

# PRESIDENTIAL ADDRESS—AMERICAN SOCIETY FOR SURGERY OF THE HAND

## Postgraduate education and the American Society for Surgery of the Hand

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"The doctor's postgraduate education comes from patients, from books and journals, and from Societies."

*W. Osler\**

Fellow members and guests:

I was honored beyond measure when you elected me as president of this prestigious society; and this year has filled me with pride for the past achievements of our society and anticipation of an even more productive future.

The American Society for Surgery of the Hand is a group of productive and inquisitive surgeons joined together to gain knowledge that will improve the care of their patients. Voluntary postgraduate education is characteristic of our membership and promoting postgraduate education has been the primary objective of our society since the organizational meeting in 1946. A formal Education Committee was initiated at that meeting with Drs. William H. Frackelton, Sumner L. Koch, Henry C. Marble, and Joseph J. McDonald as members.<sup>2</sup> The activities of that first Education Committee led to a chapter titled, "The Principles of Early Management of Hand Injuries," edited by Dr. Condict W. Cutler, Jr. This chapter was included in the 1954 textbook titled, *Early Care of Acute Soft Tissue Injuries*, which was sponsored by the American College of Surgeons.

When the American Society for Surgery of the Hand was established just after World War II, there were no postgraduate programs in hand surgery, no journals or bibliographies limited to the upper extremity, and no national scientific meetings to provide a platform for the presentation of clinical techniques or promote research in problems of the hand. The periodic seminars conducted by our founding leader, Dr. Sterling Bun-

nell, and his "round-robin letters" with the surgeons at the Army hand surgery centers,<sup>3</sup> were the only models for continuing medical education in hand surgery.

This society had maintained the close exchange of ideas and the constructive review of personal clinical activities that were enjoyed by our founders. An informal clinical session for members was held at the 1947 annual meeting and has continued to this day as the Members' Day Program. These seminars have been held, on occasion, in a city different from that in which the annual scientific program is held. These shared experiences have led to society folklore, such as the "Winona junction" tales and songs about a long-delayed railroad train in Minnesota. The round-robin letters have evolved into the most instructive correspondence club newsletters that have been circulated by Drs. Jack W. Tupper and L. Lee Lankford.

The major educational effort of the American Society for Surgery of the Hand has been a program in continuing medical education for all physicians interested in the care of the hand and the upper extremity. The annual scientific program has always been open to all physicians who wish to attend. More than 36,000 persons have attended the 33 annual scientific programs. The Founders' Lecture was established in 1964 to bring outstanding authorities to the annual scientific program. In 1979 lecturer, Sir Sydney Sunderland, is known worldwide for his anatomical studies and applied research in injury and repair of peripheral nerves.

The Mid-Year Members' Meeting was initiated in 1977 during the presidency of Dr. Robert McFarlane.

The annual *Bibliography of Surgery of the Hand* has been published since 1967 in cooperation with the National Library of Medicine. Dr. John P. Adams has served as editor of this comprehensive index and catalog of references. Each edition searches more than 3,000 different journals.<sup>4</sup> Our society was only the sixth society in the United States to attempt such a monumental venture.<sup>3</sup>

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A scientific exhibit was prepared and presented in 1968. For several years the chairman of the Exhibit Committee was Dr. Robert D. Larsen, and he even stored the bulky materials for each exhibit in the basement of his home and personally escorted them to national meetings such as those of the American Medical Association, the American College of Surgeons, or the Southern Medical Association. The exhibits have been shown at 43 national meetings, in addition to regional symposia and medical centers. The scientific subject for the exhibit has been changed each year, with clinical materials contributed by our members. The exhibits have presented common clinical problems such as tendon injuries (1969), fractures (1970), or skin coverage (1971). This year, the committee is chaired by Dr. Robert J. Neviasser, and its topic is "Ligamentous Injuries in the Hand."

Many of our members are interested in instructional techniques and have produced individual sound-slide and film programs. These activities were identified by the Teaching-Aids Committee. Television production is complex and expensive, so our society initiated a video tape library in 1976. This effort is directed by Dr. Raymond M. Curtis, and it has already produced 13 new television programs and circulated more than 560 tapes to education centers.

I believe that most of us have understood since we were graduate students that medicine is a lifelong course in personal education. During this decade, however, documented continuing medical education has become a condition of continued membership in many medical societies and by several state boards of medical examiners for license reregistration.<sup>5</sup> The American Society for Surgery of the Hand has long recognized this need for all hand surgeons and has sponsored 43 postgraduate symposia since 1972 that have attracted more than 5,750 registrants. In addition to these symposia and the annual scientific program, our Primary Care Committee maintains liaison with appropriate medical societies to assist in structuring symposia for the initial care of the hand. In most states and provinces, a member of our society has been identified to assist in primary care activities for the hand and upper extremity. Dr. Lewis H. Millender is chairman of the Primary Care Committee. Other society liaison committees, such as the Microsurgery Committee and the Hand Therapists Committee, are involved in cooperative educational activities. This year a tenure system was initiated for the membership of all committees in order to improve continuity for programs.

