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SURGERY Synopsis

UW Medicine
DEPARTMENT OF SURGERY

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Chairman's Message

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair

Friends & Colleagues of the Department of Surgery:

The Fall season is filled with activity. Our campus comes to full life: new students arrive and the new academic year gets under way. Excited crowds of Husky fans flock to the reopened Husky Stadium making traffic snarls part of the equation for those who work in the hospital on game days. Our residents, who spent time in the summer becoming oriented, are now humming through their rotations becoming the skilled surgeons we and they know they can be. Many professional organizations hold their annual meetings in the Fall – including the American College of Surgeons. The University of Washington was well-represented at this year's Clinical Congress of the College. November is also a time when we remember the men and women who have served in the military. With that in mind we decided to devote this issue to the Department's surgical work in the **Veterans Administration Puget Sound Health Care System (VAPSHC)** or as most of us simply call it: "The VA."

In this issue we discuss how aspects of our tripartite mission are incorporated into our VA's surgical services. We have excellent *clinical services* at the VA. You will have the opportunity

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The Department of Surgery at the VAPSHCS

Founded in 1923, **Veteran Affairs Puget Sound Health Care System (VAPSHCS)** is one of 152 VA Medical Centers across the country and is one of the VA hospitals affiliated with an academic medical center like the University of Washington. Currently the VAPSHCS serves approximately 80,000 veteran patients. This number has been increasing by approximately 6% per year. VAPSHCS is one of two tertiary-care facilities for Veterans Integrated Service Network 20 (VISN 20). VISN 20 includes the states of Washington, Oregon, Idaho, Alaska, and parts of Montana and California. The official Mission of VAPSHCS is to "honor America's Veterans by providing exceptional health care that improves their health and well-being" surgical services are a vital component of the mission.

The UW Department of Surgery has four specialty divisions represented at VAPSHC: General, Cardiothoracic, Plastic and Vascular. Within these four specialties are a total of nine full-time VA faculty and five part-time faculty. Each wears multiple hats in order to care for this population of patients.

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Chairman's Message — *Continued from page 1*

to read about some of the individuals that make this happen and specialties provided at the VA. We have always had excellent *training for students and residents* at the VA. Read **Dr. Lorrie Langdale's** excellent piece on the evolution of surgical education at the VA, and on the role she is playing in the American College of Surgeons' education pillar. Dr. Langdale's recent appointment to the Board of the ACGME provides her an even broader perspective. The specific *research work* of three of our faculty at the VA: **David Mathes**, Plastic Surgeon; **Leah Backhus**, Cardiothoracic Surgeon and **Dana Lynge**, General Surgeon, are highlighted. **Dr. Mike Sobel**, who is co-Director of the Vascular Surgery Research lab at the VA (along with **Dr. Errol Wijelath**) has written enjoyably about the "five reasons he loves doing research at the VA." We will feature aspects of research of our other VA faculty in a future issue of *Surgery Synopsis*.

Since we last featured the VA, a number of changes in faculty positions have occurred. First, **Dr. Michael Sobel** stepped down from his position as Chief, Surgical Services. We owe a tremendous thank you to Dr. Sobel for the excellent job he did during the ten years of his tenure. For all his efforts over the years, his remarkable research career and his ongoing mentorship of young researchers we are grateful. **Dr. Roger Tatum** has now assumed that position. Roger is doing a great job in the midst of challenging times. Another major change is the planned retirement of **Dr. Don Miller**, Chief of our Cardiothoracic Service at the VA occurring in January 2014. We plan to have a tribute to him in the next issue of *Surgery Synopsis* (Winter 2014) and we thank him for all his years of devoted work at the VA. We have been fortunate to recruit **Dr. Jay Pal** from Texas – who began on November 1, 2013 in order to overlap with Don and make a smooth transition. He will be the new Chief of Cardiothoracic Services at the VA. More information about Dr. Pal (along with his picture) is in the "New Faculty" section of this issue.

Finally, a number of our alumni contributed memories of their time as trainees at the VA. Many of you will remember and resonate with these stories. In particular, I imagine a number of you will remember Dr. "Hub" Radke, who features prominently in the stories.

I hope that you enjoy this issue of *Surgery Synopsis*.

Sincerely,

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair
Department of Surgery
University of Washington

DoS at the VAPSHCS — *Continued from page 1*

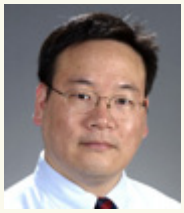
General Surgery: Faculty are **Drs. Edgar Figueredo (Assistant Professor), Lorrie Langdale (Professor and Section Chief), Dana Lynge (Associate Professor), Roger Tatum (Associate Professor and Chief of Surgery at the VA), Peter Wu (Associate Professor)**, and **Deborah Lane Marquardt (Assistant Professor)** who joined the group in late summer 2013. *Please read more about Dr. Marquardt in the "New Faculty" portion of Surgery Synopsis.*

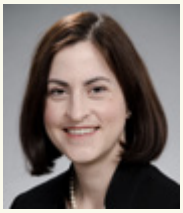

Figueredo


Langdale


Lynge


Tatum


Wu


Marquardt

These faculty provide the full spectrum of general surgery for the VAPSHCS's population and each has their unique clinical interests as well. Drs. Figueredo and Tatum have both trained extensively in laparoscopic techniques. Both have special interests in foregut surgery. Drs. Langdale, Figueredo and Marquardt are trained critical care surgeons, and also serve as the surgical critical care staff for the VA SICU. Dr. Wu specializes in Surgical Oncology. Their collective expertise covers the range of general surgical needs within this broad population of patients.

Cardiothoracic Surgery: Dr. Donald Miller (Professor) has been a surgeon for over 40 years and an outstanding Chief of Cardiothoracic Surgery at the VA for 10 years. Dr. Miller is preparing to retire in January 2014. In addition to his clinical excellence, he has been a highly valued teacher and mentor to the cardiothoracic residents who rotate through the VA. *(Please be sure to read a longer tribute to Dr. Miller and his career in the upcoming winter edition of Surgery Synopsis).*

On November 1, we welcomed the arrival of **Dr. Jay Pal, MD, PhD** from the University of Texas Health Science Center in San Antonio. He will lead our cardiac surgical

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DoS at the VAPSHCS — *Continued from page 2*

program at the VA. He brings a wealth of experience in advanced heart failure therapy and ventricular assist devices. We are delighted to welcome him to the team. *(Please read more about him in the "New Faculty" section of this edition of Surgery Synopsis).* He joins **Dr. Leah Backhus (Assistant Professor)** who is Section Chief of Thoracic surgery at the VA. The remainder of the Cardiothoracic Division of the Department of Surgery attends and provides back-up and call coverage at the VA, delivering the full complement of cardiothoracic surgical services to our Veterans.


Miller


Pal


Backhus

Plastic Surgery: Dr. David Mathes (Associate Professor) leads the Plastic Surgery section at the VA. Like the other VA plastic surgery faculty, he is part-time at the VA and part time in the UW hospitals. **Dr. Kari Keys (Assistant Professor)** is in her second year with the Department and is predominately practicing at the VA, but also practices at HMC. **Dr. Nicholas Vedder (Professor and Chief of Plastic Surgery)** regularly rotates to the VA. Other members of the Plastic Surgery Division provide coverage as needed, rounding out this important service for the VA.


Mathes

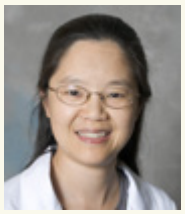

Keys


Vedder

Vascular Surgery has a robust presence at the VA. **Dr. Ted Kohler (Professor)** is the Section Chief for Vascular Surgery. **Drs. Michael Sobel (Professor)** and **Gale Tang (Assistant Professor)** are both fully employed at the VA and have busy clinical practices as well as strong and mature research activities. **Errol Wijelath, PhD (Research Associate Professor)** co-leads the Vascular Research Lab at the VA with Dr. Sobel.


