016. Now chaired by Past-President, Tom Colacchio, this committee conducted its first strategic planning meeting in the spring of 2009 at the Countway Library in Boston; home of the NESS archives.

Over the past year, the membership has continued to respond well to the active participation requirement of the Society and, in closing, I would like to encourage all members to attend the NESS Annual Meeting and/or the spring Resident and Fellow Research Day as they are the best way to fulfill the this requirement. Stay connected with the NESS website at www.nesurgical.org for updates on the timing and content of these important educational opportunities.

I look forward to seeing all of you again in Newport.

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

Fundamentals of Laparoscopic Surgery (FLS) Testing Offered at NESS Annual Meeting

The Fundamentals of Laparoscopic Surgery (FLS) testing is being offered to attendees of the upcoming NESS Annual Meeting on September 11-13, 2009 at the Hyatt Regency in Newport, Rhode Island. Successful completion of the FLS test is a requirement by the American Board of Surgery for general surgery certification.

In preparation, interested surgeons need to purchase the educational package from SAGES and self-conduct a home education before taking the test during the Annual Meeting. The educational package includes the online didactic content and test voucher required for the test.

The tests will be set up by appointment (one at a time) and will be administered on Friday, September 11 and Saturday, September 12. The number of testing slots will be limited and you must be a registered attendee at the 2009 NESS Annual Meeting.

To register for the optional FLS testing and to purchase the educational package from SAGES, please visit www.nesurgical.org and click on the 2009 Annual Meeting.

From the NESS Representative to the ACS Board of Governors

Charles M. Ferguson, MD

The Executive Committee of the Board of Governors held the first of five telephone conference calls scheduled for this year. The sixth meeting will occur during the 2009 Clinical Congress.

The Washington, DC, office hosted a webinar for the Governors and other Fellows of the College. Additional DC webinars are anticipated throughout the remainder of the year.

Two B/G Webcasts were scheduled for 2009. The first Webcast was held on February 6. The Webcasts are scheduled in conjunction with the Board of Regents meetings held in Chicago. The next Webcast is scheduled for Friday, June 5, 2009, from 5:00 to 6:00 pm Central Time.

The Executive Committee and B/G committee chairs have begun planning the 2009 joint session of the Board of Governors and Board of Regents. It is anticipated that the topic of interest will focus on workforce issues not related to hours.

The ACSPA-SurgeonsPAC raised \$684,509 in 2008. The average donation amount was \$293. While telephone fundraising continued to be a major component of the political action committee's (PAC) fundraising efforts, more focus was placed on mailings and face-to-face fundraising.

Contributions for 2008 among ACSPA leaders were as follows:

- US Governors: 60 percent
- US Regents and Officers: 96 percent
- Health Policy Steering Committee: 79 percent
- PAC Board: 94 percent

During 2008, contributions were made to 151 candidates, leadership PACs, and party committees. In 2009, ACSPA-SurgeonsPAC will continue to support congressional leaders and other members of Congress who support surgery's legislative agenda. In 2008, there were more than 1.5 million hits to the OGB Web site, with an average of more than 1,000 page views per day. There were 238 distinct volunteer opportunities posted over the course of the year. The number of surgeons who have completed a volunteer profile in the "My Giving Back" feature of the OGB Web site continues to increase, now numbering over 1,100.

The College and the Office of Health Affairs of the US Department of Homeland Security co-convened a forum on the role of the trauma community in national disaster response paradigms. The meeting, attended by the leadership of the College along with several other surgical organizations, was intended to explore possible collaboration with federal and state government agencies in times of disaster. Discussion centered on the critical and underutilized role of trauma centers in national disaster response, advocacy, educational efforts related to disaster response from each of the groups in attendance, and the proposal of a centralized Disaster Responder Registry.

