Duke Department of Surgery Oral History Project

Dr. James Urbaniak, 6 November 2018

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Justin: Good morning. This is Justin Barr, interviewing Dr. James Urbaniak on the 6th of November, Duke University in the Dr. James Urbaniak Sports Sciences Institute. Thank you for joining us Dr. Urbaniak, I really appreciate your time. I just want to start out talking a little bit about where you grew up, what your early education was like.

Dr. Urbaniak: Well, my name's Urbaniak, so people want to know where that came from. My father was born in Poland and my grandparents were born in Poland. My father came to United States when he was three years of age. My grandfather came to work in the coal mines in West Virginia, somewhere around 1912. A lot of people don't realize but in the '20s, coal industry was the number one industry in the United States. Number one. Where I grew up was the heart of the bituminous coal, it's a soft coal.

Most of my family worked in the coal mines. My father did go to college, he got an athletic scholarship to go play football at Kentucky. I followed his footsteps. I was going to go elsewhere, but I decided I want to go where my father played. We were, I believe, the first father-son team to have played at Kentucky. I grew up in West Virginia. It snowed in the winter time, but where I lived after two days, the snow was all black from the coal dust. Really. It would be beautiful for a couple days and then the coal dust would settle on it, all of the snow would turn into a black color.

I had a rheumatic fever when I was seven years old, the classic rheumatic fever, and spent three months basically in bed at home. My doctor, Dr. Joe, came to see me almost every day. He had such an influence on me at young age that I never wanted to be anything but a doctor. I wanted to be like Dr. Joe. From seven years old, I was committed to being a doctor of some kind. Even though I played ball and everything, I studied hard. Studying to be a doctor was my number one effort over athletics.

Then, what was really great was I had applied to six medical schools, four in the Ivy League, two in the South, Duke and Vanderbilt. I came down here and I was interviewed by Dr. Joe Markee, who was the head of anatomy here and head of the admissions committee. In fact, the old medical school where all the administrative offices are, the dean, the chancellor, is named the Markee building.

Joe Markee interviewed me, and I was so impressed with him and liked him so much. He took a liking to me and offered me a position right there in his office. [laughs] I cancelled all my other interviews at the other medical schools. I was so impressed

with Duke and Joe Markee. Actually, Joe Markee, who was the head of anatomy and as I said the dean of admissions, he was a fantastic teacher. This was before the computer and videos, but he made all these movies, anatomical dissections. We watched them as medical students every Saturday morning. We had anatomy for almost the whole year back in those times.

Our medical students called them Markee Mouse movies as they were made by Joe Markee. We used to have these fantastic anatomy movies, and we spent actually believe it or not, three weeks on the hand back in those days. That really influenced me to concentrate on hand surgery, plus my mentorship by Dr. J. Leonard Goldner a few years later as a resident. As a resident, I spent six months in anatomy teaching to medical students, and I made a few videos myself on the spine and some on the upper extremity, trying to pattern them after Dr. Markee's.

Justin: When did you decide that you wanted to pursue orthopedics?

Dr. Urbaniak: Well, people make decisions early now, you have to, but in those days, you could do an internship and still choose which specialty you were going to enter thereafter. I liked orthopedics all along because of its connection with athletics, but during medical school, I had three areas of great interest to me. One was pediatrics, the other was cardiology, and the other was surgery, and not particularly orthopedic surgery. I hadn't decided, I was just an intern.

I well remember Bill Anlyan, whom the hospital was named after, the Anlyan Tower. Dr. Anlyan called me in and wanted me to go into general surgery. I seriously thought about it, this is while I was an intern. I didn't make the decision until I was halfway through my internship to go into orthopedic surgery. A lot had to do with the influence of Dr. Frank Bassett who was a sports medicine physician at that time. I'd known him all along because he had also gone to University of Kentucky like six or seven years before I did and actually played football under Bear Bryant, who was the coach then.

He had an influence on me, and the athletics, and I loved anatomy. That was my favorite course. Orthopedics, as I tell our residents or medical students, is 90% anatomy. If you know your anatomy, you can diagnose and take care of most orthopedic problems.

Justin: Did you have a true rotating internship?

Dr. Urbaniak: Yes.