Kohler


Sobel


Tang

VA faculty in Cardiothoracic, Plastic and Vascular Surgery are fully integrated into their specialty divisions at UW Medicine, ensuring the full spectrum of care and coverage can be offered at the VA as well as forging and maintaining strong academic and collegial ties.

Following is a more in-depth look at the other two legs of our mission: teaching and research, as well as a new program to better serve the broader VISN 20 network. Finally, we have included some interesting (and humorous) vignettes from our trainees – past and present – that give a flavor of what it is like to be a surgeon at the VA. For all of you that have contributed at any time to the mission of VA Puget Sound and the thousands of veterans that we are proud to serve, thank you!

VAPSHCS Education – A Change of Focus

Lorrie Langdale, MD

The VA has played essential role in resident and medical student education since the Department of Surgery was founded in the mid-1950's. Dr. Langdale (pictured on page 3) is a past surgical clerkship director for the Department of Surgery. Though she passed this responsibility to Dr. Roger Tatum in 2006, she provides us with a larger view of the changing face of medical education. Dr. Dana Lynge continues to direct residency education for the VA and the rest of the faculty are active educators for both students and residents. Enjoy Dr. Langdale's perspective on medical education past, present and future.

From the beginning, a core value for the Department of Surgery has been its educational program. While it is easy to get immersed in the day-to-day workings of resident and student training, sometimes it is important to take a step back and look beyond the immediacy of teaching styles, evaluations and feedback to appreciate what we are really trying to accomplish: preparing physicians and surgeons to care for patients and maybe influencing the process for the better.

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DoS at the VAPSHCS — *Continued from page 3*

Beginning in 1993, I managed the medical student program for the Department of Surgery for thirteen years. From that position, I had the opportunity to influence the School of Medicine through expansion of the clerkship within WWAMI and the addition of 4th year clerkship requirements to the curriculum. The broadening of student exposure to surgery was originally aimed at those choosing primary care, hopefully honing their skills at recognizing potential surgical illness. I rarely admit my role in this curriculum requirement to our medical students as I am never confident that my tires will still have air pressure at the end of any rotation! However, the changes must not have been all bad. Under Roger Tatum's leadership, surgical educational opportunities continue to expand through our region and more and more students are choosing to pursue a surgical career. Some of the best have chosen to stay and train with us.


Foy

An Evolving Curriculum: While the current curriculum has served us well, medical education at the University of Washington will soon enter a new phase. This last year Hugh Foy and I had the opportunity to contribute to a reassessment and potential revamping of the curriculum as a whole, with particular emphasis on the clinical experience. Various models from across the US and Canada were reviewed, critiqued, and debated. The proposed next curriculum iteration will involve a more integrated approach to the medical student experience; coupling surgery with anesthesia and even formulating block rotations with medicine for care continuity. These are important changes. The expectation is they will facilitate understanding between disciplines and teach the art of team management and global patient care in an evolving practice environment. The importance of this last aspect has been driven home to me as I have assumed two additional roles in the last year.

Service on the American College of Surgeons (ACS), Board of Governors: The ACS Board of Governors represents the surgeon in practice (sort of a House of Representatives). I have been honored to represent the Washington State ACS Chapter for the last four years. In an effort to expand its sphere of influence and better serve ACS fellows, the Board of Governors has reorganized into "Pillars" aligned with the major ACS Divisions: 1) Member Services; 2) Education; 3) Advocacy and Health Policy; 4) Quality/Research/Optimal Patient Care; and, 5) Communication and Fiscal Affairs.

The inclusion of an "Education Pillar" was sparked by responses on the annual Governor's survey, identifying the status of surgical education and preparedness of trainees to enter practice as major concerns. As a member of the Board's Executive Committee, I have been tasked with facilitating a new partnership between the ACS Education Division and an enthusiastic cadre of Governors interested in the spectrum of education as it affects current surgical practice across the country. The many aspects of surgical training, the challenges of continuing education while in practice, and the importance of patient education by surgeons will form the basis of three major workgroups, each with new Governor representation on established ACS committees. The expectation is that these workgroups will bring added value to both ongoing projects and the direction of new ventures within ACS through the voices of surgeons in the trenches.

Service on the Board of Directors of the Accreditation Council on Graduate Medical Education (ACGME): Surgical education does not evolve in isolation. ACGME sets the national and, to an extent international, tone for graduate medical training by establishing the requirements for resident and fellowship eligibility then approving, accrediting and monitoring compliance of Resident Review Committee (RRC) governed programs. I was recently selected as a member of the Board of Directors for ACGME, nominated by the AAMC. This new role has offered the opportunity to see medical education as a whole (not just surgery) and from a variety of viewpoints. Certainly some of the more controversial aspects of our current system have been driven by ACGME decisions (no, I was not on the Board for the duty hours decisions but will be actively involved with their reassessment!). So far, the experience has been extraordinary and I can attest that the essence of this group is rooted in a sense of responsibility to the public. As educators, we are entrusted with guaranteeing that our trainees are capable and prepared to provide quality care.

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DoS at the VAPSHCS — *Continued from page 4*

This is not a simple task and makes herding cats look pretty easy. There are significant challenges on the horizon but I think it will be worth any effort.

Clinical care today may seem complicated but is actually very simple – we want the best for our patients and the health of our country as a whole. Accomplishing this takes dedication and passion, but as is the case for most major issues, the answers often lie in education.

Research at the VAPSHC

Roger Tatum, MD

A great number of research projects are being carried out by our surgical faculty. Several projects are summarized here; others will undoubtedly be shared in future issues of *Surgery Synopsis*. In addition, our highlighted research in this issue is **Dr. David Mathes** (pictured on page 3). (*Please read more about his research endeavors in the "Researcher Profile" section of this issue of Surgery Synopsis.)*

Dr. Michael Sobel, (pictured on page 3) a prolific researcher and Co-Leader of the Vascular Surgery Lab at the VA for many years, succinctly captures some of the reasons for being excited about research at the VA.

"As educators, we are entrusted with guaranteeing that our trainees are capable and prepared to provide quality care. This is not a simple task and makes herding cats look pretty easy. There are significant challenges on the horizon but I think it will be worth any effort."
–Lorrie Langdale, MD

Five Great Things about VA Research: Although everyone loves to complain about the red tape and administrative hassles associated with VA research, there are substantial advantages that keep us doing research at the VA. Here are my top five reasons:

1. **The Patients.** Veterans are very supportive of clinical research. Even when participation may not benefit them directly, their altruism and commitment to advancing medical science is strong.

2. **A Unified Health Care System.** The VA has excellent continuity of care. Patients stick with the VA, and through the electronic medical record, one can obtain data from clinic visits, labs, and imaging – even if they occur in Florida or Arizona. The VA also has large regional and national databases that can be queried for population-based studies.

3. **Funding.** The VA has its own system of research support that closely parallels the different types of NIH awards: mentored career development awards, investigator-initiated research projects, and small scale clinical trials. If you commit at least a 5/8 effort to the VA, you can compete for these awards. In addition, the VA has a national Cooperative Studies program for large-scale multi-center clinical trials, supported by regional centers like our own Northwest Health Services Research and Development Center of Excellence.

4. **Research Infrastructure.** It's easier for an investigator to get started at the VA. You're not on your own, because we have an umbrella organization that is responsible for the overall research enterprise. The R&D Department provides space, access to a wide array of common equipment, and animal facilities. There's an Imaging Core that includes flow cytometry, confocal imaging, histology, microPET and CT scanning. There is also a Clinical Research Unit whose staff can help with IRB applications, study procedures and patient follow-up.

5. **Colleagues.** VA researchers are generous, and collegial. We share techniques, equipment and materials. It's a diverse group, but feels more like a family.

