Young Neurosurgeons' News

Fall 2010

Chairman's Message

by G. Edward Vates, MD, PhD, FAANS, FACS

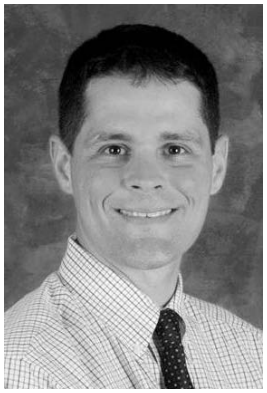
When I sat down at the Joint Washington Committee meeting in July, the first question I was asked by Alex Valadka was "aren't you too old to be a young neurosurgeon?" Truer words were never spoken, and it points to an important change in the Young Neurosurgeons Committee (YNC) that occurred at our meeting last fall.

Previously, YNC leadership was passed down in a rigid and protracted order of succession; when a member was elected as Secretary of the YNC, they served in that position for two years, then two years as Vice Chair, and then two more years as Chair. Most people selected to serve as Secretary had already been on the YNC for a number of years, so by definition the executive members no longer reflected the constituency (too many gray hairs).

Jon Friedman, my predecessor as Chair, saw the need to streamline leadership succession and open up more opportunities for members to assume positions of responsibility. Together, Jon, myself, and Ed Smith proposed a sweeping reorganization of the leadership responsibilities and the selection process. Our recommendations were approved by the YNC membership, and the change is profound. Opportunities now exist for young neurosurgeons to assume responsibility and learn leadership skills at the highest levels of the AANS, serving on the Washington Committee, the Scientific Program Committee, and the Board of Directors, as well as in a large number of liaison positions with different AANS committees, sections, and leadership positions within the YNC itself.

This may sound like arcane talk about bylaws, but consequences are hard to overstate: **the Young Neurosurgeons Committee is the fastest and best way for young neurosurgeons to become involved in national neurosurgery**. Involvement is critical for professional growth and advancement. Leadership is an acquired skill and through my involvement in the YNC I have learned essential lessons from Jon and other members. I've also had the opportunity to rub shoulders and learn from the great leaders of our parent organization. Most importantly, I now have the opportunity to put those lessons to use as the Chair of the YNC. We have a lot on our plate in the coming year: a YNC initiative to support Think First (you can learn more in Mark Proctor's article in this newsletter); a new role for YNC members to serve in the evaluation of the Practical Course; evolution in our continued alliance with the Neurosurgery Research and Education Foundation; and most importantly, our commitment to representing the concerns and aspirations of young neurosurgeons within the AANS.

Obviously, I'm not doing this work alone. I am blessed with a great group of committee members who work long and hard to accomplish the goals of the YNC. We continue to look to you, our constituency, not only for guidance about what issues are most important to you, but also to provide the next generation of leaders who will drive the YNC forward and continue to make this the most vital and energized part of the AANS. On behalf of the YNC leadership and members, I urge you to get involved and find out just how much fun being a leader can be!



Secretary's message
by Edward Smith, MD, FAANS

Part of the purpose of this newsletter is to provide updates from the many committees on which young neurosurgeons serve as liaisons, or – in some cases – voting members. Individuals from the YNC who have been appointed to these positions have two important mandates; to offer the perspective of the next generation of neurosurgeons to the current leadership and to represent the constituency of the YNC within the existing structure of organized neurosurgery. Both of these tasks require ongoing communication between the liaisons, the members of the YNC, and the various committees.

Liaison positions vary in length of terms and often require appointment/approval by senior leadership. Active participation in YNC meetings and YNC-sponsored events ensures that liaison appointees are familiar with the structure of the YNC and organized neurosurgery. There are numerous opportunities to contribute to relevant – and important – YNC-related committees. If interested, please contact members of the YNC executive committee and talk to current and past liaisons to find out how to best get involved. To further those ends, this article includes summaries of the most recent committee reports, a list of the 2010-11 Liaisons as a source for contacts and a formal call to young neurosurgeons to get involved with this committee.

Some highlights from the coordinator reports include:

- **Education and Practice Management** – Oral boards course remains popular and continues to overbook as do coding courses. Development of a new multimedia webinar format is improving the delivery of content to neurosurgeons.
- **Maintenance of Certification** – The AANS/SNS online module project has been updated with 30 modules offering CME to residents. Program directors are encouraged to take advantage of this resource.
- **Neurosurgical Research and Education Foundation** – While the need for fundraising continues, NREF grant applications remain competitive with a broad range of projects and disciplines supported by this program. YNC members are encouraged to apply. (see the NREF Funding Opportunities article in this newsletter.)
- **Pediatric Section** – Grants were offered last year for pediatric-focused research projects. Individuals with interest in work relevant to this area are directed to the Pediatric Section website for details regarding next year's application process - http://www.pedsneurosurgery.org/default.asp.

