GERALD S. LEVEY, M.D.
VICE CHANCELLOR, MEDICAL SCIENCES
DEAN, SCHOOL OF MEDICINE

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U C L A

March 24, 2004

Emery A. Wilson, M.D.
Dean and Associate Vice President for Clinical Services
University of Kentucky
MN150 Chandler Medical Center
800 Rose Street
Lexington, KY 40536-0298

Dear Dr. Wilson:

On behalf of Dr. Gerald Levey I am responding to your letter of March 8, 2004 regarding department status for your Division of Orthopaedic Surgery.

Our Department of Orthopaedic Surgery currently has five State FTE positions and a total of 15 full time faculty. The divisions within this department include; General Orthopaedics, the Osteoporosis Center, the Center for Cerebral Palsy, Orthopaedic Trauma, Pediatric Orthopaedics, Hand Surgery, Spine Surgery, Foot and Ankle Surgery, Sports Medicine, and Adult Reconstructive Surgery.

There is a one week ambulatory experience for all students as part of the core clerkship in Surgery. In addition, Orthopaedics teaches physical exam skills during the orientation for the clerkship.

I hope this information is helpful to you.

Sincerely,

Lia Ramer Bygrave
Assistant to the Vice Chancellor and Dean

The Texas A&M University System Health Science Center

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Office of the Dean

March 22, 2004

Emery A. Wilson, M.D.
Dean and Associate Vice President
for Clinical Services
University of Kentucky
College of Medicine
MN150 Chandler Medical Center
800 Rose Street
Lexington, KY 40536-0298

Dear Dr. Wilson: Emery

In response you your recent correspondence regarding departmental status of orthopedic surgery, the following information is provided.

1. Orthopedics has departmental status within the Scott & White Clinic (S&W) structure, but does not have academic department status in the college. Thus, the orthopedic chair reports to the chair of the department of surgery for academic matters, but to the chair of the Clinic Board for clinical practice matters as it relates to Scott & White operations.
2. FTE - there are a total of 18 orthopedic surgeons at S&W/COM (13 at S&W main location– Temple, 1 at the northside clinic in Temple, 1 in Waco, 1 in Georgetown, and 2 in College Station.)
3. Orthopedics does not have required time in the curriculum.
4. The dean has limited clinical control over orthopedics, but does help set academic standards.

Overall, this is a very confusing administrative arrangement with multiple opportunities for miscommunication. However, orthopedics is a significant clinical engine for S&W and has made a compelling case for clinical/administrative autonomy. The results remain to be seen.

Best Regards,

Christopher C. Colenda, M.D., M.P.H.
Dean, College of Medicine

UNIVERSITY OF
FLORIDA

College of Medicine
Dean and Folke H. Peterson/
Dean's Distinguished Professor

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March 22, 2004

Emery A. Wilson, M. D.
Dean & Associate Vice President
for Clinical Services
MN150 Chandler Medical Center
University of Kentucky
800 Rose Street
Lexington KY 40536-0298

Dear Dr. Wilson:

I am responding to your recent letter regarding orthopaedic divisions versus departments. At the University of Florida our orthopaedic program is a department in which there are several divisions including oncology, sports medicine, hand, pediatrics, adult reconstructive surgery, foot and ankle, and spine. That structural organization works very effectively in our environment. There are 15 clinical and 5 research faculty in the department. The medical school curriculum contains orthopaedic contributions in anatomy, pathology and introductory clinical medicine. Electives are offered in the clinical years but there are no required clerkships in the 3rd or 4th years.

I trust this information will be helpful.

Sincerely,

Craig

C. Craig Tisher, M. D.
Dean, College of Medicine
Folke H. Peterson/Dean's Distinguished Professor

CCT/hcb

D. Kay Clawson

From: <hkaufer@umich.edu>
To: "Kay Clawson MD" <dkcjd@msn.com>
Sent: Sunday, April 11, 2004 2:56 PM
Attach: Departmental_Plea.doc
Subject: Greetings from Kaufer

Kay,
It has been a long time since we communicated with one another. My family and I remain happy and healthy. I hope that you and your family are as well. I am writing to you because I have learned that UK is seriously considering departmental status for Orthopaedics and that you are in a position to influence the decision.

You probably know that while I was at UK I made a serious effort to gain departmental status for Orthopaedics. Unfortunately that effort failed. I remain convinced that departmental status for UK Orthopaedics would be good for Orthopaedics and also for the Medical School.

The attachment to this E-Mail is a copy of the letter that I sent to Dean Wilson in September of 1998. The points that I believed to be valid then, are even more so today. I apologize for the length of the "98" letter, but I thought It was necessary to completely address the pros and cons of the issues as I saw them. I am hopeful that with your help, this important change in the administrative status of UK Orthopaedics will happen.

Please extend Jane's and my warmest regards to your wife and family

Herb & Jane Kaufer

September 16, 1998

Emery A. Wilson, MD
Dean
College of Medicine
MN 150B, UKMC 0084

Dear Dr. Wilson:

Since I first started at the University of Kentucky in January 1990, Orthopaedics has thrived within the Department of Surgery. During this past 8 1/2 years, the Division of Orthopaedics has expanded from four full time, and two part time, academic Orthopaedic Surgeons to the current compliment of ten full time, and five part time academic Orthopaedic Surgeons. A productive Orthopaedic Research Laboratory with a full time Ph.D. Director, and a full time laboratory technician has been established. We offer two ACGME accredited Orthopaedic subspecialty fellowships, one in Orthopaedic Sports Medicine, the other in Pediatric Orthopaedics. The Orthopaedic Section of Sports Medicine has expanded from one, to three full time Academic Orthopaedists, and has achieved medical control of all UK varsity athletes, as well as medical control of all student athletes within the Fayette County Public School System. The UK Orthopaedic budget has expanded to a projected $5.5 million for fiscal year 1998-99, and national visibility of UK Orthopaedics has increased dramatically. A major reason for past Orthopaedic success at the University of Kentucky has been the support and leadership I received from Dr. Robert Mentzer, and Dr. Byron Young.

