



POST-CLINICAL CONGRESS 2014 EDITION

# BOARD OF GOVERNORS NEWSLETTER

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AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:  
Highest Standards, Better Outcomes*

100+years





## DON'T MISS THE NEXT EDITION OF THE BOARD OF GOVERNORS NEWSLETTER, ARRIVING IN YOUR INBOX IN FEBRUARY 2015!

The issue will include the following stories and much more:

- Leadership Summit Participation Details
- Surgeon Human Interest Story
- Pillar Update: Communications
- Fascinating Facts from the College
- Did You Know? (information about reimbursement and quality)
- On the Shoulders of Giants

Have an idea for a story to share? A little-known fact? Have you taken a trip recently? Attended an exciting educational event? We want to know!  
E-mail [msarap@msn.com](mailto:msarap@msn.com) or [bsanders@facs.org](mailto:bsanders@facs.org).

**The submission deadline for the next issue is January 26, 2015.**



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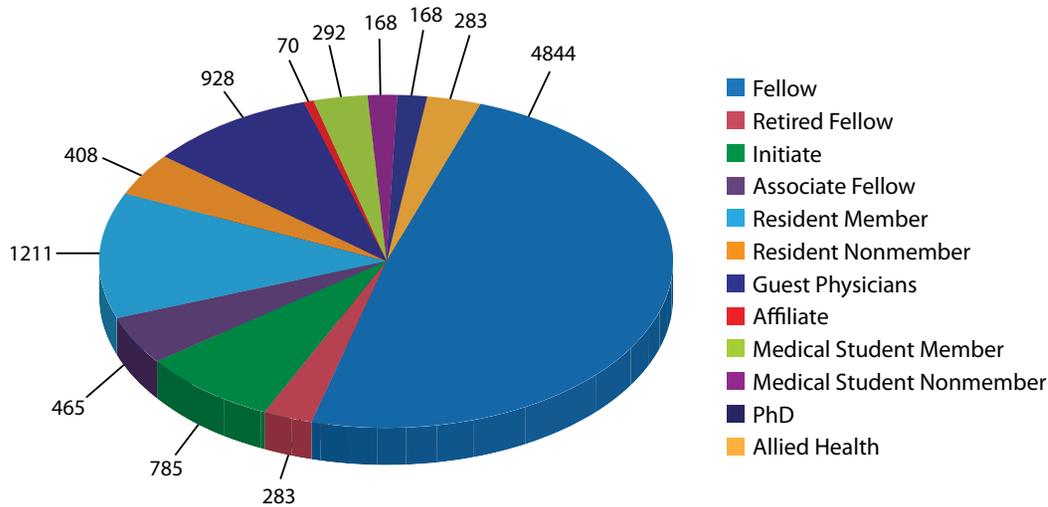


