

Young Neurosurgeons' NEWS



Spring 2002

Focusing on Issues Relevant to Young Neurosurgeons

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From the Editor: A Call to Arms

Brian R. Subach, MD



Brian R. Subach, MD

As the editor of *Young Neurosurgeons' News*, I have a rather unique perspective on the social, economic, and political aspects of the neurosurgical culture. For we, as Young Neurosurgeons, are indeed a unique culture. Emotions, like tides, will both ebb and flow. We are asked to make critical decisions.

Reimbursements, once the responsibility of others, suddenly become very important in our lives. As we complete residency training and begin fellowships, as we complete fellowships and begin practice, as we decide between academics and private practice, we run the gamut of emotions. You may feel very alone at times. You may feel ill prepared for what you are about to face.

Please allow me to remind you that you are anything but alone. You, whether by election to the YNC, or simply by completing your residency, have become part of a unique brotherhood and sisterhood, with much to offer. I personally recall the stress of taking the written portion of the ABNS examination and similarly recall giving advice to the residents a year or two behind me. I can remember the simultaneous thrill of rushing an acute subdural to the OR in the middle of the night, coupled with the concern that the patient might not really need the surgery. That is why it is called training. The attendings are training you to make the right decisions by having to sweat it out a little on your own. We naturally credit the attendings for this technique, referred to as trial by fire, but the credit truly belongs to the upper-level residents. Remember that your senior and chief residents will play an integral part in this training. As the senior or chief resident, I am reminding you of your responsibility to the juniors. They will look to you for knowledge, experience, and often, appropriate behavior. It was my senior residents,

we band of brothers, Paul, Kamal and Chris, Dan and Gino, and Mark, who taught me at the bedside and made me who I am today.

You, as chief and senior residents, have a unique opportunity. You may influence the lives of both your patients and fellow residents, through your behavior. When asked a question, take the time to answer it and teach a little bit more than necessary. It is said: "See one, Do one, Teach one." I say teach two or three. Make the residents who report to you appreciate that they are part of a team. Show them that skillfully interacting with a patient may be done both at the bedside and in the operating theater. As neurosurgeons I believe we have both assumed a profession and answered a calling. How could anyone think otherwise when seeing the miracles which happen before us?

I believe that this piece is appropriately entitled "A Call to Arms." I clearly am not asking for more bloodshed in our troubled world. I am asking for you, the young neurosurgeons, to take a stand against mediocrity in our training, to raise a fist when opportunities for education are denied us, to act as warriors when insurance companies try to explain how medicine is simply a business venture based upon profit margins, to hold your head high when the name of neurosurgeon is mentioned, and to be first in line to volunteer, when we ask for your help in resisting these changes. Join us, either through the Young Neurosurgeons Committee or through any forum, which allows you to contribute, in paving the way for those behind us and in preparing those who follow for the future.

I believe you will enjoy some of the unique contributions in this newsletter. Jonathan Friedman helps us pass the Boards. I asked Prithvi Narayan to take a stand on the 80-hour work week. Dr. Dempsey gives us his idea of a balanced life. Clara Epstein updates the technology aspects of our lives. Larry Chin brings us into the real world. Prepare the way for those who follow.

Opportunities Abound for Young Neurosurgeons at the 2002 AANS Annual Meeting

The AANS 70th Annual Meeting offers an unprecedented abundance of opportunities for young neurosurgeons. Among the in-depth scientific sessions, entertaining events, and networking opportunities, all wrapped within the package of exciting downtown Chicago, are programs especially targeted to residents and fellows.

Saturday, April 6, and Sunday, April 7

Complimentary Clinics Exclusively for Residents and Fellows

Four complimentary clinics exclusively for residents and fellows attending the AANS Annual Meeting include: Peripheral Nerve Injuries, Entrapments and Tumors: Examination and Evaluation; How to Evaluate a Job: Navigating Unfamiliar Territory; A Multimedia Experience in Surgical Anatomy; and Basics of Spinal Stabilization, Fusion and Instrumentation. A new technology clinic provides an introduction to software that can provide a professional touch to posters, presentations, and publications.

Saturday, April 6, 2002

8 AM–12 PM

Peripheral Nerve Injuries, Entrapments and Tumors: Examination and Evaluation

Director: *Eric L. Zager*
Faculty: *David G. Kline, John E. McGillicuddy, Rajiv Midha, Allan H. Friedman, Robert L. Tiel, Kevin O. Lillehei*

This clinic will provide an overview of the neurosurgeon's approach to patients with peripheral nerve injuries, entrapments and tumors.

1–5 PM

How to Evaluate a Job: Navigating Unfamiliar Territory

Director: *James R. Bean*
Faculty: *Emily D. Friedman, Edie E. Zusman, Domenic P. Esposito, Frederick A. Boop, Adam I. Lewis, Mick, J. Perez-Cruet, Geoffrey T. Manley, Joe D. Bernard, Jr., Richard Boothman, Diana Bogard*

The job search after neurosurgical training takes a resident into unfamiliar territory. This course will explain the issues to be considered in searching for a new practice location, describe how to analyze an employment contract, emphasize important factors in the decision process, and show how to make the most of an employment interview and site review.

Sunday, April 7, 2002

8 AM–12 PM

A Multimedia Experience in Surgical Anatomy

Director: *Albert L. Rhoton, Jr.*
This four-hour course will include 2D and 3D stereo and video demonstrations of the microsurgical anatomy of operative approaches to 1) the orbit, skull base, cavernous sinus, and sella regions, 2) the lateral, third and fourth ventricles, and 3) the posterior cranial fossa, cerebellum, and lower cranial nerves, including the jugular foramen. The anatomy will be reviewed with stereo colored slides and video. Each of three parts will be accompanied by a quiz.

1–5 PM

Basics of Spinal Stabilization, Fusion and Instrumentation

Co-Directors: *Michael G. Kaiser, Kaushik Das*
Faculty: *Neil Duggal, Christopher I. Shaffrey, Regis William Haid, Benjamin W. Chiles, III, Michael A. Morone, Daniel K. Resnick, Juan C. Bartolomei, Edward C. Benzel*

The course will describe the biological and biomechanical principles of spinal fusion. Through the use of didactic sessions and hands-on application it will also describe the indications, operative approaches and surgical techniques used in spinal fusion and instrumentation of the cervical and thoracolumbar spine.

