

**CURRICULUM VITAE
OREGON HEALTH & SCIENCE UNIVERSITY**

NAME	Mithran S. Sukumar, M.D.	DATE	6/12/2008
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I. PRESENT POSITION AND ADDRESS

Academic Rank:	Associate Professor
Department/Division:	Department of Surgery/Division of Cardiothoracic Surgery
Professional Address:	3181 SW Sam Jackson Park Road, Mail Code: L353 Portland, OR 97239

II. EDUCATION

Undergraduate and Graduate:

1984 - 1989
MMBS
Christian Medical College
University of Madras, South India

Postgraduate:

July 2000 – June 2001
Chief Resident in Thoracic Surgery
Oregon Health & Science University
Portland, Oregon

Oct 1999 – June 2000
Resident in Thoracic Surgery
Oregon Health & Science University
Portland, Oregon

Jul 1999 - Oct 1999
Fellow in Surgical Critical Care
North Shore University Hospital
Manhasset, Long Island, New York

Jul 1994 - Jun 1999
Resident in General Surgery
The New York Hospital Medical Center of Queens/
The New York Flushing Hospital Medical Center

Feb 1993 - Jun 1994
Senior House Officer in Vascular and General Surgery,
Orthopedics and Emergency Medicine
Hull Royal Infirmary
University of Hull, United Kingdom

Aug 1992 – Jan 1993
Senior House Officer in Cardiothoracic Surgery
Freeman Hospital
University of New Castle Upon Tyne, United Kingdom

Feb 1992 - July 1992
Senior House Officer in Orthopedic Surgery
South Cleveland Hospital
Middlesbrough, United Kingdom

1989-1990
Intern
Christian Medical College and Hospital
Vellore, South India

Certification:

American Board of Thoracic Surgery
Valid 06/07/2002 – 12/31/2012

American Board of Surgery
Valid 02/15/2002 – 08/01/2010

Royal College of Surgeons, Edinburgh
Valid 10/07/1999 – Indefinite

Educational Commission for Foreign
Medical Graduates
Valid 08/1994 - Indefinite

Licenses:

Oregon
India

III. PROFESSIONAL EXPERIENCE

Academic:

Sept 2001 - Present
Assistant Professor of Surgery
Division of Cardiothoracic Surgery
Oregon Health & Science University

1990-1992

Instructor in Anatomy - Christian Medical College and Hospital
Vellore, South India

Administrative: Sept 2001 - Present
Section Chief, General Thoracic Surgery
Division of Cardiothoracic Surgery
Oregon Health & Science University

Other: September 2001 – Present
Cardiothoracic Staff Surgeon
Portland Veterans Administration Medical Center

IV. SCHOLARSHIP

Areas of Research/Scholarly Interest:

Clinical Trials

1. Co- Investigator: "VA Lung Cancer Repository Study" (PI: Mark Deffebach)
2. Co-Investigator: "RTOG 0412/SWOG 0332:Phase III Randomized Trial of Preoperative Chemotherapy vs Preoperative Concurrent Chemotherapy and Thoracic Radiotherapy Followed by Surgical Resection and Consolidation Chemotherapy in Favorable Prognosis Patients with Stage IIIA (N2) Non-Small Cell Lung Cancer" (PI: Mark Deffebach)
3. Co-Investgator:"Randomized phase III trial of Adjuvant vs Neoadjuvant chemotherapy with cisplatin and docetaxel for patients with early stage NSCLC" (PI:Rachel Sanborn)
4. Co-Investigator, "Efficacy of VATS wedge resection in immunocompromised hosts" (PI: Paul Schipper)
5. Co-Investigator, ACOSOG Study Z4032: A Randomized Phase III Study of Sublobar Resection versus Sublobar Resection plus Brachytherapy in High Risk Patients with Non-Small Cell Lung Cancer, 3cm or smaller.

Publications/Creative Work:

Peer-reviewed

Sukumar M, Komanapalli C, Thomas C. Review of N2/IIIA Non Small Cell Lung Cancer accepted to *Current Cancer Therapy Reviews*, November 2006.

Komanapalli C, **Sukumar M**, Thomas C. Primary Cardiac Tumors submitted to *Nature Oncology Clinical Reviews*, October, 2006.

Komanapalli C, Cohen J, **Sukumar M**. Video assisted Maximal Transcervical Thymectomy. *Innovations*, Aug, 2006.

Sukumar M, Komanapalli C, Cohen J. The Minimally invasive Management of the Mediastinal Parathyroid Adenoma, *Laryngology*, March 2006.

Farjah F, Komanapalli C, Shen I, **Sukumar M**. Gastropericardial fistula and C. Kruzi pericarditis following laparoscopic Nissen fundoplication. *Thoracic and Cardiovascular Surgeon*. Nov 2005.

Person T, Komanapalli C, Sheppard B, **Sukumar M**, Schipper P. Transhiatal Gastrobronchial fistula following Nissen Fundoplication. *Journal of Thoracic and Cardiovascular Surgery*. Sept 2005.

Gupta M, Cohen J, **Sukumar M**. Lung hernia following en bloc cervicothoracic resection. *Journal of Thoracic and Cardiovascular Surgery*. 2005 Aug;130(2):607-8.

Person T, Komanapalli C, Chaugle H, Schipper P, and **Sukumar M**. Thoracoscopic approach to an azygos vein aneurysm. *Journal of Thoracic and Cardiovascular Surgery*. 2005 Jul;130(1):230-1.

Komanapalli C, Person T, Schipper P, and **Sukumar M**. An alternative retractor for transcervical thymectomy. *Journal of Thoracic and Cardiovascular Surgery*. 2005 Jul;130(1):221-2.

Gupta M, Lovelace T, **Sukumar M**, Gosselin M. Cervical thoracic duct cyst. *Journal of Thoracic Imaging* 2005 May; 20(2):107-9.

Sukumar M, Burt ME, Korst RJ. Atraumatic gastric transposition after transhiatal esophagectomy. *Annals of Thoracic Surgery* 1997, 64:867-9.

Chapters

Zollinger's Atlas of Minimally Invasive Surgical Operations, edited by J.Hunter, MD. In press July 2007.

Chapter 2c: Thoracoscopy.

Chapter 5e: Thoracoscopic Diverticulectomy

Chapter 17: Thoracoscopic Surgery of the Chest wall

a. Blebectomy and Pleurectomy.

b. Pleurodesis

c. Sympathectomy

Chapter 18: Thoracoscopic Lung Surgery

a. Wedge resection

b. Lobectomy

c. Videomediastinoscopy

Hou V, **Sukumar M**. Pericarditis. In: Sibell DM, Kirsch JR, eds. *The 5-Minute Pain Management Consult*. Philadelphia: Lippincott Williams, & Wilkins; 2007. p. 212-213.