The Examination Committee, chaired by Dr. David P. Green, has published and scored Self-Assessment

Exams in 1976 and 1978. The second examination was utilized by more than 2,000 interested physicians.

This year, the Committee on Course Construction, directed by Dr. Michael E. Jabaley, developed a questionnaire to determine the educational needs of our members. The practice profile of our membership is changing; more than 55% have had an identifiable fellowship in hand surgery; 25% limit their practice to surgery of the hand; and 75% have at least half of their clinical activities in hand surgery; and 20% have a full-time academic practice. Our society has tripled in membership during this decade and must remain responsive to the changing needs of our membership for continuing medical education.

In order to provide a comprehensive program in Continuing Medical Education, our society sought accreditation from the Council on Medical Education, now the Liaison Committee on Continuing Medical Education. Full approval was awarded in March, 1975, to the American Society for Surgery of the Hand.<sup>6</sup> This year the various committees providing continuing medical education were organized into a Division of Postgraduate Education, with Dr. Gordon B. McFarland, Jr., as coordinator and Dr. Fred B. Kessler as deputy coordinator.

Twelve years ago an essay contest was established to stimulate both clinical presentation and original research. The first winner was Dr. William C. Grabb, who presented his study on peripheral nerve repair in 1968.

Research is vital to progress in medical care and may range from an individual effort in fundamental biology to the application of group knowledge toward a clinical problem. Research activities often are of minimal immediate value to all members and are not nearly as social as symposia or annual meetings; but our society has enthusiastically funded both basic and applied research.

Dr. Adrian E. Flatt was the first chairman of the Research Committee, which was developed to support research projects with seed grants. The first allocations were made in 1975 to Dr. Charles L. McDowell and Dr. Stephen H. Miller and presented in 1976. This year the Research Committee, chaired by Dr. F. William Bora, Jr., awarded significant amounts of seed money to the five research projects listed in our scientific program.

Research to improve the administrative activities of all hand surgeons has been generously supported by our society. Committees have classified congenital anomalies and established a rating scale for medical impairment. The Clinical Assessment Committee has docu-

mented methods to record the results of physical examinations, and the Clinical Information Retrieval Committee is developing a classification system for operative and office procedures. These systems improve our communications with each other and our reports to other organizations or agencies.

This year, the various committees supporting and providing investigative activities were organized into the Research Division with Dr. Robert D. Leffert as coordinator and Dr. Mack L. Clayton as deputy coordinator.

During this decade our government has established programs (PSROs) to "promote effective and economical delivery of care."<sup>7</sup> However, there is no recorded data for a baseline concerning the incidence or current cost of hand and upper extremity disorders in the United States. This incidence must include trauma, infections, arthritic deformities, congenital defects, and tumors. The economic impacts of hospitalization, time lost from work, disability payments, and rehabilitation amount to billions of dollars each year. The Forward Planning Committee, under the chairmanship of Dr. Mack L. Clayton, investigated the potential cost of hand and upper extremity disorders; and the committee's task force, directed by Dr. Robert W. Beasley, has identified various professional agencies to help with this major project. This year, the American Society for Surgery of the Hand has awarded a grant to the Department of Epidemiology and Public Health of the Yale University School of Medicine to survey the incidence and cost of hand and upper extremity disorders in the United States. Surgery of the hand is justified as a specialty on the basis of cost savings alone, through the restoration of occupational productivity and reduction in industrial compensation payments.

Reports of research activities and the results of clinical experience should have an appropriate platform. For some years our society considered the feasibility of a journal limited to the hand and upper extremity. Gradually the concept became reality, and THE JOURNAL OF HAND SURGERY has been published since July, 1976, as the official journal of the American Society for Surgery of the Hand.

Under the able editorship of Dr. Joseph H. Boyes, this journal publishes papers from all over the world. The journal continues to prosper, and this year Dr. Adrian E. Flatt became the assistant editor.

As clinical knowledge has increased concerning disorders of the upper extremity, there has been related interest in formal graduate education for surgery of the hand. The first formal division of hand surgery in a medical school in the United States was organized in

July, 1970, at the University of New Mexico.<sup>8</sup> Several other formal divisions now have been established in departments of orthopaedics or surgery, but more are needed to attract the consideration of medical school administrators and the recognition of residency training directors in general, orthopaedic, and plastic surgery. Today there are only minimal hours for disorders of the hand in the curriculum of medical schools, but no doubt the incidence and cost study at Yale University will illuminate this deficiency to the Liaison Committee on Medical Education. This year the Instructional Aids Committee, with Dr. Richard I. Burton as chairman, published an excellent text for medical students and residents, *The Hand: Examination and Diagnosis*. More than 2,000 copies were distributed in the first month following publication.

There were no postgraduate programs in hand surgery when our society was organized. Physicians interested in increasing their knowledge in this area of surgery had to be content with discussion and observation at an established hand surgery service. But as late as 1950, there were only 12 hand surgery services in the United States and Canada.<sup>9</sup> Preceptorships were gradually developed by members of our society, and the growth of surgery of the hand as a special area of interest parallels the trend throughout medicine toward specialization.<sup>10</sup> The American Medical Association expanded its list of designated specialties in 1975 and included hand surgery.

