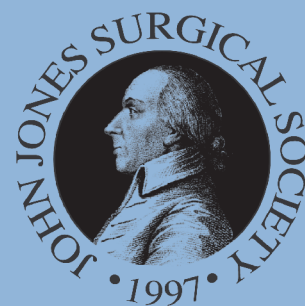


John Jones Surgical Society NEWSLETTER

Alumni News of the NewYork-Presbyterian/Columbia Department of Surgery



Thoughts from the Recorder of the Society

James Lee

Just as one never wants to follow Ken Forde at the podium for fear of looking lackluster in comparison, following Dr. James Chandler as the organizer of the John Jones newsletter is an insurmountable task. For 5 years, Dr. Chandler has been the driving force and author behind our Society's newsletter and has turned it into a journal-quality publication. On behalf of the entire Society, we'd like to thank Dr. Chandler for his years of superlative work and for bringing us closer together as a group. One can never replace him, and we can only hope to bring honor to his legacy. Thank you, sir. As we move into the future with a new format, please give us feedback on the sections you like, things you like to see, and things you'd like relegated to the dustbin of history.

This year's John Jones' Day was among the best that we've had. As always, the finest part of the day was seeing old friends and listening to Libutti's latest adventures. We had a fantastic turnout with 133 attendees. Class of 1990 continued their JJSS dominance with 3 of 5 coming home for the meeting. The theme of the conference was New Technology In Surgery [Innovation] and it is not surprising that our alumni are at the epicenter of truly remarkable projects. Our current Chair, Craig Smith, kicked off the day with a frank and impressive look at TAVR- transcatheter aortic valve

replacement and the multicenter PARTNERS trial of which he was PI. From there we heard about cutting edge adult stem cell engineering to create a new source of donor lungs, inducing tolerance to eliminate the need for immunosuppression in transplant patients, using magnetic pulses to lessen post-operative pain, and many other advances.

One of the highlights of the day was Dennis Fowler's session on taking an idea from conception to market. We heard from our old friend Mike Treat on lessons learned from his years as an inventor, Orin Herskowitz of Columbia Technology Ventures on how to protect your intellectual property, and Frank DeBernardis of Nascent Enterprises about the roadmap and challenges of funding your new company. Dennis closed the session with an overview of the Coulter Foundation which has partnered with Columbia to provide funding and mentorship for inventors to go from prototype to successful venture funding.

In closing, the Society would like to thank our outgoing President, Steve Libutti, welcome in our new President, Jose Guillem, and congratulate our President-elect Henry Spotnitz and new Treasurer Spencer Amory. We look forward to seeing you all at the JJSS reception at the College Tuesday October 8th. ■

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Newsletter Information

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Surgical Education Updates

Abbey Fingeret

Surgical Education Research Fellow: Past, Present, and Future

In 2010 the Department of Surgery launched the Surgical Education Research Fellowship to enhance and promote interest in resident and medical student education. The fellowship encompassed broad objectives of medical student curricular and evaluative support, improving resident teaching ability, and fostering professionalism. Ana Berlin had a successful and productive term as the inaugural fellow from 2010 through 2012. During that time she developed and implemented a novel case-based written examination for the surgery clerkship students as well as a formal Ethics, Professionalism and Communication Skills curriculum for the residency program supported by the Kamangar Surgical Ethics Training Award from the American College of Surgeons in concert with Washington University. Dr. Berlin's innovative program significantly impacted resident practices regarding advanced directives and end of life care – work that will be presented at the American Medical Association's North East Group on Educational Affairs this April.

I have been privileged and honored to follow Dr. Berlin as the second Surgical Education Research Fellow. In addition to continuing the Professionalism, Ethics, and Communication Skills Curriculum, I have also sustained the medical student clerkship Clinical Skills Examination by adding content and validating existing content – work which will be presented at the Association for Surgical Education meeting this spring. My additional interest and focus of the fellowship has been surgical education via simulation: laparoscopy simulation, task training for specific techniques and proce-



Abbey Fingeret

dures, and mannequin case based scenarios for developing teamwork, leadership, and communication skills. This year we have conducted workshops for the medical students and residents on sterile techniques, suturing and knot tying, intravenous access, foley catheterization, central venous access, vascular anastomoses, gastrointestinal anastomoses, and numerous mannequin-based team scenarios.

Next year we look forward to the matriculation of Peter Downey as the next Surgical Education Research Fellow.