It is the hope of the YNC that its members will bring their voice to the discussions in all of these important areas of neurosurgery and that the involvement in these committees will lead to the development of the next generation of leaders in organized neurosurgery.

2010-2011 YNC Liaisons and Appointments

Ed Vates	AANS Board of Directors
Todd Hankinson	*AANS Neurosurgeon*
Ed Vates	Council of State Neurosurgical Societies
Daniel Cahill	Development Committee
Christian Kaufman	Education and Practice Management Committee
Samuel Barnett	Ethics Committee
Andrew Grande	Information Technology Committee
Cory Adamson	International Outreach Committee
Brad Bellotte	Joint Washington Committee
Jason Schwalb	Maintenance of Certification/Continuing Medical Education
Krystal Tomei	Marshals Sub-Committee
William Ashley	Medical Student Task Force
Graeme Woodworth	Member Benefits Committee
Cory Adamson	Neurosurgical Research and Education Foundation
Anand Germanwala	Neurosurgical Top Gun Competition
Anand Germanwala	Public Relations Committee
Jennifer Moliterno	Publications Committee
Ed Smith/Kathryn Beauchamp	Real World Course
Eric Deshaies	Resident Section/ ACS
Cormac Maher	Scientific Program Committee
Andrew Ducret	Section: Cerebrovascular
Hamad Farhat	Section: History
Stacey Quintero-Wolfe	Section: Pain
Paul Klimo	Section: Pediatric
Daniel Sciubba	Section: Spine
Kendall Lee	Section: Stereotactic
Brad Bellotte	Section: Trauma
Tony D'Ambrosio	Section: Tumor
Jennifer Moliterno	Women in Neurosurgery
Brad Bellotte	Young Neurosurgeons' Luncheon
Ed Smith	*Young Neurosurgeons' News*
Krystal Tomei	Young Physicians of AMA
Eric Deshaies	Young Surgeons Committee of ACS

Neurosurgical Top Gun

For the fifth consecutive year, the Young Neurosurgeons Committee offered an innovative competition for residents and fellows. Stations

included: ventriculostomy, lumbar pedicle screw, bone scalpel, and vertebroplasty. Supporters of this competition were Anspach Companies, Aesculap Inc., Codman (a Johnson & Johnson company), DePuy Spine (a Johnson & Johnson company), Stryker CMF, BrainLab, Inc. and Medtronic.

2010 Neurosurgical Top Gun Awardees

- Overall Top Honors - Betty YS Kim, MD, Resident, University of Toronto (graduates June 2011)
- Ventriculostomy Top Honors - Edjah Kweku-Ebura Nduom, MD, Resident, Emory University (to graduate June 2013)
- Lumbar Pedicle Screw Top Honors -Ricardo Fontes, MD, Resident, Rush University Medical Center (to graduate June 2014)
- Bone Scalpel Top Honors - Demitre Serletis, MD, Resident, University of Toronto (to graduate June 2012)
- Vertebroplasty Top Honors - Elias B. Rizk, MD, Resident, Pennsylvania State University (to graduate June 2012)

The Most Rewarding Vacation

by Stacey Quintero Wolfe, MD

I will never forget my first opportunity to hear Dr. Rhoton (Albert L. Rhoton Jr., MD, FAANS) speak. As a first year neurosurgical resident, I understood only a portion of the anatomy lecture - understanding would come in later years. However, his heartfelt discussion of the privilege of being a neurosurgeon is forever etched in my mind. I hope he will forgive my clumsy paraphrase, but he said something like this: "If God told you that in twenty years there would be a little boy who was going to develop headaches, followed by blindness, weakness, confusion and death from a brain tumor and that in order to cure him, you must struggle through four years of college, followed by four years of medical school and then seven years of residency, would it be worth it?"

Figure 1: A village outside of Maripa, Venezuela, reachable only by canoe, without running water or electricity.

As a result of our grueling training, every day we have the honor to touch lives. There is no greater privilege than to have another person entrust you with their life. Despite this, the cost to us can be high, with the heartbreak of failure, the daily frustrations, pettiness, and rigors of our jobs and the rush to publish and attain academic prominence. Rejuvenation is a necessity and can be found through many venues. I was blessed to be shown that it can be found outside of a five star resort vacation (although I will freely admit to enjoying this on occasion when we can scrape together the pennies!).

