

Traditions, Innovations, and Legacies: Presidential Address of the 21st Annual Scientific Assembly of the Eastern Association for the Surgery of Trauma

Kimberly O. Nagy, MD

J Trauma. 2008;65:503–508.



Fig. 1. Kimberly Ormsby Nagy, MD, FACS President, EAST 2007–2008.

Tradition—a long-established or inherited way of thinking or acting.

Innovation—something new or different that is introduced.

Legacy—anything handed down from the past as from an ancestor or predecessor.¹

Thank you Ernie, for that introduction. And thank you for your friendship and your support during the past several years.

I would also like to thank you, the members of the Eastern Association for the Surgery of Trauma (EAST), for

From the Department of Trauma, Stroger Hospital of Cook County, Chicago, Illinois.

Presented as the Presidential Address at the 21st Annual Meeting of the Eastern Association for the Surgery of Trauma, January 15–19, 2008, Jacksonville, Florida.

Copyright © 2008 by Lippincott Williams & Wilkins

Address for Reprints: Kimberly Ormsby Nagy, MD, FACS, 1900 W. Polk Street, Suite #1300, Chicago, IL 60612; email: knagy@cookcountytrauma.org.

DOI: 10.1097/TA.0b013e31817fb79c

entrusting me with the Presidency of this wonderful organization for the past year (Fig. 1). I am truly honored to be presiding at our 21st Annual Scientific Assembly. I think that EAST has now officially grown up into its own as a National Trauma Organization.

Please indulge me now, as I condense EAST's infancy, childhood, adolescence, and coming-of-age in the time allotted to me. I think that, although not old by organizational standards, EAST is already rich with Traditions, has had its share of Innovations, and is providing Legacies of its own.

Before we embark on our journey into Organizational Adulthood, I would like to reflect a little on where we have been. Some of you may know that I am an amateur genealogist and something of a history buff. I think that our ancestors have a part in making us who we are today. I like to think that I have a little of some of my ancestors in me—to start with, there was Richard Ormsby, who settled in the wilds of Maine in 1640, and his great-great-grandson, Nathaniel Ormsby who died in 1777 while fighting for our freedom. My 9th great-grandmother was Mary Parsons, an outspoken woman who was not afraid to stand up for what she thought. This was not well accepted in 1676 resulting in accusations of witchcraft. Luckily she was acquitted at trial. Closer to the present day was my great-grandma Jane Hill, whose spunk helped her survive as a single mother in the early 1900s by running a boarding house and bootlegging. She would not take “No” for an answer. Of course, I owe a lot to my parents. My father, Donald Ormsby firmly thought that I could do anything that I wanted with my life. I'm only sorry that he is not around to see where I ended up. My mother Ruth is still alive, although she was unable to travel to be with us today, she is looking forward to a full report when I get home. She has been a source of support and encouragement for me, as have my brother Larry and my sister Robin. Why am I telling you about my own personal ancestry? Because I think that our ancestors contribute to who we are now.

Let me briefly acknowledge my professional ancestors as well. First, I would like to acknowledge Lloyd M. Nyhus. Dr. Nyhus was the Warren Cole Professor and Chairman of Surgery at the University of Illinois when I started my residency. He was like our grandfather—always encouraging us residents to do better, yet showing pride in our accomplishments. Although not clinically active anymore, he is still

Professor Emeritus at the University and he still thinks of me whenever articles on trauma appear in his many foreign journals. Although I was officially a U of I resident, I spent much more time at Cook County Hospital, where I was able to treat trauma patients. My first trauma ancestor, both in the laboratory there as well as on America's First Trauma Unit was Dr. John Barrett. I am proud to say that I learned to treat trauma patients from John and to have worked with him until he retired 5 years ago. Since John retired he has remained extremely busy pursuing other interests he did not have time for while in practice. One of the things I learned from John, aside from the multitude of clinical pearls, was to always make time for family.

I have other trauma mentors as well, some of who are here today. Dr. John Fildes was the Program Director of my fellowship and encouraged me to become involved in EAST. And now, my current "Boss" is Dr. Roxanne Roberts, who I consider a friend and a role model. Without them and so many others, I would not be here before you today.