ACS Health Policy Research Institute

The work of the Institute has been officially ongoing since March 2008. A few of the many activities and products of the Institute between October 2008 and January 2009 include the following:

- **Surgical workforce projections:** The objective of this project is to analyze historical trends of the surgical workforce and project the future supply (by subspecialty, gender, race, and geography).
- **Index of surgical underservice:** The objective of this research is to identify geographic patterns in the availability of surgical services by examining factors related to supply.
- **Surgical subspecialization tracking:** The objective of this project is to examine trends in subspecialization over time.
- **Variation in outcomes for "surgery sensitive" conditions associated with access to hospital-based surgical services:** The objective of this study is to examine the effect of the availability of local general surgical expertise on patient outcomes for select "surgery sensitive" (appendicitis, peritonitis, nonreducible hernias, bowel obstruction, ruptured spleen, and necrotizing fasciitis) disease processes.
- **The 80-hour resident workweek:** In the continuing debate about resident work-hour restrictions, limited attention has been paid to the implications for surgical workforce planning. Although the ACGME adopted an 80-hour workweek restriction in 2003, few studies have been conducted that investigate the effect of this limit on the supply, distribution, skill-mix, and competence of providers to whom surgical care, previously performed by residents, has shifted.

Communications

Revisions and augmentation of the member marketing DVD have been completed. The DVD highlights the benefits of membership in the College and is intended to be used at national meetings and by chapters of the College.

Staff of the Division of Integrated Communications continues to maintain routine interaction with reporters representing both the lay and trade press. Highlights of the many calls received each week from reporters and interviews arranged by the Division's staff pertained to issues such as surgeon shortage, surgical safety checklists, and the void in trauma care in the Galveston, TX, area since the aftermath of Hurricane Ike.

From the President-Elect: Patricia K. Donahoe, MD

Thank you for the privilege of being the New England Surgical Society President-elect this past year.

NESS has had some very important initiatives on the agenda during 2008 and 2009, one of which has been the introduction of our new online membership application via the "Members Only" area of our website (www.nesurgical.org). In addition, our 2009 Annual Meeting Program Committee has developed an excellent scientific session for September that includes a series of high quality papers as well as an exciting panel discussion. Our planned social activities will also be most enjoyable as we partake of the beautiful environment that is Newport, Rhode Island.

As we move ahead into 2010, the NESS Executive Committee will look to expand our website function to include online membership dues renewal and work will continue on the planning of the upcoming centennial celebration in 2016 through our Ad Hoc Centennial Celebration Steering Committee. In addition, the feedback from our optional Fundamentals of Laparoscopic Surgery (FLS) Testing during the Annual Meeting in Newport will be measured and information exchange will be maintained with the American College of Surgeons and the American Board of Surgery through our Society representatives.

The New England Surgical Society has historically been on the forefront, either making new discoveries or translating them to the clinic. American Surgery faces enormous changes over the next decade; our challenge will be to maintain this contribution and productivity in the face of current and expected changes in the delivery of health care, and the additional burden of documentation and compliance. I look forward to working with you as we meet these challenges while maintaining the high quality, personalized care that marks the members of the New England Surgical Society.

Thank you again for the honor of taking office as your next NESS President. I look forward to seeing you in Newport and feel free to share your thoughts with me via the Society offices at 978.927.8330 or NESS@pri.com on how the NESS might enhance its service to the membership.

Patricia K Donahoe, M.D.



Editor's Corner

(continued from page one)

teaching medical students. A full life brings all these together.

I am writing this editorial just before I go for my first surgical mission with Doctors Without Borders (MSF). I have been assigned to a MSF inflatable field hospital in Sri Lanka. I will be taking care of people who have been injured in the recently ended civil war. I will share some stories with our members at our upcoming meeting.

I hope this newsletter is beneficial to our members. Any suggestions or comments are always welcome and appreciated. There is a proposal being considered by the Executive Committee that will, hopefully, be sent to the membership involving proposed change to our bylaws. A suggestion is that the NESS website and newsletter be included in this bylaw change process. Our current bylaws state that in order for a bylaw change to take effect it has to be proposed to the membership at one annual member business meeting and voted on one year later at the next annual member business meeting. A simple majority would then allow a bylaw change. A unanimous vote at one meeting would also create a bylaw change. Since our current bylaws were written prior to our newsletter and the electronic age, the Executive Committee feels that waiting two years for a bylaw change is too long. The Executive Committee is considering a proposal that a bylaw change should be voted on by the Executive Committee and then proposed to the



membership via email notification, in the newsletter and web site. Then a formal vote would occur at the next annual member business meeting and a simple majority of the voting members present at the meeting would be needed to change the bylaw. This would allow for changes in the bylaws to be implemented in the same calendar year.

Have a great end to your summer. See you in Newport!



