

OCTOBER 2021

DR. JOSEPH SFERRA: NEW CHAIRMAN OF SURGERY AT THE UNIVERSITY OF OHIO AT TOLEDO



October 11th

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Dr. Joe Sferra (WSUGS 1991) grew up in Youngstown, Ohio and had his premedical training at Denison University in Granville, Ohio. After completing his undergraduate degree, he matriculated at the Ohio State University College of Medicine where he finished in 1986. During these years, he was a true Buckeye but recognized the superior training in surgery when he transferred to the Wayne State University Surgery Residency Program, where he finished in 1991. During these years, his wife, Chris, was an important asset to the department because of her unusual skills in computer science, which allowed her to be a support person on many research projects being conducted at that time. During these training years, Joe and Chris had three children, and both maintain that all were conceived during vacation times since this was before the 80-hour work week went into effect, and all of the surgery residents at that time worked too hard to procreate.



Dr. Joseph Sferra

Following the completion of his residency training, Joe and Chris moved to Toledo, where he became very active at St. Vincent Hospital, which worked closely with the University program at Toledo, with about half the residents from the University program rotating at St. Vincent. Dr. Sferra was a natural leader and quickly developed a very busy practice at the St. Vincent Mercy Medical Center, was highly respected and liked by the surgical residents, and later was promoted to the Chief of Surgery position at that hospital. He continued to have a strong influence on the residents and students rotating at St. Vincent from the University of Toledo College of Medicine.

During these years, Dr. Sferra was very active in local and national activities. He served as President of the Toledo Surgical Society and often had guests from the Wayne State University Department of Surgery give lectures at the monthly meetings. He also was very active with the Ohio Chapter of the American College of Surgeons, serving as President of that organization and represented the State of

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Ohio as a Governor for the American College of Surgeons for two six-year terms. During these years, Chris was fully employed at two jobs, one was raising their three children and the other was teaching Micro and Macro Economics at the nearby Owens Community College. Their oldest child, Stephanie, was born at Hutzel Hospital and attended Denison University where she majored in Psychology and minored in Music. She later worked as a development intern for Midwest Youth Artists, a private music school in Chicago.

Their second child, Joseph Daniel, was born at the William Beaumont Hospital. Young Joe did his training at St. Olaf College in Minneapolis as a Music major, with special interest in Music Theory and Composition. He served as a clarinetist at both the St. Olaf College Band and Orchestra.

Finally, their baby, Emily, was born when Joe was a chief resident, and she also went to Denison University with special interest in History and International Studies.

After an extended tour as chief of Surgery at St. Vincent Hospital, Dr. Sferra accepted a new challenge of bring the chief of Surgery at the Toledo Hospital where again, he helped develop and expand a busy surgical service and continued to be recognized for his administrative skills, operative skills, and teaching abilities. More recently, the University of Toledo residency program was renamed as the Ohio State University at Toledo and had a new opening for chairmanship of the Department of Surgery. Dr. Sferra, who has developed a reputation for his surgical skills and busy surgical practice, his administrative skills, and his expertise with the teaching of surgical residents, has been invited and has accepted the position as the new Chairman of Surgery at this University program. All of the members of the extended WSU surgical clan are proud of this promotion and look forward to what all recognize will be an outstanding climax of his career.

From Dr. Sferra to Dr. Lucas:

As a follow-up to our phone call, I wanted to forward to you the University of Toledo College of Medicine and Life Sciences Dean's Weekly Update with the announcement. As I mentioned on the call, you were one of the first people that I called. I am excited to take on the role of Department Chair at a University Department of Surgery. My preparation under you and the many great surgeons that trained me in Detroit have served me well. I am greatly appreciative of your friendship and mentorship over the years. I am excited to take on the challenges of the role and to be contributing to our vision of creating an even better academic health center here in Toledo.

P.S. We have a solid residency program here. We take 5 residents per year and provide

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excellent training with great research opportunities. I hope that the faculty in Detroit will put in a good word for our program. We would love to interview and match more residents from Wayne State. We are right down the road from Detroit and harbor no ill will in the aftermath of the great Toledo War. Michigan did get the Upper Peninsula in the truce agreement!

Regards, Joe



Congratulations, Dr. Joseph Sferra!

Please join us in congratulating **Dr. Joseph Sferra**, who has accepted the position of Chair of the Department of Surgery and Academic Chair of Surgery for ProMedica, effective August 1.

Dr. Sferra did his undergraduate work at Denison University and received his medical degree from The Ohio State University. He completed his general surgery residency at the Detroit Medical Center/Wayne State University and holds a Master of Business Administration degree from the University of Michigan.

Dr. Sferra has been a faculty member in the Department of Surgery since 2004, most recently serving as Professor of Surgery and Assistant Director of the Surgery Residency Program. He has served on numerous committees including the Curriculum Evaluation Committee, Admissions Committee, and several leadership search committees. Dr. Sferra has also received a Volunteer Teaching Faculty Award, Chief Residents' Teacher of the Year Award, Faculty Teacher of the Year Award, and the Dean's Award for Training Excellence.

Dr. Sferra has held the title of Vice President of the Surgical Service Line at ProMedica for the past nine years. In his new role as academic Chief of Surgery, he will continue to serve as physician lead of ProMedica's surgical service line in addition to maintaining his clinical practice at ProMedica Toledo Hospital.

Dr. Sferra currently serves as President of the Toledo Surgical Society. He also served as Governor in the American College of Surgeons (ACS) and President of the Ohio Chapter of the ACS. His clinical interest is in surgical disease of the thyroid and parathyroid.



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July 30, 2021

Dear Colleagues:

As we continue to make great strides in the evolution of the Academic Affiliation between ProMedica and The University of Toledo College of Medicine and Life Sciences, we are happy to announce that Joseph Sferra, MD, FACS has accepted the position of Chair of the Department of Surgery, College of Medicine and Life Sciences, and Academic Chief of Surgery, ProMedica, effective August 1, 2021.

Dr. Sferra did his undergraduate work at Denison University and received his medical degree from The Ohio State University. He completed his general surgery residency at the Detroit Medical Center/Wayne State University and holds a Master of Business Administration degree from the University of Michigan.

Dr. Sferra has been a faculty member in the Department of Surgery since 2004, most recently serving as Professor of Surgery and Assistant Director of the Surgery Residency Program. He has served on numerous committees including the Curriculum Evaluation Committee, Admissions Committee, and several leadership search committees. Dr. Sferra has also received a Volunteer Teaching Faculty Award, Chief Residents' Teacher of the Year Award, Faculty Teacher of the Year Award and the Dean's Award for Teaching Excellence.

Dr. Sferra has held the title of Vice President of the Surgical Service Line at ProMedica for the past nine years. In his new role as Academic Chief of Surgery, he will continue to serve as physician lead of ProMedica's surgical service line in addition to maintaining his clinical practice at ProMedica Toledo Hospital.

Dr. Sferra currently serves as President of the Toledo Surgical Society. He also served as a Governor in the American College of Surgeons (ACS) and President of the Ohio Chapter of the ACS. His clinical interest is in surgical diseases of the thyroid and parathyroid.

We would also like to extend our appreciation to Dr. Jason Schroeder for his steady leadership as interim chair of the Department of Surgery. Dr. Schroeder's efforts serve as a demonstration of our shared commitment to improving the health of our communities by educating excellent clinicians and providing high-quality, patient-centered care.

We also wish to express our thanks to the joint search committee for the time, effort and collaboration put forth in the search process and for recommending such an outstanding, talented individual.

We look forward to welcoming Dr. Sferra to his new roles and each institution's senior leadership team.