# FASCINATING FACTS FROM THE COLLEGE

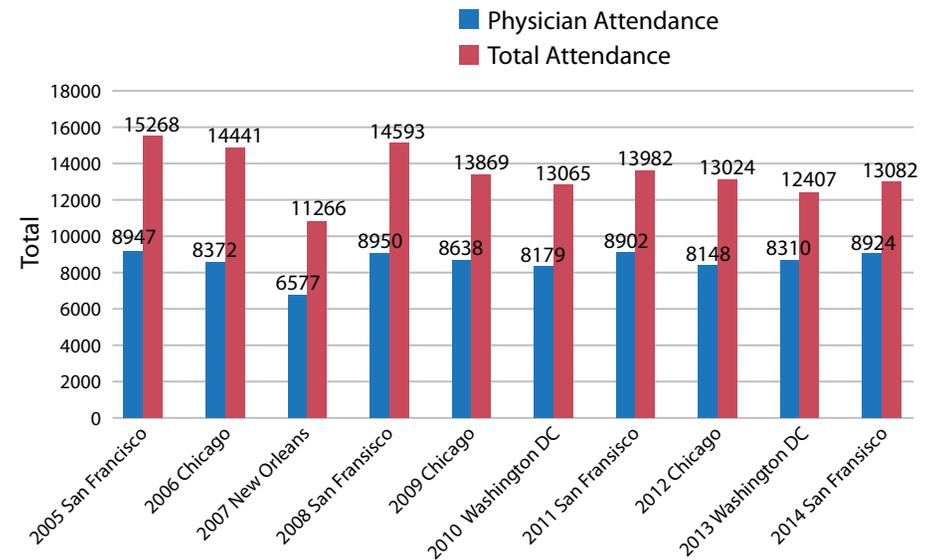
## Scholarships

In fiscal year 2015, the American College of Surgeons (ACS) awarded 33 domestic scholarships totaling \$1,276,000 (some were multiple awardee programs, like 17 Health Policy Scholarships) and 32 international scholarships (mostly for Clinical Congress travel) totaling \$251,500. The grand total awarded was \$1,527,500.

## Clinical Congress Attendee Summary



## Clinical Congress Attendance History



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## A MESSAGE FROM THE CHAIR



**Fabrizio Michelassi, MD, FACS**

Chair, Board of Governors

Dear Governors,

This is my first “column” accompanying the Board of Governors Newsletter. As I mentioned in my Board of Governors community posting at the beginning of November, I am very honored to serve as your Chair and very cognizant that this honor brings responsibilities, even more so after the transformative vision and superlative leadership offered to us by Drs. Napolitano and Timmerman. I will do my best to maintain the Board of Governors on our current successful path; I know that it will be possible with your support, contributions, and engagement.

Drs. Timmerman, Langdale, and Wren have superannuated from the Board of Governors. We are very indebted to each one of them for their contributions and engagement. Their vacated places on the Executive Committee have been filled by Drs. Kevin Behrns, Diana Farmer, and Steven Stain. They join Dr. James Denny, Dr. Joseph Tepas, and me. Dr. Karen Brazel was elected to the Vice-Chair position and will

continue as the Education Pillar Lead. Dr. Denny is the new Secretary of the Board of Governors. Dr. Behrns was selected to be the Member Services Pillar Lead, Dr. Farmer the Quality Pillar Lead, and Dr. Stain the Advocacy and Health Policy Pillar Lead. Dr. Tepas will continue as the Communication Pillar Lead.

Fifty-two new governors (45 domestic and seven international) were also elected at the last annual Clinical Congress. Thirty-eight represent chapters and 14 surgical societies. In addition, 34 Governors were reappointed (18 chapters and 16 specialty societies). Welcome on board and my best wishes for a productive and rewarding engagement with the Board of Governors activities and programs. The process of assigning these new governors to workgroups is well under way. The new governors have sent their preferences, which will be considered in the economy of the 13 different workgroups. The assignments should be complete by the end of December. A couple of webinars for new Governors have been scheduled—one for December 18 and the other on January 22.

The Board of Regents met at the annual Clinical Congress to conduct the business of the College. In addition to the verification of the College’s sound financial standing, a number of American College of Surgeons (ACS) Statements were approved for future publication in the *Bulletin*, including a position statement on Medical Liability Reform and a position statement on Trauma Center Designation. The Board of Regents also approved the formal admission of the 2014 Initiates into Fellowship. The 1,640 Initiates, the largest “class” admitted into Fellowship to date, were from the United States and its possessions, Canada, and 61 other countries. The Board of Regents also approved the formation of the Guam Chapter. Let’s all welcome Ricardo Eusebio, MD, FACS, as the current ACS Governor from Guam.

