

MISSION

STATEMENT

The Department of Surgery at the University of Tennessee Graduate School of Medicine provides surgical education by delivering the highest quality patient care, teaching and research.

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SPECIAL THANKS TO **W.L. GORE & ASSOCIATES, INC., MEDICAL PRODUCTS DIVISION** FOR MAKING OUR NEWSLETTER POSSIBLE

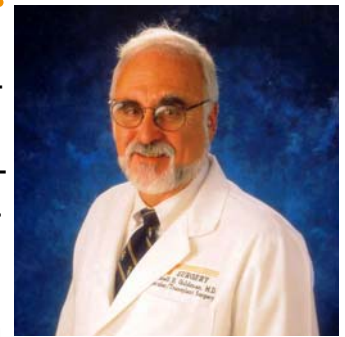
Thoughts from the Chairman...

RUMORS

Rumors of my demise are premature. I am still around and plan to be for some time. I did give up vascular call and routine vascular surgery. But I am still doing dialysis access and transplant surgery. And I have some new responsibilities in the Dean's office and at UHS. The changes have given me an opportunity to reflect on the forty years since I graduated from HMS in 1970. I was reading a passage from Hans Zinsser's book "As I Remember Him," which dealt with the coming of "socialized medicine" as he saw it in the first half of the 20th century. It's fascinating that the tension between provision of the modern advances in medicine, the provision of the benefits of health-care to the indigent, the loss of the role of the personal physician, the intrusion of external entities into the practice of medical care and issue of reimbursement were preeminent issues of his day. Not much seems to have changed in the challenges medicine has faced over the last century.

The surgery residencies at UTMCK and UTGSM continue to evolve grounded in a fundamentally sound program of stellar education, research and patient care. Our residents maintain their excellent performance

on the American Board of Surgery Qualifying and Certifying Exam with 100% pass rates and



will continue to do so under the new Program Director, Brian J. Daley, MD. Dr. Jimmy Lewis has improved our Surgery Grand Rounds schedule and has brought in some outstanding visiting professors. Dr. Keith Gray has added some much needed oomph to our medical student curriculum by providing podcasts of core lectures. The vascular group is expanding both its clinical and its research reputations. We now participate in close to a dozen clinical trials under the direction of our new coordinator Susan Rawn, RN. The urology residency has expanded. We have a new Heart Hospital. I can go on forever were it not for page limitations.

We still have the department on a shoestring budget. Some things seem the same. We are becoming more dependant on outside sources to finance the many projects of the department. We sure could use some help. I encourage those of you who haven't donated to the loupes fund to think about doing so. Also, there are opportunities to give to the Filston

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Expansion of the Vascular Research Lab (VRL): Formation of the Lab of Regenerative Medicine (RegenMed)

The highly multi-disciplinary (engineering, medicine, biology, and chemistry) approach taken in RegenMed at the University of Tennessee Medical Center (UTMCK) will allow for the development of unique and exciting resolutions to difficult surgical problems, with the desire to improve patient quality of life. Regenerative Medicine is the science of accelerating the healing of damaged or diseased organs/tissue. This includes research in the fields of tissue engineering, development of artificial organs, development of medical implants and stem cells. Our laboratory's primary focus is the use of basic, transitional, and clinical research to develop off-the-shelf treatments that do not require personalized cell culture prior to implantation.

Clinical and Simulation Research

The research in this category will have an immediate impact on the day-to-day function of UTMCK. RegenMed is collaborating with the Simulation Lab at UTMCK, Dr. Roberto Benson (Materials Science and Engineering at the University of Tennessee) and Dr. Scott Guelcher (Vanderbilt University) to develop tissue simulants that will allow more accurate surgical models for surgeon training. Our approach involves the simulation of the tissue as individual nano- and micro- components instead of simply simulating the bulk properties of the tissue, since the bulk approach does not capture tissue details such as the nanofibrous collagen and elastin layers in the subcutaneous tissue. In addition to simulation tissue, RegenMed is also working with Dr. David Cassada to conduct numerical analysis of DUPLEX ultrasound to detect central venous occlusive disease.

Translation Research

RegenMed's translational research component is focused on development of treatments and implants that will either encourage the natural healing process or act as a biomimetic component. The current focus of our translational research is on the development of a Specific Proliferation Inhibitor "SPI" and a synthetic venous valve. The SPI agent is an endovascularly delivered surface treatment to reduce intimal hyperplasia (IH) after angioplasty. This treatment has the potential to help a large portion of the over a million patients suffering from IH caused restenosis each year in the US alone.