Justin: How did you pick Duke as the place where you wanted to pursue your postgraduate training?

Dr. Urbaniak: I came down here and I fell in love with Duke. There's so many things that I liked about it. I like the area and the university. I spent a lot of time down on campus. In the early stage, I got to know the athletic people. When I was a medical student, what happened was, when I came down here, our football coach at Kentucky

talked to the head football coach at Duke, who was Bill Murray here at the time, and told him to look out for me, which he did.

I got to know them very well and informed them that I wanted to go see Tennessee play UNC one weekend, because Tennessee was our big Kentucky rival. They told me, "We'll give you tickets," the coach here in the athletics said, "if you'll scout for us." Well, I'd never scouted in my life, but they gave me tickets and I sat right down on the front row. I had pencil and paper. They told me they wanted me to look out for-- They thought when Tennessee ran a draw play, their fullback cheated up some. That happened two times in the game but I was eating popcorn, so I missed that. I didn't see it. This is back before they had good videos, so that didn't work out so well.

Then, they wanted me to get the cadence, the snap signal. As soon as the game was over, I jumped over the wall and ran out on the field and I talked to the Tennessee players about the Carolina snap signal. This was only 60 seconds after the game and not one of them could remember. [laughs] None of the linemen could remember, so I didn't get that. Then, to make it even worse, my notes all melted because it was raining. That was my report, I turned it in, such as it was, to the athletic office. I never forgot, we played Carolina on Thanksgiving that year, and Carolina beat Duke 50 to nothing, so they never asked me to scout again, and I had the shortest scouting career in the history of college football.

[laughter]

I remained in close connection with the athletics department. In fact, the first people I made house calls on were Mary and Eddie Cameron, the athletic director for which Cameron Indoor Stadium is named. That's who I made my first house calls on. The last person I made house calls on was Tom Butters, who was a subsequent athletic director at Duke. So the athletic connection was one big reason why I stayed here.

Justin: When you started the orthopedic residency, how many other residents were with you in your orthopedic class specifically?

Dr. Urbaniak: At that time, we were taking eight a year, but it was but during the Vietnam War, so it was staggered. There were actually, if you look at the pictures on the wall, when I graduated, there were only five in my group, and we didn't finish at the same time. Our residency, the numbers went down considerably during the late '60s because of the Vietnam War. When I went into the military, we had a choice: you could be drafted, you could enlist, or you could join the Berry Plan. The Berry Plan kept you out of the service until you finished your residency, then you were obligated to go in for two years, but I was drafted.

When I went in in '63, we had 25,000 troops in Vietnam. When I came out in '65, we had over a half a million troops in Vietnam. Almost every doctor, if he was healthy, got drafted or joined the Berry Plan or enlisted. It really was disruptive to residency programs.

Justin: What year in the residency were you drafted and had to serve?

Dr. Urbaniak: I'd done a year of internship and I'd done about a half a year of residency.

Justin: Is that pretty typical timeline?

Dr. Urbaniak: No, it depended. We all carried a draft card and they just drew them out of a hat, I think, so it could be anywhere in there.

Justin: So even chiefs were going and then coming back to finish?

Dr. Urbaniak: Yes**.** I think they let everybody finish an internship, if you could finish that, because you were of more value to them that way.

Justin: Just for the record, do you mind describing again what you were doing in the military during these two years?

Dr. Urbaniak: Dr. [Lenox] Baker, who was our chief of orthopedic surgery here, he had a lot of connections with Bethesda Naval Hospital, so he wanted to see if he could get me there because I would have a good experience in orthopedics. But they weren't interested in training me, they wanted me to be a doctor to help them. That's how I got to Washington, DC, and when I got up there, I was asked to be the attending physician to the United States Senate and House of Representatives, and also take care of the Supreme Court. Our office was right in the Capitol Building underneath the rotunda.

There was Admiral Calvert who was in his 70s, and he was the head doctor, and I was more or less like his assistant, but he didn't see any of the patients. I saw them all for a period of two years. It was a great experience for me, great political science. It really was and it's lasted. Not only did I get to make friends with several of these congressmen but this continued long after I left the Capitol Hill. I had the greatest respect for these dedicated individuals who at that time worked across party lines and developed and maintained strong relationships with each other.