Communicating Adverse Patient Events in Surgery: The CAPES Study at the VA

Dana Lynge, MD

Dr. Lynge (pictured on page 2) is a general surgeon at the VA and also the residency education director for surgery at the VA. He has a strong interest in patient communication The CAPES study he is engaged in is a demonstration of this interest.

Disclosure, Apology and Offer (DA&O) programs are becoming widespread in modern medical centers. The VA Administration issued a revised "Disclosure of Adverse Events to Patients" policy statement and protocol in October of 2012 to "ensure consistent practice in disclosing to patients the occurrence of adverse events related to the patients' care."

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DoS at the VAPSHCS — *Continued from page 5*

These programs have developed for several reasons. First, they are an effort to guarantee that the "right thing" is done after an "adverse" event occurs during surgery or the perioperative period. Second, there is evidence that routine disclosure of such events improves patient satisfaction.

Despite the spread of such programs and directives, little research has been done on them. For instance, we do not know how surgeons disclose "adverse events" to patients; we do not know what constitutes "adequate disclosure"; we do not know what impact disclosure has on the patient and surgeon; and we do not know what the effects – if any – may be on litigation. The CAPES study involves the VAPSHCS, the Boston VA and the West Haven VA and examines two specific questions:

- methods surgeons use to communicate adverse events to patients
- effects of these methods of communication on the patient and the surgeon

Designed as a prospective study, it has been fully funded by a VA Health Services Research and Development grant. 65 surgeons at the three VA medical centers are participating in the CAPES study. (A related study is being conducted at the UW by Drs. Gallagher and the Department of Surgery's Drs. Flum and Wright examining what impact training may have on the quality of adverse event disclosure.) It is expected that the findings from the CAPES study as well as others such as the UW study will help to improve the disclosure methods and process – and, most importantly, communication between surgeon and patient surrounding these difficult events.

Leah Backhus, MD, Thoracic Surgeon, VAPSHCS

Dr. Backhus (pictured on page 3) is the recipient of an Institute of Translational Health Sciences (ITHS) career- development award (KL2). The ITHS career development awards are highly competitive (with only 2-5 scholars selected each cycle). The ITHS KL2 awards offer institutional support to provide mentored research career development to clinical investigators who have recently completed professional training and are beginning basic, translational and/or clinical research. KL2 scholars are given an intensive career development experience in a multidisciplinary setting. Scholars supported through the KL2 mechanism are expected to be engaged in translational research.

Her research both for this award and in other research she has conducted focuses on coordinating transitions of care. Her KL-2 research specifically focuses on following the care transitions in early stage lung cancer patients' post-surgical resection. An earlier research study funded by the VA National Care Collaborative is highlighted below:

Dr. Backhus' work with the VA National Cancer Care Collaboratives was to examine and improve the system processes for lung and head and neck cancer patients requiring care coordination between a hub (referral) and spoke (tertiary) facility rather than care through a single institution.

The Pacific Northwest provides unique geographic challenges to coordination of patient care in that VISN 20 covers portions of six states (Washington, Alaska, Oregon, Montana, Idaho, and California) and spans over 800,000 square miles.

The Pacific Northwest provides unique geographic challenges to coordination of patient care in that VISN 20 covers portions of six states (Washington, Alaska, Oregon, Idaho, and parts of Montana and California) and spans over 800,000 square miles. An average of 100-120 unique lung cancer cases are treated annually at the VAPSHCS. Approximately 20-25% of lung cancer cases treated in Seattle are diagnosed at VA facilities within VISN 20 and referred to VAPSHCS for definitive care. Seattle's largest referral facility is the Spokane VA Medical Center. Abundant challenges with development and execution of care management plans were in evidence given the distance between the two facilities. Complex treatment is further challenged by communication, logistics, and timely completion of necessary procedures.

We determined to improve care transition between these two institutions. Our collaboration was selected as one of 11 sites to participate in the VA National Cancer Care Collaborative.

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DoS at the VAPSHCS

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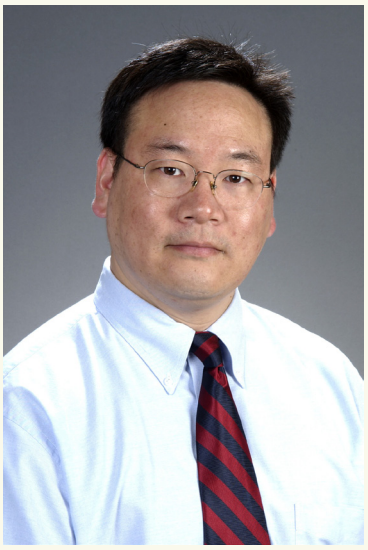
The most significant issue observation data showed was the *discrepancy in time from clinical suspicion to diagnosis of lung cancer between the two facilities*. We hypothesized that much of the delay might be due to the inconsistent way in which patients navigate the process from suspicion to diagnosis. This was the basis for our specific improvement aims. The four aims below were tackled using Lean principles, Six Sigma, and systems engineering techniques to examine patient flow and processes of care. The Plan, Do, Study, Act (PDSA) model was adopted for testing ideas for change in rapid cycles.

- AIM 1: Decrease time from clinical suspicion to diagnosis from 77 days to 35 days;
- AIM 2: Reduce time for the Thoracic Surgery Inter-facility consult process from 21 days to 14 days;
- AIM 3: Implement hand-off/treatment summary notes for patients returning to Spokane;
- AIM 4: Improve quality of care/patient satisfaction for lung cancer patients referred from Spokane to Seattle

We were aided in our work by System Redesign and Industrial Engineering coaches provided by the VA Office of Systems Redesign and the Veterans Engineering Resource Center (VERC). Training was provided at three national face-to-face learning sessions introducing the core techniques of VA process improvement.

Team goals were met; however, the more compelling impact was that we established a working collaborative between Seattle and Spokane. This collaborative was able to hardwire processes that continue to result in improved efficiency and patient satisfaction.

Telehealth and the VA: Surgery's Role in this Emerging Modality



Peter Wu, MD

The VA health care system has prioritized the incorporation of telehealth services for patient care. The Surgery Service Line has taken a lead role in promoting this national initiative for clinical care, research and education.

Optimal management of cancer patients requires an efficient and coordinated effort between referring physicians, surgeons, medical and radiation oncologists, and staff of specialized health care professionals. One of the main challenges for delivering cancer care in the VA is providing comprehensive multidisciplinary evaluation, treatment, and follow-up to veterans distributed over a wide network of regional VA facilities covering a fifth of the U.S. land mass (VISN 20 Region).

The VAPSHCS serves as a regional cancer center and tertiary referral center for veterans and has received national recognition for creating the first cancer telemedicine program between regional affiliates in the Pacific Northwest. For the past 10 years, the program has been led by the Director, **Peter C. Wu, MD**, a dual fellowship-trained surgical oncologist with major clinical and research interests in the multimodality treatment of advanced malignancies. He currently serves as the chairperson of the VAPSHCS Cancer Committee and is the clinical chair of the VA Telehealth Committee.

The cancer telemedicine outreach program is used for over 100 patients each year and is designed to provide regional caretakers an opportunity to present cancer patients to a multidisciplinary tumor board staffed by a dedicated team of cancer specialists. The ability to incorporate real-time audio and video exchange between caretakers at distant facilities preserves the personal

The VAPSHCS serves as a regional cancer center and tertiary referral center for veterans and has received national recognition for creating the first cancer telemedicine program between regional affiliates in the Pacific Northwest.

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What Makes the VA Unique?–Reflections from Former Trainees

These are reflections of former UW Medicine Students/Residents who did some portion of their training at the VA. There are a number of references made to the late Dr. Hubert "Hub" Radke, who was the former Chief of Surgery at the VA. Enjoy these vignettes.

