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**American College of Surgeons**

*Inspiring Quality: Highest Standards, Better Outcomes*
The ACS Governors Newsletter Workgroup utilized the new listserv to poll the Governors in regards to their “Top Three Concerns” at this moment in time. There was a fairly robust response to this initial use of the listserv. There were 40 responses on a variety of topics with some responses being quite specific, articulate, and lengthy. An unscientific analysis of the responses was carried out and resulted in grouping the majority of the comments and concerns into three broad categories.

The "Top Three Concern" categories along with a list of specific comments and topics are listed below.

Financial/Reimbursement Issues
- Need for repeal of the SGR
- Declining reimbursement
- Loss of reimbursement for noncompliance with unproven quality measures
- Stark law restrictions
- ACA effects on reimbursement
- Poor reimbursement for specialty of General Surgery

Practice Issues
- The burden of overregulation
- Lack of national tort reform
- Paperwork, documentation, and time constraints
- Physician burnout
- ICD-10
- Difficulties of remaining self-employed
- Employed physician loss of autonomy
- Loss of physician-patient relationship
- Difficulties in keeping up with new technology
- Too little time for collegiality and participation in organized medicine

Surgical Training Issues
- Detrimental effects from work hour restrictions
- Declining funding for GME
- Problems attracting the best students
- Lack of new trainees willing to take emergency call
- Overspecialization
- Too many fellowships, not enough General Surgeons
- Lack of emphasis on Rural Surgery training and recruitment
- Procedure oriented instead of Technique and Methodology
- Not enough resident exposure to community and rural general surgeons
Dr. Raymond R. Price, associate director for the Center for Global Surgery, director of graduate surgical education at Intermountain Medical Center, Intermountain Healthcare, member of the SAGES Global Initiatives Committee, and medical director for the private nondenominational, nongovernmental organization the Dr. W.C. Swanson Family Foundation, has led a countrywide training effort for laparoscopy in Mongolia in collaboration with the Health Sciences University of Mongolia and the Ministry of Health. Concomitant training included emergency and essential surgical courses countrywide along with the World Health Organization and special teams teaching surgical oncology, gynecology, and orthopaedic, orthopaedic spine surgery. The program has resulted in overall improvement of surgical outcomes nationwide. Dr. Price received the Presidential Friendship Medal for his role in developing health care in the country during the last nine years.

Laparoscopy has been perceived to be too costly in developing countries. As economies improve, many patients in low-resource countries spend large amounts of money seeking modern surgical care elsewhere. In Mongolia, 30,000 people travel abroad each year seeking appropriate health care. Laparoscopic courses have helped stimulate further development of basic healthcare as well as more advanced care including advanced laparoscopic surgery in Mongolia despite limited resources.

Local Mongolian surgeon dedication, obtaining vital equipment coupled with biotechnician training and public demand are providing Mongolia with modern surgical care that may help decrease the number of people seeking health care abroad. Developing laparoscopic surgery has helped improve the Mongolian health care system in general leading to advanced surgical skills and capabilities in addition to providing high quality surgical and even medical care within the country.
Greetings! As I write this update, spring is just peeking out after a long and very cold winter. Each year, spring brings hope and renewed inspiration, despite the toils of our world. Political unrest abounds, not only in health care but also in important world matters. The American College of Surgeons grapples daily with the many issues that affect surgeons and their patients across the globe.

The Regents met in February to update, review, and address the many issues facing surgeons around the world. Dr. David Hoyt outlined the activities conducted by the College, including the following:

- Strategic goal setting for the ACS staff and leadership training to enhance organizational performance
- The College’s Inspiring Quality Campaign completed 13 stops with four more stops planned

The Division of Research and Optimal Patient Care continues its work on:

- New quality standards
- Evaluation of various databases
- Evaluation of the many verification programs
- Partnering with electronic medical records services, registries, and cost databases

The Division of Educations continues to work with:

- Fellows and surgical training programs on the core competencies
- Efforts to address the deficiencies of surgical resident training
- Partnering with the American Board of Surgeons and the ACGME in the design of a work-hours study

Recently, with the remarkable efforts of the Washington Office and the Division of Health Policy and Advocacy, a consensus was reached on the Sustainable Growth Rate (SGR) issue. The Surgical Coalition, led by the ACS, along with the majority of the medical associations supported a proposal to permanently repeal the SGR. Regrettably, as you know, Congress foiled this attempt but passed a one-year ‘patch’ along with the delay of ICD-10 for one year. Although disappointing, the issue of the SGR repeal resonates with the majority of legislators and ‘we shall not go quietly into the night’!