In the early summer of 2009, Dr. Bruce J. Leavitt, NESS Vice President and Newsletter Editor, served a 4-week assignment in Sri Lanka as part of the Doctors Without Borders/Medecins Sans Frontieres program.

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

Kristen A. Zarfos, MD, FACS

The Advisory Council for General Surgery held its spring meeting in Chicago on April 18.

Standard items for discussion and review by the Advisory Councils included updates from the Divisions of the College, recent ACS testimonies and statements regarding health care reform, discussion items from the Second Annual Joint Surgical Advocacy Conference (JSAC), and Operation Patient Access.

The ACS Health Policy Research Institute began operations in March 2008. The Institute is currently housed at the Shepps Center at the University of North Carolina. Current activities and products of the Institute include surgical workforce projections, index of surgical under service, and surgical subspecialization. In addition, the Institute is working to summarize literature on resident work hour restrictions with particular attention to the implications for surgical workforce planning.

The ACS is working with the surgical specialty societies to develop a united response from surgery to the send to the ACGME regarding resident duty hours. Specifically, the College is asking its colleagues to focus on how the recommendations from the IOM would affect patient care, educa-

tion and training, budgets, and the well-being of surgical residents. The College's Resident and Associate Society (RAS) has issued a position statement on work hours, which was published in the ACS *Bulletin*.

Dr. David Feliciano, the Chair of the Advisory Council for General Surgery, is the community editor for the recently-developed general surgery page on the ACS Web portal. The general surgery page will allow more dissemination of information to the ACS membership on Advisory Council activities and information pertinent to the general surgery community.

The Advisory Council continues to propose educational programming for the Clinical Congress, and formulates programming which would benefit the varied surgical attendance at the Clinical Congress. In addition to panel discussions and courses, the Advisory Council has submitted recommendations for a Town Hall Meeting and Meet-the-Professor lunches.

The Advisory Council voted to re-appoint Dr. Feliciano to a second two-year term as Chair, and elected Dr. Stephen Olson, Hines, OR for an initial one-year term as Vice Chair starting in October.

Online Membership Application at www.nesurgical.org

The New England Surgical Society (NESS) has now established an online membership application process, effective with candidates for consideration in 2010.

Nominations for membership in the

Society may be submitted by any Active or Senior member. Although the 2010 candidate submission process has closed, Active and Senior members may now submit candidates for 2011 consideration; access to the application is via the NESS "Members Only Area" at www.nesurgical.org and, once you are in, select "Sponsor a New Member."

Your candidate will be sent an email notification of your sponsorship for their candidacy and will be asked to complete an additional portion of the application. Once that is complete, you will be notified and letters of support for your candidate will be requested.

Please note the following:

- ♦ Although you are encouraged to have your co-sponsors submit their letters of support as soon as possible, this can also be done in the weeks between your state caucus (during the Annual Meeting) and December 31st. Co-sponsor information and support letters are, likewise, now being submitted via the **online membership application**; after your co-sponsor information has been given, they will be notified via email to complete that stage of the process.
- ♦ Due to oversubscriptions received for the 2009 new membership process, a number of submissions from last fall are being carried forward for 2010. This means that any candidate whom you have already sponsored or endorsed who did not appear on the ballot released this year is automatically being considered for this next cycle. *Those candidates will not need another submission provided all paperwork on that candidate was completed by the end of 2008.*
- ♦ This year's window for candidate submissions was due to the timing of the new **online membership application** and the 2009 Annual Meeting caucuses. Starting next year, the online submission process will begin in May with the same August deadline.



New England Surgical Society

16th Annual Surgical Resident and Fellow Research Presentation Day

The New England Surgical Society's 16th Annual Surgical Resident and Fellow Research Presentation Day was held on Friday, May 1, 2009 at The Conference Center at Harvard Medical School in Boston, Massachusetts.

We were pleased to welcome Dr. Blake Cady as our Keynote Speaker who judged and presented an interesting talk on "Consider Being Contrarian Not Transfixed by Technology." Joining Dr. Cady as judges were Drs. Desmond Birkett, Patricia Donahoe, and Steven Schwaitzberg.

In total, 23 papers were presented and many more were submitted, demonstrating the continued enthusiasm for surgical research in New England.