Effective Use of Technology in Web Page Development and Poster Preparation

Sunday, April 7, 2002 1–5 PM

This clinic is being run by New Horizons Corporation

Co-Directors: *John J. Oro, Larry Khoo*
Faculty: *Anthony Kim, John Peter Gruen, Ariel Hermann, Matthew Kang, Dino Samartzis*

Clinic Fee: \$250 Material Fee: \$0 Total: \$250

This course is intended to provide first time users of Web development software (HTML editors- i.e. Corel Web Design, FrontPage, HomeSite) and poster/publication computer software (PowerPoint, QuarkXpress, Publisher) familiarity with basic information and an overview of computer techniques. Participants should have a basic familiarity with Web page HTML use and with basic Windows or Mac OS use. CME credit will not be given for this clinic.

Leadership Skills and Career Development Conference

Sunday, April 7, 2002 1–5 PM

Clinic Fee: \$150 Material Fee: \$0 Total: \$150

National experts working with the AAMC development program teach essential skills and techniques for use in advancement for all types of neurosurgical practice. The techniques taught should help neurosurgeons at all levels of training and practice to build more successful and satisfying careers. Participants will choose one topic during each skills session and then participate in a concluding panel discussion.

Skills Session I (Choose One)

- A **Carol Aschenbrener** - Negotiation and Conflict Resolution in the Workplace
 - B **Janet Bickel** - Building a Successful Academic Career
 - C **Edie E. Zusman and Deborah L. Benzil** - Residency: Planning for the Future
 - D **Lois Margaret Nora** - Time Management and Organization
- Skills Session II (Choose One)*
- E **Carol Aschenbrener** - Negotiation and Conflict Resolution in the Workplace
Repeat of Skills Session I-A
 - F **James R. Bean** - Marketing and Promotion in Private Practice
 - G **Lois Margaret Nora** - Time Management and Organization
Repeat of Skills Session I-D

Events and Resources

eBay Augments Young Neurosurgeons Silent Auction

For the fourth year the Young Neurosurgeons Committee is hosting the Silent Auction to benefit AANS' Neurosurgery Research and Education Foundation (NREF). Last year the auction raised more than \$14,000, a benchmark that can be surpassed through the enthusiastic participation of all meeting attendees and the leadership of young neurosurgeons. All auction proceeds help fund promising neurosurgical research through the 2002 NREF Research Fellowships and Young Clinician Investigator Awards.

During the Annual Meeting, the Silent Auction will be held from Monday through Wednesday in the AANS Resource Center, centrally located in the exhibit hall. This year's event will offer highly desirable items, such as electronics, leisure experiences, airline tickets, golf clubs, and many more gifts donated by generous exhibitors.

For the first time an exciting new fundraiser—a charity auction on eBay held March 21-31, before the Annual Meeting—is being offered in addition to the more traditional event. Unique items up for bid are being donated by Chicago restaurants, attractions, and retailers and can be enjoyed by attendees while in town for the conference. Up-to-the-minute information about this special event is being communicated via e-mail.

Relax and Relate in the Resident's Lounge

The AANS Residents Lounge, located in booth #855 and sponsored by Synthes, offers great place to relax with a cup of coffee while providing information on research concentrations, fellowships and other areas that may aid career development. During the major program breaks, a nationally regarded speaker will discuss a "career-in" in a particular concentration of research and also discuss their institution's fellowship program. The lounge is open Monday, April 8, through Wednesday, April 10, 9-9:45 a.m.; 1-2 p.m., 2:45-3 p.m.

Patrick J. Kelly, MD, is the featured speaker at the YNC luncheon April 10.



Dr. Kelly is the chairman of the Department of Neurological Surgery, Joseph Ransohoff Professor of Neurosurgery, and director of the neurosurgical residency program at the New York University Medical Center. He pioneered computer-assisted stereotactic

neurosurgery and minimally invasive surgical techniques for the removal of brain tumors. Dr. Kelly is internationally known for his work in brain tumors as well as movement disorders. He presented the AANS Schneider Lecture in 1996 and will be the only neurosurgeon in history to deliver a second Schneider Lecture in 2002. His accomplishments in both research and teaching are well known. The Young Neurosurgeons Committee is proud to welcome him as our 2002 invited lecturer. Please plan on attending the YNC luncheon, Wednesday, April 10, 1-2 p.m., at the AANS Annual Meeting this year to hear Dr. Kelly.



Members Depend on the Resource Center

To get the most out of AANS membership, check out special on-site promotions, or just check e-mail, the AANS Resource Center at booth #729 is available. AANS staff will be available to answer any questions about membership status, overall membership benefits, and more.

- **Professional courses offer continuing education** Registration brochures and meeting calendars will be available for upcoming Education and Practice Management programs, from new courses like "Beyond Residency: The Real World" and the spine course, to favorites like coding and oral board review courses.
- **New programs, products and education campaigns** Stop by and look through AANS products, services and educational offerings to see what's new and take advantage of special promotions.
- **You can advance neurosurgical research** Learn about new research and grant opportunities through Neurosurgery Research and Education Foundation (NREF).
- **Place your bid at the Young Neurosurgeons Silent Auction.**
- **Learn how technology can enhance your practice** The Technology Pavilion Classroom offers courses on the Internet (from beginner to advanced) and a demonstration of OPCODER, a program that is specifically designed to meet the documentation needs of the RRC and is based on Current Procedural Terminology (CPT) codes.

We Need Your Help!

Attention Residents, Fellows, and Junior Attendings

For those of you who do not know, the Marshals Committee of the AANS is organized by the Young Neurosurgeons Committee. It is an outstanding opportunity for residents, fellows, and junior attendings to get involved in the workings of the meeting. In exchange for collecting the admission tickets for the various events, assisting with audio-visual equipment, and working the lights, the marshal is able to interact with the *Big Guns of Neurosurgery* and see the presentations for free. Typically, finances will limit resident and fellow participation in events such as the practical courses, being a marshal for the event, allows you to see the presentation for free. If you are interested, even in simply helping with a single seminar or course, please let us know in advance. Send your e-mail to the Grand Marshal himself, the Big Kahuna Tanvir Choudhri at tanvir.choudhri@msnyuhealth.org, so he will sleep better knowing that you will be helping out. If interested, you may also stop by the Marshals Room during the meeting to volunteer. Do not miss this opportunity to be involved.