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Our venous valve design takes a biomimetic approach and is endovascularly delivered. The development of our venous valve has the potential to help patients presenting with chronic venous insufficiency (CVI); it is estimated that 500,000 US patients present with lower leg ulcers due to CVI.

Basic Research

Our basic research is focused on creating models that will support our translational research. Currently we are developing an in-vitro model that can be imaged under realtime conditions that would simulate the damaged vessel lumen, studying the ligandreceptor adhesion strength of smooth muscle cells under physiologic shear stress, and developing vascular tissue models for the study of potential drug treatments.

Outreach

Our nation is currently dealing with a severe lack of American graduate students; it is our belief that this can be addressed by exposing students to research prior to entering college where they are immediately faced with having to choose a major. In an attempt to develop a mutually beneficial high school research program, Dr. Chris Stephens will be teaching the basics of conducting research to exceptional junior-level high school students at West, Bearden, Central and Farragut. This year long course in research basics will culminate in a research proposal competition with the winning students receiving the opportunity to conduct research in the RegenMed lab their senior year. This program will fill the student's "toolbox" with the fundamental research skills needed prior to entering the lab, giving the students more capable minds in order to find success in research. The goal is to prepare the students to be functional members of a research laboratory by their freshman year of college, whether that lab continues to be RegenMed or another lab of their choosing.

Laboratory Structure

RegenMed is a cooperative endeavor between the Department of Surgery and the college of Engineering (Center for Materials Processing, CMP) that is headquartered in the research center at UTMCK. RegenMed's scientific primary investigator (PI) is Dr. Chris Stephens (PhD in Polymer Engineering) and lead medical advisor is Dr. Oscar Grandas (Vascular Surgeon) with strong scientific collaboration with Dr. Deidra Mountain, PhD, the PI in the VRL. RegenMed has a large group of medical advisors from Vascular Surgery (V), Cardiothoracic Surgery (C), and Medical Simulation (S) including Dr. Mitchell Goldman (V), Dr. Oscar Grandas (V), Dr. Thomas Gaines (C), Dr. Jeffrey Everett (C), Dr. Raymond Dieter (C), Cr. Michael Freeman (V), Dr. Leonard Hines (S), Dr. Paul Huffstutter (S), Dr. David Cassada (V), Melinda Klar, RN (S), and Judy Roark, CST (S). RegenMed also has engineering at the University of Tennessee, Dr. Stan Kleis (Mechanical Engineering, University of Houston), and Dr. Scott Guelcher (Chemical Engineering, Vanderbilt University). The Cardiothoracic Research Fund, the VRL, and the CMP financially support RegenMed.

Chris Stephens, PhD

Assistant Professor

Department of Surgery

New Faculty

Kathleen S. Herbig, MD

Kathleen S. Herbig, MD has joined the Division of Plastic Surgery as an Instructor. Dr. Herbig is a native of Colorado. She received her BS degree from Colorado State University, Magna Cum Laude and her MD from the University of Texas Southwestern Medical School in Dallas, Texas. Dr. Herbig completed her Plastic Surgery Residency at the University of Texas Southwestern Integrated Residency.

Upon completion of her plastic surgery residency Dr. Herbig went on to do a Microsurgery/Reconstruction

Fellowship at MD Anderson Cancer Center in Houston, Texas. Dr. Herbig completed this fellowship in June 2010 and will be joining the University of Tennessee Graduate School of Medicine, Department of Surgery in August 2010.

Dr. Herbig's areas of interest include trichloroacetic acid chemical peel and pedicle perforator flap design. The department would like to welcome Dr. Herbig and her husband Patrick Hutchins to UTGSM and the Knoxville area.

Eric R. Jensen, MD

Eric R. Jensen, MD has joined the Division of Pediatric Surgery as an Assistant Professor. Dr. Jensen received his BS from the University of Illinois and his MD from Northwestern University. Dr. Jensen completed his General Surgery Residency at Indiana University in Indianapolis, Indiana. After his residency he completed a Pediatric Fellowship at Washington University, St. Louis Children's Hospital in St. Louis, Missouri. Prior to arriving in Knoxville, Dr. Jensen was an Assistant Professor, Department of Pediatric Surgery, Uniformed Services University of The Health Sciences,

Bethesda, Maryland (stationed in Texas). He was also an Assistant Professor, Department of Pediatric Surgery at Vanderbilt University.