Hou V, **Sukumar M**. Pneumothorax. In: Sibell DM, Kirsch JR, eds. *The 5-Minute Pain Management Consult*. Philadelphia: Lippincott Williams, & Wilkins; 2007. p. 228-229.

Pneumothorax , Pericarditis in *Lippincott, Williams & Wilkins 5 Minute Pain Management Consult*, editors J. Kirsch,MD and D. Sibell, MD, Aug 2006.

Surgical Anatomy of the Chest and Mediastinum in *Current Therapy of Trauma and Surgical Critical care* edited by D. Trunkey,MD, in press July 2006.

The Minimally Invasive Management of the Mediastinal Parathyroid Adenoma, American College of Surgery Video Libraray, 2006.

Electronic Publications

Kraev A, Velamor G, Komanapalli C, **Sukumar M**. Completion Pneumonectomy for Bronchiectasis. *CTSnet.org* accepted, December, 2006.

Komanapalli C, Cohen J, **Sukumar M**. Video assisted Maximal Transcervical Thymectomy. *General Thoracic Expert's Technique*, *CTSnet.org*, November, 2006.

Komanapalli C, **Sukumar M**. Thoracoscopic Decortication. *General Thoracic Expert's Techniques*, *CTS net.org*, October, 2006.

Kraev A, Komanapalli C, Schipper P, **Sukumar M**. Pericardial Cyst. *CTSnet.org*, October 2006.

Komanapalli C, **Sukumar M**. Thoracoscopic Management of Spontaneous Pneumothorax. *General Thoracic Expert's Technique*, *CTSnet.org*, October, 2006.

Komanapalli C, Sterin R, Wheatley M, **Sukumar M**. Metastatic Chordoma of the Chest wall.*CTS.net.org*, August, 2006.

Komanapalli C, Schipper P, **Sukumar, M**. Thoracosopic Ligation of the Thoracic Duct. *General Thoracic Experts Techniques CTSnet.org*, July 2006.

Komanapalli C, **Sukumar M**. Thoracoscopic Pericardial Window. *General Thoracic Experts Techniques,CTSnet.org*, July 2006.

Komanapalli C, Velamoor G, Schipper P, Sheppard B, **Sukumar M**. Peripartum diagnosis and Management of Diaphragmatic Agenesis. *CTSNet.org*, June 2006.

Komanapalli C, Schipper P, **Sukumar M**. Thoracoscopic LVRS. *General Thoracic Experts Techniques, CTSnet.org*, March 2006.

Komanapalli C, Schipper P, **Sukumar M**. Computer Powered Surgical Stapling, *Evolving Technology, CTSnet.org*, Feb 2006.

Komanapalli C, Cohen J, **Sukumar M**. The Minimally Invasive Management of the Mediastinal Parathyroid Adenoma. Video, *CTS.net.org*, Feb 2006.

Komanapalli C, **Sukumar M**. The Pericardial Fat Pad Buttress. *General Thoracic Experts Techniques, CTSnet.org*, January, 2006.

Pearson T, Chaugle H, Slater M, **Sukumar M**. Malignant Thymoma with Intracardiac Extension. *CTSNet.org* November, 2005.

Enestvedt C, Komanapalli C, Tipathy U, **Sukumar M**. Necrotizing Esophagitis. *CTSNet.org*. December 2005.

Komanapalli C, Chaugle H, **Sukumar M**. Blunt Tracheal Injury. *CTSNet.org*. September 2005.

Other

Poster Presentations

Thoracic Duct Cyst. Lovelace T, **Sukumar M**, Gosselin M. *Society of Thoracic Radiology, 2004*

The hemiclamshell approach. Wax M, **Sukumar M**, Cohen J. *The International meeting of Head and Neck Cancer Surgeons, 2004*

Sternal reconstruction for thyroid carcinoma: A reconstructive dilemma. Shoner JM, Smith D, Bharyani R, **Sukumar, M**, Wax M. *The National Academy of Otolaryngology, 2003*.

Video Presentations

Minimally Invasive management of the Mediastinal Parathyroid Adenoma, *ACS meeting, Oct 2006*

Trancervical Minimally Invasive Maximal Thymectomy. *International Society for Minimally Invasive Cardiothoracic Surgery, 2006 Annual Scientific Meeting, June 2006*.

Thoracoscopic resection of an Azygos vein aneurysm. *General Thoracic Surgery Club, 2005*. *Was awarded the best video.

Invited Lectures, Conference Presentations or Professorships:

International and National

“Minimally Invasive Management of the Mediastinal Parathyroid Adenoma”, Annual Clinical Congress, October, 2006.

“Trancervical Minimally Invasive Maximal Thymectomy”, International Society for Minimally Invasive Cardiothoracic Surgery, 2006, Annual Scientific Meeting, June, 2006.

Regional and Local

“The Surgical Management of Lung Cancer in 2006”, Grand Rounds, St Vincent’s Hospital, Portland, OR, August 2006.

“Minimally Invasive management of the Mediastinal Parathyroid Adenoma”, CMC Vellore North American Alumni CME Program, Sonoma, California, June 2006.

“Minimally Invasive Lung Volume Reduction Surgery”, American College of Surgeons, Oregon Chapter, Bend, July 2005.

“Minimally Invasive Approach to Mediastinal Parathyroid Adenomas”, American College of Surgeons, Oregon Chapter, Bend, July, 2005.

“The Surgical Management of Lung Cancer”, CMC Vellore North American Alumni CME Program, Charleston, SC, June 2004.

“The Surgical Management of Lung Cancer”, Grand Rounds, Good Samaritan Hospital, Corvallis, OR, April 2004.

“Thoracic Trauma”, Department of Surgery Grand Rounds, New York Hospital of Queens, New York, June, 2002.

V. SERVICE

Membership in Professional Societies:

Member – American Thoracic Society
Member – American College of Chest Physicians
Member – Society of Thoracic Surgeons
Member – General Thoracic Surgery Club
Member – Oregon Thoracic Society
Fellow of the American College of Surgeons
Fellow of the Royal College of Surgeons of Edinburgh

Editorial and Ad Hoc Review Activities:

Editor:

CTSnet.org, The Thoracic Portal, for Case of the Month, appointed July 2006.

Reviewer:

Innovations, the Journal of the International Society of Minimally Invasive Cardiothoracic Surgery.

Diseases of the Esophagus.