Photos courtesy of the Chicago Convention and Tourism Bureau

Balance in a Young Neurosurgeon's Life

By Robert J. Dempsey, MD

The question of achieving balance in one's life has plagued overachievers throughout all of recorded time. Young neurosurgeons find themselves dealing with an extremely demanding, refined and exciting profession that is quite capable of dominating your life. This can result in the exclusion of the very essential personal elements that make you both human and proud of yourself. We've all made a decision to embrace a most demanding field. It requires unequalled concentration. Mistakes in our field may result in death or unacceptable disability. Yet, if we don't at the same time pay attention to those aspects that define us as a person, we end up mistaking career for life.

The First Step: Self Assessment

The first question neurosurgeons must ask themselves is: What is it that I value, that I can have a passion for? It's perfectly acceptable to be uncertain of the answer to that question at a young age as long as you are working toward it. The answer that makes sense is never material goods. It always has to do with values that give purpose to what you do because, as a neurosurgeon, you will do it at breakneck speed. As a group neurosurgeons seem to continue that pace into every aspect of our lives. You must, therefore, include time for reflection, reassessment and growth. My own focus is on family, neurosurgery, faith, service and teaching. Private time finds pleasure in exercise, primarily hiking and running. Personal growth comes from a desire to be learning anywhere, anything, be it art, geography, reading, science, etc. If you value learning you can improve on many fronts, neurosurgery being one of them.

I tell my residents that they have to set their own value hierarchy. Patient care is a sacred trust in our profession, but faith and family

also need to be very highly valued in your life. Most of the other issues that seem to dominate our work should directly affect patient outcome or be valued as of secondary importance. If you understand that, you understand the importance to take things home, spend time with family, and resume working on those less essential tasks after you have tucked the children in. For years, my attempt was to be home to help with the children's homework and then continue working after the family was tucked in. The work, especially helping others with their research, was a form of service. But obviously it gave balance to the neurosurgery career. Service should be a reason we entered this field. None of us feels that we have any free time, but for a decade my family and I have found at least some time for a medical mission Central and South America. On reflection, we have to make time for activities that make us a little more human.



The two sides of Robert J. Dempsey, MD, chairman and Manucher J. Javid Professor of Neurological Surgery, Department of Neurological Surgery, University of Wisconsin: "We've all made a decision to embrace a most demanding field... Yet, if we don't at the same time pay attention to those aspects that define us as a person, we end up mistaking career for life."

Lean on People You Trust

There is a tremendous need for reflection and advice from people you trust. For me, time spent with family is essential. I have always lived close to the hospital and could attend school events, etc. even if it meant going back and forth. We must preserve and value what free time we have to spend with family and close friends. If an afternoon or weekend is free, I try to make sure it is spent actively with family, be it hiking, going to a movie or a play, etc. For others, time may be spent with a friend who can be honest with you when you are losing sight of family or values, and who will help you remember why you got into this field in the first place—hopefully not for bigger, better toys, but to challenge yourself in a field in which you are capable of doing so much of benefit. When you feel that way about your work and your patients, you are not going to forget your family. Balance comes from an honest evaluation of your motivations and your values.

The issue of faith is important to achieving balance. Faith has been a central part of my family and something we value and devote time to. Most of us have a faith or value system. Most of us move to and away from those values. Embrace them. They give reason to what you are doing. They place into perspective the vast amount of secondary tasks such as the forms, papers, meetings, etc. that you are asked to do. It may be true that if we rate these secondary demands to be of lesser importance, we won't operate on as many patients, advance as far academically or make as much money. But more importantly, it won't matter. Balance in life is really a matter of repeatedly asking yourself, Why did I start this in the first place? and Am I still true to those ideals? If the other "stuff" is overwhelming your profession or that part of your life which defines who you are, change what you are doing.

List of Officers

The officers of the Young Neurosurgeons Committee are:

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Young Neurosurgeons Listserv

By Clara Raquel Epstein, MD



The Young Neurosurgeons Listserv services an international young neurosurgeon constituency both in training and recently in practice. Colleagues can exchange technical expertise and knowledge, and participate in neurosurgical discussions, news announcements and issues of relevance to young neurosurgeons. Members of the Young Neurosurgeons Committee and Young Physicians Committee as well as interested neurosurgery residents and fellows can join this list to facilitate communication with each other. The listserv, administered by Clara Raquel Epstein, MD, with the sponsorship of both the AANS and CNS, was initiated by the YNC and launched in August 2001. There currently are greater than 300 active members internationally.

Currently on the Young Neurosurgeons Listserv is an ongoing international clinical case discussion on the topic of Methylprednisolone Use in Acute Spinal Injury.

Some previous topics of discussion include:

- SAH: Diagnosis and Timing for Intervention.
- Brown-Sequard Syndrome
- "Neurosurgery in the Rockies" Update
- The Chicago Review Course in Neurological Surgery™, February 1-10, 2002
- XIX Meeting of the Swiss Society of Neuropathology
- Medical Web Development
- Neurosurgery Employment Opportunities
- Opportunities for International Neurosurgery
- Foundation for International Education in Neurological Surgery, Inc. (FIENS)
- The People to People Ambassador Program Neurosurgical Delegation to China

Helpful Hints for Using the Listserv

If you would like to subscribe to the Young Neurosurgeons Listserv or change your e-mail address you will need to go to the following page: www.neurosurgery.org/listserv.

To unsubscribe to the Young Neurosurgeons Listserv or change your e-mail address you will need to do the following:

- 1) Go to the following page: www.neurosurgery.org/listserv.
- 2) There, you will need to enter in your old e-mail address, making sure you select "Unsubscribe" and "Young Neurosurgeons Section" in the drop down boxes.
- 3) Then, enter your new e-mail address, making sure you select "Subscribe" and "Young Neurosurgeons Section" in the drop down boxes.

