**Soave, Melissa**

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| | |
|---|---|
| **From:** | Baum, Larry (.4) [Baum.4@polisci.osu.edu] |
| **Sent:** | Wednesday, June 23, 2010 10:40 AM |
| **To:** | Jay Hobgood; Smith, Randy; Soave, Melissa |
| **Subject:** | Proposal for Department of Plastic Surgery |
| **Attachments:** | 2010-Response to Council of Academic Affairs.pdf; OSU PLASTIC FACULTY-RANK list.doc; Support Letters for Plastic Surgery.pdf; Plastic Surgery Budget FY2010.pdf; plasticsurgery.memo.doc |

Jay, Randy, and Melissa,

Subcommittee A has considered the proposal, and we think it's appropriate to pass along to the full CAA for consideration. In response to my note, the Division of Plastic Surgery has provided us with additional information to be attached to the proposal. The correspondence is below, and the additional information is in the first four attachments. The final attachment is a short memo from me on behalf of the subcommittee to accompany the proposal and other information. As the memo indicates, we are not sure that the rationales offered for creation of a separate department are convincing. As I discussed with Randy earlier, we also lack the kinds of governance-related information that we ordinarily would get with a proposal for a new unit—though that was true of at least one of the prior successful proposals for a separate department in the medical school, so practices may simply be different there. We certainly will want to ask questions about the rationales at the meeting to consider this proposal. However, in light of all the circumstances, we are inclined to defer to the judgment of faculty in the medical school. In any case, the full committee should have a chance to consider the proposal at this point.

--Larry

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**From:** Collier-Crespin, Angie [mailto:Angie.Collier-Crespin@osumc.edu]
**Sent:** Friday, May 14, 2010 5:27 PM
**To:** Bornstein, Robert; Baum, Larry (.4)
**Cc:** Miller, Michael; Collier-Crespin, Angie
**Subject:** RE: Response to CAA for Proposal of Department of Plastic Surgery

Dr. Dean Bornstein and Dr. Baum-

Please find attached supporting information and a document that outlines our response to the questions that were proposed to the proposal of the creation of a Department of Plastic Surgery. Please contact Dr. Miller or myself if any further questions remain or if further clarification is required. We thank you for your time and consideration of this proposal.

Warm regards,

*Angie Collier-Crespin*

Angie Collier-Crespin, M.A., MLHR
Administrator
Division of Plastic Surgery
The Ohio State University
915 Olentangy River Rd.
Suite 2100
Columbus, OH 43212

Phone: 614-366-1178
Fax: 614-293-9024
E-mail: angie.collier-crespin@osumc.edu

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**From:** Baum, Larry (.4) [mailto:Baum.4@polisci.osu.edu]
**Sent:** Friday, April 02, 2010 7:56 AM
**To:** bornstein.1@osu.edu
**Subject:** propopsal for department of plastic surgery

Dean Bornstein:

I'm chair of the subcommittee of the Council on Academic Affairs that reviewed the proposal. The subcommittee has some questions about information that we think would be useful to the full CAA when it considers the proposal, and I've attached a memo describing those questions. As indicated in the memo, some of the questions are best addressed in a supplement to the proposal; others can be addressed in writing, when representatives of the medical school discuss the proposal with the full committee, or both.

Please let me know if you have any questions. We appreciate your help.

--Larry Baum, Political Science

Michael J. Miller, M.D.
Professor of Surgery
Chief, Division of Plastic Surgery

915 Olentangy River Road
Suite 2100
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Phone: 614-293-9885 / Fax: 614-293-9024

May 14, 2010

Robert Bornstein, Ph.D.
237 Meiling Hall
390 W 9th Ave
Columbus, OH 43210

Dear Dean Bornstein:

I appreciate receiving a copy of the response from Larry Baum from Subcommittee A, Council for Academic Affairs regarding our proposal for creation of a Department of Plastic Surgery at The Ohio University. Enclosed are our responses to the questions raised by the committee.

1) Missing Attachments IV and V.
   A list of current faculty members and their academic status is attached. Letters of support from both inside and outside of the institution are also included.

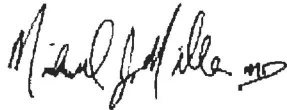
2) Statement from Dr. Ellison, Chairman of the Department of Surgery, regarding his views on making plastic surgery a separate department and on what effect that might have upon the remaining Department of Surgery.
   A letter from Dr. Ellison is attached stating his support and endorsement of the importance of this for Plastic Surgery. In personal communications with Dr. Ellison he shared with me his future plans for the Department of Surgery. After separation of the Division of Plastic Surgery, he plans to create two new Divisions: the Division of Thoracic Surgery and the Division of Colorectal Surgery. There are no plans to create any additional Departments in the foreseeable future. We both agree that a strong Department Plastic Surgery will benefit to the Department of Surgery through interdepartmental cooperation in the clinical, educational, and research missions.

3) Specific budgetary data.
   Enclosed is the budget for FY 11 that was submitted for the Division of Plastic Surgery. There is also the intent to transition the Department of Plastic Surgery from an LLC within OSUP to an integrated relationship to the health system. These will result in changes the details of the budget attached. It will mirror the Division budget but have several important modifications. There will be additional expenses for research support staff. In particular, a senior Ph.D. researcher is proposed to be hired as our Director of Research. This individual is expected to be at the level of a senior funded investigator. The final Department budget related to the integration of Plastic Surgery under the Medical Center is still being created with the Medical Center and the College of Medicine.

4) Considerations posed by recent growth in the absence of Department status.
   The Division has grown significantly as you have noted. This growth has been made possible through the active support within the Department of Surgery. Fully realizing the potential of Plastic Surgery is contingent upon Department status. This is important for recruiting senior clinical and research faculty members as well as for development efforts.

5) Indications of a national trend toward creation of Departments of Plastic Surgery.
   There is a clear national trend toward formation of Departments. As described in the White Paper published by the association of Association of Academic Chairperson's in Plastic Surgery (AAACPS) the view of the leaders in the specialty is that "it is now the proper time for Plastic Surgery to achieve adequate he has a Department with other surgical disciplines within medical schools." A variety of reasons are cited for this. Plastic Surgery has an independent training program. Plastic Surgery has become increasingly distinct from General Surgery, encompassing a separate body of knowledge. The primary administrative unit in an academic medical center is the Department, and it is important for Plastic Surgery to be represented at that level. The pattern of creating separate Departments of surgical specialties previously considered a part of General Surgery is demonstrated by the creation of separate Departments of Otolaryngology, Orthopedic, Neurosurgery, and Urology across the nation, including at Ohio State University. For all these reasons there is an emphasis within Plastic Surgery toward Department status. Formation of a Department of Plastic Surgery at The Ohio State University would be consistent with this movement, and doing so now enhances Ohio State's position as a leader.

Sincerely yours,



Michael J. Miller, M.D.
Chief, Division of Plastic Surgery

| | | | |
|---|---|---|---|
| **Last Name** | **First Name** | **Year Hired** | **Title** |
| Boehmler | James | 2008 | Assistant. Professor-Clinical |
| Gordillo | Gayle | 1999 | Associate. Professor |
| Habash | Nabil | 2009 | Clinical Assistant. Professor |
| Janz | Brian | 2009 | Assistant Professor-Clinical |
| Kirschner | Richard | 2010 | Professor-Clinical |
| Kocak | Ergun | 2009 | Assistant. Professor |
| Miller | Michael | 2007 | Professor |
| Pearson | Gregory | 2005 | Assistant Professor -Clinical |
| Porshinsky | Brian | 2009 | Assistant Professor |
| Ruberg | Robert | 1975 | Professor |
| Ruff | Michael | 2009 | Professor |
| Taylor | Anne | 2006 | Clinical Assistant Professor |
| Tiwari | Pankaj | 2007 | Assistant Professor |
| Wallace | William | 2007 | Assistant Professor -Clinical |

Updated: 5/14/2010

**The Ohio State University Medical Center**
**Annual Budget Review - FY2011**

Org : 25953 Plastic Surgery

| FY10 PROJECTED | Department Funds | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | General Funds | Salary Recovery | Earnings | Endowment | Development | OSU Practice Plan Funds | Contracts | State Contracts | Startup Funds | Total |
| **Beginning Balance** | 47,845 | 0 | 0 | 0 | (977) | 0 | 1,650 | 378 | 0 | 48,896 |
| **Sources:** | | | | | | | | | | |
| General Funds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| External Sources | 0 | 0 | 0 | 0 | 27,984 | (14) | 0 | 0 | 0 | 27,970 |
| Practice Plan Payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers In (Out) - GF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers In - Other | 0 | 0 | 0 | 0 | 0 | 333,332 | 0 | 75,000 | 0 | 408,332 |
| **Total Sources** | 0 | 0 | 0 | 0 | 27,984 | 333,318 | 0 | 75,000 | 0 | 436,302 |
| | | | | | | | | | | |
| **Uses:** | | | | | | | | | | |
| Faculty | 0 | 0 | 0 | 0 | 0 | 592,392 | 36,988 | 56,372 | 0 | 685,753 |
| Non-Faculty | 2,273 | 0 | 0 | 0 | 0 | 346,005 | 0 | 0 | 0 | 348,278 |
| Benefits | 20 | 0 | 0 | 0 | 0 | 268,462 | 9,908 | 15,105 | 0 | 293,496 |
| Total Personnel | 2,293 | 0 | 0 | 0 | 0 | 1,206,859 | 46,897 | 71,477 | 0 | 1,327,526 |
| | | | | | | | | | | |
| Supplies | 515 | 0 | 0 | 0 | 4,619 | 49,744 | 0 | 0 | 0 | 54,878 |
| Purchased Services | 1,421 | 0 | 0 | 0 | 788 | 43,182 | 0 | 0 | 0 | 45,391 |
| Other | 0 | 0 | 0 | 0 | 8,840 | 70,997 | 0 | 0 | 0 | 79,837 |
| Equipment | 0 | 0 | 0 | 0 | 0 | 66,697 | 0 | 0 | 0 | 66,697 |
| Transfers (In) OutHlth System | 0 | 0 | 0 | 0 | 0 | (2,342,124) | (66,360) | 0 | 0 | (2,408,484) |
| Transfers (In) OutOther | 0 | 0 | 0 | 0 | 0 | (134,036) | 21,050 | 0 | 0 | (112,986) |
| **Total Uses** | 4,229 | 0 | 0 | 0 | 14,247 | (1,038,681) | 1,587 | 71,477 | 0 | (947,141) |
| | | | | | | | | | | |
| **Net for Year** | (4,229) | 0 | 0 | 0 | 13,737 | 1,371,999 | (1,587) | 3,523 | 0 | 1,383,443 |
| | | | | | | | | | | |
| **Ending Balance** | 43,616 | 0 | 0 | 0 | 12,760 | 1,371,999 | 63 | 3,901 | 0 | 1,432,339 |