The first resident program in hand surgery was established by Dr. Joseph H. Boyes in 1953. The program began as an elective rotation during the final year of orthopaedic residency training.<sup>11</sup> Our society then initiated a structured effort to improve the educational experience in hand surgery and identified other programs for reference by interested residents. In 1961, Dr. J. Edward Flynn reported that the Committee on Resident Training had identified 44 hand surgery services in the United States and Canada.<sup>9</sup> With this baseline, Dr. Vinton E. Siler, in his Presidential Address of 1969, recommended that a specific time in surgery of the hand be required during residency training in general, orthopaedic, and plastic surgery. The American Board of Orthopaedic Surgery and the American Board of Plastic Surgery did include requirements for mandatory education in the care of the hand during residency training.<sup>12</sup>

Postgraduate fellowships in hand surgery developed because a progressively larger number of board-eligible general, orthopaedic, and plastic surgeons desired adequate training in order to limit their practice to surgery of the hand. In 1970 the American Society for Surgery

of the Hand published an information booklet that documented 56 hand surgery training programs in the United States and Canada.<sup>13</sup> But there was no standardization of the educational experience in these programs. Dr. J. Leonard Goldner's Presidential Address of 1970 outlined the basic requirements and goals for a training program in the management of upper extremity problems.<sup>14</sup>

During 1972 the Forward Planning Committee of our society investigated the accreditation process for surgical subspecialties. The Presidential Committee on Certification was appointed in 1973 by Dr. Martin A. Entin. The committee chairman, Dr. John P. Adams, contacted the American Boards of Surgery, Orthopaedic Surgery, and Plastic Surgery to request support for a certificate of special competence in hand surgery. In September, 1974, all three primary boards declined to endorse the request for a certificate of special competence.<sup>15</sup>

Even so, our society had continued an active interest in formal postgraduate fellowships in hand surgery. Many aspects of the educational experience are not yet standardized, such as curriculum content, length of training, and level of student responsibility. This year our society has studied the individual educational experience in a postgraduate fellowship in hand surgery. Committees were established to gather data for formulating standards: Guidelines for Programs, with Dr. Lee W. Milford as chairman; Program Evaluation, with Dr. Herbert H. Stark as chairman; and Credentials, with Dr. Raymond M. Curtis as chairman. These activities to develop quality controls in a postgraduate fellowship in hand surgery become even more significant because the Liaison Committee on Graduate Medical Education adopted the policy in 1977 that it would accredit only those fellowships leading to certification by an established primary specialty board; and there is no primary board in hand surgery.

This year these committees were organized into the Division of Graduate Education, with Dr. Lee W. Milford as coordinator and Dr. John P. Adams as deputy coordinator. The Program Evaluation Committee, chaired by Dr. Herbert H. Stark, is performing on-site visits to fellowship programs at the request of the program director. This on-site evaluation program is entirely voluntary and will provide the ingredients to develop standards for the individual educational experience in a postgraduate fellowship in hand surgery. Thirty-seven directors of hand surgery fellowship/programs have initiated the administrative process for on-site evaluation, and 18 programs have been visited. This voluntary evaluation is not duplicated by

the Residency Review Committees or the Liaison Committee on Graduate Medical Education.

We anticipate that our experience in cost accounting and quality control will satisfy the public and the government that an appropriate postgraduate fellowship program in hand surgery has a positive outcome effect on the patient with an impaired hand.

This year, with the sustained support of our council, I have requested the Orthopaedic Residency Review Committee and the Residency Review Committee for Plastic Surgery, and the Liaison Committee for Graduate Medical Education to provide guidelines for a Fellowship in Hand Surgery. The Executive Director of the American Board of Medical Specialties accepted my invitation to attend the Mid-Year Members' Meeting to discuss recognition of hand surgery as an area of special competence. I have written the American Board of Orthopaedic Surgery, the American Board of Plastic Surgery, and the American Board of Surgery to request their guidance and responsible support for a certificate of special competence in surgery of the hand. Our request has been placed on the agenda of all three primary Boards. Because the American Society for Surgery of the Hand is developing standards for a postgraduate educational experience, I anticipate a successful result in our effort to obtain appropriate accreditation by organized medicine.

In summary, the American Society for Surgery of the Hand has provided postgraduate education tailored to the needs of all hand surgeons. Our continuing medical education programs are available to any interested physician. The results of the research we sponsor have been published. *THE JOURNAL OF HAND SURGERY* is an open forum for those concepts or techniques that improve surgery of the hand. Our survey of the incidence and cost of hand disorders will be made available to anyone. Our voluntary quality-control effort in postgraduate education, with the expectation of accreditation for formal fellowship programs, will improve the educational experience for all trainees in surgery of the hand. Our society has advanced knowledge, educated professional personnel, and provided quality controls for more than 30 years, and these achievements have benefited all hand surgeons. The American Society for Surgery of the Hand proceeds with all the authority of proven leadership in postgraduate education in hand surgery.

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