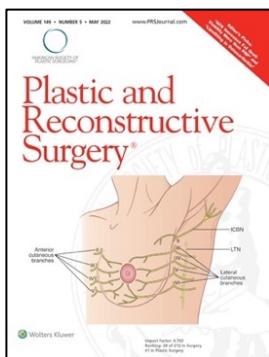


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Virtual Surgical Subinternships: Course Objectives and a Proposed Curriculum

Reghunathan M, Dean RA, **Hauch A**, Reid CM, Gosman AA, Lance SH
Plastic and Reconstructive Surgery

Volume 149, Number 5, 2022

<https://pubmed.ncbi.nlm.nih.gov/35311749/>

Letter to the Editor

In Search of the Attractive Breast

Jourdain D. Artz, MD, MS; Adam T. Hauch MD, MBA; Cameron S. Francis, MD; and Paul E. Chasan, MD, FACS

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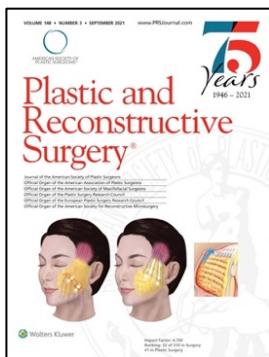
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Subpectoral Implant Repositioning with Partial Capsule Preservation: Treating Long-Term Complications of Subglandular Breast Augmentation

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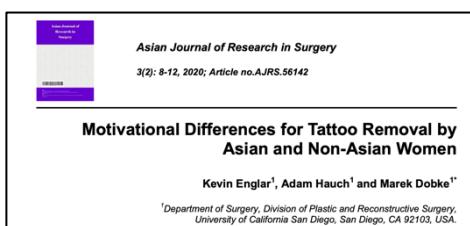


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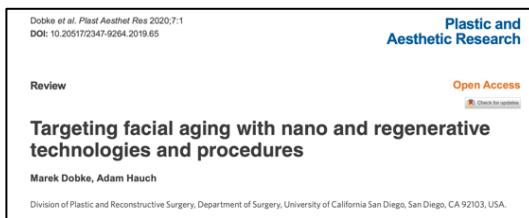
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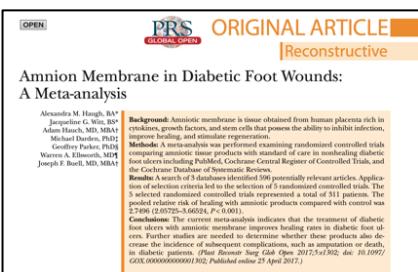
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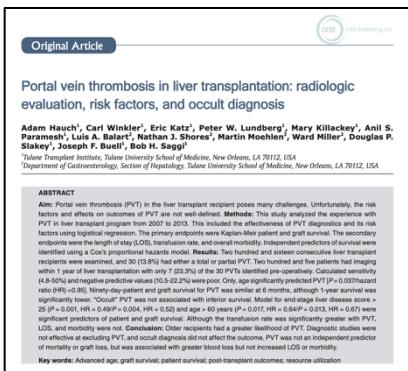
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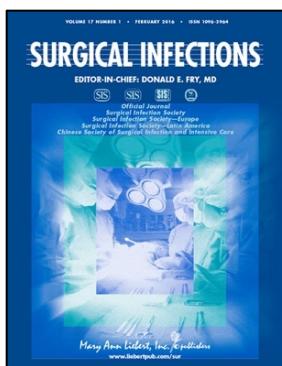
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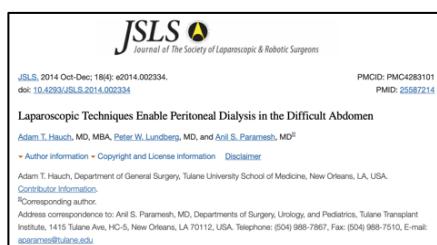
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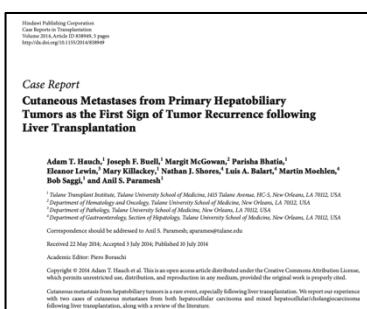


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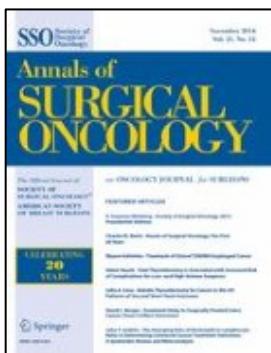
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The impact of in-house attending surgeon supervision on the rates of preventable and potentially preventable complications and death at the start of the new academic year

Kenji Inaba ¹, Adam Hauch, Bernardo C Branco, Stephen Cohn, Pedro G R Teixeira, Gustavo Recinos, Gallois Barmparas, Demetrios Demetriades

Affiliations + expand

PMID: 24165245

Abstract

The purpose of this study was to examine the impact of in-house attending surgeon supervision on the rate of preventable deaths (PD) and complications (PC) at the beginning of the academic year. All trauma patients admitted to the Los Angeles County + University of Southern California Medical Center over an 8-year period from July 2003 through June 2009 were included. Mortality and morbidity rates were compared before and after implementation of in-house attending surgeon supervision and 2007 to 2008 (July 1–June 30) and 2008 to 2009 (July 1–June 30). Patients admitted to the first 2 months (July/August) of the academic year were compared with those admitted at the end of the year (May/June) for two distinct time periods: 2002 to 2006 (before in-house attending surgeon supervision) and 2007 to 2008 (after in-house attending surgeon supervision). During 2002 to 2006, patients admitted at the beginning of the year had significantly higher rates of PC (11% for July/August vs 0.6% for May/June; adjusted odds ratio [OR], 1.9; 95% confidence interval [CI], 1.1 to 3.2; $P < 0.001$). There was no significant difference in mortality (8.6% for July/August vs 4.6% for May/June; adjusted OR, 1.7; 95% CI, 1.0 to 2.7; $P = 0.09$). During 2007 to 2008, patients admitted in-house attending surgeon supervision of fellows and housestaff, there was no significant difference in the rate of PC (0.7% for July/August vs 0.6% for May/June; OR, 1.1; 95% CI, 0.4 to 1.3; $P = 0.87$). PD (4.6% for July/August vs 3.1% for May/June; OR, 1.5; 95% CI, 0.8 to 2.2; $P = 0.20$) seen at the beginning of the academic year. At an academic Level I trauma center, the institution of 24-hour/day in-house attending surgeon supervision significantly reduced the spike of preventable complications previously seen at the beginning of the academic year.

The Impact of In-House Attending Supervision on the Rates of Preventable and Potentially Preventable Complications and Death at the Start of the New Academic Year

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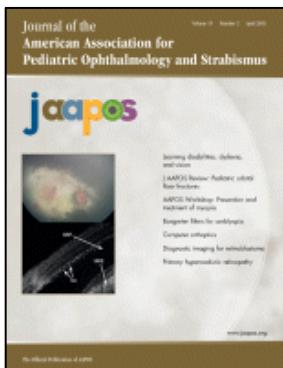
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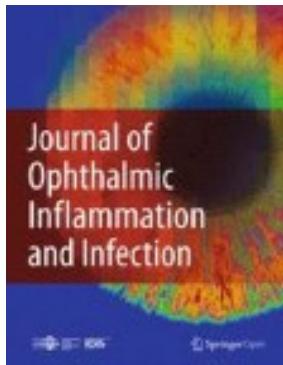
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