In spite of this record of success, I am deeply concerned about our ability to maintain our current level of excellence, as well as our ability to continue Orthopaedic quality improvement in the future. The reason for my concern is that I intend to resign as Chief of Orthopaedics on July 1,1999. (I will celebrate my 65th birthday on February 6,1999.) I am willing to stay on for one additional year as acting chief of Orthopaedics, while a search is conducted for my replacement. However, I am very concerned that the University of Kentucky will not be able to recruit an individual who can maintain the current quality of University of Kentucky Orthopaedics, and advance it to the next level of excellence. It is extremely unlikely that a potential Chairman whose qualifications are commensurate with the needs of the University of Kentucky Orthopaedic program would accept responsibility for a program of our complexity without the authority to make it work.

In the past five years, several high quality Orthopaedic Divisions have been decimated by their inability to recruit a quality replacement Chief. Those that come immediately to mind are the University of North Carolina in Chapel Hill, the University of Oregon in Portland, the University of Missouri in Columbia, and Washington University in St. Louis. In spite of being one of the premiere Academic Orthopaedic Organizations in the United States, the University of North Carolina was unable to replace Frank Wilson, MD, as Chief of Orthopaedics during a three-year search. However, within a month of administrative conversion of the University of North Carolina Division of Orthopaedics to a Department, a high quality academic Orthopaedist (Dr. William E. Garrett Jr. formerly at Duke University) accepted the position of Orthopaedic Chairman at the University of North Carolina.

The University of Missouri in Columbia had a futile search for a replacement Chief of Orthopaedics that lasted for two and one-half years. However, within three months of elevating Orthopaedics to a Department, a high quality, well-qualified Academic Orthopaedist (Dr. Walter Green formerly at the University of North Carolina) accepted the position of Chief of Orthopaedics at the University of Missouri. A similar situation occurred at Washington University in St. Louis. The Orthopaedic Unit at Washington University has a long and distinguished past history. However, that unit was also unable to acquire a qualified Academic Orthopaedic replacement chief during a three-year national search. However, an outstanding candidate (Dr. Richard Gelberman formerly at Harvard University) accepted the position within three months of elevation of the Washington University Division of Orthopaedics to a Department.

Recent events at the University of Oregon are especially tragic. The University of Oregon, a small, high quality, Orthopaedic Unit (similar to ours) was decimated by a three-year search for a replacement for Dr. Rodney Beals, as documented by the following timetable:

- April 1994, Dr. Beals retires as Division Chief, at that time there were six full-time Orthopaedic faculty.
- Between April 1994, and March 1995, ten quality Academic Orthopaedists were interviewed for the division chief position. All declined the position unless Orthopaedics was made a Department.
- Between August 1995, and March 1996, five of the six full-time University Orthopaedists left the University to practice in the community. The University began paying private practice Orthopaedists to handle University of Oregon Orthopaedic call.
- After an RRC review, The University of Oregon Orthopaedic residency program was placed on probation because of insufficient full-time equivalent faculty to justify a Residency Program.
- Between March 1995 and April 1997, a second round of candidates was interviewed, all of whom declined the position of Orthopaedic chief because of lack of department status, lack of faculty, and lack of other resources.
- April 1997, Dr. Charles Byrd, a private practice Orthopaedist from Bend, Oregon, with minimal academic credentials accepted the position of Orthopaedic Chief.
- July 1997, the Orthopaedic Division was converted to a Department,

During this three year span, all full time University of Oregon Orthopaedic Faculty left. Finally, Dr. Byrd, a local practitioner, with minimal academic credentials or accomplishment, accepted the position. Dr. Byrd is currently the sole full time Orthopaedist at the University of Oregon. The University of Oregon Residency Program is currently on probation, and is not likely to have accreditation of their Orthopaedic residency restored. There are many other examples.

My purpose in relating these past sad tales to you is that I am fearful that the current high quality and improving University of Kentucky Orthopaedic Unit is very likely to suffer a similar fate during the search for a replacement Orthopaedic Chief. While the current UK Orthopaedic program is vigorous and thriving, it is fragile. I do not believe that University of Kentucky Orthopaedics will be able to withstand a protracted search for a replacement Chief without suffering severe and irreparable damage. The growth and development of Orthopaedics over the past 25 years makes direction of an Orthopaedic unit by someone other than an Orthopaedist no longer appropriate. I have therefore decided that it is essential for University of Kentucky Orthopaedics to become an independent department.

Please consider this letter to be my official request for departmental status for the University of Kentucky Division of Orthopaedics.

Although it greatly overstates my position to imply that I believe that Departmental status will answer all of the future problems for Orthopaedics, I do believe that Departmental status will help Orthopaedics, and in doing so, the University of Kentucky Medical School.