Whenever you'd like to send a message to the listserv with *distribution to all members*, you simply need to send an e-mail message to the following address: yms@mail.neurosurgery.org

Your message will then be "mass mailed" to every subscriber on the list. To reply to a message, simply reply as you would to any e-mail message (confirm that your reply is addressed to

yms@mail.neurosurgery.org) and your response will again be sent to everyone on the list. Please send small-sized images (jpeg, gif, tiff, etc.) as attachments to the e-mail message if you have pictures (MRI/CT/OR photos, etc.) that you would like to include. If you have a Web site you would like others to visit to view the images, please include the URL and any passwords or instructions needed to access the images. This is the preferred method of distribution.

Please note that readers open attachments at their own risk. From time to time viruses have been known to be transmitted by this mechanism.

If you want to instead reply *only* to the person who sent the original message without everyone else seeing your comments, you should send your reply to the e-mail address of the original sender (it's usually somewhere in the "From:" line of the message) rather than to the listserv.

You should carefully check the e-mail address to which you are responding *before* you send the message. You don't want to inadvertently send messages to the listserv and have it distributed to everyone, which were intended only for a specific individual. This could be embarrassing if you post what you thought was a private message to the listserv. This mistake is very easy to make; some software programs automatically return the reply to the listserv when you click on reply, unless you specify otherwise.

Inquiries regarding the Young Neurosurgeons Listserv may be sent to crebrainmd@core-tech.com.

Additional Pages of Interest:

- Young Neurosurgeons Page: www.neurosurgery.org/yms
- Resident Corner Page: www.neurosurgery.org/resident
- Young Neurosurgeons Newsletter: www.neurosurgery.org/yms/newsletter

New Items on the Young Neurosurgeons Page:

- New Guidelines area includes Mission Statement processes and a searchable database listing of clinical guidelines
- The CNS introduces the Image Database — an ongoing project to provide a repository of neurosurgical images as a resource for patients, residents and allied health professionals
- Discover the personal side of Walter Dandy. The CNS has introduced the Archives of Walter Dandy Family Correspondence.
- Message from the Chairman, John G. Golfinos, MD
- Young Neurosurgeons' Newsletter now available online!
- A consolidated listing of reports and minutes from the Young Neurosurgeons Committee and the CSNS Young Physicians Committee now available online.
- An informational packet to help you provide the best possible care for neurotrauma patients. Read "Emergency Room Coverage: What Every Neurosurgeon Should Know."
- Looking for CME Online? CNS has put together a list of hotlinks to help you find your way.

To submit information for the **N:J/OC**® Young Neurosurgeons and Residents Corner Web pages, please e-mail Clara Raquel Epstein, MD, crebrainmd@core-tech.com, or Joel MacDonald, MD, vasospaz@aol.com with your suggestions.

Book Reviews: Five Residents, Two Books, and the ABNS Exam

By Jonathan A. Friedman, MD

Two review books for the written examination of the American Board of Neurological Surgery (ABNS) have recently become available. The publisher has graciously provided us with copies of these books for the purposes of review. We provided them to neurosurgery residents across the country who are studying to take the written examination for credit in March, to assess the books' usefulness in the study process.

Comprehensive Neurosurgery Board Review. Jonathan S. Citow, et al. New York: Thieme, 2000, 511 pp, illus. Price: \$89.00

Citow's *Comprehensive Neurosurgery Board Review* is undoubtedly the single text one would choose for board preparation if only one text could be chosen. The book is an easy read, yet it provides a thorough review of all seven sections tested on the neurosurgery written board examination.

Particularly compelling is the combined section on neuropathology and neuroradiology. This chapter links the pathologic and radiologic features of an exhaustive list of diseases, rather than segregating the two entities. There are extensive radiographs and photomicrographs to supplement the text, and the section is well organized.

Citow also makes an effort to highlight important facts in the text; the highlighted facts are frequently well correlated to questions found in Alleyne's *Neurosurgery Board Review* text. Using Alleyne's book in conjunction with Citow's, it is easy to reinforce learning the important facts.

The main weakness of *Comprehensive Neurosurgery Board Review* is the anatomy section. The figures are sparse and often inadequate, and it is therefore difficult to conceptualize the pathways and tracts reviewed. However, when used to supplement a neuroanatomy text such as Netter or Carpenter, the section may serve as a synopsis.

Overall, Citow has provided an excellent review for the boards, and his text is a "must have" for board takers. Rather than combine multiple sources, one can easily use *Comprehensive Neurosurgery Board Review* as a "stand alone" review book, using supplemental textbooks in rare cases for more detailed information.

Bryan Barnes, MD
Atlanta, Ga.

Citow has crafted a compact and portable collection of facts that is fairly inclusive of what is needed to pass the written portion of the ABNS examination. Its structure parallels the components of the ABNS exam: anatomy, physiology, pathology & radiology, neurology, neurosurgery, and critical care. For the time-deficient, certain facts are highlighted for easy retrieval. (Dr. Citow and colleagues have a vivid memory for some of the more arcane, albeit ubiquitous, exam queries.) In general, the facts are accurate, although my fellow residents and I have noted occasional errors.

My most important concern is this: if you have ever cut class, skipped lectures, and then depended on someone else's notes to study for an exam, then you know what it is like to use this book. Dr. Citow and his colleagues took the time and effort to forage in more exhaustive and well-written sources to distill the contents of this book. In the process, they derived their own understanding of the knowledge necessary to do well on the boards, but their shorthand rendition is not sufficient to replicate that journey. The editing and rearranging of facts needed to put together a book like this inevitably leads to a fragmented, incomplete, sometimes contradictory recitation of disjointed learning points that do not equal an organic whole. Rather than slowly and carefully absorbing the many facts pertaining to the medical neurosciences, residents will turn to this book and get enough to scrape by, but not enough to make it stick. Nonetheless, I don't doubt that this book will go on to gain fame and appreciation among neurosurgery residents in a time of desperation.

When the book is revised, I recommend using better pictures in the pathology and radiology section, including more diagrams in the anatomy and physiology sections, and perhaps structuring chapters using a more systems-based approach. If these changes can't be made, then the authors should provide more thorough cross-referencing to make more explicit the cohesive associations that a system-based presentation would provide. Lastly, I would suggest that the authors provide in each section the specific citations to primary sources used for their work. This might encourage readers to go beyond the digested information, and fashion their own knowledge base from which to reach for success on the boards, and more satisfying learning.

