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John Jones Surgical Society NEWSLETTER

Alumni News of the Columbia Presbyterian Department of Surgery

Second Annual Meeting a Success in Sunny Florida

The John Jones Surgical Society (JJSS) held its Second Annual Meeting on October 27th, during the American College of Surgeons' Clinical Congress in Orlando, Florida. *Dr Kenneth A. Forde*, President of the JJSS, welcomed the 50 attendees, with special greetings to the surgical residents, and their spouses, who were at the conference to present their current research.

After dinner, *Dr Eric A. Rose*, Chairman of the Department, shared his insights on the future with a keynote address entitled, "Survival Strategies for Academic Surgical Departments in the Next Millennium." Dr Rose explained that, while our mission remains the 'Holy Trinity' of excellence in patient care, research, and education, to survive in the times ahead we must:

MEASURE to know where we provide superior service,

INNOVATE by creating new programs for the patient and translate our world-class research into practical solutions to combat disease, and,

MARKET ourselves in recognition that today's consumer expects communication.

In summary, Dr Rose recognized his own challenge to provide sustained and enlightened leadership by creating effective strategies for managing the enterprise, fostering team spirit among all members of the Department, and helping to spread "irrational optimism" within our ranks as the "enzyme" to move us forward effectively into the new millennium.

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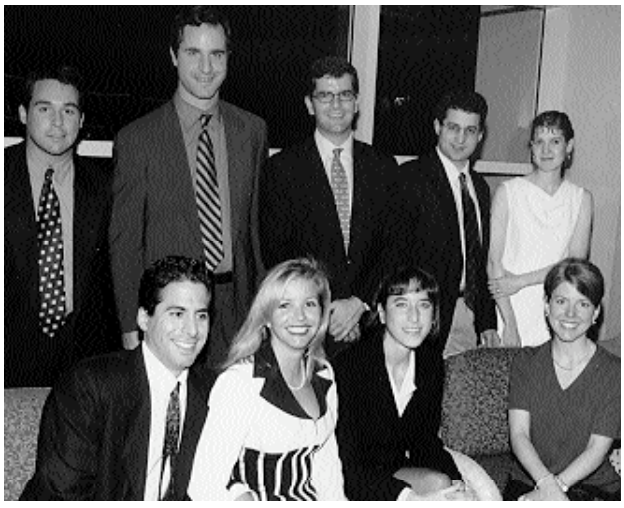

Left: *Department residents and students at the JJSS dinner during the ACS meeting are, standing l to r, student Rick Thomson; Joseph Caiati, Jr, MD; student Evan Garfein, Mark Kayton, MD, and his wife Michelle Roufa. Seated, l to r, David Morales, MD, and his wife Mary Morales; Talia Spanier, MD; and Anne Campbell, MD, Chief Resident.*

Below: *The JJSS Steering Committee poses, l to r, Kenneth M. Steinglass, MD; Eric A. Rose, MD; John N. Schullinger, MD; Paul M. Starker, MD; and Kenneth A. Forde, MD.*

In Memoriam—

Hugh Auchincloss, M.D.

(1915–1998) | *Class of 1942*

Dr Hugh Auchincloss died in Westwood, Massachusetts, on October 25, 1998, at the age of 83. His last years were plagued by Alzheimer's disease.

A graduate of Yale in 1938, and P&S in 1942, Dr Auchincloss took his graduate training in surgery under Dr Allen Whipple, and then spent two years in the Armed Services as a Naval officer. On his return in 1946, he was appointed to the attending staff by Dr George Humphreys with the Columbia title of Assistant Clinical Professor. For the next decade he taught and practiced surgery exclusively at the Medical Center. In 1956, he and his family moved to New Jersey, and thereafter, his busy practice became centered at Valley Hospital in Ridgewood. Until retirement, however, he maintained limited teaching responsibilities at Presbyterian.