Justin: We were talking about how your generation did two years of general surgery before proceeding into orthopedics. What was that experience like for you and what do you think about the current plan today where they basically do two months of general surgery in their internship and then exclusively focus on orthopedics?

Dr. Urbaniak: We did have two years of general surgery, as I said. I really thought it was good. I'm not saying everybody really liked it, but the residents, they really got excellent training. You got to choose some of what you wanted to do as an intern. You didn't have much choice the second year. There was the thought given to us if they knew you were going into orthopedics, that they would try to give you rotations that would help you in your specialty.

It was a good experience. Residents turned out to really be very good. I've had the opportunity since I was the chief of orthopedic surgery to observe the difference and as I've mentioned to you earlier, they were better orthopedic residents having served

two years of general surgery. This may have been related some to maturity but there is no question there was a difference.

The reason why we switched was because of two things. Many of our residents and interns, they were going into the military, so that added two years onto their training period. Almost every one of our residents began taking a year, sometimes two-year fellowships. Those were the two main reasons for shortening the program.

Justin: Was it pretty easy to shorten it to one year or did you run into some obstacles?

Dr. Urbaniak: I don't know how much you know about David Sabiston, but if you had something that was in conflict with him, nothing was easy, [chuckles] but I appreciated his sternness. I changed the general and thoracic surgery rotation from two years to one year when I was a chief of orthopedic surgery, and he was a very much opposed to it. He didn't like the thought of residents who maybe were going into general thoracic and then switched to orthopedics.

Although I had difficult times with him, I had the greatest respect for him. Until there was one of our residents who wanted to switch to cardiovascular surgery, and he's actually one of the stars on the faculty now. That was okay with him if they switched from orthopaedics to general surgery, but not the other direction. That compromise eventually wasn't such a great problem. I worked with Dr. Sabiston for a number of years, and he'd like to say, "Be consistent and be fair." He was pretty much those all the time.

Justin: When you were chief resident, what were the typical operations that you were doing and is there anything you were doing then that we no longer do anymore or anything that was just starting when you were chief resident that now is standard of care and everyone does?

Dr. Urbaniak: Sure. Just to mention something else while I chief resident, I just want to inform you what type of individual Dr. Sabiston was. I was invited to the chief resident of general and thoracic surgery graduation dinner. I was the chief resident of orthopedics and so he invited me. I was not married, and I had a girlfriend that I brought along.

When he stood up to introduce his chiefs and everyone, he mentioned my name and was glad I was there, but he also knew the name of the girlfriend I had brought along. That was very impressive for somebody who was outside of general and thoracic surgery. This is the way he was really. He knew our orthopedic residents, he knew their names, and he knew something about their family. That really impressed me and I attempted to emulate this characteristic of a good leader. I did the same thing sometime later on over the years. Those are some of the things I learned from him.

As a resident, a lot of things have changed since then. Mainly, we were just beginning arthroscopic surgery, just about the time I was the chief resident actually. That was all relatively new.

Justin: Who brought that to Duke?

Dr. Urbaniak: We had a person named Bob Jackson who came down here from Canada, and he was an arthroscopist. He kind of taught Dr. Bassett, but Dr. Bassett wasn't really the one that picked it up, it was Gary Poehling who was a resident here. He'd done two years of general surgery and he really took an interest in arthroscopic surgery. He basically taught us.

In fact, when I needed to have my knee scoped, I left here and went to see Dr. Poehling who was over at Wake Forest, Bowman Gray, and he eventually became the chairman over there. Gary Poehling was the one that really got arthroscopy started here at Duke and then Dr. Bassett and Dr. Bill Garrett, Dr. Hardakers and sports medicine, they all picked it up.

As a chief resident, we did everything from all the trauma cases, to spine surgery, to the pediatric stuff, the congenital limbs and deformities and scoliosis. One big thing that I was involved in was anterior spine fusions, cervical as well as lumbar. We did a lot of those back then, and I continued that even when I started into practice, even though a lot of my practice was upper extremity surgery.