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## A MESSAGE FROM THE CHAIR CONTINUED

The Board of Regents also approved the creation of an Academy of Master Surgeon Educators. This Academy will play a critical role in providing recognition for Master Surgeon Educators, advancing the science and practice of surgical education and training, fostering exchange of creative ideas and collaboration, supporting faculty development and recognition, and underscoring the importance of surgical education and training in the changing milieu of health care. This Academy will complement the exciting new Education Campaign being launched by the College, as well as activities of the Committee on Residency Training ("Fix the Five"), the Transition to Practice Program, and other education and training endeavors. The Academy of Master Surgeon Educators will be housed within the Division of Education and supported by the division staff.

Looking at the future, start making plans to attend the Leadership Summit in Washington, DC, April 18–21, 2015. The Leadership of the College is extremely grateful for our participation at the Summit and has recently decided to waive the registration fee for the Leadership portion, understanding the commitment of time and resources that each one of us makes in leaving our practices to attend the Summit. The Summit will start with a Leadership Conference over the first two days and will conclude with the Advocacy portion during the last two days. Our presence to both components is extremely important to inform the leadership of the College on the pressing issues faced by all of us, helping crafting a strategy and bring our voices to Capitol Hill.

Happy Holidays and a Happy, Healthy, and Fulfilling New Year.

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## CODING TIP: SCREENING COLONOSCOPY

Insurance coverage of screening examinations, including screening colonoscopy, are mandated “first dollar” coverage. That is, the service is paid without a copay or deductible requirement by the insured. Diagnostic studies are subject to deductibles and copays. Therefore, it is important to your patients to get the coding right.

Screening is defined as a test done in the absence of symptoms (abdominal pain, diarrhea, blood in stool, and so on). Surveillance is also a form of screening for patients who require a repeat examination before the usual 10 years due to a past history of malignant polyps. The first ICD-9 code listed on the superbill in these cases is one of the following:

- V76.51 (*Special screening for malignant neoplasms of colon*)
- V16.0 (*Family history of malignant neoplasm of gastrointestinal tract*)
- V12.72 (*Personal history of colonic polyps*)

If a polyp is found and removed, the ICD-9 code 211.3 (Benign neoplasm, colon) is listed on the second line.

For all patients except those on Medicare, the correct CPT code for a screening colonoscopy is 45378. For Medicare patients, screening colonoscopy is reported with G0105 (CRC screening: colonoscopy on individual at high risk) or G0121 (CRC screening on individual not meeting the criteria for high risk).

When a screening procedure becomes therapeutic, the use of a modifier will protect the base screening exam from deductible requirements. The therapeutic colonoscopy (45378-45392) is reported with modifier -33 for payers other than Medicare. For Medicare patients, the code is reported with the modifier PT (CRC screening test, converted to diagnostic test or other procedure.) The patient can expect a bill for the copay for the therapeutic portion of the procedure and pathology exam.

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## CLINICAL CONGRESS 2014 HIGHLIGHTS

The Board of Governors Annual Business Meeting took place on Sunday, October 26, 2014. Governors, Regents, and guests were given the opportunity to hear from many speakers on topics such as:

- B/G Survey Analysis
- ACS Advocacy and Health Policy
- ACS Website Redesign and Communities
- Update on the College by David Hoyt, MD, FACS



Governors, Regents, and guests listening to a presentation at the B/G Annual Meeting.

This year's Board of Governors Reception/Dinner, also lovingly referred to as the "Governors Ball", was the place to be seen during this year's Clinical Congress. Held on Tuesday, October 28 in the Continental Ballroom of the Hilton San Francisco Union Square, a treasured downtown hotel where cable cars from a bygone era can be seen from your window, ladies and gents attended for an evening of good food, wine, dancing and socializing.

### On the menu

#### SOUP

Morel Mushroom and Squash Soup with Fraiche and Chives

#### ENTRÉE

Roast Bluenose Bass and Grilled Filet Mignon with Onion Potato Gratin and Asparagus

#### DESSERT

Pumpkin Pots de Crème with Candied Pecans

#### WINE SERVICE

Oyster Bay, Sauvignon Blanc, Marlborough, New Zealand Greystone Cellars, Cabernet Sauvignon, California

Entertainment was provided by Marianne Kent and Bay Society. The reception began with a jazz ensemble, and dinner dancing was conducted with a more traditional feel.