We would like to welcome Dr. Jensen, his wife Shelia, and his three children to the Knoxville area.

Chairman's Thoughts Continued...

Continued from page 1

and Crutchfield funds for resident education, the Medical Explorers fund, the Spangler fund for vascular research, Trauma Prevention fund, the Surgery Gift fund and the individual division funds. All of our graduates have benefited from the various funds that the department has provided through faculty practices. We give because we want you to be successful.

As I sit reviewing my career I find that one of the most exciting and fruitful things I did in the last 40 years was to decide to detour to Knoxville.

I have had the opportunity to participate in the evolution of a unique surgical program and be valuable in its commitment to excellence. I am grateful to you all for giving me that **CHANCE**.



Mitchell H. Goldman, MD
Professor and Chairman

Hospital, Departmental & Alumni

- Dr. Brian J. Daley, MD has been appointed the new Program Director for the General Surgery Residency Program. Dr. Mitchell H. Goldman is now the Associate Program Director.
- Dr. Stanley J. Kurek, as of our next Surgical Critical Care site visit ,will be appointed the new Program Director for the Surgical Critical Care Fellowship.
- Dr. Brian J. Daley, MD has been appointed Chief, Division of Trauma/Critical Care. Dr. Blaine Enderson has stepped down to take a more active role in UHS.
- Congratulations to Drs. Daniel Sutphin and Cynthia Talley for passing the American Board of Surgery's Certifying Exam.
- The University of Tennessee Medical Center's Heart Hospital opened on April 22, 2010.
- Daniel Sutphin, MD has been accepted into the Microsurgery Fellowship Program at the University of California, San Francisco beginning in July 2011.
- Dr. Sabina Siddiqui won second place at the Dean's Residents' Research Day for her presentation "Pre-Operative Localization of Parathyroid Adenoma by Multiphasic Computed Tomography: A Single Institution Retrospective Review." Dr. James Chalk took first place in the Fellow's Research Day with his presentation and Dr. Brad Cook placed second.
- We would like to congratulate Dr. LaMar Mack and his wife Chevella on the birth of their son Preston LaMar Mack. Preston was born on July 21st.
- Dr. Michael Tummers and his wife, Rebecca , were blessed with Kailey Michelle on July 9th. Congratulations!



UTMCK—Heart Hospital Opening Day

Graduating Residents

General Surgery Residents

- J. Fernando Aycinena, MD is pursuing a Colorectal Fellowship at the University of Texas, Houston.
- Christy M. Lawson, MD is pursuing a Surgical Critical Care Fellowship at the University of Tennessee Graduate School of Medicine.
- John L. Milligan, MD is in private practice in Cookeville, Tennessee.
- Sabina Siddiqui, MD is pursuing a Surgical Critical Care Fellowship at the University of Michigan.



Urology Resident

- Joe D. Mobley, MD is pursuing a Urologic Oncology Fellowship at Cleveland Clinic in Weston, Florida.



Vascular Fellow

- James Chalk, MD is going into private practice in Mesa, Arizona.



Critical Care Fellow

- Alan Dunlap, MD is going into private practice with University General Surgeons at the University of Tennessee Medical Center, Knoxville.



A Note from a Graduate

Dr. Goldman:

I have just completed my first weekend of solo trauma attending call. At first it seemed a little overwhelming, but I kept telling myself: "I know how to do this!"

Over the course of the weekend, I performed a thoracotomy for massive hemothorax and diaphragm repair. I remembered closing the chest with Dr. Dieter and him poking me with the blunt needle to show me that it is the best needle for closing the chest. I immediately asked for a blunt needle for my closure. This lady was extubated the next day and one of her chest tubes has been removed. She will go home soon.

Next, I was summoned to an emergent decompressive laparotomy in a nearby OR. I remembered opening an abdomen with Dr. Taylor using only a knife and scissors. This man is recovering well in the ICU. The primary attending (an orthopedic surgeon) was very grateful.

The next night, I had blunt injury to the distal stomach, pancreas, and duodenum with bleeding. Oh boy! I told myself on the way up to the OR, "I know this anatomy well." I just did this man's reconstruction yesterday: hand-sewn Billroth II with distal feeding jejunostomy, cholecystectomy, and external pancreatic drainage. I did it just how Dr. Gray had shown me so many times in my chief year. Several attendings came in to look over my shoulder and were impressed with my technique they said. He was immediately extubated and is tolerating his tube feeds.