We did a lot of anterior lumbar fusions, and some of the surgeons had the general surgeons exposed the lumbar spine, but I did it on my own because I had learned from the general surgeons. It was all retroperitoneal. I did my own dissection, everything. The same for cervical spine certainly. Sometimes, they had head and neck people make the exposure but I did my own and I taught the others. In fact, Dr. Richardson, one of our spine surgeons, I taught him how to do anterior cervical spine fusions.

Those were some of my favorite operations. I loved the anatomy, going in and moving all the bowel over and finding the spine. The same for the cervical spine. Two of my favorite operations, even though I was not known as a spine surgeon.

Justin: You mentioned in your book chapter that Dr. Baker would have a variable length of time for residency, depending on his opinion of the resident. How did that affect you?

Dr. Urbaniak: Dr. Baker, I mentioned that if he liked you, he kept you around another year. If he didn't like you, he might keep you around to punish you. [laughs] That's true. It would even be two years sometimes. The other thing is we had these away rotations in pediatrics for one year. You either go to Gastonia, which is the State Children's Hospital outside of Charlotte or you go to Shriners Hospital in Greenville, South Carolina. Those no longer exist, but we all did that, either one or two places, for a year.

You wouldn't maybe know until two or three weeks if you were going to go there. You had to pick up your family-- if people had a family, I wasn't married at the time -- but if you had a family, you had to pick them up and move. He didn't tell us that until a few weeks beforehand.

I had a very good relationship with Dr. Baker. He called us all boy, which he wouldn't get away with now. When I took over as the head of orthopedics at Duke, he called me on the phone at night, he said, "Boy." I was 48 years old or something like that. He said, "I see Duke Orthopedics in the *U.S. News & World Report* is ranked number 12 and UCLA is 11th." He said, "We're a lot better than UCLA. You got to do something about that boy." [laughs] That became one of my goals, to get us elevated higher in the national rankings.

I was always afraid of him, don't get me wrong, but I really respected him as a physician- leader You'd be operating, We'd fix a fractured hip. We have a fracture table, you put people on and you strap their legs in.…Well, Dr. Baker didn't do this. He put the patient on the table and he would have one resident holding one leg and another one hold the other, and you'd pull on him. He draped the surgical drape right over top of the residents. Then he would kick you and say, "Boy, turn it in, turn it out, pull on it." [laughs] Seriously.

Then after that, he'd say, "I love you boy." He was very stern, but again, he was fair. He did have his favorites. I think today in modern medicine we don't display that, but he had his definite favorites, yes.

Justin: How did things change when Dr. Goldner came and took over the program? Because you were still a resident at that time?

Dr. Urbaniak: Yes, I was trained half by one and a half by the other. What Dr. Goldner was-- He was the consummate teacher, as I've remarked before. He's the best teacher I've ever known. He was dedicated to teaching. He didn't go by the clock. It was pretty wearing sometimes. We had preoperative rounds at least three times a week because we would operate Tuesday, Thursday, and Saturday, so we have a preoperative conference with him after he finished the clinic, but that may not be till nine o'clock at night. We didn't have cellphones in those days, so you couldn't disappear. We had to stick around, and we waited on him. He may not start till 8:00 or 9:00PM

We had these crippled children's clinics throughout the state, and Dr. Goldner's was Goldsboro and Lumberton. He would say, "Meet me out by my car," which is parked right behind the hospital there. "Meet me out by my car at four o'clock because we have to go to Fort Bragg first and then onto Lumberton to the cripple children's clinic." You'd stand out there at four o'clock, and he may not get there till eight o'clock. But, you couldn't go anywhere! Because we didn't have any cellphones in those days. [laughs].

I learned a lot. I never make anyone wait on me, because I've gone through that. If I was going to have a resident or somebody in my lab wait more than 10 or 15 minutes, I got a hold of them in some way and told them, "I can't be there." I learned that. With Dr. Goldner, we waited on him.

