



*The Montlake Cut*

## *Robert Goodkin, M.D. Endowed Lectureship: père et fils*

We all hope our children will grow up to be happy, successful, and - in the best ways - a little like us. Department of Neurological Surgery Professor Emeritus Robert Goodkin has achieved this goal. Bob's son Howard P. Goodkin, MD, PhD, is the Shure Professor of Neurology and Pediatrics at the University of Virginia.

OK; so it's not brain surgery.

On November 9th, Howard Goodkin presented the inaugural Grand Rounds for the Robert Goodkin Endowed Lectureship in the Department of Neurological Surgery, and a spectacular talk it was. This endowed yearly address is intended to attract speakers who are physician scholars, and who have made influential contributions to resident education, patient care, or translational science. The younger Dr. Goodkin trained in pediatrics at Washington University and St. Louis Children's Hospital, and then completed a child neurology residency and clinical neurophysiology fellowship at Boston Children's. His research interests are focused on GABA receptors and *status epilepticus*. He talked about this third of the "bad states" as defined by the French speaking epileptologists of the 19th century: *Etat de Mal*. His father is proud of him, and he should be.



*Howard Goodkin, M.D., Ph.D.*



*(Left) Robert Goodkin, M.D.  
(Right) Richard G. Ellenbogen, M.D.*

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## *Professor Kliot Moves to UCSF*

After 21 years at the University of Washington, Michel Kliot will become the Director of a new multidiscipline Peripheral Nerve Center of Excellence within the Department of Neurological Surgery at UCSF (Moffitt Hospital). In addition to providing medical and surgical clinical care for patients with peripheral nerve problems, Michel will continue his research at both a basic science and translational level. Areas of special interest are new techniques for repairing acute nerve injuries and possible molecular mechanisms related to halting the growth of many peripheral nerve tumors. He will continue to teach residents and medical students (and anyone else) interested in learning more about peripheral nerve diseases. Michel has been a wonderful colleague, teacher and surgeon here, and hopes to continue his ongoing scientific collaborations. He will be missed in Seattle.



*Michel Kliot, M.D. gives his swan song  
Grand Rounds*

## *John Howe, M.D. Honored with Harborview Cares Award*

The University of Washington Academic Medical Centers (UWAMC) Service Initiative established an award to recognize service excellence among the staff and physicians at Harborview Medical Center, University of Washington Medical Center and University of Washington Physicians Network.

The Harborview CARES Award for Service Excellence was presented this quarter to Clinical Professor of Neurological Surgery John Howe, M.D.

Criteria for selection are:

- Commitment:*** We are committed to our mission.
- Access:*** We facilitate access to appropriate services.
- Respect:*** We show respect for our patients and each other.
- Excellence:*** We strive for excellence in clinical care, teaching and research
- Service:*** We demonstrate quality service

# 2011 Hope Conference Course

The Sixth Annual Hope Conference was held Saturday October 29, 2011. The conference is designed to encourage, educate and inspire reasons to hope for patients with Parkinson's Disease.



Left to right: Kelly Bender, Assistant Professor Adam Hebb, M.D., Acting Assistant Professor of Neurology Hojoong Mike Kim, M.D., Tammy Suen, R.N., Interim Manager Deb Cramer, R.N.



Left to right: Tammy Suen, RN, Professor of Neurology Ali Sammi, M.D., Associate Professor of Neurology Cyrus Zabetian, M.D.

## South American TBI Trial: Dr. Chesnut Seeks **THE TRUTH** about ICP Monitoring

In October, Dr. Randy Chesnut's team in South America completed recruitment for the randomized controlled trial of ICP in Latin America. This NIH funded study is ongoing at seven centers in two countries (Bolivia and Ecuador). The target to enroll 324 patients was reached on 18 October 2011. The final goal is an aggregate outcome measure of disability and neurological function at six months post trauma. ICP-monitor-based treatment is based on the Guidelines; patients not monitored are treated according to a standardized protocol developed via consensus for this trial (there has never been a prospective, randomized controlled study specifically looking at how patients are treated without monitoring). Six month of outcome data remain to be collected, so analysis won't begin until mid next year. Results should be available in the last quarter of 2012 or the first of 2013.

## Translations to Russian

Mikhail Gelfenbeyn, M.D., Ph.D., Chief of Neurological Surgery at the VAMC in Seattle, recently started Russian Podcasts for "Neurosurgery," expanding the group of foreign language podcasts from 6 to 7, all of which are available free on the journal Web page or at the iTunes store.

