



JOINT SECTION ON SPINAL DISORDERS
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
 and
CONGRESS OF NEUROLOGICAL SURGEONS



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Re: **Spine Fellowships**

Dear David,

The Executive Committee of the Joint Section on Spinal Disorders considered the charge of developing a spine fellowship program. It was our perception that the governing bodies of the AANS and the CNS perceive a need to enhance the training of neurological surgeons in all phases of diagnosis, treatment and research of spinal and spinal cord disorders. For the purposes of discussion of the Joint Spine Executive Committee we realize that funding might be a problem but did not dwell on that phase of the problem. However, the suggestion was made that it might be possible to fund a fellowship from the parent organizations, much like the VanWagonon Fellowship or as a fellowship from the AANS Research Foundation.

In the process of discussing it, we became aware that spine fellowship programs are currently available at several institutions, including Johns Hopkins, the Lahey Clinic, the Cleveland Clinic, the Barrow Neurological Institute and perhaps some others. It is our intent to identify the content of those fellowship programs. Furthermore, we intend to survey program directors and other neurosurgeons. You will have already received copies of letters to Mr. Hauber from me requesting letters to the program directors and notices in the Journal of Neurosurgery and in Neurosurgery.

We discussed whether or not it would be possible to have criteria to establish a program. Currently there is a difference of opinion as to what should be included and each institution will have various strengths. We recognize that there is a need to expose individuals to categories such as the treatment of tumors and/or trauma, concepts of stabilization and biomechanics, methods of instrumentation, current fads would include exposure to somatosensory evoked potentials and motor evoked potentials.

It seemed to us that it was more important to have a broad exposure than attempt to list limiting requirements.

An analogy was made that neurosurgeons, both faculty and residents needed to learn the use of the surgical microscope. (At that time some individuals proposed subspecialization, but it was possible to train everyone in the use of the microscope and make it part of the armamentarium of neurosurgeons in general.)

Currently we know of 2 neurosurgeons actively performing instrumentation: Dr. George Sybert in Gainesville, Florida and Dr. Sanford Larson in Milwaukee, Wisconsin. It is estimated that with a broad exposure a faculty member could attend surgery at either of the institutions for 4 or 5 weeks and gain an exposure that could be carried back to the parent institution. Moreover, for individuals finishing programs, we believe it would be helpful if program directors could send talented individuals who would already have known faculty appointments waiting for them, to be taught by Drs. Sybert and Larson (and anyone else who might be doing it).

For the most rapid education of neurosurgeons, we believe that they should have completed their residency program. At that stage, 6-12 months of training could adequately prepare them. They may or may not need 3-6 months of research but it was our perception that short of period of time would not accomplish much. Indeed, if research experience was sought, an individual could spend more time in a research lab but that it was more difficult to obtain the pertinent clinical exposure.

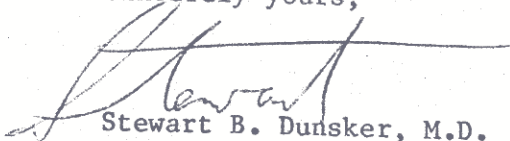
The suggestion was made that if the fellowships were granted by the AANS and/or the CNS, they might provide for 3-6 months of travel to other spinal centers after the individuals have studied intensively for 6-9 months.

In the future, we believe it will be necessary to alter requirements of residency programs, to include the broad aspects of spinal disorders and their treatment.

After I have the information of what is currently available, I will send another report to the governing bodies.

Thank you for displaying such confidence in the Joint Section on Spinal Disorders.

Sincerely yours,



Stewart B. Dunsker, M.D.