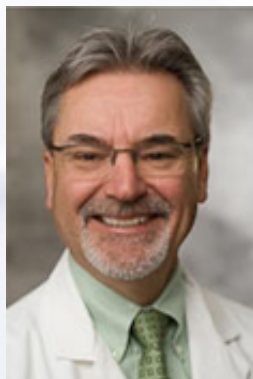


SURGERY Synopsis

Jurkovich Heads to Denver Parting Wisdom from 23 Years



Gregory J. Jurkovich, MD
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“Did you ever get the feeling that you wanted to go, but still had the feeling that you wanted to stay?” These lyrics from a song by Jimmy Durante sum up Dr. Jerry Jurkovich’s state of mind as he prepares to leave his position as Professor in the Department of Surgery, University of Washington and Chief of Trauma Services at Harborview Medical Center. After 23 years at HMC, Dr. Jurkovich has accepted a position as Director of Surgery at Denver Health & Vice Chair of Surgery, University of Colorado; his new position begins in March 2012.

Recently, two of the Department’s Assistant Professors in Trauma/Burn, Dr. Heather Evans and Dr. Erik Van Eaton, were able to talk with Dr. Jurkovich as he reflected on his time at Harborview, his thoughts about leaving and his new position.

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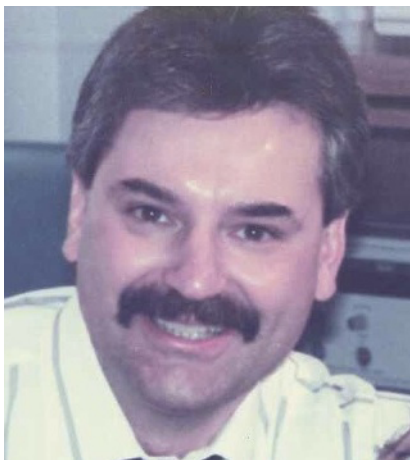
Question: “How do you decide that it’s time to do something new in your career?”

Dr. Jurkovich: “I think it’s different for absolutely everyone. Sometimes you have to go because you’re no longer welcome or feel like you belong in some place. That certainly never was the case for me here. Sometimes you go because a job is so good, you can’t pass it up. There is just so much more money, so much more everything, you just can’t say no, but that wasn’t the case either. Sometimes you go because of family reasons. That’s actually not the case either.

“So then what are you left with is why? This was really the struggle for me: why?”

“On this shoulder was this little elf saying- ‘you have it perfectly good here. Why are you messing with a good thing? You have a great life. You’re very comfortable, you love your job, you love the people, you’ve made a name and established a position for yourself. You’re doing very well.’

“On the other side, there’s this little guy saying: ‘come on – let’s just do something different. Let’s do something fun. Let’s take a chance, take a risk, you know. You’ve always said you wanted to do this. You’ve looked at these jobs for 15 years in different ways, shapes or forms. This may be your last chance - maybe. So, why not?’ That (voice) ended up winning out.



Dr. Jerry Jurkovich, circa mid-1980s

“And so how do you know when it’s time? I don’t know. It’s like having kids, there is no good time to decide to have kids, you just do it.”

Question: What was it about this particular job that made you decide to make the change?

Dr. Jurkovich: “(This new job)...just had a good combination: 1) It was where I trained, so that’s a little bit of the appeal... not overwhelming, but some...but it doesn’t really carry much of that ‘oh, I remember when’ sort of issue. 2) The timing is right. Family circumstances make it easier now. The kids are established, they pretty much have their life. Dee (my wife) was ready to move. 3) (The job) is something I’ve always thought about doing. I’ve always thought about being the chief of surgery at a hospital like Harborview, a safety net hospital, a county hospital. I always thought it would be a next step. I’m expecting it to be different (and a challenge). 4) I know that I’ve liked Denver in the past, I have every reason to believe I’m going to like Denver – you know, I’m going to like its weather, I always have. My hobbies are fly fishing, skiing and playing golf and that’s a great location for those. I could use some more sunshine and dry weather.”

23 Years of changes: To his job, to the trauma system and to Harborview

Dr. Jurkovich spoke about his professional life, reflecting on the changes he has seen come to Harborview, to the discipline of trauma surgery and how those have affected him.

Question: Let’s talk about for a couple minutes what you feel like you’ve accomplished since you came here.

Dr. Jurkovich: “I started “twenty-three and a half years ago; August 8, 1988.” The changes since then have been many.”

Changes to Harborview

“I’ve watched the hospital grow...probably 500 million dollars’ worth of expansion. I have watched all the waterfront as it was built, the R & T (Research & Training Building) as it was built and then the Maleng (building) and (finally) the Ninth and Jefferson Tower... I’ve gone from clinics down at the end of this hallway to the West Clinic over into this clinic. We moved clinics three times.”



Harborview Medical Center
Maleng Building

Changes to the UW Trauma Surgery Program

“We hugely expanded the faculty over that time period – and really most significantly, I think, is our expansion of the fellowship program, the variety of options we offer - the critical care fellowship, the MPH program, the acute care fellowship, the research fellowship. Those (changes) have been really big.”

Development of a state trauma system:

“The development of the state trauma system began in 1985. I came in 1988, and the trauma system really began in the very late 80s and early 90s. I’m really proud of what Washington state has done and what Ron Maier (Ron Maier, MD, Professor, Chief of Surgery, Harborview Medical Center and Division Chief of Trauma/Burns) started before I was here. We did it together for a while; then, largely I took over the last half (of my time here).

“(During this time we) cemented Harborview as a single Level 1 institution for the entire state. (We worked through) the ups and downs of Airlift Northwest and its ability to transport people (to HMC) from Alaska and Montana and all over the world. This program - a regional program with a single Level 1 Trauma Center - is really a unique model for the country. A lot of people point to and look at it as arguably the premier trauma system, in terms of design, for the world. We’ve attracted a lot of international visitors and local visitors and people have come and looked at it...We’ve expanded our connections with Japan and China. That connection has been fun to watch.

“There are a lot of reasons we’re able to do it (design a premiere trauma center), but part of it’s just the way the Northwest is.

“Continuing to build a state trauma system into a true regionalized inclusive network to maintain it over a 20 year period, and to maintain Harborview as the only Level 1 trauma center ~ (accomplishing that) was a big deal. To keep that running and working and keep the hospital expanding – I mean, all that has been based on the continuous expansion, continuous inflow of new patients every year over that time period. Making that happen and keeping it working and afloat was good fun.”

Taking it to the next level: Work at the Regional and National Stage

Dr. Jurkovich continued: “the opportunity to work here has provided me involvement in a variety of different national leadership issues. Both the Committee On Trauma (COT) of the American College of Surgeons and the American Association for the Surgery of Trauma (AAST), have afforded me really significant opportunities to be involved in activities I thought important and that made a difference.

“I worked all the way through the COT from participant into state chair into regional chair and then to the vice chairman of the whole COT. During that time COT converted all the regional structures and made three different international regions. The COT did great work with site verification visits, system performance, resident paper competitions – they’ve done really a lot of good work. That was a lot of fun.