Throw in a couple of diaphragm repairs and small bowel resections, I finished the weekend with a 16 yo male GSW to the SFA, exsanguinating in the trauma bay! Again, I told myself in the elevator ride up to the OR: "I've done this many times before, no problem." I put on my UT loupes and within 30 seconds, I had proximal control at the common femoral. I opened the wound to find a 10cm defect in the SFA and vein that was shredded. I performed a reversed saphenous vein graft (from the contralateral limb) with muscle coverage, deep JP drainage, and four-compartment fasciotomy with palpable pulses postop (all in 2 hrs). This young man is extubated and walking on his leg now. His fasciotomies are being closed today. On an unrelated case, Dr. Colleen Brophy, a well-known vascular surgeon here remarked on my excellent vascular training.

I just want you to know how grateful I am of the experience I had at UT. Several of the other young guys here have struggled in the OR I think because their residency training was not as good as mine at UT.

Thank you again!

Cynthia L. Talley, MD

Instruction of Surgery

Division of Trauma and Surgical Critical Care

Vanderbilt University

2010-2011 New Residents

The Department of Surgery is proud to welcome all of our new residents and fellows.

PGY1 Residents

Mark Banks, MD	Louisiana State University—Shreveport
James Bienvenu, MD	Louisiana State University—Shreveport
Prince Esiobu, MD	East Tennessee State University
Charles Ford, MD	University of Arkansas
Brian Freeman, MD	Medical College of Georgia
Danielle Giesler MD	University of Missouri
Donald Monroe, MD	Meharry Medical College
Jared Moss, MD	Louisiana State University—Shreveport
Stephen Pacifico, MD	East Tennessee State University
Lindsay Rumberger, MD	University of South Florida

PGY2 Resident

Camille Blackledge, MD	University of Alabama
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Vascular Fellow

Joshua Arnold, MD	University of Louisville
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Surgical Critical Care Fellow

Christy Lawson, MD	Medical College of Georgia
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Sams Commissioned

Dr. Valerie Sams, a PGY-3 general surgery resident and Captain in the Air Force, was re-commissioned into the United States Air Force Medical Corps on February 9th by Dr. Todd Nickloes, retired Lieutenant Colonel from the Air Force Reserves. Valerie was originally commissioned as a 2nd Lieutenant in 2000 as a logistics officer and served on active duty. She transitioned to the reserves to attend medical school in 2004 and has continued to serve as a logistician. She applied and interviewed for the Air Force Financial Assistance Program this year and was accepted into the medical corps. Valerie's sponsorship will begin immediately and upon completion of her residency she will return to active duty as a general surgeon. Dr. Sams was also promoted to Major in March 2010.



Drs. Todd Nickloes and Valerie Sams

Lawson Receives Nestle Grant

Nestlé Nutrition Institute (NNI) is launching an Enteral Nutrition fellowship program, and Christy Lawson, MD, Surgical Critical Care Fellow, will be in the inaugural class of six fellows. These physicians will receive training in nutrition therapy as an integral part of trauma, surgery, gastroenterology, endocrinology and critical care specialties at some of the nation's leading medical centers.

Dr. Lawson said the fellowship affords a unique opportunity to study surgical nutrition from some of the nation's leading experts in the field, which she hopes to bring back to the University of Tennessee Graduate School of Medicine.

"The new fellows identified through the NNI's initiative represent the next generation of physician thought leaders," said David Yates, Regional Business Head of Nestlé HealthCare Nutrition. "Their dedication to using enteral nutrition as a key component in the critical care process will not only change the landscape of care, but it will ultimately save lives. We are proud to welcome these fine candidates to the program."

The one-year program will include a four-week clinical rotation where fellows will be exposed to an intense educational curriculum while participating in hospital rounds and learning tube-feeding related procedures. The fellowship also provides mentoring and professional support, enabling participants to publish, identify research interests, and participate in U.S. and international professional meetings, including the American Society for Parenteral and Enteral Nutrition Clinical Nutrition Week meeting.

For more than 60 years, Nestlé has contributed to the continuing nutrition education of health professionals. Founded in 2000, the Institute formalizes Nestlé's commitment to collaborate with health professionals in the area of infant, clinical and performance nutrition to actively participate in the exchange of knowledge and nutrition expertise. Primary activities under the Institute include the sponsorship of workshops, the development of publications and educational tools, and provide scholarships for postgraduate study or training in fields related to health and nutrition.