World Journal of Surgery

Surgical Endoscopy

Committees:

Institutional

School of Medicine Continuing Medical Education Committee, OHSU, 2005 – current

Planning Committee for the Multi-Disciplinary Thoracic Oncology Clinic, OHSU, 2005 - current

Cancer Staging Quality Control, OHSU, 2001- current

Departmental

Library liaison for the Division of Cardiothoracic Surgery at OHSU. Established a web page for the division where access to pertinent Cardiothoracic journals and websites is directly available. In the future, we will have a Power Point Presentation Library and Surgical Procedure Library at this site.

Clinical Responsibilities:

As Section head of General Thoracic Surgery for the Division of Cardiothoracic Surgery, I am responsible for all clinical activities related to the management and care of Thoracic surgery patients at Oregon Health & Science University and the Portland VA Medical center. I was instrumental in establishing the section in 2002, and it has grown to include both a second dedicated General Thoracic surgeon and Physicians assistant. I am involved with pre- and post-operative care in the clinic, surgical management, and postoperative care in both the intensive care unit and on the ward. I often work in conjunction with General Surgery, Head and Neck Surgery, Trauma, Plastic Surgery and Orthopedic Surgery to manage complex multidisciplinary problems.

I am also heavily involved with Medicine, Family Practice, Medical Oncology, Radiation Oncology

and Pulmonary Medicine in providing opinions for the management of Thoracic Oncology problems and surgical infections of the chest. Our team also provides this service to the state of Oregon at large for which we are a referral center. Combined with the Portland VA, we have the largest General Thoracic surgery program in the state.

My call for the first three years while developing the Thoracic surgery program was continuous; I was unable to take call only when out of town. After adding a second surgeon to the program, I am now on call every other day. Call responsibilities include in-house patients, consults, and surgery.

I round on all patients at the VA on the Thoracic Surgery service and on certain patients at the university once per day. On the weekend I round on all Thoracic patients at both institutions. In the ICU, rounds are conducted with the 8CSI Intensive Care Unit Team; the ICU team and the Thoracic Surgery Team manage these patients jointly. An additional service responsibility is the Thoracic Surgery Clinic at OHSU and the Multidisciplinary Lung cancer clinic at the VA where once a week I evaluate pre and post-operative patients.

At this time I am actively involved in the planning of the multidisciplinary Thoracic oncology clinic at OHSU, and this will be an important service area in the next few months as we began to accept patients from around the state.

I also attend the weekly service-related multidisciplinary conferences such as the Thoracic Oncology Conference at the VA and OHSU and the Esophageal Care conference at OHSU.

Since establishing the section of Thoracic surgery I have introduced a number of specialized procedures that were not previously available at OHSU which are as follows:

- a. Sleeve Lobectomy
- b. Superior Sulcus Tumor resection
- c. Two hole thoracoscopy
- d. Video mediastinoscopy
- e. Transcervical Thoracoscopic Thymectomy
- f. Thoracoscopic Lobectomy
- g. Thoracoscopic lymph node dissection
- h. Thoracoscopic Pericardial window
- i. Thoracoscopic Esophageal mobilization for Minimally Invasive Esophagectomy
- j. Thoracoscopic Lung volume reduction
- k. Thoracoscopic Giant Bullectomy and Pleural tent
- l. Thoracoscopic Nuss procedure
- m. Thoracoscopic Pericardial cyst resection/Pericardial window
- n. Thoracoscopic Bronchogenic cyst excision
- o. Thoracoscopic Ligation of thoracic duct
- p. Thoracoscopic Mediastinal Parathyroid resection
- q. Thoracoscopic resection of Azygos vein aneurysm

I have also been involved in working with a core of operating room nurses so that the necessary

equipment for each thoracic operation is available. In particular, my efforts were instrumental in obtaining a dedicated video bronchoscope for exclusive use in the operating room.

Finally, since establishing the section I have worked with the anesthesia department to establish expertise in Thoracic anesthesia and now have a core of anesthesiologists who are capable of providing the best care for thoracic patients. Continuous support and education in this area enables thoracic anesthesia at OHSU to be a distinct entity.

VI. TEACHING (OHSU Educator's Portfolio):

Overview of your Role as an Educator:

Specific environment(s) in which you teach:

I am currently an Assistant Professor of Surgery in the Department of Surgery, Division of Cardiothoracic Surgery. My primary teaching responsibilities are directed to the Cardiothoracic Surgery fellows in our two-year ACGME-accredited training program and to the General Surgery residents who rotate through our clinical service. Additionally, I am involved in the training of residents in Pulmonology, Critical Care, Oncology, Radiation Oncology, and Anesthesiology who also regularly rotate through our service. Residents and fellows are taught primarily in the operating room, the intensive care units, the wards, the clinics, grand rounds, and at the conferences.

I am actively involved in the teaching of medical students at all levels both by the bedside and in the classroom. I also participate in the training and education of nurses and physicians assistants from both OHSU and Pacific University (VA).

In a broader context I am an educator to General Thoracic surgeons around the world through my web based publications posted at Ctsnet.org. These articles demonstrate Minimally Invasive Thoracic surgical techniques and other pertinent skills.

Development and special interests as a teacher and mentor

Teaching

My special interest as a teacher varies with the students I teach. For the Cardiothoracic resident, my aim is to impart a specific skill set within a given period of time so that they may be able to practice their specialty at the standard of care. For the surgical resident it is to teach the fundamental principles of Thoracic surgery and basic operative skills. To the medical student it is to demonstrate four competencies: history taking, the physical exam pertaining to the chest, and the methods with which to read a chest x-ray and CAT scan. Most importantly, with all of my students I strive to foster an excitement for the practice of surgery.

Residents in the non-surgical disciplines are taught the fundamentals of Thoracic surgery as they

pertain to their primary specialty. The PA students are given a broad overview of the field and their role in the day to day practice of the specialty. Nurses are instructed in the basic theory of thoracic pathology and the important aspects of the post operative care of these patients.

All teaching is patient focused with the emphasis on sound clinical care. In addition, decision making is evidence-based when ever possible.

At any given time, the Cardiothoracic training program has two fellows who spend two years in clinical training. The first three months of the fellowship are dedicated solely to General Thoracic surgery. This was possible only after I had established the section, and now enables the fellows to obtain a concentrated experience in all aspects of Thoracic surgery. I supervise their preoperative interaction with patients and their decision making, then assist them with performing the required operations, guide them with postoperative care, and ensure they see the patients in follow-up.

