

Yale Surgical Society

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Joining of Yale-New Haven, St. Raphael's creates new opportunities for residents

When Yale-New Haven Hospital acquired The Hospital of St. Raphael, it was a historic moment for the Elm City and for the hospitals' surgical residency programs, which are now combined.

The number of chief residents at Yale went from six to 10 in the single program, according to Walter Longo, MD, MBA, director of the general surgery residency. Those residents will now enjoy a broader range of opportunities, he added. It will allow for more of a personalized training program, allowing more flexibility for elective time during their chief years in order to prepare them better for fellowship. They will be able to do additional rotations, hopefully, as an example, cardiac surgery, ambulatory surgery, emergency room surgery and gynecological oncology surgery—which were precluded in the past by limits on duty hours. As most of surgery is now specialized, Dr. Longo is also hoping to develop rotations in general surgery for those who desire a pure general surgery career.

Residents who had been at St. Raphael's will now have increased opportunities for scholarship, including the



Yale-New Haven Hospital CEO Marna Borgstrom and her Hospital of St. Raphael counterpart, Thomas O'Connor, sign the documents allowing Y-NHH to acquire St. Raphael's.

chance to work with faculty in scholarly activity including basic science laboratory programs. All residents will benefit from working with more attending physicians, said Dr. Longo.

"Yes, the blending of two different cultures will be challenging," said Dr. Longo. "But we have common goals: giving residents the best training we can and

providing excellent patient care." Developing a common electronic record for residents will make the transition smoother, he added.

With the acquisition of St. Raphael's, it brings the number of campuses available to Yale residents to four: the two New Haven facilities, Bridgeport Hospital and the Veteran's Administration West Haven Medical Center.

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Section chief zeroes in on hard-to-treat cancers



Dr. Yarbrough

As Hurricane Sandy was bearing down on the state, Wendell Yarbrough, MD, MMHC, had just moved his family to Connecticut. He'd spent much of his career at the University of North Carolina at Chapel Hill, in one of the most hurricane-plagued parts of the country. After UNC, he spent some time at Vanderbilt, where he pursued active programs in surgery and bench research. "I had to come to Yale before we were directly in the path of a hurricane," he said. But Yale also offered him something irresistible: the chance to make real inroads against head and neck cancers.

"It's just a great opportunity, because I'm a cancer researcher and a cancer surgeon. There's a lot of opportunity with Smilow Cancer Hospital and all the great translational researchers at Yale," said Dr.

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YALE MEDICAL STUDENTS AT THE AMERICAN COLLEGE OF SURGEONS



Group gathered at the scientific exhibit, admiring the display from Yale on tissue engineering: From left, Heather McGee, Michelle Chen, Daniel Wong, Adele Ricciardi, Oliver Jawitz and Adam Sang.



ABOVE: Entire group of seven students with Drs. Udelsman and Fenn at the evening reception on October 1 at the Hilton Chicago's Normandie Lounge: From left, Allen Nicholson, Michelle Chen, Adam Sang, Dr. Udelsman, Dr. Fenn, Adele Ricciardi, Oliver Jawitz, Heather McGee, and Daniel Wong.



LEFT: A few students enjoying refreshments and dinner at the reception: From left, Adele Ricciardi, Michelle Chen and Adam Sang.

Supporting Excellence

PRESIDENT'S COLUMN

MELISSA PERKAL, MD



The Yale Surgical Society was honored to celebrate Carnell Cooper, MD, HS '87, at our last reunion. Dr. Cooper founded The Violence Prevention Program after seeing so many boys and young men come in with gunshot wounds to the Uni-

versity of Maryland Medical Center. His operating room seemed to have a "revolving door," as young patients came in time and again to be treated after violent encounters. So Dr. Cooper began following his patients, sometimes visiting them at home and sometimes in jails, and formed a team to offer the kinds of supports that could turn young lives around. The program has led to an 83 percent reduction in new violent injuries among participants.