The Ohio State University Medical Center
Annual Budget Review - FY2011

Org : 25953 Plastic Surgery

| FY11 BUDGET | Department Funds | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | General Funds | Salary Recovery | Earnings | Endowment | Development | OSU Practice Plan Funds | Contracts | State Contracts | Startup Funds | Total |
| **Beginning Balance** | 43,616 | 0 | 0 | 0 | 12,760 | 1,371,999 | 63 | 3,901 | 0 | 1,432,339 |
| **Sources:** | | | | | | | | | | |
| General Funds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| External Sources | 0 | 0 | 0 | 0 | 27,984 | 0 | 0 | 0 | 0 | 27,984 |
| Practice Plan Payments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers In (Out) - GF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfers In - Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74,000 | 0 | 74,000 |
| **Total Sources** | 0 | 0 | 0 | 0 | 27,984 | 0 | 0 | 74,000 | 0 | 101,984 |
| **Uses:** | | | | | | | | | | |
| Faculty | 3,030 | 0 | 0 | 0 | 0 | 650,000 | 37,500 | 57,500 | 0 | 748,030 |
| Non-Faculty | 0 | 0 | 0 | 0 | 0 | 410,841 | 0 | 0 | 0 | 410,841 |
| Benefits | 30 | 0 | 0 | 0 | 0 | 330,000 | 10,275 | 15,755 | 0 | 356,060 |
| Total Personnel | 3,060 | 0 | 0 | 0 | 0 | 1,390,841 | 47,775 | 73,255 | 0 | 1,514,931 |
| Supplies | 700 | 0 | 0 | 0 | 15,700 | 75,800 | 0 | 0 | 0 | 92,200 |
| Purchased Services | 2,200 | 0 | 0 | 0 | 550 | 5,000 | 0 | 0 | 0 | 7,750 |
| Other | 0 | 0 | 0 | 0 | 350 | 65,952 | 0 | 0 | 0 | 66,302 |
| Equipment | 0 | 0 | 0 | 0 | 0 | 14,000 | 0 | 0 | 0 | 14,000 |
| Transfers (In) OutHlth System | 0 | 0 | 0 | 0 | 0 | (2,393,000) | (66,360) | 0 | 0 | (2,459,360) |
| Transfers (In) OutOther | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Uses** | 5,960 | 0 | 0 | 0 | 16,600 | (841,407) | (18,585) | 73,255 | 0 | (764,177) |
| **Net for Year** | (5,960) | 0 | 0 | 0 | 11,384 | 841,407 | 18,585 | 745 | 0 | 866,161 |
| **Ending Balance** | 37,656 | 0 | 0 | 0 | 24,144 | 2,213,406 | 18,648 | 4,646 | 0 | 2,298,500 |

DATE: June 23, 2010

TO: Council on Academic Affairs

FROM: Larry Baum for Subcommittee A (Leslie Alexander, John Tannous, John Wilkins)

RE: Proposal for a Department of Plastic Surgery

This short memo is to provide some background on the proposal as the Council considers it. Plastic Surgery has long been a division within the Department of Surgery, and the Medical Center is now proposing that it be made a separate department. The proposal presents several related rationales for this action. These include the growing distinctiveness of plastic surgery as a field, a perceived trend toward creation of separate departments of plastic surgery, and a belief that plastic surgery at OSU will be strengthened by gaining the status of a separate department.

As the proposal points out, other areas that had been within the Department of Surgery have been made separate OSU departments in the last decade--orthopedic surgery, neurological surgery, and (most recently) urology. The proposal presents the idea of creating a separate Department of Plastic Surgery as analogous to those earlier developments.

The proposal is relatively brief, and it provides little information on issues such as governance of the new unit and the effects of the change on faculty and students--issues on which proposals to create new units ordinarily provide detailed information. This approach is consistent with the proposal for a Department of Urology, which was similarly limited in the information that it contained. The subcommittee did ask for additional information on some issues in a note to Dr. Bornstein on April 2nd; that note and the responses that we received are part of the package that accompanies the proposal.

The evidence on some of the rationales for creation of a separate department is mixed. Although there may be a trend toward creation of separate departments of plastic surgery, such departments remain the exception to the rule in medical schools. The division of plastic surgery at OSU has done very well in important respects (such as recruitment of faculty) despite the lack of department status. However, the broad perception in the medical school that this step is desirable and the precedents of earlier steps analogous to this one may be more important than the validity of specific rationales for creation of a separate department.

**E. Christopher Ellison, MD**
*Associate Vice President for Health Sciences*
*Vice Dean of Clinical Affairs*
*Chairman, Department of Surgery*
*Robert M. Zollinger Professor of Surgery*

Suite 670
395 West 12th Avenue
Columbus, OH 43210-1267
Phone: 614.293.8701
Fax: 614.293.3654
Christopher.Ellison@osumc.edu

December 16, 2009

Robert Bornstein, Ph.D.
237 Meiling Hall
370 W 9th Ave
Columbus OH 43210

Dear Dr. Bornstein:

The Department of Surgery Governance Committee has reviewed the request of the Division of Plastic Surgery for departmental status. This meeting occurred on Tuesday, October 27, 2009 with a unanimous vote to proceed with forming a department of plastic and reconstructive surgery.

Following this vote, this was presented to the faculty of the Department of Surgery on December 1, 2009. This information was discussed with the faculty and a vote was taken. The vote indicated out of a total possible votes of 85 – 64 passed votes so 75% of the faculty voted. Of these, 56 (86%) voted in favor of the creation of a department of plastic and reconstructive surgery and 8 (12%) cast votes in opposition.

At this point, the governance of the Department of Surgery and the faculty of the Department of Surgery are recommending moving ahead with the procedure at the college and university level for establishing a department of plastic and reconstructive surgery.

Sincerely,

E. Christopher Ellison, M.D.
Associate VP for Health Sciences
Vice Dean of Clinical Affairs
Robert M. Zollinger Professor and Chair
Department of Surgery

ECE/rt

Cc: Michael Miller, M.D.

E. Christopher Ellison, MD
*Associate Vice President for Health Sciences*
*Vice Dean of Clinical Affairs*
*Chairman, Department of Surgery*
*Robert M. Zollinger Professor of Surgery*

Suite 670
395 West 12th Avenue
Columbus, OH 43210-1267
Phone: 614.293.8701
Fax: 614.293.3654
Christopher.Ellison@osumc.edu

March 9, 2010

Robert Bornstein, Ph.D.
237 Meiling Hall
390 W 9th Ave
Columbus OH 43210

Dear Dr. Bornstein:

I am writing to indicate my support of our efforts to transition our Division of Plastic Surgery to a department at The Ohio State University College of Medicine. Under Dr. Michael Miller's leadership, the division has grown to 14 full-time faculty members with expertise in all of the relevant areas of plastic surgery including aesthetics, hand, oncology, pediatrics, burn and trauma. In addition, we have worked with Dr. Miller to develop a stand-alone integrated six year training program of graduating three residents in plastic surgery per year, and his program gained approval for five years without contingencies during a scheduled site visit by the RRC in 2007. I believe it is important to develop a department of plastic surgery to continue to lead the effort in plastic surgery training, patient care and research at our university. This departmental status transition would enhance the unit's value to the university allowing effective collaboration. It would also be very important in recruiting top faculty members. Also, this would reinforce the strength of plastic surgery at our university nationally and allow greater national reputation overall for the institution. Certainly becoming a department would allow engagement of other departments and collaborations across the university in terms of research effort.

I must reinforce at the same time that plastic surgery is more than just cosmetic surgery. Plastic surgery is critical to our work in cancer, trauma and burn. Frequently, cancer surgeries disfigure patients or remove large areas of tissue that need to be replaced by the patient's own tissue by moving sections of muscle or skin from other parts of the body in order to aesthetically but also functionally cover large defects required by the cancer operation. Dr. Miller has lead a group of microvascular surgeons that have become top regarded in this area nationally, and I believe developing a department will certainly continue the growth of this particular area.

Finally, I did advise Dr. Miller that we need to have a faculty department vote which was accomplished. Eighty five percent of the surgery regular faculty are in favor of making a department of plastic surgery as we move forward.

It will be essential for the new department to be fiscally sound, to have a plan for developing an endowment, and individually funded research programs. Prior to transitioning to a department, a plan for any divisional financial shortfall will need to be in place. We will look forward to working with the College of Medicine and the University in this regard.

If I can provide any additional information, please feel free to contact me.

Sincerely,

E. Christopher Ellison, M.D.
Associate VP for Health Sciences
Vice Dean of Clinical Affairs
Robert M. Zollinger Professor and Chair
Department of Surgery

Cc: Michael Miller, M.D.

Department of Otolaryngology -
Head and Neck Surgery

**D. Bradley Welling, MD, PhD**
Professor and Chair

Phone: (614) 293-4453
Fax: (614) 293-7292

OSU Eye and Ear Institute
915 Olentangy River Road, Suite 4000
Columbus, OH 43212
Phone: 614.366.ENTS (3687) / Fax: 614.293.6176
http://ent.osu.edu

March 2, 2010

Robert A. Bornstein, PhD
Senior Associate Dean of Academic Affairs
College of Medicine and Public Health
231 Meiling Hall
370 W. 9th Avenue
Columbus, OH 43210

Re: Support Letter for Plastic Surgery to Become a Department

Dear Dr. Bornstein:

The Department of Otolaryngology-Head and Neck Surgery is very supportive of the efforts of Dr. Michael Miller and the Division of Plastic Surgery to become a Department. We appreciate their presence and input here at the Eye and Ear Institute and believe they complement the services of our specialty in addition to many others. As with a number of our subspecialties, we understand that plastic surgery encompasses a broad field involving special clinical skills to include reconstructive microvascular surgery in cancer and trauma, treatment of cleft lip/cleft palate/craniofacial anomalies, management of complex facial trauma, and many more. Additionally, our Otolaryngology Residents have an ACGME required rotation on the Plastic Surgery service.