Recent rapid developments in the field of hand surgery, joint replacement, sports medicine and arthroscopy, tissue transplantation, spinal reconstruction, and musculoskeletal trauma have led to the formation of eight ACGME accredited sub-specialties in Orthopaedics. With this expansion of the role of Orthopaedics has come the realization that simply keeping up with the field, not to mention shaping the direction of these developments in the future requires the full time attention and in-depth knowledge that only an Orthopaedist can provide. For this reason, highly qualified and knowledgeable faculty refuse to accept positions of responsibility for academic Orthopaedic units without commensurate authority. This has resulted in national evolution of Medical School affiliated Orthopaedic units from divisions into departments. In 1986, 56% of Medical School affiliated Orthopaedic units in the United States were full and independent departments. By 1998 this figure had grown to 80%. If one looks only at "high visibility" premier Medical School affiliated Orthopaedic units, 90% are independent departments. The few "high visibility" premier Medical School affiliated Orthopaedic units that remain divisions are chaired by individuals who have been in their current leadership position for a decade or more, and are approaching retirement. It is highly likely that these few "high visibility" premier Orthopaedic divisions will also achieve departmental status as their parent institutions search for a replacement chief of Orthopaedics.

In addition to presenting difficulty with recruitment of a Chief of an Orthopaedic service, the recruitment of faculty and of residents to a division has become a problem. In spite of a superb national pool of talent, our resident match results quality has dropped significantly in the past two years. This is largely due to the fact that Chairs of Orthopaedics at other Institutions frequently instruct students that divisions are more unstable, weaker, and exert less control over their educational experience than do departments.

The key justification for departmental status for Orthopaedics is Academic emphasis. Musculoskeletal conditions are the leading reason for outpatient visits to a physician, and are the second most frequent reason for hospitalization. Musculoskeletal conditions account for fully one-quarter of all operations performed, and account for approximately one-half of all injuries seen in Emergency Departments, (Data reported by the National Center for Health Statistics National Ambulatory Medical Care survey, 1995). Orthopaedists are, in fact, the first contact physician responsible for most musculoskeletal care, and in addition, Orthopaedists, are the ultimate specialty referral physician for care of injuries and diseases of the musculoskeletal system. In view of these facts, it is remarkable that at UK, Orthopaedics has no required contact with undergraduate medical students. Clearly this is because no Orthopaedic representative is required to be on the Curriculum committee or other policy and/or decision making institutional committees.

Secondly, an important justification for Orthopaedics to become a separate Department is the lack of any requirement for training in General Surgery. A fact that is true for Orthopaedics alone among all Surgical Specialties. Like OB-GYN, Orthopaedic Surgeons use the operating room, but training in General Surgery is not required for us to do so. The evolution of Orthopaedics into a unique and separate discipline has been recognized nationally by the development of separate certification and accreditation bodies. Orthopaedics has no requirement for educational exposure to Surgery. Present day differences in practice patterns and approaches to education and research, have made it impossible for anyone other than an Orthopaedist, however skilled and committed, to understand

and represent Orthopaedic needs. This necessitates an administrative structure that will allow prompt and direct interaction with other academic units.

A final justification is that administrative efficiency of large and complex units such as Orthopaedics, are more severely constrained by another layer of administration than are smaller divisions. The overlay of another layer of administration that creates obstacles and prevents direct access to the Dean is in my opinion, an unnecessary impediment to appropriate and necessary further development of Orthopaedics at the University of Kentucky. Because Orthopaedics places great value on basic science research and teaching, we need full and flexible use of our resources to achieve Orthopaedic goals in these areas.

The positives of departmental status for Orthopaedics are:

- Improved ability to recruit a high quality Orthopaedic Chief of Service
- Improved ability to recruit high quality Orthopaedic faculty
- Improved ability to recruit high quality Orthopaedic residents
- Increased Orthopaedic influence on the institutions education policy (Curriculum Committee)
- Increased Orthopaedic influence on the institutions practice policies (GPGC, UKHMO, etc.)
- A more competitive position for acquisition of outside funding

I recognize no negatives of Department status. Clearly, Orthopaedics has sufficient high quality personnel, physical resources, financial resources, and space resources to keep pace with other established University of Kentucky Departments.

A potential concern is that departmental status for Orthopaedics might contribute to break up of the well-established, high quality UK Department of Surgery. However, historical precedence already exists. Ophthalmology and Anesthesiology came out of Departments of Surgery many years ago. Ophthalmology and Anesthesiology were strengthened by the change, and their parent Surgery Departments continued to grow and flourish. There should be no concern of a "domino effect" of other Divisions requesting departmental status. There is no precedent for this concern. In multiple other Departments of Surgery where Orthopaedics has split off and become an independent Department, there has been no such "domino effect".

Another potential concern is increased complexity for the medical school. While this is so, obviously this concern did not deter establishment of a Department of Emergency Medicine, of a Department of Radiation Oncology, or of a Department of Physical Medicine and Rehabilitation. The concern over increased administrative complexity for the medical school is in my opinion, simply not valid. It is hard to believe that one more member on decision-making administrative committees will make a substantive difference in the deliberation of those bodies. The medical school must be flexible enough to adapt to organizational changes made necessary by the growth and development of individual medical disciplines. Certainly, administrative organization should follow, and allow medical evolution rather than oppose it.

The criteria that distinguishes a Division from a Department include the following:

- The discipline should represent a distinct and identifiable body of knowledge locally and nationally.
- The discipline should be large enough to be clearly visible.
- The discipline should have demonstrated involvement in clinical, educational and research programs.
- Departmental status should enhance development of the discipline and the Institution.