In collaboration with our entire faculty, I helped to develop a formative evaluation process that provides constructive and objective information to fellows that helps them to place themselves objectively in a Dreyfus scale ranging from early learner to expert. This allows for an objective discussion with the fellow as to what needs to be kept up and what needs to be changed to facilitate improvement in the whole educational experience. We use surgery case assessments, end-of-rotation evaluations, and our Mortality and Morbidity conferences to effectively evaluate the Thoracic Residents' progress.

A large amount of time is spent teaching the fellows operative surgery and intra-operative decision making. I require the fellows to have a sound theoretical knowledge of the pending operation, to review the preoperative investigations, and to have a discussion regarding the operative strategy. After going through this process a number of times they are then evaluated by a skills-based case assessment form for common thoracic procedures. As they progress, the fellows are given graduated responsibility in the operating room until they are able to independently perform an entire procedure.

This committed practice of assessment-based learning provides a venue for direct and immediate feedback for the resident as well as an opportunity for teaching and reviewing any difficulties that may occur during the cases. The cooperative review of the operative experience allows for continuous adjustment so that the fellows acquire the skills that are required and spend more time in the areas that are technically difficult. Finally, the case assessment forms serve to evaluate residents in an objective fashion on several of the RRC/ACGME core competencies. Copies the case assessment forms can be obtained through our residency coordinator in the Cardiothoracic Surgery Office (Jennifer Abel, 503 494-7820).

With the General Surgery residents (R2&3), the aim of teaching is educate them in the fundamentals of the specialty and allow them to continue to work to improve basic operative skills such as knot tying and suturing. Bedside teaching rounds allows for ample education opportunities. Allowing the residents to make incisions and help with closure of the same provides an opportunity to improve their basic skills. Working with the General Surgery chief residents on esophageal resections provides me with an opportunity to teach them the technical aspects of this particular procedure and

guide them with postoperative care and management of complications.

Teaching the medical students has always been a rewarding experience as one is caught up with their enthusiasm for medicine as a whole. I have spent a considerable amount of time with the medical students throughout their course of study. In their first year, I have helped with their anatomy labs. From this experience and from feedback obtained from the students, I have developed a web based learning aid for them entitled "Surgical Anatomy of the Chest." One can visit this website at <http://www.ohsu.edu/gie/ppt/chestsurgery.color.pdf> .

With the second year students, I have been involved as a tutor for the Principles of Clinical Medicine series and as a clinical preceptor. Apart from their regular course material, I have made it possible for these students to see patients in the SICU and to assist with cases in the operating room. In addition, I teach the students who do a preceptorship with me how to take a history and how to do a thorough physical exam for a patient with chest pathology. I also teach the correct methods to use when reading a chest x-ray and a CAT scan of the chest. I then evaluate these skills using a clinical test at the end of their rotation and factor the students' scores into their final assessment.

For the third year students I give the regular lecture on lung cancer and mediastinal tumors. Additionally, for those who express an interest, I invite them to the operating room and to spend time on an elective rotation in Thoracic surgery.

My broader role in Thoracic surgery education is over the internet where I am able to disseminate knowledge to a global audience via CTSnet.org. This is a valuable clinical resource for Thoracic surgeons around the world, and my publications receive between 2000-3000 hits per month (according to the data collected by Raymond L. Everngam, Jr. Managing Publisher at CTSnet, Inc.). I receive emails from surgeons around the world in this regard, and the content posted on the web has been acknowledged at national meetings. To further utilize the internet's learning potential, I am in the process of creating a Power Point presentation library and surgical procedure library on the OHSU library site. Here, faculty and residents will be able to post and review one another's lectures, case summaries, and recommended readings.

Mentoring

I have enjoyed the opportunities to mentor high school students, medical students, General Surgery residents, and Cardiothoracic Surgery fellows.

Over the last few years I have had several high school and college students shadow me to allow them to experience first-hand the life of a surgeon. They have all found it instructional in helping them to make a decision regarding a career in medicine. I have also had the opportunity to be a mentor to an individual who held an engineering PhD and a management position in industry but who decided to change careers and is now a second year medical student at OHSU.

The medical students I have mentored have made sound career decisions. Two students stand out:

one is now a third year General Surgery resident at the University of Washington who plans on a career in Thoracic surgery, and the other is a second year at OHSU.

Mentoring Foreign Medical Graduates has been rewarding with a number of them in or completing residencies and becoming attending physicians in all specialties.

I have mentored general surgery residents, supporting them through their difficult times in the residency and helping them to make appropriate specialty choices so that they may have satisfying careers. One of these residents is committed to a career in Cardiothoracic surgery, is currently completing his research years, and has been prolific during this time. He and I continue to collaborate on many articles for CTSnet and other publications.

During my years at OHSU, I have helped to train five Cardiothoracic fellows. I still communicate with these gentlemen on a regular basis as a friend and colleague, and am often asked for advice on both a professional and personal level.

Rationale for choosing the instructional activities that you have used

Close, personal interaction with the fellows, residents, and students allows for goals and expectations to be discussed and understood, and for learning to take place in an objective manner without fear or intimidation. Constant encouragement to engage in learning and improve one’s skills enables the trainee to do so without fear of failure or complications. Leading or teaching by example is also an effective way to help trainees acquire the skills they need at all levels of their professional life. Finally, using the internet to teach is efficient, as it allows for a large number of people to have access to the educational material. In addition, photographs and videos can be used to instruct surgeons who cannot be present at the operation to visualize the technique in “real time.”

Effective teaching methodologies, experimental efforts (successful and unsuccessful)

Recent graduates of our Cardiothoracic Surgery Residency have all passed their American Board of Thoracic Surgery (ABTS) examinations on their first attempt.

Our residents’ In-Training scores for the category of thoracic surgery indicate the effectiveness of our teaching methodologies.

Fellow (Graduation)	Year One – thoracic percentile	Year Two – thoracic percentile	Certification
Hannan Chaugle, MD (2006)	80	84	Yes First attempt
Uttam Tripathy, MD (2005)	88	48	Yes First attempt
Bahaaldin Alsoufi,	89	97	Yes

MD (2004)			First attempt
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The number of hits on web based articles are an indication on how well they are received and their impact on the target audience. Below are the average monthly traffic figures for the sections of CTSnet.org that are pertinent to my contributions to the site.

Thoracic Portal Index Page: 1,750 page views per month

Case of the Month: 950 page views per month

General Thoracic Expert Techniques: 2,200 page views per month

Videos Index Page: 3,500 page views per month (Individual Video averages range from 700 to 1,200 downloads per month)

Notable achievements in instruction

In 2006, the Cardiothoracic fellows presented me with the Division's Learning Award for bringing innovation and new techniques to the practice of Thoracic Surgery at OHSU.