After review of Dr. Miller's request letter and the Department of Plastic Surgery Ohio State University College of Medicine Rationale for Departmental Status and Supporting Documents, we understand that they have secured approval from the authorities and governing bodies in the College of Medicine and also met all criteria in the University guidelines for conversion to department status and we fully support their request. Thank you for your consideration in this important matter. Please let me know if I can be of further assistance.

Best regards,

D. Bradley Welling, MD, PhD
Professor and Chair
Department of Otolaryngology-Head and Neck Surgery

DBW:lls

**Department of Neurological Surgery**

N-1021 Doan Hall
410 West 10th Ave.
Columbus, OH 43210
Phone: (614) 293-8714
Fax: (614) 293-4281

E.A. Chiocca, MD, PhD
Chairman and Dardinger Family Professor
*Brain and Nerve Tumors*
*Email: EA.Chiocca@osumc.edu*

Mario Ammirati, MD, MBA
Professor, Director Skull Base
*Skull Base Surgery, Radiosurgery*

Francis Farhadi, MD PhD FACS
Assistant Professor
*Peripheral Nerve and Complex Spine Surgery*

John M. McGregor, MD
Associate Professor-Clinical, Director of Cerebrovascular/Gamma Knife Radiosurgery *Aneurysm and Vascular Neurosurgery; Trigeminal Neuralgia*

Ehud Mendel, MD, FACS
Justine Skestos Professor, Director of Spine Surgery
*Spinal Cancer*

Carole A. Miller, MD
Professor-Clinical, Residency Director
*Non-Surgical Spinal Disorders*

Gary L. Rea, MD, PhD
Associate Professor-Clinical
*Spinal Disorders-Surgical*

Ali Rezai, MD
Julius H. Stone Professor, Director of Functional Neurosurgery and Center for Neuromodulation
*Parkinson's, Deep Brain Stimulation, Obsessive-Compulsive Disorders*

Atom Sarkar, MD, PhD
Assistant Professor, Director of Epilepsy/ Stereotactic Surgery
*Epilepsy*

Myron Smith, MD
Assistant Professor- Clinical
*Nonsurgical Spinal Disorders*

Balveen Kaur, PhD
Associate Professor, Chief Dardinger Lab
*Brain Tumor Angiogenesis*

Chang-Hyuk Kwon, PhD
Assistant Professor
*Animal Models of Glioma*

Sean Lawler, PhD
Assistant Professor
*Glioma Invasion and microRNA*

Ichiro Nakano, MD, PhD
Associate Professor
*Brain Tumor Stem Cells*

Mariano Viapiano, PhD
Assistant Professor
*Glioma Invasion and Extracellular Matrix*

Division of Neuro-Oncology
Herbert Newton, MD
Esther Dardinger Professor

Robert Cavaliere, MD
Assistant Professor

Division of Pediatric Neurosurgery
(Nationwide Children's' Hospital)
Corey Raffel, MD, PhD
Professor, Director, Vice Chairman

Ron Grondin, MD
Assistant Professor

OSU Mansfield
Albert Timperman, MD
Spinal Disorders/ General Neurosurgery

March 3, 2010

Dear Dr. Bornstein:

With this correspondence, I wish to express my exceptionally strong support and enthusiasm in the quest to transition the Division of Plastic Surgery to full Departmental Status. I firmly believe that Ohio State University's honor and reputation can only improve with a recognized Department of Plastic Surgery. This departmental recognition is necessary to continue your effort to attract the best and most motivated students and trainees to your discipline and to attract the best faculty. Excellent faculty, residents and students in turn provide the best care to patients and also become the discoverers of the medicines of the future.

I realize that plastic surgery is sometimes viewed by the lay press as cosmetic surgery. However, cosmetic surgery is only a small facet of this discipline. Plastic surgeons transfer and restore deformities caused by cancer, trauma, and congenital anomalies all over the body. They shape tissues and heal unsightly wounds. Repair burned flesh and restore tissues to a usable state. In my own practice, I have had to employ the services of plastic surgeons for scalp wounds that will not heal due to radiation needed for the treatment of brain cancer.

My own experience where our Division of Neurosurgery was formalized into a Department in 2004 is that this allowed for tremendous growth in national reputation, ability to recruit top notch faculty from Mayo Clinic, Cleveland Clinic, Duke, and MD Anderson, and ability to attract the best medical students to apply to our program.

I thus believe that OSU needs to make this happen and provide plastic surgery with full departmental status.

Sincerely,

E. Antonio Chiocca, M.D.
Chairman, Department of Neurological Surgery
Dardinger Family Professor of Oncologic Neurosurgery
Physician Director, OSUMC Neuroscience Signature Program
Co-Director

UNIVERSITY OF CALIFORNIA, IRVINE

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Aesthetic & Plastic Surgery Institute

UCI Manchester Pavilion
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**Gregory R. D. Evans**, M.D., F.A.C.S.
Professor of Surgery and Biomedical Engineering
Chief, Aesthetic & Plastic Surgery Institute

**Donald E. Bittner**, M.D.
Director Hand Surgery

**Daniel C. Jaffurs**, M.D.,Ph.D.
Assistant Clinical Professor

**Mark R. Kobayashi**, M.D.
Associate Clinical Professor of Surgery

**Keyianoosh Z. Paydar**, M.D.
Assistant Clinical Professor

**Garrett A. Wirth**, M.D.
Associate Clinical Professor

**Malcolm D. Paul**, M.D.
**Ivan M. Turpin**, M.D.
Co-Dirs. Aesthetic Rotation

KAISER BELLFLOWER
**Sharrle L. Mills**, M.D.
Director Rotation

LONG BEACH MEMORIAL
**James H. Wells**, M.D.
Director Rotation

RESIDENTS
Drs. **Charbel Chalfoun, Sean Darcy Maristella Evangelista, Raffi Hovsepian, Eugene Kim, Aaron Kosins, Michael Lin, Peter Liu, Patrick Murphy, John Park, Sejal Patel, Jonathan Rimler, Thomas Scholz**

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**Lisa Hayes-Swartz**, Administrator
714-456-3228, Fax: 714-456-2229
**Lavonne Hart**, RN, Nurse Coordinator
714-456-8727, Fax: 714-456-3278

March 6, 2010

Robert Bornstein, M.D.
Associate Vice President and Associate Dean
Health Services Administration and Academic Affairs
The Ohio State University College of Medicine
237 Meiling Hall
370 West 9th Ave
Columbus, OH 43210

Dear Dr. Bornstein:

I am writing in support of Departmental Status for Plastic Surgery at Ohio State. As you may know, this is a trend throughout the country that Plastic Surgery is moving toward.

Although the first use of the word "plastic" to describe reconstructive surgery was coined by Von Graefe in 1818 and popularized 20 years later by Zeis, the specialty can trace its early roots to ancient Egypt and India where the reconstruction of noses mutilated as a punishment for adultery was first described around 600 BC. Over the course of the first half of the 20th century, as a result of the tireless efforts of several revered surgeons who advanced and unified the specialty, the field of plastic surgery was born as an independent entity. The 1920s and 1930s ushered in the formation of several professional and academic societies pertaining to the plastic surgery field. In 1924, under the leadership of John Stage Davis, the first formal training program and fellowship in plastic surgery was established at The Johns Hopkins Hospital. In 1937, the American Board of Plastic Surgery was founded to assure sufficient training and patient safety. Acceptance of plastic surgery as a recognizable academic and clinical discipline became most apparent when the Department of Surgery at The Johns Hopkins University, an organization traditionally opposed to the recognition of plastic surgery as a separate specialty, appointed Davis as the first Professor of Plastic Surgery in the country. This trend in institutional acknowledgement of plastic surgery as an independent specialty has continued and, in recent years, 11

Divisions of Plastic Surgery have been granted status change to Department by prestigious universities including this year the establishment of a Department of Plastic Surgery at The Johns Hopkins Hospital.

The specialty of plastic surgery has expanded considerably, especially in the last 50 years, due to the innovations in reconstructive surgery and the technical refinements in aesthetic surgery. Indeed, the latter has flourished with more than a 175% growth rate in the 1990s alone. There are more than 6000 board-certified plastic surgeons in the United States performing reconstructive and cosmetic procedures compared to 150 at the end of World War II. Today, plastic surgery has evolved into an increasingly diverse discipline. The vastness of its scope is a testament to the contributions of many individuals from varying medical specialties. The breadth of the field has necessitated the emergence of multiple subspecialties. Some of these subspecialties of plastic surgery, such as hand and craniofacial surgery, have become large and distinct enough entities to merit having a separate certification process. Over the last 7 decades, multiple societies have been founded to deal with the political and academic needs of plastic surgeons. Today, the field of plastic surgery encompasses over 60 national and international societies. The main societies include the American Society of Plastic Surgeons, the American Association of Plastic Surgery, the American Society of Maxillofacial Surgeons, the American Society for Aesthetic Plastic Surgery, and the American Society for Surgery of the Hand.

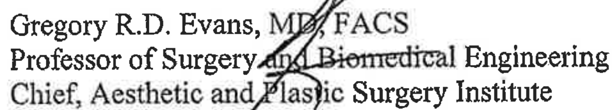
The fact that plastic surgery represents an independent body of knowledge is also evident in the current strength and ongoing transformations seen in education within the discipline. The significant increase in knowledge specific to plastic surgery has mandated the expansion of the American Board of Plastic Surgery's Core Curriculum from a few pages at the board's inception to the current several hundred page volume. The apparent nature of plastics surgery as a distinct field is also manifest in continued changes in resident education. Over one-half of plastic surgery residents trained each year enter directly into a 5 or 6 year integrated residency programs through the ERAS Matching Program. In these programs, the curriculum is designed and monitored directly and solely by dedicated plastic surgery academicians. This evolution demonstrates that educators have recognized that the acquisition of plastic surgery core knowledge benefits from a unitary focus on the discipline and related topics from the early stages and throughout one's education. In conclusion, as education represents the forefront of any discipline, the robust and autonomous nature of plastic surgery education is perhaps the strongest evidence that plastic surgery represents an independent body of knowledge.