Sincerely,

Christopher J. Cooper, M.D.
Executive Vice President for Clinical Affairs
Dean of the College of Medicine and Life Sciences
Vice Provost for Educational Health Affairs

Dawn Buskey
President, ProMedica Acute Care
President, ProMedica Toledo and Russell
J. Ebeid Children's Hospitals

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Joe Sferra's Family Update for the Wayne State Clan

Joe is excited about taking on his new role as Professor and Chair, Department of Surgery at the University of Toledo (UT) College of Medicine and Life Sciences. He will also be serving as interim program director of the surgery residency program. The UT program is a six-year program allowing for a year of research after three clinical years. The program provides a busy clinical experience with abundant opportunity to work on the surgical robot. Knowing that they are well-prepared to take on the challenges of residency training, Dr. Sferra would like to see more medical student applicants from the Wayne State University.

Joe is passionate about mentoring young people who want to pursue surgery as a career. He frequently quotes Dr. Lucas when they are discerning which fellowships to pursue. "The general surgeon is the backbone of American Medicine." He oversees an active research program with a focus on clinical outcomes research. He is particularly proud to have been a part of Dr. Choichi Sugawa's seminal work, "Upper GI Bleeding in an Urban Hospital: Etiology, Recurrence, and Prognosis," published in the Annals of Surgery. Chrisann Sferra was a co-author. This work has been cited 135 times by other authors. He cherishes a paper copy of the entire October 1990 edition of the Annals.

Taking Dr. Lucas' advice, Joe enjoys reading history, especially biographies of the American presidents and the founding fathers. His recent focus has been the aftermath of the American Revolution through the War of 1812. He was drawn to this period to develop a deeper familiarity with "Mad" Anthony Wayne. Toledo has honored our alma mater's namesake with a major thoroughfare, the Anthony Wayne Trail, the Anthony Wayne Suspension Bridge in downtown, a local school district, and high school. (They should have named is Anthony Wayne State University.)

Chrisann makes all the above possible. After raising their children, Chris taught economics at Owens Community College. To allow Joe to make his contributions, Chris manages the affairs of state. She and Joe recently celebrated their 35th wedding anniversary. She enjoys hiking and working their Portuguese Water Dog, Zara. She is especially fond of their annual family vacation up north where the Sferras recently finally pulled the trigger on a place in Glen Arbor.

Seeing Dad's work schedule, the kids ran in the opposite direction from careers in medicine. They have enjoyed life on college campuses. Their daughter, Stephanie Sferra Bassill, lives in Highland Park, Illinois with her husband, Robert, and children, Lucy (3) and James (1). Stephanie earned a graduate education degree from Loyola University Chicago and currently works at the journalism school at Northwestern supporting early career journalists on their professional development. Robert, is the Director of Orchestras at Lake Forest High School and plays the violin. During the pandemic, Stephanie has enjoyed being able to work from home and spend more time with her young children. Her family lives very close to Lake Michigan and many public

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parks. They enjoy playing outside and reading together. They live close to the Ravinia Festival where they frequent many outdoor concerts in the summer months. Chris visits frequently.

Their son, Josef Sferra, is a composer and performer living in Upstate New York. He teaches at the Crane School of Music at SUNY Potsdam. He received his Ph.D. in music composition at Stony Brook University. He writes music that entertains with popular gestures while revealing a love for the harmonic and formal ideas of modernist concert music. Featured in performances in the USA, Canada, and Spain, his music has also been performed at Aspen, the University of Nebraska-Kearney New Music Festival, and at the Imani Winds Chamber Music Festival.

He studied composition at Saint Olaf College, the Ohio State University, and Stony Brook University. He has maintained an active career as a clarinetist and vocalist, performing in wind ensembles, chamber settings, and most recently with a Traditional American Music group, The Deep Roots Ensemble based on Long Island.

As a theorist, Joe is particularly interested in the music of living American composers. He presented his paper “Gabriel Kahane’s Bradbury Pieces as Popular and Derridean Deconstructions” at several conferences. A firm believer in incorporating the liberal arts approach in all music classrooms, he has previously taught at Earlham and Vassar College.

Joe is in a relationship with Roxy York, an actress from Long Island about to embark on her fifth national tour in the new musical “An Officer and a Gentleman.” It will run in Detroit at the Fisher Theater February 1-13, 2022. Her other national tours included principal roles in shows like Beauty and the Beast, Bandstand, and Mamma Mia!

The baby of the family was born in April of Joe’s chief year in Detroit. Daughter, Emily Sferra is currently a doctoral student and teaching fellow in the University of North Carolina at Chapel Hill’s Department of English and Comparative Literature, where she focuses on nineteenth-century British novels and gender studies. Her research considers depictions of adolescent women who fail to follow the expected trajectory of domestication and their relationships with other young women. Throughout nineteenth-century British novels, readers encounter friendships and sisterhoods between characters on the cusp of womanhood. (Think Lizzie Bennet and her sisters.) Emily’s dissertation draws upon nineteenth-century theories of adolescence to articulate what happens when these relationships are treated not as narrative foils, but rather as essential to the work of development. Her work has appeared in The Palgrave Encyclopedia of Victorian Women’s Writing and is forthcoming in The Victorians Institute Journal.

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In addition to her research and teaching, Emily is a dedicated public humanist. Over the past 4 years, she has worked with both the award-winning Jane Austen Summer Program and PlayMakers Repertory Company. In her work with both, Emily strives to make academic scholarship and the arts more accessible to the public, especially K-12 educators and students in North Carolina. Whether facilitating an online lecture series on Jane Austen or helping the PlayMakers distribute access to their streaming productions, Emily is encouraged by the public's eagerness to access the arts and humanities through avenues made newly accessible during the pandemic.

In July of 2021, Emily married the love of her life, Steven Kapela, after a COVID delay of their wedding from 2020. Steven works for Pearson, an education and technology company, where he implements textbook software for large institutions. They live just outside Chapel Hill with their Portuguese Water Dog, Bootsie. They enjoy going to the farmers' market twice a week.



The Sferra Clan (left to right): Son-in-law, Robert Bassill holding son James, daughter, Stephanie Sferra Bassill, holding Lucy, Dr. Josef Sferra, his bride, Chrisann Sferra, daughter, Emily Sferra and her husband Steven Kapela, Ms. Roxy York, and son, Joe Sferra.

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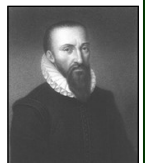
PEER REVIEW

Peer review, in a perfect world, consists of the collaborative effort among peers within a specific discipline to enhance and improve their productivity. This is a generic process and applies to all disciplines. There are thousands of examples. During the centuries, a collective of farmers would learn the value of rotating crops in order to allow the different fields to replenish the ingredients for a plentiful harvest. Vegetable farmers working together would learn how to modify different types of corn in order to produce a hybrid, which is both resistant to infection and plentiful. The more senior members of the WSSS clan recall when all of the ears of corn they consumed contained only yellow kernels. The improved hybrids have yellow and white kernels. Thus, peer review is an essential part of a mature society, regardless of discipline.

Medical peer review dates back many centuries. Galen, considered by many to be the father of medicine, was a prolific writer and identified many principles of medicine that were handed down over many centuries. As would be expected, many of these principles were incorrect and it took centuries for some errors to be corrected. Usually, the great discoveries over the centuries have evolved because many people within the same area of expertise identified collectively the more efficient and more successful way of treatment. Often this collective increase in knowledge would stimulate one individual to put everything together and propose a completely different physiologic phenomenon.

A classic example of the latter would be the work that William Harvey did on identifying the physiology of circulation, with blood leaving the left heart, traversing small communications (capillaries), and returning to the right heart, where interaction with the pulmonary blood flow takes place. This was an astronomical discovery at the time and, with some minor modifications, was later proven to be true.