We had our faculty meetings at night and there were only like six or seven on the faculty. Dr. Goldner would be sometimes two hours late. We're supposed to meet at 7:00PM and we'd meet at 8:00 or 9:00, and he never had any apologies. We all knew

he was busy. I'd be getting on the elevator in the orange section at Duke South. I was leaving at six o'clock at night. He always had two briefcases. If he had a third arm, he'd carry a third one. At six o'clock one night, I saw him leaving the hospital and he said, "Oh, oh, I'm going over to the VA." He felt guilty about leaving the hospital at 6:00, it was too early for anyone to see him leaving Nobody worked harder than he did. He was an excellent teacher. He also cared about his residents and their families.

Justin: Did you have many interactions with Dr. Sabiston as a resident here?

Dr. Urbaniak: Yes, I did. I'll tell you one. A patient who was in an automobile accident and had a clavicular sternum separation. We used staples to put it back together, across the sternoclavicular joint.

About six months later, I got a call from-- I was the chief resident down in the clinic. I got a call from OR one, that was the cardiovascular room. He was given his room one that time. I got a call to come up to room one and it was Dr. Sabiston in there. I put on the gown and went in there. He had the heart open. The heart was open and these two staples were bouncing around inside the heart. [laughs] He wanted to show that to me. A complication of my surgery.

He met with us and talked with us and would come and we used to have, we called it the replant office. It was outside of where Dr. Sabiston's office was in Duke South. Anyway, we called it the replant office because we were doing a lot of replantations. In fact, in the early 1980s, I did 180 replantations in one year. That's one every other night when you think about it. We really did a lot then, because there were only two places in the United States doing it. Us and Louisville.

His office was only two doors down. Our residents were in there between cases. He came to talked to us and talked to our residents and they liked it. Bob Anderson did the same thing, by the way. He made a point to talk to our residents in the replant office. We got this office, and it was two doors down from Dr. Sabiston. I wanted to put a couch in there that could open into a bed, because our residents slept there overnight or outside the operating room, and I slept there on busy nights.

We had to move into the office on the fourth of July. I've never forgotten it. My wife and I were helping move in this furniture into this office right next to Dr. Sabiston's, and he happened to be there. "What's going on here?" he said. I said, "I'm moving this furniture and I got this couch where we can sleep on at night when we're operating all night long. He said, "Oh, I don't know if that's a good idea. Don't let our residents know about it. We don't want anything improper going on on this couch."

[laughter]

Yes, it's true. True story. I had great admiration for him and his wife Aggie, the same way, she knew us all. Deryl and Mrs. Hart, were great about that. They used to have parties for the medical students in the president's house. She knew the medical students' families. Mrs. Hart did. It was incredible.

Justin: That's impressive.

Dr. Urbaniak: I think she passed that on maybe to the others. Yes, she was very impressive and cordial to the medical students and residents.

Justin: After residency, you took a faculty position here. What convinced you to stay again for that opportunity?

Dr. Urbaniak: I liked the relationships and the people here at Duke. Of course, that's what's kept me here now. I like Duke and I'm still here. I've been here for 60 years now. Obviously, it means something. I had the opportunity to go a lot of places. I did go look at several other well-known medical schools to take a job, I did that but I decided I wanted to stay where I had a great opportunity. I was working on several projects, I got involved in vascular microsurgery. Again, what stimulated me to do that, I had a physiology teacher, Dr. Knisely, who was studying the circulation behind the retina of a monkey. You could see the white corpuscles and red cells circulating in the arterioles and venules. I've never forgotten that video he showed. I always wanted to do something like that.

Some of my work I did in the lab as a resident and then continued on was to study the microcirculation in the cremaster muscle of a rat. It was very thin, you could look and put it under a microscope. We could actually see the platelets, and the white cells, and the clots forming, and how to keep things flowing. I was stimulated by my physiology teacher and then developed our own model to do it in the laboratory. I felt like if I left and went somewhere else, I'd lose some of that. That's true now. If you leave, you lose two, three, or four years of your research.

Justin: You're obviously very well known for hand surgery and microsurgery; did one drive the other?

Dr. Urbaniak: It was hand the surgery first. As I said, the influence of first, Dr. Markee, and Dr. J. Leonard Goldner who was president of the hand society and president of the foot society, the only person ever. I wasn't too interested in the foot.

The hand, I'm just fascinated by particularly the functional anatomy of the hand. I started, then in the early '70s, I heard a couple people speak on replantation. One was Harry Buncke out in California, Palo Alto. He was amputating digits on monkeys and reattaching them. Then the Chinese, and the Japanese, and the Asians were the leaders in replantation.