Ohio State has a fully integrated training program taking students out of medical school for certification by the American Board of Plastic Surgery demonstrating this independent educational opportunity. They have acquired 14 full time faculty with all aspects of plastic surgery training including pediatrics, oncology, burn, hand and trauma. They have an active research program with both intramural and extramural funding sources. It is critical for the establishment of a leading effort in plastic surgery training, patient care and research that a Department of Plastic Surgery be established. To attract the brightest individuals for both training and faculty applicants, departmental status is critical.

In summary, Dr. Miller and his faculty have put together an outstanding program in both training and service in Plastic Surgery. This includes all aspects of Plastic Surgery not just the perceived cosmetics. It is a broad field characterized by special clinical techniques such as microsurgery and research themes related to tissue shaping and transfer, restoring and replacing deformities caused by trauma, cancer and congenital abnormalities.

It is time that Ohio State obtains this designation. For our own Institution we are submitting similar paperwork to our Academic Senate for Departmental Status. This is where Plastic Surgery needs to go in the future and where each institution can maintain and retain the best talent for all aspects of teaching, research and patient care.

With warm regards,



Gregory R.D. Evans, MD, FACS
Professor of Surgery ~~and Biomedical~~ Engineering
Chief, Aesthetic and Plastic Surgery Institute

**DEPARTMENT OF PLASTIC SURGERY**

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Chairman and George J. Korkos
Professor of Plastic Surgery

Hani S. Matloub, MD, FACS
Professor and Director, Microsurgery and Hand Surgery Service

James R. Sanger, MD, FACS
Professor and Chief
Plastic Surgery Service
Veterans Affairs Medical Center

Arlen D. Denny, MD
Professor (Plastic/Neuro)
Director, Center for Craniofacial Disorders
Children's Hospital of Wisconsin

William Dzwierzynski, MD, FACS
Professor and Program Director,
Plastic Surgery Residency Program

John B. Hijjawi, MD
Assistant Professor

John N. Jensen, MD
Assistant Professor

John A. LoGiudice, MD
Assistant Professor

Robert M. Whitfield, MD
Assistant Professor

Ji-Geng Yan, MD
Associate Professor
Director of Research Lab

Christopher Pawela, PhD
Assistant Professor

Brad K. Grunert, PhD
Professor
Rehabilitation Psychologist

Mark D. Rusch, PhD
Associate Professor
Rehabilitation Psychologist

Jean M. Gilomen, PA-C
Erin M. Osinga, PA-C
Maria L. Theisen, PA-C
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Judy Marchant
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March 10, 2010

Dr. Robert Bornstein
Associate Vice President and Associate Dean
Health Services Administration and Academic Affairs
The Ohio State University college of Medicine
237 Meiling Hall
370 West 9th Ave.
Columbus, OH 43210

Re: Support for transition of the Division of Plastic Surgery to the Department of Plastic Surgery at Ohio State University College of Medicine

Dear Dr. Bornstein:

I am writing this letter in strong support, and at the request of Dr. Michael Miller, in the transition of being a Division of Plastic Surgery to a Department of Plastic Surgery. I am writing this as not only a long-time friend and admirer of Dr. Miller and the work that he did at MD Anderson prior to returning to his alma mater, but also as a Chairman of the Department of Plastic Surgery at the Medical College of Wisconsin. Our status here in Milwaukee changed in 2001 when, after five years of active work on the part of me and my faculty, we became a Department.

As you may realize, there is a progressive movement across the country for the transition from Divisional to Departmental status. I am sure that Dr. Miller and his faculty have shared with you, and the other members of the University Faculty Senate, the rationale for such a transition. Some of this rationale includes the following:

1) It makes a statement to the national and international plastic surgery peers that there is a broad base of strength in educational, research, clinical, and administrative aspects to justify this status.
2) This Departmental status attracts a higher level of resident applicants and future faculty and growth because of the difficulty inherent in becoming a Department.
3) Departmental status allows growth above and beyond any that would be attainable were Divisional status in place. This growth is reflective in the research and clinical activities, in particular because of the unique access to the leadership of the College of Medicine and the University. All of the present Departments in plastic surgery nationally have flourished and prospered and ours here at the Medical College is no exception. I have been the head of plastic

surgery here for the last twenty-five years, and our clinical growth has more than doubled in the last nine years since we attained Departmental status. This record is the rule nationally rather than the exception.

It is important that you appreciate the fact that plastic surgery is much, much more than cosmetic surgery. Dr. Miller's efforts and clinical activity is much like ours in that 90% of the surgical volume is related to reconstructive surgery. This involves restoring deformities caused by trauma, cancer and congenital abnormalities with less than 10% of the practice being cosmetic in nature. Although cosmetic surgery is an important part of plastic surgery training, plastic surgery Divisions such as that at Ohio State, carry on the strong and necessary tradition of surgically restoring the lives of their patients.

In the brief time that Dr. Miller has been at Ohio State, he has assembled an impressive faculty, nurtured and shepherded a stand-alone, integrated, six-year training program taking three residents per year (one of the largest in the country) and established an active research program that has basic, translational, and clinical investigations conducted by full-time scientists and clinician scientists that are funded by both intramural and extramural sources. There is little question that Dr. Miller and his Department are fully committed to advancing the art and science of plastic surgery, and in doing so, will bring deserved and appropriate recognition to plastic surgery at Ohio State, and deservedly make it one of the leading programs in the country in our speciality.

It is with great pleasure that I would urge the members of the University Faculty Senate at the Ohio State University College of Medicine to approve the transition of the Division of Plastic Surgery to a Department in that institution.

Sincerely,

David L. Larson, MD
Chairman and George J. Korkos Professor
Department of Plastic Surgery

DLL/kl

Cc: Dr. Michael Miller

Rod J. Rohrich, M.D., F.A.C.S.
Professor and Chairman
Crystal Charity Ball Distinguished Chair
in Plastic Surgery
Betty and Warren Woodward
Chair in Plastic and Reconstructive Surgery

Department of Plastic Surgery

March 15, 2010

Dr. Robert Bornstein
Associate Vice President and Associate Dean
Health Services Administration and Academic Affairs
The Ohio State University College of Medicine
237 Meiling Hall
370 West 9th Avenue
Columbus, OH 43210

Dear Dr. Bornstein:

I am deeply honored to write this strong letter of support for the transition of the Division of Plastic Surgery to the Department of Plastic Surgery at The Ohio State University College of Medicine. Under the strong leadership of Dr. Michael Miller, whom I have known for over a decade, the Ohio State University Division of Plastic Surgery has reached national recognition in a very short time period; growing to 14 full-time faculty with expertise in all areas of plastic surgery including hand, oncology, pediatric congenital abnormalities, burn, trauma and aesthetic surgery.

Dr. Miller has also developed a unique integrated, Resident Review Committee (RRC) approved, six-year resident training program graduating three residents per year. This program obtained approval without any contingencies by the RRC in 2007. He is an internationally recognized leader in reconstructive surgery, especially in that of breast surgery, and also has an active research program with basic, translational, and clinical investigations conducted by full-time scientists and clinical-scientists which is successfully funded by intramural and extramural sources.

As you can see from the rapid growth of plastic surgery at OSU since Dr. Miller's arrival, Dr. Miller and his faculty are truly committed to advancing the art and science of plastic surgery nationally and internationally. He has become a role model for many of the academic training programs in plastic surgery. I strongly believe that his program will continue to prosper and go to the next level of excellence only if it is at departmental status. Departmental status would greatly facilitate plastic surgery to contribute even more to the mission of the university as well as the healthcare system at The Ohio State University Medical Center.

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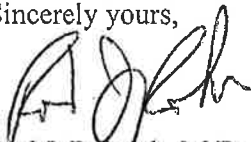
Clinical Office 214-645-2353 Administrative Office 214-645-3119 Telefax 214-645-3105 www.drrohrich.com
www.utsouthwestern.edu

Departmental status will allow plastic surgery to rapidly expand and increase its role in both the clinical and basic science of wound healing to enhance patient care and research at Ohio State University. Plastic Surgery headed by Dr. Mike Miller, is plastic surgery in its finest role, reconstructive surgery enhanced by innovation from free tissue transfer to replacement and restoration of deformities caused by cancer, trauma or congenital abnormalities.

I am honored to support and recommend the Division of Plastic Surgery at The Ohio State University College of Medicine for Departmental status. I can speak from personal experience, having served as Chair of the Department of Plastic Surgery at UT Southwestern Medical Center at Dallas for over 17 years, that becoming a Department catapulted plastic surgery at UT Southwestern to meteoritic level in every aspect from clinical to basic science excellence. We have grown from a division of less than $300,000 to over $15,000,000 with 130 support staff, 12 full-time faculty and one full-time Ph.D. Research Director.

Please call me if you have any questions about why Plastic Surgery truly needs to be a Department.

Sincerely yours,



Rod J. Rohrich, M.D.

RJR:skf:D223

**Office of Academic Affairs**

237 Meiling Hall
370 West 9th Avenue
Columbus, OH 43210
Phone: 614.292.1707 / Fax: 614.688.5461

# MEMO

To: Vice Provost W. Randy Smith, Council on Academic Affairs

From: Robert Bornstein, PhD, Senior Associate Dean for Academic Affairs

Date: Friday, January 29, 2010

Re: Proposal for the Creation of a Department of Plastic Surgery

VIA EMAIL

Please see the attached proposal for the creation of a Department of Plastic Surgery. This has been unanimously endorsed by the governance bodies of the College of Medicine: the Council of Chairs and Faculty Council. Attached are the meeting minutes.

The College requests that the Council review this action and forward to the University Senate for approval.

Minutes from the Joint Council of Chairs and Faculty Council Meeting
December 16, 2009

The meeting was called to order at 7:30am

Dr. Souba reported that Tony Young's core grant for the Center for Molecular Neurobiology has been funded. Dr. Glaser reported that the movement of faculty into Murray Hall for the IBMR is underway. Dr. Souba reported that Dr. Binkley has been appointed as an associate dean. Dr. Souba reported that the College has initiated a blog about leadership. He also reported that chair searches are moving forward with Mark Landon as Chair of Obstetrics and Gynecology and Dan Sedmak as Chair of Pathology.

Dr. Miller presented a proposal for creation of a Department of Plastic Surgery. The Council of Chairs and Faculty Council separately voted and unanimously supported the proposal for creation of a Department of Plastic Surgery.