During the Third War between the Holy Roman Empire and France in 1537, the French Army moved into Piedmont in order to relieve the siege of Turin, since the ownership of this territory was hotly disputed by Charles V of the Holy Roman Empire and Francois I of France. The French Army was led by Marshal de Montejan, who brought with him a young French apprentice barber surgeon by the name of Ambroise Paré. Paré, 27 years old, had trained at Hotel Dieu in Paris, but had not yet completed his academic qualifications to be formally credentialed as a "barber surgeon." His deficiencies included his humble background since barber surgeons were culturally privileged and his inability to read Greek or Latin, which was the expected norm for cultured citizens. Later in his life, he wrote many dissertations, all of which were in French, which allowed for his many works to be easily consumed by all French citizens. One of the great discoveries made by him dealt with the use of "digestive" dressings for gunshot wounds which, at that time, contained many pellets. His own description of his discovery is worth repeating:



Ambroise Paré

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“Now at that time, I was very inexperienced because I had not yet seen the treatment of wounds made by the arquebus; it is true that I had read in the first book of Jean de Vigo about wounds in general, that wounds made by firearms are poisoned because of the powder and for their cure, he commands that they should be cauterized with oil of elderberry, to which a little treacle should be added. Not to fail in the use of this burning oil and knowing that such treatment could be extremely painful for the wounded, I wanted to know before I used it how the other surgeons carried out the first dressing; they did this by applying the said oil, as nearly boiling as possible, to the wounds, using tints and setons, so I plucked up courage to do likewise. At last, I ran out of oil and was constrained to apply a digestive made of egg yolk, oil of roses, and turpentine. That night, I could not sleep easily, thinking that by the default in cautery, I would find the wounded to whom I had failed to apply the said oil dead of poisoning; and this made me get up at first light to visit them. Beyond my hopes, I found those on whom I had put the digestive dressing, feeling little pain from their wounds, which were not swollen or inflamed, and having spent a restful night. But the others to whom the said oil had been applied, I found fevered, with great pain and swelling around their wounds. From then, I resolved never again so cruelly treat poor men wounded with arquebus shot.”

This peer review process, brought about by the serendipity of running out of oil, rapidly led to a change in the treatment of firearm injuries in the French Army, and then quickly spread by word of mouth to other armies. Fortunately, Paré had the courage to communicate his findings to his peers, knowing that peers sometimes are excessively ego-strong and had the ability to crush his emerging career. Fortunately, his writings were accepted, and despite his humble origins, he became the Surgeon-in-Chief to three kings of France and the most famous surgeon of his generation. Later in his career, he would make tremendous observations on the treatment of burned skin, which was just as revolutionary as his avoidance of burning oil for gunshot wounds. Because the peers of his day accepted his initial operations, they eventually became the standard of care for burn injuries.

Another example of peer review leading to improved care relates to the development of the rabies vaccine by the French chemist and microbiologist, Louis Pasteur. Following the innovative work by Jenner and Koch on the understanding of microbes and infections, particularly as it relates to the anthrax bacillus, which had killed millions of sheep, his peers tested his theories, and their combined efforts led to the salvation of the sheep industry. Pasteur was later able to identify and contain the agent responsible for rabies and had the courage in 1885 to vaccinate a nine-year-old boy who had been bitten by a rabid dog. The youngster did well. This led to the new science of immunology, all related to peer review activities conducted by Pasteur and his European colleagues.



Louis Pasteur

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Within the realm of surgical peer review, the beginnings start with the publication of journals that describe experiences, first by individual surgeons and later by groups of surgeons, in the treatment of various diseases. The American College of Surgeons (ACS) was formed in 1913 when strong representatives of American surgery from both Chicago and New York joined together in order to develop a national organization dedicated to the principle of increasing surgical knowledge and improving surgical results. One of the many stimuli which led to the creation of the ACS was the concern about the technical experience of the small-town general practitioner/surgeon who might do one operation per week. This was studied by Dr. Ludwig Sogge who surveyed rural hospitals in towns of less than 3,000 citizens, having hospitals of 5-15 beds. The general practitioner/surgeon in such a town did about one operation a week in order to eliminate the cost of travel and housing at a faraway large city where surgeons were operating every day. Dr. William Haggert, the Professor and Chair of Surgery at Vanderbilt, stated, "The most dangerous operator is the occasional operator and the general practitioner without special training." This ultimately led to the Regents of the ACS from both the USA and Canada to develop standards for surgical training in all of the surgical specialties. The next peer review challenge for the improvement of patient outcomes following operation was focused on the workplace, namely the hospitals. The ACS was one of the founding members of the Joint Commission for the Accreditation of Hospitals Organization (JCAHO), based upon resources that were available in order to facilitate successful operations. For many years, the ACS was the leader in conducting peer review hospital surveys in order to achieve that goal. Throughout all of these challenges, there was a sense of collegiality, as all parties recognized that this peer review process was designed to enhance patient outcomes. The collaborative advances, especially the definition and implementation of a defined surgical training curriculum and the establishment of resources that had to be present within hospitals, naturally led to the concept of formal evaluation of the completely trained surgeon by an examination, which is now carried out by the American Board of Surgery. Many of these advances occurred because of the significant advances made by Dr. Ernest Codman in trying to analyze causes of morbidities and mortalities from a preventive vantage point.

Local Application of Peer Review

All practicing surgeons and current surgical residents are strongly impacted by the weekly Morbidity and Mortality Conferences throughout the nation. Practicing surgeons in smaller hospitals or surgical residents in large teaching hospitals would present one of their patients who had a specific complication or who died, and open up the conference to discussion by many experienced surgeons who would express opinions regarding alternate pathways of treatment in order to avoid the negative result. The subsequent discussions were often very opinionated, as mature and experienced surgeons vigorously disagreed with one another over the optimal treatment plan for that particular

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illness. Personal experiences were cited with strong support, and the literature was frequently quoted in order to enhance personal opinions. The attending surgeons and surgical residents received more critical information about these disease processes in one hour than could be achieved by spending six hours in the library or, nowadays, on one's cell phone. The ultimate purpose of these very vigorous sessions was to enhance patient care and possibly influence another surgeon to try something different in the care of similar patients. The ACS created the Annual Convention for the nation's surgeons to meet in the autumn of each year in order to participate in multiple teaching sessions, which would highlight the principles learned as part of the overall peer review process.

Trauma Peer Review

One of the major objectives of the ACS was to improve the care of patients who sustained injury, particularly fractures. The ACS Regents created the Committee on Trauma (COT) in 1920 in order to provide optimal guidelines for the care of injured patients as was now being applied to non-injured patients. Many of the advancements achieved under the leadership of the COT were the result of the efforts of Dr. Charles Scudder, who is now recognized each year at the Annual Convention, where the Scudder Oration is given by a recognized leader in the care of injured patients. The COT continues to provide leadership in the peer review of the care of injured patients and has expanded its activities to provide not only assessment of hospital facilities, but the actual implementation of trauma care as determined by onsite visitation by peer review members of the Verification Review committee (VRC), which was created by the COT in 1988. Again, the visitations by the Joint Commission representatives and the VRC surveyors are designed to improve patient care, identify correctable deficiencies, insufficient hospital resources, and make recommendations for improvement in patient outcomes. Synergism is the key to these peer review processes, as the reviewers, the hospitals and their physician staff desire the same outcomes. Facilitation of a positive outcome is augmented by the fact that these are confidential reviews, designed to help the hospitals and staff improve patient care and are not designed for any type of punishment.

Mandated Peer Review

The JCAHO, in 1952, mandated that each hospital to be subsequently reviewed must have documentation of physician peer review as part of the review process. This seemed like an appropriate step forward in order to help ensure that all patients received appropriate care. Compliance with this new mandate led each hospital to develop a more complex peer review process, which was primarily achieved by retrospective chart review emphasizing morbidities and mortalities and by morbidity and mortality conferences. Judgments about quality of care were made by one's peers who then reported results to the governing hospital committees where recommendations could be made. The process was well intended and designed to optimize the quality of care provided for patients.