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## CLINICAL CONGRESS 2014 HIGHLIGHTS CONTINUED

Also in attendance were several award winners. These gentlemen and other members of ACS leadership came together to celebrate the spectacular accomplishments of these outstanding individuals.

### Congratulating

**Harry S. Brown, MD, FACS**  
Surgical Humanitarian Award

**Robert D. Bach, MD, FACS**  
Surgical Volunteerism International Award

**Scott A. Leckman, MD, FACS**  
Surgical Volunteerism Domestic Award

**Joseph V. Sakran, MD, MPH**  
Resident Award



Award winners pose for a photo with our Pfizer sponsor, Dr. Tortella, and Governor leadership.

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## CLINICAL CONGRESS 2014 HIGHLIGHTS CONTINUED



L to R: Drs. Francis Ferdinand, Bartholomew J. Tortella (Pfizer), Harry Brown, Gary Timmerman, and Kevin Behrns.



Another special moment of the night. Dr. Gary Timmerman, 2013–2014 Board of Governors Chair, awarded Dr. Lena Napolitano, 2011–2013 Board of Governors Chair, with an award for her work reorganizing the Board of Governors during her term as Chair.



Drs. James Denny, Sherry Wren, Gary Timmerman, Lena Napolitano, and Fabrizio Michelassi show us their dancing skills.

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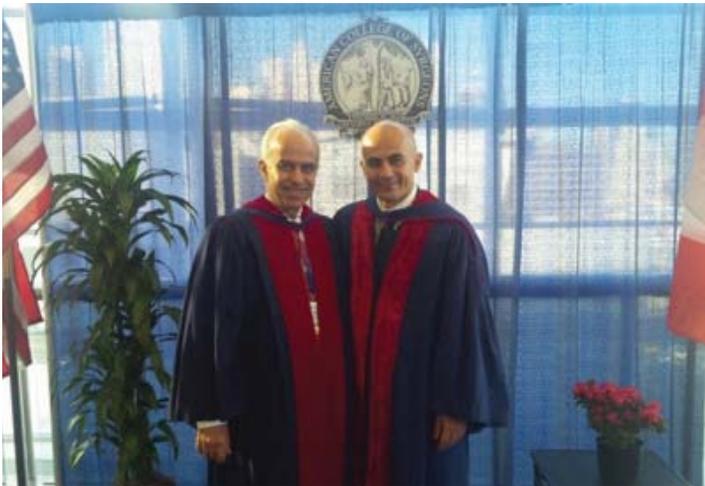




## AT THIS YEAR'S CLINICAL CONGRESS, IT WAS A FAMILY AFFAIR

ABDALLA BASHIR, MD, FACS

Dr. Abdalla Bashir recently was appointed as Governor representing the Fellows in Jordan. His intention is to start an ACS chapter there. This was Dr. Bashir's first Clinical Congress as a Governor, and it was made even more special by that fact that Dr. Bashir's son took part in the Convocation as an Initiate.



Dr. Bashir and his son.

Dr. Ahmad Bashir comes from a family with a strong heritage in medicine. His Father, Dr. Abdalla Y. Bashir, is one of the fathers of general surgery in Amman, Jordan.

Dr. Ahmad Bashir finished his medical degree at Jordan University of Science and Technology (JUST). He later followed in his father's footsteps and sought a general surgery residency in the United States. He completed his residency in surgery at St. Agnes Hospital, Baltimore, MD, the second oldest surgical residency in the country. During his residency, he found he had a passion for minimally invasive and bariatric surgery while doing clinical research, which he presented in many conferences around the globe.