Dr. Lucey presented the policies that have been developed for medical students on social networking and professional behavior and she encouraged the College to develop a comparable policy for faculty members.

Dr. Bornstein presented the revised Patterns of Administration for the College. There was extensive discussion.

The meeting adjourned at 9:00am.

In attendance:

Council of Chairs:

Robert Bahnson
Michael Brady
Doug Martin for Arnab Chakravarti
Chris Ellison
Richard Hart
Ron Harter
Mark Landon
Deborah Larsen
Thomas Mauger
Randy Nelson
Michael Ostrowski
Michael Racke
Wolfgang Sadee
Radu Saveanu
Dan Sedmak
Mary Jo Welker
Bradley Welling
Joseph Yu
Marc Tasse
Pam Bradigan
Ron Glaser
Thomas Ryan
Larry Schlesinger
Anthony Young
Phyllis Baker
Robert Bornstein
John Lahey
Mark Notestine
Chip Souba

Faculty Council:

Kay Wolf
Robert Small
Robert DePhilip
Nicholas Kman
Charles Bell
Amy Lovett-Racke
Christopher Litts
Kamran Barin
Vijay Pancholi
Hugh Allen
Andrej Rotter
Dan Clinchot
Dale Vandre
Robert Snapka
Alan Harzman
Michael Miller

# DEPARTMENT OF PLASTIC SURGERY
# OHIO STATE UNIVERSITY COLLEGE OF MEDICINE
**Rationale for Departmental Status, and Supporting Documents**

## Overview:

Plastic Surgery is a branch of medicine primarily concerned with restoring physical deformities caused cancer, trauma, or birth defects. A plastic surgeon is a clinician trained in surgical techniques that alter the shape, position, amount, and appearance of human tissues. The theme of plastic surgery is tissue transfer, rearrangement, and replacement.

Plastic Surgery has existed as a distinct medical discipline for many centuries. Some techniques in use today were described as long ago as 3000 BC in the Edwin Smith papyrus, an ancient Egyptian medical text. The term "Plastic Surgery" is derived from Greek (plastikos) and Latin (plasticus) words that mean molded or shaped. It was introduced in 1838 by Eduard Zeis in his classic work, *Handbuch derPlasticshen Chirurgie*, published in Berlin. Zeis described the specialty as "that part of operative surgery which is concerned with the living replacement of missing parts." Plastic Surgery was formally recognized as a distinct specialty in 1941 when the American Board of Plastic Surgery, incorporated in 1938, severed its subsidiary relationship with the American Board of Surgery, and became an independent entity.

The scope of the discipline, especially in an academic medical center, far exceeds the popular understanding that primarily associates the specialty with cosmetic surgery. Plastic surgeons work closely with other surgeons in nearly every specialty, applying the unique techniques that characterize the field to solving problems related to tissue deficiency of loss. This includes:

- reconstructive microvascular surgery in cancer or trauma,
- treatment of cleft lip/cleft palate/craniofacial anomalies,
- reconstructive surgery for congenital anomalies,
- acute burn care and late reconstruction of burn-related deformities,
- wound prevention and management,
- hand surgery for traumatic and congenital disorders,
- body contouring after bariatric surgery,
- management of complex facial trauma,
- extremity preservation in cancer and trauma
- composite tissue allotransplantation (e.g., transplanting the face and hands)
- aesthetic surgery.

With the exception of composite tissue transplantation, all of these areas are an integral part of clinical practice in the Division of Plastic Surgery at OSU. The clinical practice is supported and augmented by a vigorous research program, which includes basic, translational and clinical components.

Plastic Surgery at OSU became a separate division of the Department of Surgery in 1952. The plastic surgery residency training program began two years later in 1954. Through the end of the academic year 2008-2009, 95 residents have "graduated" and gone on to practice of plastic surgery in both private and academic settings. Students from OSU College of Medicine and other medical schools rotate on the Plastic Surgery service at the Med III and the Med IV level throughout the academic year. Faculty members are active in teaching medical students at all levels of the curriculum, and in the instruction of graduate and allied medical students as well. Residents from other disciplines, including Otolaryngology, Orthopedic Surgery, and Neurological Surgery have required rotations on the Plastic Surgery service.

The division currently has 14 full-time surgeons. Twelve are appointed solely in the Division of Plastic Surgery and two share joint appointments in the Division of Trauma and Critical Care, Department of Surgery or the Division of Hand Surgery, Department of Orthopedic Surgery. The teaching program is actively supported by 10 additional auxiliary faculty members responsible for teaching students and residents at OSU affiliated hospitals

Recent changes in the nature of the specialty and in the residency training model make conversion to full Department status essential for the continued development of Plastic Surgery at OSU. These critical issues are most clearly articulated in a position statement of the Association of Academic Chairs of Plastic Surgery (AACPS) (see *AACPS White Paper on Departmental Status—July 2008*, in Appendix). The following statement is the introductory paragraph in the *White Paper*:

*The Association of Academic Chairpersons in Plastic Surgery supports the position that Sections/Divisions/Departments of Plastic Surgery within academic surgical training centers be provided with a level of financial and administrative independence commensurate with that of other Sections/Divisions/Departments administrating ACGME accredited training programs within their institutions. In most institutions, this will require a Departmental label.*

In the remainder of this document we will address the various issues, with specific reference to the standards of the Ohio State University, that lead us to the conclusion that Departmental status is appropriate and essential for Plastic Surgery at this time.

## History of Plastic Surgery at OSU

Plastic Surgery began at the Ohio State University when Dr. Robert M. Zollinger recruited the first plastic surgeon, Dr. Bruce Martin, in 1947. In 1952 Dr. Zollinger created the Division of Plastic Surgery with Dr. Martin as the first director. Special plastic surgery clinics were set up. An affiliation with Children's Hospital was also established. Over the ensuing years, poor health forced Dr. Martin to retire, and the Division was led by a series of individuals until 1965. In that year Dr. Ronald Berggren

was appointed Chief of Plastic Surgery, and served for the next 20 years. Dr. Berggren created great stability in the program and brought national recognition.

In 1985 Dr. Berggren stepped down and entered private practice, concluding "twenty years as Chief is long enough. It's time to give someone else a chance." Dr. Robert Ruberg was appointed. Like Dr. Berggren, he served as Division Director for nearly 20 years then turned the leadership over to Dr. Brentley Buchele, a long-time member of the OSU faculty in plastic surgery. After 2 years, Dr. Buchele chose leave academic practice, and Dr. Ruberg returned as interim chief for a short time.

Dr. Michael Miller was recruited in 2007 and currently serves as Director of the Division of Plastic Surgery. He trained in Plastic Surgery at OSU, graduating in 1989. He then completed a one-year fellowship in reconstructive microsurgery at Tulane University. Afterwards he joined the faculty at The University of Texas M. D. Anderson Cancer Center in Houston, Texas. He served there for nearly 17 years, advancing to the rank of Professor and Vice-Chairman of the Department of Plastic Surgery. He participated in the growth of the program there from two plastic surgeons to 13, one microsurgery fellow annually to 7, resident training in 4 different plastic surgery residencies in southeast Texas, graduate student training in bioengineering from Rice University and the University of Texas, and initiating departmental research programs in bioengineering and regenerative medicine. He is internationally recognized for his educational, research and clinical expertise in reconstructive microsurgery in oncology.

**Recent Advances**

Advances over the last two years have been in clinical care, research, and education:

- Clinical Care

  Since 2007 the Division of Plastic Surgery has expanded from three to 13 full-time faculty members. Major advances have come about because of the introduction of state-of-the-art reconstructive surgery. Key recruits have been in the area of reconstructive microsurgery. Three of the new surgeons completed training at M.D. Anderson. One completed training at the Curtis Hand Center in Baltimore, the nation's premier training program in hand surgery. Finally, working cooperatively with the Department of Orthopedic Surgery, a senior surgeon with microsurgical skills was recruited from the premier hand surgery group in Columbus, Ohio. These new faculty members have allowed OSU Medical Center and the James Cancer Hospital to assume leadership reconstructive surgery, especially in oncology and trauma, providing services not previously available at Ohio State or elsewhere in the Midwest. In addition to addressing needs in reconstructive surgery, additional recruits strengthened the Division's clinical efforts in post-bariatric body contouring, aesthetic surgery, acute burn surgery and reconstruction, and pediatric plastic surgery. Patient satisfaction scores have improved significantly on all measures. We have had patient referrals from throughout the region and across the country, including as distant as Hawaii. Our clinical services increasingly form an integral part of patient care across a wide range of other surgical specialties at University

Hospital, The James Cancer Hospital, The Ross Heart Hospital, and Nationwide Children's Hospital.

- Research

  Coincident with expansion of clinical services have been advances in research. Prior to 2007 there was already a solid program present that involved Dr. Gayle Gordillo, a plastic surgeon working closely with Dr. Chandan Sen, Vice-Chair for Research in the Department of Surgery. Together they have established what many consider the nation's premier integrated research and clinical program in wound healing. Translational research is the hallmark of OSU Plastic Surgery's academic efforts. New research projects are in active development as the Division grows. These of investigation relate to tissue engineering, regenerative medicine, and advanced surgical therapeutics. These involve computational modeling of tissue perfusion and anatomic structures like the breast and facial skeleton. Another important line of investigation relates to developing surgical flaps as delivery vehicles for genes and therapeutic gene products. These projects are being driven by some of the new clinician scientist faculty recruits facilitated by a full-time scientist with training in engineering and the computational sciences. Interdisciplinary cooperation occurs across the medical center, between colleges of the University, and with the University of Illinois (Champaign), and Rice University in Houston Texas.

- Education

  The residency program operated under a traditional model between 1954 and 1990. Residents first trained in General Surgery or related surgical specialty then applied for training in Plastic Surgery. Plastic Surgeons were frequently "double-boarded" (the two most senior Plastic Surgeons currently at OSU were board certified in both General Surgery and Plastic Surgery). Then in 1990 OSU, along with the University of Michigan, took the first steps toward establishment of a free-standing Plastic Surgery residency, matching students immediately out of medical school for a special "combined" general surgery / plastic surgery training program lasting 6 years. Following this innovation, the OSU program successfully operated for many years. Continued changes in general and plastic surgery nationwide refined the concept of this model into what is now referred to as the Integrated Plastic Surgery program model. Residents match into this training immediately from medical school and are under the full authority of the plastic surgery training program director for 6 years. The Plastic Surgery Residency Review Committee approved changing to this type of program at OSU in 2008. Residents began matching into the new stand-alone plastic surgery residency in July, 2009.