G. Edward Vates, MD, PhD
San Francisco, Calif.

Studying for the neurosurgical written board exam can be a daunting task given the volume of information covered. Citow et al. have constructed an extensive yet functional review source tailored for the neurosurgical resident. The text is concise but not written in the tabulated, outline format of many review books. The information is focused but fluent, and well organized.

During my own review, I took extensive notes, developed "flash cards" and focused on key words from prior examinations. Citow et al. have taken this approach one step further by compiling essential information into a readable text, providing key lists of structures in the anatomy section, and supplementing the text with high quality illustrations.

Having covered anatomy extensively in my own reading, I found Citow's text an excellent summation with no topic left uncovered. The physiology and neurology sections focused the scope of my reading. The combined pathology and radiology chapter is exhaustive in scope, with excellent radiographic and pathologic images to rival any radiology text. Finally, the neurosurgery and critical care

sections serve as a nicely structured, “high-yield” review source.

Overall, I highly recommend *Comprehensive Neurosurgery Board Review* as an outstanding neurosurgery written board review source.

Patrick Tomak, MD
Atlanta, Ga.

Neurosurgery Board Review. Cargill H. Alleyne, Jr., et al. New York: Thieme, 1997, 253 pp. Price: \$39.95

I found Alleyne’s *Neurosurgery Board Review* book a very useful tool for preparing for the written neurosurgery board exam. The book uses a question and answer format to help review important information for the exam. Questions are given in the first sections, and answers provided in later sections with references to texts or literature where the topic is covered. In about half of the questions, a discussion is given with the answer. This format is very helpful in that it helps the examinee get used to the type and style of questions asked on the test. It also provides a different way to study than accumulating facts from a book.

I found the answer section most helpful when it explained why an answer was wrong. However, sometimes only the correct answer is given with no explanation as to why other choices were wrong. Although a reference is given where the information can be found, the problem I had with this approach was that I needed multiple books in addition to *Neurosurgery Board Review* for a given study session. I found that the book was very well complemented by Citow’s *Comprehensive Neurosurgery Board Review*, which provided clear and concise information on many of the subjects referenced but not discussed in Alleyne’s book. This meant I only had to carry two normal-sized books.

The different chapters covered the range of subjects tested on the ABNS written exam and used different question formats, which was also very helpful. The book is pretty complete as far as the amount and type of material it covers. Overall, *Neurosurgery Board Review* by Alleyne was a good book to study with, particularly when complemented with Citow’s *Comprehensive Neurosurgery Board Review*.

Luis Rodriguez, MD
Ann Arbor, Mich.

Alleyne’s *Neurosurgery Board Review* is an invaluable adjunct to the busy neurosurgery resident’s board preparation. The text consists of multiple choice questions covering the seven sections tested on the written neurosurgery board exam. The format of questions closely parallels the style used on the exam and the number of questions in any given area is designed to approximate the emphasis of recent exams. The reader is also provided an answer key with explanations when deemed appropriate, as well as the name of the textbook that was source of the information.

The questions within each subsection cover an impressive breadth of information given their limited number, thus providing ample opportunity to identify deficiencies. Some questions seem to require a more detailed understanding than tested on the actual board exam, but remain invaluable as triggers for self-assessment. As in any multiple-choice test format, there exist questions and answers which bring about

contention and disagreement, but these are not numerous and may also be useful in assessing the depth of one’s understanding of a topic.

Especially useful are the black and white photomicrographs of histopathology as the actual board exam continues to use the black and white format even though most textbooks of pathology are in color. The radiology section also provides numerous examples of the “classic imaging” of a given process, whereas subspecialty sources tend to emphasize subtleties not generally tested on the boards.

The reference sources chosen are, in general, those frequently used by residents for review or likely available in most institutional libraries. The practice of citing the source instead of providing an explanation for many of the answers, while arguably making the review process less efficient, avoids the pitfalls of oversimplification and preserves the small size of the book. The format of having all the answers at the end of the book instead of immediately following each subspecialty section is sometimes cumbersome and may benefit from being repositioned in future editions.

Clearly, the author does not intend this book as a primary review source and it wisely should not be used as such. It is most useful as a tool for self-assessment, as the title suggests, assisting the reader in identifying areas worthy of further review and providing practice with timing and refinement of test-taking skills.

Thomas C. Schermerhorn, MD
Rochester, Minn.

Nominations Needed for YN Committee Members

Nominations are needed for new members of the Young Neurosurgeons Committee. If you know of a person who you think would represent our organization well and is willing to help our continuing efforts to be a presence within organized neurosurgery, please send in a nomination. The nomination letter should include the nominee’s name and position along with one or two paragraphs describing why you think this person would be a good candidate. We are looking for one resident member and two resident graduate members. Nominations can be mailed, faxed, or e-mailed to:

Attention: Chris Ann Philips
Director, Member Services
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Fax: 847-378-0600
cap@aans.org

The nomination deadline is **June 15**.

Once the nominations have been collected you will receive a ballot with the candidate profiles. If there are any questions please feel free to contact Larry Chin at lchin@smail.umaryland.edu.

Moved? New E-Mail? Notify AANS, CNS and ABNS of changes to your contact information online. Go to www.neurosurgery.org/directory, enter your name, click the "update your listing" button, and follow the instructions to quickly and easily update your listing for all three organizations at once.

Residency Work Hours: Study Continues, Effects of Limits Explored

By Prithvi Narayan, MD



Prithvi Narayan, MD

The working conditions of medical and surgical interns and residents have been the subject of controversy for a number of years. The highly publicized death in a New York hospital of 18-year-old Libby Zion, who was primarily cared for by residents, ignited emotions, and the subsequent litigation brought the issue of long resident work hours to the forefront. The case led to the adoption of regulations by the state of

New York that limited resident schedules to 80 hours per week and to 24 consecutive hours per shift. Recent media reports on patient safety and several studies on the effect of long resident work hours have continued to keep this subject in the spotlight.