"I was (in residency) at the UW from 1991 to 1998. Some favorites: - Hub Radke saying, 'Ben, I'll never be as good a surgeon as you. Do you know why? Because, I'll never have help as good as me, dammit!' I remember a patient of mine as he was wheeled to the operating room for a colostomy. His wife was walking next to the gurney. She kissed her husband and said to him, 'I'll see you after surgery, I am going to find some shoes to match your bag.'"
–Ben Maser, MD

"I rotated through the VA as a cardiovascular (CV) resident in 1992. During my time there, I would view Mt. Rainier every day (that it was visible) on my way to work. I always longed to climb it! Well…I came back after I finished my residency and climbed it. While on the top, I reflected on my time spent in Seattle training to be a CV surgeon. What happened next is really something I cannot explain. I decided to climb the 7 summits, the tallest peak on all seven continents. I just finished this last year after summiting Mt. Vinson in Antarctica. I am here to tell you that I would have saved a lot of time and trouble (not to mention expense) had I not participated in the VA experience!!! Thanks very much for a walk down memory lane…I can still picture Rainier with that early morning sun shining on its snowy peak!"
–Frank Slachman, MD

"During my VA rotation Bob Schaller was the senior resident on the ward and every now and then during the rotation he would not show up. We would call his wife and she would say that he left in the middle of the night and she didn't know when he would be back. He would show up six weeks later and would not talk about where he had been or what he had been doing. Years later we found out that he was working for the CIA or some such government agency and doing mountain climbing placing atomic bomb detection devices at high altitude. That was his 'equivalent' to 'military service' so he would not get drafted. THEN after he finished his residency they drafted him anyway!!! He can probably give you more specific details BUT that is the way I remember it." *–Duane Bietz, MD, Residency class of 1972*

"Prior to the internet, Hub Radke was the 'Wikipedia' of General Surgery at the VA. Dr. Radke and I performed a right hemicolectomy in an 85-year-old, high-risk veteran in 25 minutes from start to finish. After closing the skin, Hub looked at me and said, 'Now that's the way it should be done.' Currently, I wish all of my appendectomies went as well." *–Thomas T. Sato MD, FACS, FAAP*

Ron Maier, MD

"Back in the old days, training at the VA meant exposure to Dr. Hub Radke, 'Father of MIS', known then as 'keyhole surgery' where every abdominal operation known to man could be performed through an incision smaller than that required for a hand assisted port site. His Chief Residents in 1976 gave him the notable 'Radke Sucker' plaque, which consisted of a metal Yankauer with a number 10 blade soldered to the end of it. Very challenging, sometimes bloody, but great training." *–Ronald V. Maier, MD, FACS*

"I seem to recall Ed Boyle ordering 2 units of BUN stat!"
–Lily Chang, MD

"I was the intern holding the camera for Dr. Hub Radke's first laparoscopic cholecystectomy at the VA. Dana Lynge was guiding him through it. Dana was very patient until the camera light went out and the screen went blank. Hub simply kept operating without hesitation and with great certainty stating 'I don't need the damn light, I know where everything is.' Needless to say, Dana went apoplectic and everything turned out ok." *–Martin Schreiber, MD*

"I loved my experiences there. I still tell the story about putting in my very first chest tube ever as an intern at the VA over the weekend in July. It was during a code and during chest compressions! What an experience!" *–Erin Gilbert, MD*

"Often as a female physician we are assumed to be nursing staff. I walked in to one of the rooms with four patients–one patient I didn't know yelled at me, assuming I was a nurse. Before I could respond, my patient yelled back, 'Hey, that's my doctor!' It was my intern year and the first time someone called me 'their doctor.' Pretty good memory."
–Nicole Kansier, MD

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What Makes the VA Unique?–Reflections from Former Trainees — *Continued from page 8*

Debra Wechter, MD

"I was at the VA during my residency from 1980-85, and then on staff as an acting clinical instructor from 1985 to 1988. I always remember Hub Radke's favorite surgical instrument—a suction with a scalpel at the tip! He was a great mentor—there was no complication he hadn't seen and no situation he couldn't help you get out of in the operating room!"
–Debra Wechter, MD

"I had great rotations through the VA - the Univ. Hospital opened during my 3rd year as I recall. So our rotations were largely between HMC and the VA. Drs. Bell and Tolstedt were excellent mentors. My research year was spent in the VA research lab of Gene Strandness, which I guess made me his first 'fellow.'

"I completed the program in 1963 - the Harkins years. It was a great 5 years - 6 counting my Harborview internship. Lots of long hours, hard work but with a flood of memories - and somehow time to conceive 3 kids! It helped to be living in Yesler Terrace right behind the Harborview ER. I had a wonderful career at the Wenatchee Valley Clinic and was fortunate to continue to assist ~ finally hanging it up on my 81st birthday. Often wished we had had an opportunity to get back to the VA for a visit. I know it still must be an integral part of the University program.

"PS: and the noon hour volleyball games could be vicious. I had to have a Watson-Jones procedure on my left ankle. I had it done when I was on my VA path rotation with Dr. Knutson."
–Gerald (Jerry) Gibbons, MD

"I graduated from UW in General Surgery in 1993 and Vascular Surgery in 1995. Spent a lot of time at the VA. Here are a couple of vignettes:

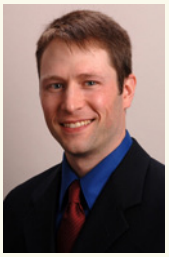
'Going transplanar' in the OR with Hub Radke: Hub had one of the softest hearts encased in one of the gruffest personalities I've ever encountered. His office was stacked

Dr. Hubert "Hub" Radke's Office

with 4-5 foot high towers of papers and journals growing from the floor like stalagmites.

"Before many vascular cases, Ted Kohler in his very droll but straight-faced manner, would ask the circulating nurse to call Risk Management and warn them that the vascular team was about to go to work." *–Larry W. Kraiss, MD*

"As a Thoracic Surgery resident, I was arrested by the VA police while taking a picture of a Christmas tree. I went to the VA booking room in scrubs where they confiscated my camera. My patient (with an esophageal perforation) was on the table. They eventually cleared me of wrong-doing - several months later." *–Mike McMullan, MD*



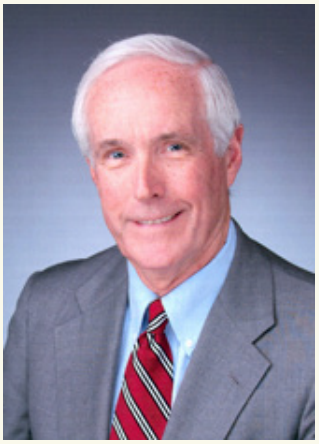
Erik Van Eaton, MD

"Hub Radke was a great surgeon and a fine person. I learned a lot from him."
–David Simonowitz, MD

"A well-respected resident a few years ahead of me was on call at the VA one night. He was awoken in the night by a new ICU nurse who was reporting an abnormal laboratory value. 'Doctor,' the story goes, 'The labs just came back on your patient, and there is an extremely low BUN level, it says it's less than 4!' The resident, with a measured tone, yet sense of urgency, replied. 'Listen, here's what I need you to do. Call the Puget Sound Blood Center. Ask them to release 2 units of Emergency Uncrossmatched BUN. Call me as soon as it arrives!' The story goes that he was written up and had a little meeting with the residency program director the next day...

(continued on page 18)

64th Annual Strauss Lecture



Thomas Russell, MD, FACS

The 64th Annual Strauss Lecture was held on Friday, October 18, 2013. **Thomas Russell, MD, FACS**, Former Executive Director of the American College of Surgeons and Clinical Professor of Surgery at the University of California at San Francisco (UCSF) was the invited lecturer. His topic was *"Better Health; Better Care; Lower Cost."* He emphasized that the medical community must be constructive participants in helping to reach this triple aim.