Laparoscopy Updates

Successful completion of the Fundamentals of Laparoscopic Surgery (FLS) program is now required by the American Board of Surgery to sit for the Qualifying Examination. We are proud to announce a 100% first time pass rate of the Fundamentals of Laparoscopic Surgery written and practical examinations by our fourth year residents: Ana Berlin, Cristina Carpio, Rohit Chandwani, Alejandro Garcia, Julissa Jurado, Kevin Koomalsingh, and Megan Winner – congratulations!

Additionally – we are delighted to announce upgrades to the Laparoscopic Simulation Laboratory on campus. We recently acquired five new Storz towers equipped with the latest LED high definition screens, hand controlled high definition cameras with screen mapping and indicator functions, as well as new instruments. This new equipment is housed on mobile towers for use in the laboratory for practicing FLS or advanced laparoscopy skills as well as transport for use in animate lab sessions. ■

Surgical Updates—Continued on page 3



Dr. Lee-Kong teaching residents advanced laparoscopic skills during an animate lab.

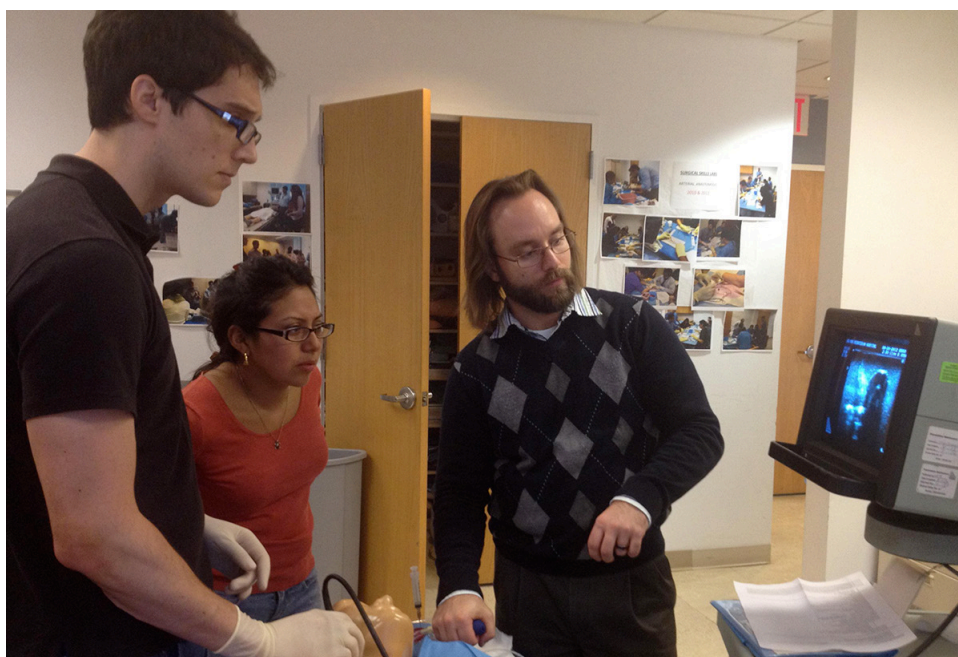
Surgical Updates—Continued from page 2



Dr. Simone teaching residents John Trahanas and Alodia Gabre-Kidan sutured gastrointestinal anastomoses.



Medical students during an Introduction to Laparoscopy workshop.



Medical students participating in an Ultrasound Guided Central Venous Access workshop.

Are you involved with Surgical Education? Please share with us if you would like to be included on multi-institutional or collaborative projects related to medical student or resident education.

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Surgical Education Research
Fellow*

Lesson Learned

Eugene Kim

You know you are old when you are invited by your training program to write a piece on a Blast from the Past. Indeed it has been almost 10 years since completing my training at the then Columbia-Presbyterian Medical Center. I am thrilled that the program has not yet disavowed me. I will spare the boring details of publications and presentations and just let everyone know that I am in Houston, practicing in the Texas Medical Center, at Texas Children's Hospital, the largest children's hospital in the country. I am a general pediatric surgeon with an academic practice focused on oncology and chest wall deformities. I also have a basic science lab which focuses on novel pre-clinical therapies for the pediatric malignancy, neuroblastoma, an area of research that I first began at Columbia as a resident. In short, I am very grateful for the training that I received at Columbia, and the lessons learned ring true everyday. Sometimes, in the heat of battle or in the midst of residency, it is impossible to gain perspective and appreciate the lessons that are learned. After 10 years, I have had adequate time to reflect on the most important lessons and aspects of residency at Columbia and how they have most benefited my practice today. Here are some of the lessons that I have learned from residency and my career that have been instrumental to a balanced and satisfying career.