Surveys Suggest That Long Hours Are Dangerous

The tenet of residency training is to balance work with education. Cost cutting measures by teaching hospitals have reportedly shifted the balance in favor of work rather than education. The Accreditation Council for Graduate Medical Education (ACGME) has developed guidelines to discourage long working hours and ensure a reasonable quality of life and education. However, a number of resident surveys have identified excessive working hours as the main factor impacting negatively on patient care, resident health and education. In one study, reported in the *Academic Emergency Medicine* journal, Mark T. Steele, MD, and others reported that 8 percent of emergency medicine residents said they had been involved in automobile crashes, while greater than 50 percent said they had been involved in one or more near-crashes, in both cases

mostly after a night shift. Analysis showed that the crashes and near crashes were positively related to the number of night shifts worked per month. The study concluded that driving home after a night shift appeared to be a significant occupational risk for emergency medicine residents. Reports such as this and a general perception that the ACGME is unable to enforce its resident hour guidelines resulted in the filing of a petition with the Occupational Safety and Health Administration (OSHA) seeking federal regulations that would limit work hours for residents and fellows. The petitioners include Public Citizen, Committee of Interns and Residents and the American Medical Student Association.

The Institute of Medicine estimates that medical errors cause more than 1 million injuries to patients in U.S. hospitals each year and may trigger as many as 98,000 deaths annually. Resident surveys regarding work schedules, such as the survey reported in the "Long Hours and Little Sleep," article by Gerald B. Holzman and others that appeared in *Obstetrics & Gynecology*, have shown that residents in substantial numbers perceive that long hours compromise their abilities. However, few studies have been conducted to test the hypothesis that long hours with little sleep jeopardize both the health of physicians and the safety of their patients. A nationwide study funded by the National Institute for Occupational Safety and Health and the Agency for Healthcare Research and Quality is planned in 2002 to test this hypothesis. A hypothesis that also should be studied is that frequent shift changes and sign-outs as a result of limiting work hours increase errors.

Limiting Work Hours May Exact a Price

The hallmark of surgical training has been commitment to patient care without regard to time, day of week, hours worked, or on-call schedule according to Lazar Greenfield, MD, chairman of the Department of Surgery at the University of Michigan School of Medicine. Dr. Greenfield's comments appeared in Lynne Lamberg's article "Long Hours, Little Sleep" in the *Journal of the American Medical Association*. Limiting work hours across specialties may have many unintended implications, especially with regard to surgical specialties. Continuity of patient care is important in terms of the educational value of following through on complications as well as patient satisfaction and this will be lost when work hours are limited. Additionally, the opportunity to see rare diseases or surgical cases may be lost by strict enforcement of work hour limits. Further, artificially limiting work hours in residency may not prepare the resident for the "real world" of a practicing physician or surgeon where work hours are determined by the practice conditions, patient census and emergency room coverage and not by guidelines determined by a governing body.

Is federal regulation the answer to the improvement of resident education and quality of life or is this a simplistic solution to a complex issue? It may be too late to reverse this transition toward reduced work hours, but the debate should continue because future surgeons, especially future neurosurgeons, face the possibility that longer residency programs will be required to attain the level of competence and efficiency achieved by the current system of training.



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Basics of Practice Management for Young Neurosurgeons (Part I)

Lawrence S. Chin, MD

Frequently, the most anxiety-provoking aspect of graduating from a neurosurgery residency is not the prospect of clipping your first aneurysm, but the idea that you'll be responsible for managing a (hopefully) multi-million dollar small business. Based on my informal survey of two residency programs (the place where I trained and the place where I now work), I can state with confidence that learning how to cope with the business side of neurosurgery is not a topic discussed at didactic teaching conferences, grand rounds, or attending rounds. We all know what to do when a CT scan shows a clot, but what do you do when your office manager tells you that you're not compliant with HIPAA (Health Insurance Portability and Accountability Act)? In a series of articles, I will outline the basics of managing a neurosurgery practice and also discuss the key governmental agencies that regulate how medicine is practiced today. Implicit in this discussion is the need for young neurosurgeons to embrace their critical role in helping to shape healthcare policy in the age of the managed physician.

The first step in this process is defining your practice (solo, small group, large group, multi-specialty, hospital-based) and identifying specific goals other than performing general neurosurgery (sub-specialization, teaching, research). These specific goals may require resources and personnel above the average clinical practice. Next, specific office tasks and personnel need to be identified. The front-end processes are done at the time of initial patient visit:

1. Appointment scheduling—will this be automated or manual?
2. Check-in tasks including registration, obtaining a referral, and collecting the copay.
3. Scheduling surgery and insurance authorization. Back-end processes take place after the patient encounter:
 - Dictating the office or operative note—very little can be done by billing until a note is dictated.
 - Claim submission—the sooner the bill is sent, the more effective the collection process. Most states have laws that require insurance companies to pay within a certain time frame if a “clean claim” is submitted.
 - Payment processing—money is collected.
 - Nonpayment appeals—denied bills need to be corrected and resent.
 - Financial analysis—accounting indexes such as collection rate should be tracked.

A common dilemma for a small practice is determining the optimum number of personnel to most efficiently manage the business. As expected, this number will vary with the size of the practice and the volume generated. It is helpful to prioritize which tasks are most important and to define job descriptions accordingly. Outsourcing is often cost-effective but brings a possible decrease in quality and accountability. Common outsourced tasks include billing, transcription, accounting, legal services, billing compliance, and computer services. Most neurosurgical practices rely on the physician to accurately code their procedures, including office visits.

Seeing patients in the office is an under-appreciated, but valuable part of a successful practice. It is not unusual for outpatient visits to account for 20 percent to 25 percent of practice revenue. Accurately coding surgical procedures and office visits is not only important for maximizing revenue, but also for preventing billing fraud and abuse. (I will discuss the ramifications of erroneous or fraudulent coding in a future article.) I highly recommend the billing and coding courses offered by the AANS to all graduating neurosurgery residents and their new office staff.