I have been deeply committed to the education of our Nursing colleagues. I believe that the more educated and involved our nursing core, the better our patient outcomes will be. We recently had our first OHSU Thoracic Surgery Symposium, a daylong lecture series attended by over one hundred nurses from the region. I was the course director for this event and I plan to remain in this capacity for future symposia. Because of the success of this initial conference, we are planning to make this an annual event. This conference clearly supports our goal of being a leader in healthcare education, not only for physicians, but also for all our care providers (Please see evaluations from the 2006 Thoracic Surgery conference in Section Six, "Evaluations of Teaching"). At this time I am also planning a Thoracic Oncology symposium for physicians to take place in 2007 with an invited nationally known speaker.

Scholarship of Teaching:

Curriculum Development

I have been directly involved in the curriculum development for the Thoracic component of the Cardiothoracic Surgery Fellowship. My primary contributions to curriculum design relate directly to the Cardiothoracic Surgery Fellowship Program. As is typical, the curriculum includes an extensive reading list, and I was responsible for the portion relevant to Thoracic surgery. To accomplish this, I selected articles and book chapters specific to the key areas of thoracic surgery and organized them into binders. The Cardiothoracic reading list is designed to be manageable yet complete, and the residents are expected to complete the readings by the end of their first year. Standard textbooks in the field of Cardiothoracic Surgery supplement the reading list. The curriculum binders have a table

of contents as well as an evaluative tool to check off each section. During their fellowship, the residents read through the selected articles and then discuss them with the Division faculty. This process is integrated into their resident portfolios and they are expected to sign off on each of the sections. Each Thoracic Surgery fellow is provided with his or her own binder. This allows the fellows to spend more time reading and less time locating source material. These materials were completely revised for our ACGME/RRC site visit in 2005.

In addition to the extensive reading, a list of specific goals and expectations was developed for the Thoracic Surgery Rotation. These goals are designed to incorporate the core competencies set forth by ACGME in the specific context of a cardiothoracic surgery training program. Copies of the syllabus, the goals and expectations, as well as the entire Thoracic Fellowship Portfolio Template can be obtained through our residency coordinator in the Cardiothoracic Surgery Office (Jennifer Abel, 503 494-7820).

Due to the expansion of the General Thoracic Surgery program over the last few years we are now able to offer a thoracic track within the Cardiothoracic fellowship program that allows our fellows to acquire a higher level of skill that allows them to practice as a General Thoracic surgeon once they have completed this fellowship. This provision is only offered by a few programs around the country and it is indicative of what has been accomplished in General Thoracic surgery here in the last few years.

Educational Conference Presentations

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|------|---|
| 2002 | Medical Grand Rounds <ul style="list-style-type: none">• Topic: Thoracic Surgical Infections |
| 2003 | Cardiothoracic Surgery Grand Rounds <ul style="list-style-type: none">• Topic: Staging of Lung Cancer• Topic Neoadjuvant Therapy for Lung Cancer• Topic: Mediastinal Lymph Node Dissection |
| 2004 | Cardiothoracic Surgery Grand Rounds <ul style="list-style-type: none">• Topic: Malignant Mesothelioma• Topic: Surgical Management of Lung Cancer• Topic: VATS Lobectomy• Topic: Thoracoscopy Pulmonary Grand Rounds <ul style="list-style-type: none">• Topic: VATS Lobectomy• Topic: Lung Biopsy |
| 2005 | Cardiothoracic Surgery Grand Rounds <ul style="list-style-type: none">• Topic: Multifocal Lung Cancer• Topic: LVRS |

- Topic: BPF
- Oncology Grand Rounds
 - Topic: Malignant Pleural Effusion
 - Topic: Surgical Management of Lung Cancer
- Critical Care Grand Rounds
 - Topic: Postoperative Management of the Thoracic Surgical Patient
- Trauma Grand Rounds
 - Topic: Blunt Tracheal injury
- 8CCI Teaching Conference
 - Topic: Chest Tubes
- Critical Care Nurse Education Day
 - Topic: Overview of General Thoracic Surgery
- PA Student Lecture
 - Topic: Common Thoracic Surgical Problems
- Radiation Oncology Resident Conference
 - Topic: The Surgical Management of Lung Cancer
- Medical Student Lecture (every six weeks)
 - Topic: Lung cancer and Mediastinal tumors
- Surgical Resident Lecture
 - Topic: Primary and secondary malignancies of the lung

2006

- Cardiothoracic Surgery Grand Rounds
 - Topic: Minimally invasive management of the mediastinal parathyroid adenoma
- Pulmonary Grand Rounds
 - Topic: Staging of Lung Cancer
- Critical Care Grand Rounds
 - Topic: Postoperative Management of the Thoracic Surgical Patient
- 8CCI Teaching Conference
 - Topic: Postoperative Management of the Thoracic Patient
- PA Student Lecture
 - Topic: Common Thoracic Surgical Problems
- Radiation Oncology Resident Conference
 - Topic: Thymoma and Mediastinal Tumors
- Medical Student Lecture (every six weeks)
 - Topic: Lung cancer and Mediastinal tumors
- Surgical Resident Lecture
 - Topic: Primary and secondary malignancies of the lung

**Summary of Educational Activity and Effectiveness
Academic Year 2001**

Percent time devoted to educational activities during this year: 30%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness* (Yes/No)
Teaching Activity				
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- Cardiothoracic Surgery Grand Rounds	10	Yes, attendance sheets, feedback letters, evaluations
Advisor/Mentor:				
David Stuesse, MD	Thoracic Surgery Fellow	Fellowship training	500	Yes, evaluations, published papers
Administration (including service on committees)				
Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	- Created the General Thoracic Surgery section within the Division of Cardiothoracic Surgery in January 2002 - Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery	200+	No
Cancer Staging Quality Control	N/A	- reviewing the accuracy and appropriateness of staging for patients cared for at OHSU.	10	No

**Summary of Educational Activity and Effectiveness
Academic Year 2002**

Percent time devoted to educational activities during this year: 30%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness* (Yes/No)
Teaching Activity				
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- Cardiothoracic Surgery Grand Rounds	10	Yes, attendance sheets, feedback letters, evaluations
Advisor/Mentor:				
David Stuesse, MD	Thoracic Surgery Fellow	Fellowship training	1000	Yes, evaluations
Bahaaldin Alsoufi, MD	Thoracic Surgery Fellow	Fellowship Training	500	Yes, evaluations, published papers
Administration (including service on committees)				
Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	- Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery - Introduced new procedures to OHSU including pulmonary arterioplasty, sleeve lobectomy, and resection of superior sulcus tumors	200+	No
Cancer Staging Quality Control	N/A	- reviewing the accuracy and appropriateness of staging for patients cared for at OHSU.	10	No