The Division of Member Services recently hosted the Leadership Conference in Washington, DC, with record attendance. New Governors gained insight into the new structure of the BOG and their responsibilities. Governors from around the world met to attend their Pillar and workgroup sessions, where tremendous strides were made toward significant and focused work-products.

Finally, the Regents have planned a retreat in July. They will discuss strategy and facilitate effective means to enhance their roles in keeping with the changing circumstances facing Fellows today and in the future.

In conclusion, concentrated efforts remain in play at the ACS to better serve the Fellows of the College and their patients. Please apply the inspiration of ‘spring’ to your own surgical practice and your involvement as Governor to the College. Hope springs eternal.
FASCINATING FACTS FROM THE COLLEGE
There are more than 78,000 members of the American College of Surgeons worldwide.
MEMBER SERVICES PILLAR UPDATE
By: Fabrizio Michelassi, MD, FACS | Vice-Chair, Board of Governors

The Member Services Pillar continues to do an outstanding job working with many projects and initiatives. Following are highlights of the work that Governors assigned to the Member Services Pillar have been involved in during 2013–2014:

Chapter Activities Domestic Workgroup
John Rioux, MD, FACS, Chair and S. Rob Todd, MD, FACS, Vice-Chair
- Dr. Rioux gave a presentation at the ACS Leadership event in Washington DC titled, “Leading Your ACS Chapter.”
- The chapter pairing program was rolled out recently. This program pairs an international chapter with a domestic chapter. Currently, there are 15 chapters interested in the program.
- Four subcommittees have been working on a variety of projects:
  - Subcommittee for Best Practices Presentation/Event at Clinical Congress, Anthony R. Vigil, MD, FACS, Chair: An hour long panel discussion on how to run a chapter/success stories with a one hour reception. The program will be called “Setting Conditions for Chapter Success: A Panel and Reception for Domestic and International Chapters.” Current presenters for the panel: Dr. Armstrong, John Rioux, MD, FACS and Raymond Price, MD, FACS (International Workgroup Chair).
  - Chapter Advisory Subcommittee, Frank T. Padberg, MD, FACS, Chair: Stronger chapters to advise others when requested, for help and best practices.
  - Subcommittee on Centralization of Chapter Dues Collection, S. Rob Todd, MD, FACS, Chair. Researching centralization of dues for chapters (i.e., Chapter dues to be collected by College and forwarded to the Chapters). Dr. Todd is working on several models to vet this opportunity. The final recommendation will eventually be offered to the Member Services Liaison Committee (MSLC).
  - Subcommittee to Develop a Domestic/International “Chapter Partner Program,” Raymond Price, MD, FACS, John Rioux, MD, FACS, and Donna Tieberg (ACS Chapter Services Manager). Working with the International Chapter Activities Workgroup on a Chapter Partner Program.

Chapter Activities International Workgroup
Raymond Price, MD, FACS, Chair and Jamal Hoballah, MD, MBA, FACS, Vice-Chair
- Determining the best time to schedule conference calls so international Governors can participate.
- The group has been divided into four regions, similar to the trauma region model. Region Chiefs are reaching out to Governors in their region and inviting them to meetings or communicating ideas via email. All Region Chiefs know who to communicate with and who has been added to their region as new Governors. Updated Excel spreadsheets of contacts are sent to Dr. Price and the Region Chiefs as needed.
- Defining the benefits of being an ACS member for international members.
- At the 2013 Clinical Congress meeting, all Chapter leaders met with Governors. This was successful and will be continued at the next Congress.
- The UAE (United Arab Emirates) chapter was voted in by the Regents on February 7, 2014, receiving their “official charter” from the College. The next chapter to be approved is Bolivia, with Esteban Foianini, MD, FACS, as the new Governor. Bolivia will be voted on at the June Regents’ meeting. A potential Guam chapter will most likely be considered for the near future.
- Working with the Domestic Chapters Activities Workgroup on a Chapter Partner Program.
Surgical Volunteerism and Humanitarian Awards
Kevin Behrns, MD, FACS, Chair and Francis Ferdinand, MD, FACS, Vice-Chair

- The awards review process was restructured during October 2013–February 2014, which made it much smoother this year due to several changes in the structure/logistics of the program.
- 16 applications were received in 2014.
- Applicants were reviewed and selected on a conference call held on April 29, 2014.
- Efforts will be made to continuously publicize the program by:
  - Keeping in touch with past applicants.
  - Having applicants not chosen be considered for two to three years.
  - Advertising the awards in places like ACS News, the Bulletin, and during Clinical Congress.