Of course, our reunions not only celebrate accomplished surgeons—we also recognize and support people at the beginning of promising careers.

The Lindskog International Travel Award went to Adam Sang, a student at Yale Medical School. The award allowed him to travel to Zambia with Michael O'Brien, MD, PHD, former president of

the Yale Surgical Society and assistant clinical professor of surgery. The award is, of course, named in honor of Gustaf E. Lindskog, MD, chairman of the Department of Surgery from 1948 to 1966, and provides support for a student to travel to a developing country with a member of the Yale faculty to provide surgical care to the poor and disadvantaged.

Adam Sang also won the American College of Surgeons Department of Surgery travel award three times. During his elective year in medical school and as part of the Yale Global Health Program, he traveled to Hunan Province in China to work at a large academic hospital. He is planning an academic career in surgery.

The Yale Surgical Society Graham Travel Award went to second-year medical students Oliver Jawitz and Adele Ricciardi. This award is named in honor of Andrew J. Graham, MD, who was one of the founding members of the Yale Surgical Society in 1993. Both of these students received financial support from the Yale Surgical Society to attend the 2012 meeting of the American College of Surgeons held in Chicago in October. They became official student members of the College.

They also serve as co-leaders of the Yale Surgical Interest Group and work with John Fenn, MD, faculty advisor to the group, in the planning and organization of multiple events during the year designed

to expose Yale medical students to surgery as a potential career.

As always, the American College of Surgeons meeting was a wonderful opportunity to reconnect. Many thanks to all of you who came to the Yale reception. It's wonderful to hear about the interesting work you're doing—and it's inspiring to the medical students considering careers in surgery. If you did not manage to make it to Chicago this fall, I hope I'll see you in Washington, D.C. next year for the meeting.

Speaking of next year, it's not too early to start planning for our spring reunion. Please plan to save the date! We'll have dinner at the Union League Café on June 4 and a grand rounds presentation the following morning. This year, the honor of presenting falls to me. I'm planning to look at the history of women surgeons at Yale.

Researching the talk has been a fascinating project and a chance to speak with many outstanding surgeons who did their residencies here. Most of the women who did surgical residencies at Yale are still practicing. The first two women to complete the program—Barbara Kinder, MD, and Mary Alice Helikson, MD—did so in 1977.

As a resident in the 1980s, I remember that male faculty members never questioned the abilities of women in the operating room. But balancing the work of a surgeon with family life was a challenge back then. It still is, of course. What's different today is that balance is equally important to men and women entering the profession.

Save the date

The Yale Surgical Society's annual reunion will be held June 4 and 5. We'll gather for dinner and fellowship at the Union League Café on Tuesday, June 4. The following morning, Surgical Grand Rounds will focus on the history of women surgeons at Yale. Hope to see you there!



Dr. Barbara Kinder, HS '77

In the company of extraordinary surgeons

CHAIRMAN'S COLUMN

DR. ROBERT UDELSMAN, MD, MBA
WILLIAM H. CARMALT PROFESSOR
AND CHAIR OF SURGERY



The goal of the Department of Surgery is to achieve excellence in each of our tripartite missions of patient care, teaching and research. I'd like to share with you some of the steps the department is taking to support achievement in each area.

While we expect faculty to have thriving clinical, research and educational careers, the financial rewards we offer are skewed toward clinical productivity. I've tried to balance the equation with the Chairman's Academic and Citizenship Awards. Faculty obtain points for doing work that might be thought of as "thankless" but that clearly makes us a better department: for example, conducting medical student interviews or filing operative notes on time.

Faculty receive bonuses based on the points system. For example, this past year, surgeons with five points received \$30,000 bonuses. While that is a significant amount of money, I honestly do not think that money is at the heart of what makes the program work. Faculty who receive bonuses tell me they are gratified by a tangible evidence that we also value their non-clinical productivity.

I am the only ladder track faculty excluded from this award and I plan to continue funding indefinitely.