Medical Explorations Program

Forty medical explorers from several high schools participated in the six-weeks of intensive emersion into medical careers this summer. Many of them attest to the fact that they had life changing experiences or reaffirmed their desire to pursue medical careers. Their presentations and essays were mature and cogent exemplifying the renewed commitment of our young people to helping mankind. You are reassured when you talk to these young people, that there is great hope for the future of medicine.



Aortic Center

The UT Aorta Center (UTAC) has been selected as the only site in the East Tennessee region to participate in an FDA approved study using a specifically designed stent graft (Conformable CORE TAG® Thoracic Endoprosthesis) for repairing aortas torn in trauma.

As a level one trauma center, we often care for patient with this life threatening injury. Unfortunately, the mechanism of injury sufficient to tear the thoracic aorta is severe and these patients commonly have other life threatening injuries that make open surgical repair prohibitive. The ability to repair the injured aorta with a catheter and stent, through a small femoral access has potential to improve outcomes. This study will be a collaborative effort of the Trauma, Cardiothoracic, Vascular and Endovascular services.

The UT Aorta Center (UTAC) has also been selected as the only site in East Tennessee to participate in another FDA approved trial studying stent repair of Acute Complicated Type B Aortic Dissections (Medtronic Dissection Trial—US Study).

This study will represent a joint effort of the Cardiothoracic, Vascular and Endovascular services and the UTAC to provide available options to treat patients with this challenging, and highly lethal disease.

Scott L. Stevens, MD
 Professor
 Division of Transplant/
 Vascular Surgery

Goldman Appointed

Dr. Mitchell Goldman was appointed Assistant Dean for Research in August. He is going to remain as Chairman of the Department of Surgery while taking on the new responsibility as Assistant Dean for developing and coordinating research activities throughout the Graduate School.

Grand Rounds Schedule

August 19	Brian J. Daley, MD	State of the Department
August 26	Annette Mendola, PhD	Ethics and End of Life
September 2	James McMillan, Pharm.D.	EBM—Antimicrobial
September 9	James Killeffer, MD	Closed Head Injury
September 16	Shirmil Clark, Pharm.D.	EBM—Anticoagulation
September 23	James Lewis, MD	Surgical Research
September 30	John Paige, MD	Teamwork and OR Safety
October 7	No Conference—ACS	
October 14	Larry Kilgore, MD	Female Malignancy
October 28	Laura Witherspoon, MD	Breast
November 4	Nikki Zite, MD	OR & Pregnancy
November 11	Khangan Nagarsheth, MD	TBA
November 18	Laura Tosi, MD	Bone Density
November 25	No Conference—Thanksgiving	

Technology-Centered Resident Education

Curriculum—Urology Residency

In response to the evolving nature of residency training, the Division of Urologic Surgery has recently initiated a technology-centered educational curriculum. The field of urology is heavily focused on advanced imaging and surgical techniques including complex extirpative and reconstructive laparoscopy and robotics. Indeed, the vast majority of index operative procedures performed by urology residents at UTMCK are accomplished laparoscopically or with use of the daVinci® robotic operating platform. This operative paradigm shift has not only required urology faculty to modify and modernize aspects of their operative instruction, but has also engendered a change in the mindset of resident education in general. Nowhere is this transition more apparent than with the implementation of the new American Urological Association Core Curriculum. This online, dynamic teaching tool essentially offers residents and practicing urologists the opportunity to pull educational information from established textbooks, guidelines panels, etc...through a centralized web interface. Certainly, the era of hard-backed textbooks and operative observation suites is becoming obsolete at the hands of these on-line educational resources, digitalized surgical instruction, and virtual reality-based simulation. Current and prospective urology residents expect and demand these advanced educational tools. To this end, the division has recently purchased iPads for all urology residents as well as a new 27 inch iMAC for the urology resident office. Ultimately, all salient education materials including the AUA Core Curriculum

And ACGME required documentation (duty work hours, New Innovations resident and faculty surveys, Core Competency Requirements, and case log entry) will be run through the iMAC server and thereafter to and from the resident iPads. Laparoscopic and robotic surgeries performed at UTMCK, the Cleveland Clinic, and other nationally recognized centers of excellence will be centrally stored on the aforementioned server in an unedited, digitalized format. Residents will have the opportunity to download these videos to their iPads for home instruction and step-by-step review. Journal Club articles, didactics, and landmark studies will likewise be digitally catalogued and distributed in a similar fashion. We anticipate that this fiscal investment will not only improve the educational yield for our current resident's but will also serve as yet another recruiting tool in attracting high caliber applicants to our residency.