The Member Services Pillar is very fortunate to work with the following Governors as they complete their work on ACS committees.

Committee on Diversity Issues
David G. Jacobs, MD, FACS

- “Cultural Competencies”—a 90-minute program at the Clinical Congress.
- Working on 2015 program proposals for the Clinical Congress.
- Potential partnership with the International Relations Committee to address issues of diversity on a more global stage.

International Relations Committee
Pierre-Alain Clavien, MD, FACS

- Proposing international panel topics for the 2015 Clinical Congress.
- Investigating options to enhance surgical education in LMIC.
- Discussing different levels for international membership fees, based on World Bank status of countries.
- Reviewing International Surgical Education Scholarship applications. Just completed selection of the 2015 CS Germany Traveling Fellow.
MEMBER SERVICES PILLAR UPDATE
By: Fabrizio Michelassi, MD, FACS | Vice-Chair, Board of Governors

YFA Committee
Shoaib I. Sheikh, MBBS, FACS

- A Joint Task force between RAS/YFA to tackle Membership and Advocacy.
- Advocacy: To create a Quality Workgroup within YFA.
- Education: New topics for 2015 Clinical Congress.
- Mentorship: New applications are being reviewed with a teleconference scheduled for the month of May.
- Member Services: Approximately 50 applications have shown interest in various volunteer positions.
- Communications: A Bulletin article is scheduled for summer 2014 and there is a possibly of submitting a monthly eBulletin column.
The Governors Chapter Activities International Workgroup (GCAW-International) was formed to provide improved collaboration within the American College of Surgeons (ACS) for international colleagues worldwide to support the mission of the College. The GCAW functions as a Workgroup of the ACS Board of Governors, aligned with the Member Services Pillar, and serves as an advocate for ACS International Chapters. The group encourages activities that provide fellowship and collegial support for international Fellows. The GCAW-International is supported by ACS Chapter Services, and members meet via conference call and face-to-face meetings at Clinical Congress. In 2013, the GCAW-International also held an additional meeting at Congress that included international chapter officers and governors not already a part of the Workgroup. This meeting was very successful and will be repeated at the 2014 Clinical Congress in San Francisco.

Recently, the GCAW-International implemented a new structure within the Workgroup that includes organizing the Workgroup Governors into four Regions, along with designated chairs or “Region Chiefs.” The designated GCAW-International Regions and their Region Chiefs include the following:

Juan J. Nogueras, MD, FACS: Region 14-Latin America and Caribbean
Miguel Angel Cainzos, MD, FACS: Region 15-Europe and Africa
Ian D. Civil, MB, ChB, FACS: Region 16-Asia and Australasia
Jamal J. Haballah, MD, MBA, FACS: Region 17-Middle East and North Africa

It is hoped that the new regional structure will facilitate discussion between Governors in different countries of a region and that regular regional meetings of Fellows will be arranged. Regional collaboration of Governors will also formulate suggestions that may be offered to the College on what may be done to assist international Fellows and the patients that they serve. Each Region will also have specific goals that they will formulate, and all will assist with bringing young surgeons into the College.

Juan J. Nogueras, MD, FACS: Region 14-Latin America and Caribbean
Dr. Nogueras graduated from Jefferson Medical College in 1982, completed a General Surgery Residency at Columbia-Presbyterian Medical Center in 1987, and after a three year tour as a General Surgeon in the US Army, finished a Colorectal Fellowship in 1991 at the University of Minnesota. He has been a Staff Colorectal Surgeon at the Cleveland Clinic Florida since 1991, where he has also served as Chairman of the Division of Surgery, Chief Medical Officer, and currently as Chief of Staff. He is a Clinical Professor of Surgery at the Herbert Wertheim College of Medicine at Florida International University, and an Affiliate Professor of Clinical Biomedical Science at the Charles E Schmidt College of Medicine at Florida Atlantic University.