OSU Plastic Surgery now has the personnel, the resources and the determination to assume a leadership role nationally in Plastic Surgical clinical care, research, and education. **A major obstacle to achieving this goal is an antiquated structure with plastic surgery as a Division.**

**National Trends towards Departmental Status**

Over the past 15 years, Plastic Surgery academic medical centers across the country have sought and received Departmental status (please see list of Departments of Plastic Surgery in Appendix). There are several important reasons for this:

- As with other specialties (e.g., neurosurgery, orthopedics, urology, etc.), the ongoing evolution of plastic surgery as a clinical endeavor has increasingly rendered it separate and distinct from general surgery.
- In a sophisticated academic medical center, plastic surgery works closely with other medical and surgical specialties in patient care and research. This activity is fostered by Department status, enabling formal interaction as a peer with other Departments in the organization.
- Plastic surgery resident training is increasingly distinct from general surgery (see section below). Departmental status a logical administrative change to manage this.
- Recruiting new faculty, especially leadership, is increasingly difficult without Departmental status (please see discussion in the next section regarding recruitment at OSU).

It is clear that the movement is toward creating Departments of Plastic Surgery. In the coming years leading academic medical centers will be distinguished by having strong Departments of Plastic Surgery. The AACPS has made Department status a major thrust over recent years. The Association published a concise summary of its position in a *White Paper on Departmental Status*, cited in the introduction and throughout this document. The *White Paper* is attached as an appendix.

This national trend coupled with develops in plastic surgery at OSU over the last two years (e.g., expanded clinical role, establishment of free-standing residency, increase in full-time faculty complement, increased revenue generation, growth in research, etc.) make it appropriate to convert to full Departmental status at this time.

**Recent OSU Experience with other Surgical Disciplines becoming independent Departments**

Over the past 10 years, three different surgical disciplines which were previously divisions in the Department of Surgery, achieved Departmental status at OSU: Orthopedic Surgery, Neurological Surgery and Urology. In each instance the transition became essential because of the increasingly independent nature of the particular discipline; in several cases, there also was a need to demonstrate a commitment to Department status in order to attract a nationally recognized leader to a vacant Chief position. In fact, the recruitment of Dr. Miller to the chief position in Plastic Surgery included a promise to pursue department status at the appropriate time. Several other candidates withdrew from consideration when they learned that Department status could not be guaranteed by the time that they arrived at OSU. OSU was fortunate to attract Dr.

Miller without immediate Departmental status, attributable in part to his allegiance to the institution gained during his residency at OSU.

**Recent Residency changes consistent with independent status**

For the first 50 years of its formal existence Plastic Surgery was considered a subspecialty of General Surgery. Plastic Surgeons trained first in General Surgery following by additional training in the specialized techniques of Plastic Surgery. Plastic Surgeons were sometimes regarded as “superspecialists,” utilizing more delicate and complex techniques needed to address problems that the non-specialist was not equipped to manage. While General Surgery was increasingly focused on abdominal surgery, minimally invasive surgery, trauma, and critical care, Plastic Surgery was expanding into new areas such as craniofacial surgery, reconstructive microsurgery, and hand surgery-domains far from the current scope of General Surgery practice. The need to recognize Plastic Surgery as separate from General Surgery became clearer.

In response to this evolutionary process, Plastic Surgery developed a new training model which limited the number of years in general surgery and coordinated this training with the plastic surgery residency. Residents spent a limited number of years in General Surgery with special designation as “pre-plastic surgery” residents, then moved directly into Plastic Surgery training without finishing general surgery or going through a second “match.” Ultimately this led to establishing the Integrated Plastic Surgery Residency model by the Residency Review Committee for Plastic Surgery. The Integrated model eliminates all official training under the auspices of General Surgery, accepting candidates directly out of medical school into a free-standing 6-year training program. This program design reinforces the principle that Plastic Surgery is a distinct and separate discipline from General Surgery.

OSU has been on the leading edge of these changes. Dr. Robert Ruberg, past chief of Division of Plastic Surgery, was part of the initial team composed of representatives from the AACPS and the Association of Program Directors in Surgery that devised and described this new curricular and training model. OSU maintained its pioneering, “combined” model for many years. The arrival of the new Division Director, Dr. Miller, in 2007, provided the perfect environment for transition to the fully Integrated program. Soon after his arrival, and program was redesigned following the Integrated model and a proposal for the new program submitted to the Plastic Surgery RRC. It was fully approved and starting in July, 2009, the first residents were admitted to the training program under the new stand-alone, 6-year, integrated model. Ultimately this change will increase the complement of residents in Plastic Surgery program from its current 6 trainees to a total of 15 residents.

Across the country other residency programs are making this same transition to Integrated Status. Of the more than 90 residency programs in Plastic Surgery, more than 30 now are utilizing the Integrated model. OSU is now included in this group.

# Rationale for Departmental Status

The case for establishing a Department of Plastic Surgery is based upon unique clinical services, educational programs, and research programs.

**I: Clinical Services**
The current practice of Plastic Surgery at OSU encompasses a wide range of clinical activities. We primarily care for people suffering from physical deformities caused by cancer, trauma, and congenital abnormalities. We are often consulted to assist in managing complications and adverse side effects of surgery, radiation, and medication administration. We also care for people dissatisfied with certain aspects of their physical appearance.

Inpatients may be admitted directly to attending surgeons in the Division of Plastic Surgery, typically in either the University or the James Cancer Hospitals. Pediatric patients are admitted to Nationwide Children's Hospital (NCH). Some community faculty members also care for patients at University Hospital East. In addition, plastic surgeons provide care to many patients admitted to other services who require plastic surgery consultation while in the hospital. This includes patients on surgical oncology, thoracic surgery, general surgery, cardiac surgery, vascular surgery, orthopedic surgery, trauma, critical care, burn, urology, gynecology, transplant surgery, and various medical services. We have several specific services for which we are responsible or actively participate. These include:

- Wound Care Service
- Acute Burn Care and Delayed Burn Reconstruction
- Vascular Malformation Clinic
- Cleft Lip and Palate Clinic
- Aesthetic Surgery Clinic

We are actively participating in establishing a variety of new multidisciplinary services at the University and the James Cancer Hospital. These include the OSU Hand Center, Skin Oncology Center, Cranial Base Surgery Center, Comprehensive Wound Center, and the Soft Tissue Sarcoma Center.

Outpatient activities of OSU Plastic Surgery are conducted at multiple sites. Patients are seen by faculty members at the new facilities at 915 Olentangy River Road, Easton offices, Wound Care Center, Cleft Palate/Craniofacial Clinic at Nationwide Children's Hospital, Vascular Malformations Clinic at NCH, and Plastic Surgery Clinic at NCH. At several of the sites, non-surgical activities such as skin care services, injection therapies, and other aesthetic services are conducted.

Plastic Surgery is in the process of establishing a comprehensive database of all patients seen by, and all clinical activities performed by, its faculty members. This database will facilitate analysis of outcomes of the wide variety of surgical and non-surgical therapies encompassed in the full spectrum of Plastic Surgery practice (in addition to generating

data for research publications). It is designed to be integrated to the electronic medical records now in use in the clinics at 915 Olentangy River Road.

These are sufficient to warrant an independent administrative and financial structure in order to effectively coordinate patient care and oversee billing and collection for these sometimes unique services.

All of these activities are consistent with the functions of an independent Department.

## II: Education Programs

Plastic Surgery at Ohio State constitutes a major educational enterprise: The core training program in Plastic Surgery is the integrated residency. Plastic Surgical training is no longer an extension of (subspecialty of) General Surgery. OSU has now been approved for integrated status, with residents matching directly out of medical school into Plastic Surgery. Beginning in July, 2009, OSU enrolled the first residents in the new Integrated Program. This is a stand-alone program that reflects the unique body of knowledge comprising the field of Plastic Surgery. Once fully activated in two more years, the program will include a total of 15 Plastic Surgery residents.

In July, 2009, OSU initiated a fellowship program in Reconstructive Microsurgery and enrolled the first trainee. The program will begin with just one fellow per year but will likely add additional fellows in future years. Finally, other fellowship programs in hand surgery and pediatric plastic surgery are planned in the near future.

In addition to educating residents and fellows, Plastic Surgery is actively involved in teaching medical students, graduate students and allied medical professionals. OSU Plastic Surgeons are also actively involved in continuing education efforts for many regional, national and international Plastic Surgery organizations. Remarkably, five OSU-affiliated Plastic Surgeons currently serve as oral examiners for the American Board of Plastic Surgery.

The magnitude of this educational enterprise is comparable to, and in some instances even exceeds that of other surgical disciplines which have been accorded Department status at OSU, including Otolaryngology, Orthopedic Surgery, Neurological Surgery and Urology.

## III: Research Programs

Plastic Surgery at OSU has already established a firm research base with independent funding. Thus far the majority of activity has conducted by Dr. Gayle Gordillo. Her work encompasses a number of areas that include both basic and translational components. Working in collaboration with Chandan Sen, PhD, Vice-Chair for Research in the Department of Surgery, Dr. Gordillo has established a fundamental research

program related to wound healing and vascular malformations. In the course of this effort she established a multidisciplinary Vascular Malformations Clinic at Nationwide Children's Hospital, where translational applications of her basic work are explored. There is the potential for a major breakthrough in control of vascular abnormalities using her methodology in this clinical setting. Also, OSU now has a world-class research and clinical program in wound healing and wound management, under the direction of Dr. Gordillo and Dr. Sen. This program is strongly supported by industry financing. A comprehensive database gives promise to years of meaningful data production from this effort.

A variety of new initiatives are in development. These involve a number of faculty members including Dr. Michael Miller, James Boehmler, Ergun Kocak, Anne Taylor, Pankaj Tiwari. There is a dedicated researcher, Alok Sutradhar, PhD., with expertise computational sciences and engineering. Work includes using computational and imaging methods to study tissue form, structure, mechanical behavior, and blood supply. There are projects in development involving gene therapy and tissue engineering, areas of emerging translational research that have particular bearing on the future of plastic surgery.