Figure 2: A novel way to pull out teeth. I got to sit on a cinderblock while my patient relaxed in a beach chair with her head on my knee. Another team member holds a flashlight while the pastor sterilizes the instruments.

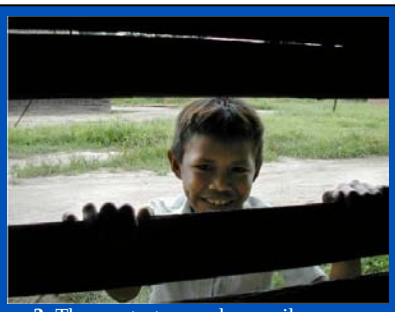


Figure 3: The greatest reward - a smile.

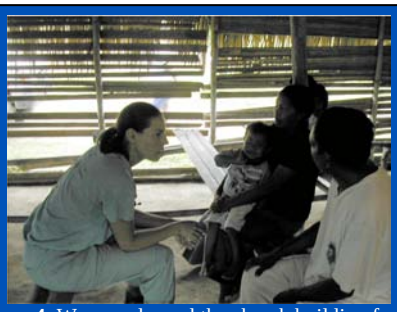


Figure 4: We were loaned the church building for consultations.

My father is a periodontist and my mother a microbiologist. They taught me to honor God through service. When I was in high school, we started spending several weeks of our summer vacations traveling to Mexico with our church to build schools, churches, and houses for impoverished communities of Mexico City. While the physical work was tiring, there is no sleep more refreshing and nothing more rewarding than that of helping someone in need. As a high school senior, my father brought me to the border towns of Mexico to act as his dental hygienist as we traveled in an old, gutted school bus that acted as our dental clinic.

It was there that I pulled my first tooth (and was spit on by an angry child for my efforts!). As the years continued, I was able to travel the rivers of Venezuela by canoe with my father, cleaning and pulling teeth in lawn chairs, educating families in basic hygiene, playing soccer with the kids, and developing lasting relationships (Figure 1-5). While I hope that my neurosurgical skills are more polished, we pulled 298 teeth on my last dental trip to Venezuela (good experience just in case I lose my day job)!

While in medical school at the University of Missouri-Kansas City, I had the opportunity to spend spring break in Tianjin, China, as a medical exchange student. This was an adventure like none I had ever had - to experience medicine in a completely different culture and language (my Spanish skills were not terribly helpful!). Medicine was practiced in a wide variety of venues, from the modern university hospital to the local pharmacy to dental extractions on a blanket on a street corner. Unfortunately, I have few pictures from this time, as we were not trusted as Westerners and were followed closely by the secret police (not so secret as we often detected them). It was here that I first saw real persecution, as Christian university students and teachers were actively targeted and imprisoned for their beliefs.

Figure 5: My father and I with the community and their new toothbrushes!

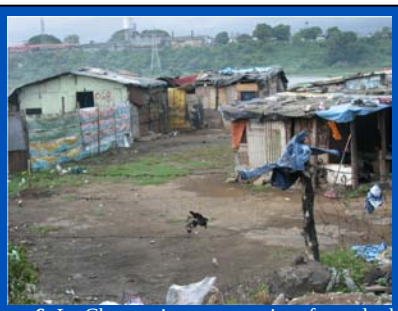


Figure 6: La Chureca is a community of people that live and work within the city dump in Managua, Nicaragua.

Figure 7: Suturing a machete laceration by flashlight.

Figure 8: The precious children of Nicaragua.

Following Hurricane Mitch, I traveled to Tegucigalpa, Honduras, with a Christian medical missions team to provide emergency relief. Again, few vacations could compare to my experiences. After 22 hours of travel due to cancellations from power outages and a marriage proposal in the airport, which still carried the water marks from flooding that reached over my head. We we made a very muddy 45 mile journey in 5 hours to three villages needing help. As most bridges had been washed away by the flooding, we carried massive backpacks filled with medications, supplies, clean water, and Bibles down a mountain path, swam/paddled them across a flooded river in dugout canoes past the site of a village which had been completely washed away, including all of its inhabitants, and through the mud (in which lies one of my shoes, forever immortalized) to villages which had not yet received emergency assistance 4 weeks following the hurricane. We saw 843 people in 4 days for ailments from malnutrition and parasites to cholera.