**Summary of Educational Activity and Effectiveness
Academic Year 2003**

Percent time devoted to educational activities during this year: 30%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness* (Yes/No)
Teaching Activity				
Volunteer Lab Instructor	Medical Students	Gross Anatomy Lab	6	No
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- General Surgery Grand Rounds - Cardiothoracic Surgery Grand Rounds - Medical Grand Rounds	20	Yes, attendance sheets, feedback letters, evaluations
Preceptor/Advisor:				
Tracy Funk	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Advisor/Mentor:				
David Stuesse, MD	Thoracic Surgery Fellow	Published paper	500	Yes, evaluations, Board certification
Bahaaldin Alsoufi, MD	Thoracic Surgery Fellow	Fellowship Training	1000	Yes, evaluations
Uttam Tripathy, MD	Thoracic Surgery Fellow	Case supervision, mentorship	500	Yes, evaluations
Administration (including service on committees)				

Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	<ul style="list-style-type: none"> - Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery - Interviewing and hiring second staff surgeon and PA - Developing practice's regional reputation; establishing OHSU as a regional referral center - Creating and implementing revenue plans 	200+	No
Cancer Staging Quality Control	N/A	- reviewing the accuracy and appropriateness of staging for patients cared for at OHSU.	10	No

**Summary of Educational Activity and Effectiveness
Academic Year 2004**

Percent time devoted to educational activities during this year: 30%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness* (Yes/No)
Teaching Activity				
Small Group Instructor	Medical Students	Principles of Clinical Medicine	15	Yes, evaluations
Volunteer Lab Instructor	Medical Students	Gross Anatomy Lab	6	No
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- General Surgery Grand Rounds - Cardiothoracic Surgery Grand Rounds - Pulmonary Grand Rounds	50	Yes, attendance sheets, feedback letters, evaluations
Preceptor/Advisor:				
Michael Larson	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Dustin Haferbecker	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Nick Luem	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Advisor/Mentor:				
Christopher Komanapalli, MD	Research resident	Published paper	100	Yes, published papers
Bahaaldin Alsoufi, MD	Thoracic Surgery Fellow	Published paper	500	Yes, evaluations, Board certification

Uttam Tripathy, MD	Thoracic Surgery Fellow	Published paper	1000	Yes, case assessments, evaluations
Hannan Chaugle, MD	Thoracic Surgery Fellow	Case supervision, mentorship	500	Yes, case assessments, evaluations
Administration (including service on committees)				
Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	- Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery - Coordinating and restructuring practice to accommodate second surgeon	150+	No
Cancer Staging Quality Control	N/A	- reviewing the accuracy and appropriateness of staging for patients cared for at OHSU.	10	No

**Summary of Educational Activity and Effectiveness
Academic Year 2005**

Percent time devoted to educational activities during this year: 20%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness (Yes/No)
Teaching Activity				
Small Group Instructor	Medical Students	Principles of Clinical Medicine	15	Yes, evaluations
Lectures	Medical Students	Surgery 709	4	No
Volunteer Lab Instructor	Medical Students	Gross Anatomy Lab	6	No
Guidance/assistance	General Surgery Residents	General Surgery Resident Conferences	40	Yes, evaluations
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- General Surgery Grand Rounds - Cardiothoracic Surgery Grand Rounds - Oncology Grand Rounds - Critical Care Grand Rounds - Radiation Oncology Resident Conference - Trauma Conference - Weekly 7CICU education - Weekly Monday 4A RN meetings - Cardiac Education Day (8/23/05)	50	Yes, attendance sheets, feedback letters, evaluations
Surgery Clerkship Teaching Sessions	Student seminars		2	No
Preceptor/Advisor:				

Jennifer Ross	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Kim Dougan	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Viktoriya Wolfer	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Advisor/Mentor:				
Christopher Komanapalli, MD	Research resident	Published paper	100	Yes, published papers
Uttam Tripathy, MD	Thoracic Surgery Fellow	Published paper	500	Yes, evaluations, Board certification
Hannan Chaugle, MD	Thoracic Surgery Fellow	Published paper	1000	Yes, case assessments, evaluations
Gautam Velamoor, MD	Thoracic Surgery Fellow	Case supervision, mentorship	500	Yes, case assessments, evaluations
Administration (including service on committees)				
Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	- Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery - Curriculum Development - Resident evaluation development	150+	No

School of Medicine Continuing Medical Education Advisory Committee	N/A	- proposing, assessing, and evaluating GME programs and their content	10	No
Planning Committee for the Multi Disciplinary Thoracic Oncology Clinic	N/A	- joint department endeavor for innovative clinic at OHSU	30	No

**Summary of Educational Activity and Effectiveness
Academic Year 2006**

Percent time devoted to educational activities during this year: 20%

Category of Educational Activity	Type of Learner	Representative Examples of Your Activities	Average Number of Hours/Year	Evidence of Effectiveness* (Yes/No)
Teaching Activity				
Small Group Instructor	Medical Students	Principles of Clinical Medicine	15	Yes, evaluations
Lectures	Medical Students	Surgery 709 Surgery 720	4	No
Volunteer Lab Instructor	Medical Students	Gross Anatomy Lab; Video and PowerPoint Presentation	6	No
Guidance/assistance	General Surgery Residents	General Surgery Resident Conferences	40	Yes, evaluations
Surgery Clerkship Teaching Sessions	Student seminars		2	No
Presentations	Physicians, Nurses, Residents, Fellows, and allied health professionals	- Thoracic Surgery Symposium for Critical Care Nurses - General Surgery Grand Rounds - Cardiothoracic Surgery Grand Rounds - Trauma Conference - Weekly 7CICU education - Weekly Monday 4A RN meetings - Pulmonary Grand Rounds - Radiation Oncology Resident Conference	50	Yes, attendance sheets, feedback letters, evaluations

Web-based learning	External and Internal Faculty, Nurses, PA's, Fellows, Residents, Medical Students	Developed companion online course for thoracic anatomical dissections; developed online Power Point and video presentation library	30	Yes, web-site
Preceptor/Advisor:				
Christopher Kwock	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Jenifer Compton	Medical Student	Clinical assessments of key skills (methods of reading chest x-ray, performing physical exam, etc)	100	Yes, evaluation
Advisor/Mentor:				
Christopher Komanapalli, MD	Research resident		100	Yes, published papers
Hannan Chaugle, MD	Thoracic Surgery Fellow	Published paper	500	Yes, case assessments, evaluations, Board certifications
Gautam Velamoor, MD	Thoracic Surgery Fellow	Published paper	1000	Yes, case assessments, evaluations
Kai Engstad, MD	Thoracic Surgery Fellow	Case supervision, mentorship	500	Yes, case assessments, evaluations
Administration (including service on committees)				