Surround yourself with excellence

One of the priceless aspects of our training at Columbia is the excellence that pervades the faculty, the residency, and even the medical students. Each component makes the other better. While it is commonly perceived that education flows in one direction, top-down, I can clarify that it is indeed bi-directional. From the faculty, I personally have gained and usurped individual aspects of so many of my teachers that it becomes difficult to separate the collage of lessons learned. However, I can still remember and appreciate individual moments and lessons that have made a particular impression in how I practice today. John Chabot demonstrating composed purposefulness in a hemorrhaging situation. I unfortunately emulate this trait with some frequency. Ken Forde's mastery of surgery through constant repetition and consistency. Spencer Amory's patience and kindness in his intra-operative teaching. The meticulous surgical technique of Paul Starker. I remember the way Mark Galantowicz remained quietly and calmly in control at the bedside of a coding patient. From Mehmet Oz, I appreciated that no matter how busy things got, he would take the time to teach and explain – always remaining an academic. I learned efficiency from Jessica Kandel; the way she would reply to every email within 15 minutes (she still does). From Peter Geller and Alan Benvenisty I learned how gifted

surgeons are able to cross the line and be lifetime friends. And from Charlie Stolar, I learned that medicine was not only a privilege to practice, but it can be fun if you allow it to be so.

But we all know that we learn the bulk of our knowledge and practical skills from our co-residents, and I certainly was blessed to be surrounded by good ones. Unbelievably, most went into cardiothoracic surgery, but I am still grateful. We all remember who takes you through your first central line (David Morales), your first chest tube (Jonathan Chen), your first distal anastomosis (Juan Umana). You remember your partners in crime (Mike Goldstein), and the special group of residents that made the most fun, effective and efficient teams. Validation of this excellence is demonstrated by seeing Columbia graduates as leaders of surgery across the nation.

In fellowship and in practice, it is critical to continue to identify and seek out excellence, to seek out mentors. Only by doing so, can you continue to grow after residency.

New Era of Surgery

I remember a time when surgeon was king. Instruments were thrown, profanities screamed, trainees and learners scolded and belittled. This was the world order. I think we all sense that times have changed.

Residents now work 80 hours a week, interns less. Resident care of patients has gone from proud coverage by team to piecemeal coverage with overlapping teams. Like it or not, it is here to stay, and we all have had to make adjustments in what to expect from our trainees. In a sense, we have all had to pick up the pieces and carry a heavier load. But through all of this, we have to be sensitive and aware that the quality of surgical education can not and will not be the same. The solutions are not easy – will it be simulation, wet labs, laparoscopic trainers? In 2002, Mike Goldstein and I put together the first extensive night float system for our resident coverage of patients in order to earnestly address the work hours issue (in its infancy then). After 10 years, we have to ask, is the night float system the best use of our residents' work hours, or is it just service? Should night float coverage be eliminated, only to be covered by hired mid-level practitioners? One thing is clear; there is still a lot of room for innovation in surgical education.

In my years since Columbia, I have also noted a change in surgeon attitudes and a change in the medical care playing field. The surgeon, who was at the top of the pyramid was autonomous and all fell in line behind. Today, there is a new focus on providing team care, multi-disciplinary care, which means all opinions are respected – all voices are heard. From nursing, to social work, to medical consultants, all members of the team

Lessons Learned—Continued from page 4

have an important input to provide complete care. You look at innovative institutions like the Cleveland Clinic that have torn down the traditional silos of departments and divisions and have created new multi-disciplinary groups based on medical problems. Intuitively it makes good sense for the patients, but as Dr. Toby Cosgrove, CEO, admits, it was a bit of a nightmare to set up. In sum, I have come to realize that the future of surgical care is not as a solo cowboy practitioner, but as a member of a multi-disciplinary healthcare team (both medical and non-medical) using evidence-based studies to provide the best care for patients – therefore, it is critical to collaborate well with these colleagues. I find this is best served with a piece of humble pie and a slice of humility.