As a resident at the University of Miami, Barth Green, MD, FAANS and Roberto Heros, MD, FAANS (our Chairmen and Program Director) were not only supportive of my medical missions, but were mentors, as evidenced by Dr. Green's amazing involvement in Haiti, especially in the wake of the recent earthquake. They encouraged me to use my vacation time (and even some research time) to travel to Nicaragua, Venezuela, Mississippi, and Haiti. I was able to transition to leading medical teams to Managua, Nicaragua, for several years with my church, serving the impoverished community of La Chureca, a population of destitute peoples living in the city dump (Figures 6-8). A child's smile in such a place of misery is evidence that the love of God is never more tangible than when given in time and deed from one to another. Each year, in a 5 day period, we were able to treat over 750 patients and pull around 250 teeth (the dentists let me help out, just to keep my skills fresh!).

Figure 9: Ultimate destruction - buildings leveled, uprooted trees, and overturned cars. This used to be a church.

Figure 10: The University of Miami team in Gulfport, Mississippi.

Figure 11: Unique refrigeration for vaccines and medications.

Following Hurricane Katrina, Dr. Green asked me to gather some volunteers to help out in Gulfport, Mississippi. While neurosurgery was clearly not needed, my fellow residents Ryan Trombly and Jeremiah Johnson, and our neurosurgical PA, Leo Harris, joined together with others from the University of Miami to provide primary care for the people of this area which had been destroyed by the hurricane (Figures 9-10). We arrived to an abandoned airstrip in 100° plus heat and were transported to a partially destroyed Episcopal school which was supplying food and clothing for over 800 people a day. Together with other teams from Duke, UVA and Indiana, we put together a clinic (under the sparks from those welding the roof) and helped to take care of hundreds who had lost everything including their doctors and pharmacies. Our pharmacy initially consisted of boxes of tetanus vaccines kept in a Coca Cola dispenser run by a generator (Figure 11), but quickly grew due to the generosity of the American people. We sutured innumerable lacerations (Figure 12); treated MRSA cellulitis with daily IV Vancomycin; dispensed medications to those who had lost all; dug ditches and unloaded trucks (Ryan was tireless- Figure 13); and sometimes just provided a listening ear. I still keep in touch with some of those patients - people who inspired me with their gratitude and resiliency in the face of insurmountable odds.

One of my most rewarding experiences has been to work with The Hydrocephalus Project, an effort in Port Au Prince, Haiti, started by John Ragheb, MD, FAANS, FACS to address the desperate need of children in Miami's "backyard" with no access to even the most basic neurosurgical care. Hydrocephalus was a death sentence in Haiti, with children left at orphanages and dying without access to a neurosurgeon and shunt, one of our specialties most basic devices. Over the past 6 years, Dr. Ragheb and his dedicated partners have traveled to Haiti every three months to triage children with neurosurgical disease (Figure 14). Operative teams travel every six months to perform

Figure 12: Our surgical suite - good thing for battery powered lanterns since the generator kept going out! We just looked at the fan to keep cool.

Figure 13: Food supplied to 800 people a day whom had lost their homes following Katrina.

Figure 14: Two hydrocephalic little girls, one from the orphanage, who are candidates for third ventriculostomy.

endoscopic third ventriculostomies and a handful of shunts and myelomeningoceles (Figure 15-16). Dr. Ragheb has inspired physicians, nurses, residents, and students to join him in this amazing endeavor (Figure 17). What began with a handful of abandoned children has now blossomed into early intervention for nearly 300 children, many who are now attending school and on their way to becoming contributing members of society.

Dr. Ragheb's vision extends beyond the individual treatment of each child and family to creating a self-sustaining program led by Haitian neurosurgeons. The magnitude of this goal can only be understood in the near-absence of neurosurgery in this country - there is only one neurosurgeon in this country of 9 million and no neurosurgical trainees. The process started by developing a network of North American neurosurgeons and operative teams to coordinate a continuous presence as teachers and surgical mentors. During the past several years, he has attracted talented Haitian surgical residents by educating them in neurosurgical disease, involving them in the care of these patients, and teaching them surgical skills. The ultimate goal is to create a neurosurgical subspecialty program that will train the Haitian neurosurgeons of the future, who will themselves become the teachers of subsequent generations of neurosurgeons. *Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime. -Chinese Proverb*

It has been a privilege to work with such dedicated people on these trips and to see the change it has made in so many lives. I consider it both a duty and honor to be able to give back to the community, as I myself have been greatly blessed. But I must say that while this comes across as altruistic, I have received much more than I have given. It is refreshing to return to medicine in its purest form; without compensation or litigation or charting or administration. From a bag of coconuts from a man who had lost everything, to a cross made

Figure 15: Dr. Bhatia assisting me on an ETV in Haiti.