“On the trauma side working with AAST and the Western Trauma Association has been very terrific for me. Working with the AAST, leading the committee for a decade, we were able to develop this concept of acute care surgery and put on paper the requirements for what a modern trauma surgeon is – a mix of surgical critical care, emergency general

surgery, and trauma surgery – a real acute care surgeon. We redefined what a trauma surgeon is and (we worked to) define fellowships for this training, making it a really viable pathway for a career. We (worked hard) to convert (trauma) fellowship into critical care or acute care surgery fellowships.

“From a national level, this place (HMC) afforded me the gravitas to say, ‘well, I come from a place that really practices like that and we do a really good job.’ So people listen to you; you’re speaking from experience. Harborview and the University of Washington allowed that to happen. You get the freedom to go to all those meetings and to do all that stuff and to be gone from work and have partners that cover for you and have a hospital that understands it. That is really good.”

The Local Surgical Community

“I think being involved in the local surgical community is important. I think one of the great advantages of being in an academic career is that you have enough time and enough opportunities to be involved with things other than your clinical care at the hospital. You really are afforded the opportunity to do more than that. I’ve always been a real fan of the local surgical societies, whether it’s the Seattle Surgical Society or the state chapter of the American College of Surgeons, or the North Pacific Surgical Association. I thought those were great because they get you to know the other surgeons in the community who are doing more than just caring for their patients and going home.

“It’s hard for private practice community surgeon to make it to the state chapter to be involved in those things. So I have a lot of respect for people who did that. I like knowing them, I like talking to them, I like their different

perspective. It gave me great insight into what their life was like so that when they were calling for a trauma referral, it gave me some sense of what they were dealing with. And, I think that works both ways. I think making that contact for you is helpful for them to know there’s a contact in the referring center that they can go to.

“So I’ve really enjoyed getting to know the other surgeons in the city and the region and the county, and as a trauma director for the place that serves as the only Level 1.”



Harborview Medical Center

Going to Denver: Challenges and Opportunities Ahead

Question: All that community building that you’ve done, how does that parlay into your new position?

Dr. Jurkovich: “I think for me I’ll probably carry that same attitude back to Denver, which is, I’ll go to as many of the Denver surgical meetings as I can. I’d like to visit every hospital that sends patients to Denver Health at least once to say ‘I’m new here, you might not

know me, but I want to know what you need.'

"It's a particularly competitive environment there. It's the Wild West out there. The government has elected not to put many constraints on what kind (and how many) trauma centers (they allow); so consequently there's huge competition, there are essentially helicopter wars. I think there are 17 helicopter transport services in the state of Colorado. That environment is totally different (from here)."

Question: So what else will you take to Denver Health?

Dr. Jurkovich: "The trauma surgeons at Denver Health epitomize what it is to be acute care surgeons. I mean they really do. They're wonderful at it. Their core group of eight general surgeons really does the vast bulk of all general surgery - thoracic, vascular, endocrine, oncology. They have a nice model that I'd want to expand upon, which is there is one person among their faculty who actually is the kind of established expert in X. They use that person when they need help or need guidance or need teaching about something. So, for instance, there is a breast surgeon there. Everybody does breast work, but there is a full-time breast surgeon who you can turn to if you need help with some breast work. All these people take trauma call and they are - they're trauma surgeons - but they have a clinical area of expertise. I'm going to see if we can hire each of our faculty with a single area of expertise that's out-

side of general trauma surgery, but the vast majority of what they're going to do is going to be general trauma, general surgery and trauma and burn surgery. Their elective practice will be whatever their elective niche is. I like that concept and we'll see if we can make that fly as a group."



Denver Health Medical Center

Question: So what do you see as the thing that's going to be your biggest challenge in moving on?

Dr. Jurkovich: "I suspect that my biggest challenges are things that I'm not even thinking of as being challenges. I don't know what I don't know."

"I think the personnel management might be harder than I think it's going to be. The practice style there, the way the hospital is run and the way the faculty are related to the university and their academic issues are totally different than this environment, and so I think that'll be a challenge to me to accept that and learn how to make the most out of that circumstance. The physicians are all employees of the hospital, they have their academic arrangement

with the university, but there really is no financial arrangement with the university. And as an employee of a hospital, it's much more like an employee than it is like a professor.

"I think (our professional life) is a very free lifestyle here. I mean, really unfettered - you know, kind of do whatever you want to do - as long as the work gets done. I expect that to be a change and I'm a little nervous about that part of it."

"And, I think the sense of responsibility as the leader of the surgery department, as chief, will probably be more significant than I initially appreciate. The issue of the weight of

your word, the weight of your actions, the weight of your attitudes, your presence, will have more of an impact than I imagine (now) that it does. So a lot of the casualness I think will be gone."

Question: Who are the people that you think of in your training, in your professional career beyond training, that you would think about in trying to emulate?

Dr. Jurkovich: "Carlos Pellegrini, MD (Professor and Chair, Department of Surgery, University of Washington). I think Carlos does a spectacular job. His dedication and work for the University of Washington has been unparalleled, although I'm not quite sure how he's done it. He is always upbeat and positive. I think he does a really good job. Rick Goss, MD, the medical director here at Harborview, has done a lot of

things that I've enjoyed watching how he does them. Ron (Maier) of course, and the way he has this ability to control the faculty yet let them do the best they can do has been phenomenal. So, Ron, Carlos, Rick Goss, and then, Johnese Spisso (Chief Health System Officer, UW Medicine & Vice President, UW Medicine Health System). I've appreciated the way she's moved from being the trauma nurse coordinator to chief medical officer for the entire university health care system. Her 'can do' attitude and, 'okay, we'll try to do that. Let me figure out how we're going to do it.' She's been good. Those four individuals are the ones (from here) that come to mind."

Deep Roots in the Seattle Community

Dr. Jurkovich talked about the deep root he and his family has in Seattle: "We have loved Seattle. We're planning on coming back and retiring and living at least part of our life in Seattle. I love the Northwest. I love the green, I love the water, I love the trees, I love the politics, I love the people. I love the long summer days. I like everything about the Northwest.

"We raised our kids here - in the same house - from preschool to end of college. We became really involved with the community. I really liked that. When we were at our home community, I was not Dr. Jurkovich, I was 'Dee's husband' because she was really involved with school and the kids. Then when we crossed the bridge and came into Seattle, it was - (to Dee) 'oh, you're Dr. Jurkovich's wife.' We had sort of parallel kind of worlds. So that was sort of fun. I enjoyed that."

Thoughts on Leaving the University and HMC

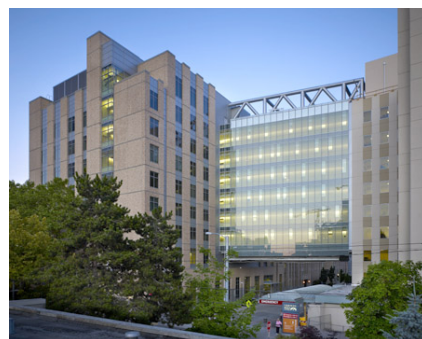
"I actually don't think there's a better

place to work for an academic surgeon than Harborview and the University of Washington. I can't imagine a better work environment than this. It has spectacular people, incredible freedoms, terrific support, great clinical resources, great patients, a political environment that allows you to work in comfort in a safety net hospital with very little struggle, relatively speaking.