Building a Referral Base: The Four A's

Shortly into my young career, armed with newly honed surgical skills and all of the latest techniques, I was ready to operate. I joined a very busy private practice in Houston and performed over 2500 cases in two years. I had the advantage of being plugged into a group that provided an instant referral base due to the respect that the senior partners had earned in the community over the years. Most importantly, I learned that the respect did not come cheap. The greatest lesson I learned from those years was how to address and interact with your referral base; the four A's. Affability, availability, approachability, ability. These qualities are self-explanatory, and are the keys to developing a practice after residency. The consultants and physicians who need surgical contacts have a number of qualified options from which to choose. Once I returned to academic medicine, I had fortunately developed a small following on which to build. With time, patience, and the four A's, my practice developed quite quickly, not only with the private practitioners, but now many academic physicians. Wherever you start your career, be it an academic or private practice, you will be well-served by remembering these traits, particularly the first one.

Take Care of Yourself

Life as a resident is predictably difficult, and I think for most, it is challenging if not impossible to maintain a healthy lifestyle complete with exercise and a decent eating pattern. The mantra of “eat when you can and sleep when you can” seems to be the overriding theme of residency. It was all too easy to spiral into a pattern of poor eating habits, marked by late nights at El Presidente and a Gold VIP card at Taco Bell. And it seems the longer the training, the more difficult it became for me. After finishing fellowship, I was tired, overweight, hypertensive, and



Hallie and Eugene Kim with daughters Sabrina and Charlotte

hyperlipidemic. It was at that time, I realized that the habits and lifestyle that I was living was not sustainable for the long run. Training was over, and I had no more excuses, and I decided to start living the ideal lifestyle that I had always intended. I ate better, and I exercised regularly for the last eight years. The weight dropped, the energy and endurance increased, and my family, my career and my patients are better off for it.

However, making the decision to do this was half the battle. Making the time is the other half. In residency, you are largely told what to do and when to do it. Time for exercise was not part of your daily checklist. But when you finish training, suddenly, you have control over your schedule and your career. This initially provided the time and freedom to start correcting the error of my ways. However, as my practice grew busier, and as the kids came along, suddenly that freedom and time quickly evaporated. It was then that I realized that no one is going to look after you – no one is going to tell you to hit the gym, because in the long-term, it is going to be good for you. You have to be the one to start taking responsibility – you have to be the one to take care of yourself. Thus, in recent years, I have scheduled into my calendar little blocks of time to go for a quick run or go to the gym instead of lunch. If I finish in the OR or clinic sooner than expected, and I have an hour till my next meeting, I will go grab a quick workout. Sometimes it has to be a 5 am workout. This is something that I have to do not only to maintain my physical and mental health, but to be able to better serve my family and my patients. This return to normalcy has been critical to my personal well-being after finishing training.

Priorities

During residency, there is one priority – your career. Developing the technical skills as well as research ability are the keys to promoting and obtaining that perfect career. Everything else was second; family, health, exercise. After completing training, publications, presentations, grants obtained, national and local appointments become the objects of attention on which careers are built. One can go completely mad and lose one's bearings trying to obtain all of this, and then obtain more. As I neared the end of my fellowship, I struggled with my decision to go into private practice versus academic medicine with a research lab. A close mentor and dear friend then put it all in perspective for me by rhetorically asking me, “what matters most in your life?” Family. Everything else is and should be second. This comes from a man who is internationally recognized in pediatric surgery and can certainly look back and truly mean this. He would go on and say that nothing

Lessons Learned – Continued from page 5

is more important than your family and your children – to them you have the greatest impact, and to you, they are your lasting legacy. This may seem trite and obvious, but how many families and surgical careers have we seen go off the track of success by not keeping this in mind. One of my previous partners built an incredible private practice, but he never saw his children grow up, and his wife and he essentially live separate and uninvolved lives. I didn't want to be that person.

My mentor would go on and emphasize that indeed research and publications are all important, and it may even positively affect future lives. For those of us doing basic research, the positive clinical impact of our work may, at best, be seen before we die, if ever. With this in mind, he taught me to stay focused on what matters most now – prioritize the family while building a career, and by doing so, one has a chance for a balanced life. I try to live by these words, but it can be difficult. I have accumulated a few years of vacation from working

too much, and it seems there is always something that needs to be done or could be done – another grant, a manuscript to complete or review, a book chapter, etc. But as another mentor from fellowship would always say, the longer you're in the hospital, the longer you're in the hospital. While against my nature, I have recently made a more concerted effort to just take days off and go to the zoo with the kids or museum. Amazing, how a little bit goes a long way.