Many neurosurgical practices do not have a dedicated business manager. Often this responsibility falls to a senior administrative assistant or a nurse who may not be qualified. I will emphasize again that a successful neurosurgery practice is a multi-million dollar small business, and most neurosurgeons are too busy with patients to ensure that their business is being effectively managed. I would recommend hiring a professional manager who has accounting experience, with the caveat that simply having an MBA is not a guarantee of success. Finally, the manager who you hire must be given the authority to run the business. A helpful resource for your manager is the MGMA (Medical Group Management Association), which is a national organization of healthcare managers that provides publications and sponsors meetings. Information on this group can be found at www.mgma.com.

The next article in this series will highlight basic accounting indexes that measure billing and collection performance. I will also describe financial report formats and how they can be used in a neurosurgical practice.

Beyond Residency: The Real World

By Lawrence S. Chin, MD

On Nov. 17, 2001, in Baltimore, Md., the AANS presented a new course designed for residents entitled “Beyond Residency: The Real World.” The one-day course was attended by over 20 residents, primarily at the chief level, from around the country. The course arose from an increasing awareness that residents do not receive training during residency on practical aspects of starting and running a practice. Speakers included course director Sam Hassenbusch, MD, on coding and billing, Tom Ducker, MD, on starting and managing a practice, Larry Chin, MD, on practice management and regulatory issues, Dan Rigamonte on managed care contracts, Bob Goodkin and Mark Gorney, on medical malpractice, and Katie Orrico, JD, on Washington Committee activities. In addition, there were several panel discussions where questions from the audience were fielded. The next course is scheduled for Oct. 26, 2002, in Chicago, Ill.

Professional Development in Neurological Surgery: Chicago Review Course

By Clara Raquel Epstein, MD

Celebrating its 27th anniversary, the Chicago Review Course in Neurological Surgery™ was held February 1-10, 2002, at the Hotel Inter-Continental in Chicago, IL and was well attended. Leonard I. Kranzler, MD, JD, course director, welcomed everyone and provided a comprehensive review of neurological surgery with lectures by an outstanding international faculty whose topic expertise is unsurpassed. This year 90 neurosurgeons in training (75 percent) and in practice (25 percent) participated and provided exceptional feedback to this intensive course.

This course is one of the most comprehensive and intensive reviews in neurosurgery offered to residents and practicing neurosurgeons. It consisted of nearly 100 course topics including neurosurgery, neuropathology, neuroradiology, interventional techniques, and more with up to 12 hours of daily lectures. The content reflected the clinical developments in neurosurgery and what constitutes optimal care in diagnostic and therapeutic approaches, and management of complications. The course uniquely blended coverage of the relevant basic sciences with in-depth lectures on virtually all areas of neurological surgery.

Participants received a very detailed and extensive syllabus, as well as a CD of relevant review questions, answers and references created by the participants. Approximately 15,000 slides were presented and

many of the presenters made available their PowerPoint presentations to the participants via e-mail. Albert L. Rhoton, Jr., MD, autographed his review course book in neurological surgery, *Microsurgical Anatomy and Techniques*, prepared specifically for this course. After several hours of discussion, M. Gazi Yasargil, MD, extended an open invitation for colleagues to visit him in Arkansas and view videotapes of his neurosurgical techniques, as well as an opportunity for microsurgical training with his staff.

The course was well received and provided a unique opportunity for established neurosurgeons who desire to maintain their current diagnostic and surgical skills, as well as for neurosurgeons in training to obtain comprehensive knowledge for written and oral board examinations. At the conclusion of the course each participant earned 102.5 category I continuing medical education hours of credit and a certificate of completion.

It is anticipated that next year's course will provide more detailed information in electronic format as well as a greater participation of international neurosurgeons. To register for this course or to obtain additional information, contact Deirdre Keegan at phone: (773) 296-6666, fax: (773) 296-9999, e-mail: dkeegan@chicagoreviewcourse.com, or visit the Web site at www.thechicagoreviewcourse.com.

Washington Committee Report

By Lawrence S. Chin, MD

The Washington Committee remains active in its mission to provide representation for neurosurgeons in the political process. I will highlight only one of several issues of importance to young neurosurgeons. On Nov. 1, 2001, the Centers for Medicare and Medicaid (CMS, formerly HCFA) published the final 2002 Medicare fee schedule that included a 5.4 percent reduction in Medicare reimbursement. For example, reimbursement for CPT code 63075 (anterior cervical discectomy) will fall from \$1,455 to \$1,338. This will have an impact on all neurosurgical practices since many insurance carriers target their payments to the current Medicare reimbursement. In response, organized medicine (AANS, CNS, AMA, and ACS, among others) supported two bills, S.1707 and HR 3351, the Medicare Physician Payment Fairness Act of 2001, that sought to limit these cuts. Despite significant support in both houses, the bills were defeated. The Washington Committee will continue to work on this issue, and further lobbying efforts are certain to be resurrected this year.

According to the American Medical Association, organized medicine generated 50,000 contacts to Congress regarding the issue, with neurosurgery accounting for 450. Depending on your

perspective this is either good given our prior history of relative apathy regarding political issues or bad since there are well over 4,000 neurosurgeons practicing in the United States. The process for generating contact with your local representative or senator is extremely easy. Go to the **NEUROSURGERY://ON-CALL®** Web site (www.neurosurgery.org) and access the socioeconomic page. E-mails to your representative in Congress will be sent directly from this site.

This summer, the Council of State Neurosurgical Societies will sponsor the second Neurosurgical Leadership Development Conference (NLDC) July 29-23. The first NLDC was held last July with over 80 neurosurgeons participating. The three-day program included practice management seminars, grassroots training, and visits to congressional offices. Neurosurgery has a small but disproportionately effective voice in the political process, in part due to the leadership and energy of the Washington Committee staff led by Katie Orrico, JD, and the committee chair, A. John Popp, MD. I encourage young neurosurgeons, both resident and faculty, to become active participants. Please contact me at lchin@smail.umaryland.edu for questions or suggestions.

Review Courses for the Neurosurgery Written Board Examination

By Jonathan A. Friedman, M.D.

National review courses for the neurosurgery written board exam have become a significant element in the preparation of many prospective examinees. While no course can guarantee success on the exam, the topic overviews and study materials provided can be valuable. The three review courses described below are the most highly attended for preparation for the neurosurgery written board examination.