"That's part of the reason I really struggled with this (new) job. I just wanted to make sure I was doing it because it was something I really wanted to do, not because it was something I thought I had to do. I think I'm too old to think it's something I have to do.

"That would be my advice: to do stuff that you like to do and do it because you like to do it. Not because you think you should, not because you think it's a steppingstone, not because you think it's a good way to get to someplace. That'll burn you in the end. Just do it because you want to do it. And because you think it's fun, and it will work out great. Whatever it is."

23 Years of Changes at Harborview

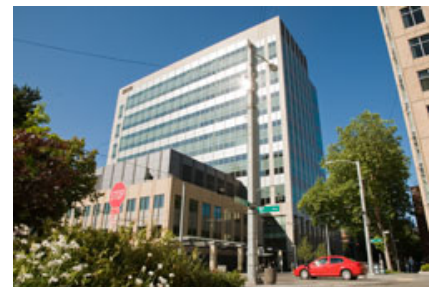


Norm Maleng Building

The Norm Maleng Building adjoins Harborview's East Hospital wing by a six-story bridge building, which spans

Ninth Avenue and makes a bold architectural statement. Public art is integrated into the streetscape and under the bridge building, which also includes a soft blue lighting treatment for the north façade.

Named in honor of the late King County prosecutor Norm Maleng, this state-of-the-art facility for inpatient expansion was built to the highest seismic standards and houses eight new operating rooms, 50 additional critical- and acute-care beds, clinic space and visitor waiting areas.



Ninth & Jefferson Building

Ninth & Jefferson Building (NJB), a 14-story building located across the street from the main medical center.

Positioned on the eastern crest of the hill on Ninth Avenue, the building (908 Jefferson Street) is bordered by Terry, James and Jefferson streets and serves as a new gateway to the Harborview campus.

NJB houses expanded specialty services such as, the Eye Institute, Global Health, Institute for Simulation and Interprofessional Studies (ISIS), Neurosciences, Otolaryngology, Orthopaedics, UW Medicine Sports and Spine Center and the Sleep Institute.

K. Alvin Merendino, MD

December 3, 1914 — September 10, 2011

It is with deep sadness we announce Dr. K. Alvin Merendino passed away Saturday, September 10, 2011. He is perhaps best known as a pioneering open-heart surgeon and led the team that performed the west coast's first cardiac operation on bypass (a pulmonary artery stenosis) in August 1956 at Harborview Medical Center.

Dr. Merendino earned his medical degree in 1940 from Yale University and a Ph.D. in Surgery from the University of Minnesota where he was a faculty member before joining the University of Washington. He came to the University of Washington in 1949 as associate professor of surgery and soon became director of the experimental surgery laboratories.

After University Hospital (now UW Medical Center) opened, he was the second surgeon-in-chief in the Department of Surgery 1964-1972, succeeding Dr. Henry Harkins. During his tenure as Chair, he trained some of the top cardiac surgeons in the region. From the presidential address titled "K. Alvin Merendino: His Contribution to Surgery" in *The American Journal of Surgery* by Dr. George I. Thomas, Dr. Merendino's first cardiac fellow, stated "Merendino always believed that training residents was a two-way street, and he benefited immeasurably from them." In a letter to Dr. Thomas, Dr. Merendino stated "my former residents have had a great impact on my life... some may feel that I touched their lives in some way, but I can honestly say I have had the better of that exchange."

Dr. Merendino was known for his ability to innovate and improve on older principles, a trait he continued



K. Alvin Merendino, MD

through his entire career. The improvements he made to standard surgical techniques and the new techniques/equipment he created are numerous. One stands out in particular: he and his team helped to create the first versions of the cardiac pump leading to the production of the University of Washington's lucite-oxygenator. This cardiac pump was used in the first bypass surgery on the west coast. This successful surgery, writes Dr. Thomas, was "our Kitty Hawk, our Spirit of St. Louis."

In commenting on the surgical characteristics and qualities of Dr. Merendino, Dr. Shumway, at the 25th anniversary of the University of Washington's heart program in 1981, expressed it well: "Al's technical wizardry was well recognized...He was in the vanguard of that new breed of surgeons who were unflappable in the operating room despite the mounting tensions... They were never upset and produced an equanimity that was shared by everyone."

His longtime friend and supporting cardiologist, Dr. Robert Bruce said of his patient care: "he was gentle and

compassionate...His sympathy in times of powerful grief was always genuine."

Following his tenure as Chair at the University of Washington, he moved to Riyadh, Saudi Arabia for three years to become the Chair of the department of surgery in the newly created King Faisal Hospital extending his influence and that of the University of Washington to the Middle East. He then became director of medical affairs at King Faisal Hospital in the first year and advanced the institution into a post-graduate education facility. Following this, he returned to the University of Washington and directed the thoracic surgical service but was persuaded to return to King Faisal Specialist Hospital as director of cancer therapy where he eventually became the director of operations of an entire medical complex called Faisal Medical City. The chance to build the program in Saudi Arabia was unique and for him highly satisfying. He is quoted as saying "In Saudi Arabia, I have been in the unusual position of having the opportunity to help literally thousands of people....we have been able to serve as the standard by which the quality of medical care is measured throughout the entire Kingdom."

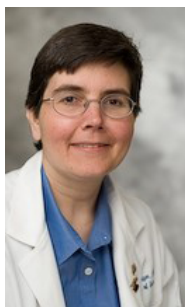
Those of us who had the pleasure to interact with him over the years will always remember his affection, sense of humor and his love of life. A private memorial service was held for his wife Shirley; five daughters; Cira, Nancy, Susan, Nina and Maria; six grandchildren and five great grandchildren.

Department of Surgery Research

The Department of Surgery is home to the exciting and groundbreaking work of more than 65 research faculty in both clinical and laboratory fields of investigation. Each issue of *Surgery Synopsis* will include profiles of researchers in the department, celebrating some of their current successes.

This issue features the work of some of our faculty, in particular, Drs. Eileen Bulger, Joseph Cuschieri and Alec Clowes. Future issues will feature the amazing work of our other faculty.

Eileen Bulger, MD, Professor of Surgery



A leader in pre-hospital research and injury prevention, Dr. Bulger is currently focusing on six important research projects, three of which are highlighted here.

Dr. Bulger is a co-Principal Investigator (PI) for Trauma Seattle/King County Resuscitation Outcomes Consortium (ROC) which is funded by the National Institutes of Health and the Department of Defense. The goal of the ROC is to provide infrastructure and project support for clinical trials in the areas of cardiopulmonary arrest and severe traumatic injury in order to improve outcomes. At this site, two randomized controlled trials of hypertonic resuscitation have taken place: one for patients with traumatic hemorrhagic shock and one for patients with traumatic brain injury. Patients are currently being enrolled in a prospective observational study to evaluate point-of-care lactate levels in the pre-hospital environment as a predictor of occult shock. This year, enrollment will begin for a randomized controlled trial comparing two different massive transfusion protocols for patients with major bleeding after injury. This work could prove instrumental in finding the most effective ways of treating patients in the pre-hospital environment, leading to standardized practices and better outcomes.