Overall, I am well, fit, and happier than ever. My wife, Hallie, and I have two beautiful girls, Sabrina 4 and a half years, and Charlotte, who is 10 months. Thanks to some of these lessons learned, I feel that I have obtained a nice balance with career and family. Both yearn for more time, but I guess that's a sign of balance. I am happy to keep up and in contact with many of you, as this program truly represented the formative years of my career, and for this, I will always be grateful. ■

What Am I Doing Now?

Parswa Ansari

I am navigating through a torrent of rules and regulations set down by a variety of governing bodies, trying to get my ship and its cargo to its destination. My vessel is the Lenox Hill Hospital Surgery Residency, and my cargo is sixteen residents and their surgical education.

After my colorectal surgery fellowship, I came back to New York to find a job; since I had an affinity for teaching as a resident, I jumped at the chance to join the faculty at Lenox Hill as an assistant program director. Things were simpler back then. Evaluations were emailed back and forth. Work hours were tracked but not enforced. The curriculum was a Schwartz chapter a week, and goals and objectives were a list of operations and diseases. The program director had just pulled the chief residents back in-house from home call, ending an era of PGY-2s as the senior caretakers of the hospital at night. Borrowing from the Columbia model, I separated the consult duties from the SICU. We revised the goals and objectives based on the Core Competencies, trying to figure out what in the world Systems-Based Practice meant. Five years later, I stepped into the role of Program Director.

As we tightened up the straps, so did the ACGME and the ABS. New rules are announced or are sprung on us every few months, and I am left trying to make heads or tails of them. How



Parswa Ansari

do I go from 25 to 16 residents overnight? How do I put interns on a 12-hour schedule when there are only six of them? They need to do how many colonoscopies now? Why does the ACGME put so much stock in anonymous surveys, the equivalent of YouTube comments? The mountains of paperwork (well, computer work, now) that accompany these rules to document, record, assess, and evaluate what we are doing is daunting.

I'd like to think that balancing my clinical work with this job keeps me sane, although after seeing three patients in a row with pruritis ani, I'm ready to have myself committed. There is some solace in the operating room, where I have been gaining experience with laparoscopic treatment of bowel endometriosis, in addition to the usual colorectal cases.

There are times when I feel the administrative aspects of my job take away from the teaching I enjoy. I still spend a great deal of time with my residents, but now more as an overseer, a mediator, and yes, sometimes a whip-cracker. The managerial aspects of my job can be tedious, but I am still challenged by the twists and turns I have to anticipate.

Speaking of which, the Next Accreditation System lies ahead. I have to figure out how to steer through that. ■

John Jones Research Fellow Summary

Connie Keung

I am honored to be the inaugural John Jones Surgical Society Research Fellow. This fellowship has expanded my opportunities as a young investigator, and allowed me to further explore the discipline that joins basic science and clinical research. Effectively, this fellowship has helped confirm my interest in the discovery and implementation of new knowledge, called translational research.

This past year, I have worked at understanding the pathobiology of lymphatic malformations (LM) in the laboratory of Dr. Wu (Plastic Surgery) in conjunction with Dr. Shawber (OB/Gyn) and Dr. Kandel (Pediatric Surgery). LMs affect 1-3% of the population and 90% are diagnosed in children before two years of age. The current therapy involves sclerotherapy or surgical excision. However, the effectiveness of these interventions is limited by high rates of LM recurrence. The research in our lab has focused on identifying the etiology of LMs and developing an in vivo model to identify better therapeutic alternatives.

Thus far, we have succeeded at isolating lymphatic malformation progenitor cells (LMPCs). We determined that LMPCs have stem-like characteristics, and hypothesize that these underlie the formation of LMs. We tested these LMPCs against a panel of commonly used agents to treat vascular anomalies. Propranolol, a non-selective adrenergic blocker, was identified as a potentially effective agent against LMPCs through the use of cytotoxicity assays.

The generous funding from the JJSS allowed us to move forward with this research by recapitulating LMs in an in vivo mouse model. To do this, LMPCs were mixed with Matrigel, an extracellular matrix derivative, and embedded subcutaneously in immunodeficient mice. These implants were monitored weekly by ultrasound. After five weeks,