Our professional ancestors are also known as our mentors, or as relates to EAST, our Past-Presidents. I would like to thank our Past-Presidents for sharing their thoughts on the meaning of EAST with me. I am grateful to all of them for their wisdom and guidance on behalf of the organization. Now for some history on the Traditions, Innovations, and Legacies of EAST.

EAST actually began in 1985 as the brainchild of four men—Kimball Maull, Lenworth Jacobs, Howard Champion, and Burton Harris. They envisioned an organization that focused on the training and mentoring of the young trauma surgeon. In fact, they included a provision in the bylaws restricting leadership to those aged 50 or younger. This age restriction has led to a young, energetic, and vital organization. It has provided a forum for the training and education of the young trauma surgeon, something that was lacking in the older established trauma societies. Of course, we require a delicate balance of older, wiser mentors who offer guidance but allow the young to make some mistakes for themselves.

The mentorship of our young members by our Senior members was the focus of Paul Cunningham's Presidential Address in 2001.² This mentorship has shown itself in several ways during the past 21 years. We have had a Mentoring Committee that matched older and younger trauma surgeons. We now have the Scholarship Committee that oversees the awarding of our Wyeth Scholarship to deserving young investigators. We continue to attract residents and fellows to membership in the hopes that they will embrace both the field of Trauma Surgery and our organization as they go into practice. An early innovation of our organization was some of the courses that have been put on over the years—the Trauma Directors' Course has evolved into the Leadership Workshop and is now in its 10th year. New this year is an attempt to identify future leaders of EAST and pay their tuition to our Leadership courses. We have identified five promising young

surgeons who have been invited to attend this year's course complements of EAST.

This focus on allowing the young members to act as leaders has paid off. Several surgeons who got their start with EAST have gone on to hold leadership positions in other organizations as well. Some examples are: the American Association for the Surgery of Trauma (AAST), the American College of Surgeons (ACS) Committee on Trauma, the Society for Critical Care Medicine, and the American Board of Surgery.

To help our young members advance academically, we frequently offer courses for the Young Academician, such as the workshops and breakfast sessions previously organized by Martin Croce. This year we are offering workshops on research funding and article preparation.

Nearly 20 years ago, Howard Champion³ noted the problem with recruitment and retention of trauma surgeons. As a possible answer, Len Jacobs⁴ called for the development of a formal fellowship in trauma. Blaine Enderson formed the Future of Trauma Surgery Committee in 2002,⁵ and Wayne Meredith grappled with the definition of the trauma surgeon of the future.⁶ Today we have a new specialty—Acute Care Surgery developed by the AAST. EAST is supportive of the AAST in their efforts to formalize this specialty.

Of course, when many people think of EAST, they think of our annual meeting. We have traditionally held this meeting in mid-January in a warm place. Our future meetings committee strives to find a family friendly resort that offers plenty of opportunities to socialize with our colleagues. I think that Scott Sagraves has once again arranged an excellent venue for both science and relaxation here at Amelia Island.

The annual meetings started out at the Colony on Long Boat Key but we quickly outgrew that venue. Other sites were tried, including offshore locations, but we keep coming back to some of our Traditional favorite locations at Sanibel, Disney and here at Amelia Island. Not to be tied to Florida, we are planning our 2010 meeting at a new venue for us—the Sheraton Wild Horse Pass in Phoenix.

I must highlight several aspects of our meetings—of course, there is the scientific content. Pat Reilly, in his 3 years

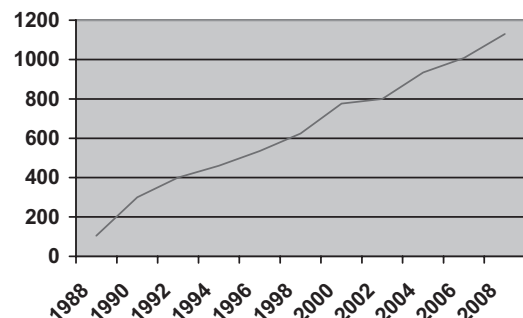


Fig. 2. Growth in membership of the eastern association for the surgery of trauma from our first annual meeting in 1988 until the present.