Thank you to all who attended another successful program! And congratulations to the following winners and runners up:

CLINICAL SCIENCE

Winner: Hussain M.A. Abbas, MD

(will present at the 2009 NESS Annual Meeting)

Saint Mary's Hospital - Yale Affiliate

"Modified Clinical Scoring System Decreases Use of CT scan in Diagnosis of Pediatric Acute Appendicitis"

Runner Up: Frank McCormick, MD

Harvard Orthopedic Surgery

"Modified Combating Fatigue in Surgical Residency Programs"

BASIC SCIENCE

Winner: Jill K. Johnstone, MD

(will present at the 2009 NESS Annual Meeting)

Rhode Island Hospital

"The Role of VAV Guanine Nucleotide Exchange Factor in Dectin-1 Mediated Phagocytosis"

Runners Up: John G. Schneider, MD

University of Vermont

"Pterostilbene Inhibits Lung Cancer through Induction of Apoptosis"

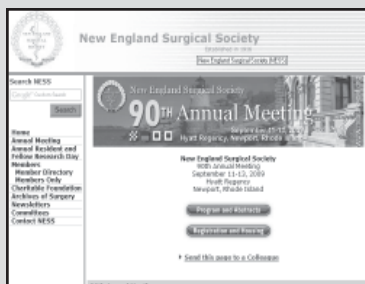
Christopher G.B. Turner, MD

Children's Hospital Boston

"Prenatal Tracheal Repair with Cartilage Engineered from Amniotic Mesenchymal Stem Cells in an Allogeneic Ovine Model"

**SAVE THE DATE: 17th Annual Surgical Resident and Fellow Research Day
FRIDAY, MAY 14, 2010**

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



In addition to up to the minute information in the 90th Annual Meeting, you can:

- ♦ View the complete program and review the abstracts in their entirety;
- ♦ Register for the meeting and make your hotel reservations
- ♦ Access the *Archives of Surgery*;
- ♦ Find a member;
- ♦ Initiate a new membership application;
- ♦ Contribute to the NESS Charitable Foundation and purchase NESS neckware.

www.nesurgical.org

From the NESS Representative to the American Board of Surgery

Lenworth M. Jacobs, MD, MPH, FACS

The American Board of Surgery met in Cancun, Mexico for five days under the direction of Dr. Russell Postier, Chair. The following issues were addressed:

Modular (Focused Practice) Recertification

The American Board of Internal Medicine (ABIM) has proposed to ABMS that a new procedure for the recognition of expertise in a focused area of practice be developed for use in maintenance of certification. This would be specifically targeted to areas in which expertise is developed after residency as a result of a specific practice environment, and would allow explicit recognition of subspecialty areas of practice where the focus of practice has narrowed. Such areas would be distinguished from, and would not overlap with, areas where subspecialty certificates are offered, because they would not necessarily require additional fellowship training after residency, nor would any subspecialty examination be given. The principal impetus for this has come from medical hospitalists within ABIM, who normally receive no training beyond basic medical residency, but who limit their practice to the in-hospital environment. ABMS held a two-day task force meeting in early December to discuss whether to proceed with this initiative, and several problems became evident. It was felt to be a way of providing recognition for specific expertise that develops as a result of practice, rather than fellowship training, but it was also felt that it would be confusing to the public and would be difficult to distinguish in their mind from subspecialty certification. ABMS has not yet taken a final stand on the issue.

This issue was the subject of a retreat held on Sunday, January 11, and was subsequently discussed at the main meeting on January 14. Several pros and cons were brought out, and it was specifically noted that of the four parts of MOC, the issues of focused practice are already possible in regard to Part II (CME and self-assessment) and Part IV (performance in practice). Part I is generic, relating to licensure and professionalism, and hence is not subject to focused practice. That leaves only Part III, the secure examination, as a real focus. The issue then is whether a diplomate should be able to recertify by taking a modular examination which is concentrated in a narrower area of surgery than the general examination is customarily given. There are significant problems in doing this, both in finding sufficient questions in a narrow area, e.g., breast surgery, to allow a psychometrically valid examination, and in having sufficient numbers of diplomates taking the examination to give statistically adequate results. Lastly, there is the philosophical issue of whether it is a good idea to recertify a diplomate in surgery on the basis of an examination which is not targeted to the broad range of surgical subjects. The opinion was expressed by a number of directors that allowing a focused examination to be taken for recertification would only encourage fragmentation of surgery, when in

fact the principal public need is for more generalists. It was also agreed that any attempt to identify a subspecialty area of focused practice on the certificate would be extremely confusing to the public in regard to differentiating it from subspecialty certification as it already exists.