<http://journals.lww.com/neurosurgery>

<http://www.apple.com/itunes>



Russian Podcast Poster

# *A Letter from Blackshaw Road, Tooting, London*

*by Mike Levitt*

The staff, fellow registrars, and nurses in England are welcoming and enthusiastic about the Seattle neurological surgery residents presence here. Having started only four months ago, I'm certainly no St. George's expert, but here's what I've observed about the rotation here so far.

The case mix at St. George's consists largely of basic neurosurgery: straight forward spine operations (laminectomies, discs, foraminotomies), carpal tunnel/ulnar nerve releases, burr holes for chronic subdurals, skull base approaches (often for meningiomas or acoustics), and resection of primary and secondary brain and spinal tumors. Pediatric problems are abundant, and include patients with posterior fossa tumors, dysraphism, and shunts. Spinal instrumentation is rare outside of trauma and the occasional neoplasm, a major departure from current practice in North America. They prefer the posterior approach in the cervical region; for every ACDF there are many more cervical foraminotomies.

In general, trauma is far less than at Harborview, though there is an occasional acute subdural. Aneurysm surgery is also uncommon, as almost all of them are referred first to interventional neuroradiology, and often treated. While each of the seven consultants (i.e. attendings) has areas of preference and expertise, all seem to be true generalists. It's common to see craniotomy for tumor, lumbar laminectomy, aneurysm clipping, and carpal tunnel release on the list for a single consultant.

Training is on the apprenticeship model for registrars, who are matched with one consultant for every four-month rotation, rather than being assigned to a sub-specialty service. This means you're responsible for that consultant's inpatients, you cover his cases in the OR, and you see them back in clinic. There are separate clinics for the consultant and the registrar, and for simple cases (especially spine), the consultant may not scrub. It's possible even as a registrar, to see a patient in clinic, book the case, do the operation, and take care of the patient postoperatively without the consultant's involvement. This is probably the most valuable part of the England rotation. Operating "alone" for even your first lumbar discectomy is very different than having an attending standing there, suggesting this step or that instrument. Being the surgeon, rather than the first assistant, promotes independent thinking and comfort in making operative and post-op management decisions, while knowing that the consultant is readily available in case of unexpected trouble. For more complex cases, the consultant is involved much as in the US. The instruction and basic knowledge we have gathered in Seattle is, of course, required before operating independently.

Another significant difference in training is the recognition by patients that the surgery and management may be done entirely by a registrar. Unlike many American patients, people here are perfectly comfortable being cared for entirely by a surgeon in training.

And, of course, London is an exciting place to be—an international city with a load of history, art, architecture, and music. Work hours for registrars average 55-60/week, with call every sixth night, so there is time to enjoy London and the rest of Europe, while still averaging 8-12 cases and one clinic day per week.

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*St. George's Hospital*

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## *A Letter from Blackshaw Road*

Overall, the England rotation is a unique part of our training. It's no substitute for the excellent academic and technical instruction we receive as US residents, but is instead a valuable supplement. We are lucky to have the opportunity to refine and hone operative skills in a different environment, as well as gain exposure to the case mix of neurosurgery in the community. Being offered this opportunity for independence is part of the making of a surgeon.

## *List of Departmental Conferences: You are invited!*

The Department of Neurological Surgery holds the following regular weekly conferences at UWMC, HMC, or Seattle Children's Hospital.

### *HMC Regular Conferences:*

#### **Grand Rounds:** The Main Event

R & T Building on 9th just south of the old Harborview Hall

Grand Rounds are didactic presentations on clinical and basic science topics delivered by both internal and external speakers. Dr. Ellenbogen has oversight for this conference with the consultation of the entire faculty. Quality and consistency is maintained through CME review and certification undertaken annually by the Chairman. There are several components to the conference depending on the week.

#### **Wednesday 7-8 AM**

1st Wed: Visiting Lecture  
2nd Wed: Neuroradiology Conference  
3rd Wed: Spine Conference  
4th Wed: M&M Conference  
5th Wed: Visiting Lecture

#### **8-9 AM**

Neuropathology Conference  
Neurosurgery Grand Rounds  
Neuropathology Conference  
M&M Conference  
Neurosurgery Grand Rounds

**Neuropathology Conference:** Photomicrographs presented by UW neuropathologists with discussion of differential diagnosis and postoperative management. Neuro- and radiation oncologists attend. This conference may sometimes last 2 hours beginning at 7:00 a.m.

**Neuroradiology Management Conference:** The Chief Residents at each institution present cases. Participants include the neurosurgery faculty and residents, community neurosurgeons, interested neurology attendings and residents, neuroradiology faculty and fellows, and other interested faculty.