Wesley M. White, MD

Director of Laparoscopic and
Robotic Urologic Surgery
Division of Urologic Surgery

Alumni News

Practice Growing?

Changing Location?

Family Additions?

Send Your News to Ginger Hildebrand
gmiya@utmck.edu

Duty Hour Changes

The American Council for Graduate Medical Education (ACGME) posted the latest version of the Common Program Requirements for comment before releasing a final version this fall. The Program Requirements spell out the overall structure of residency, and the Common Requirements are applied to all residencies, from Allergy to Urology. The Residency Review Committees further spell out a specialty specific agenda for training programs.

It is the Common Requirements that created duty hour limitations some 10 years ago. The original impetus for duty hours was concern over patient safety by resident physicians who might be excessively tired. An arbitrary limit of 80 hours was established based on European experiences, and continuous task, high stress jobs such as pilots and truck drivers. Residency programs struggle today with providing a sound education within those limits. Structural changes in care also were brought about, float services, shift scheduling and adding mid-level providers to the care team in increasing numbers to provide constant and vigilant care, altering the educational format even further.

The experiment with duty hours was studied frequently, but as to date there remains no evidence of any benefit to patient safety. In fact, one of the unintended consequences was finding communication errors multiplied by numerous sign outs—spelling out the need for an excellent transfer of information. The effect

on surgical education produced a dichotomy of results. Virtually all studies have shown the residents are less stressed, and score better on objective tests. They do not study more. The better scores are offset by reduction in patient care experiences and a marked increase in additional training sought by graduates through fellowship training.

The Institute of Medicine (IOM) reviewed patient safety and duty hours and made some onerous recommendations including reduced night hour shifts and mandatory naps. The ACGME collected the available data and met with multiple stakeholders to devise the latest Common Requirements. They diverged from the IOM report, but still fashioned stricter controls on duty hours, and strengthened the need for active supervision of the residents by the faculty—a lack of which many feel is the unspoken cause for duty hours being instituted. The maximum weekly duty hours remains at 80, but two key changes are proposed—an allowance for upper level residents to continue care beyond their daily hours to provide continuous care to a complex patient, and a limit on PGY-I residents to a 16 hour duty period—i.e. no 24 hour calls.

The Department of Surgery addressed the original duty hours with a series of changes that so far have not affected resident education—our metric of First Time Board Pass rates is marvelous at a Qualifying Exam pass rate of 100% and Certifying rate of 94%. Our graduates have

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been technically successful in practice and fellowship. Perhaps the best measure of success for the program comes from the fact our graduates refer students to the program and recruit our graduates for their practices.

It is fair to say that faculty and residents are not pleased with the new recommendations. The *pro forma* schedules with the proposed hour limits disenfranchise the young learner and further separate the novice from the expert. New curriculum changes, including more simulation and non-surgical mandatory meetings further consume the learning schedule.

The Department will adjust to whatever changes are made to try to provide our residents with the best opportunities to learn and practice Surgery, yet there will come a point when there simply isn't enough time for the faculty to teach and the residents to learn. Let us hope we are not approaching that asymptotic value anytime soon.

Brian J. Daley, MD
Professor and Program Director
General Surgery Residency

What do you think about the new proposed duty hour standards?

New Medical School? Technology invading the curriculum?

There will be an editorial section in the next issue of the Scalpel.

Please forward to Ginger Hildebrand

gmiya@utmck.edu

Or

1924 Alcoa Hwy., Box U-11

Knoxville, TN 37920

Expansion of Four Year Medical School to Knoxville

The University of Tennessee Health Science Center and the University of Tennessee, Knoxville are exploring the possibility of establishing a four year allopathic medical school as an extension of the school in Memphis. If it all comes together, the first class could begin in 2 to 3 years using integrative technology through Memphis, basic senior faculty from University of Tennessee, Knoxville and University of Tennessee Graduate School of Medicine and clinical faculty from University of Tennessee Graduate School of Medicine.

Susan Rawn, RN Joins Department



Susan Rawn, RN, has joined the Department of Surgery as the Clinical Research Coordinator. Susan earned her RN license and her BSN at California State University Long Beach. She began working in clinical research at the University of Kentucky in 2001. She is currently working on her Certification for Clinical Research Professional. When she is not working, she spends her time working out, hiking, kayaking, or cooking. She is married and has two teenagers, one of whom is a sophomore at UT.