Nurses	34
Non-surgeon Physicians	17
Physician Assistants	4
PhD Scientists	2
PharmD	1

Fig. 3. Professions of 58 associate members of the eastern association for the surgery of trauma.

as Recorder has expanded this to include two concurrent sessions in addition to plenary sessions and paper competitions. Some innovations surrounding the annual meeting include our Sunrise sessions, started in 1996, and our pre-meeting course offerings, some of which I have already highlighted. Special thanks go to Wake Forest University who has been providing our CME credits since 1995. Elizabeth Nolan, our CME liaison, has become part of the EAST family.

Our meeting is not all about the science. We encourage our members to bring their families, and children are always welcome at our functions, from the Friday night barbecue to our dodgeball tournament. One thing that keeps us coming back is the opportunity to socialize and network with our peers. Problems, clinical and nonclinical are solved, research is conceived, and collaborations are agreed on, around the pool, in the lobby, or over drinks. And we like to play as well

as work. Our dress code is relaxed, and no-one gets upset if Hawaiian shirts and shorts are worn to the podium. Volleyball tournaments were a highlight of the early meetings, golf and tennis tournaments have been offered, and now we have Dodgeball!

Our EAST membership has grown during the past 21 years. What started with four founding members and just over 100 charter members, has now exceeded 1,100 members (Fig. 2). We strive to be an inclusive organization that welcomes all practitioners of trauma—whether they are traditional trauma surgeons, subspecialty surgeons who care for trauma patients, emergency physicians, or other health care providers such as nurses, PhD's, and Physician Assistants (Fig. 3). David Reath⁷ made the point that we must all work together for the good of the patient. We have enjoyed partnering with the Society of Trauma Nurses for this our third year, and we look forward to their contributions on the program.

When EAST was founded, there were geographic restrictions to membership—it was politically necessary to accept only members who lived east of the Mississippi River. This restriction was lifted in 2002 and we now welcome members from anywhere in the United States or Canada, as well as internationally (Fig. 4). EAST was founded with the young trauma surgeon in mind and whereas most of our members come from academic trauma centers, we are trying to reach out to those who care for trauma patients in the community or rural areas as well.

Nearly half of our members are “Seniors.” Of course, in EAST terms, this means 50 and older. We value our seniors

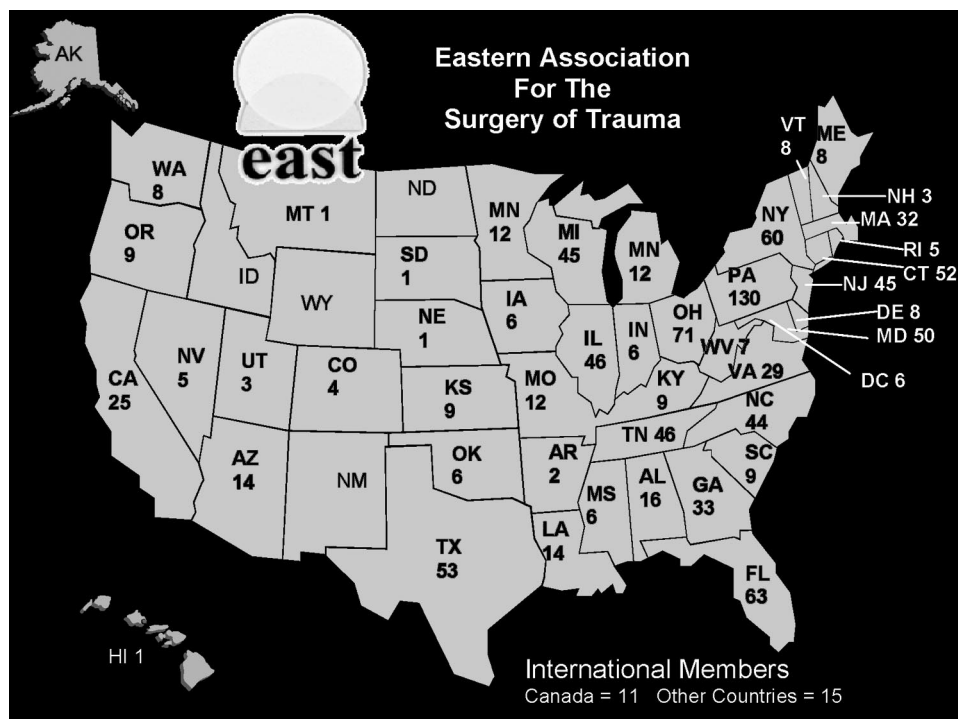


Fig. 4. Location of members of the eastern association for the surgery of trauma in 2008.