Figure 16: A mother and her 14 month old child, just before undergoing ETV.

Figure 17: The true spirit of service - our pediatric neurosurgeon serving as janitor. The faster we turn over the room, the more surgeries we can do.

from a palm frond, to the smile of a grieving mother, I have been touch and blessed…and rejuvenated.

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My deepest gratitude to all whom I have served with, for this is not the effort of an individual, but of a team. I encourage you to become involved in giving back and invite you to contact myself, Dr. Ragheb at the University of Miami, or FIENS through the AANS for opportunities.

Young Neurosurgeons Committee Public Service Citation

The Young Neurosurgeons Committee Public Service Citation recognizes and honors the extraordinary efforts of a young neurosurgeon who, outside the traditional art and science of neurosurgery, has served the public in an exemplary fashion and thereby brings both greater benefit to mankind and greater honor to our specialty. Please read Dr. Quintero Wolf's article above.

The citation is presented annually to an individual actively engaged in neurosurgery training or practice. The nominee must not be more than seven years out of neurosurgical training. The citation is for extraordinary or unusual public service by a young neurosurgeon – outside of any service specific to organized neurosurgery.

Nominations will be taken through March 4, 2011 and can be sent to Chris Ann Philips at cap@aans.org. Please include nominee's name, contact information, and a 250-500 word letter describing the nominee's services for consideration.

NREF Funding Opportunities

By Beth Stein and Michele S. Gregory

The Neurosurgery Research and Education Foundation (NREF) Post Residency Clinical Fellowship Program is now accepting applications for fellowship funding for the 2011-2012 academic year.

With funding for medical research and neurosurgical education needed now more than ever and government support diminishing, the funding given directly to hospitals and academic programs by corporate supporters continues to come under increased scrutiny. As a result, the NREF has expanded beyond its traditional research grants and young clinician awards to make an even bigger impact.

The NREF entered into agreements with DePuy Spine, Inc. and Codman & Shurtleff, Inc. (Codman) in fiscal year 2010 to provide funding to the NREF in support of the Foundation's new post-residency fellowship program. Under the terms of these agreements, DePuy Spine provided funding to the NREF for 2010-2011 post-residency clinical fellowships with a focus on spine and Codman provided funding for fellowships with a focus on neurosurgery and neurocritical care. These agreements have served the dual purpose of enabling the NREF to support neurosurgical education in another meaningful way while also allowing DePuy Spine and Codman to continue their support of high quality education and training in spinal care and other neurosurgical specialties in a transparent and independent manner.

In addition, The NREF anticipates adding a third funding partner, Medtronic, for the 2011-2012 fellowship funding program.

NREF is now accepting applications for the 2011-2012 Post-Residency Clinical Fellowship Grant Program, pending confirmation of funding commitments. Institutions are encouraged to apply for funding for clinical neurosurgical fellowships with a focus on spine surgery in addition to general neurosurgery, neurocritical care, neurosurgical oncology, other cerebrovascular-related fellowships, pediatric neurosurgery, peripheral nerve surgery, and stereotactic functional neurosurgery. Please note that endovascular fellowships will not be available through this program. Fully funded spine fellowships will be up to $75,000 per year and all others up to $50,000 per year.

For all programs, grants may be awarded in lesser amounts, depending upon the need and the support available. Fellowship grant funding is intended to cover the stipend for the fellow. Other allowable expenses include salary and benefits, education and research expenses (travel and registration fees to nationally recognized meetings/courses), books, licenses, malpractice insurance, etc.

As was the case last year, the NREF will be responsible for all aspects of the fellowship grant program, including acceptance, review and approval of fellowship grant applications. The NREF will award fellowship grants based upon established program eligibility criteria and the needs of the requesting institution.

The NREF is pleased to announce that the following programs have been awarded DePuy Spine fellowship funding for 2010-2011: Cleveland Clinic's Center for Spine Health; Northwestern University; Rush University; Stanford University; Temple University; University of California at Los Angeles; University of California at San Francisco; University of Miami; University of South Florida, University of Utah and University of Virginia.

The NREF is also pleased to announce that the following programs have been awarded Codman fellowship funding for 2010-2011: Baylor College of Medicine (pediatric neurosurgery), Brigham & Women's Hospital (general neurosurgery), Rush University (stereotactic/functional neurosurgery), University of Utah (pediatric neurosurgery), and University of Washington (skull base/cerebrovascular neurosurgery).