Currently Dr. Russell is a Clinical Professor of Surgery at UCSF; previously he was a private practice general surgeon specializing in colon and rectal surgery. Dr. Russell was the Executive Director of the American College of Surgeons (ACS) from January 2000 to January 2010. With its 74,000 members, this is the largest surgical organization in the world. He was charged with administration of the ACS's numerous activities. In the middle of his residency training, he was called to service in Vietnam, where he was a Lieutenant Commander and US Navy Flight Surgeon. He is an active participant in the American Board of Colon and Rectal Surgery and the Residency Review Committee for Colon and Rectal Surgery. Dr. Russell has published extensively on topics related to educational and scientific colon and rectal surgery topics.

The Strauss Lecture is supported by the Alfred A. Strauss MD, Endowed Lectureship in Surgery established by the estate of Mrs. Margery Friedlander, daughter of Dr. Strauss. Dr. Strauss possessed a rare combination of skill, vision and drive. The lectureship carries on the visions and traditions of this inspiring man.

Preceding the Strauss Lecture was the Harkins Surgical Symposium for Resident Education. Presenters at this year's Symposium were:

- *John Meehan, MD,* Division of Pediatric General Surgery: "Pediatric Robotic Surgery"
- *Jason Ko, MD,* Division of Plastic Surgery: "Targeted Muscle Re-innervation: Concepts, Techniques and Future Directions"
- *Grant O'Keefe, MD*, Division of Trauma, Burn and Critical Care Medicine: "Nutrition in the ICU and Beyond"
- *James Perkins, MD*, Division of Transplant Surgery: "The Liver Transplant Model and Genomics of Metastatic Hepatocellular Carcinoma"
- *David Byrd, MD,* Division of General Surgery; Section of Surgical Oncology: "Precision Medicine in Cancer Care"
- *Alexander Gougoutas, MD,* Division of Plastic Surgery: "Microsurgical Breast Reconstruction: Current Practices and Techniques at UWMC"
- *Vance Sohn, MD*, Madigan Healthcare System: "Physician Performance Enhancement: The pursuit of an 'Elite' Surgeon"
- *David Flum, MD,* General Surgery; Director of SORCE: "Using QI Databases to Improve Your Clinical Care"
- *Jensen Poon, MBBS, MS*, "Hong Kong University Experience with Robotic Rectal Surgery"
- *Thomas Russell, MD*, UCSF: "Joys of a Surgical Career"
- *Nahush Mokadam, MD*, Division of Cardiothoracic Surgery: "Improving Patient Safety for High-Acuity Procedures: Simulation in Cardiac Surgery"
- *Jason Smith, MD*, Division of Cardiothoracic Surgery: "The Breadth and Depth of Mechanical Circulatory Support: A Device for Every Surgeon and Every Patient"
- *Jack Sun, MD*, Division of Cardiothoracic Surgery: "Emerging Valvular Therapies and Training the Hybrid Cardiovascular Surgeon"
- *Farhood Farjah, MD*, Division of Cardiothoracic Surgery: " 'ProvenCare' Lung Cancer: Surgeons Leading Quality Initiatives"
- *Aaron Cheng, MD,* Cardiothoracic Surgery: "Birth of a Specialty: Cardiothoracic ICU"
- *D. Michael McMullan, MD,* Pediatric Cardiac Surgery: "Extracorporeal Cardiopulmonary Resuscitation: A Step Beyond CPR"

Carlos A. Pellegrini, MD, Installed as 94th President of the American College of Surgeons

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.), *The Henry N. Harkins Professor & Chair*, Department of Surgery, University of Washington, was installed as the 94th President of the American College of Surgeons (ACS) during the Convocation ceremony that preceded the opening of the 2013 Clinical Congress of the American College of Surgeons in Washington, DC on Sunday, October 6th.

Dr. Pellegrini is an esteemed world leader in the field of minimally invasive gastrointestinal surgery. He led the way in the use of videoendoscopy for the surgical treatment of gastroesophageal reflux disease and developed the initial techniques for the minimally invasive treatment of esophageal motility disorders.

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)

A Fellow of the American College of Surgeons (FACS) since 1982, Dr. Pellegrini began serving on the ACS Board of Regents in 2001. He served as Vice-Chair of the Board from 2009-2010, and as Chair from 2010-2011. Dr. Pellegrini has also served on a number of ACS committees, often assuming a leadership role. He was Chair of the Committee for the Accreditation Review of Education Institutes (2009-2013); Chair of the Board of Regents Finance Committee (2010-2011); Central Judiciary Committee (2003-2009); Medical Motion Pictures Committee (1993-1994); and International Guest Scholarship Subcommittee of the International Relations Committee (1988-1989). In addition, Dr. Pellegrini was Co-Chair of the 2012 Surgeons as Leaders Course and served as President of the ACS Northern California Chapter (1990-1991).

In addition to the ACS Presidency, his current ACS involvement includes serving on the Steering Committee on Simulation-Based Surgical Education, the Task Force on the Resident 80-Hour Work Week, and the Health Policy and Advocacy Group.

Dr. Pellegrini's leadership contributions to the surgical profession extend well beyond his work with ACS. He served as a member of the board of directors of the American Board of Surgery (2003-2009), and as the president of several surgical societies: the World Organization for Specialized Studies on Diseases of the Esophagus (2010-2012); the Society of Surgical Chairs (2007-2008); the American Surgical Association (2005-2006); and the International Society of Digestive Surgery (2000-2002).

Dr. Pellegrini has devoted a large part of his academic career to teaching and training the next generation of surgeons. His teaching interests lie in determining what tools work best, how to use simulation to advance patient safety, and how to introduce new techniques safely into surgical practice.

Dr. Pellegrini explains his teaching and learning philosophy, saying, "I believe in training residents to become 'total' physicians, not just technicians. In fact, I view learning as a lifelong process for all surgeons, and I myself endeavor to maintain the highest degree of professional competence as a surgeon."

Dr. Pellegrini publishes regularly in the field of minimally invasive surgery for upper gastrointestinal diseases, esophageal cancer, and related areas, as well as in the field of training and new technologies for preparing surgeons in this discipline. His prolific bibliography lists more than 300 articles, chapters, editorials, and books, as well as 11 surgical videos and movies. He also serves on the editorial boards of several journals, including the *Journal of Laparoendoscopic Surgery and Advanced Surgical Techniques, Journal of Gastrointestinal Surgery, Surgery,* and *Annals of Surgery.*

He speaks four languages: English, French, Italian, and Spanish.

Dr. Pellegrini and his wife, Kelly Yamaichi, enjoy spending time with their two sons, Michael and John, their wives,

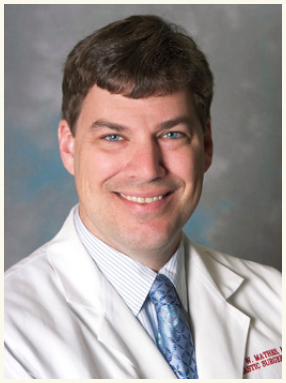
(continued on page 18)

Department of Surgery Grant Activity Report

We are excited to announce that in the 3rd and 4th quarters of AY 2013, Department of Surgery Principal Investigators received 21 awards totaling $4.3 million! Of these awards, 15 are new grants and competing renewals totaling $2.9 million. Congratulations are in order to the following Principal Investigators on these awards:

