of the mother. The law went into effect in October 2007.

“HIV is something that, thank God, we are seeing less of in pediatrics because of intervention programs,” he says. “But if you don’t continue to do these programs, you can reverse what you have achieved.

“While the number of cases in children has decreased, the number of infected women has actually gone up,” he notes. “In 1985, women accounted for only about 7 percent of all cases of HIV. Now women account for 26 percent.”

The Nevada Care Program provides an integrated, comprehensive approach to combat the three most common preventable perinatal infections: HIV, hepatitis B and syphilis.

The program, directed by Ezeanolue, is a partnership among the School of Medicine’s departments of pediatrics and obstetrics and gynecology, and University Medical Center’s Wellness Center. It has received funding from a $1 million Ryan White Title II grant from the state, as well as close to $400,000 from an anonymous donor.

According to the Academy of American Medical Colleges, the percentage of physicians who complete residency training in Nevada and stay to practice is 62 percent. Nevada ranks third in the nation for the number of physicians who stay to practice once residency training is completed. The national average is 47.6 percent.

NUMBERS:
The proof is in the pudding. Or, in the case of medical residency programs, it’s in whether your program can attract the top students in the nation. The University of Nevada School of Medicine’s surgery residency programs this year matched their top choices in both general surgery and plastic surgery from a nationwide slate of applicants.

“That’s success,” according to William Zamboni, ’80 (premedical), ’84M.D., chair of the Las Vegas-based Department of Surgery. “Out of more than 200 applicants, we ranked No. 1 and matched that person.”

The National Resident Matching Program is a private, not-for-profit corporation that provides an impartial venue for matching applicants’ and programs’ preferences for each other by reviewing their individualized rank order lists. Each year, approximately 16,000 U.S. medical school students participate in the residency match.

“That’s what it’s all about,” Zamboni says: “Creating the best training programs—not just mediocre programs—our programs are considered some of the best in the country. Success is having our own students matched to the training programs of their choice.”

In addition to attracting top residents to Nevada, the School of Medicine’s Class of 2008 matched all 48 of its graduates in 29 different institutions across the United States, with some matching with the most competitive residency training programs, including placements with University of California, Davis Medical Center, UCLA Medical Center, University of Southern California and Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

The Department of Surgery also has fellowships—specialized training beyond residency training—in surgical critical care as well as in hand and microsurgery. The hand and microsurgery fellowship has been in existence for 10 years. “We have trained some of the best people in the country,” Zamboni notes.

In addition, the department has launched the world’s first-of-its-kind fellowship in acute care surgery, under the direction of John Fildes, professor and vice chair of the department and director of the state’s only level-one trauma center at University Medical Center in Las Vegas.

Zamboni, who started the Division of Plastic Surgery at the University of Nevada School of Medicine in 1994, also initiated the state’s first replantation and microvascular program at University Medical Center, now the fourth-busiest center in the country. He is known for his pioneering work in treating limb reattachment patients using hyperbaric oxygen.

—Melanie Robbins ’06M.A.