Dr. Nogueras represents the South Florida Chapter of the American College of Surgeons as Governor, after having served as President from 2008-2010.

Region 14 is represented by Governors from ten countries in Latin America with approximately 1,300 Fellows of the American College of Surgeons. At the Clinical Congress of 2013, the Governors from this Region met and explored ideas to increase the participation of local surgeons in the College. There was general interest in increasing the visibility of the College at local activities. To that end, there will be a meeting of the American College of Surgeons Latin American Regional Chapters in Cartagena, Colombia in August of this year.
Miguel A. Caínzos, MD, FACS: Region 15-Europe and Africa
Dr. Caínzos was born in La Coruña, Spain, in 1952. He graduated from the University of Santiago de Compostela in 1975. After his period of residency in the Hospital Clínico de Santiago, he spent periods of time in different hospitals in different countries in order to improve his surgical skills. These include the following: Hammersmith Hospital and St. Mark’s Hospital in London; The General Hospital in Birmingham, U.K.; The Klinikum Grosshadern of the Ludwig-Maximilians-Universität in Munich; The Medical College of Wisconsin, Milwaukee; and Tulane Medical Center, New Orleans, in the U.S. He obtained his PhD at the University of Santiago de Compostela in 1978. He has been a full professor of surgery (general surgery) at the Hospital Clínico Universitario, Medical School of Santiago de Compostela, Spain since 1995 and director of the department of surgery between 1993 and 2004.

He was president of the Surgical Infection Society of Europe (SISE) from 2003 to 2004; president of the European Society for Surgical Research (ESSR) from 2003 to 2005. From 2000 to 2009, he was the president of the Spanish Chapter of the American College of Surgeons (ACS). In 2008, he was nominated member of the International Relations Committee of the American College of Surgeons. In 2009, he was nominated Governor of the Spain Chapter of the American College of Surgeons.

He was the chairman of the Ad Hoc Committee for the Internet Course and Education of the Surgical Infection Society of Europe (2005-2012) and he has been chairman of the Scientific Studies Committee of the European Society for Surgical Research since 2005.

Research fields are postoperative surgical infections and prevention of intra-abdominal adhesions. In Region 15 (Europe and South Africa), the main objectives at the moment are first, the creation of ACS websites for each Chapter, and second, to encourage young surgeons (under 45) both to join the American College of Surgeons as Fellows and take an active part in the different activities of and opportunities presented by the College, such as the Annual Clinical Congress, ACS Courses, International Guest Scholarships, International Scholarships for Surgical Education, ACS NSQIP Scholarships, etc.

Ian D. Civil, MBChB, FACS: Region 16-Asia and Australasia
Dr. Civil is a graduate of the University of Auckland School of Medicine completing his MBChB in 1976. His initial surgical training was undertaken in Auckland, New Zealand where he completed his general surgical fellowship in 1983. In the mid-80s he worked in the USA for three years, first as a vascular surgery fellow at the Cleveland Clinic and then as a trauma fellow in the Southern New Jersey Regional Trauma Center in Camden, NJ. After returning to NZ in 1987, Dr. Civil took up a combined University of Auckland/Royal NZ Army Medical Corps appointment in which he served for five years. In 1990-1 he led the NZ Army Medical Team to the first Gulf War. From 2003-2012, he was a member of the Royal Australasian...
Jamal J. Hoballah, MD, MBA, FACS: Region 17-Middle East and North Africa

Dr. Jamal Hoballah received his MD from the American University of Beirut in 1981. He completed his general surgery at New York University (NYU) in 1987 and joined the faculty at NYU for three years before moving to the University of Iowa where he completed a vascular fellowship.

Dr. Hoballah then joined the Department of Surgery at the University of Iowa where he became a tenured professor of surgery, director of the Vascular Surgery Fellowship program, and chairman of the Vascular Surgery Division in 2002. In 2007, Dr. Hoballah was appointed the surgical director of the University of Iowa Heart and Vascular Center. In 2008, Dr. Hoballah returned to the American University of Beirut where he currently serves as the Chairman of the Department of Surgery, as well as the Head of the Vascular Surgery Division.

Dr. Hoballah is Board certified in general surgery, vascular surgery, and surgical critical care. He obtained an executive MBA from the Tippie School of Business at the University of Iowa in 2001 and completed a program on Leadership Development for Physicians in Academic Health Centers at Harvard School of Public Health in 2004.