Principal Investigator	Sponsor	Title
Eileen Bulger, MD	National Highway Traffic Safety Administration	Crash Injury Research and Engineering Network (CIREN)
Joseph Cuschieri, MD	Fred Hutchinson Cancer Research Center	A Randomized Double-Blind Placebo-Controlled Trial of Ganciclovir/ Valganciclovir for Prevention of Cytomegalovirus Reactivation in Acute Injury of the Lung and Respiratory Failure
Patch Dellinger, MD	University of Virginia	SIS Multicenter study of duration of antibiotics for intraabdominal infection
Alessandro Fichera, MD	Excited States, LLC	Phase 3 Study of Efficacy and Safety of Topical E 101 Solution to Prevent Incisional Infections among Colorectal Surgery Patients
Jeffrey Friedrich, MD	University of Michigan, Ann Arbor	A Clinical Trial for the Surgical Treatment of Elderly Distal Radius Fractures
Nicole Gibran, MD	Washington State Council of Firefighters Burn Foundation	The Potential Early Biomarkers for Prediction of the Development of Hypertrophic Scars
Anne Hocking, PhD	ECM Technologies, LLC	Designer Collagens and Wound Repair in Diabetes: A Pilot Study
Jason Ko, MD	Musculoskeletal Transplant Foundation	Vascularized Composite Allotransplantation (VCA) of the Elbow: A Study of Vascular Perfusion and Technical Feasibility
David Mathes, MD	VA Puget Sound Health Care System	Tolerance to Composite Tissue Allografts via Hematopoietic Stem Cell Infusion
Benjamin Starnes, MD	Cook Group, Inc.	Zenith® TX2® Low Profile Endovascular Graft for Blunt Thoracic Aortic Injury Clinical
Benjamin Starnes, MD	Cook Group, Inc.	Zenith Dissection Endovascular Graft Clinical Trial
Benjamin Starnes, MD	Aptus Endosystems Inc.	Aneurysm Treatment using the HeliFX Aortic Securement System Global Registry
Errol Wijelath, PhD	VA Puget Sound Health Care System	Role of the Inflammatory Cytokine Oncostatin-M in Promoting Atherosclerosis

David Mathes, MD Awarded AFIRM II Funds



David W. Mathes, MD

On September 27, 2013, the US Army Medical Department announced $75 million in funding for the Armed Forces Institute of Regenerative Medicine: Warrior Restoration Consortium (AFIRM II). We are pleased to announce that The University of Washington was awarded $1.2 million over five years for this project. The UW joins a 30-plus member consortium working on areas of regenerative medicine. **Dr. David W. Mathes**, Associate Professor of Surgery in the Division of Plastic Surgery, is the PI for the UW portion of AFIRM II. His team will be conducting research on *"Tolerance Induction to Vascularized Composite Allografts in a Pre-Clinical Large Animal Model."*

The 5-year AFIRM II program continues AFIRM I, which was established in 2008 and focused on regenerative medicine that developed therapies for severely wounded US service members. AFIRM funds basic through translational regenerative medicine research. Regenerative medicine technologies present many unique opportunities for the treatment of combat-related traumatic injury as well as benefits to those within the civilian sector. AFIRM's goal is to position promising technologies for entrance into human clinical trials.

One of the 5 major focus areas for AFIRM II and the one Dr. Mathes' project team will focus on, is vascularized composite allografts (VCA). Conventional reconstructive procedures used for treating major tissue loss have been largely inadequate when reconstructing severe extremity injuries, such as a lost hand or repairing devastating injuries to the face. Conventionally reconstructed patients require multiple revision procedures, endure prolonged rehabilitation and still frequently suffer from poor functional outcomes and donor site morbidity.

VCA represents a significant advancement in reconstructive surgery, offering the opportunity to replace lost tissue with the exact same tissue taken from a donor. VCA reconstructive surgery results in improved cosmetic and functional outcomes while significantly decreasing the need for multiple revision surgeries. To date, over 70 hand allografts have been transplanted worldwide with survival times reported up to 15 years post-transplant. More recently, over 20 patients have undergone transformational facial transplantation surgeries.

However, as with all transplants, survival of the VCA is dependent on chronic immunosuppression. Prolonged immunosuppression negatively impacts quality of life, alters the risk profile and may jeopardize the benefits gained from a transplant. This is where Dr. Mathes and his team are focusing their research.

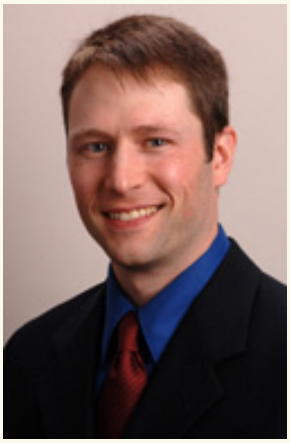
Previously, in collaboration with **Dr. Rainer Storb**, Head of the Transplantation Biology Program at Fred Hutchinson Cancer Research Center (FHCRC) and Staff Scientist Scott Graves, PhD, Dr. Mathes developed a pre-clinical large animal model for VCA. He used this clinically relevant model to apply a technique of non-myeloablative bone marrow transplantation (pioneered at the FHCRC), to induce immunologic tolerance to the allograft. Recently his group successfully demonstrated that the simultaneous transplantation of mobilized hematopoietic stem cells and a vascularized composite allograft leads to tolerance to VCA across minor antigen barriers for greater than one year. During this and subsequent work, the team observed that tolerance to the allograft could occur without the need for long-term engraftment of the stem cell transplant.

Based on these observations, Dr. Mathes' 5-year AFIRM II project will focus on the development of immunologic tolerance to VCA, undertaking experiments to determine whether a transient hematopoietic stem cell graft is sufficient for the VCA to be permanently accepted. The overall strategy involves co-transplantation of HCT to generate a state of donor cell "chimerism" via non-myeloablative HCT. This state of donor cell chimerism appears to induce the production of regulatory T-cells that allow these transplants to be maintained without the need for immunosuppression. Dr. Mathes and his team will also examine the mechanisms involved in tolerance induction with a special focus on T-regulatory cells and their associated chemokines.

The ultimate goal of this work is to develop a protocol that can be applied to human hand and face transplants across all genetic barriers. Eliminating the need for chronic immunosuppression will significantly impact the risk-benefit ratio of VCA and allow for more widespread use of this revolutionary reconstruction technique.

Source: Armed Forces Institute of Regenerative Medicine / http://www.afirm.mil/

Patient-Centered Outcomes Research Institute (PCORI) Grant



Erik Van Eaton, MD

A multi-disciplinary team of UW researchers, headed by Douglas Zatzik, MD, Professor Associate Vice Chair for Health Services Research in the Department of Psychiatry and Behavioral Sciences, and including Department of Surgery Assistant Professor, **Erik Van Eaton, MD**, was recently awarded a major PCORI grant. Dr. Van Eaton is the informatics core lead on this study.

PCORI is authorized by Congress to conduct research to provide information about the best available evidence to help patients and their health care providers make more informed decisions. PCORI's research is intended to give patients a better understanding of the prevention, treatment and care options available and the science that supports those options.

The particular research focus for the UW grant began as a group of front-line trauma center providers, patients, researchers and policy makers who worked together for over a decade to integrate patient-centered care into US trauma care systems. They began by asking large groups of injured patients the key patient-centered question "Of everything that has happened to you since your injury, what concerns you the most?" From that, the group developed scientifically sound assessment tools that allowed them to follow patient concerns after injury hospitalization.

Currently high quality patient-centered care is not the standard of care throughout US trauma care systems. Injured trauma survivors treated in trauma care systems frequently receive fragmented care that is not coordinated across hospital, emergency department, outpatient, and community settings. Post-injury care is frequently not individualized to integrate the patient's most pressing posttraumatic concerns and preferences into medical decision making.

The team came to realize that in order to optimally integrate patient-centered care into US trauma care systems they must use the best scientific methods that capture the highest quality data. This PCORI proposal will demonstrate that post-injury care management plans integrating patient concerns and preferences can improve overall outcomes for patients, caregivers and policy makers. This project directly addresses the PCORI patient-centered research questions: "After a traumatic injury, what can I do to improve the outcomes that are most important to me? and How can front-line providers working in trauma care systems help me make the best decisions about my post-injury health and healthcare?"