He then joined the world-renowned Dr. Kelvin Higa and Dr. Keith Boone (Advanced Laparoscopic Surgery Associates (ALSA)) in UCSF Fresno, where he completed his fellowship in minimally invasive and bariatric surgery. During his fellowship, he found his niche in tackling the difficult and complicated, which he took from his mentor Dr. Higa.

Dr. Abdalla Bashir is well known in many surgical communities. He finished medical school at Cairo University (1963–1969) and was first on the honors list. He also completed his surgical residency at Cairo University (Kasr Alaini Hospitals). He joined the university teaching staff and remained on staff until 1983 when he resigned as an associate professor of surgery. While in Cairo University, he obtained the FRCS degree from Edinburgh (FRCSEd) in 1976.

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## AT THIS YEAR'S CLINICAL CONGRESS, IT WAS A FAMILY AFFAIR CONTINUED

ABDALLA BASHIR, MD, FACS

Dr. Bashir moved to Jordan so that he could establish a private practice in Amman. He helped the surgical community establish its bylaws in its different societies. He was elected as president of the Jordanian Surgical Society from 1988 to 1992, and was one of the founders of the Pan-Arab Surgical Society in 1988. Dr. Bashir has been a member of the Jordan Medical Council (JMC) as an examiner in general surgery since 1983. He has served as vice-president of the JMC board and president of the Reform Committee since 2011.

In 1996, he helped establish Jordan Hospital, a tertiary comprehensive center comprising all specialties, which became a referral center for many countries around the world. He became chair of its board of directors in 1996. The Joint Commission International (JCI)-accredited hospital has focused on quality since its establishment. It also has residency programs and fellowships in all major specialties and subspecialties. The living-related liver transplant program in Jordan Hospital is the only liver transplant program present in the private sector in Jordan, all thanks to the perseverance of Dr. Bashir.

Dr. Bashir has participated in many national, Arab, and international conferences; presented his work in many society conferences; and has led many conferences to success on a national and Pan-Arab level. In 2014, he was elected as the only permanent member on the Pan-Arab Surgical Society Board.

Dr. Bashir bridged the gap of cooperation between Jordan and the United States. He established strong connections between Jordan Hospital and many leading medical centers in the U.S., most notably George Washington University (GWU) and the University of Toledo. These connections helped many young physicians, nurses, and ancillary staff learn the excellent U.S. standard of care and helped bring it to Jordan. Dr. Bashir was appointed as an adjunct surgeon professor at George Washington University. The continued partnership between GWU and Jordan Hospital still exists to this day.

Dr. Bashir became a Fellow of the American College of Surgeons in 2007. He attends the ACS Clinical Congress regularly. This past July, he was elected as a member of the Board of Governors, representing the ACS Fellows in Jordan. Establishing a Jordanian ACS chapter will transfer the values of ACS quality, education, and training and the ethics of surgical practice to the Jordanian Surgical Society.

Dr. Bashir was honored by the trust of his Majesty King Abdullah the Second of Jordan as member of the House of Senates in the Jordanian Parliament in the fall of 2013. He continues to work for the medical society and help organize its legislation in Jordan. Meanwhile, he still serves as the chair of the board of directors at Jordan Hospital and continues to be a very busy general surgeon and teacher.

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## AT THIS YEAR'S CLINICAL CONGRESS, IT WAS A FAMILY AFFAIR CONTINUED

ABDALLA BASHIR, MD, FACS

Dr. Ahmad Bashir distinguishes himself from other surgeons in the field by his pursuit for perfection. He founded GBMC with the help of Jordan Hospital, a promising center with affiliations to great medical centers. This center delivers complete services in gastrointestinal, bariatric, and metabolic issues. The center promises a long-term commitment to excellent patient care and to raise the bar of minimally invasive and bariatric surgery, not only in Jordan but the region itself.

He continues to present his work in many national, regional, and international conferences while maintaining membership in many distinguished societies.



Here, Dr. Bashir stands with his son, Ahmad, and friends, who are celebrating Ahmad's initiation into the American College of Surgeons.