For more information about the program or for a 2011-2012 fellowship support application, please visit www.AANS.org/Research. **The application submission deadline is October 29, 2010.** Contact Michele S. Gregory or Beth S. Stein, at the NREF with questions — 847/378-0500 or msg@aans.org and bss@aans.org.

AANS Census

By Chris Ann Philips

What percentage of ABNS-certified practicing US neurosurgeons who are AANS members have indicated that spine is their primary subspecialty? Of more than 3,400 practicing neurosurgeons in that category who have completed the online Census, 53.7%. What percentage of all US neurosurgeons who have done the Census have indicated that spine is their primary subspecialty? Of the nearly 4,000 participants (members and non-members), 50.8%.

AANS started collecting demographic information from neurosurgeons through the *Comprehensive Neurosurgical Practice Survey*, chaired by Byron C. Pevehouse, MD, in 1988 and again in 1995. The results of that survey were loaded into member records and remain to this day. AANS members interested in obtain data from the Census contact Chris Philips at 847/378-0500 and she will gather the information needed from you to pull the data from our system.

How do you complete the Census? By logging in to www.MyAANS.org and selecting "Census" from the left navigation bar. There are different questions for different groups (neurosurgeons vs. non-neurosurgeons vs. RN/PA vs. residents/fellows) and the system opens the set of Census questions appropriate for the visitor when you access it.

When AANS moves to a new database that is Internet accessible, Census data will become valuable during meetings where a committee may be looking for, as an example, someone in a specific subspecialty, who lives in a particular state, and who is in a community hospital based practice. Currently the only way this information is available outside of the AANS office is relying on the people sitting around the table and coming up with names. The new accessibility will potentially assist groups

with a broader list from which to choose. It will also be important information when the AANS Professional Networking website becomes a reality in 2011 to be utilized as a basis for individuals invited to join specific networks.

In addition to subspecialty, what information is collected in the Census?

- Academic Rank
- Conditions and Diseases you treat – based on the ones available in the online patient information area of our website at http://www.aans.org/en/Patient%20Information.aspx.
- What is your last name - very important to us working with multiple names and insuring that we have an accurate last name.
- In what languages are you fluent?
- Would you like to mentor? AANS has a robust mentor program for residents and fellows. We also ask if you are interested in mentoring medical students interested in neurosurgery as a career for the program managed by Women in Neurosurgery.
- Practice Setting - academic vs. community/general hospital etc.
- Practice Type - solo vs. multi-specialty group vs. neurosurgical group practice vs. in training, etc.
- Do you work with a sports team and what team. Having a list of members to contact with this background is important to our Communications Department when there is a public relations issue, such as concussion and football players.
- Would you like to volunteer to serve on an AANS committee and what committee? The list of volunteers is given to the President-elect to use as she/he selects new committee members to be assigned during the upcoming presidency.
- Do you do *locums tenens*. A useful tool found in the online Directory in www.MyAANS.org where a member can look up anyone who does *locums* to cover for them for extended period or meeting coverage.
- Race – we are often queried through the media of how many neurosurgeons there are of specific races. For example, a writer from *Ebony* was interested in know how many neurosurgeons in the US are black and how many are black females.
- Gender – not always identifiable by ones' name. Your AANS Member Services Department has a Kim, a Sandy, and a Chris – an excellent example of why we ask this question.
- Special Interests – there is a diverse list of special interests from which to choose including hobbies, physical activities, and other leisure time pursuits. Responses will be potentially useful in identifying individuals to be invited to join special interest groups in the professional networking system.

We encourage all neurosurgeons to participate in the Census. Many have gotten in to the habit of updating their Census data when they login to MyAANS to do self-reporting following an AANS meeting. We send reminders asking you to update your Census, but it is available 24/7 – any time you login.

Think First

Mark Proctor, MD, FAANS

I will get things done for America –
to make our people safer,
smarter, and healthier.

I will bring Americans together
to strengthen our communities.

Faced with apathy,
I will take action.

Faced with conflict,
I will seek common ground.

Faced with adversity,
I will persevere.

I will carry this commitment
with me this year and beyond.

I am an AmeriCorps member,
and I will get things done.

