

COMMENTARY

CORPT and the Sons of CORPT

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ABSTRACT

The last quarter of the 20th century witnessed fortunate advances in orthopaedic surgery training in Texas. This was a result of establishing orthopaedic departments in the University of Texas Medical Branch at Galveston, Southwestern Medical School in Dallas, and University of Texas medical schools in San Antonio and Houston. Four robust orthopaedic surgery residency programs emerged, each led by dynamic chairs. An informal organization was created, known as the Chairmen of the Orthopaedic Residency Programs of Texas (CORPT). In this historical perspective, the impact of CORPT on orthopaedic surgery education in Texas is presented.

Level of Evidence: V; Expert opinions.

Keywords: Orthopaedic surgery; History; Texas.

INTRODUCTION

Orthopaedic surgery education in Texas blossomed and thrived in the last quarter of the 20th Century. While The University of Texas Medical Branch at Galveston developed a strong program after the Division of Orthopaedic Surgery was established under the able leadership of G.W.N. Eggers, MD, in 1943, Dr Charles F. Gregory had created a national reputation for orthopaedic education at Southwestern Medical School in Dallas until his untimely death in 1976. These programs along with the creation of 2 new University of Texas medical schools in San Antonio

(1968) and Houston (1970), established a new era. Four robust programs emerged, each chaired by a dynamic young leader: Vert Mooney, MD in Dallas, E. Burke Evans, MD in Galveston, Charles Rockwood, MD in San Antonio, and Taylor Smith, MD in Houston.

As each of these new chairmen endeavored to establish and grow their residency programs, it became clear that, because they were all a part of The University of Texas System, they had many common interests, concerns, and experiences to share. Taylor Smith recalls that several one-on-one conversations during those early years identified several topics of mutual interest to the entire group, which led to the first meeting of all 4 chairmen in about 1982. While no formal organization, bylaws, secret handshake, or other organizational trappings were established, informal meetings

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occurred almost annually for several years. They did indeed create a name, calling themselves "CORPT," the "Chairmen of the Orthopaedic Residency Programs of Texas," and they typically met for a day and a half at one of the campuses. The encounters usually included a campus tour, at least one fine meal, and several hours of discussion, primarily regarding orthopaedic resident education. As all of the programs were establishing bigger footprints in clinical care in their communities, another topic of ongoing interest was town-gown issues and how to deal positively and diplomatically with them. All 4 were also recruiting new young faculty, and effective ways to address University promotion and tenure protocols and how to avoid common traps were shared.

One major issue of interest to all 4 was their status as a Division within the Department of Surgery at each of the schools. Being a part of the Department of Surgery placed each Division under the often autocratic control of a very powerful surgical chief. This situation frequently limited the Division's access to medical school resources; it was very frustrating to not have a "seat at the table" where the important decisions were made and where the resources of the medical school were usually distributed. Division chiefs served at the discretion of the department chairman, and therefore they could only plead to him for institutional help. Thus, many discussions at CORPT centered on ways to achieve full Departmental status, which eventually occurred at all 4 schools, but always at a substantial and tangible price. For instance, following the granting of Departmental status to Rockwood's program in 1986 in San Antonio, the chair was told never to ask for one more bit of new support from the medical school. During his last 3 years as Depart-

ment Chair, no further "goodies" came his way. Only after he resigned was the new Chair able to negotiate effectively for additional resources with the administration of the Health Science Center.

Resident education was always on the front burner at each of the CORPT meetings. The 4 members shared their individual evaluation experiences from the Orthopaedic Residency Review Committee (RRC), identifying the questions and concerns commonly raised by the RRC site visitors and thus preparing their colleagues for upcoming visits. One RRC requirement in those days was formal didactic and hands-on instruction in orthotics and prosthetics. Very few programs had the necessary degree of expertise, in house, and therefore 3 departments (New York University, Northwestern University, and The University of California at Los Angeles) established week-long courses, and most programs sent their residents to one of these courses to fulfill the obligation. Doing so was quite costly for the program; thus, CORPT decided to create its own intensive 3-day course, which was initially held in Galveston and later found a permanent home with Vert Mooney in Dallas. Over the years, faculty derived from all 4 programs continued to create an excellent learning experience for the residents at a much lower cost.

The group also explored the feasibility of conducting a pathology/basic science course for all of their residents; however, this effort was not as successful.

As each program was growing rapidly, all 4 chairmen were recruiting new faculty members and expanding their clinical and research presence. These junior faculty members needed to establish their academic credentials, and CORPT created opportunities for many of them to visit one another's

institutions to present Grand Rounds and share ideas for potential research collaborations. Because these were reciprocal visits, the costs were kept to a minimum, and most costs were borne by the sending (rather than by the hosting) institution. It is pretty clear that all 4 institutions participated in and benefitted from these interactions.

Social interaction was also an important part of the meetings of CORPT. All 4 chiefs were gaining national recognition as strong academic leaders, each in his own area of clinical expertise, and there was substantial respect for each other within the group. Each member was also keen on developing his junior faculty members, and at one outstanding dinner in Houston, Taylor Smith invited his new traumatologist, Bruce Browner, MD to join the group. Bruce recalls that he was extremely honored to be invited and that he had a very interesting interaction with Charles Rockwood that evening. Bruce was planning to edit a textbook on intramedullary nailing of fractures, and he asked Rockwood for advice about how to work with multiple authors. Bruce notes that Rockwood's sage comment, "they'll look you right in the eye and lie to you" has held true for him for many years!

The real value of CORPT is perhaps best reflected in the fact the successors of the 4 founders continued their tradition during the early 1990s. Robert Bucholz, MD (Dallas), Jason Calhoun, MD (Galveston), Bruce Browner, MD (Houston), and I (San Antonio) met on 3 occasions during that time, creating the "Sons of CORPT." We also found the interactions and information sharing very useful and enlightening. During those years, we were all struggling with our relationships with our major teaching hospitals, and we shared several ideas that led to financial support for our programs in exchange for

the huge amount of indigent care that we were providing for their patients.

On the education front, as orthopaedic surgery grew to become the most attractive and the most competitive discipline in resident education, all 4 programs developed very strong national reputations, attracting applicants from all across the country. Realizing that there was an abundance of well-qualified candidates to choose from, the Sons of CORPT organized common interview dates in Texas so that one applicant could visit 2, 3, or even 4 programs on only one trip to the Lone Star State. This saved the applicants a lot of time and money and probably enabled more candidates to visit more programs than they would have, had we scheduled interview dates independently.

The Sons of CORPT emulated CORPT in other ways as well, often securing a better understanding of our role within the University and more effectively dealing with the communities we served. For the 2 generations of Orthopaedic Chairmen, I believe it can be said that we all benefited from the many mutual interactions and that our residency programs and our residents benefited as well. I would submit that such collegial interactions and idea sharing can always lead to something good, even where one least expects it.