After extensive discussion and an expression of the ranges of opinions on this issue, the Board voted, and on a split vote (18-13) decided not to proceed with the possibility of modular recertification. It was agreed as noted above that Parts II and IV already may be focused in a modular area, but it was felt that the secure examination, which is not extremely difficult for an active practitioner to prepare for, should not be changed.

10M Report and Response

The recently released report of the Institute of Medicine regarding residency work hours was the subject of extensive discussion, both in formal and informal sessions. The report has recommended that the 80 hour limit remain unchanged, but that a maximum shift length of 16 hours be allowed, after which at least 5 hours of uninterrupted sleep be required. Total shift length is limited to 30 hours. It was the universal opinion of directors that the proposal is unworkable in the context of surgical residency, and that it cannot be implemented effectively in the real world in which residents are required to give patient care. In addition, there was great concern expressed that the entire area of work hours restriction was giving residents the message that their sleep cycle is more important than patient welfare, and there have already been multiple reported examples of residents who violate present work hour restrictions because of their personally perceived obligations to care for patients and provide continuity of care.

The Board formally requested the staff to prepare a white paper which will address the problems of the 10M proposals in regard to surgical residency, and to provide this to the ACGME prior to their scheduled symposium on March 3-4 at which this issue will be addressed. Several directors volunteered to be part of the writing committee if needed.

Public Members

The Board decided at the June meeting to add two public members, and several individuals have been nominated by the directors. There was discussion of the desirable credentials at the meeting and further nominations were solicited, to be sent to the Board office within a week after the conclusion of the meeting. All names, with short bios, will be compiled and then mailed out to all directors for evaluation and prioritization. Once a prioritized list is available, the individuals will be approached and asked if they would be willing to participate as public members, given the obligation to attend at least two meetings per year.

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American Board of Radiology Proposal for Vascular Interventional Radiology Primary Certificate

The American Board of Radiology has sent a proposal to the ABMS (COCERT) asking that a primary certificate in Vascular Interventional Radiology be created separate from the present certificate in Diagnostic Radiology. This would entail five years of residency, and would begin with one year of surgical residency, followed by 18 months of diagnostic radiology and 24 months of interventional radiology, as well as 6 months of additional clinical time involving complex patient management. The Vascular Surgery Board reviewed this proposal in depth, and prepared a critique of the proposal, which primarily focused on the disparity between the level of clinical skills envisioned, and the amount of clinical training required. The intent of the certificate is to prepare an interventional radiologist who can individually provide pretreatment and evaluation, interventional radiology treatment, and posttreatment followup. It was the strong opinion of the VSB that the amount of clinical training provided in the application for the certificate was insufficient to prepare a radiologist to evaluate and adequately plan management of these complex patients, and that the total of 18 months of clinical time would not in fact provide adequate background. It also was felt that the certificate would alter the role of interventional radiology as it currently functions in the management of vascular patients, and that it was not clear the training outlined would be sufficient to allow this level of change in responsibilities. As a result the VSB, and subsequently the full Board, took a strong position in opposition, and this opinion will be transmitted to COCERT prior to their meeting in February at which this certificate will have its first reading.

The recently released report of the Institute of Medicine regarding residency work hours was the subject of extensive discussion..... The report has recommended that the 80 hour limit remain unchanged, but that a maximum shift length of 16 hours be allowed, after which at least 5 hours of uninterrupted sleep be required.

Certification in Surgical Oncology

The Surgical Oncology Advisory Council discussed in depth a white paper which they have prepared outlining the pros and cons of proposing to the Board that a new certificate in surgical oncology be created. SOAC is not yet prepared to move ahead with this, but anticipates that they may have this prepared by the June 2009 meeting of the Board, and if so, will present the proposal at that time. The Board has discussed this issue at recent meetings, and there is divided opinion as to whether the creation of a surgical oncology certificate would be desirable or not, or whether it would result in the exclusion of general surgeons who could not qualify, but have a significant degree of oncology in their practices. No formal proposal was brought forward at this time, and SOAC will discuss this further with the membership of the Society of Surgical Oncology before finalizing the proposal.