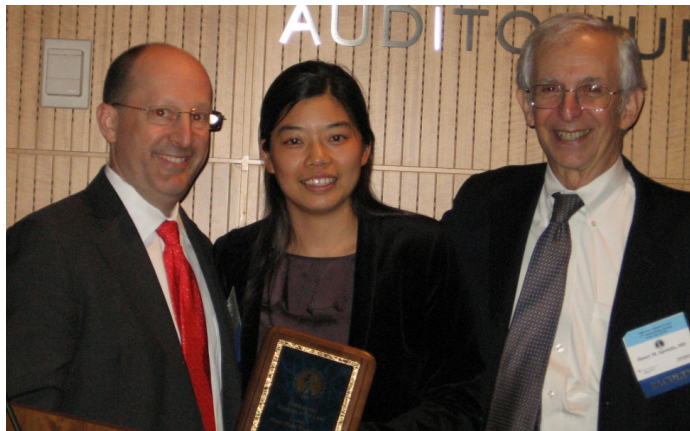
Connie Keung

these implants were harvested. Ultrasound imaging demonstrated formation of cystic structures in Matrigel embedded with LMPCs, while control implants without the LMPCs did not demonstrate LM morphology. Histological examination of these implants confirmed formation of LMs. To test the effect of propranolol, the experiment was repeated with two arms: one received propranolol while the other received vehicle. The arm treated with vehicle demonstrated formation of lymphatic channels. Interestingly, the arm treated with propranolol demonstrated increased fat cells and fewer lymphatic structures. We hypothesize that propranolol shifts the maturation process of LMPCs, leading to increased adipogenesis.

This John Jones Research fellowship provided me an incomparable opportunity to train under experienced surgeon-scientists with a passion for basic science research. I learned a great deal about the process of investigation through this experience. Namely, I learned about the importance of developing a testable hypothesis, designing a rigorous sequence of experiments, and the rewards of analyzing new information. I also gained a real appreciation for the perseverance and optimism necessary for the surgeon-scientist to effectively integrate investigative and clinical work, and how validating it can be when one informs the other. I found this experience to be truly rewarding, and believe that it has strengthened my resolve to exert myself as a researcher for the ultimate good of my patients.

I feel greatly indebted to the John Jones Surgical Society and sincerely appreciate the generous support of its members in creating this fellowship. ■

Symposium: May 10, 2013



Steve Libutti, Connie Keung (1st John Jones Research Fellow) and Henry Spotnitz



Dennis Fowler and Michael Treat



P&S Students



William Spotnitz and Mark Hardy



Andrea Tan (Biomedical Engineering), Tyler Poore (Chemistry Dept), Austin Reiker, Alex Sigaras, (Computer Science)



Abbey Fingeret and father Arnold Fingeret MD

Symposium: May 10, 2013



Presenter: Orin Herskowitz



Steve Libutti, Sam Weinstein and John Chabot



Presenter: Christine Rohde



Cindi and Jim Chandler



John Chabot and Eric Rose



Presenter: Frank DeBernardis

Dinner in the P&S Faculty Club May 10, 2013



Outgoing President Steve Libutti and incoming President Jose Guillem



Tyr O. Wilbanks, Andre Campbell and Craig Smith



Ken Forde, Sharon and Henry Spotnitz and Kay Forde



Alan and Teri Benvenisty, Ilene and Herb Mendel



Mary Libutti, Mark Hardy, Ruth Hardy, Alan Benvenisty

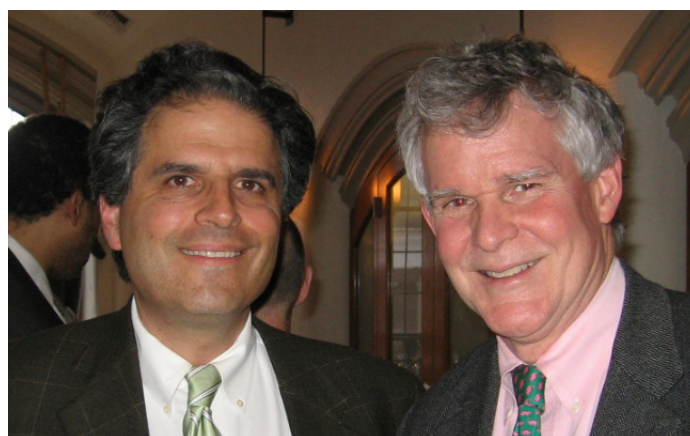
Dinner in the P&S Faculty Club May 10, 2013



Michael Gelfand, Jim and Cindi Chandler, Kathleen and David Kinne



Kay Forde, Karen Horvath and Mary Libutti



Gary Tannenbaum and Larry Jordan



Class of 1990_Tyr O. Wilbanks, Jose Guillem, Gary Tannenbaum, Larry Jordan, John Chabot and Spencer Amory