Section Chief, General Thoracic Surgery; OHSU & VAMC	N/A	- Clinical: ICU, OR, Clinic, Pre-op, Post-op, Thoracic Surgery - End-of-rotation evaluations for Cardiothoracic Fellows	150+	No
School of Medicine Continuing Medical Education Advisory Committee	N/A	- proposing, assessing, and evaluating GME programs and their content	10	No
Thoracic Oncology Symposium Planning Committee	N/A	-preparing for first OHSU multidisciplinary lung cancer symposium	20	No
Planning Committee for the Multi Disciplinary Thoracic Oncology Clinic	N/A	- joint department endeavor for innovative clinic at OHSU	30	No

Service and Membership of Educational Committees:

Member of the OHSU CME committee

Honors and Awards for Education:

Cardiothoracic Surgery Learning Award, OHSU, 2005
Faculty Teaching Award, OHSU, 2005

Second year MBBS - 1st rank in class
Final year (part 1) MBBS - 2nd rank in class
Final year (part 2) MBBS - 2nd rank in class

Professional Development in Education:

“Minimally Invasive Approaches to Diseases of the Esophagus”. University of Pittsburgh Medical Center, Pittsburgh PA. June 2004. 16.0 category I credits toward AMA Physician’s Recognition Award.

Faculty Advancement Series I. School of Medicine, OHSU, March 2004. 1.5 category I credits toward AMA Physician’s Recognition Award.

42nd Annual Oregon Thoracic Society Chest Disease Conference. Sunriver OR, February 2004. 11.75 category I credit(s) toward AMA Physician's Recognition Award.

General Thoracic Surgical Club 16th Annual Meeting. Rochester Academy of Medicine, Rochester NY. 8 category I credits toward AMA Physician's Recognition Award.

Contemporary Thoracic Surgery. Washington University in St. Louis MO. October 2002. 14 credit hours toward AMA Physician's Recognition Award.

Medical Educator's Workshop, School of Medicine, OHSU, September 2002. 3 credit hours toward AMA Physician's Recognition Award.

40th Annual Chest Disease Conference, Sunriver OR, March 202. 4 contact hours of continuing education, American Lung Association.

Core Curriculum Review. Intermountain Health Care, Salt Lake City UT, September 2001. 28 CME hours

Personal Statement

Mithran Sukumar, M.D., FRCS, FACS.

This document stands in support of my application for promotion to the level of associate professor and outlines the extraordinary contributions I have made to the Cardiothoracic Surgery Division over the last five years.

Scholarship

My scholarly contributions to the field of General Thoracic Surgery have been substantial. My work has been featured in prominent paper journals, web-based publications, and multiple chapters in textbooks. I have authored twenty-five peer-reviewed articles and eight book chapters and I serve as a reviewer for a number of journals.

In 2006 I was appointed an associate editor for the “Thoracic Portal,” the General Thoracic Surgery section of the premier web-based cardiothoracic journal (CTSNet.org). Most recently, I have been invited to contribute to the first web-based cardiothoracic textbook (*Multimedia Manual of Cardiothoracic Surgery*) by the thoracic surgery section editor, Prof. Ralph A. Schmid, Professor of Surgery at the University Hospital, Bern, Switzerland.

I presented my work in minimally-invasive thoracic surgery at the American College of Surgeons’ Clinical Congress and the International Society of Minimally Invasive Cardiothoracic Surgery Annual Meeting. The video, “Thoracoscopic Resection of an Azygous Vein Aneurysm,” was awarded the best video at the 2005 General Thoracic Surgery Club meeting. I have been invited to give Grand Rounds on carcinoma of the lung at Providence St. Vincent’s Medical Center, Portland and the Samaritan Hospital, Corvallis.

Currently, I am involved in five on-going clinical trials in thoracic surgery both at OHSU University Hospital and the Portland VA Medical Center, sponsored by RTOG and ACOSOG.

Education

As an educator I am involved with the bedside and didactic teaching of cardiothoracic, pulmonary and critical care fellows; general surgery, oncology, radiation oncology and anesthesia residents; medical and PA students; and critical care and staff nurses. My most substantial contribution as an educator has been to introduce the specialty of General Thoracic Surgery to Oregon Health & Science University, the state of Oregon, and to the above-mentioned students. Innovation in the form of web-based learning has been a focus of mine, allowing for the demonstration and teaching of surgical technique and anatomy to both cardiothoracic fellows, general surgery residents, and medical students at the national and the international level.

I was involved in the creation of the general thoracic surgery curriculum for our cardio-thoracic fellows and the establishment of a dedicated general thoracic surgery rotation during the fellowship. This allowed the fellows to develop a higher level of expertise in preoperative evaluation, technical skill and postoperative care. The thoracic surgery portion of the residency training program is now so well developed that we are able to offer a Thoracic Track and have matched a resident who has chosen our

program based on our excellent reputation. This is a significant achievement in the recognition of the program on a national level, as one third of cardiothoracic surgery residency positions were unfilled in this year's match due to the paucity of applicants. The strength and organization of the thoracic component of the program no doubt contributed to the evaluation of the residency training program as the best in the country by the ACGME.

I was awarded the faculty teaching award by the cardiothoracic surgery fellows for the last academic year and have been the advisor for the general surgery residents' yearly lecture on thoracic surgery. As a member of the CME committee, I am involved with the assessment of proposed graduate educational programs and ensure they are appropriate in content and standard.

I have been a tutor for the Principles of Medicine small groups program and am a clinical preceptor for the second-year medical students. I am responsible for the regular lecture on thoracic malignancies for the third-year students rotating on the surgery service. Most recently I have developed an online course for first-year medical students on the "Surgical Anatomy of the Chest" as a correlative companion to thoracic anatomical dissections in the lab.

My lecture schedule is diverse, talking to various groups including pulmonary and critical care, medical and radiation oncology, the physician assistant school, critical care nursing, and cardiothoracic surgery.

I was the course director for the first OHSU Thoracic Surgery Symposium for nurses held in 2006, and am planning the first OHSU Thoracic Oncology Symposium with invited nationally-known thoracic surgeons to be held in April of 2007 for physicians and nursing staff.