Susan assists with the research projects within the Department of Surgery, most of which are sponsored projects using Investigational Devices. At the direction of the PI, Susan obtains the informed consent of research subjects, conducts the study visits and required

paperwork, completes IRB submission and Adverse Event reports, maintains regulatory and study binders, completes device accountability logs, and routine monitor visits. She also assists the faculty in completing investigator-initiated projects, and is always available as a resource for resident projects.

Along with the UT Aorta Center, they are recruiting patients for projects that include: carotid stent registries, endovascular repair of traumatic transection of the descending aorta; acute, complicated, Type B aortic dissections; patients requiring athrectomy for moderate to severe calcium in the SFA; and post-menopausal women requiring lower-extremity bypass.

In cooperation with the Trauma/Critical Care Division, a clinical research project will soon be initiated to study a device for patients with flail chest.

Alumni Reception—ACS Annual Meeting

The Department of Surgery will host the annual alumni reception at the upcoming Clinical Congress of the American College of Surgeons meeting in Washington, D.C. this meeting is scheduled for October 3-7, 2010. The reception will take place on Monday, October 4th from 6:00-8:00PM in the Senate Ballroom of the J.W. Marriott.

Make plans to come by and spend a couple of hours talking with friends and colleagues.

If you have any questions please contact Sandra Sterling at ssterlin@utmck.edu or 865.305.9233

Recent Publications

- Mulhall JP, Parker M, Waters WB, Flanigan RC.** The timing of penile rehabilitation after bilateral nerve-sparing radical prostatectomy effects the recovery of erectile function. *BJU Int.* 2010;105(1):37-41.
- Nagarsheth KH, Kurek SJ.** Splenic artery embolization in blunt abdominal trauma: creating a mathematical model to predict ICU length of stay. *J Surg Res.* 2010;158(2):416.
- Mancini GJ, Daley BJ.** Model fabrication. In *Textbook of Simulation.* Association of Surgical Education, Committee on Simulation On-line Resource; 2010.
- Nickel JC, Tripp DA, Pontari M, Modwin R, Mayer R, Carr LK, Doggweiler R, Yang CC, Mishra N, Nordling J.** Psychosocial phenotyping in women with interstitial cystitis/painful bladder syndrome: a case control study. *J Urol.* 2010 Jan;183(1):167-72.
- Stein RJ, White WM, Goel RK, Irwin BH, Haber GP, Kaouk JH.** Robotic laparoendoscopic single-site surgery using Gel-Port as the access platform. *Eur Urol.* 2010 Jan;57(1):132-6. Epub 2009 Mar 31.
- Bromberg WJ, Collier BC, Diebel LN, Dwyer KM, Holevar MR, Jacobs DG, Kurek SJ, Talbert SM, Tisherman SA.** Blunt cerebrovascular injury practice management guidelines: the Eastern Association for the Surgery of Trauma. *J Trauma.* 2010 Feb;68(2):471-7.
- Haber GP, Crouzet S, Remer EM, O'Malley C, Kamoi K, Goel R, White WM, Kaouk JH.** Stereotactic percutaneous cryoablation for renal tumors: initial clinical experience. *J Urol.* 2010 Mar;183(3):884-8. Epub 2010 Jan 20.
- Crouzet S, Haber GP, White WM, Kamoi K, Goel RK, Kaouk JH.** Single-port, single operator-light endoscopic robot-assisted laparoscopic urology: pilot study in a pig model. *BJU Int.* 2010 Mar;105(5):682-5. Epub 2009 Oct 26.
- Alterman DM, Grandas OH, Goldman MH, Solla JA.** Surgical management of clostridium difficile associated colitis with toxic megacolon in a transplant patient: case report and review of literature. *The Internet Journal of Surgery* 2010 May; 22(2).
- Tummers MA, Mountain DJ, Mix JW, Kirkpatrick SS, Cassada DC, Stevens SL, Freeman MB, Goldman MH, Grandas OH.** Serum levels of matrix metalloproteinase-2 as a marker of intimal hyperplasia. *J. Surg Res.* 2010 May 1; 160 (1): 9-13 2009 May 12.

Intern/Resident FICA Refund Project

The University of Tennessee filed claims for refund of social security and Medicare taxes paid on wages earned for services performed by medical residents for tax periods beginning January 1, 1994 and ending March 31, 2005. For those of you who were residents during this period of time you are entitled to receive a refund for FICA taxes, plus statutory interest, that were withheld from your wages. Once the University of Tennessee receives their refund from the IRS they will provide you with your refund. In order to receive this refund you must complete an Employee Consent Form. According to the FICA Refund website your consent form must be postmarked no later than September 30, 2010.