Dr. Hoballah’s areas of clinical and research interest include endovascular surgery, infrainguinal revascularization, acute limb ischemia, and surgical education. He has authored and co-authored over 90 papers in peer reviewed journals and over 40 book chapters. In addition, he has been the sole author of a vascular surgery book and co-editor of three other surgical books. He also serves as a reviewer for several surgical journals.

Dr. Hoballah is a member of several prominent surgical societies and has served as president of the Johnson County Medical Society and president of the Iowa Vascular Society. Dr. Hoballah joined the International Relations Committee (IRC) of the ACS in 2008 and later became a member of its executive committee and is currently the chair of the IRC. He is also Vice Chair of the Board of Governors Chapter Activities International Workgroup.

Upon his return to Beirut, Dr. Hoballah became actively involved in the activities of the ACS Lebanon Chapter, which was established back in 1964. He was elected President and later Governor of that chapter.

The ACS Lebanon Chapter has been working hard to increase exposure of surgeons to the ACS as early as possible. This was done through recruiting surgical residents into the chapter as resident members and introducing them to the educational resources available through the ACS. The chapter was very supportive in starting a resident exchange program through RAS. Despite the political situation in Lebanon, the chapter has been successful in offering valuable educational congresses annually at reduced fees to attract a wide audience. Collaboration with other regional chapters is being developed with the hope of developing regional annual congresses that alternate between various countries within the same region.
Dr. Hoballah is an active vascular surgeon. Having returned to Beirut after training and practicing in the U.S. for 26 years he was faced with the challenges of offering advanced vascular care within the financial constraints of the various healthcare plans available in Lebanon. He was lucky to be practicing at the American University of Beirut Medical Center (AUBMC) which is a tertiary healthcare facility and referral center serving the people of Lebanon and the region. AUBMC is a Joint Commission International accredited institution with Magnet designation, and has been one of the first few centers outside the USA to be enrolled in the NSQIP. AUBMC has recently received a meritorious award from the NSQIP for its surgical outcomes. Although at AUBMC, Dr. Hoballah can offer all aspects of vascular and endovascular treatment options, he has to balance on a daily basis what the patient needs and what the patient’s healthcare plan allows to offer a cost effective care without compromising quality. This challenge is faced by most surgeons within his department.

As chairman of the Surgery Department at AUBMC, Dr. Hoballah has been very involved in steering the training of the surgical residency programs to meet ACGME requirements and guidelines. The General Surgery Residency Training program was established by Dr. Post and is believed to be the first residency training program in the Middle East. Prior to the civil strife in 1978, the general surgery residency training program at AUB used to be accredited in the U.S. and graduates of AUB Department of Surgery used to be eligible to sit for the American Board of Surgery without having to repeat any of their training.
After considering fellowship training in multiple specialties, I finally made up my mind to pursue the practice of general surgery as I entered my chief residency year. The idea of a broad scope of practice and flexible opportunities for practice settings was appealing to me. However, the task of finding a job or practice site, signing a contract, and managing a successful practice were daunting when considering doing this solo.

During an initial job search, I spoke with Dr. Phillip Burns at the University of Tennessee College of Medicine Chattanooga surgery department to inquire about available general surgery positions in that locale. During our discussions, he asked if I might be interested in participating in the Transition to Practice program in general surgery. While I was confident I had been well trained in my residency program, I recognized that expanded experience in some clinical areas and the opportunity to gradually become better educated regarding business practices would be potentially advantageous. As this was the start-up or first year of the TTP program, I had never heard of it, but as discussions pursued as to the purpose, objectives, and plan for the program, it seemed an invaluable opportunity and I agreed to participate.

The TTP program in Chattanooga was designed to be flexible and it fit my needs. For instance, the program did not start until mid-August, affording me time to study and pass my general surgery qualifying exams. The TTP faculty committee responsible for the program and I met and initially undertook an intake assessment reviewing my previous experience that was primarily based on surgical case logs from my residency training. My personal opinions regarding areas of clinical care where I thought there would be benefit from additional autonomous experience were carefully considered. Though I received excellent training in my residency program, I was particularly interested in gaining more experience in the management of anorectal disease, breast disease, and GI endoscopy. In addition, a large emphasis was placed on providing me a gradual increase in clinical autonomy, both in the operating room and in the outpatient clinic settings, with the ultimate goal of a smoother transition into independent practice.