I heard and witnessed some incredible results on replantation of digits and hands on my visits to the far east and then decided, "Well, that's what I wanted to do here." Actually, I started working with a general surgeon. First, we thought when we got an amputated hand or arm that we'd preserve it by putting it on a kidney dialysis machine to keep it perfused. We did a couple of those together with general surgery, but they weren't successful. Dr. Goldner told me, "You need to learn microsurgery." I didn't learn it from anybody, I taught myself. I didn't go to any courses or anything like that.

I taught myself how to do it in the lab. Actually, when I started with the residents, they were as good as I was because they were learning just like I was.

Justin: What equipment did we even have for microsurgery when you first began?

Dr. Urbaniak: Well, we didn't have any. I didn't have a microscope. What I did- my research was mostly funded with the VA hospital and I was on staff at the VA my first 13 or 14 years. I brought an operating microscope with VA research funds-- it actually had three heads (binoculars) on it then. You didn't hook them up to TV even at that time. I bought one through my research grant at the VA, and this is no kidding, every time we had a replant-- see, I wasn't allowed to keep the microscope here. They didn't have one in Duke Hospital.

Every time we had a replant, I had to go across the street to VA and bring the microscope down the elevator from the fourth floor. We'd wheel the thing across the street and-- [laughs] Seriously, we'd wheel the thing across the street and up to the operating room. Well, you can see it sustained a lot of damage because we'd wheel-- We were usually in a hurry too, we're running. I did that for a couple of years, then I got some more research money and bought a couple of operating microscopes here at Duke Hospital without the video, this was before you had a video and so you had a third binocular where people could look in and watch what you were doing.

Justin: You needed to buy all your own instruments also?

Dr. Urbaniak: Yes. They didn't have any of those, but then the companies started donating instruments to us because we started making some videos and they also donated the suture to us. The microsutures, the 10-0 and 11-0. Ethicon did that for us. It was very exciting in those days because it was all new to almost everyone.

Justin: Did you have any formal training in hand surgery or just what you picked it up with Dr. Goldner?

Dr. Urbaniak: No, I didn't do a year of fellowship, so just what I picked up with him.

Justin: Were there even hand fellowships when you were coming out?

Dr. Urbaniak: There were not, we started-- 1969, '70s was when they started. Hand fellowships were the first fellowships in orthopedic surgery. There weren't any others and there weren't for years. Then the second one to come along was sports medicine and then they started having pediatrics, and spine, and everything. There are now 12 different subspecialty fellowships, I guess, but yes, for a long time there was only hand surgery.

Justin: Did you start the fellowship and hand surgery here?

Dr. Urbaniak: Well, Dr. Leonard Goldner really started it but the first fellows were assigned to me. The interesting thing was, we started getting a lot of international fellows, and they were mostly assigned to me. We had a microsurgery lab, and

actually the person who ran it for me was named Tony Seaber. Tony Seaber, came from England where he worked for one of the distinguished and knighted surgeons over there.

He came to work for Will Sealy who was the head of thoracic surgery here. He was really good, so when Dr. Sealy was going to wind down his lab, he talked to me and Tony came to work for us and headed our lab for like 20 years. He was great to these foreign fellows that came from other countries. He helped them get them a car, he helped them get an apartment, he helped them when they had difficulty with their girlfriends and things like that. He was a jewel, as I've said before; relationships personified. I learned a lot from him. He was not just concerned about their research, he was concerned about the whole family.

He had this British accent. He only had a high school degree, that's all, but he ran Dr. Sealy's lab and then ours, but he had this great British accent, and he conned everybody. I'd ask one of the companies up for $5,000 and he'd get $50,000, [laughs] just the way he talked to them. Yes, he was great running our lab and obtaining funding from industry.