In my opinion, University of Kentucky Orthopaedics fulfills all of these criteria.

A fundamental question is, would creation of a Department of Orthopaedic Surgery benefit the University of Kentucky? Since this change would undoubtedly improve Orthopaedics, and most likely the Department of Surgery as well, and since the whole is equal to the sum of its parts, it follows that institutional excellence would also be enhanced. Because I intend to resign as UK chief of Orthopaedics in July of 1999, it should be apparent that creation of a Department of Orthopaedic Surgery at the University of Kentucky will bring no personal gain to me. The motive for my decision to pursue departmental status for the University of Kentucky Orthopaedic unit is my firm belief that this change will result in improvement of University of Kentucky Orthopaedics, the Department of Surgery, and the Medical School.

In summary, Orthopaedics is a large, complex, mature medical specialty. Orthopaedics is well positioned to become a center of excellence in fulfillment of its academic mission for the University of Kentucky Medical School, the University of Kentucky, the region, and the nation. Those most aware of local and national trends in Orthopaedics do not believe that our high standards can be maintained without departmental status for the University of Kentucky Orthopaedic Unit.

Finally, I have to say that I have the utmost respect for both Dr. Mentzer, and Dr. Young. Although their "styles" differ, they are two of the most able administrators, and admirable physicians with whom I have been associated during my 40-year career in Academic Orthopaedic Surgery. Nothing in this letter is intended to reflect negatively upon the Department of Surgery, Dr. Robert Mentzer, or Dr. Byron Young.

Sincerely,

Herbert Kaufer, MD
Professor and Chief
Division of Orthopaedics
/car

UNIVERSITY OF KENTUCKY

April 15, 2004

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Chandler Medical Center
Division of Orthopaedic Surgery
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Dr. K. Clawson
Dean's Office
MN 150 Medical Science Bldg
0298

Dear Dr. Clawson:

This is my response to your request for comment concerning the question of departmental status for the Division of Orthopaedics which now is in the Department of Surgery.

I support this change for several reasons. Departmental status should help us recruit faculty and residents for the service by enhancing our image nationally. We are now big enough to support an active research program for the faculty's participation and to enhance the scientific productivity of our staff.

The main concern I have relates to the deficiency of learning by our medical students about the musculoskeletal system. As you know, the highest proportion of patients presenting to a general medicine service involves this complaint. My experience working with the students and house staff reflects a serious and sometimes profound ignorance of this system and the ailments related to it. Few of them can conduct an adequate examination of the system and are much too quick to request unnecessary MRI's. If the division becomes a department, I am hopeful this will result in an active and increased interchange with the students and house staff at all levels.

Incidentally, I believe all the services that are involved with surgical procedures need to remain connected in some intellectual exchanges but no longer should we all remain in the Surgery Department.

Respectfully submitted:

David B. Stevens, M.D.
Professor of Surgery, Emeritus
University of Kentucky College of Medicine

UNIVERSITY OF KENTUCKY
Chandler Medical Center

Otolaryngology - Head and Neck Surgery

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February 12, 2004

D. Kay Clawson, M.D.
c/o Dean's office
University of Kentucky College of Medicine
Lexington, KY

Dear Dr. Clawson and committee members,

I would like to respond to your request for input on the proposed creation of a Department of Orthopedic Surgery at the University of Kentucky College of Medicine. As chief of Otolaryngology I am keenly aware of this issue that is facing Orthopedics since the same issue faces Otolaryngology.

The overwhelming majority of Otolaryngology programs in this country are departments rather than divisions of surgery. This change began 20 years ago and now has occurred throughout the country. Just in our area, Cincinnati, Ohio State, Michigan, Pittsburgh, Indiana, St. Louis University, West Virginia, UT-Memphis, Vanderbilt, UNC-Chapel Hill, and the University of Virginia are all Departments. Because of this trend in our specialty, the faculty in Otolaryngology here at UK have been keenly aware of this issue and discussed it on many occasions.

After carefully considering the entire list of positives and negatives, Otolaryngology has concluded that it is in our best interest to remain a part of a strong department of surgery rather than strike out on our own as an independent department. However, many of the benefits of remaining in Surgery are a result of its size and influence in our institution and if the department is fragmented, the benefits to this allegiance diminish significantly. Let me also say, however, that I concur with most of Dr. Johnson's concerns with divisional rather than departmental status. Recruiting (both faculty and resident) is negatively impacted by being a division rather than a department. There are certain times when division heads are not given access to important College or Enterprise-level planning meetings or decision making opportunities which could lead to less input on issues important to the division. The departmental tax each division pays decreases the amount of clinically derived income available to the division. There is a perceptual diminished importance of being referred to as a "chief" rather than a "chair". Finally, as surgery has progressed over the years, the similarities among the various disciplines or surgery have diminished and the differences enlarged so that we have less in common now than we did in the past.

I do believe it is important to list some of the advantages that being a division of surgery provides Otolaryngology (and Orthopedics). First Dr. Mentzer is an outstanding chair who, in all my dealings with him, has been fair and impartial. Among the biggest complaints of division chiefs is that a chair may show undue favoritism to general surgery. This occurs in many different ways from financial benefits to scheduling advantages. This has not occurred under Dr. Mentzer's leadership. All divisions of

surgery are treated equally. Because surgery is large and successful, Dr. Mentzer is able to be a strong advocate for Surgery - not just the department but also the divisions of surgery. On more than one occasion, Dr. Mentzer has thrown his support behind an otolaryngology initiative, swinging the tide to move things forward. I know for a fact that he has successfully done the same for Orthopedics in their negotiations with the hospital. As an independent department of considerably less size than the current surgery department, Otolaryngology (and Orthopedics) would carry considerably less clout in any negotiations.