Like his father before him, Hugh Auchincloss was a skilled and innovative surgeon, but he was perhaps best known for the scrupulous care he gave his patients. In this respect he was a role model for many of us. His interests were focused largely on breast and vascular surgery. When his father died in 1947, Hugh carefully analyzed the large number of radical mastectomies done by Hugh, Senior, and came to the heretical conclusion that the patients in question would have been better served by a less mutilating procedure. Preaching against the conventional Presbyterian (Haagensenian) doctrine took courage, and some eyes were raised, but his strong stand was vindicated 15 years later by the NIH and the American Cancer Society who publicly advocated modified mastectomy as the preferred treatment for breast cancer. His willingness to adopt unorthodox positions led

INTO THE FUTURE

Many Department of Surgery alumni have inquired how the Residency Training Program has been altered by the new governmental regulations that require increased supervision by attendings and limit the number of hours residents are allowed to work each week. ***Dr Mark A. Hardy****, Auchincloss Professor of Surgery and Director of the Residency Training Program, responds with this essay:*

Supervision in Residency Training

"You're not alone when you are still alone." —Idea, Michael Drayton 1600

The Residency Training Program, providing supervision at every level of post-graduate training, remains a dynamic process, its structure and practice evolving year to year. While most changes originate from within the Program itself, many of the most recent bear the influence of external factors—from New York State's Department of Health Regulations, and from the University's concerns over documentation of compliance with federal Health and Human Services and Medicare regulations.

The main objective of the Program remains the optimal training of competent and safe surgeons, and in this effort, the Residency Program has adopted two intertwined approaches—first, on some services, direct apprenticeship based on a one-on-one attending-senior resident relationship, and second, the more traditional, hierarchical system of a team of residents assigned to a team of attendings on a "service."

Specifically, the rules state that, "supervision by Attending Physicians of the care provided to surgical patients by postgraduate trainees must include, at a minimum, personal supervision by the Attending Physician of all surgical procedures…the Attending Physician must be present during the critical portion of the procedures. The trainee, if credentialed, may provide the care of the non-critical portions…" The rules also stipulate that attendings supervise, defined by Webster as "direct," preoperative assessments and daily documented post-operative visits. While there has not been significant concern in the apprenticeship system, where the attending automatically supervises, or "looks over so as to peruse" (Webster again), problems have arisen when, in the past, senior or chief residents have assumed the role of supervisors.

There is no question that attitudes within the residency ranks have changed. The chief and senior residents no longer operate in total independence as they did in the past. Thus, they no longer "learn by their mistakes," but now learn by the mistakes of their teachers.

Does this provide greater safety for patients? Despite all best intentions, no evidence from our Program, one that has always used a graded supervisory system, supports this assumption. Now, total independence is delayed yet another year and the resulting lack of confidence in some trainees has led junior attendings to closely scrutinize and supervise all residents without regard to individual capabilities. At times, this has had a suffocating effect.

Thus, supervision within the Training Program has evolved down two paths. The first focuses on "direction," primarily involving experienced senior attending staff and the one-on-one apprentice system. This form of supervision allows for the development of independent thinking and actual technical execution of the operation, with the attending always available for advice, yet not imposing his or

her will except to assure safety and optimal outcome for the patient. The second form of supervision tends to involve junior attendings who feel compelled to dictate every step of the evaluation, the technical procedure itself, and the post-operative care. This has been demoralizing to the senior residents and has led to efforts to reeducate the attending staff on how to teach. Junior residents have benefited from this approach in that, early in their careers, they are supervised directly by attendings, not by inexperienced albeit talented senior residents. Conversely, and unfortunately, this contributes to decreased experience and delayed maturation in senior residents who in part developed confidence and improved their technical skills by "taking juniors through cases." However, this development is still possible in the presence of "enlightened" attendings who are able to offer the requisite patience and self-discipline, abilities that need to be recognized professionally and rewarded financially.

The philosophy of residency training within the Department of Surgery is totally consistent with the RRC Program requirements that "the Attending Physician has both an ethical and legal responsibility with the overall care of the individual patient, and with the supervision of the resident involved in the care of the patient." We insist that our attending surgeons supervise ("direct") all clinical activities, and recognize that we must train them to perform this vital service at different levels of intensity, both in the clinics and the operating rooms, to allow each new generation of surgeons to grow and mature.