[00:37:57] [END OF AUDIO]

Dr. Urbaniak: In the late 90s it was obvious that we needed to have more efficient out patient surgery at Duke if we were going to survive and be competitive. It took about the same amount of time to perform an out patient carpal tunnel release as it did for open heart surgery in our Duke North ORs. I was the one that got the Ambulatory Surgery Center started in 1998. It was hard to convince the administrators that we needed a separate building for efficiency. It really became efficient in the initial years. But you know what's happened over the years, it's almost slowed down to the pace on the inpatient ORs in Duke North. People began teaching and everything, but what I wanted to do was to have one shift. Everyone had to be done at 3:00 o'clock and we were done over there. We had to get our cases done and that sped up things and it worked for a few years and it gradually started to slow. I don't know how anesthesia is now in the operating rooms, if it is still slow sometimes, or not.

Justin: It's faster than Duke North. It's not as fast as Duke Raleigh.

Dr. Urbaniak: My last two years, I operated over Duke Regional. I did two free vascularized fibular grafts and would finish by 3PM – impossible to accomplish at Duke North. I was asked to do vascularized fibular grafts there because I was 70 and you couldn't operate here at Duke anymore and I needed to train others to do the procedure before I stopped performing surgery That was before they changed the rules [so you can now operate after 70]. I did two every Wednesday and we have our grand rounds and wouldn't even start the cases until to almost nine. I could get two of them done by 3:00 or 3:30. I would never even get one done over at Duke North in that period. I really liked operating at Duke Regional.

Justin: When did orthopedics become its own separate department and what are some of the advantages and disadvantages of that decision?

Dr. Urbaniak: Well, the big reason why we never pushed for it was, back in 60s, 70s, 80s, and 90s, the departments ran the hospital and the medical school. They had really strong departments. Medicine had Eugene Stead, Jim Weingarten, Joe Greenfield, and surgery had Dr. Sabiston. They really ran everything. The departments ran it. Pediatrics in some sense had some, but that really it was mainly whatever surgery and medicine wanted to do. We felt, my predecessors too, Dr. Baker, Dr. Goldner, we felt that in union there was a lot of power, we could get a lot of things done if we stuck being part of the Department of Surgery.

There was never any effort made much [to separate]. Towards my later years, I started making some movements. I wrote some plans out and passed them on to Jim Nunley. It was the start of Jim Nunley's tenure, Jim made it his number one push. One of the big reasons was well because, the chancellor and the dean and the director of the hospital, they started getting a lot of control. I can tell you we hardly even knew who those people were back when Dr. Sabiston and Dr. Stead and Dr. Weingarten and Dr. Greenfield were Chairmen, we really hardly even knew their names.

Then that all changed. The department chairmen lost their power of running the institution, including the medical school. When we saw this, we figured if we're going to continue our national and international reputation, we're going to have to become autonomous. There was no fight against it, either, from the department of surgery. They actually helped us do it.

Justin: One interesting model that Duke orthopedic surgery has been pioneering recently is taking fourth year medical students and combining their fourth year medical school with the first year of internship. What are your thoughts on that program? Do you think this is the future of orthopedics, or where's that going to go?

Dr. Urbaniak: Well, one reason that was started too is that everybody is doing a year fellowship or two now, so it's an effort to shorten training. I think it has promise. We ran a pilot program. It has a few snags and one of the reasons is the challenge of picking those two people. How do you pick them and who picks them? Then there's a little bit of resentment by the some of their colleagues and the people that are doing their residency and these other individuals (students) are getting in, and are they're equal with them and they didn't go through what they've been.

Those have been some of the problems with it. When you say you take two people in their medical school and you're shortening their training because during their fourth year they become an intern or resident or something like that, then how do they stack up with the 75 people you're interviewing for the other six slots? If you take eight people. I think they did get the American Board of Orthopedic Surgery say that we could add those two on. I think that's the way it went. See, then you start interviewing people and you find out who these people you have are not near the caliber that our applicants are.

That's where that really comes in because you're picking people early in their career to match in your program. These people you match now, they're incredible, have incredible CVs. I think the concept is a good idea, but to get it to work so everybody feels good about it has been challenging.

Justin: Are there any other programs in the United States, I know there is one in Canada, that's trying this?

Dr. Urbaniak: No, not that I know of

Justin: Is there anything I didn't ask you that you want to make sure we get on the record?