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Unfortunately, human nature being what it is, abuses of the above process led to inappropriate decision-making by hospital boards. Ideally, physicians who did not apply proper care to their patients and would not alter their practice would be excluded from hospital privileges, whereas the vast majority of physicians providing proper care would retain their privileges. The so-called “Bad Apple” would, therefore, no longer be able to “abuse” patients in that hospital. When the so-called “Bad Apple” was terminated from a specific hospital, he/she might go to a different state where the State Licensure Medical Committee would have no information about his/her poor performance at the previous hospital. This led to the development of a National Practitioner Data Bank, which identified disciplinary action, so that all states would have access to the previous inadequate care provided by the “Bad Apple.” Again, everything seemed to be altruistic, as the quality of patient care was being protected.

The Dark Side of Peer Review

The potential evils of the above processes are typified in the 1988 legal case of Patrick vs. Burget. Dr. Timothy Patrick began his surgical practice in Astoria, Oregon when he joined a group of established surgeons at the Astoria Clinic. When he was later offered full partnership in the clinic he declined, opting instead to open his own practice in the same area. Subsequently, the same surgeons who had offered Dr. Patrick partnership reported Dr. Patrick to the Executive Committee of their hospital for peer review violations, claiming that he showed irresponsible behavior toward patient care. The Executive Committee was chaired by Dr. Gary Boeling, one of the partners at the Astoria Clinic, and the committee voted to terminate Dr. Patrick’s privileges; Dr. Patrick resigned when faced with that threat. Dr. Patrick then sued the Astoria Clinic, claiming “bad faith peer review” in order to eliminate competition. The United States Supreme Court ruled in favor of Dr. Patrick and awarded him \$2.2 million, in addition to disbanding the Astoria Clinic because of violation of the Sherman Anti-Trust Act. This, of course, put a damper on all hospital peer review activities and led the federal government to expand or ensure reviewer and hospital immunity by the creation of the Health Care Quality Insurance Act (HCQIA), which grants hospital and physician immunity against peer review testimony recrimination. The National Practitioner Data Bank (NPDB) was also created to impede any attempt by a victim of peer review to practice in another state. The NPDB also may withhold payments to practicing surgeons through Medicare-Medicaid exclusion. These processes were very important in protecting hospitals and physicians participating in peer review, but did nothing to protect the individual who was the victim of inappropriate or Sham Peer Review.

The Scudder Oration

The highlight for trauma surgeons at the annual convention or assembly of the ACS is the Scudder Oration. The ACS chose, for the 2019 Scudder Oration, Dr. Thomas Scalea, a very well-published and famous trauma surgeon from Baltimore. Dr. Scalea had made a career related to trauma and

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acute care surgery, and was a pioneer in many of the innovations that have been followed by other surgeons. He has routinely been a leader at the different surgical meetings conducted annually around the country and has been very verbal in teaching others about principles that he has learned because of his vast experience in caring for injured patients. As is typical at these meetings, he would engage in heated emotional discussions with his surgical colleagues from other cities and, following the floor discussions, would participate with these same colleagues who were long-time friends in the social activities that evening. These opinionated discussions among colleagues are one of the principle modes for peer review to get disseminated to a large number of surgeons attending such meetings. Dr. Scalea was overjoyed to be chosen as the Scudder Orator and at the time of the invitation, he considered it the “pinnacle of my career.”



Dr. Thomas Scalea

Surgeons from around the country, and indeed from around the world, anticipated an excellent oration by Dr. Scalea, and many came early in order to get seats near the front since they knew that the 2,000-seat auditorium would be filled. After a tremendous introduction and voluminous reception by the audience, he began his oration by discussing how he was called to the office of the hospital's Chief of Staff. Some in the audience thought he was going to describe how his hospital had become one of the first hospitals in the nation to implement a multi-purpose resuscitation room with resuscitation capabilities combined with interventional radiology capabilities and operating room. As the presentation continued, the audience realized that Dr. Scalea was called to the senior administrator's office for disciplinary action related to his so-called verbal abuse of others within the hospital. He described how there had been the accumulation of a number of reports describing his abuse and how he was now being chastised for these abuses. He went on to describe the administrative actions that would be taking place in response to this onslaught of so-called “verbal abuse.” The decision to make this the topic of his Scudder Oration was difficult. He reminds friends about the advice that he received from his nephew, a transplant surgeon, who asked Dr. Scalea, “If you do not do this, who will have the balls to get up and say it?” As one would expect from Dr. Scalea, the lecture was outstanding and left many trauma surgeons, who routinely use forceful language, wondering what the future holds for trauma surgery.

Following his presentation, Dr. Scalea was the victim of “very loud and ugly backlash” to his talk. He describes how this occurred mostly on social media and that the anger toward his talk was “mostly young women surgeons who were offended by my choice of topic and my remarks.” Dr. Scalea describes how he was likened on social media to Supreme Court Justice Brett Kavanaugh. Some of the remarks on social media requested that the ACS remove him from any position of influence even though, as Dr. Scalea says, he has no position of influence with the ACS. He was personally depressed because, in the face of the onslaught of condemnation, few of his colleagues

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came to his defense. Despite the onslaught of criticism, Dr. Scalea says that if he had to do it over again, he would do the same thing because in his heart, he knew that this type of activity needed to see the light of day. He never wrote a formal manuscript because he felt that the Journal of the American College of Surgeons (JACS) would not accept it for publication; hopefully, he is wrong in that assessment.

Incident Reporting System

Peer review activities occur at all levels within the medical system. For example, if there is leakage of water near a pipe leading to wetness on one of the main hallways within a hospital, that problem would have to be identified and corrected. Ideally, the identification that there is moisture on the floor could be reported by one of the staff members submitting a report within a well-established system, which would result in an immediate email notification to the Risk Management Department. This, in turn, would be followed up by a review and identification that there is water leaking onto the floor, which would lead to notification of the plumbers within the hospital to repair the leak. This would be part of the so-called review and follow-up process. Once this particular problem has been corrected, there would be a "root cause analysis" in order to see if there are any other problems within the plumbing system so that any future potential leaks could be prevented. All of this would be documented on the "dashboard," showing that the system functioned perfectly and that any potential hazards related to falls on the wet hallway would be prevented. Ideally, such a system, which leads to easily reportable incidents in many areas, would lead to prompt follow-up, identification of the problem, and swift correction. There are thousands of examples where this type of analysis and problem-solving are critical for the efficient running of a hospital and an operating room. For example, the patient who presents to the Emergency Department with loss of vital signs from the time the patient came from the ambulance to the resuscitation room is very likely to receive an Emergency Department thoracotomy, particularly if the cause of the cardiac arrest is a penetrating chest wound. When the emergency thoracotomy tray is opened, the surgeon sees that the Finochietto retractor is the normal adult size which is not conducive, because of the deep blades, to Emergency Department pericardiotomy and cardiac massage. This causes difficulty for the surgeons' emergency efforts to restore vital signs and may even be a cause of failure of the cardiopulmonary resuscitation, resulting in death. Ideally, a brief report of this incident will quickly identify that the list of items that go into the creation of an Emergency Department thoracotomy tray only indicates the Finochietto retractor and does not indicate that it should be a pediatric Finochietto retractor. Thus, a brief incident report leads to a change in the wording, which is followed by those who makes up the Emergency Department thoracotomy tray. This principle applies to all of the surgical trays. Hopefully, the nurses trying to assist the surgeon with the Emergency Department thoracotomy would recognize his/her verbal outburst about the lack of a pediatric Finochietto retractor and not complete an

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PEER REVIEW, cont...

incident report on his/her abusive language. In the midst of frustration, particularly frustration brought about by inadequate instruments, few surgeons religiously maintain the proper use of the Queen's English.