Congratulations to this team for their perseverance in this project.

Telehealth and the VA

Continued from page 7

dimension of cancer care as well as promotes efficient patient care by minimizing patient travel, streamlining cancer staging studies, and familiarizing the cancer team members with individual patients before they arrive. Patients and their families are also able to have personal "face2face" video conferences with our cancer providers in lieu of traditional clinic visits. We also successfully use telehealth to summarize treatment results and provide follow-up recommendations to patients' primary providers facilitating successful transfer of care. As an example, the General Surgery section has created a Tele-Post-op Clinic for patients undergoing elective outpatient surgery using these tools. Patients are given the choice to schedule post-operative visits at their local clinics where digital images of their wounds are uploaded into the electronic medical record and they can have a personal video conference with their surgeon eliminating the need to travel back to the Seattle location. This has resulted in high patient satisfaction reports as well as providing surgery trainees a new experience for outpatient clinic.

More recently, the telehealth program has received clinical research funding to incorporate advanced technology such as real-time HD digital imaging, pathology slide scanners, and tools for head and neck and cardiopulmonary exams. This has amazingly expanded the scope of telehealth practice.

Our experiences combined with other VA telehealth programs including Tele-Mental Health, Tele-Dermatology, Tele-Cardiology, Tele-Spinal Cord Injury and Tele-Retinal clinics consistently demonstrate that this emerging health care modality is cost-effective, improves the quality of patient care and provides high levels of satisfaction among health care providers and patients.

Welcome to New Faculty in 2013

Dr. Giana Hystad Davidson, Acting Assistant Professor, is a member of the General Surgery Division at UW Medical Center. Her clinical interests include gastrointestinal surgery for both acute and chronic conditions, anorectal disease, gallbladder/ biliary disorders, and complex abdominal wall hernia repair using minimally invasive surgical techniques.

Dr. Davidson is from Great Falls, Montana. She earned her bachelors degree in biochemistry at Montana State University and completed her medical degree and general surgery training at the University of Washington. She also holds a Masters of Public Health degree from UW and has published several landmark studies on patient outcomes following trauma and severe illness. Her research focus is in identifying factors that improve the care of acute care surgery patient during the index hospitalization and in the post discharge period. Her personal interests include: biking, gardening, cooking, and spending time with her husband and two toddlers.

"It is a privilege to stay in Seattle and be able to practice medicine at the University of Washington and to care for the diverse range of patients who travel here from across the region. My goal is to develop a relationship with every patient that is built on trust and respect and to deliver the best resources to help them choose the care that's right for them."

Dr. Deborah Marquardt, Acting Assistant Professor in the Division of General Surgery, joined the faculty in July 2013. She works in the General Surgery and Surgical Critical Care Services at the VA Puget Sound Health Care System.

Dr. Marquardt's clinical interests include gastrointestinal and endocrine surgery, minimally invasive/laparoscopic surgery, clinical nutrition, and systems improvement in critical care. Her main academic interests are in clinical nutrition in surgical patients, and medical student and resident education.

Dr. Marquardt received an undergraduate degree and practiced as a registered nurse prior to pursuing her medical degree from Loma Linda University. She completed her surgical residency at the University of Washington in Seattle. Following this, Dr. Marquardt practiced as an attending general surgeon in the United States Navy for four years. During that time she had the opportunity to not only practice the breadth of general surgery, but was also active in resident education. She additionally served both a ship-board surgical tour, and a combat deployment with the US Marines. Following her active duty military service, Dr. Marquardt returned to the University of Washington for fellowship training, completing a Trauma/Surgical Critical Care fellowship in 2013.

"Having the privilege of serving others through the practice of surgery is an amazing thing. As surgeons we have a tremendous opportunity to affect the lives of our patients for cure, relief of suffering, and improvement in quality of life. I feel particularly honored to be able to do this work on behalf of my fellow veterans."

Dr. Jay Pal, Assistant Professor, joins the Department of Surgery in the Division of Cardiothoracic Surgery and will serve as the Chief of Cardiac Surgery at the Puget Sound Veterans' Administration Hospital. Dr. Pal completed his general surgery residency at UCSF - East Bay under the direction of Dr. Claude Organ, and his thoracic surgery residency at Duke University. After completing his training, Dr. Pal joined the faculty of the University of Texas Health Science Center in San Antonio, where he practiced until being recruited to the University of Washington.

Dr. Pal's clinical areas of interest are complex cardiac surgery, aortic surgery, VAD therapy and heart transplantation. His research interests include ischemia-reperfusion injury, mechanical circulatory support, and outcomes after cardiac surgery.

Honors and Awards

Faculty

Dr. Nicole Gibran, Professor and Director of the UW Medicine Regional Burn Center, has been selected to represent the American Burn Association on the American College of Surgeons (ACS) Board of Governors as a 2013 Specialty Society Governor through 2016.

Ken Haverland, PA-C, received UWMC's Fall 2013 UW Medicine Cares Award. UW Medicine established the UW Medicine Cares Award in 2013, a program to formally recognize and celebrate the accomplishments and excellence of those in the UW Medicine community who consistently exemplify the UW Medicine Service Culture Guidelines. Ken's nomination reads: "I have so many stories about Ken helping our staff and patients receiving the best possible care. Ken is always careful to speak about patients and their needs only in confidential environments. He answers e-mail promptly whenever a question is asked. Just last week he came out of the operating room to help upload imaging into life image for an urgent patient consult happening the next day. The patient was coming from Korea and he wanted to make sure all his records were ready for physician review. He also ended up staying late after the task was done to call the referring provider and let them know the information was received and to get more information. Patients really are first for Ken. And he goes out of his way every day to show it."

Dr. Peter Neligan, Professor and Director of the Center for Reconstructive Surgery at UW Medical Center, received the 2013 British Medical Association's (BMA) Medical Book Award under the Surgical Specialties category for his book entitled Plastic Surgery: 6-Volume Set: Expert Consult Premium Edition — Enhanced Online Features and Print 3rd edition. Published by Elsevier, 2012 (ISBN 9781437717334 £968).

Dr. Carlos Pellegrini, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair, was recently awarded the "ISS/SIC Prize 2013." The Executive Committee of the International Society of Surgery/Societe Internationale de Chirurgie (ISS/SIC) unanimously voted to present this award to him according to the criteria established at their conference in Toronto in 1989. The prize will be "given to the surgeons who have published work which has made most notable and useful contributions to surgical science."

Residents

Dr. Meera Kotagal received the 2013 Association of Women Surgeons (AWS) Hilary Sanfey Outstanding Resident Award. This award was established in 1999 and is presented annually to a surgery resident who has demonstrated excellence and leadership in the field. Dr. Kotagal will receive the award in recognition of the outstanding leadership she has demonstrated in both her professional and in her personal life. The AWS award committee was impressed with her academic accomplishments and her sense of duty to the community. The award was presented to Dr. Kotagal on Monday, October 7th at the AWS Awards Dinner during the American College of Surgeons Annual Clinical Congress in Washington DC.

Alumni Corner

Congratulations to alumnus, **Dr. Debra Wechter** on receiving Virginia Mason Medical Center's (VMMC) highest physician award, "The James Tate Mason Award."

Dr. Debra Wechter currently services as the Director of the Breast Surgery program at Virginia Mason Medical Center.

Dr. Wechter completed her general surgery residency at the University of Washington in 1985. She was the fourth woman to finish a UW Surgery residency and the first female general surgeon at VMMC. She has gone on to have a stellar career in surgery. In the award speech, Dr. Gary Kaplan, Chairman and CEO of VMMC, said that "Dr. Wechter is known for her superb clinical skills; she is intellectually curious and has become their premier breast cancer surgeon. She has dedicated her talents to building an outstanding breast cancer program at VMMC and has been its Director since 1999.....She treats the whole patient and she is an inspiration to women in medicine." He concluded by saying that "Best of all, when I send a patient to her, I have full confidence my patient will get the very best treatment and care."