Dr. Bulger is the PI for the Seattle center of the Crash Injury Research and Engineering Network (CIREN) which seeks to improve the prevention, treatment, and rehabilitation of motor vehicle crash injuries to reduce deaths, disabilities, and human and economic costs. The Seattle site was recently awarded five years of renewal funding from the National Highway Traffic Safety Administration. The research has recently focused on: evaluating injury patterns associated with roof crush after rollover collisions; looking



Trauma & Burn Surgery Division
at Harborview Medical Center

at side airbags and rates of renal injury in side impact collisions; and studying injuries resulting from size-mismatched motor vehicle collisions. During the next year, the study will focus on the components of the Field Triage Guidelines for Emergency Medical Services (EMS) following motor vehicle crashes as well as evaluating the utility of automatic crash notification variables for EMS triage and response.

Airway and ventilation management in the pre-hospital setting has been a major focus for Dr. Bulger. She recently completed several projects evaluating the utility of pre-hospital airway management and optimal ventilation strategies following traumatic brain injury (TBI). Because hypoxia and hypotension contribute to the development of secondary brain injury and worsen outcomes after TBI, it is vital to develop best-practice ventilation strategies in the early phase after injury in order to increase the likelihood of positive outcomes. Dr. Bulger also critically evaluated the role of end-tidal CO₂ for pre-hospital monitoring of ventilation and its use to predict occult shock.

These and other key projects, including collaborative laboratory work with other Trauma faculty, are demonstrative of the breadth of Dr. Bulger's groundbreaking work.

Joseph Cuschieri, MD, Professor of Surgery



An important researcher in severe injury, Dr. Cuschieri is involved in several essential projects, including working to understand what happens to the body after the injury and what may be the source of devastating infections and sepsis—discoveries that are vital to developing the most effective interventions for injured patients.

Dr. Cuschieri is funded by the NIH to investigate the effects of ischemia and reperfusion on the lipid and protein structures on monocytes and macrophages. Ischemia/reperfusion is a common event following severe injury and is associated with the development of organ dysfunction in patients initially surviving severe trauma. An improved understanding of such alterations to the cell membrane would lead to potential prognostic and therapeutic interventions to limit the dysregulated immune function that contributes to organ failure.

In addition, Dr. Cuschieri worked on a large multi-center study along with Dr. Ronald Maier and Dr. Grant O’Keefe evaluating the genomic and proteomic responses to injury. Findings of this work have challenged the concept of a two-hit hypothesis of organ failure following trauma and has led to the initial development of a genomic signature that may be used for early prediction of patients at greatest risk for the development of complications.

Dr. Cuschieri remains actively involved in clinical research evaluating factors associated with the development of hypercoagulable states leading to venous thromboembolism, factors associated with nosocomial infection, organ failure, and death. Among the factors discovered included early withdrawal of commonly used medications, including statins.

The discoveries that are taking place in these studies are examples of what will continue to lead to better outcomes for patients that have undergone serious traumatic injury. Dr. Cuschieri is making significant contributions to this important field of research.

Genetic Factor Linked to Long-Term Success of Leg Bypass Surgery

Outcomes of bypass surgery to repair blocked arteries in the legs tend to be better in the roughly one-in-five people who have inherited a specific genetic variation from both parents, according to a study presented at the Vascular Annual Meeting in Chicago in 2011.

The new findings may prove useful in weighing treatment options for the estimated eight million people in the U.S. with peripheral artery disease (PAD), a condition that can produce severe disability and lead to amputation. Treatment options include surgery and/or medication.

More than 100,000 bypass and stent procedures and angioplasties are performed each year to relieve artery disease symptoms such as pain and numbness.

Alexander Clowes, MD, UW professor of surgery, and Michael Conte, MD, professor, University of California- San Francisco, Division of Vascular & Endovascular Surgery, led the study.



Alexander Clowes, MD

“These studies represent a major breakthrough in our understanding of arteries closing after angioplasty and bypass grafting,” said Clowes. “More importantly, they may help us identify patients at increased risk of treatment failures. These results may also accelerate drug development to prevent re-narrowing of vascular reconstructions.”

Conte and Clowes performed a gene association study in 204 patients who had undergone a leg vein bypass graft. They tested the patients for a common variation of the gene p27, which is known to control how cells grow.

The physicians are members of the Vascular Cures Research Network, a national research consortium. Members of this team share information and results in order to substantially accelerate the development of new drugs, technologies and predictive tools for vascular disease.

Excerpted from UW Medicine Online News

Teamwork at Harborview Accelerates Patient Care Quality Initiatives

As the process of delivering health-care in the United States becomes increasingly scrutinized by both state and federal oversight, and by patients, improving quality and efficiency is more vital than ever. At Harborview Medical Center, Department of Surgery faculty are leaders in developing quality initiatives in partnership with other service lines and the hospital quality improvement (QI) department.

Making important changes for the best patient outcomes requires a teamwork approach. One of the key places that QI initiatives begin at Harborview is at the multi-disciplinary Trauma Council. While each service has its own Mortality and Morbidity conference (M&M) to review patient deaths and major complications, the Trauma Council is a place for each service treating trauma patients to work collaboratively to develop policies and protocols that lead to best practices and outcomes for this high acuity patient population. Working with physician and nursing leadership, the Trauma Council works to identify and resolve QI issues at a system level.

A recent quality metric that the Trauma Council has been focusing on is Spine Clearance. This metric looks at whether the injured patient has been fully evaluated for a spinal injury within 48 hours of admission and, for patients determined to not have an injury, if they've been given clearance to be upright in bed. This early assessment is important for multiple

reasons, including prevention of problems associated with immobility such as deep vein thrombosis, ventilator associated pneumonia, and skin breakdown. Historically, there have been multiple challenges to meeting the 48 hour goal: trauma patients are seen by multiple service teams and no one service is solely responsible for spine clearance; coordination of appropriate imaging can be difficult, particularly

metrics show that roughly 90% of trauma patients are receiving spine clearance in 48 hours, an improvement from around 75% just several months ago.

The above example is illustrative of leveraging the medical record to improve efficiency in the delivery of care and tackling quality challenges at a systems level. As another example, Dr. Erik Van

Eaton and Dr. Lisa McIntyre are developing an innovative IT solution to utilize the medical record via Computerized Rounding & Signout (CORES Project) to easily identify and record events of a quality concern. These cases can then be prepared for presentation at (M&M), with quality concern scores determined and action items tracked. By creating a process that is simple and does not disrupt daily workflow, faculty and housestaff will be able to report and track even relatively "minor" cases, rather than only capturing major events. This increased

ability to capture data and track trends should allow for more opportunities to implement QI initiatives and assess their impact on outcomes, from both the service level as well as the system level.

Quality is the responsibility of all those providing care for the patient; the onus cannot be solely on the physician and the housestaff. Harborview is an example of an environment wherein a culture of continuous positive change is taking place that is inclusive of all of the key players involved in providing the best possible care to patients.