Peer Review Malfunction

What happens in Baltimore happens in Detroit, and what happens in Detroit occurs everywhere. Three members of the WSSS have been victimized by the abuse of formal peer review, a process sometimes referred to as "sham peer review." All three of our colleagues were recognized during their residency as having a strong personality and being extremely committed to their patient's welfare. All three performed well clinically, both in and out of the operating room, and did well on their in-training examination as they prepared for their surgical boards; each passed their surgical board examinations on the first go-around.

Because of their technical skills, mature concern for patients, and availability to care for patients, all three became busy general surgeons within their community. Surgeon #1 is an independent surgical practitioner, working in a medium-sized town with one hospital. Being an independent person who always spoke the truth as he saw it, he sometimes found himself in conflict with the chief of surgery at that particular hospital. There were also some social issues, which are really unimportant. Often when he was operating and the equipment that was pulled for that operation lacked certain important instruments, he would point out the inadequacies and state that this was not in the best interest of the patient and, therefore, not in the best interest of the hospital. Unbeknownst to him, when he identified these deficiencies in the surgical trays, he was being reported to administration as being abusive to the nursing staff. Eventually, this led to a peer review process where some of the members of the Executive Committee who, to some degree, owed their position to the chief of surgery, decided to remove surgeon #1's privileges to practice in that hospital. Since this was the only hospital in his area, and he was not about to pack up and move in the twilight of his career, he was forced to expand his office surgery program in order to do increased outpatient surgery, but would no longer have the ability to do major operations, which was always a part of his weekly activities.

Surgeon #2, also known for his technical skills and patient concern, opened his practice in a small town and soon developed a good reputation and became a busy general surgeon. Having been brought up as the type of individual who would always speak his mind and say what he believed to be the truth, friction developed between him and the long-time chief of surgery over what should have been minor issues. When he did major operations, he would always have one of the other specialty surgeons serve as a first assistant, since the hospital had no students or residents. The individual who often became his first assistant was a close friend of the chief of surgery and very

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PEER REVIEW, cont...

unusual reports of operations were being forwarded to the office of the chief of surgery. Having served as a witness, giving deposition in support of surgeon #2, the editor had the opportunity to learn about these cases in great detail. His first assistant described how surgeon #2 did not remove an organ, as was stated in the operative report, but had removed a different organ. The surgical dictation describes the anatomy of how that organ was approached, devascularized, and removed, and the pathology report describes that indeed, the organ studied under the microscope was the same organ described as being removed by surgeon #2. Surgeon #2 was also criticized for not doing an early appendectomy in an elderly patient who was quite ill. Surgeon #2 arranged for the patient to have interventional drainage of a periappendiceal abscess, and when the patient recovered and was no longer sick, surgeon #2 performed an interval appendectomy. He was criticized for not doing the appendectomy early. While giving a deposition, the Editor encouraged the surgeons involved with this review to please go on Google and find out what is the current recommendation for treating patients with periappendiceal abscess at a time when they are dangerously ill. Surgeon #2 lost his surgical privileges by the peer review committee, which contained friends of the chief of surgery. Currently, he is doing minor procedures in the office, but is no longer able to do major operations for which he was trained in this hospital, which is the only hospital in town.

Surgeon #3, also known for his technical skills and affability, developed a busy surgical practice in a small-sized city, which had one hospital near the center of the city and another hospital out in the suburbs. He made a commitment to develop his practice within the hospital that was close to his office and close to his home. As would be expected for a technically qualified, affable, caring surgeon, he became very busy. Because of his concerns for efficiency and patient care, he often complained when the instrument trays did not have the equipment that they were supposed to contain, and these complaints, unknown to him, were being built up in the administrative file and eventually led to his coming under peer review for "abusive behavior." Again, there was an element of personal gain by the members of the peer review team, as was seen in the above discussion regarding the peer review of Dr. Patrick. Surgeon #3 was removed of his privileges and denied on his appeal, forcing him to change his practice to the hospital which is some distance away and makes his daily practice activity much more inefficient.

Many of the WSSS alumni wonder how this type of thing could happen when physicians and hospital administrators have been taught always to do what is the proper thing. Were the above three individuals "Bad Apples" who should not have finished our program? Alternatively, is there a weakness in our social structure, so that normally good and just individuals will support weak or false claims against an individual if those false claims will support a friend or colleague? The WSSS alumni should remember that millions of good people, badly influenced by demagogues and liars, stood by and offered little resistance while six million Jews were killed during the Holocaust. Who

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PEER REVIEW, cont...

really cares about surgeon X, Y, or Z, when I need to support my buddy who is the chief of surgery and is being financially hurt by X, Y, or Z?

The Future

All surgeons have a stake in this game. When surgeons identify that a colleague is performing surgical care and operations below par, he/she needs to notify the chief of surgery so that this issue can be brought to light in a formal manner with careful non-biased review of their fellow surgeon's activities and results. The conclusions brought about by that review would be discussed between the chief of surgery and the surgeon being reviewed in order to provide for enhanced education regarding treatment of various procedures or instructions as to how to get intraoperative help in difficult situations. This is the way ongoing peer review should occur and leads to improvement in a surgeon's skills and better patient outcomes. This, of course, is beneficial for the hospital. When a talented operating surgeon is frustrated and "disruptive" because a key instrument is not present at a crucial point in the operation, the solution is not to "Midas" the surgeon, but rather create an incident report, which would go back to the instrument supply room, so that the quality assurance program would ensure that the specific instrument is present on all of the trays that are designed for that particular operation. When an SICU nurse is complaining about recommendations being made by the attending surgeon, the SICU Director should not tell the nurse to "Midas him/her," but rather should take up the issue with the individual surgeon so that there can be an intelligent discussion about priorities of treatment. When one of the WSSS alumni is asked to become involved as a peer reviewer of a colleague in surgery or another specialty, the alum should think of this as being himself/herself being reviewed by their peers, so that he/she will make sure that there is a balanced report, followed by remedial action, with removal of privileges being a rarely implemented decision. Again, what happens in one hospital, happens in other hospitals; the Editor welcomes comments to be returned by the WSSS alumni in order to better appreciate the extent of this problem and to communicate recommended solutions in the monthly report. Finally, the ACS should recognize that when there are a minimum of three such examples in the WSSS, there are probably hundreds or even thousands of examples of surgeons across the country losing their privileges because of sham peer review. This is why Dr. Scalea decided to make this the topic of his Scudder Oration, knowing that he was going to receive a backlash from both enemies and former friends.





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Dr. Christopher Jeffries

Dr. Chris Jeffries (WSU/GS 2002/07) was a major contributor to the manuscript that dealt with tertiary parathyroidism in patients with severe hemorrhagic shock and septic shock during the period of recuperation. Following his plastic surgical residency at the Indiana University, he moved to Traverse City where he has been involved in a very busy practice. Below are some of his thoughts about life in general, residency training, the world about us, and the maturing Jeffries clan:

Dear Dr. Lucas,

Per your request I am happy to update you on Harrison but, since so much time has passed, I feel I should update you on the whole family as well as my practice. Please forgive the length of this communication, though I very much appreciate the detail with which other former residents are depicted in your newsletters.

I've been away from WSU and Detroit for 14 years, but time has gone by quickly. As probably every surgeon does, I reflect on residency fondly, the long hours and arduous moments filtered and compacted down thoroughly. The people I've met and worked with are what I remember most, as well as the snippets - the little anecdotal events during which I learned something critically important to my life and career, but which seemed like no big deal at the time. A few examples:

- ⇒ Endoscopy for bleeding with Dr. Tyburski (WSUGS 1992), when Dr. Lucas pages for morning rounds. I get anxious and start to hurry. Dr. T. explains: "He'll understand: concentrate on the patient."
- ⇒ Dr. Langenburg's (WSU Pediatric Fellowship 1999) rules for an intern. One of them: It is easier to get up and see a patient than to explain to someone why you did not. (That got me up so many times...and still does.)
- ⇒ Attending surgeons from whom I asked for help in the operating room - and they refused. Because they knew I could do it, but probably lacked the confidence.
- ⇒ Christina Shanti's (WSUGS 1997/2003) farewell poem after general surgery which showed you could display decorum and grace and humor as a surgical resident. She rose to every occasion.