The "Neurosurgery Written Board Review Course" offered by the Osler Institute consists of eight days of lecture, supplemented by exam-style multiple-choice questions and answers. A syllabus of lecture notes is provided and audiotapes of lectures are available for purchase. The 2001 course was given in Denver Sept. 9-16. Course fees are \$1,290 for practicing surgeons and \$860 for residents and fellows. The Osler Institute has a strong track record in providing preparation for the neurosurgery oral board examination. Information and registration is available by phone at (800) 356-7537 ext. 201, and online at www.osler.org/specialties/ns.

The "Chicago Review Course in Neurological Surgery" (formerly the "Review Course in Neurological Surgery" offered by Compass) is offered yearly in late January or early February (Feb. 1-10 in 2002). The course is 10 days long, with up to 12 hours of lecture daily. The focus of the course is neurosurgery,

but the course leadership strives to represent other material tested on the written boards as well. An extensive syllabus is provided. Compass also offers the full course on videotape for purchase. Course tuition is \$1,625 (\$1,525 with early registration). Information and registration is available at (773) 296-6666 or www.thechicagoreviewcourse.com.

Another popular course for the neurosurgery written boards is the "Kenneth Earle Memorial Neuropathology Review" offered by the Armed Forces Institute of Pathology. Although not specifically geared for the neurosurgery boards, the course provides the appropriate level of detailed review in neuropathology for subspecialty boards in neurosurgery and neurology. Additionally, a two-day neuroradiology course is also offered by the AFIP immediately preceding the five-day neuropathology course. In 2001 the neuroradiology course was offered Feb. 17-18, followed by the neuropathology course Feb. 18-23, both at the Hyatt Regency in Bethesda, Md. Tuition for the neuroradiology course is \$300, while tuition for the neuropathology course is \$750. The course has received excellent feedback from previous attendees preparing for the neurosurgery written boards. Information is available at (800) 577-3749, or www.afip.org/departments/edu.

Review of RUNN 2001

By Loi K. Phung, MD, and Jonathan A. Friedman, MD

Attendance at the most recent Review and Update in Neuroscience for Neurosurgeons (RUNN) course was the highest thus far, and once again it received excellent feedback from attendees. The course was held at Woods Hole, Mass., at the renowned Marine Biological Institute on Oct. 20-27, 2001. The objective is to provide information on the current state of basic science and clinical research in neuroscience. It also provides a forum for generating novel ideas for research that have stimulated career development for previous attendees.

Henry Schmidek, MD, initiated the RUNN course in the early 1980s, and the course has continued to grow under the leadership of past directors Charles Hodge, MD, and Cordell Gross, MD, and current course director Issam Awad, MD. Course co-directors this year were Robert Dempsey, MD, Allan Friedman, MD, Charles Hodge, MD, Bruce Anderson, MD, and Edward Oldfield, MD. The RUNN course is coordinated by Catherine Awad.

Invited speakers are at the forefront of their fields. The faculty is updated every year to ensure that scientists who recently made important investigative contributions are represented at the course. Topics discussed included synaptic plasticity, neural regeneration, apoptosis, gene therapy, stem cell research, signaling pathways, neuroprotection, and developmental neurobiology. C. Freed, MD,

presented his work on embryonic dopaminergic neuron transplantation for Parkinson's disease, which was recently published in the *New England Journal of Medicine*. D. Alkon, MD, gave an enlightening presentation on the mechanisms of memory and the potential therapeutic applications in dementia. Current research on angiogenesis and its practical applications were discussed by P. D'Amore, MD. The Special Lecturer this year was M. Hallett, MD, who discussed the dynamic nature of synaptic plasticity. The Special Lecture is given by a distinguished scientist and has been a tradition of the RUNN course.

There are several sessions on career development, run by neurosurgeons who have been successful in balancing an academic career with a clinical practice. Informal sessions are encouraged during the course to stimulate discussions on developing research projects and obtaining grants. Late night munchies are provided in the conference hall where attendees can mingle with the faculty.

The RUNN course is an excellent opportunity for revisiting topics in neurobiology, with lectures from the premier researchers in the field. The course is held yearly in the fall at the Marine Biological Institute. Further information on RUNN 2002 is available at www.societyns.org/runn.

AANS Young Neurosurgeons Committee

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2002 AANS Education and Practice Management Course Schedule

Beyond Residency: The Real World

October 26, 2002 Chicago, Illinois

Innovations in Spinal Fixation: An Advanced Course

July 27-28, 2002 Memphis, Tennessee

Managing Coding & Reimbursement Challenges in Neurosurgery

May 10-11, 2002 Anaheim, California

August 23-24, 2002 Boston, Massachusetts

September 6-7, 2002 Chicago, Illinois

November 15-16, 2002 Washington, D.C.

Neurosurgical Practice Management:

Managing Your Practice by the Numbers

May 12, 2002 Anaheim, California

Neurosurgical Review by Case Management:

Oral Board Preparation

May 26-28, 2002 Hartford, Connecticut

November 10-12, 2002 Houston, Texas

For more information or to register call (888) 566-AANS or visit www.neurosurgery.org/aans/meetings/epm/epmcourses.html.

Nominations Needed Now for Award

In the spring of 2000, the AANS Board of Directors established an annual award to be given on behalf of the Young Neurosurgeons Committee. The award is meant to acknowledge and honor the extraordinary efforts of a young neurosurgeon who, outside the traditional art and science of neurosurgery, has served the public in a meaningful fashion. In doing so, he or she benefits mankind as a whole and brings honor to our specialty. The first award was given last April to Carl Laurysen, MD, for his efforts in bringing advanced neurosurgical care to an underserved community in Nairobi. His efforts have been targeted at both relieving the suffering of the patients in the area and educating the native medical staff at the local facility.

The Young Neurosurgeons Committee is currently calling for nominations for the 2002 YNC Public Service Award. Nominees should be actively engaged in neurosurgical training or within the first seven years of neurosurgical practice. Please focus upon the public service contribution of the individual outside of organized neurosurgery. The award will be presented at the Young Neurosurgeons Luncheon during the AANS Annual Meeting in Chicago, April 2002. Nominations should be directed to Chris Philips, AANS membership director, at cap@aans.org.