Trauma / Burn Faculty

when the patient is undergoing treatment for multiple other injuries, many of which are life-threatening; spine clearance forms, which were handwritten and scanned in, were variably located in the Electronic Medical Record (EMR). Despite these ongoing barriers, the care team has developed a system where the medical record is utilized to trigger action on this protocol. Trauma nurses work with this data to coordinate with the care team to achieve the 48 hour goal through a standardized process of care. This QI initiative has already yielded exciting results: current

2012 Seattle Surgical Society Annual Meeting

The Seattle Surgical Society held its annual meeting on January 13, 2012. The theme was “The Surgeon of the Future” with keynote speaker, Dr. Tom Russell, former Executive Director of the American College of Surgeons. The meeting opened with an outstanding group of 3-minute research presentations by trainees from the three Seattle surgical residency programs, moderated by Dr. Russell and Dr. Kaj Johansen. At various points throughout the meeting, an audience response system facilitated via cellular texting enabled attendees to contribute their opinions in real time, including voting for their favorite resident presentation.

Dr. Richard Thirlby (VMMC), past President of the Seattle Surgical Society, presented a review of the best surgical papers of the year. Dr. Richard Satava (Professor at the University of Washington, School of Medicine, Department of Surgery) spoke of the “Surgical Futurist,” describing technologies in development that blur the line between surgery, genetics and engineering. Two panel sessions focused on “Growth and Use of Social Media in Medicine” and the emerging role of the “Surgical Hospitalist.”

The day concluded with a challenging game of “Surgical Jeopardy” moderated by Drs. Darlene Barr (Swedish) and Ravi Moonka (VMMC), that pitted residents from the University, Swedish Healthcare System and Virginia Mason Medical Center in a much-anticipated rematch after VM’s dramatic Final Jeopardy win at the WA-OR ACS Chapter meeting in Chelan this past summer.

The University of Washington was well represented at the meeting, both in membership, on the program, and by residents. University of Washington resident Dr. Sabrina Sanchez won the competition for best resident research paper; Dr. Jonathan Kohler won “audience favorite” (using the audience response system) for his case presentation of hernia repair of biblical proportions. The UW Surgical Jeopardy team won 1st place. Team members included: Sabrina Sanchez (R3), Heather Wheeler (R5), Jonathan Sham (R2), Jennifer Kasten (R2), Colleen O’Kelly Priddy (R3).

And, finally, Dr. Carlos Pellegrini (UW Medicine Professor and Chair, Department of Surgery), was unanimously elected by the membership as President for the 2012 year.

Congratulations to the UW faculty and residents for their outstanding participation at the Seattle Surgical Society.



UWMC Surgical Trainees present at the Seattle Surgical Society Meeting 2012. From left to right: Jonathan Kohler (R4), Sabrina Sanchez (R3), Jonathan Sham (R2), Edward Auyang (MLS Fellow).



The Winning UW Surgical Jeopardy Team (from left to right): Jonathan Sham (R2), Jennifer Kasten (R2), Heather Wheeler (R5), Colleen O’Kelly Priddy (R3), Sabrina Sanchez (R3).

Surgery Residents and Alumni

Dr. Aaron Jensen Receives the ACS 2011 Resident Award for Exemplary Teaching



Aaron Jensen, MD

Dr. Aaron Jensen received the 2011 American College of Surgeons (ACS) Resident Award for Exemplary Teaching at the ACS Clinical Congress in San Francisco on October 26, 2011. This award is meant to recognize teaching excellence and to further emphasize teaching as an important area of a resident's daily life. The recipient is selected by the Committee on Resident Education, based on evidence of teaching excellence. The award carries with it a \$1,500 stipend as well as an invitation to attend the Clinical Congress as a guest of the ACS.

Collected comments in support of Dr. Jensen's nomination for this award:

"Dr. Jensen is one of the most self-motivated residents I have ever seen. ...He is and will be a clinical star and an academic star in Surgical Education.

"Clinically, Aaron has superior clinical judgment, both in and out of the OR, and has a sophisticated understanding of disease and treatment options. He has outstanding critical evaluation and analytic skills at an advanced level. His

organizational skills and leadership of his team are extraordinary...

"He leads by example and is a true 'servant-leader.'

"He has a wonderful personality with a dry wit and a wry, pleasant sense of humor.

"Aaron is thoughtful and caring with patients and their families with a wonderful bedside manner and is an outstanding teacher to junior residents. Under Aaron's leadership you just know that everything will be taken care of and if there's a problem you'll know about it at the right time with all the necessary data and a synthesized plan."

We are fortunate to have residents of this caliber in our program. The Department of Surgery expresses its highest congratulations to Dr. Aaron Jensen on his receipt of this award.



Michael Florence, MD Receives 2011 Distinguished Alumnus Award



Michael Florence, MD

In recognition of his surgical expertise, professionalism and leadership, Michael Florence, MD is the recipient of the 2011 University of Washington Department of Surgery's Distinguished Alumnus Award presented September 23rd at the annual Harkins' Society Dinner. Dr. Florence is the 14th alumnus to receive this award which was first awarded in 1997.

Dr. Florence was born in Atlanta, Georgia and received his undergraduate education from Washington and Lee University. He attended medical school at Emory University and then moved to the Pacific Northwest to train as a resident in UW Department of Surgery. After completing his residency in General Surgery in 1980 he took a position as an Acting Instructor in the Department of Surgery at the Public Health Hospital. He then moved into private practice at Providence Medical Center where he played an active role training UW surgery residents for many years. He remains active in residency training in his current position at Swedish Medical Center.

His University of Washington roots run deep. In addition to his regular clinical activities, including participating in trauma call, he was a member of the promotion committee for the Department of Surgery and was President of the Harkins Society (1990-91). Most recently he has been involved with the UW through The Surgical Care and Outcomes Assessment Program (SCOAP), which is a major project within the Department's Surgical Outcomes Resource Center (SORCE). He was one of the SCOAP founders and is currently chairman of SCOAP's advisory board. He is also the present Chair of the Surgical Quality Improvement Committee at Swedish Medical Center and will be their next Department of Surgery Chair beginning January 2012.

He has been involved professionally at the local, state and national levels. He is a member of the Seattle Surgical Society, the Washington State Chapter of the American College of Surgeons, for which he was secretary for several years and eventually became its President, the North Pacific Surgical Association and the Pacific Coast Surgical Association. He also served as the Washington State Chapter's Governor to the College.

Dr. Florence is one of the most respected and admired surgeons in the state of Washington. Other surgeons not only seek out his advice but go to him as a patient. The surgical profession is better because of Dr. Florence. All these attributes reflect well on the mission and values of our department and what we want all of our graduates to embody as they launch their careers. Congratulations to Dr. Florence.

Former UW Training Resident Karen Guice, MD, MPP, Appointed to Prestigious Health Affairs Position



Karen Guice, MD, MPP

The University of Washington Department of Surgery congratulates Karen Guice MD, MPP, on her appointment to the new Principal Deputy Assistant Secretary of Defense for Health Affairs. Dr. Guice trained in UW Department of Surgery's general surgery residency program from June 1977 - June 1982 and brings over thirty years of medical experience, to include surgical, instructional and health policy to the Department of Defense (DoD).