To learn more about this refund and to access the consent form go to

<http://ficarefund.tennessee.edu>

email ficarefund@tennessee.edu or call (865) 974-7329

Check the website frequently for updates!

Just Think...You might want to donate your refund to the Department

Nineteenth Annual Residents'

Research Day



Mitchell H. Goldman, MD and Thomas F. Tracy, MD

The Nineteenth Annual Residents' Research Day sponsored by W. L. Gore & Associates, Inc. was held on June 5, 2010. The program consisted of 19 presenters and

the Kimball I. Maull guest lecturer, Thomas F. Tracy, Jr., MD. Dr. Tracy is the Vice Chairman, Department of Surgery, Alpert Medical School, Brown University. Dr. Tracy is also the Pediatric Surgeon-in-Chief at Hasbro Children's Hospital. Dr. Tracy's lecture was titled "Molecular and Cellular Mechanisms of Liver Injury and the Potential for Liver Repair."

The PGY2-4 General Surgery Residents gave presentations to faculty, alumni and local physicians, where they competed for the Kimball I. Maull Research Award. Daniel M. Alterman, MD won first place for his presentation titled "Predictors of General Surgery Applicant Performance: A Single Institution Fifteen Year Experience" Dr. Alterman demonstrated that individuals who had developed "special talents" (sports, arts, etc.) were more likely to complete the residency. Second place went to A. Michael



Audience

Tummers, MD for his presentation "Blunt Aortic Injury—A Variable Force Model."

Sagar Gandhi, MD was the third place winner with his presentation "A Novel Biomarker for Stage III Melanoma."



Sagar Gandhi, MD

In addition to the General Surgery Residents presenting, the PGY2-4 Urology Residents also gave presentations that were judged by faculty, alumni and local physicians. Ryan B. Pickens, MD won first place for his presentation entitled "One year Follow-Up Data on the MiniArc™ Single Incision Sling System for the Treatment of Stress Urinary Incontinence."



Ryan Pickens, MD

Twenty-Seventh Annual Chief Residents' Dinner

The Twenty-Seventh Annual Chief Residents' Dinner was held at the S&W Grand on June 5, 2010. The evening was devoted to honoring our graduating residents J. Fernando Aycinena, MD, Christy M. Lawson, MD, John L. Milligan, MD and Sabina Siddiqui, MD. At this event, the Department of Surgery announces it's annual awards. Below are the winners for 2009-2010.

Scott B. Frame Trauma Scholarship

Valerie G. Sams, MD



Drs. Mitchell Goldman and J. Fernando Aycinena

Hiram Crutchfield Resident Teaching

J. Fernando Aycinena, MD



Drs. Blaine Anderson and Valerie Sams

Faculty Teaching

Greg J. Mancini, MD



Drs. Matt Mancini and John Milligan

Faculty Service

Clarence "Cuz" Sudderth



Drs. Mitchell Goldman and Christy Lawson

Resident Performance

Khanjan H. Nagarsheth, MD—First Place

Daniel M. Alterman, MD—Second Place

LaMar O. Mack, MD—Third Place



Dr. Mitchell Goldman and Clarence "Cuz" Sudderth

SLS Outstanding Laparoendoscopic

Resident Surgeon

John L. Milligan, MD



Drs. Keith Gray and Sabina Siddiqui

The Golden Apple Award

Sabina Siddiqui, MD



Drs. Henry Nelson and Julio Solla with Dr. and Mrs. Michael Tummers

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E20-6358-00-0002-08

Department of Surgery Faculty

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Raymond A. Dieter, III, MD
Jeffrey E. Everett, MD
John Mack, MD

Division of General Surgery
Henry S. Nelson, Jr., MD*
Paul Crawford, MD
Daniel Drinnen, MD
Hobart Akin, MD
Terry Bingham, MD
Gregory J. Mancini, MD
Matthew L. Mancini, MD
Jeffrey Nix, MD
Tom Thompson, MD
Julio A. Solla, MD

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John L. Bell, MD
James Lewis, MD

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Carol Fowler, MD
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Division of Physical Medicine and Rehabilitation
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Alberto Corrales, MD

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T. McMillan, MD
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Todd A. Nicklous, DO
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James C. Sloan, MD
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Wesley M. White, MD
Bruce E. Woodworth, MD

*Division Chief
+ Academic Chief