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Dr. Christopher Jeffries, cont...

There are so many more examples, but those are a few I think about often, I wonder if others have some to share?

I finished plastic surgery fellowship after two years in Indianapolis and moved to Traverse City. I had always pictured coming back to Detroit, but my just-last-week retired partner, Steve Thomas, recruited me up North. It was a great decision, but not without some downsides. I stayed in Indy until June 30 for work that year and had an emotional moment when I was driving North on US-3, when I passed the sign for Detroit via I-94. It felt like I was doing something unnatural or at least unscripted. Anyway, things have worked out well, and we've grown the practice year over year. I am most proud of our staff. I truly feel like we work for them, and in return they supported us during tough times like the pandemic shutdown last spring. Fortunately, as with trucks and boats and home improvement, people have flocked back to elective surgery since that time. We've been busier than ever hired a new associate to fill Steve's shoes, and are expanding services including a storefront in Petoskey, where I also operate and see patients. (I rent some space from Hollenbeck and Beaudoin.) The only hard part is finding time and energy to work around the schedules of family and friends who come up North all summer. (It was awesome to see Erin Perrone (WSUGS 2012) at Red Ginger a couple years ago, and Larry Narkiewicz (WSU/GS 2004/09) at Nubs Nob....So, I take that back, please come see us up here and let me know you're coming.)

I got together again with Tom Flanagan (WSU/GS 2003/10) at our annual meeting in Boston in 2016. It was nice to see him and we shared a cadaver rhinoplasty dissection. I am shocked and saddened by his passing. I remember many mornings at DRH, when you could usually sleep for a couple hours between 2-5 a.m., rolling down to the ER to find Tom, beaten down but buzzing with coffee and enthusiasm having managed about 10 catastrophes since the rest of us turned in. He reveled in being the shit-magnet, I think. But he would cut off his arm for a patient or his colleagues, I am certain.

Harrison, who was born in Indianapolis, came North with us and is now 13. He is a smart kid and physically fit, more like my wife in both form and function. He wants to be a marine biologist, but also would prefer to stay with his mom in Traverse City. At some point he will have to choose. Mountain biking is his after-school gig, and he's pretty good at it. The biking trails here are really exceptional. Grady was born in 2010 and is all about football and baseball.

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Dr. Christopher Jeffries, cont...

At ten years old, all he talks about is how good his high school baseball team looks for his senior year. (We actually switched schools to make this a reality.) Unfortunately, he probably will be similar to me in size and stature, so he may be lucky to make that team in the future. He is a master politician, though, so I am not betting against him.

Finally, William (Wiley) was born in 2014 and is the last of the lot. He has features and proclivities from both sides of the family, but idolizes Grady and wants to be a ball player. He is very stubborn. I am attaching photos.

Secretly, Northern Michigan is really good in the Fall because the water is still warm after Labor Day. Looking forward to seeing you here, or perhaps at a meeting in the future.

Cheers,

Chris



Dr. Christopher Jeffries



Mrs. Lauren Jeffries



Harrison Jeffries



Grady Jeffries



Dr. Andrew Hollenbeck (WSUGS 2018) and
Dr. Jeffrey Beaudoin (WSU/GS 1991/96)



William (Wiley) Jeffries

OCTOBER 2021



REPORTS FROM THE OUTFIELD

Dr. Walter O. Evans Honored

Dr. Walter O. Evans (WSUGS 1976) developed a very busy surgical practice in the Detroit Medical Center, following the completion of his residency. He had outstanding technical skills, and at the peak of his surgical career, would move from room to room in order to complete 10 to 12 operations per day on the days that he operated. The senior residents would always scrub with him because the junior residents did not have enough technical skills to move with his skill and speed. Throughout these years, Dr. Evans was more than a busy surgeon; he was an accomplished art collector. This resulted in his having the largest collection of African-American art in the world.



Dr. Walter O. Evans

Dr. Evans came from a very humble background, but even as a youngster, he was interested in the artistic creation of others. He learned at his mother's knee the importance of studying history and knowing about the accomplishments of famous individuals, particularly if they were African-American. After high school, he served in the U.S. Navy, but always made it a point to identify various art exhibits and eventually visited with all of the major art museums in the United States. He has shown his collection all over America, including the Detroit Institute of Arts in Detroit, the White House, and in many other nations. He has a special collection of materials related to the great abolitionist, Frederick Douglass, and he has many original letters and works from Dr. Douglass. Some of his accomplishments are summarized in the September 2020 edition of the WSSS monthly newsletter.

Dr. Evans has recently received a new honor. Ms. Melissa Barton, curator of the Yale Collection of American Literature and the Beinecke Rare Book and Manuscript Library at Yale University, has announced the "Walter O. Evans Fellowship for the Study of Slavery or Race," which will be offered this coming year to the art graduates who wish to pursue postgraduate work in this area. All of the members of the WSSS salute Dr. Evans in this new honor. Following is the announcement Dr. Evans received.

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REPORTS FROM THE OUTFIELD

Dr. Walter O. Evans Honored, cont..

Dear Walter,

I'm writing to share the announcement for the Walter O. Evans Fellowship for the Study of Slavery or Race. We are so thrilled to be able to offer this opportunity, and I can't wait to see the applications that come in. Applications are now open, so if there is anyone you know who may be interested, please encourage them to apply. The applications will close on December 1. Once we have a fellow and they're in residence, we're hopeful that you and they will have an opportunity to meet and engage with each other. They'll also be expected to give a presentation at the GLC and participate in activities there.

Walter, let me repeat what a wonderful opportunity this fellowship will be for the scholars who win it, and for us to showcase your collections here. We look forward to appointing the first Evans fellow!

Best,

Melissa and David

Melissa Barton

Curator, Drama and Prose, Yale Collection of American Literature

Beinecke Rare Book and Manuscript Library



PRODUCTIVITY

Dr. Larry Diebel's (WSU/GS 1980/86) paper that was presented at the American Association for the Surgery of Trauma Annual Meeting, "Plasma Components to Protect the Endothelial Barrier Following Trauma: A Role for Sphingosine 1-Phosphate," was reviewed by the Editorial Board of 'Surgery' and has been accepted for publication. His co-authors on this manuscript are Mr. David Liberati, Mr. Timothy Hla, and Mr. Steven Swendeman.



Dr. Larry Diebel

Dr. Diebel and his team continue to be very productive on the national scene with scientific publications.





"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

Chief resident, Zack Asuncion; first cutter, J. Primrose

8/16/70: Staff, Dr. Joe Bassett

AR: 20-year-old with GSW umbilicus with injury to colon and small bowel, IVC, right ureter, right internal iliac artery and vein. Repair IVC, ureter, ligate iliac vessels, segmental resection small bowel, and exteriorization of colon.

WB: 70-year-old with GSW left mid abdomen with gastric injury. Treated with repair and gastrostomy.

RB: 33-year-old with GSW right brachial artery. Treated with resection and end-to-end anastomosis.

8/17/70: Staff, W. Harrity

RP: 19-year-old with acute appendicitis. Treated with appendectomy.

8/18/70: Staff, Dr. C. Bernys

FL: 52-year-old with perforated duodenal ulcer. Treated with patch.

ZC: 18-year-old with stab epigastrium. Treated with exploratory lap. Negative findings.

DJ: 20-year-old with GSW left chest with perforation diaphragm, stomach, spleen, liver, small bowel times eight with hematoma of the mesentery. Treated with left chest tube, repair of holes diaphragm, splenectomy, segmental small bowel resection, and exteriorization of the splenic flexure colon.