Dr. Guice will serve as the principal staff advisor and assistant to the Assistant Secretary of Defense for Health Affairs, and will participate and be responsible for the execution of the Department's medical mission to provide health services and support to members of the armed forces, their family members, and others entitled to DoD health care.

Dr. Guice will also serve as the Principal Deputy Director, TRICARE

Management Activity. In these two roles, she will assist in the development of strategies and priorities to achieve the health mission of the Military Health System, and participate fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense.

Previously, Dr. Guice served as the Executive Director of the Federal Recovery Coordination Program, a joint program of the Departments of Defense and Veterans Affairs. She graduated from the University of New Mexico School of Medicine and completed her general surgery training at the University of Washington. She has been a funded investigator for over 10 years, receiving grants from the National Institute of Health and the Emergency Medical Services for Children Program.



Honors and Awards

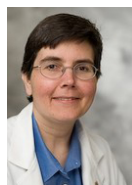


Benjamin O. Anderson, MD, Professor, is the recipient of American Society of Clinical Oncology (ASCO) 2011

Partners in Progress Award

for his commitment to women throughout the world and his dedicated efforts to improve their quality of care. He has devoted his clinical practice to the care of patients with breast cancer and breast health issues and for the past decade, Dr. Anderson has been a leading voice in the international breast cancer clinical improvement and best practices movement through establishment of the Breast Health Global Initiative (BHGI), a global alliance of organizations and individuals dedicated to medically underserved women.

Dr. Anderson successfully led the effort to establish a partnership between the Breast Health Global Initiative (BHGI) of which he is the co-founder, Chair and Director, with the International Atomic Energy Association's Program of Action for Cancer (IAEA-PACT) to fight cancer in the developing world.



Eileen M. Bulger, MD, Professor, is the immediate past president of the Washington State Chapter of the American College of Surgeons.



David R. Byrd, MD, Professor, was recognized by the Committee on Cancer by bestowing upon him the Cancer Liaison Physician Award.

This award program is designed to recognize outstanding clinical champions

who go above and beyond to impact positively on their cancer program and/or the community.

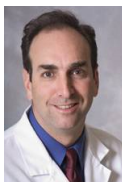


Heather L. Evans, MD, Assistant Professor, has received the distinguished 2011 New Member Award from the Surgical Infection Society

(SIS) announced at their 2011 annual meeting.

The SIS Education and Awards Committee (which includes the President, Past president, President-Elect, Secretary, Treasurer and Recorder) select the top 4-8 abstracts which were submitted within 1 month of the annual meeting and the top 3 presenters are then named as finalists for their New Member Award.

Dr. Evans' work, entitled "Prehospital Intubation Factors and Pneumonia in Trauma Patients" is co-authored with Keir Warner, Eileen Bulger, Sam Sharar, Ronald Maier, and Joseph Cuschieri and appears in the October issue of the SIS's journal *Surgical Infections*.



David R. Flum, MD, Professor, has been selected as the 2011 recipient of the American College of Surgeons/American

Surgical Association Health Policy Scholarship. The scholarship will be used for Dr. Flum to attend the "Leadership Program in Health Policy and Management" at Brandeis University's Heller School. Since 2004, the Heller School has offered an annual Leadership Program in Health

Policy and Management for 30 to 35 physician and surgeon leaders. The program is partially sponsored by the American College of Surgeons (ACS) and the Thoracic Surgery Foundation for Research and Education (TSFRE). This intensive one-week program equips health leaders with the knowledge and skills essential for creating innovative and sustainable solutions to improve the quality, cost-effectiveness, and efficiency of healthcare service delivery as well as participating in healthcare policy and reform.

Dr. Flum was appointed to the Methodology Committee of the Patient-Centered Outcome Research Institute (PCORI). The 15-member committee is tasked with helping the PCORI, which was created through the Affordable Care Act, to develop and update methodological standards and guidance for comparative effectiveness research.

As Director of Surgical Outcomes Resource Center (SORCE), Dr. Flum received a \$2.26 million grant funded by the Life Sciences Discovery Fund (LSDF). The grant's title is "SCOAP Comparative Effectiveness Research Translation Network (CERTN)" and its focus is to analyze the quality of surgical care by expanding and leveraging datasets as well as collection and analysis of new patient outcomes data.



Joseph S. Gruss, MD, Professor, received the American Society of Maxillofacial Surgeons 2011 Lifetime Achievement Award.



Karen D. Horvath, MD, Professor, has been named the 2011 Distinguished Educator by the Association for Surgical Education

(ASE). The award, one of the highest honors in surgical education, recognizes Horvath's excellence as a teacher and her significant contributions in educational leadership, research and curriculum development.



Lorrie A. Langdale, MD, Professor was re-elected for second term as Washington state American College of Surgeons (ACS) Governor.

Dr. Langdale also remains on the ACS executive committee.



Saurabh Khandelwal, MD, Assistant Professor was named medical director for the UW Medicine Bariatric Surgery Program.



Nahush A. Mokadam, MD, Assistant Professor was appointed as holder of the Lester and Connie LeRoss Professorship in Cardiovascular Surgery.

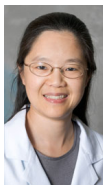


Carlos A. Pellegrini, MD, The Henry N. Harkins Professor and Chairman was elected President of the Seattle Surgical Society.



David G. Rabkin, MD, Assistant Professor, the American Surgical Association Foundation Board of Trustees awarded Dr. Rabkin

their \$75,000 per year Fellowship Award for his research proposal entitled "Cytokine removal by hemoadsorption after brain death; effect on ventricular function before and after orthotopic transplantation in a porcine model." Funding for this Fellowship will commence on July 1, 2011, and continue for a second year commencing July 1, 2012.



Gale L. Tang, MD, Assistant Professor was selected as the 2011 Vascular Cures' Wylie Scholar Program Award recipient for "demonstrating aptitude and interest in vascular

research, skill and promise in vascular surgery, teaching ability, and leadership qualities."



Erik G. Van Eaton, MD, FACS, Assistant Professor was nominated to the American College of Surgeons' Committee on Informatics.



Thomas K. Varghese, MD, Assistant Professor was awarded with the physician's "Care Award" at Northwest Hospital for outstanding patient care.



John H. Waldhausen, MD, Professor was elected Secretary/Treasurer of the Association of Pediatric Surgery Training Program Directors (APSTPD).



Douglas Wood, MD, Professor was elected to serve a three year term as Councilor for the European Association for Cardio-Thoracic Surgery

(EACTS) Board of Directors. Every three years the EACTS nominating committee proposes one non-European cardiothoracic surgeon to serve as an international member of its Board. This nomination is then voted on at the General Assembly during the national meeting. This is the first time that EACTS has chosen a general thoracic surgeon for this position and the first time an American has been chosen outside of the eastern seaboard medical schools. This election is considered a significant honor among European CT surgeons and represents the positive impact Dr. Wood has had within the CT community at large, and his leadership role in cardiothoracic surgery internationally.