"So much is mine that doth with you remain,
That taking what is mine, with me I take you."
—Idea, Michael Drayton 1600

HISTORY IN THE MAKING

At the first meeting of the John Jones Surgical Society's Steering Committee, Dr Frederic P. Herter, Committee member, former Auchincloss Professor, and interim Chairman of the Department, proposed to record a short history of the Columbia-Presbyterian Department of Surgery. This important document will be divided into eras beginning with John Jones and the Revolutionary War, through the Allen Whipple-George Humphreys-Keith Reemtsma years, and concluding with the current years under the direction of Dr Eric Rose. ***Dr Philip Weidel****, Emeritus Professor of Clinical Surgery, who has accepted the assignment of "The Department during the War Years," has contributed this historical anecdote:*

In August, 1917, the Presbyterian Hospital Unit relieved the British staff of a 1,200 bed hospital in Etretat, Normandy. Over the following months the Presbyterian staff dealt with convoys of up to 400 wounded, and the census at times rose to 1,700, primarily British Army casualties.

On August 29th, one of the wounded was discovered to be Revere Osler, son of Sir William Osler, and the great, great grandson of American patriot Paul Revere. Serviceman Osler had suffered wounds of both the chest and abdomen. Dr William Darrach operated on the patient, assisted by Dr George Brewer. Dr Harvey Cushing monitored the vital signs, while Dr George Crile administered a blood transfusion. Despite these efforts, the patient died the following morning.

Dr Brewer wrote to Sir William describing their efforts to save his son and sent him a map and description of the burial site in the military cemetery nearby. Osler, Sr was said never to have recovered from grief over the loss of his son.

to his resignation from the AMA because of its opposition to Medicare. And, in the mid-60s, before grass roots rebellion against the War in Vietnam had taken form, Dr Auchincloss indirectly expressed his discontent about the War by volunteering his surgical services to the citizens of that beleaguered country.

Hugh's life outside of medicine was full and rewarding. He was a gifted and competitive athlete, sailing, skiing, playing tennis and golf when time permitted. An accomplished woodworker, his manual dexterity was given vent at home as well as in the OR.

Happily married to Lawrence Bundy, the youngest of Boston's Bundy tribe Hugh fathered four children.

It's gratifying to note that the Auchincloss legacy in surgery has not ended—his son Hugh is now working at the Massachusetts General Hospital in Boston as a Harvard Associate Professor of Surgery. ***—Dr Frederic Herter***

JJSS Welcomes Back An Alumnus

On December 3, 1998, *Dr Kenneth Forde* welcomed *Dr Elmer K. Sanders* from Houston, Texas, on a return visit to Presbyterian Hospital. Dr Sanders had served as an intern and assistant resident in the Surgical Service from 1938 to 1940. During the War years, he had served as Chief Anesthetist with the Presbyterian Hospital Unit in England and France. He returned in April 1946, and completed his training in June 1949.

Dr Sanders was thrilled to see the changes that have taken place since his last visit over twenty years ago. He had the good fortune to meet up with Drs Philip Wiedel and Alfred Markowitz, and to be escorted on a tour of the much expanded facilities by Chief Residents Drs Anne Campbell and Joseph DeRose.

ANNUAL PROGRAM AND RECEPTION SET

The John Jones Surgical Society will sponsor its *Annual Program and Reception* during the College of Physicians & Surgeons' Annual Alumni Weekend on Friday, May 14, 1999, commencing at 2:30 pm. The panel discussion will be,

"Challenges to Surgical Residency Training in the New Millennium,"

The Residency Program | Dr Mark A. Hardy
Residency Training at the Community Hospital | Dr Paul M. Starker
Strategies for Training the General Surgeon | Dr Spencer E. Amory
The Residents' Perspective | Dr Joseph DeRose

The program will be held in the Neurological Institute's Alumni Auditorium, at 170 West 168th Street, at the corner of Fort Washington Avenue. A reception at the Faculty Club, 630 West 168th Street, 4th Floor, will follow at 5:00 pm.

For additional information, contact Trisha J. Hargaden at 212-305-2735, or e-mail her at hargade@cpmail-am.cis.columbia.edu.

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