AB: 22-month-old with recurrent incarcerated right inguinal hernia. Treated with reduction under ether anesthesia.

8/19/70: Staff, Dr. Hershey

BS: 23-year-old with GSW abdomen with perforation small bowel, left renal artery, laceration, and aortic perforation. Treated with repair of small bowel holes, left nephrectomy, repair aortic injury.

NH: 21-year-old with GSW abdomen with perforation cecum and terminal ileum. Treated with right ileocelectomy and end-to-end anastomosis.

WK: 52-year-old status post eight days following right colectomy for adeno CA ileum with pneumonia of right lower lobe. Treated with tracheostomy and bronchoscopy.

GG: 48-year-old with stab left neck and abdomen. Treated with exploratory lap, which was negative but penetrating, and exploration left neck, which was negative.

JJ: 21-year-old with GSW right arm and abdomen with injury right axillary artery and right lobe liver. Treated with exploration of right axillary artery and resection and end-to-end anastomosis and exploratory lap abdomen with Penrose drainage liver injury.



Dr. Anna Ledgerwood

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DOWN MEMORY LANE — Anna M. Ledgerwood, MD

Note to Dr. Walt: “Problems in OR. I couldn’t open two rooms after midnight to start JI (number 5 case) until we saw Mr. Cook (medical attendant) to circulate at 3 a.m. Midnight shift had one LPN and two OR techs.”

8/20/70: Staff, Dr. Silbergleit

JB: 26-year-old with GSW abdomen with injury to spleen, colon, upper pole, right kidney. Treated with splenectomy, partial nephrectomy, and resection of colon with colostomy.

BB: 20-year-old with perirectal abscess. Treated with I&D.

(No OR problems.)

8/21/70: Staff, Dr. N. Thoms

AW: 79-year-old with intestinal obstruction secondary to adhesions. Treated with lysis, decompressive enterotomy, and gastrostomy.

AG: 21-year-old with GSW left innominate vein, thoracic duct, internal mammary artery. Treated with median sternotomy and ligation of vessels with left and right chest tubes.

BS: 19-year-old with GSW right renal vein and ascending colon. Treated with repair of vein and colostomy.

RB: 20-year-old with stab left abdomen with negative exploratory lap.

WK: 52-year-old with abscess right lower quadrant secondary to leaking gastrostomy. Treated with extra-peritoneal drainage.

WB: Gangrene bilateral lower legs. Treated with bilateral amputation.

“OR problems—OR midnight shift had only one LPN and one RN to start with and had difficulty starting a second room until we pulled Mr. Cook, the medical attendant from the ER, and Mrs. Brooks, RN, from recovery room, to start a new room. An RN from ward 2-5 covered recovery room. Commend Mr. Cook and Ms. Brooks who are always dependable when they are around, but we won’t have them long if we keep this up.”

8/22/70: Staff, Dr. Hill; chief resident, E. Roman

RW: stab abdomen with injury to stomach and colon. Treated with repair.

LG: 20-year-old with GSW right chest and abdomen. Treated with exploratory lap, right chest tube, and right thoracotomy with injury to the upper pole right kidney.

GH: 23-year-old with perforated uterus and general peritonitis. Treated with hysterectomy and drainage.

WB: stab abdomen with negative exploratory lap.

WD: GSW left chest involving lung, ribs, sternum, and spinal cord. Arrested times three including once in ER and twice in OR. Attempt at left upper lobe lung resection and chest tube. Expired in OR.

Side note: No problems in OR.



OCTOBER 2021



WSU MONTHLY CONFERENCES

2021

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

The weblink for the New WebEx Room:

<https://davidedelman.my.webex.com/meet/dedelman>

Wednesday, October 6

Death & Complications Conference

“Impaired & Disabled Physicians”

Carl Christensen, MD, PhD

Wayne State University Departments of Psychiatry & Ob/Gyn

Wednesday, October 13

Death & Complications Conference

Jessica McGee, MD

Emeritus Professor of Surgery
Mayo Clinic, Rochester, MN

Wednesday, October 20

Death & Complications Conference

Faisal Al-Mufarej, MD

Professor of Surgery, Director, Oncology and Endocrine Surgery
Roy J and Lucille A Carver University of Iowa college of Medicine

Wednesday, October 27

Death & Complications Conference

James A. Rowley, MD

Wayne State University Michael & Marian Ilitch Department of Surgery



Department of Surgery
6C/UHC, 4201 St. Antoine
Detroit, Michigan 48201
(313) 577-5013
FAX: 577-5310



March 8, 2021

Dear WSSS Alumni and Friends:

The Wayne State Surgical Society (WSSS) continues to thrive, offering support to our members and the current general surgical residents at WSU. As the president of the WSSS, I would like to review our new business year-end report on the Society's activities in 2020. Our annual meeting of the American College of Surgeons was supposed to take place in Chicago, but as everyone knows, the meeting was held virtually and, of course, we did not have our annual reception and report to the membership by our chairman, Dr. Don Weaver. This year's meeting of the ACLS will be in Washington, D.C. from October 24-28, and we will enjoy a good reunion of the department on Tuesday evening. The details of where the meeting will take place for the alumni will be forthcoming in a subsequent monthly report. The WSSS supports the senior surgical residents with their attendance at that meeting, and each of the graduating residents will give the alumni a summary as to what their plans are for the next step in their career after completing their surgical residency.

The Society also sponsors the annual WSSS Lectureship in memory of Dr. Walt. The 2020 Lecturer was presented virtually by Dr. Joseph Maroon, who is a Clinical Professor of Neurosurgery at the University of Pittsburgh. Dr. Maroon presented an outstanding talk, "From Icarus to Aequanimitas -Overcoming Adversity and Building Resilience." Dr. Maroon summarized the statements made by Sir William Osler when he addressed the University of Pennsylvania medical students in 1890. Dr. Osler always emphasized the importance of a good relationship between physician and patient. Dr. Maroon's presentation highlighted how Icarus was directed to avoid hubris when he flew with waxed wings and was told by his father to not fly close to the sun, lest the heat melt the wax on the wings, and not to fly close to the water, lest the waves moisten his wings and cause them to sink into the ocean. He emphasized how he (Dr. Maroon) was a workaholic when he became a member of the Department of Surgery at the University of Pittsburgh. He focused on his successful research, clinical care, publications, and left little time for anything else, including family. While at the peak of his academic career, his dad died and his wife took the kids and said goodbye. Faced with this overwhelming challenge, he dropped out of surgery and worked at a truck stop, which his father had owned, and he experienced financial difficulty in the midst of his depression. He read the book by William Dansforth, "Balance Your Life," which emphasized the importance of a spiritual life, physical activity, and communication with others. Dr. Maroon became a competitive runner, won many triathlons, avoided anti-depressant medications, ate a balanced diet without fatty foods, and returned to his first love, namely, surgery. While doing a triathlon in Hawaii, Dr. Maroon noted that the triple amputee who lost both legs and one arm fighting for our country was just ahead of him, running on metal legs. The individual was about to give up when Dr. Maroon badgered him and told him that he must finish the race, which he did. They became close friends, and later the two of them climbed Mount Kilimanjaro in Japan. His presentation was outstanding, and those who had the privilege of listening to this virtual presentation were rewarded.

This year's WSSS Lectureship will be provided by Dr. David Spain, one of our own medical school graduates who credits his favorite teacher, Dr. Anna Ledgerwood, for directing him to a career in Trauma/Acute Care Surgery. Dr. Spain is the Trauma Director, Critical Care Director, and Vice-Chairman of the Department of Surgery at Stanford University. He is the past president of the American Association for the Surgery of Trauma. He will give an outstanding WSSS Lectureship, which will be provided on Wednesday, November 10 at the Harper Hospital Kresge Auditorium. This will certainly be an outstanding lecture, and the membership should plan to come downtown to support Dr. Spain in his effort. Those who cannot make it downtown should follow the directions provided by Dr. David Edelman, our program director, in order to hear the lecture virtually.