Why would I begin a discussion of ThinkFirst with the pledge for AmeriCorps? Because the message of service is one I feel we as neurosurgeons truly embrace. As young neurosurgeons, you are part of a highly regarded profession of hard working men and women who truly help society through years of dedication to excellence in academic advancement and patient care. In return for our efforts, we are generally well-reimbursed, but not always as well-regarded by society as we should be. From the outside, many think of neurosurgeons not as hard working and caring individuals who truly give back to society, but as smug physicians at the top of the salary food chain. Unlike the luster of the 'Greatest Generation' or the success of the hard working and modest 'Baby Boomers', we are often regarded as caught somewhere in the 'Me Generation'. By and large, this couldn't be further from the truth, and society really needs to see the great dedication and caring of the nation's, and world's, neurosurgeons.

ThinkFirst National Injury Prevention Foundation was founded in 1986 by America's neurosurgeons. Clark Watts, MD and E. Fletcher Eyster, MD, FAANS, in conjunction with the AANS and CNS, felt that it was the responsibility of neurosurgeons to try and prevent the disease that we knew best – brain and spinal cord injury. ThinkFirst has grown to become one of the largest and best-respected injury prevention programs worldwide, with over 140 chapters in the US, and additional chapters in 17 other countries. The efficacy-proven curriculum is taught to over one million children annually in the US, and it is impossible to know how many thousands of injuries have been prevented over the past 25 years thanks to organized neurosurgery. Should we be proud of ThinkFirst? You bet!

Over the years, ThinkFirst has enjoyed the participation of many of the great neurosurgeons in our country, who have been active participants and contributors to the program. This year, ThinkFirst was the recipient of the Distinguished Service Award from the CNS, the highest honor bestowed by the Congress for service to neurosurgery. Unfortunately, many younger neurosurgeons, the next generation of neurosurgical leaders, are not aware of ThinkFirst and its great tradition in neurosurgery. This has to change, and this is a great chance for you to serve neurosurgery, society, and your local community.

ThinkFirst chapters are independent chapters under the auspices of the national Foundation. They are organized by local neurosurgeons in conjunction with a Chapter director, generally a nurse or educator with an interest in injury prevention. The chapter director then offers education to schools in the local community using the highly regarded ThinkFirst curriculum, in conjunction with VIP's , or Voices of Injury Prevention. These are individuals who are victims of brain or spinal cord injury, and who discuss with students how education and better judgment could have changed their lives. These presentations are incredibly moving and effective for the kids. The return on investment is invaluable. It is obviously impossible to measure the positive impact you have when you prevent even a single brain or spinal cord injury, and being involved with ThinkFirst is deeply rewarding. Moreover, this is a two-way street. In addition to giving to the community, you are quickly regarded by the community and your peers as a physician who cares deeply for the local community. You cannot pay for that kind of advertising, and the time commitment of the sponsoring physician is minimal.

How can you be a part of ThinkFirst?

- Become involved in your local ThinkFirst chapter, or start a new chapter if there are none in your region. Did you know that most hospitals have a mandate for community service and injury prevention, so the dollars may already be there?
- Become involved with the national ThinkFirst foundation and board of directors. We are always looking for young and energetic members who can contribute to the organization.
- DONATE! ThinkFirst is a philanthropic organization that relies on donations from America's neurosurgeons. We cannot exist without you. All donations are fully tax-deductible.

To learn more, please check out the website at http://thinkfirst.org, or email me personally with any questions at mark.proctor@childrens.harvard.edu. I look forward to hearing from you.

Note: Dr. Proctor is a Pediatric Neurosurgeon at Children's Hospital Boston and is the Chairman of the Board of the ThinkFirst Injury Prevention Foundation.

Book Review

Controversies in Spine Surgery: Best Recommendations

Alexander Vaccaro and Jason Eck New York: Thieme, 2011, 304 pp.

Reviewed by Matthew Vestal, MD

Controversies in Spine Surgery: Best Recommendations by Alexander Vaccaro and Jason Eck is a concise, well-written summary of the most current evidence behind daily decisions made by spine surgeons throughout the field the world over. Current and well-organized, the book was published in 2010 and is set up as a guide for the busy spine surgeon who might not have the time to peruse the literature to find the evidence in support of a given decision in clinical management. It is an attempt to

make evidence-based medicine more accessible, and, at only 267 pages, it easily achieves its goal through uniformity in chapter organization, the use of concise, easy-to-read tables, and well-demarcated clinical "Pearls" boxes.

The book is divided into several intuitive sections: Trauma; Degenerative; Technology; and Infection, and is further broken down within those sections into topics that relate to either the cervical or thoraco-lumbar-spine. It addresses the literature behind only the issues where a clear consensus has yet to be reached within the field. Each chapter provides a clear and well-delineated theme of import, such as: Clearing Cervical Spine Injuries: MRI, Dynamic X-rays, CT; Role of Cervical Disk Replacement: Does it Avoid the Shortcomings of a Fusion; and Use of Prophylactic Antibiotics in Spine Surgery.