1985	EAST Begins!
1988	First Scientific Assembly
1992	Violence Prevention Committee started
1993	First Alexander Award for Resident Presentation
1994	Practice Management Guidelines begin
1995	Ultrasound Course offered
1996	Breakfast Sessions begin Membership exceeds 500
1997	Military Committee started www.east.org
1998	First Trauma Director Course
1999	Info-tech Fair started
2001	Disaster Management session offered
2002	Membership opened up west of Mississippi
2005	STN joins EAST with TOPIC course
2006	Rural Trauma Committee started Membership exceeds 1000
2007	First Templeton Award for Violence Prevention Presentation
2008	Executive Director and Permanent Central Office

Fig. 5. Timeline of selected EAST innovations.

for their reason and their judgment. We must strive to keep our seniors involved and connected. This has been a challenge since 1990 when Burton Harris was President.⁸ He foretold that “our future leaders will have to find a place for these dinosaurs to play.” Paul Cunningham felt that our senior members should remain committed to our organization, perhaps through work on the EAST foundation.² Certainly, the Seniors committee under the guidance of Larry Lottenberg continues to struggle with a method to keep Seniors engaged in the mentoring of our younger members despite the many other obligations they have.

It is probably because of the young surgeons who are active on EAST committees, that we are not afraid to try new things (Fig. 5). EAST is truly a working organization full of ideas and enthusiasm. Our organization is probably best known around the world for our Innovative Practice Management Guidelines. Presentation of these guidelines has become a Saturday morning tradition since 1994 when Mike Rhodes introduced us to “systematically developed statements to assist practitioner and patient decisions . . .”⁹ He held the first meetings of the Guideline Committee in his hotel room, but the committee quickly outgrew that venue. Tim Fabian¹⁰ urged us to constantly review and update our guidelines as we test their effectiveness. Last year, Mike Pasquale¹¹ moved us to the next level by linking evidence-based guidelines with measures of outcomes. Currently, 15 guidelines have been published by the *Journal of Trauma*, and we have 30 guidelines on our web site. They are the most visited portion of our

website and are downloaded around the world. We are also partnering with other organizations such as the Society for Critical Care Medicine and the Surgical Infection Society for joint guidelines.

The most important Innovation for the functioning of our society was our website, developed under the leadership of John Morris.¹² Our organization embraced this new technology and sought ways to improve trauma care through the internet and by other types of technology. Michael McGonigal was our first webmaster and used his skills with computer programming to develop the first functional trauma website. Last year, we had over 460,000 visitors to our web site, a number that has been steadily increasing every year.

Our website continues to grow in its usefulness—new this year is our Research Clearing House through the efforts of Tom Esposito, which provides a place for trial sponsors and potential researchers to connect. We are also exploring the production of an outreach wikipedia type of site for patients and their families to learn about trauma through a partnership with the American Trauma Society.

Our innovations in technology do not stop with the internet. We have offered interactive webcasts of our meetings so that members who could not attend in person could view the sessions and even participate in the discussions. And for those who were less comfortable with technology, we offered technology fairs to demonstrate everything from computer-based patient charting to using a PDA for reference. Other innovative technologies were introduced at our meetings as well. For example, the Ultrasound course was a popular premeeting workshop for many years before it was adopted and formalized by the ACS.

Another aspect of new technology embraced by EAST was the use of powerpoint presentations long before other societies used them. Not too many years ago, a presenter would go to other meetings with a backup set of 3×3 slides, a hope that there was not more than a few minutes delay when they switched out laptops for their presentation, and prayers that the laptop and projector would be compatible. In contrast, one could comfortably present at an EAST meeting knowing that there would be no AV glitches. I would like to thank Ryan Kirby and his group from Corporate Connections AV for helping to make this possible. They are another EAST Tradition, having been with us for 15 years!

We have branched out from the more traditional fields of trauma surgery through innovative committees. Bill Fallon showed us our beginnings in military surgery and helped EAST to recognize the importance of the military.¹³ We had one of the first Military Committees in a Trauma Organization. This committee is now an integral part of our organization and they frequently participate in our scientific sessions. We proudly fly a flag that had flown over a forward surgical hospital in Afghanistan, and our gavel box is opened through use of a military tourniquet, thanks to Don Jenkins.