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## THE INFLATABLE COLON

MICHAEL D. SARAP, MD, FACS

### ACS Surgeons and Local Taskforce Improve Colon Cancer Rates in Rural Southeast Ohio

Rural populations across America have higher rates of late-stage cancers at initial diagnosis. Several factors contribute to this disparity, but the lack of public education about health care and lack of access to screening tests are major obstacles to prevention and early detection of cancer. In 2005, the Ohio Department of Health and the American Cancer Society identified several counties in Ohio with historically high rates of late-stage colon cancer. Guernsey County in southeast Ohio was ranked the second worst county in Ohio with late-stage colon cancer rates of 60 percent or more. A local taskforce was formed and developed a four-pronged approach to improving colon cancer screening rates in southeast Ohio. The taskforce dedicated itself to improving public education about colon cancer screening, educating primary care providers about the importance of screening, providing free and low-cost screening tests for indigent patients at risk, and became active in advocacy efforts in the state to ensure that insurers provided screening services to their policyholders.

The taskforce, named the Tina Kiser Cancer Concern Coalition (TKC3), in honor of a taskforce member who succumbed to colon cancer, partnered with the local hospital (SE Med in Cambridge, OH), the American Cancer Society, and the community. The group educated the public via presentations to local civic and church groups, newspaper articles, postcards, and movie theater ads and produced a video of the hospital CEO getting a colonoscopy and designed and purchased an inflatable walk-through colon exhibit named the Supercolon. The Supercolon has made hundreds of appearances

throughout Ohio, Pennsylvania, and Michigan increasing awareness of the need for cancer screening. A local car dealer provided a van at low cost, which is itself a rolling billboard. The success of the colon exhibit prompted the taskforce to design and purchase an inflatable breast exhibit as well.

Primary care provider educational efforts included medical staff presentations, distribution of literature for primary care offices, and production and distribution of an educational presentation about colon cancer screening on flash drives sent to nearly every primary care provider in southeast Ohio.

The small group of general surgeons, all ACS members who provide all the endoscopic services for the community, donated time to offer colonoscopies at no cost for those patients at risk who could not afford a screening or diagnostic endoscopy. More than 500 of these free colonoscopies have been provided since 2006 for individuals from more than 16 counties in Ohio.

The taskforce efforts resulted in a 28 percent increase in colonoscopies by the end of 2008 and a dramatic reduction in late-stage cases within three years. Late-stage cases in Guernsey County have decreased to an average of 40 percent, with an incredible 29 percent in 2011 and 23 percent in 2013. The average late-stage rate for all counties in Ohio is 51 percent. Recognition of the taskforce's efforts and achievements has resulted in presentations to the Commission on Cancer, Prevent Cancer Foundation, National Colorectal Cancer Roundtable, and other state, regional, and national conferences. The coalition has twice received the Excellence in Mission Award from

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## THE INFLATABLE COLON CONTINUED

MICHAEL D. SARAP, MD, FACS

the American Cancer Society. The project is also among the finalists in the American Hospital Association Charitable Services Award and the National Colon Cancer Roundtable Bluestar Award.

The surgeons involved in the screening efforts are the same individuals caring for the patients once a cancer diagnosis is made. Colonoscopy quality indicators are continuously collected and monitored for each provider. The local cancer program has been Commission on Cancer (CoC) accredited since 1991, and the data submitted by the cancer registry documents surgical quality benchmarks that exceed state, regional, and national levels. The local colon cancer five-year, all-stage survival rate is 60.7 percent compared with the national rate of 55.2 percent. CoC data provided in the recently released Cancer Quality Improvement Program (CQIP) report documents that 96 percent of colon cancer patients in Guernsey County elect to remain in the county for their cancer care.

ACS Governor Dr. Michael Sarap is chair of the local colon cancer taskforce and senior surgeon in the independent surgical group providing endoscopic and surgical services for patients in southeast Ohio.