Dr. Wood was also elected Chair of the Thoracic Residency Review Committee (RRC) Section of the Accreditation Council for Graduate Medical Education (ACGME) and Chair for the newly created National Comprehensive Cancer Network (NCCN) which is a lung cancer screening panel responsible for developing screening guidelines.

Appointments and Promotions

Appointments

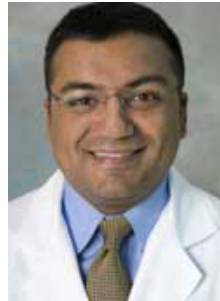


Shannon Colohan, MD
Assistant Professor

Dr. Shannon Colohan joined the Division of Plastic Surgery in September 2011 as an Assistant Professor and works primarily at the Center for Reconstructive Surgery at UW Medical Center. Her area of expertise is reconstructive plastic surgery, with a specific focus on cancer reconstruction. Her clinical interests include reconstruction of cancer defects. Her research interests include clinical outcomes in reconstructive plastic surgery, with emphasis on breast reconstruction and optimizing surgical techniques to improve the functional and aesthetic appearance of reconstructive procedures.

She grew up in Ontario and pursued her undergraduate and medical education at Dalhousie University in Halifax, Nova Scotia and graduated from medical school in 2004. She completed her plastic surgery residency training at Dalhousie and received additional fellowship training in breast and microsurgery at the University of Texas Southwestern in Dallas, TX.

In addition to her interest in reconstruction, she also has expertise in epidemiology and study design. During her residency training she spent a year in London pursuing a Master's degree in epidemiology.

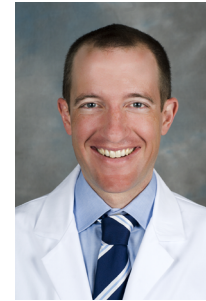


Saurabh Khandelwal, MD
Assistant Professor

Dr. Saurabh Khandelwal originally joined the Division of General Surgery in August 2009 as an Acting Assistant Professor and advanced to Assistant Professor in July 2011. Dr. Khandelwal's clinical interests include minimally invasive surgery and bariatrics.

His research interests clinical outcomes research, surgical education and training.

Dr. Khandelwal completed a Fellowship in Minimally Invasive Surgery and Videoendoscopic Surgery at University of Washington Medical Center. Prior to that, he was at Northwestern University where he completed his Residency in General Surgery. He received his medical degree in 2002 from Rush Medical College.



Matthew Sweet, MD
Assistant Professor

Dr. Matthew Sweet joined the Division of Vascular Surgery in August 2011 as an Assistant Professor. Dr. Sweet's clinical interests include open and endovascular treatment of aortic, visceral, carotid and lower extremity vascular disease, with a particular focus on the endovascular treatment of complex aortic aneurysms.

His research interests include clinical trials of novel endovascular techniques for treatment of aortic aneurysms involving the peri-visceral aorta, and the study of the morphology, natural history and epidemiology of thoraco-abdominal aortic aneurysms.

Dr. Sweet completed a Vascular Surgery Fellowship at Dartmouth Hitchcock Medical Center. Prior to that, he was at the University of California San Francisco where he completed his Residency in General Surgery as well as a Master's Degree in Clinical Research. He received his medical degree from the University of Southern California Keck School of Medicine in 2002.

Appointments



Jack C.J. Sun, MD
Assistant Professor

Dr. Jack Sun joined the Division of Cardiothoracic Surgery August 2011 as an Assistant Professor. He performs the entire spectrum of adult cardiac surgery, but has an enhanced skillset in catheter-based or endovascular cardiac surgery as well as minimally invasive cardiac surgery that he gained during specialized fellowship training at the Brigham and Women's Hospital, a Harvard Medical School affiliated hospital in Boston. He is thus a unique cardiac surgeon who possesses skills in both open surgery and catheter-based procedures.

Dr. Sun's clinical interests include all aspects of adult cardiac surgery (including but not limited to coronary bypass, valvular, aortic, and atrial fibrillation surgery), minimally invasive and catheter-based or endovascular cardiovascular surgery. His research interests include clinical trials and observational studies in cardiac surgery especially pertaining to new catheter-based or endovascular procedures as well as antithrombotic therapies.

Dr. Sun received his medical degree from the University of Toronto and a Master of Science degree in Health Research Methodology from McMaster University. He completed his cardiac surgery residency at McMaster University.



Tara Karamlou, MD
Acting Assistant Professor

Dr. Tara Karamlou joined the Division of Cardiothoracic Surgery January 2012 as an Acting Assistant Professor. Dr. Karamlou's clinical interests include pediatric and adult congenital heart disease and her research interests include clinical outcomes of patients with complex congenital heart disease, with a special focus on patients with tetralogy of Fallot; development of ideal management paradigms for patients with pediatric and adult congenital heart disease; and national development of quality improvement metrics in congenital heart surgery.

Dr. Karamlou completed a Fellowship in Pediatric Cardiac Surgery at Seattle Children's Hospital. Prior to that, she was at Oregon Health Sciences University and University of Michigan where she completed her residencies in Cardiothoracic Surgery and General Surgery. She received her medical degree from the Baylor College of Medicine in 1999.



Zoe Parr, MD
Acting Assistant Professor

Dr. Zoe Parr joined the Division of General Surgery in August 2011 as an Acting Assistant Professor. She was born in New Brunswick and raised outside of Calgary, Alberta. She has lived throughout Canada, receiving her BSc. from the University of British Columbia before returning to Calgary to complete her MD and residency training. Before moving to Seattle she completed a year of fellowship training in Edmonton, Alberta, at the University of Alberta, where she developed further skills in the care of critically injured and critically ill surgical patients.

Her clinical interests include urgent general surgery care, minimally invasive/laparoscopic surgery, hernias, and gastrointestinal surgery (biliary disease, pancreatitis, inflammatory bowel disease, diverticulitis and colon cancer) and her research interests include clinical outcomes and quality improvement initiatives.

Appointments

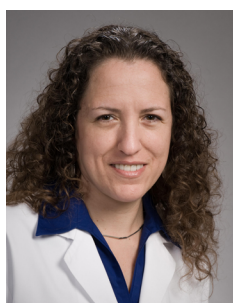


Rebecca Petersen, MD
Acting Assistant Professor

Dr. Rebecca Petersen joined the Division of General Surgery in July 2011 as an Acting Assistant Professor. Dr. Petersen's clinical interests include advanced laparoscopy; complex abdominal wall hernia repair and reconstruction; inguinal hernias; all gastrointestinal disorders (benign esophageal disorders, benign and malignant colon disease, benign anorectal disorders); gallbladder/biliary disorders; splenic disorders requiring laparoscopic splenectomy; and adrenal disorders requiring laparoscopic adrenalectomy.

Her research interests include Surgical Outcomes and Quality Improvement, Ventral and Inguinal Hernias, GERD (gastroesophageal reflux disease), Paraesophageal Hernia, and Achalasia.