One area of particular interest to me was a potential exposure to general surgery in the rural setting and plans were made for such an opportunity to be established. Of additional importance was the establishment of a business curriculum that would provide for basic and expanded opportunity to learn about the business of practicing surgery, including contract negotiation, practice management, coding, billing, and personnel management.

The University of Tennessee Chattanooga surgical faculty practice at multiple hospitals in the Chattanooga area, several of them with a broad scope of general surgery cases. This was an ideal place to start in that only a small number of surgery residents are assigned to those community sites, which avoided potential conflict with the surgical residency program there by this program. In fact, during our first meeting, the surgery faculty painstakingly worked out a schedule that would ensure that general surgery residents and I would not overlap patient responsibility. I was able to spend time for the first three months in the community hospitals, operating with the faculty at those hospitals, working in their outpatient clinic settings, and taking calls. Following initial assessment and evaluation of my work by these surgeons, I was gradually given more autonomy both in the operating room and on call with appropriate backup supervision. Evaluation sessions with the TTP faculty included a review of my written evaluations quarterly. In addition, I received frequent oral feedback that I found constructive.

The next phase of the program followed my desire for a rural surgery experience. I was able to work with UT Chattanooga surgery faculty member Dr. Craig Swafford in a rural critical access hospital and clinic about 30 miles north of Chattanooga. In this setting,
I had the opportunity to establish my own clinic and patients for which I had primary responsibility. There was readily available consultation, backup, and supervision with Dr. Swafford and together provided for a wide range of clinical and surgical conditions.

It also gave me a more accurate perception of the climate and resources in a small town hospital. I have decided to pursue practice in this location and have recently signed a contract to work as a partner with Dr. Swafford and UTCOM Chattanooga Department of Surgery in this rural setting.

The final quarter of my training is designed to afford me even more exposure to the business aspects of running a surgical practice. Overall, I have been very pleased with what the program has offered me. While I do not think that everyone who graduates from residency wanting to practice general surgery needs to participate in a program like this, I do think that it has filled some perceived gaps in my training and has certainly made me more confident in my ability to practice general surgery. I have been especially appreciative of the enhanced autonomous clinical experience that the program has afforded me. In addition, it has allowed me to see multiple practice types to determine what type of practice I want to pursue. Further, I think this program allows a much smoother transition into independent practice and I feel fortunate to have had this opportunity.
This new column was conceived to allow ACS Governors to pay tribute to those individuals that contributed to their education and training. Each of us has fond memories of quotations, sayings, and “rules” passed down to us during training from faculty surgeons, senior residents, and senior partners. These “memes” are a rite of passage in surgical training and we continue to disseminate them to students and residents.

As surgeons, we cannot take credit for coining the phrase ‘on the shoulders of giants.’ While its most familiar expression is found in the letters of Isaac Newton—“If I have seen further it is by standing on the shoulders of giants”—the metaphor was first recorded in the twelfth century and attributed to Bernard of Chartres. Bernard declared that we see more and farther than our predecessors, not because we have keener vision or greater height but because we are lifted up and borne aloft on their gigantic stature. (Wikipedia)

And so it is with surgical training, each of us has been elevated and envisioned by those that came before us and took the time and energy to pass along the knowledge and skills required to gain membership to this “society of surgeons.” The newsletter asks that you submit your favorite sayings to honor our “surgical giants.”

“High ethical principles are the grace notes of our profession and represent not so much intellectual rigor but a disciplined spirit—the discipline to do always what is best for the patient.”

LaSalle D. Leffall, Jr., MD (submitted via rural listserv by Dr. Mary MacDonald)
SAVE THE DATES

JUNE 16, 2014
Proposal Submissions for the 2015 ACS Clinical Congress Deadline
https://web2.facs.org/meetings/proposals/index.cfm

AUGUST 1, 2014
2015 George H. A. Clowes, Jr., MD, FACS, Memorial Research Career Development Award
http://www.facs.org/memberservices/acsclowes.html

OCTOBER 26–30, 2014
2014 Clinical Congress
San Francisco, CA
Saturday, October 25—Pillar/workgroup meetings
Sunday, October 26—Board of Governors meeting
Tuesday, October 28—Board of Governors Dinner
Wednesday, October 29—Board of Governors Adjourned meeting

APRIL 18–21, 2015
2015 Leadership & Advocacy Summit
Washington, DC
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