Dr. Sarap in the Supercolon.



A close-up of inside the Supercolon.

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## INTERNATIONAL CAFÉ

**Nadine R. Caron, MD, MPH, FRCSC**

Assistant Professor, Division of General Surgery  
 General and Endocrine Surgeon  
 Prince George Regional Hospital/University Hospital Northern  
 British Columbia  
 Prince George, BC

*"In 1996, I attended the ACS Medical Student Program at the Clinical Congress in San Francisco, CA. At the time, I was just starting my fourth year at medical school at the University of British Columbia, and I realized that by choosing surgery I was not only selecting a career that would provide ongoing learning in the full spectrum of the medical profession (from clinical skills and medical knowledge to leadership, policy development, and advocacy), but that I was joining a society of like-minded colleagues who were willing to devote themselves to help others... one patient, one hospital, or one health issue at a time."*

—Dr. Caron

Dr. Caron is a member of the ACS Advisory Council for Rural Surgery. Her career path has a unified trajectory of improving the health and wellness of northern, rural, and aboriginal populations in Canada. Her roles in education span the spectrum of mentoring, teaching classrooms of students, and using the platforms she has built through her scholarship and service to educate colleagues, academic societies, publics, professional bodies, and organizations in topics relating to the health of these marginalized populations.

Her impact in education includes commitment to leadership in curriculum development and advocating for these identified populations within the academic milieu. Traditional scholarship, professional contributions, and service are interdependent with her roles in education, as the health status of Canada's marginalized populations will improve with the knowledge, understanding, and health literacy that result.

Dr. Caron has authored innumerable articles and book chapters and participated in international presentations on a wide variety of topics, including surgical training, health care of indigenous populations in the U.S. and Canada, mentorship, medical education, and general, rural, and endocrine surgery. She is the recipient of numerous awards for teaching, scholarship, research, and service. Dr. Caron serves on multiple academic and national committees.

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## THE ALBERTA SURGICAL NETWORK

### Authors

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Muppets in the OR.

Alberta is the westernmost of Canada's three prairie provinces and covers an area of some 661,185 square kilometers. The province has a population of 4 million residents, and two-thirds of its population lives in the two largest cities, Calgary and Edmonton.

Alberta Health Services (AHS) is the single health authority for Alberta, managing 450 facilities and employing more than 104,000 health care professionals. The majority of surgical services are provided within the 20 largest hospitals. Province-wide Strategic

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## THE ALBERTA SURGICAL NETWORK CONTINUED

Clinical Networks (SCNs), which were organized around six specific clinical areas, including surgery, were formed in 2011. These teams are comprised of health care professionals, researchers, community leaders, patients, and policy makers. The Surgical Network engages surgical teams and patients in supporting clinical practice improvement by designing and implementing care pathways, measurement and reporting systems to improve health outcomes.

Several initiatives have been successfully launched. An Alberta version of the Safe Surgery Checklist was adopted after a period of consultation. Modified checklists for ophthalmology and C-sections were also created. A recent audit demonstrated greater than 90 percent compliance across hospitals with the attending surgeon, anesthetist, and operating room (OR) nursing team participating in the three core elements (briefing, timeout, and debrief).

The **Enhanced Recovery after Surgery (ERAS)** project standardizes care before, during, and after surgery in an effort to fast-track patient recovery, shorten length of stay, and reduce complications after surgery. Drawing from best practices and evidence from around the world, the project improves protocols related to nutrition, mobility after surgery, anesthetics, and pain control. ERAS makes patients part of the team by encouraging them to participate in the preoperative preparation for surgery and their postoperative recovery from a surgical procedure. The tools used by ERAS include

research, audit, education, and implementation of evidence-based practice. ERAS Alberta has developed a protocol with 22 inter-related key elements of care before, during, and after surgery, and six acute care sites across the province implement the protocol. The early results from this intervention show that the average length of stay is decreased by greater than two days in colorectal surgery.