Service

My substantial contribution to the provision of clinical service at OHSU and the VA began in January of 2002 when I was allowed to create and lead the section of General Thoracic Surgery within the Division of Cardiothoracic Surgery, a first for Oregon Health & Science University and the state of Oregon. I had the privilege of becoming the first board-certified cardiothoracic surgeon in Oregon who was dedicated solely to the practice of General Thoracic Surgery.

The clinical service that was created provided several operative procedures that had not been previously available at OHSU and established a General Thoracic Surgery clinic. Pulmonary arterioplasty, sleeve lobectomy and resection of superior sulcus tumors are open procedures that are now offered. Complex minimally-invasive surgery of the chest became available at OHSU for the first time and the number of new procedures introduced is too long to list here. Patients that had previously been sent out of the institution for their care are now retained and a referral center for the whole state has been established. The surgical arm of multidisciplinary care for lung cancer was established at the University Hospital. The explosive growth of the General Thoracic Surgery section is demonstrated by the addition of a dedicated physician assistant in 2003 (another first in the state) and a second dedicated general thoracic surgeon in 2004.

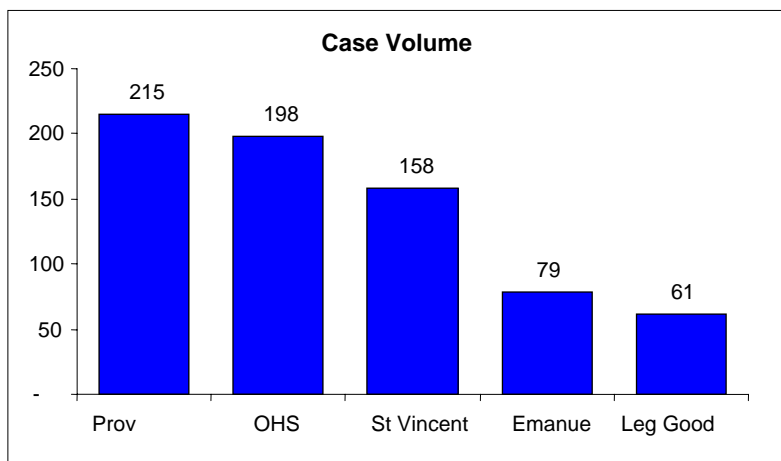
Further validation of this new section and specialty was seen when dedicated OR time and anesthesia were assigned for general thoracic surgery cases. In 2005, the Division of Oncology was able to attract

and recruit a thoracic oncologist (second in the state) largely due to our busy and active Thoracic Surgery section. Since then I have helped to create and support a weekly Multidisciplinary Lung Cancer Conference and am in the process of establishing a similar clinic with the aid of our thoracic oncologist. Collaboration with the division of Head & Neck Surgery (Dr. J. Cohen) has resulted in a pioneering and comprehensive approach to mediastinal parathyroid disease, allowing a directed 'Uni-gland' minimally-invasive resection of the same only available at select centers worldwide.

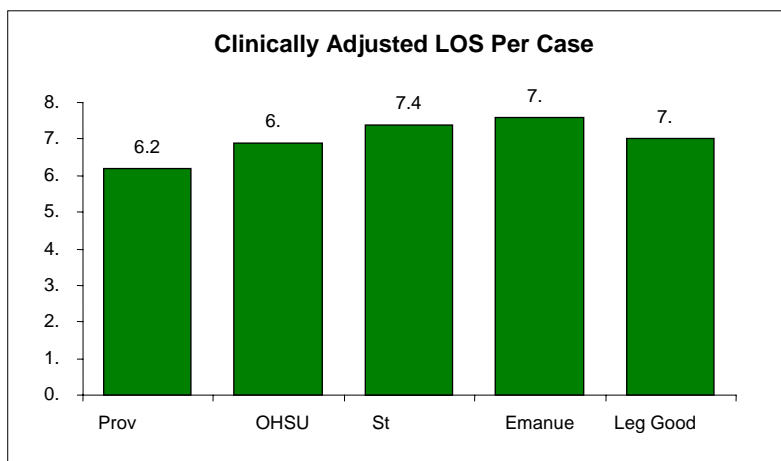
I also serve on the quality control panel for the cancer registry for lung cancer by reviewing the accuracy and appropriateness of staging for patients cared for at OHSU.

Currently the combined Thoracic Surgery program at OHSU and the VA is the largest and most comprehensive in the state. According to OHSU's Center for Information Analysis and Decision Support (CIADS), using data from March 2005 – April 2006, the section has been judged the 'Best in the West' when mortality and length of stay data are considered. A Thoracic Surgery Service line has been established with pre- and postoperative orders that allow for the efficient movement of patients through the system and a thoracic surgery database has been created. The section is now well known in Oregon and within neighboring states as a center for complex open as well as advanced minimally-invasive thoracic procedures.

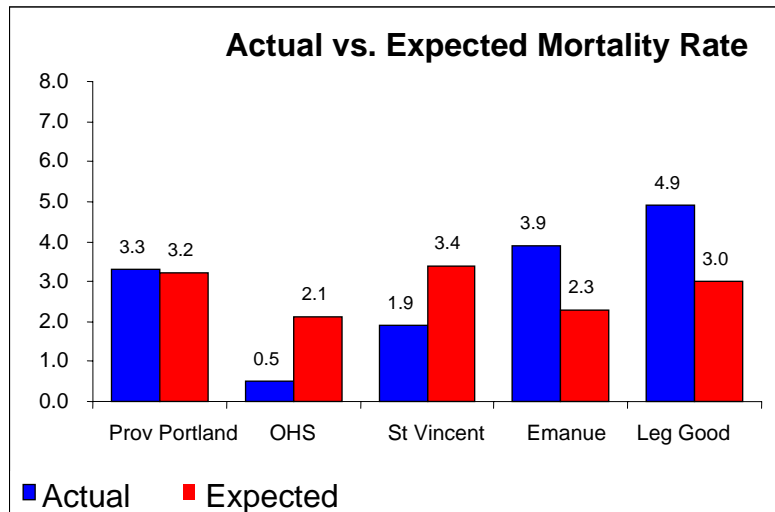
The graphs that follow illustrate the strengths of OHSU's Thoracic Surgery service.



Case Volume at Portland-Metro Area Hospitals



Length of Stay for Thoracic Surgery Procedures at Portland-Metro Area Hospitals



Mortality for Thoracic Surgery Procedures at Portland-Metro Area Hospitals

It is my belief that over the last five years I have been outstanding in my contributions as a scholar, educator and clinician with the ongoing mission as an academic surgeon to be a scholar of the highest standards, an enthusiastic and tireless educator, and to provide the best clinical care for my patients at OHSU and the Portland VA Medical Center.