#### **Spine Grand Rounds:**

The Spine Conference involves the entire Department of Neurological Surgery, Orthopaedics and Sports Medicine Spine faculty, residents and fellows. Drs. Randall Chesnut, Professor of Neurological Surgery and Jens Chapman, Professor of Orthopaedic Surgery and Neurological Surgery, manage this conference.

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# ***Departmental Conferences***

## ***HMC Regular Conferences***

### **M & M Conference:**

This is a mandatory conference attended by all residents and attendings. Patient complications at all three hospitals are submitted and clinical material presented by each of the Chief Residents; appropriate imaging studies are shown. The Chief Residents and appropriate Service Chiefs conduct the discussion.

### **Resident Education and Board Review:**

Each Wednesday morning following Grand Rounds, residents meet with Assistant Professor Adam Hebb for teaching and board review. This curriculum is designed to cover sentinel articles and important aspects of neuroscience, neurology, neuroanatomy, and neurosurgery. Each meeting begins with a case presentation, followed by resident presentations on specific topics.

### **Gamma Knife Conference:**

Monday 12:00 - 1:00 pm

A review of Gamma Knife referrals: discussion, evaluation and recommended treatment options.

### **Epilepsy Conference:**

Monday 4:00 - 5:00 pm

Reviews all Epilepsy referrals and determines surgical and non-surgical treatment options. This teaching conference rotates amongst hospital sites: CHRMC, UWMC, HMC.

### **Skull Base Tumor Conference:**

Department Conference Room, NJB 14th floor

Tuesday 5:00 – 6:00 pm

A review of the complex skull-base tumor cases recently operated upon or pending.

### **Neuro-Endocrine Conference:**

NCCU conference room, second floor HMC

Wednesday 12:30 – 1:30 pm/monthly – (mandatory for all HMC Residents)

This teaching conference reviews the management of pituitary disease before and after surgery, as well as the treatment of diseases or injuries to the hypothalamic/pituitary axis.

### **Pre-Operative Conference:**

Radiology Library

Thursday 7:45 - 8:30 am – (mandatory for all HMC Residents)

A teaching conference to review all operative cases scheduled for the following week and to discuss surgical decision making, operative planning, and patient care management.

### **Spine Conference:**

Thursday 8:30 - 9:00 am – (mandatory for all HMC Residents)

A teaching conference to review all operative cases scheduled for the following week. This conference includes both Neurosurgeons and Orthopedic surgeons involved in the multi-disciplinary spine service.

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## ***Departmental Conferences***

### ***UWMC Regular Conferences***

#### **Spine Conference:**

Weekly, Tuesday 7:00 am - 8:30 am

A review of all surgical spine patients scheduled for surgery the following week to discuss surgical decision making, operative planning and patient care management. Participants include both Neurosurgeons and Orthopedic Surgeons involved in the multi-disciplinary Spine Team.

#### **Epilepsy Surgical Management Conference:**

Monthly, Monday 4:00 - 5:30 pm

Interdepartmental working conference during which complex cases are reviewed from each of the UW affiliated hospitals and diagnostic/treatment plans are established. Meeting location rotates amongst the four hospitals.

#### **Neurological Surgery Case Management Conference:**

Weekly, Tuesday 5:00 - 6:30 pm

In-patient films are reviewed and cases discussed with members of the Neurological Surgery faculty. All residents and fellows not in the operating room are required to attend. The junior resident often presents a topic for discussion.

#### **Neuro-Oncology Tumor Board:**

Weekly, Wednesday 9:30 - 11:00 am

Interdepartmental working conference where cases from the University, Harborview and PSVAHCS are reviewed and diagnostic/treatment protocols planned.

#### **Neuro-Endocrine Conference:**

Monthly, Monday 5:00 p.m. - 6:30 pm

Endocrinology faculty and fellows join the Neurosurgery faculty and residents to review pituitary tumor cases.

#### **Head and Neck Tumor Board:**

Weekly, Wednesday, 5:00 p.m. - 6:00 pm

Otolaryngology, Head and Neck Surgery faculty and residents meet with Radiology faculty and the skull base neurosurgery team to review upcoming cases.

#### **Pre-Operative Conference:**

Weekly, Wednesday, 5:00 p.m. - 6:00 pm – (mandatory for all UWMC Residents)

A teaching conference to review all operative cases scheduled for the following week and to discuss surgical decision making, operative planning, and patient care management.

### ***Seattle Children's Hospital Regular Conferences***

#### **Pediatric Neurosurgery Pre-Operative Conference:**

Monday 7:45 - 8:30 am – (mandatory for SCH Resident)

A teaching conference to review all operative cases scheduled for the current week and to discuss surgical decision making, operative planning, and patient care management. The Chief Resident presents each case to the faculty.