Supporting **Best Practices in Transfusion Strategy** is another project being introduced in the province. Significant variation in transfusion practices and rates has been documented in Alberta. The variability in transfusion practices suggested that standardized transfusion guidelines could result in a reduced transfusion rate without any increase in morbidity or mortality and avoid the potential risk of complications associated with allogeneic blood transfusion. The strategies include: (1) preoperative identification and treatment of anemia; (2) application of algorithmic management of transfusion of red blood cells and coagulation products in the perioperative period, customized to each surgery-specific population (cardiac, major vascular, hip and knee arthroplasty); and (3) timely reporting of transfusion rates and transfusion-related outcomes to all members of the surgical team and site. The program to date has demonstrated a reduction in transfusion rates and a net cost savings to the Albertan health system.

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## THE ALBERTA SURGICAL NETWORK CONTINUED



A great team!

In 2014 and 2015 the **Trauma Quality Improvement Program (TQIP)** will be adopted in the two provincial level one trauma centers. In addition, the **American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)** has been funded in five of the high-volume surgical hospitals. These important ACS programs will support continued improvements in cost and quality. They will also document and benchmark performance in Alberta for the first time across a broad range of surgical disciplines.

The Surgical Network has supported moving from hospital-based improvement programs to provincial system-wide improvement. The Surgical Network demonstrates great potential in helping to meet and address the challenges of rising acuity, aging populations, and greater expectations in the delivery of surgical care.



Dr. Kortbeek

Dr. Kortbeek is a graduate of the University of Alberta. He completed a transitional residency at St. Thomas Hospital, Akron, OH, and a general surgery residency at the University of Calgary. He trained as a critical care fellow at the University of Calgary and as a trauma fellow at Carraway Methodist Medical Centre in Birmingham, AL. He has held an appointment at the University of Calgary since 1991 and is currently a professor in the departments of surgery and critical care.

He has served as regional trauma services director for Calgary as well as director of the intensive care unit at the Foothills Medical Centre. He currently serves as head of the department of surgery for the University of Calgary and for the Calgary Zone, Alberta Health Services. He has been an active member of many surgical and trauma organizations. Dr. Kortbeek is a recipient of the American College of Surgeons Committee on Trauma Meritorious Achievement Award and Advance Trauma Life Support (ATLS) Meritorious Service Award. He has previously served as president of the Trauma Association of Canada as well as chair of the ATLS Subcommittee of the American College of Surgeons Committee on Trauma. He currently serves as a Governor for the American College of Surgeons.

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## ON THE SHOULDERS OF GIANTS



*"These doors not only represent the rich history of medical science but permanently connect to the City of Chicago and the legacy left to us by Dr. John Murphy."* —Adam Carey, ACS Archivist

This door resides at The Murphy Building (the John B. Murphy Memorial Auditorium) at 50 E. Erie Street, Chicago, IL.

The great men of medicine who are depicted on the doors are: Aesculapius, Louis Pasteur, Ephraim McDowell, Joseph Lister, Sir William Osler, and William Crawford Gorgas.

The ACS Board of Regents worked with architects John N. Tilton, Jr., and Lewis B. Walton on the theme for the design of the doors. Tilton made the drawings on which the design of the doors was based. The sculpture was done by Charles Keck and cast in bronze at Tiffany Studios directed by Louis Comfort Tiffany.



The College's new archivist, Adam Carey, poses in front of a gift received in 1921 from the Royal College of Surgeons in Ireland: 9,000-year-old elk antlers.

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## SAVE THE DATES

**December 15, 2014**

Oweida Scholarship Deadline

**February 1, 2014**

Health Policy Scholarships Deadline

**February 15, 2014**

ACS/ASSH Award Deadline

**April 18–April 21, 2015**

ACS Leadership and Advocacy Summit  
Washington, DC



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