It is critical for me to be able to evaluate faculty fairly and accurately across their many areas of responsibility. It is just as important for them to be able to evaluate themselves. Vikram Reddy, MD, PHD, is taking the lead in developing a model informatics program that will interface with Epic and other data bases and enable faculty to track themselves by a variety of measures and to gain decision-making support. We are also adding a full-time IT professional and devoting substantial resources to this effort, which we hope will become a model for the entire School of Medicine.

The Department of Surgery is pleased to encourage outstanding medical students to pursue surgery through the Samuel Jordan Graham Scholarship in Academic Surgery. This year a faculty committee consisting of Richard Gusberg, Walter Longo, John Fenn, Jeff Indes, Nancy Angoff and myself selected fourth-year Yale students Heather McGee and Joshua Leinwand. The award is based on the expectation that the students are headed for careers in academic surgery as evidenced by their achievements in the School of Medicine. The award includes tuition payment for the recipients if not covered by other grants, but the recognition for outstanding work is applicable to all awardees.

While we work internally toward ever-higher standards, we continue to enjoy the respect of our colleagues. *U.S. News & World Report* ranked Yale number 7 on its list of best research medical schools. *New York Magazine's* Best Doctor's list included 14 of our faculty members. We are in the top quarter of departments of surgery for NIH funding. Our residents routinely go on to prestigious fellowships and assume their places as leaders in academic medicine.

These are accomplishments to be proud of, and I am grateful to my colleagues who worked so hard to achieve them.

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Yale Surgical Society

Two small programs, one big difference

The twins were being cared for at John Dempsey Hospital's neonatal unit, when one needed cardiac surgery. Often Connecticut children who need this kind of operation end up in New York or Boston. That would have forced parents to split their time between two babies who needed them—one at the University of Connecticut and another in Boston. Instead, Paul Kirshbom, MD, chief of pediatric cardiac surgery at Yale, operated on the infant at Children's Medical Center in Hartford.

"It's huge for people to be able to stay in their homes when their children need surgery," said Dr. Kirshbom, "especially if they have other children at home."

Yale and Children's Medical Center have formalized a history of cooperation in pediatric cardiac surgery to form Northeast Pediatric Specialties, establishing a strong presence

in-state and saving families the stress of leaving home to get their children lifesaving care. Yale surgeons operate and do clinic in both locations.

Gary Kopf, MD, professor of surgery, has long cooperated with colleagues at Children's Medical Group. Now the relationship is formalized with an increased volume that aids recruiting. Yale hired another pediatric cardiac surgeon in February, and the institutions will jointly hire a cardiac intensivist to work in the pediatric ICUs in Hartford and New Haven. Yale and CMHC will also work jointly to draw from the western and eastern edges of the state.

The joint venture is called Northeast Pediatric Specialties. The name was chosen because it is general enough, said Dr. Kirshbom, to allow for future collaborations in other sub-specialties.

SECTION CHIEF

CONTINUED FROM FRONT PAGE

Yarbrough, who is now section chief of otolaryngology.

Surgical techniques in otolaryngology have consistently advanced, leaving patients with far better function and options for reconstruction. But most head and neck cancers are still not linked to a clear genetic target and therefore don't have optimal therapies. "The overall survival hasn't improved in cancer significantly and I think that's still the challenge that's in front of us," said Dr. Yarbrough.

A staff of eight researchers accompanied him to New Haven, where his work will focus on developing drug targets for head and neck cancers and on virology. He will serve as co-director of the Yale Cancer Center's molecular virology program, along with Daniel DiMaio, MD, PHD. Dr. Yarbrough describes himself as a virologist "by default," because of the role of human papillomavirus in head and neck cancers.

The specialty tends to require an interdisciplinary approach, incorporating such professionals as speech and occupational therapists, dentists, neurosurgeons and so on. Dr. Yarbrough's aim is to offer patients "one stop shopping" to access all those services conveniently.

He also intends to recruit more surgeons to the busy section. "The faculty that we have are really outstanding," said Dr. Yarbrough. "This is a great opportunity to build a great section."