Another innovative committee is that of Disaster Management. Eric Frykberg reminded us of our duty to be pre-

pared for all types of emergencies and urged us to participate on our hospital disaster preparedness teams.¹⁴ EAST has offered a disaster course since 2002 that has become the model for the ACS disaster course.

An important early innovation of our organization was the work in violence prevention. Bill Schwab introduced us to the harsh realities of gun violence¹⁵ and started what is now the Injury Control and Violence Prevention committee. That committee has tackled several sensitive problems related to injury such as gun control, suicide, and alcohol abuse. They have produced educational slide sets and white papers taking potentially unpopular positions, all in the name of prevention. EAST is now proud to sponsor the second annual John M. Templeton Injury Prevention Paper Award. We also partner with other injury prevention organizations such as: End Needless Deaths on our Roadways. This past July, EAST received national publicity associated with End Needless Deaths' release of statistics dealing with teen driving fatalities.

Most of us are comfortable dealing with urban and suburban trauma. After all, that is where the majority of us trained, and where we are now practicing. Two years ago, Mike Rotondo introduced us to another group of surgeons in need of mentoring and advocacy—the Rural Trauma Surgeon.¹⁶ He appointed the first Rural Trauma Committee. That committee has already developed courses on Rural Trauma and telemedicine under the guidance of Reg Burton.

All of this growth and innovation has not been without direction. Every 5 years, we stop, reflect and regroup. Bill Schwab held our first retreat in 1994 where the mission and vision were formally stated and a plan was instituted for the next 5 years. David Reath held a mini-retreat in 1999 which laid the groundwork for Paul Cunningham's 2000 retreat which resulted in decisions involving the EAST Foundation and Central Office. Most recently, Mike Rotondo held a retreat where a comprehensive strategic plan was developed, resulting in the current vision for our Society.

As EAST grew in both membership and scope, it became obvious that we could no longer conduct business from our own academic offices. We simply became too large of an organization for that type of management. At the retreats of 1999 and 2000, it was decided that we should establish a Central Office to both conduct the affairs of the organization and to act as a repository for our institutional memory. This office was initially established in North Carolina with Violet Holladay. After 3 years, she left the organization, and Lynn Hydo took over our day-to-day functions. We are grateful to both women for their years of hard work on behalf of the organization. This fall we made the decision to move our Central Office to Chicago in the American College of Surgeons Building. We now have the benefit of all of the College's resources while remaining independent of the College. In December, Christine Eme joined us as our first Executive Director. In the few short weeks that she has been with us, Christine has already proven to be a valuable member of the EAST team.

Another vision that came from the EAST retreats was of forming the EAST Foundation. Not only had our organization outgrown our personal offices but we were accumulating funds that could be better utilized. David Reath was the founding President of the Foundation and helped guide it through its early years followed by the nurturing of Erik Frykberg. Currently, Phil Barie, using sound business principles¹⁷ has helped the Foundation grow to over \$600,000 in assets. The Foundation proudly sponsors the Alexander Paper Competition, the Templeton Injury Prevention award, the Frame lecture, and the Wyeth Scholarship. I would encourage each of you to contribute to this worthy cause. The mission of the east Foundation is "Assuring the future for the care, investigation, and prevention of injury," not unlike the mission of its parent organization EAST.

I have been asked, what is my legacy for the year. I think that my legacy will be a more established, national trauma organization. I certainly cannot take credit for this all by myself, as I hope that I have shown, but I think that I helped to bring this organization into adulthood. After much discussion and deliberation, we have established a true central office with an Executive Director to help keep us on track. We are now firmly established as a national trauma organization with close working relationships with AAST, Western Trauma Association, ACS Committee on Trauma, and Society of Trauma Nurses (STN). At the third annual Trauma Summit in September, these organizations along with Society of Critical Care Medicine (SCCM) and Orthopedic Trauma Association (OTA) further solidified our commitment to work together. Each organization has its own mission and vision but all have the ultimate goal of advancing the care of the trauma patient.