The transition to Departmental Status will strengthen the independent nature of these research efforts, and greatly enhance the ability to attract additional funding from national sources for these efforts. Departmental status will also potentially increase the possibility of establishment of an endowment to support both clinical and research activities in Plastic Surgery

**Timing—Why Now?**

The creation of the Department of Plastic Surgery is appropriate at this time for a variety of reasons, many of which have been cited in the previous paragraphs:

1. The discipline has become distinct and separate from General Surgery, not just an extension of General Surgery principles. Recent changes in General Surgery have drastically reduced the formerly overlapping nature of the two disciplines. Plastic surgery is a separate discipline—it should be recognized as such now. It encompasses a unique and distinct body of knowledge.

2. Plastic Surgery complements other medical and surgical specialties. This is particularly true regarding closely related disciplines such as Orthopedics, Otolaryngology, and Dermatology. Many academic centers have granted Department status to these other disciplines. Plastic Surgery at OSU can best fulfill its role working with these others if granted comparable status.

3. Recruitment of new faculty in Plastic Surgery has become increasingly difficult without recognition of the discipline as a separate Department. It is a criterion most leading candidates require prior to recruitment.

4. Many of the newer aspects of the practice of Plastic Surgery are completely different from the common practice of medicine. Areas such as skin care, Aesthetician services, and financing of cosmetic surgery are completely foreign to other surgical specialties, yet constitute essential aspects of the operation of a state-or-the art Plastic Surgery practice. A separate and distinct administrative and financial entity, which recognizes and incorporates these unique services, can best serve the needs of this type of medical practice.

5. Other surgical disciplines have already been separated from the Department of Surgery (see previous sections). Plastic Surgery is at least comparable to Orthopedic Surgery, Neurological Surgery and Urology in terms of numbers of faculty members, scope and funding of research programs, size and duration of independent residency, and clinical financial resources. Plastic Surgery has earned its independent status just as these other disciplines have done.

**Consistency with University Guidelines for conversion to Departmental Status**

1. **The discipline should represent an identifiable body of knowledge and academic concern that is not duplicated in other departments of the Institution.**
   The preceding paragraphs outline the unique nature of the discipline of Plastic Surgery as supported by recognized national organizations and even subspecialty organizations, dedicated journals, a long-standing clinical service in multiple primary and affiliated institutions, and a research program with independent and sustaining financial resources

2. **Potential academic programs at both graduate and undergraduate levels.**
   The academic programs in Plastic Surgery involve not potential, but actual undergraduate and graduate programs in the specialty. Plastic Surgery is taught as a specific discipline in the Medical school curriculum, particularly in the Med III year, and as a distinct, free-standing 6-year residency after graduation.

3. **A source of faculty members prepared to offer academic work in the academic area concerned.**
   At the time of this writing OSU has 11 full-time faculty members who have been trained in the specialty. The Division has jointly appointed faculty members in the Department of Orthopedics and in the Division of Trauma and Critical Care. These individuals are engaged in clinical care, research and service all related to the specialty. By March 2010, we anticipate adding another faculty member to serve as the Chief of Pediatric Plastic Surgery at NCH, bringing our faculty complement to 14. We also have an additional 7 associate faculty members in the community who actively participate in the residency training program.

4. **An area of academic concern which offers research and/or public service opportunities in addition to formal classroom teaching and has the potential for developing national or international recognition as an academic discipline.**

Evidence cited in previous paragraphs attests to the fact that OSU Plastic Surgeons already are engaged in research and clinical activities which have achieved national and international, discipline-specific recognition. Members of the current division have served as leaders of major national Plastic Surgery organizations, have published scientific work in prestigious national journals, and have been accorded visiting professorships throughout the world.

5. **An area of academic concern which either has or is in the process of developing a student clientele either for the purpose of major programs or as an important "service" discipline to other major programs.**
   Previous paragraphs have documented the already existing medical student and post-graduate programs in the discipline of Plastic Surgery. In addition, in the clinical setting Plastic Surgeons become a critical component of multidisciplinary care for patients with a wide variety of medical problems, including cancer, facial abnormalities, and major trauma. Plastic Surgery is uniquely multidisciplinary and a strong plastic surgery program adds value to many other disciplines.

6. **The ability to assume primary fiscal responsibility**
   Plastic Surgery has demonstrated the capacity to generate adequate income from a variety of sources, including clinical care and research grants, to sustain an independent Department. It is fully prepared to assume primary fiscal responsibility for its existence.

**Conclusions**

The time is right, the resources are present, the training programs are in place, the faculty members are on board, and the research effort is well established; it is time to create the Department of Plastic Surgery at The Ohio State University.

**Attachments:**

I. List of Current Medical Colleges with Plastic Surgery Departments
II. Plastic Surgery Societies and Journals
III. AACPS White Paper on Departmental Status
IV. List of faculty members and areas of interest
V. Letters of Support from other OSU Departments

Revised: 12/1/09
MJM

**Appendix I:**

## DEPARTMENTS OF PLASTIC SURGERY

**The following AAMC Member Medical Schools have Departments of Plastic Surgery:**

Albert Einstein College of Medicine of Yeshiva University
Boston University School of Medicine
Case Western Reserve University School of Medicine
Mayo Medical School
Medical College of Wisconsin
Rush Medical College of Rush University Medical Center
University of Tennessee Health Science Center College of Medicine (Memphis)
University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
University of Virginia School of Medicine
Vanderbilt University School of Medicine
Wake Forest University School of Medicine

**The following academic medical centers with Plastic Surgery residency programs list Plastic Surgery as a separate Department:**

Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
Cleveland Clinic in Florida
Lahey Clinic, Burlington MA
University of Tennessee College of Medicine at Chattanooga

1/12/09

**Appendix II:**

## PLASTIC SURGERY SOCIETIES AND ORGANIZATIONS

American Society of Plastic Surgeons
American Association of Plastic Surgeons
American Society for Aesthetic Plastic Surgery
American Society of Maxillofacial Surgeons
American Board of Plastic Surgery
Plastic Surgery Research Council
Association of Academic Chairs of Plastic Surgery
American Association of Pediatric Plastic Surgeons
Plastic Surgery Educational Foundation
Aesthetic Surgery Education and Research Foundation
American Association of Hand Surgery
American Society for the Peripheral Nerve
American Society for Reconstructive Microsurgery
American Society of Craniofacial Surgeons
American Academy of Pediatrics, Section of Pediatric Plastic Surgery

## PLASTIC SURGERY JOURNALS

Plastic and Reconstructive Surgery
Annals of Plastic Surgery
Yearbook of Plastic and Aesthetic Surgery
Clinics in Plastic Surgery
Journal of Plastic, Reconstructive and Aesthetic Surgery
Aesthetic Plastic Surgery
European Journal of Plastic Surgery
Canadian Journal of Plastic Surgery
Microsurgery
Journal of Craniofacial Surgery

**Appendix III:**

## AACPS White Paper on Departmental Status July 2008

### AACPS Position Statement

The Association of Academic Chairpersons in Plastic Surgery supports the position that Sections/Divisions/Departments of Plastic Surgery within academic surgical training centers be provided with a level of financial and administrative independence commensurate with that of other Sections/Divisions/Departments administrating ACGME accredited training programs within their institutions. In most institutions, this will require a Departmental label.

Surgery is a different field than it was fifty or more years ago when the basic elements of the administrative structure in place at many medical schools were implemented. At that time, surgical subspecialists were basically General Surgeons with added qualifications in their areas of interest and expertise. The knowledge and skills that defined the subspecialties were rudimentary and poorly developed by current standards. Training in all subspecialties included a substantial amount of General Surgery training.

At the same time, General Surgery training was different and included training in many, if not all, surgical subspecialties and often gynecology as well. The goal of the American Board of Surgery was to assure that an individual certified in Surgery had the capability to manage any sort of basic surgical pathology. It was not uncommon to examine candidates for Surgery Board certification with questions regarding hand, urologic or gynecologic pathology. Because the training and practice of General Surgeons and surgical specialists had much in common, it made sense for them to be grouped together in Departments of Surgery within medical schools. Though Chairs of Surgery were most commonly specialists in either General or Cardiac Surgery, they generally had some understanding and respect for the interests of Plastic Surgeons and could represent them within medical schools. Resources were also more available within most medical schools to support faculties and educational programs, and support for one specialty did not preclude support for another.

Things have changed radically since the middle years of the twentieth century. The specialized bodies of knowledge that define Plastic Surgery and the other surgical subspecialties have expanded exponentially. At the same time, the common elements in the training and practice of surgical specialists and General Surgeons have contracted. Today, training program requirements in Otolaryngology, Urology and Neurosurgery do not currently include any General Surgery years. The Integrated model of training in Plastic Surgery requires that the trainee's curriculum is under the direction of their Plastic Surgery Program Director from the first day of residency. Though the degree of overlap between Surgery and Plastic Surgery varies from institution to institution, the changing Program Requirements in Plastic Surgery will necessitate that Plastic Surgery training become increasingly unique.

The Independent training model still maintains the possibility of training in Plastic Surgery after prerequisite training in Surgery or other surgical subspecialties. Though this training path generally does include a training period in Surgery, proposed changes

in Plastic Surgery training requirements will require all programs to include three years of requisite training in Plastic Surgery after completing their prerequisite requirements. This acknowledges that the specialized knowledge required of today's Plastic Surgeon is expanding and distinct from that of a General Surgeon.

At the same time subspecialty training is becoming more distinct; General Surgery training is becoming more focused. For example, training in burns and surgical subspecialties is no longer required during General Surgery training. Interestingly, the specialty wants to be referred to as 'Surgery', not 'General Surgery'. This increased concentration on purely breast and intra-abdominal procedures creates a less generalized surgical perspective. This results in less empathy for subspecialty interests and a lesser understanding of issues of concern to Plastic Surgeons and other surgical subspecialists. In the resultant environment, it becomes difficult, if not impossible, for anyone other than a Plastic Surgeon to represent the interests of Plastic Surgery. Meanwhile, strong representation has become increasingly critical in that the quantity of resources within medical institutions is diminishing. A serious commitment is required to get support from medical schools, hospitals and third party payers, and Plastic Surgery interests will obviously be best served by Plastic Surgeons.