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# *Departmental Conferences*

## *Seattle Children's Hospital Regular Conferences*

### **Pediatric Epilepsy Conference:**

Thursday 7:30 am - 8:30 am

Cases discussed with Neurology, Social Work, Neuropsychology and Neurosurgery for surgical and non-surgical treatment options. EEG interpretation is also reviewed.

### **Craniofacial Conference:**

Monday 7:45-8:30 am– (optional for SCH Resident)

This conference reviews all craniofacial referrals to SCH, and includes a multi-disciplinary team of neurosurgeons, otolaryngologists, craniofacial plastic surgeons, pediatricians, geneticists, maxillofacial surgeons, dentists, nurses, social workers and other ancillary services. Patient referrals are reviewed, evaluated, discussed, and treatment options are determined.

### **Tumor Board Conference:**

Wednesday 1:30– 3:30 pm– (mandatory for SCH Resident)

A multi-disciplinary team including neurosurgeons, oncologists, pediatricians, radiation oncologists, endocrinologists, neurologists, and pathologists reviews neuro-oncology patients. Problems are evaluated, discussed and treatment options recommended for each pre and postoperative patient. Review of pertinent literature and protocols are presented at this working/didactic conference.

## *Puzzler*

### **Editor Bested—Seriously**

Modern Google-ready scholars are nimble at discovering what, when I was a medical student, were called “rat facts.” Before desktop computers, my University of Michigan classmate Larry Marshall, long Professor of Neurosurgery at UCSD, was an outstanding practitioner of this kind of performance art, and so none of us wanted to be on rotations with him! When I began to make NCCU rounds at HMC, and asked one of the residents a question they didn't know, I initially marveled as they vanished into the back of the pack only to emerge a few minutes later with a detailed answer. After I figured out what they were doing, this seemed to me to take the sport out of it. But the older generation must sometimes accommodate to the innovations of the younger.

In the last Puzzler, I thought to have camouflaged the question sufficiently well so that the modern cyber-surgeons wouldn't be able to stalk John P. Peters. Silly of me. It took the permanently disqualified from winning the \$75 million Grand Prize Minku Chowdhary all of 20 minutes to discover that “Jack” Peters, Professor of Medicine at Yale from 1922 to 1955 was, along with Donald Van Slyke, the father of modern clinical chemistry. [Quantitative Clinical Chemistry, Vol. 1: Interpretations and Vol. 2: Methods, by J. P. Peters and D. D. Van Slyke, were first published in 1931 and 1932 respectively. The second edition of Vol. 1, completed without the assistance of Van Slyke, who invented the first apparatus to measure oxygen and carbon dioxide in blood reliably, appeared in 1946.] Mike Levitt, who's currently in a different time zone and was probably asleep when the newsletter arrived, found it almost as quickly. Dave Pitkethly, a medical student before adding machines, let alone before Google, had the right answer, and Dean Hobson, our new Service line Director, discovered it too, but it took them a little longer.

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Peters, a feisty man, helped to found the “Committee of 400,” an informal assembly aiming to insure that medical care was made available for the indigent. He was Secretary of that body from the time it was formed in 1937 until 1954 when he became ill. This placed him in significant conflict with the then very traditional American Medical Association and the ultra-conservative, long-time editor of JAMA, Morris Fishbein, a strange and vituperative person with initiatives of his own.

In the last years of his life, however, Jack Peters extended his outspoken concerns to civil liberty. As a reward, he was dismissed from his position as a member of one of the Study Sections of the Division of Research Grants and Fellowships of the National Institutes of Health for disloyalty to the nation. Those who knew him found the anonymous charges absurd, and the episode would not have become widely known at all had Dr. Peters been willing to accept the Loyalty Board’s decision and kept quiet.

Characteristically, he wasn’t. He went to court not only to clear himself, but also to challenge the constitutionality of a procedure by which a person is denied the right to face and cross-examine his accusers. In June of 1955, this case resulted in a decision by the Supreme Court of the United States (Peters v. Hobby, 349 U. S. 331), vindicating Dr. Peters personally by restoring his security clearance, though the Court failed to rule decisively on the constitutional question. McCarthyism had been born.

In 1955, Jack Peters collapsed and died while making rounds on the internal medicine wards at what is now known as the Paul Beeson Medicine Service at Yale/New Haven Hospital.

## *New Puzzler*

As an undergraduate, former Professor and Chairman of the Department of Neurological Surgery at UW, Arthur Ward, was a research assistant in a laboratory at Yale. What did he investigate, and who were his supervisors?

I remain anxious to publish stories, photos, and ideas about what all of us do in caring for sick people. Please let me know the memories of your time here, what you are up to now, and ways in which you think we might find further common ground. Please contact us at the email addresses

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