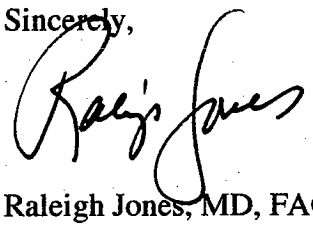
In addition, as an independent department it would be difficult to fund many of the business and education functions now provided by the Department of Surgery to the divisions. The medical student education office, the publication office, the business office, the research office all provides support to the divisions. While the cost of these offices is paid for from the tax we pay to the department, it would be very difficult for a single division to develop and maintain these offices individually in a quality manneer for the amount of tax we pay individually. I think it is important to point out as well that Dr. Mentzer has reduced the departmental tax twice since he became chair, substantially lowering this financial burden to the divisions.

Finally, divisional status keeps us in close contact with other surgeons who have many of the same concerns and problems that we have such as residency issues, OR access, outside clinical activity, research collaboration, medical student education, billing and compliance issues, and personnel issues. The loss of this collegial interaction may be difficult to overcome as a department.

In conclusion, I do not support the division of Orthopedics becoming its own department for two reasons. First I believe it will not be possible for orthopedics to recreate the many benefits it currently has by being a division. Secondly, its departure from Surgery will weaken the remaining Department of Surgery. If this happens, the benefits of staying a division to the remaining divisions of surgery lessen substantially. I expect that if Orthopedics' request is granted you will see similar requests from other divisions. I know that Otolaryngology can make as compelling or a more compelling argument for departmental status than Orthopedics, and you should be prepared to deal with this inevitable consequence of this schism.

I am happy to provide you and your group with any information you feel may be helpful and I will be glad to meet with you personally if you should desire.

Sincerely,



Raleigh Jones, MD, FACS
Chief, Otolaryngology – Head and Neck Surgery

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April 24, 2004

Kay Clawson, MD
EVPHA Office
900 South Limestone
Charles T. Wethington, Building
Room 317
Lexington, Kentucky 40536

Dear Dr. Clawson:

I am writing you in regards to the proposal being considered for the Orthopaedic Division to attain Departmental status. I am sure that there are good reasons for the formation of an Orthopaedic Department. However, I am concerned that such a move will establish precedent for other divisions to request the same status. Should Orthopaedic Surgery achieve Departmental status, I would predict that Otolaryngology, Cardiothoracic Surgery, and Neurosurgery would also soon apply for Departmental Status. Each of these Divisions have at least as strong a case to be recognized as a Department. Such actions will result in a weak Department of Surgery.

I am also concerned that such action increase the overhead costs for all divisions and will probably result in cutting benefits that the Department of Surgery currently enjoys such as the Publications Office, computer support services, the education office. These services have been maintained despite the Department of Surgery decreasing its "tax" on faculty clinical income. Should a large division such as Orthopaedics leave the Department of Surgery, I would expect that the Departmental "tax" will have to increase. This will have a very negative effect on the financial status of all of the remaining divisions.

Finally, the current structure of the Divisions gives much autonomy to each division. Each division is required to establish a budget. Within this framework, the divisions can choose salary allocation, the number of staff for the division, and how to use the clinical income. Each division also has freedom to carry out its education, especially as relates to the residency program. In effect, each division functions as a "department", yet maintains the benefits that a large department has to offer.

I know that your committee will give much thought to this proposal. Clearly, I have not heard all sides of the issue, but from my perspective, I believe that such an action in the long run will be detrimental and have far reaching effects.

Sincerely yours,

Eric D. Endean, MD
Gordon L Hyde Professor of Surgery
Chief, Division of General and Vascular Surgery

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April 13, 2004

Kay Clawson, M.D.
Acting Assistant Dean for Admissions
College of Medicine
MN150 Medical Science Building
CAMPUS, 0298

Dear Dr. Kay Clawson,

I have mixed feelings on the issue of Orthopedics becoming a separate department. Many of the issues that are raised by Dr. Johnson apply to other surgical divisions as well. Nationally, the majority of urology programs are separate departments. Recruiting as a division in the Department of Surgery is more difficult than it would be as an independent department.

On the other hand, a united Department of Surgery has local economic and political advantages over many small surgical specialty departments. The current administration in the Department of Surgery bends over backwards to be equitable in representing the divisions in College of Medicine and KMSF affairs.

If the Division of Orthopedics separates from the Department of Surgery, this will be the beginning of the dissolution of the Department. Several other divisions will most likely request departmental status. As divisions leave the Department, it will be impossible to run the Department as cost efficiently as it currently is run.

In summary, I support the Department of Surgery in its current format. However, if divisions begin leaving the Department, I will advocate for Urology's being an independent department.

Sincerely Yours,

Randall G. Rowland, M.D., Ph.D
Chief, Division of Urology
Department of Surgery

RGR/sgs

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April D. Armstrong, M.D.
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William M. Parrish, M.D.
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Neil V. Blake, D.P.M
Spine
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John R. Deitch, M.D.
Paul S. Sherbondy, M.D.
Primary Care Sports Medicine
Margot Putukian, M.D. – *Director*
Thomas J. Martin, M.D.
Felix A. Meza, M.D.