In most if not all medical schools, the primary administrative unit is the Department. A Departmental administrative unit represents each basic science and clinical discipline within medical schools. Key decisions regarding institutional strategies and allocation of resources are made by committees involving Departmental chairs. Department chairs generally have rights and responsibilities defined by Medical School Constitutions or Bylaws. If you are not a Department chair, you are generally not directly involved in most decision making activities. In addition to not having direct representation, you have few rights, even as a Division chair, within most medical schools. If the Department chair chooses, he or she can ignore your interests or even remove your Division chairmanship without providing any justification. Changes in department leadership can significantly change the ways in which a Division of Plastic Surgery is represented within a medical school or hospital.

Plastic Surgeons have fallen behind other surgical subspecialties in achieving Departmental status within medical schools. This may be because Divisions of Plastic Surgery are generally smaller than those in Otolaryngology, Orthopedics or Neurosurgery, or possibly because Plastic Surgery training still often includes training in General Surgery. Regardless, Plastic Surgery has become progressively marginalized as other specialties become Departments, further reducing the influence of Plastic Surgery.

This 'Divisional' stature of Plastic Surgery creates difficulties in all aspects of academic life. Clinically, programs may not be adequately supported, especially if they are competing for resources with 'more favored' programs. A Surgery department chair may not view equity with competing specialties in the areas of facial and hand trauma as a priority, and if Otolaryngology and/or Orthopedics are Departments, they can more aggressively support their positions in areas of clinical overlap. In addition, decisions regarding the allocation of income and expenses within Departments are often made by a Departmental Financial staff with different priorities than the Division of Plastic Surgery. The reports provided to Division Chiefs may not allow the allocation methodology to be completely understood.

Educationally, it can be difficult to assure the most desired clinical rotations and experiences for Plastic Surgery residents on Surgery rotations. It may also be difficult to eliminate less educationally beneficial Surgery rotations. The Department of Surgery can benefit significantly from Plastic Surgery residents rotating on Surgery services. The residents provide necessary service functions and offload Surgery residents in danger of work hour excesses. A Division chair cannot represent his/her residents' interests as fully as could a Chair of a Department of Plastic Surgery.

In terms of research, additional support for a faculty member to develop a research program is not likely to be provided to a Plastic Surgeon in preference to a General Surgeon. The development of any core research lab functions is also much more likely to be geared to the needs of General Surgery researchers as opposed to Plastic Surgeons.

The unique characteristics that define Plastic Surgery as a separate specialty have been recognized at the level of organized medicine for many years. Within the ACGME, there is a separate RRC for Plastic Surgery which accredits training programs in Plastic Surgery in both the Independent and Integrated models. Training programs in Plastic Surgery are required by the RRC to provide experiences in 12 essential clinical areas that encompass the specialty including congenital defects of the head and neck, neoplasms of the head and neck, craniomaxillofacial trauma, aesthetic surgery of the head and neck, trunk and extremities, Plastic Surgery of the breast, surgery of the hand and upper extremity, Plastic Surgery of the lower extremities, Plastic Surgery of congenital and acquired defects of the trunk and genitalia, burn management and microsurgical techniques. Within the American Board of Medical Specialties, the American Board of Plastic Surgery is distinct from the American Board of Surgery. Candidates for Board certification are examined regarding a completely separate body of knowledge and set of clinical skills than are candidates for certification by the American Board of Surgery. Plastic Surgery researchers have been among the leaders in research in wound healing, craniofacial biology and other areas. The unique fields of inquiry pursued by Plastic Surgeons spawned the genesis of the Plastic Surgery Research Council as a separate research organization.

With all these changes in Surgery, it is now the proper time for Plastic Surgery to achieve equity as a Department with other surgical disciplines within medical schools. Few medical schools have specific guidelines that define requirements for Departmental status within an institution. The administrative structure and dynamics within each medical school are different, and it is impossible to outline a single strategy that will work in every environment. There are, however, things that can be done nationally, and strategies that will make acceptance of Plastic Surgery as a Department more likely. The support of all major Plastic Surgery organizations for Departmental Status for Plastic Surgery within medical schools needs to be clearly stated. AACPS approved the statement at the beginning of this document, and the other major organizations such as the American Society of Plastic Surgeons, the American Association of Plastic Surgeons, the American Society for Aesthetic Plastic Surgery and the American Society of Maxillofacial Surgeons need to be encouraged to follow suit. The Plastic Surgery RRC and the ABPS are to incorporate verbiage necessitating this change within their requirements.

Within any institution, there are factors that make acceptance of Departmental status for Plastic Surgery more likely. One factor may be more important at one institution than

another, and it is impossible to say how many of the factors need to be achieved at any institution to encourage the transition. Favorable factors include:

***1. Profitability within the Medical School***

Deans do not want additional departments that are not self supporting. It can be difficult to achieve profitability in some environments. The management of finances and allocation of expenses is often carried out at a level above the Plastic Surgery Chairperson. Plastic Surgery profits may be surreptitiously utilized to subsidize less profitable components of the Department through cost shifting. In addition, supplemental support for hospital services may be difficult to obtain if the Department Chair is preferentially negotiating for support for core Surgical programs. In some environments, the development of cosmetic surgery programs may provide the additional revenues to overcome institutional hurdles provided to profitability.

***2. Develop Administrative Support***

When efforts to achieve Departmental status have been successful, the Plastic Surgery chief has generally been supported by other key individuals within the institution. Support of Departmental status by the Surgery Chair can be very helpful, though difficult to obtain. Support from other Department Chairs with whom you might work collaboratively can be very helpful. The discipline of Plastic Surgery works closely with all surgical subspecialties and many nonsurgical ones, as well, and therefore, has an advantage in terms of access to the Chairs of these specialties. As in any political environment, support for one of their issues may encourage support for yours. These relationships often take to time to develop.

***3. Act Like a Department***

Develop a mission statement and make sure others are aware of it. Develop a strategic plan to achieve specific goals. Emphasize in actions the uniqueness of the specialty.

***4. Develop and Publicize Clinical Programs that are Mission Critical to the Institution***

The institution needs to be aware of the essential involvement of Plastic Surgery in Level I Trauma programs, in Cancer Center programs, in the management of the complications of cardiac surgeons and other surgical specialists and in the management of wounds. These contributions may be lost in many statistical analyses in that many patients that Plastic Surgeons treat are not specifically on a Plastic Surgery service. The vital role played by Plastic Surgeons needs to be emphasized. It is also helpful if Plastic Surgery uniquely provides a clinical service, such as microsurgery, that the institution views as critical and essential.

***5. Develop Fully Autonomous Integrated Training Programs***

The perception of the uniqueness of the specialty is enhanced through the development of totally separate training programs. They emphasize that Plastic Surgery is truly separate from Surgery.

***6. Develop Independent Research Programs***

The perception of the specialty as being a unique academic entity is enhanced by an independent research program including both basic science and clinical researchers. It emphasizes the unique areas of inquiry in which Plastic Surgeons work. It

emphasizes that the specialty can make novel contributions to medicine as a whole in addition to providing clinical service and teaching. It also further demonstrates that the specialty is the equivalent of any other discipline within the institution. Obviously, the more productive the lab in terms of grant funding, the better.

***7. Expand the Plastic Surgery Faculty as much as Fiscally Possible***

Size matters. The larger the mass of individuals within Plastic Surgery, the more likely the group is to be perceived as deserving independent status. It also facilitates more active participation in clinical, educational, research and administrative activities within the University. This increased involvement further fuels the perception of independence. Growth must be achieved in a financially prudent, manner, however, in that a large faculty that is losing money is not viewed positively by institutional leadership. Faculty growth can be supported through the development of new clinical programs both within and outside the host institution such as Limb Salvage Centers and Aesthetic Centers.

***8. Participate Actively in University Administrative Activities***

It is helpful for Plastic Surgeons to be perceived as key participants in University affairs. This is achieved through participation in committees and workforces that contribute to the functioning of the institution. If Plastic Surgeons are viewed as 'good citizens' of the University, they are more likely to be viewed as a group that should be a Department. In addition, by having a voice in University activities, programs favorable to Plastic Surgery are more likely to be developed.

***9. Participate Actively in University Teaching Activities***

Plastic Surgeons can contribute to educational programs and activities outside of the Plastic Surgery residency that benefit the institution. They can help with clinical correlations for basic anatomy courses. Plastic Surgery is, in many ways, applied anatomy, and Plastic Surgeons are uniquely qualified to provide this service. Plastic Surgeons can provide suturing courses for medical students and junior residents in other fields. They are the most qualified individuals to teach how to precisely handle instruments and manage tissues gently. Lectures can be provided in basic areas like wound healing to trainees in other specialties as well.

***10. Participate Actively in Institutional Clinical Activities***

Plastic Surgery should ideally be viewed as a critical and easily accessible service for reconstructive services within the institution. A willingness to take on difficult problems from other clinical services both within and outside the institution increases the perception of value in the specialty.

***11. Obtain Endowments to support Research and Less Remunerative Clinical Programs***

It can be difficult to remain financially viable while supporting essential clinical and research programs that are not remunerative. Endowments can offset some of these expenses. The fact that an endowment can be obtained within the specialty also emphasizes the value and uniqueness of the specialty.

Though there is no formula that guarantees success in achieving Departmental Status in any institution, those that have been successful have incorporated at least some of the elements listed above. Successful strategies will vary depending on the unique politics of each University. For an established faculty, continual promotion of the concept that

Departmental status is deserved with emphasis on the contributions and unique aspects of the specialty may lead to success.

Additional possibilities become available when a new Chairman of Plastic Surgery is being recruited by an institution. If all available and viable candidates insist on Departmental status for Plastic Surgery, an institution will eventually make this transition. This approach was used successfully by Orthopedics and Urology over the past decade. However, it only takes one candidate that is willing to accept the status quo for the strategy to fail. In some institutions, a Surgery Department Chair may even prefer a less forceful individual that will accept his guidelines as a Division chief without complaint.
In conclusion, it is a necessity for Plastic Surgery to achieve Departmental status within medical schools. Plastic Surgeons are no longer General Surgeons with additional qualifications. They are members of a unique and distinct specialty that can only reach its potential if it can independently represent itself within academic medical institutions. The clinical, educational, research interests and advances of the specialty today cannot be adequately supported or championed by anyone other than a Plastic Surgeon at the helm of an independent department. Departmental status provides control of financial and other resources and provides access to institutional leadership to facilitate the continuing growth and development of the specialty. This will benefit Plastic Surgery as well the institution as a whole.

AACPS July 2008