Dr. Urbaniak: The only thing, I think I never appreciated this back when I was first starting orthopedics. I really appreciate it now how important it is to have named, academic chairs to help with the finances. I have been fortunate to have the Virginia Flowers Baker chair. I take almost no funds from it, I give it all back to the department of orthopedics. Let them spend it anywhere they like.

They let me know how it's being spent. Most of it is being spent in the laboratory, research laboratory, which is fine with me. I saw the value of this. This is one of the things that happened to me when I was in Washington, DC, I used to go to Tuesday night at Georgetown, that was their grand rounds. I sat next to this elderly gentleman. His name was Laszlo Ormandy He was an orthopedic surgeon who'd spent one year here back in Dr. Baker's time and then the rest of his training was at Harvard. I sat next to him for almost two years. I helped him with his coat and his cane.

He didn't have any family. When he died at 97 years old, his lawyer called, said Laszlo Ormandy has given 2.6 million to Duke orthopedics for a chair. That just shows you the importance of relationships. Then they've got the chair in my name. The reason they raised that so fast was, back in the days when they started raising money for James Urbaniak chair, there was a Duke benefactor who matched the funds. If you got somebody to give a couple hundred thousand, they matched it That's how they raised it so quickly, in half the time.

Now we have J. Leonard Goldner Chair, Jones chair. I think they are four chairs and I realize it's very important, but I didn't appreciate it in the early days.

Justin: From a leader standpoint, what do they bring to the department? Why are they so critical to creating an academic department of excellence, these chairs?

Dr. Urbaniak: Well, the way that chairs are now written is they basically pay the salary, for whomever has the chair. Whatever is not used for his or her salary,
the holder of the Chair can designate how they want to use it, for research or whatever they want to do. You can't do anything to benefit yourself, for example. I can't buy somebody a gift or something like that. The chairs are written that way. Number one, it's their salary for the holder of that chair and then the holder of the chair determines

how he wants the money spent. You can see it's good for faculty recruitment, it's really good.
You try to bring somebody in from somewhere else, you can say, "Well, we want you to have this chair" Now, all the chairs cost $3.5 million to endow. You have to have a minimum of that. Then if you spent 5% of that, you can see where that goes. I think our chairs now we have, they're all up over $3 million. It's really good for recruitment.

Justin: Then their salary is not contingent upon our RVUs at all?

Dr. Urbaniak: Well, it depends on how you've set up your department. I've had this Virginia Flowers Baker Chair for I don't know how many years, 25 or so. I never took anything. Well, back in Sabiston's time, he made me take $30,000 a year out, which was a professor's salary. The rest of it stayed with orthopedics. All these years, I've never taken more than that $30,000, but it would pay couple of hundred thousand dollars a year, I guess.

That's up to the department chair. We have RVUs plus how much you're involved in teaching or research, and there are other incentives to pile up compensation points, which is the way it should be in an academic institution. I had people that I knew the best thing they could do was to do a lot of surgery and bring in money but they helped the other people who may be more involved in research and teaching too. Just like the money comes in for these chairs. Well, like the money came in for sports medicine for our institute -- $20 million. That benefits everybody. All the orthopedic surgeons, not just the ones involved in sports. The chairs are really good. I'm hoping were are going to get a couple or three more here. How many do they have in general thoracic, do you know?

Justin: I don't know. They're trying to get more also for similar reasons.

Dr. Urbaniak: It's difficult now for $3.5 million.

Justin: That's a lot of money.

Dr. Urbaniak: See when we started, it was a million. Then it went to 2.5. They're really important, because it has become more difficult for you to bring in money just on your fee for service.

Justin: Sure. It's only going to get harder.

Dr. Urbaniak: Yes. It is. I was very fortunate because I was always one of the big income producers. Mainly because of the vascularized fibular grafts (FVFGs)

Justin: You were doing five a week. That's a lot of grafts [laughs].

Dr. Urbaniak: That ended up being 77% of my practice. We performed more than 3,500 FVFGs During my tenure, I would do just a hand surgery on Fridays but the rest of the time I was doing FVFGs. It was fun. I can still do it. [laughs]

Justin: Probably better than most of the people doing it now! Thank you very much for your time. Really appreciate it.

Dr. Urbaniak: It was good to spend the time.