Dr. Wechter is married to Andrew Bowdle, MD, PhD, a cardiac anesthesiologist at UW Medicine. They have a son, Jacob, who graduated from UW with a double major in Asian Studies and Japanese Language. He is currently teaching English to elementary school students in Kato, Japan. Their daughter, Rachel is a sophomore at University of Puget Sound, majoring in Exercise Science.

Debra Wechter, MD (circa 1985)

The annual James Tate Mason Award recipient is nominated by his or her peers. An award committee makes the final selection from among the nominated candidates. They base their decision on the individual's professional competence, patient service, teamwork, peer recognition, personal values and leadership.

Jonathan Kohler, MD, General Surgery resident from 2005-2013: "Now that I've been away from UW for a few months, and had a chance to see what my training has done for me, and the sort of surgeon it has made me, I'm writing to say, with more vigor and enthusiasm than these words can ever capture: thank you. I feel at home in the operating room and no one here is asking me to do things that I can't do, and in most cases haven't done many times before.

"What's totally blown me away, in retrospect, is not the way that I was trained to operate, but the way that I was taught to think. All the exercises that sometimes seemed tedious as a resident have given me an outstanding foundation as a fellow: those long nights reviewing the literature and defending it at M&M, the demand to always be able to explain why we're doing what we're doing in our management of patients, the ability to juggle a 60 patient service and see 30 consults in a day, the constant repetition of full H&Ps, even in the middle of the night, learning sick from not sick—all were essential to making me the doctor I am. I've been able to use the strength of thought, analysis, questioning, and hardheaded determination that the UW bred into me.

"Such things are hard to measure, of course. I couldn't be prouder to know that I'll always be able to say I'm UW trained."

ATTENTION ALUMNI!
Let us know what you are up to now!

If you would like to share news about your career and family or reflect upon your residency experience in UW Department of Surgery, we want to hear about it to publish in *Surgery Synopsis*.

Please send your updates and photos to surgeditors@uw.edu.

What Makes the VA Unique? — *Continued from page 9*

"Another – very true – anecdote was that the residents referred to the two places to get food as 'proximal' and "'distal.' We found it very ironic in the late 90's/early 2000's that 'distal' was a Burger King… We loved seeing our patients standing out front in the afternoon with a cigarette in one hand and a Whopper in the other…"
–Erik Van Eaton, MD

"Hub Radke, MD was Chief of Surgery at the VA during my training [1975-1980]. He was a great educator and a wealth of surgical experience… His language could be very colorful at times. There is a story about him assisting a resident with a difficult common duct exploration. He said 'be bold young man' shortly followed by 'oh *$%*! You cut the duct.'" *–Robert L. Howisey, MD*

Pellegrini Installed As 94th President of American College of Surgeons — *Continued from page 11*

Kristine and Julie, and twin grandchildren who all live in San Francisco. Their two Golden Retriever siblings, Pancho and Melba, bring additional joy to their lives.

Source: American College of Surgeons Press Release /
Date: October 6, 2013

Save the Dates

20TH ANNUAL SCHILLING RESEARCH SYMPOSIUM & LECTURE

Friday, January 31, 2014, 4:00pm

Timothy R. Billiar, MD
George Vance Foster
Professor & Chair
Department of Surgery
University of Pittsburgh

"Of Men and Mice: An Iterative Strategy to Dissect the Immune Response to Trauma"

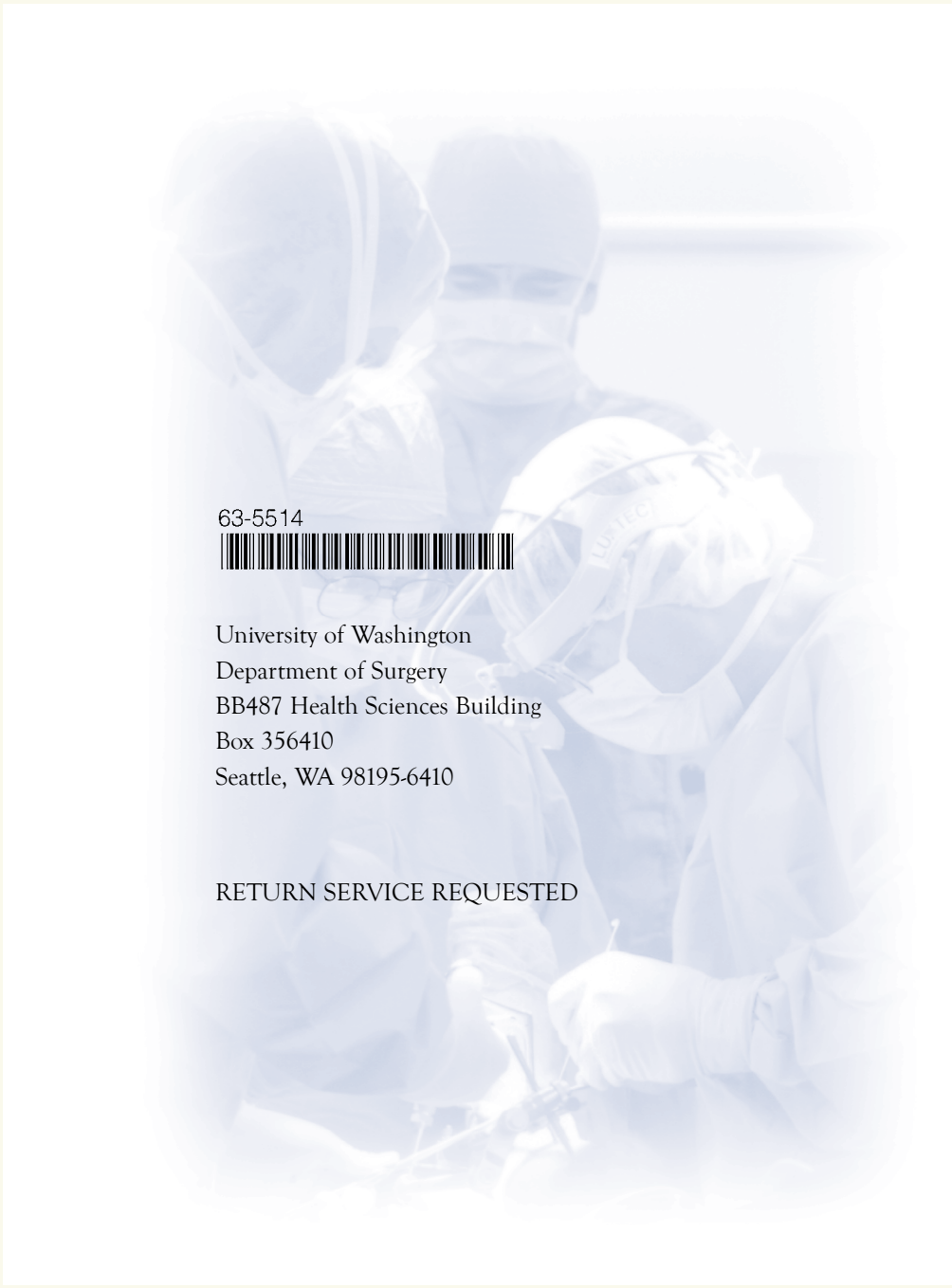
Location: Magnuson Health Sciences Building, Hogness Auditorium

A reception will be held in the 3rd floor Magnuson Health Sciences Building lobby at 5:00pm (immediately following Dr. Billiar's lecture)

Please see the Department of Surgery's monthly Grand Rounds schedule under Special Events on our website: www.uwsurgery.org

UW Medicine

DEPARTMENT OF SURGERY



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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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