Therapy Services, H080
Tel: (717) 531-8070 Fax: (717) 531-4558

Administration
L.K. Thompson, IV, B.A., M.H.S.A.
Department Administrator
Edwards P. Schwentker, M.D.
Department Academic Coordinator

March 26, 2004

Emery A. Wilson, M.D.
Dean and Associate Vice President for
Clinical Services
University of Kentucky
MN150 Chandler Medical Center
800 Rose Street
Lexington, KY 40536-0298

Dear Dr. Wilson:

I write this letter in response to correspondence that you addressed to Dr. Darrell Kirch, Dean of the Penn State College of Medicine, in regard to the establishment of departmental status for orthopaedics at the University of Kentucky. Dr. Kirch asked me to respond to inquiries, and I am happy to do so.

We currently have 17 full-time orthopaedists within our department at Hershey as well as one physiatrist and a podiatrist. In addition, we have 3 full-time orthopaedic sports medicine physicians and 3 primary care sports medicine primary care specialists at the Penn State campus in State College. Finally, we have 4 full-time basic science faculty within the department representing areas of expertise in cellular biology, bioengineering, and mechanical engineering.

The Department is comprised of individuals with fellowship training in each of the subspecialties in orthopaedics. This includes sports medicine, shoulder & elbow, hand & upper extremity, foot & ankle, joint arthroplasty, musculoskeletal oncology, traumatology, pediatrics, and spine surgery. In general, we have approximately 2 individuals in each subspecialty.

Orthopaedics does not have required time within the curriculum. This is actually a significant concern to me in that I question the ability of our medical students to evaluate and treat basic musculoskeletal conditions when they graduate from our medical school.

I am not sure I understand your question about the effectiveness of our organizational structure. Therefore, I will defer any comments about this but would certainly be happy to speak with you on this topic.

Finally, I would take this opportunity to editorialize in regard to the body of clinical and basic science knowledge encompassed in orthopaedics. Indeed, it is this growing body of knowledge that has resulted in the tremendous subspecialization within orthopaedics, something that will clearly continue to evolve in the years ahead. Although there are clearly areas of potential collaboration between orthopaedics and general surgery, such as tissue engineering research, they are clearly two separate disciplines, each of which is worthy of departmental status.

Please feel free to contact me at any time if I can be of further assistance.

Sincerely,

Kevin P. Black, M.D.
C. McCollister Evarts Professor and Chair
Department of Orthopaedics and Rehabilitation

KPB\sh

SPINE SURGERY PSC.

Richard T. Holt, MD
Mohammad E. Majd, MD
Cindy L. Jones, MSN, ARNP

March 30, 2004

Dr. Darren Johnson, Chairman
Division of Orthopaedic Surgery
University of Kentucky
Chandler Medical Center
K401 KY Clinic
Lexington KY 40536-0284

Dear Dr. Johnson:

My letter is in response to a question as to why I left the University of Kentucky. I had the privilege to work at the University of Kentucky as part of your faculty in Orthopedics. Specifically my job was teaching and performing spine surgery, a job I enjoyed very much. I was doing that one day a week, with taking telephone calls other times during the week.

There were frustrations involved in my work at UK. The difficulty of bureaucracy and then there was the low pay, which made it unattractive to have a long-term commitment to the university. I viewed my work essentially as a volunteer. Although I was paid, it was a marginal amount. Another issue was crowding in the clinic spaces. There was never quite enough room for everyone to be seen and never quite enough help to make the patient visits easy. There were needless frustrations for the patients on scheduling appointments and getting in and out of the clinic.

My reason for leaving was because of the arrival of Dr. Schaffer who was imminently qualified for the position. There was no need for the duplication of both of us being there. I continue to have fond memories of my time on the faculty at UK. Should the need arrive in the future; I would be pleased to work with you again.

Yours truly;

Richard T. Holt, MD

RTH: mg

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(800) 262-0201
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Page Operator: (617) 732-5656

March 30, 2004

K. Clawson, M.D.

Dear Dr. Clawson:

I have been asked as a recently departed faculty member of the University of Kentucky, Division of Orthopaedic surgery, to send a letter detailing why I left the university. While decisions like that are made for a variety of reasons there were two primary ones in my particular situation. The first was the academic potential of the current status of the institution; specifically some of the multidisciplinary establishments such as a "hand surgery center of excellence" would have been hard to establish at UK in the late 90's. One important facet of this is that whether the head of the division completely supported this project or not, the support of the department chief would have been essential. It appeared to me at that time that the support of the department chief was focused on other priorities.

The other important factors in my decision involved geography and proximity to members of my family. I would be happy to elaborate on this if I can be of further assistance.

Sincerely yours,

P Blazar

Philip E. Blazar, MD
PEB/mmm

THE OHIO STATE UNIVERSITY
UNIVERSITY MEDICAL CENTER

Department of Orthopaedics
Division of Trauma

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March 30, 2004

Kay Clawson, MD
Professor Emeritus
Division of Orthopaedic Surgery
The University of Kentucky
800 Rose St.
Lexington, KY 40536

Dear Dr. Clawson:

I recently received an email from the orthopaedic staff letting me know that there is a move afoot to make Orthopaedics a Department at UK. I was asked for my CV and a brief note as to why I left UK. The CV has been provided under separate cover.