So then, what is the legacy of EAST? Certainly, our legacy is exemplified by the young trauma surgeons who got their start at our meetings. Several young surgeons participated in the Alexander paper competition and have gone on to become trauma directors, and organizational leaders. We must continue to focus our efforts on identifying future leaders in trauma and work to foster and nurture them. It is this focus on the young trauma surgeon that continues to this day. In fact, not only is this focus what drives the organization, but also the lifeblood of the organization, for the young keep us energized. Through the young trauma surgeons, we have proven ourselves to not be afraid to try new technologies and branch out into nontraditional areas. We probably would not have many of the innovations that I have spoken about if not for the youthful energy and vitality of our younger members. We must continue to focus on our young trauma surgeons and provide a forum for them to learn and grow. At the same time, we must keep our older established senior members engaged. As our Founding President Kimball Maull has stated, "We bear a heavy responsibility to educate, to influence, and to speak out."¹⁸ I think that EAST is living up to that responsibility.

I would like to acknowledge everyone who has helped me along my way. Of course, I would like to acknowledge my partners, Rocky Roberts, Faran Bokhari, Kim Joseph, Dorion Wiley, Andy Dennis, Fred Starr, and Stathis Poulakidas. I appreciate all of your support and your willingness to allow me to spend time this year doing EAST work. I want to thank our Department Secretaries, Adriana Garcia, and Gene Griffin who helped out when needed. And I must recognize the greatest trauma staff in the world, whom I have been privileged to work with for nearly 22 years: the nurses, assistants, and clerks of the Cook County Trauma Unit.

Finally, there are my amazing daughters, Donna and Amanda, who have been tolerant of my crazy schedule, and are always encouraging and supportive. They keep me young and are my own personal legacies. Thank you girls, for everything.

I would like to conclude by thanking everyone who helped make this organization a success. Certainly the board members I have worked with during this year and in past years. To the Executive Officers, I will miss our Friday afternoon conference calls. I would once again like to thank the members of the EAST for giving me the opportunity to serve as your President this year. I am confident that EAST will continue to grow under the able leadership of my successor, Ernie Block.

As one of the young trauma surgeons who learned leadership skills from this organization, I am very grateful. Thank you EAST.

REFERENCES

1. *American Heritage Dictionary of English Language*. 4th ed. Boston: Houghton Mifflin; 2006.
2. Cunningham PRG. Leadership, professional heroism and the eastern association for the surgery of trauma: presidential speech at the 14th scientific assembly. *J Trauma*. 2001;51:213–222.
3. Champion HR. east presidential address: reflections on and directions for trauma care. *J Trauma*. 1992;33:270–278.
4. Jacobs LM. Eastern association for the surgery of trauma 1991 presidential address. *J Trauma*. 1991;31:978–986.
5. Enderson BL. Can trauma surgeons survive business medicine? *J Trauma*. 2003;55:215–221.
6. Meredith JW. Trauma surgery: current status and future directions. In press.
7. Reath DB. Why am I here? *J Trauma*. 2000;49:171–176.
8. Harris BH. 1990 EAST presidential address: searching for values in changing times. *J Trauma*. 1990;30:676–680.
9. Rhodes M. Practice management guidelines for trauma care: presidential address, seventh scientific assembly of the eastern association for the surgery of trauma. *J Trauma*. 1994;37: 635–644.
10. Fabian TC. Evidence-based medicine in trauma care: whither goest thou? *J Trauma*. 1999;47:225–232.
11. Pasquale MD. Outcomes for trauma: Is there an end (result) in sight? *J Trauma* 2008;64:60–65.
12. Morris JA. The evolving role of a scientific society. *J Trauma*. 1998;45:205–207.
13. Fallon WF. Surgical lessons learned on the battlefield. *J Trauma*. 1997;43:209–213.
14. Frykberg ER. Medical management of disasters and mass casualties from terrorist bombings: how can we cope? *J Trauma*. 2002;53:201–212.
15. Schwab CW. Violence: America's uncivil war—presidential address, sixth scientific assembly of the eastern association for the surgery of trauma. *J Trauma*. 1993;35:657–665.
16. Rotondo MF. The rural trauma imperative: a silent killer in America's Heartland. In press.
17. Barie PS. Leading and managing in unmanageable times. *J Trauma*. 2005;59:803–814.
18. Maull KI. Dispelling fatalism in a cause-and-effect world: 1989 EAST presidential address. *J Trauma*. 1989;29:752–756.