

## PRESIDENTIAL ADDRESS

From the Southern Association for Vascular Surgery

# I may not be Southern by birth, but I am proud to be an American: The role of international medical graduates in vascular surgery and the Southern Association for Vascular Surgery

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*Four score and seven years ago our fathers brought forth on this continent, a new nation, conceived in Liberty and dedicated to the proposition that all men are created equal.*

—Abraham Lincoln

It is a great honor to address you today as the thirty-ninth President of the Southern Association for Vascular Surgery; however, it is an even greater honor to be the first international medical graduate (IMG) to be elected to this position. Looking over the legendary names of the past Presidents of our society, I am humbled to stand before you today as your President.

### PERSONAL PERSPECTIVE

I would like to begin my address by thanking a few special people who have been very supportive of my career, and without them, I would not be standing here today. These individuals have had a huge impact on both my personal life and professional career. I must apologize in advance to anyone I may miss, but I would like to recognize those select few who have played a special role in my career. I would like to begin by thanking my parents, who, unfortunately, cannot be with me today. I know they would be very proud of my accomplishments, particularly since they were very hesitant to allow me to emigrate from my native country to the United States. Both of them instilled in me the importance of work ethics and integrity

and taught me very important values regarding honesty, loyalty, and compassion.

I would also like to thank my wife, Marion, who has given me her unlimited support, love, and understanding. She has been my companion for over 30 years and has been, and will always be, my closest friend. I want to thank her for her tremendous support, especially during those early years when I barely had time to come home for dinner or for special occasions with our children. As a surgical nurse, she always understood the responsibilities and duties of being a vascular surgeon. I also appreciate her dedication to raising our children and for always being a loving mother and wife who inspired us all to be the best we could be. This leads me to my three children, who have always been patient and understanding, at least during the later stages of their lives, regarding my responsibilities as both an academician and clinical vascular surgeon. Thank you, Zach, Chelsea, and Joseph, for giving me the fulfillment that professional success alone could not provide. You have given me insight into my flaws.

On a professional level, I would like to recognize a few leaders who have had a monumental impact on my professional career, starting with the late Dr James Boland, who chaired the Department of Surgery of the Charleston Campus of West Virginia University/Charleston Area Medical Center for over 35 years. Dr Boland fostered my interest in vascular surgery and served as an unselfish and talented mentor during my early academic career. He was a master surgeon and an inspiring leader who had the utmost integrity and dedication to surgical education.

I would also like to acknowledge four legendary leaders in vascular surgery who were very supportive and instrumental in advancing both my professional and academic careers. First, I would like to recognize Dr Edward Diethrich, who taught me most of my vascular technical skills during my vascular fellowship. He continued to be a mentor in my early career in endovascular intervention during several visits to the Arizona Heart Institute, where I learned many endovascular skills in the late 1980s and early 1990s. Dr Diethrich's visionary ideas and enthusiasm

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were highly motivating for me as well as many of the vascular surgeons who visited his institute over the past two to three decades. Dr Diethrich has been a powerful leader who redirected the path of our specialty and kept us in the endovascular world while others were denying our role in this new field. This is particularly evident by the fact that he established the International Society of Endovascular Specialists, the first international endovascular congress, and the *Journal of Endovascular Therapy* over 25 years ago. Second, Dr Frank Veith, who has been a powerful leader and has fought tirelessly to establish vascular surgery as an independent specialty. Perhaps many of you remember Frank Veith's statement in his Presidential Address to the Society for Vascular Surgery over a decade ago: "Become endo-competent or become extinct." In my personal opinion, I consider Dr Ted Diethrich and Dr Frank Veith to be the two most important leaders who have kept endovascular treatment in the domain of our specialty. In addition to Dr Diethrich and Dr Veith, I would also like to recognize Dr John Bergan and Dr Bob Rutherford. For close to 25 years, these two, in addition to Dr Veith, have visited my institution and assisted me in establishing my annual West Virginia Vascular/Endovascular Symposium, both in Charleston and at The Greenbrier Resort in West Virginia. Together, these leaders taught me the wisdom of critical thinking. I certainly don't want to finish this portion of my presentation without recognizing the guidance, friendship, and support that I have received from several of our recent past Presidents, with whom I worked during my term on the Executive Council, various committees, and activities of the association. I would especially like to thank a past President of the Southern Association for Vascular Surgery and President-Elect of the Society for Vascular Surgery, Dr Bruce Perler. Bruce has been a leader, thinker, scientist, clinical surgeon, and real gentleman during his career. He is both a good friend and a respected figure in vascular surgery.

Finally, I am indebted to my associates at the Charleston Division of West Virginia University/Charleston Area Medical Center, a group of 11 full-time West Virginia University faculty members consisting of multidisciplinary specialists—vascular surgeons, interventional cardiologists (with added interventional vascular fellowship), interventional neuroradiologist, interventional vascular medicine specialist—and all of our staff at the Vascular Center of Excellence at Charleston Area Medical Center, who have been very supportive, particularly over the past 15 years. They have not only tolerated my excessive absences, mostly for national and international academic purposes, but they have taught me more than they will ever know. Specifically, I'd like to thank one of my associates, Dr Mark Bates, and give him credit for assisting me during my first carotid stenting in the late 1990s and his continuing assistance until I mastered this technique. In addition, Mark was instrumental in teaching me advanced endovascular skills. I would also like to thank Dr Patrick Stone for his assistance in administering both



**Fig 1.** Vascular Center of Excellence faculty of West Virginia University/Charleston Area Medical Center, Charleston, West Virginia.

the vascular fellowship and integrated vascular residency programs as well as the rest of our team, including Dr Stephen Hass, D. Albeir Mousa, Dr Aravinda Nanjundappa, Dr John Campbell, Dr Shadi Abu-Halimah, Dr Mohit Srivastava, and Dr James Campbell (Fig 1).

I spent the last several months thinking of a topic to discuss here today. I reviewed over a dozen previous presidential addresses and spoke to several past Presidents. Given the information at hand, I found it pertinent to discuss the vital role of IMGs in vascular surgery. This address will cover the shortage of vascular surgeons in the United States (including a workload analysis), the role of IMGs in the surgical workforce, a historical perspective behind the influx of IMGs to the United States, data from the Accreditation Council for Graduate Medical Education (ACGME) on the role of IMGs, and the role of IMGs in the Southern Association for Vascular Surgery.

## SHORTAGE OF VASCULAR SURGEONS IN THE UNITED STATES AND WORKLOAD ANALYSIS

A recent consensus among academic policy makers, physician groups, and the federal government concluded that there has been a major shortage of physicians in recent years.<sup>1</sup> It has been estimated that there will be a deficit of approximately 30,000 surgeons and surgical subspecialists over the next two decades.<sup>1,2</sup> This observation is also applicable to vascular surgery, since this specialty treats diseases that are part of the number one killer, atherosclerosis, in the United States and western Europe in the fastest growing segment of the population. In 1995, the Committee on Workforce Issues by the Society for Vascular Surgery reviewed data on the numbers and trends of vascular procedures performed and workforce requirements in vascular surgery. Their report estimated there would be 1,020,067 vascular operations with a shortage of 672 vascular surgeons by the year 2020. However, that estimate did not take into

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