I left UK in the late summer of 1999. At that time, I was an assistant professor specializing in orthopaedic trauma. Herb Kaufer was preparing to retire, and we were interviewing candidates to replace him. Almost to a man, the candidates felt that the Division needed to become a Department in order to obtain the resources to thrive. I felt that we needed to be a Department to attract the kind of leader to maximize our potential.

During this time of transition, I was approached by the Chair of the new department at Ohio State to become chief of the new Division of Orthopaedic Trauma. The opportunity to build a division in a new department, an attractive financial package, and my frustration with the course of events in Lexington made it an opportunity I could not turn down.

Good luck with the establishment of a department. I value the opportunity I was given to start my career at UK and the experience I received in Lexington.

Sincerely,

Kevin J. Pugh, MD
Director, Division of Trauma

X-Auth-No:
From: "Marilyn Gall" <marilyn@abacusinc.net>
To: <ldharr@uky.edu>
Subject: FW: UK Orthpedics
Date: Mon, 12 Apr 2004 14:20:59 -0400
X-Mailer: Microsoft Outlook, Build 10.0.2627
Importance: Normal
X-Mail-Router: No infection found

Darlene:

Below is Dr DeGnore s letter explaining why she left UK and I will fax her CV if you would email your fax number to me. Thank you.

Marilyn Gall

Practice Administrator

Kentucky Orthopaedic and Hand Surgeons

1780 Nicholasville Road

Lexington, KY 40503

Phone: 859-278-2776 ext 226

cell phone: 859-619-1341

Fax: 859-277-7365

-----Original Message-----
From: Lisa DeGnore [mailto:ldegnore@earthlink.net]
Sent: Saturday, April 03, 2004 10:46 PM
To: Marilyn Gall
Subject: Re: UK Orthpedics

To whom it may concern,

I have been asked to detail the reasons that I left employment at UK.

I was originally hired in the Department of Surgery, Division of Orthopaedic Surgery in 1993. I was placed in the regular title series, and I understood my obligations. The department wanted multiple "triple threat" MD's; those who taught, operated and did research. I found quickly, that the department was unable to support faculty who tried to fulfill these obligations.

During my five years in the department I strove to fulfill all three obligations. I performed fully in the clinical realm, seeing over 100 patients per week, taking full time trauma call, and developing a very large specialized practice in Orthopaedic foot and ankle surgery.

I was the director of the third year Surgical Clerkship, and won multiple teaching awards. I published and spoke on educational research.

I obtained two competitive research grants, one from UK, and one from a national organization. I presented at multiple national and international conferences, and published my work in national journals.

At the end of five years, I was informed that all of the above was not enough to obtain tenure at UK. This information was delivered by departmental/divisional chairs who were themselves poor surgeons, poorer teachers, and who lacked any recent research productivity. Therefore, I chose to take my very large practice into the private sector. I have been successful and very busy. I still lecture occasionally at UK, and would be happy to mentor students and/or residents.

I feel that the climate at UK in it's current Department - Division format is not conducive to keeping good, dedicated faculty. UK's Division of Orthopedics has lost 15 faculty members in the past 6 years, all but one left for reasons similar to my own. The current organizational structure is not one that will keep talented faculty. I feel that Orthopaedic Surgery would be more likely to attract and retain faculty if it were a department.

Thank you for your attention,

Lisa T. DeGnore, M.D.

From: "Marilyn Gall" <marilyn@abacusinc.net>
Date: Fri, 2 Apr 2004 10:33:03 -0500
To: "Lisa DeGnore MD" <ldegnore@earthlink.net>, "Paul J Nicholls MD" <pjnicholls@earthlink.net>
Subject: UK Orthpedics

I received a call from Darlene at UK who is seeking your assistance. The Orthopedic department is applying for approval to become an independent department instead of being under surgery. She needs your help in this process. She needs:

1. CV

Higdon, Courtney

From: Pulito, Andrew R
Sent: Thursday, April 15, 2004 2:09 PM
To: Higdon, Courtney
Subject: Orthopaedic Divisional/Departmental Status

Dear Dr. Clawson and Members of the Orthopaedic Review Committee,

Thank you for the invitation to provide input into your deliberations.

I note in your memorandum that only 20 – 25% of the medical schools have divisions of Orthopaedic Surgery, while the rest have departments of Orthopaedics. Of our 20 university/medical school benchmark institutions, all but one have departments of orthopaedics.

Do you have information on what other surgical specialties that are housed within the UK Department of Surgery are also separate departments in our benchmark institutions? I would venture an uninformed guess that in many neurosurgery, urology, otolaryngology, perhaps even plastic surgery and CT (not to mention general surgery) each have their own departments.

I am not sure what their criteria are for allowing divisions to morph into a department, but I don't think orthopaedics has met them. In terms of patient care, there still are gaps in the clinical services they provide. Faculty retention, as you well know, has been a major problem and, for a variety of reasons, the division has failed to nurture and retain young but established clinicians. Research productivity has a long way to go, and orthopaedics contribution to education, at least the medical students, leaves much to be desired.

If orthopaedics gains a departmental status, what is to prevent other divisions, especially those like neurosurgery that have an outstanding record in patient care, research and education, from pursuing the same goal?

It is my perception that the individual divisions within the department of surgery have been well served by having a major voice, financial and otherwise, in medical center affairs.