ABMS Proposals for Maintenance of Certification Standards

The Committee on Maintenance of Certification (COMMOC) of ABMS has published the second draft of their proposed standards for MOC, and has formally asked for comments to be submitted by January 31. This was reviewed by the Diplomates Committee, and subsequently by the full Board, and was felt to contain several unworkable and excessively expensive proposals. In particular, a proposal that CAHPS surveys be required of all diplomates at five year intervals, that all diplomates be required to complete a 20 hour patient safety course, and that all diplomates undergo 360 degree evaluations at five year intervals were all thought to be unworkable, and unproven in regard to their beneficial impact on patient safety or quality of care. The expense of each is also high, and if all were implemented, it would at least double the present cost of recertification. As a result the Diplomates Committee made a strong recommendation that the ABS take a position in opposition to the recommendations as drafted, and so inform COMMOC prior to the deadline for comment. It is anticipated that COMMOC will evaluate the feedback and make final recommendations for the MOC Standards at the March 2009 ABMS meeting.

Board Certification for International Graduates

The issue of allowing Board certification for international graduates without requiring a period of residency training in the United States has been raised by various organizations, and in particular has been discussed in conjunction with the Maintenance of Licensure initiative from the Federation of State Medical Boards. This was discussed in the Diplomates Committee, and it was felt that perhaps some method may be found for allowing highly qualified international graduates who have worked for some period of time in academic centers to qualify for Board certification in the future. However, when trying to draft specific proposals that would clearly define candidates who were qualified for Board certification, it was clear that this will be quite difficult to define sufficiently narrowly to ensure that those allowed to proceed to certification actually have the necessary broad credentials. In particular, if there is no period of residency training, there are many characteristics of the individual in practice which cannot be evaluated, and the quality and breadth of training programs in various countries are extremely variable. Thus, in discussion at the general meeting, it was felt by the diplomates that we should proceed slowly in this area and not loosen the restrictions

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American Board of Surgery

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prematurely, as it would be nearly impossible to reverse an action once it was taken.

New Directors

New directors have been elected from the following organizations to serve a six-year term starting July 1, 2009:

- American Medical Association - Stephen Evans, M.D.
 - American Pediatric Surgical Association - Ronald Hirschl, M.D.
 - American Surgical Association - Selwyn Vickers, M.D.
 - American Society of Transplant Surgeons - Douglas Hanto, M.D.
- Dr. Evans will replace Dr. Russell Postier, Dr. Hirschl

will replace Dr. Marshall Schwartz, Dr. Vickers will replace Dr. Carlos Pellegrini, and Dr. Hanto will replace Dr. James Schulak, all of whom are completing their terms of office.

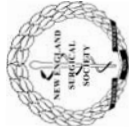
It should also be noted that Dr. Larry Kaiser's term of office expired in June. He was succeeded by Dr. Cameron Wright from the American Board of Thoracic Surgery.

Necrology

We were saddened to learn of the deaths of Clement A. Hiebert, July 3, 2008, and Lloyd M. Nyhus, December 15, 2008, Senior Members of the American Board of Surgery.

AMERICAN BOARD OF SURGERY						
SUMMARY OF 2008-2009 EXAMINATIONS*						
		#of	#	#	Pass	Fail
Examination		Examinees	Pass	Fail	Rate	Rate
Qualifying		1,261	989	272	78.4%	21.6%
Recertification		1,750	1,647	103	94.1%	5.9%
Vascular Surgery QE		110	95	11	88.2%	11.8%
Vascular Surgery		174	163	11	97.4%	2.6%
Recert.						
Surgical Critical Care		165	134	31	81.2%	18.8%
SCC Recertification		132	114	18	86.4%	13.6%
Hand Surgery		6	3	3	50.0%	50.0%
Hand Surgery Recert.		11	10	1	90.9%	9.1%
Pediatric Surgery		78	---	---	N.A.	N.A.
ITE						
ITE - Junior Level		3,940	---	---	N.A.	N.A.
Exam						
ITE - Senior Level		3,670	---	---	N.A.	N.A.
Exam						
Certifying		1,261	1,027	234	81.4%	18.6%
Vascular Surgery CE		133	112	21	84.2%	15.8%
TOTAL						
N.A. = Not applicable.						
examinees, excluding the ITE and PITE.						

*Note - shaded rows show results for 2007-2008 academic year; 2009 examinations not yet completed



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