Dr. Petersen completed a Fellowship in Advanced Laparoscopic Surgery at University of Washington Medical Center. Prior to that, she was at Duke University Medical Center where she completed her Residency in General Surgery as well as a Thoracic Surgery Research Fellow. She received her medical degree from the Oregon Health and Science University in 2002.

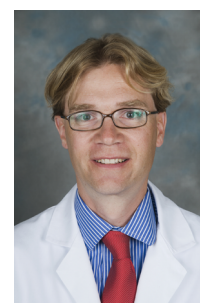


Elina Quiroga, MD
Acting Assistant Professor

Dr. Elina Quiroga joined the Division of Vascular Surgery October 2011 as an Acting Assistant Professor. Her scope of care includes management of peripheral vascular disease, aortic aneurysms, vascular trauma and dialysis access, using open and endovascular techniques.

Dr. Quiroga's clinical interests include general vascular surgery, vascular trauma, peripheral vascular disease, aortic surgery including open and endovascular treatment of ruptured and elective aneurysms dialysis access. Her research interests include quality of life after vascular trauma; outcomes of ruptured aneurysms. She has research activities in improving surgical education worldwide, especially on methods and conditions relevant to low and middle income countries and women's participation in surgery.

Dr. Quiroga completed a fellowship in Vascular Surgery at the University of Washington. She is board certified in General Surgery, after completing residency at the University of Washington. Prior to that, she completed surgical training in Argentina. She received her medical degree from the Universidad de Buenos Aires



Eelco Wassenaar, MD, PhD
Acting Associate Professor

Dr. Eelco Wassenaar joined the Division of General Surgery in July 2011 as an Acting Associate Professor. Dr. Wassenaar's clinical interests include laparoscopic surgery; robotic surgery; gastro-intestinal surgery; anti-reflux surgery; para-esophageal hernia; disorders of the spleen and adrenal; colon cancer; diverticulitis; ventral/incisional hernia; and inguinal hernia.

His research interests ventral hernia; inguinal hernia; biologic mesh; prosthetic mesh; and para-esophageal hernia.

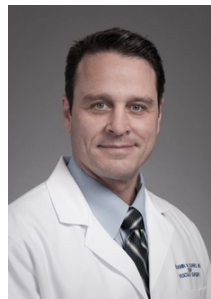
Dr. Wassenaar completed a Fellowship in Advanced Laparoscopic Surgery at University of Washington Medical Center. Prior to that, he was in Almelo, the Netherlands at Twenteborg Hospital and Utrecht, the Netherlands at University of Utrecht Medical Center, where he completed his Residency in General Surgery. He received his medical degree in 2002 and doctorate in 2009 from University of Utrecht, Utrecht, the Netherlands.

Promotions

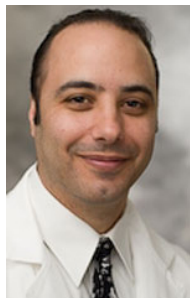
Saman Arbabi, MD
Promoted to Professor



Benjamin Starnes, MD
Promoted to Professor



Joseph Cuschieri, MD
Promoted to Professor



Roger Tatum, MD
Promoted to Associate Professor



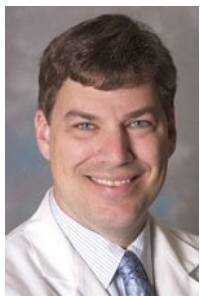
Anne Hocking, MD
Promoted to Research Assoc. Professor



Andrew Wright, MD
Promoted to Associate Professor



David Mathes, MD
Promoted to Associate Professor



Peter Wu, MD
Promoted to Associate Professor



The 18th Annual Helen & John Schilling Lecture



Gerald M. Fried, MD, CM
FRC(C), FACS, FCAHS

The Adair Family Professor
Chair, Department of Surgery
Surgeon-in-Chief,
McGill University Health Center

Gerald M. Fried, MD, CM, FRC(C), FACS, FCAHS presented “Teaching Johnny How to Operate: Answering the ‘Bell’” for the 18th Annual Helen & John Schilling Lecture on Friday, January 27, 2012.

In his Presidential address to the Central Surgical Association entitled “Why Johnny Cannot Operate”, Dr. Richard H. Bell, Jr., at that time Assistant Executive Director of The American Board of Surgery, expressed grave concerns about the operative skills of graduating general surgery residents. This lucid review of current surgical training set a challenge for all those involved in surgical education. This presentation addresses these challenges and proposes some solutions, based on improved curricular design and better use of simulation strategies.

Dr. Gerald Fried graduated from Medicine at McGill and completed his residency training in general surgery at the Montreal General Hospital with clinical

fellowships in gastrointestinal surgery and gastroenterology at The Ohio State University. Following this he went to the University of Texas Medical Branch in Galveston for a research fellowship in gastrointestinal physiology. He then returned to McGill and The Montreal General Hospital where he has developed a clinical practice in gastrointestinal surgery, minimally invasive surgery (MIS), and surgical endoscopy.

In 1990, Dr. Fried went to Cologne, Germany to learn the technique of laparoscopic cholecystectomy, and then returned to establish minimally invasive surgery as a clinical and academic program. In the past 20 years, he and his colleagues at McGill have made the MIS program at McGill one of the foremost such programs in North America. They have made significant contributions to surgical education, simulation, and to the process of introducing innovative technology into clinical practice.

Dr. Fried is currently Adair Family Professor and Chairman of the Department of Surgery at McGill, and Surgeon-in-Chief of the McGill University Health Centre. At McGill he has been recognized for his commitment to education, having been chosen by the residents twice for the best faculty teacher award and elected to the McGill Honour Role for Educational Excellence.

Nationally, he was awarded the Association of Faculties of Medicine of Canada John Ruedy Award for Innovation in Medical Education, and has been appointed to the Canadian Academy of Health Sciences (the Canadian equivalent to the Institute of Medicine). In addition to his contributions to the university and

hospitals, Dr. Fried is past-president of the Canadian Association of General Surgeons, and is currently President of the Central Surgical Association and the James IV Association of Surgeons (Canadian Section). He serves as a member of the Boards of The Society of American Gastrointestinal and Endoscopic Surgeons, The Society for Surgery of Alimentary Tract, the International Society for Digestive Surgery, Association for Surgical Education Foundation, and the Central Surgical Association. He also serves on the editorial board of *Annals of Surgery*, *Archives of Surgery*, *Surgery, Surgical Endoscopy*, *Surgical Innovation*, and *World Journal of Surgery*. He has given over 250 invited lectures around the world and published widely in the fields of minimally invasive GI surgery and surgical education.

The Helen and John Schilling Endowed Lectureship was established by the late Helen Schilling to bring distinguished scholars to the Department of Surgery at the University of Washington, and to enhance the Department’s commitment to the highest standards of patient care, teaching, research and scholarship. It was Mrs. Schilling’s wish that the lectureship be in honor of her husband, John.

UW Medicine

DEPARTMENT OF SURGERY

Surgery Synopsis is an in-house newsletter published on a quarterly basis to highlight the academic and research activities of the University of Washington School of Medicine Department of Surgery. This publication is distributed to the Department's faculty, residents, staff, and friends.

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Lorrie A. Langdale, MD, Professor
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