I am sure the committee will consider the effect on the rest of the department of surgery if orthopaedics is allowed to depart. That division is increasingly successful, at least from a financial point of view, and certainly their contributions in terms of departmental tax dollars, a number of support offices that might be difficult to maintain if orthopedics left the department, in which orthopaedics would likely have to fund for themselves as an individual department. As you probably know, we have a departmental office of education which coordinates intern recruitment, as well as 3rd and 4th year medical student educational endeavors. The department also has a publications/editorial office, an office of data analysis and program development, as well as a well-run business office that supports all of the division.

Thank you again for the invitation to share my perspective. You have a difficult assignment, and there is no doubt that whatever you recommend in terms of departmental status, somebody will be unhappy.

Sincerely,

Andrew R. Pulito, M.D.

Higdon, Courtney

From: Claypool, Joe
Sent: Friday, May 14, 2004 7:39 AM
To: Higdon, Courtney
Subject: Orthopedics

Courtney,

I am not exactly sure what type of information you need from me concerning this matter. However, I can think of three major reasons why I would support orthopedics' request to achieve departmental status. First, I am of the impression that the majority of academic health centers now recognize orthopedics as a separate department. I would guess that residents and fellows would specifically seek out an opportunity to pursue additional training in a setting where the service is incorporated within a department versus a division. In addition, I am confident that departmental status is more appealing so far as recruiting faculty.

Secondly, orthopedics is truly recognized as one of the key lines of business for the future. According to The Advisory Board, orthopedics volumes are projected to increase. In addition, new clinical technologies and changes in the delivery of care are making the delivery of these services more appealing for the patient. As we plan for the future and focus on those services that best support our mission as well as generating a return on investment, the orthopedics chief needs to be engaged in these activities.

My last argument for supporting orthopedics' initiative is for patient safety. Specifically, communications is so critical with insuring the roll-out of specific patient safety initiatives. Many of our meetings where patient safety initiatives are discussed and resolved typically involves our chair. I am personally knowledgeable that much of this information does not get disseminated down to the staff. Any opportunity to involve more of our clinical leaders in sessions where safety matters are being evaluated and discussed would be to the advantage of the overall care provided for our patients.

Please let me know if you need any additional information.

Joseph O. Claypool, FACHE
Hospital Director
University of Kentucky Hospital
800 Rose Street, N100
Lexington, KY 40536-0293
859-323-5445
Fax 859-323-2044

UNIVERSITY OF KENTUCKY

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May 12, 2004

Dr. D. Kay Clawson
Office of Executive Vice President
317 Health Sciences Building
900 South Limestone
Lexington, Ky 40536-0200

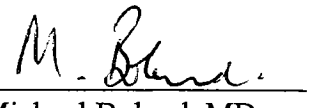
Dr. Clawson:

We, the faculty of the Division of Orthopaedics, whole heartedly support the proposed change of divisional to departmental status for Orthopedics. As you are aware, there are very few remaining divisions of orthopedics, and our status as a division is troubling to prospective faculty applicants as well as to resident applicants.

We believe that the change would be useful for a variety of reasons, including recruiting, retention of faculty, as well as for the opportunity to take part to a much greater extent in decisions affecting our staff, residents and patients. As things are now, The Division of Orthopedics, although a huge portion of the revenue of the Department of Surgery, has very little influence on major decisions made throughout the hospital. As a department, the Chair of Orthopedics would be involved to a much greater extent in helping to make these decisions. We very much appreciate your time, as well as all the other people who are working to help make this possible.

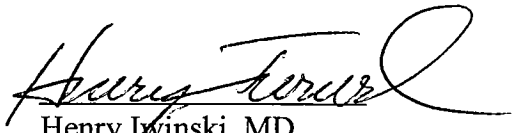
Cc: Karpf
Perman

Signature Page:

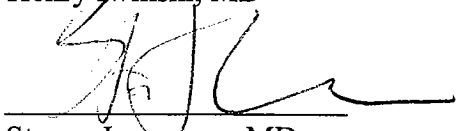


Michael Boland, MD

Constanting Charoglu, MD

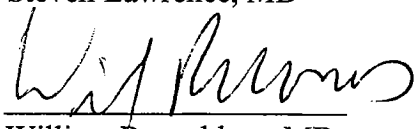


Henry Iwinski, MD

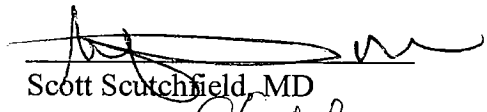


Steven Lawrence, MD

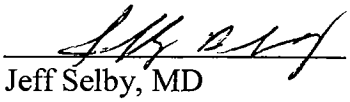
Scott Mair, MD



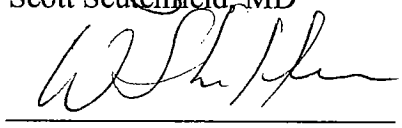
William Rosenblum, MD



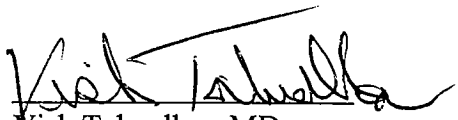
Scott Scutchfield, MD



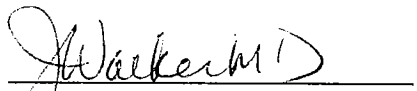
Jeff Selby, MD



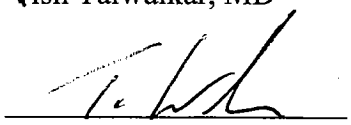
William Shaffer, MD



Vish Talwalkar, MD



Janet Walker, MD



Tim Wilson, MD