



UNIVERSITY OF KENTUCKY

College of Medicine
Department of Surgery
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April 5, 2004

Kay Clawson, MD
Acting assistant Dean for Admissions
College of Medicine

Dear Dr. Clawson,

I am writing in response to your request for information to provide some objectivity to the review relevant to a change in the divisional status of orthopedic surgery. In accordance with this request, you will find the Department of Surgery's current organizational chart, listing of full-time faculty in each Division, and a Self Study Report recently completed in response to the six year review process of the University of Kentucky. You will also find a copy of the Department's Practice Plan and the strategic planning data packet for the last five years. The data packet is for both the Department of Surgery (combined divisions) and the Division of Orthopaedics.

This information is used to help each division perform a SWOT analysis and develop a strategic plan on an annual basis. The planning information is divided into three categories, namely, Clinical and Financial, Education, and Research and Academic Productivity. Per your request, I am also providing you with a list of orthopaedic residents between 1999 and 2003, their medical school, AOA status, and class ranking, if available. In addition, you will find a listing of orthopaedic surgery faculty awards between 1998 and 2003 as reported in the faculty database in the College of Medicine. The detailed list of publications for the orthopaedic faculty as well as other divisional scholarly productivity is provided in the six year review document.

With respect to your request for a narrative from the Chairman regarding the appropriateness of granting departmental status to the Division of Orthopaedics, this is provided below. Independent of the orthopaedic issue, the Department has consistently and openly maintained over the years that departmental status for any division should be predicated on the demonstration that a division has an objective reason to change its relationship with other divisions within the Department, the change in status will not compromise the needs of the other divisions, and the division has achieved regional and national stature in all three areas of clinical service, education, and research and academic productivity. The narrative below is divided into three components and includes a recommendation from the Chairman.

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Chairman's Perspective on the Current Department Organizational Structure.

The Department of Surgery consists of eight surgical specialty divisions and one section. The Chief of each Division, along with his/her faculty, are responsible for setting and defining the mission and vision of the division and developing strategies, goals and objectives that will enable the specialty to achieve regional and national prominence. The role of the surgery department chairman is to mentor each Chief and assist them in their efforts to achieve their goals through the application of departmental resources, institutional and national influence.

This organizational structure and the role of the Chairman have facilitated an integrated planning process that has been rewarding to both the hospital and medical school. It has facilitated a sense of cohesiveness and collegiality among the department's faculty and housestaff that is absent in the majority of medical schools today. As a result, there are excellent working interactions and educational relationships between, for example, Neurosurgery and Orthopaedics in spine surgery; Orthopaedics and Plastic Surgery in hand surgery; Plastic Surgery, ENT/Otolaryngology, and General Surgery in head and neck cancer surgery; and Cardiothoracic Surgery, General Surgery, and Neurosurgery in vascular surgery to name just a few. This atmosphere of collegiality and the absence of adversarial roles among the divisions is a major strength of the department and has been an important asset instrumental in attracting highly competitive faculty candidates and residents from more prestigious institutions.

Chairman's Overview of the History of the Division of Orthopaedics and Its Current Status

In 1999, Dr. Herbert Kaufer announced that he would like to step down as the Chief of the Division of Orthopaedics, which was consistent with his plans for retirement. At the time, the Division was segregated into two distinct sections, namely, general orthopaedics and sports medicine. A search committee was formed and a number of candidates were identified. Several outstanding candidates were interviewed including Dr. Darren Johnson. The issue of divisional versus departmental status was raised and there was concern that the designation of orthopaedic surgery as a division would be an impediment to the recruitment of a nationally known orthopaedic chief.

Despite this concern, the Department was successful in retaining one of its own faculty members, Dr. Darren Johnson, by having him assume a leadership role in the division. As part of this recruitment, Dr. Johnson articulated a vision that focused on increasing clinical volume and fostering sub-specialty orthopaedic care. The plan also included the integration of the section of sports medicine with the rest of the division. This plan became part of the Department's 2000 formal strategic planning process in which the development of the orthopaedic division was recognized as a Departmental priority among the other surgical divisions.

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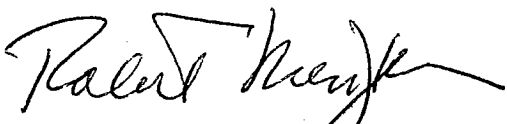
Since then the Division has been successful in developing its goal for clinical volume growth in some sub-specialty areas such as sports medicine, spine, and hand and extremity. Trauma surgery stabilized with the addition of faculty willing to participate in trauma coverage. With respect to the educational program, the residency training program remains strong and is considering expanding to four residents per year. All this achievement occurred with Orthopaedics functioning as a division within the Department of Surgery. A major deficiency in the Division, however, is its lack of academic achievement, faculty mentoring, and research productivity. It is unclear how this deficiency can be addressed by granting departmental status to the Division, thus isolating them from the rest of the surgical specialties in the Department.

There are also potential adverse effects on the Department of Surgery if the Division is to be separated from the Department. In the current environment of declining state resources, a further reduction in general funds to support the academic mission of the Department of Surgery will most likely result in an erosion of the Department's progress to date as it relates to its achievement of a top 20 status. Another area of impact would be in the reduction of overhead contribution the Division of Orthopaedics makes to the Department of Surgery as a whole. As noted in the six year review, by improving business practices in all divisions including Orthopaedics, the Department has reduced its overhead burden to the divisions while simultaneously developing additional academic support services to the divisions such as the SCRIPTS program aimed at facilitating clinical research at the divisional level. A loss of Orthopaedics' contributions to the Department's operations will endanger the academic support programs that have been initiated specifically to augment the academic productivity and enhance the educational programs in all of the divisions of surgery.

Chairman's Recommendation Regarding the Divisional/Departmental Issue.

Based on the materials provided separately in the form of reports, lists, charts, and reviews, the factors identified above, and notwithstanding the political impetus of the proposal, the Department of Surgery Chairman recommends that Orthopaedics specialty remain a division until it can demonstrate substantial improvement in its academic productivity and it can be demonstrated that its separation will not adversely affect the academic and clinical objectives and goals of the other Surgery divisions.

Respectfully,



Robert M. Mentzer, Jr., M.D.
Frank C. Spencer Professor and Chairman
Department of Surgery