The Detroit Trauma Symposium for 2020 was quite successful, even though the entire symposium was done virtually. The presenters were all outstanding, and their presentations came thru quite clearly via ZOOM. Dr. Diebel was able to provide appropriate questions for each of the presenters, who provided excellent responses to these questions. The virtual technique allowed these lectures to be seen online for approximately five weeks after the symposium ended. This year's Trauma Symposium has already been planned and will occur on November 11-12 at the MGM Casino in downtown Detroit. Dr. Diebel already has a fine list of outstanding presenters who are going to come to Detroit and make personal presentations, rather than having the meeting done virtually. You should set those days aside and plan to come down to hear these great presentations and mix with your fellow members of the WSSS.

Your WSSS membership also covers your admission to the annual Detroit Trauma Symposium. Incidentally, the Detroit Trauma Symposium is the oldest trauma symposium in the country and has been very successful under the leadership of Dr. Diebel. He typically attracts over 700 people to this excellent event. The details as to the specific speakers will come out in one of the later editions of the monthly report.

The WSSS membership is currently approaching 150 members, with over 70 of those members being Charter Life members who have, or are in the process of, donating \$10,000 to the Society, tax-deductible! **If you are not receiving the newsletter, please let us know your e-mail address so that you can be included to receive this very fun and informative newsletter for all the alumni of the Department of Surgery.** It gives me great pleasure to tell you that we have over \$219,432 in the bank, and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may just become your partner!

Typically, enclosed with this letter is a ballot for new officers and Board members. However, the ballot will not be included this year, since none of the officers and Board members had an opportunity to carry out their functions for 2020 and have agreed to continue in the same function for 2021. Also included with this mailing is the form for your Annual Dues. I always thought the standards and skills learned during my residency formed the foundation for my professional career. The Society offers the opportunity to continue a relationship with the program, both by continued fellowship with peers and mentors, as well as the support of those who will be replacing us when we retire. I think the WSSS is worthy of your support. Serving as our Society president this year will be an honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. It is an organization that brings old friends together with mentors and future partners. It is worthy of our participation and support.

Sincerely yours,
Scott Davidson, MD, FACS
President, Wayne State Surgical Society



Wayne State Surgical Society 2021 Donation

Name: _____

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Service Description	Amount
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2021 Dues Payment _____	\$200 _____
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My contribution for "An Operation A Year for WSU" _____	
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Billing address of card (if different from above):

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*I want to commit to becoming a charter life member with payment of \$1000
per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201

MARK YOUR CALENDARS

*American College of Surgeons Clinical
Congress*

October 23-27, 2021

Virtual Event

*Detroit Trauma Symposium Annual
Meeting*

November 4-5, 2021

Detroit, Michigan

*Western Surgical Association Annual
Meeting*

November 6-9, 2021

*Renaissance Indian Wells Resort & Spa
Indian Wells, California*



**Please Update Your
Information**

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at clucas@med.wayne.edu to update your contact information.



Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at clucas@med.wayne.edu with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Aletta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

David M. Gordon (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Jeffrey Johnson (WSU/GS 1984) passed the baton of presidency to Dr. Scott Davidson WSU/GS 1990/96) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Davidson continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.



Members of the Wayne State Surgical Society Charter Life Members

Ahn, Dean	Bouwman, David	Fromm, David G	Johnson, Pamela D.	Missavage, Anne	Sarin, Susan	Washington, Bruce C.
Albaran, Renato G	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Montenegro, Carlos E.	Sferra, Joseph	Walt, Alexander
Allaben, Robert D. (Deceased)	Cirotto, William C.	Gayer, Christopher P.	Lange, William (Deceased)	Narkiewicz, Lawrence	Shapiro, Brian	(Deceased)
Ames, Elliot L.	Clink, Douglas	Gerrick Stanley	Lau, David	Nicholas, Jeffrey M.	Silbergleit, Allen	Weaver, Donald
Amirikia, Kathryn C.	Colon, Fernando I.	Grifka Thomas J. (Deceased)	Ledgerwood, Anna M.	Novakovic, Rachel L.	Smith, Daniel	Whittle, Thomas J.
Anslow, Richard D.	Conway, W. Charles	Gutowski, Tomasz D.	Lim, John J.	Perrone, Erin	Smith, Randall W.	Williams, Mallory
Sntoniolli, Anita L.	Davidson, Scott B.	Herman, Mark A.	Lucas, Charles E.	Porter, Donald	Stassinopoulos, Jerry	Wills, Hale
Auer, George	Dujon, Jay	Hinshaw, Keith A.	Malian, Michael S.	Ramnauth, Subhash	Sullivan, Daniel M.	Wilson, Robert F.
Babel, James B.	Edelman, David A.	Holmes, Robert J.	Maxwell, Nicholas	Rector, Frederick	Sugawa, Choichi	Wood, Michael H.
Bassett, Joseph	Francis, Wesley	Huebl, Herbert C.	McGuire, Timothy	Rose, Alexander	Tuma, Martin	Zahriya, Karim
Baylor, Alfred	Flynn, Lisa M.	Johnson, Jeffrey R.	McIntosh, Bruce	Rosenberg, Jerry C.	vonBerg, Vollrad J. (Deceased)	

Members of the Wayne State Surgical Society—2021 Dues

Alpendre, Cristiano V.	Dulchavsky, Scott A.	Kaderabek, Douglas J.	Mueller, Michael J.	Thomas, Gregory A.
Asfaw, Ingida	Edwards, Ryan	Klein, Michael D.	Noorily, Michael	Thoms, Norman W.
Bambach, Gregory A.	Fernandez-Gerena, Jose	Kosir, Mary Ann	Paley, Daniel S.	Vasquez, Julio
Baylor, Alfred	Gallick, Harold	Larson, Sarah	Phillips, Linda G.	Ziegler, Daniel W.
Bucci, Lorenzo	Goltz, Christopher J.	Liebold, Walt	Schwarz, Karl W.	Zoellner, Steven M.
Carlin, Arthur	Hamamdjian, Khatch	Lopez, Peter	Shaheen, Kenneth W.	
Dawson, Konrad L.	Hilu, John	Malian, Michael S.	Siegel, Thomas S.	
Dente, Christopher	Jeffries, Christopher	McGee, Jessica D.	Taylor, Michael G.	
Dolman, Heather	Joseph, Anthony	Meade, Peter C.	Tennenberg, Steven	



Operation-A-Year January 1—December 31, 2021



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send your donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Cirotto, William C.	Gallick, Harold	Holmes, Robert J.	Lim, John J.	Missavage, Anne	Sferra, Joseph	Tuma, Martin
Anslow, Richard D.	Conway, W. Charles	Gayer, Christopher P.	Huebel, Hubert C.	Lopez, Peter	Nicholas, Jeffrey	Siegel, Thomas S.	Whittle, Thomas J.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Jeffrey R.	Malian, Michael	Novakovic, Rachel L.	Silbergleit, Allen	Williams, Mallory
Anthony, Joseph	Dujon, Jay	Hamamdjian, Khatch	Johnson, Pamela D.	Maxwell, Nicholas	Perrone, Erin	Smith, Randall W.	Wills, Hale
Bambach, Gregory A.	Edelman, David A.	Herman, Mark A.	Joseph, Anthony	McGuire, Timothy	Porter, Donald	Sugawa, Choichi	Wood, Michael H.
Bradley, Jennifer	Francis, Wesley	Hinshaw, Keith A.	Ledgerwood Anna M.	McIntosh, Bruce	Sankaran, Surya	Sullivan, Daniel M.	

WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the "Dr. John Smith Endowment Fund", he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM> She can be reached by email at lrobitai@med.wayne.edu.