Across the text, each chapter is laid out in a similar manner, making the book not only an easy initial read, but excellent as a quick reference guide to the evidence. Each chapter includes a: "Level of Evidence" table, "Summary of Data" table, and "Pearls" box. In the beginning of each section, a summary of the published research pertinent to a given topic is laid out in the chapter's "Level of Evidence" table. Studies listed in these tables are divided amongst Level 1, 2, and 3 evidence by using the Journal of Bone and Joint Surgery's evidence classification model that promotes randomized, controlled and prospective trials above expert opinions, case series, and retrospective reviews.

Throughout the text the studies cited are relatively well characterized, compounded only by the obvious limitations of this relatively subjective classification method. More description is devoted to studies deemed higher quality examples of evidence and each chapter ends with a "Summary of Data" table, listing a quick, visual overview of the evidence summarized in the chapter. This evidence is then used at the end of each chapter in a summary, "Pearls," box that attempts to give simple, one-line recommendations based on the previously presented evidence. These "Pearls" boxes do an excellent job at not overstepping the limits of the research done in the studies surveyed – succeeding on the whole at avoiding the introduction of personal biases within the book's summaries.

Overall, this text works. Its strengths are in the intuitive nature of its organization and good graphical summaries of studies that are appropriately demarcated according to the strength of their evidence in support of a particular finding. The text is perfect for those looking for all of the following including: an in-depth overview of a given research study, a graphical representation of that research, and a quick, best-estimate one-line answer to a major unanswered question in the field of spinal surgery. Vaccaro and Eck demonstrate courage in their refusal to shy away from controversial topics even in the face of the lack of a preponderance of evidence in the field. Though the book is based on a the premise of an at times subjective evidence classification scheme, it is easy to read, simple to use and holds true to its original purpose without interjecting too much opinion into its review of the literature. The book is written on a level that is appropriate for any physician or health professional interested in the field of spine surgery and could easily be read by physicians outside the field as well. It's worth the read and would be a great purchase for someone looking for a concise summary of the evidence behind several of the still-open questions within the field of spinal surgery.

Fundamentals of Operative Techniques in Neurosurgery

E.S. Connolly, Jr. et al. New York: Thieme, 2010, 883 pp.

Reviewed by: Sarah Jernigan, MD

Fundamentals of Operative Techniques in Neurosurgery is a handbook-type textbook in the style of Greenburg's *Handbook of Neurosurgery* designed to give brief synopses of most common neurosurgical procedures. This second edition is organized into broad sections, of cranial, spine, peripheral nerve, pediatrics, endovascular/ interventional and radiosurgery, with chapters arranged by specific pathologies. Each chapter not only goes through a step-by-step description of the procedure, but also offers indications, management pearls and potential complications with many illustrations.

There are two main sections on general approaches in cranial and spinal regions, and chapters covering specific procedures for various cranial pathologies in vascular, neoplastic, functional procedures, trauma, infection, CSF diversion and miscellaneous procedures and spinal chapters covering procedures for vascular, neoplastic and miscellaneous pathologies. There are also sections covering the more common procedures in peripheral nerve, pediatric, endovascular/ interventional and radiosurgery. Each of the chapters has a brief overview of clinical indications, preoperative planning, intraoperative procedure, postoperative care, and complications and management pearls, all listed in concise bullet points. There are illustrations in many chapters to show key points of positioning or operative techniques.

This handbook is directed toward neurosurgical residents as well as physician assistants, nurses or medical students but could also be used as a reference by more senior neurosurgeons or referring physicians in other fields. Its purpose is to provide a quick, concise review of both the perioperative and operative planning, as well as specific indications and complications of each procedure. Its overviews of indications, potential complications and management pearls of these procedures provide neurosurgeons or other physicians discussion points they can cover with patients.

Although *Fundamentals of Operative Techniques in Neurosurgery* does not provide in-depth, detailed descriptions of procedures that are necessary for nuanced preoperative preparation, it does an admirable job of its stated purpose-to provide a quick reference handbook that encompasses most common neurosurgical procedures and can be used by medical students, residents, ancillary staff, attending neurosurgeons and referring physicians alike. Its bullet point format and illustrations clearly review each procedure and the operative indications, management pearls and potential complications are an excellent guide toward more detailed reading. At nearly 1000 pages, it probably won't be carried in most residents' pockets, but it would be an excellent resource for quick review, either in a departmental library or residents' call room.

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