

# SURGERY

## Synopsis

INSIDE THIS ISSUE:

Chairman’s Message . . . . .pg 1

Diversity and Inclusiveness:  
Critical Components of Excellence  
in the Department of Surgery . . . . .pg 1

Diversity in the  
Department of Surgery . . . . .pg 4

Researcher Profile:  
Sara H. Javid, MD, FACS . . . . .pg 7

2014 New Faculty . . . . .pg 8

2014 Faculty Promotions . . . . .pg 9

Honors and Awards . . . . .pg 10

Maier Receives UW Medicine’s Award  
for Excellence in Mentoring Women. . . . .pg 13

Global Surgery Interest Group (GSIG) . . . . .pg 13

2014 Graduating Chief Residents’  
& Fellows’ Dinner . . . . .pg 14

2014–15 New Surgery Residents . . . . .pg 16

2014–16 Research Residents . . . . .pg 18

Department of Surgery  
Accepts the Obliteride Challenge . . . . .pg 19

Harkins’ Distinguished Alumnus  
Call for Nominations . . . . .pg 20

Department of Surgery  
Grant Activity Report . . . . .pg 21

Surgery Synopsis  
Reader Feedback / Save the Dates. . . . .pg 22

### Chairman’s Message



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

Friends & Colleagues of the Department of Surgery:

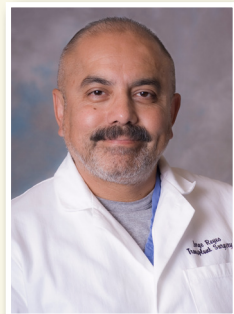
In this issue we focus on **Diversity and Inclusion**: how we define each within the School of Medicine and in our Department as well as what we have been doing for a very long time to integrate them into every aspect of our Department life.

Some recent history: In February 2010, [Dean Paul Ramsey](#) created the Diversity Strategic Planning Committee (DSPC) “to develop a new strategic plan for diversity programs in the University of Washington School of Medicine” (UW SOM). The DSPC was asked to determine how the UW SOM is positioned with regard to diversity through a broad institutional assessment and to develop a set of recommendations that would enable the UW SOM to advance and to sustain a learning environment that was welcoming to, and inclusive of individuals from all cultures. The recommendations from the DSPC were expected to emphasize excellence, equity and effectiveness in support of the UW SOM’s teaching, research and patient care programs. I was pleased to be asked to Chair this effort.

*(continued on page 2)*

### Diversity and Inclusiveness: Critical Components of Excellence in the Department of Surgery

“Let me give you an example of why a diverse healthcare team is important for excellent patient care. We recently had a young boy come to Seattle from Alaska to have a liver transplant. The transplant surgery went well, there was no indication of organ rejection, all appeared on track for a successful recovery and long life for this young man. However, a few days went by and he was not eating, not gaining strength and generally his recovery was in some jeopardy. We could not understand why he wouldn’t eat; nothing tempted his appetite. The family was of Alaskan Native American background; while they spoke perfect English and understood medically what needed to happen with their son they seemed disconnected from his caregivers and offered no insights about the appetite issue. Frankly they seemed in culture shock, and so were we. We suspected that it was more than likely a social/ cultural issue than a medical issue, and we needed someone with insight into the Alaskan Native American culture. We located a hospital caregiver who was also an Alaskan Native American. She spent time with the patient and his family. What she discovered is the patient hated *our food*. Hamburgers, pizza or anything else we typically feed other young transplant patients just did not appeal. Our cultural interpreter said, he was used to salmon, elk, and moose meat and that was what he wanted. We immediately arranged for special meals to be prepared from food that was native to his part of Alaska. That was the secret. As soon as he had that food his appetite picked up and he recovered well. This young man is a United States citizen, spoke English, but his culture is so completely different than what we are familiar with that had we not had a diverse staff, the outcome for this young boy might not have turned out well.”



Professor, Chief of  
Transplant Surgery &  
Chair of Council on  
Diversity and Inclusion

*(continued on page 2)*

## Chairman's Message

Continued from page 1

From the start of the Committee's deliberations it became obvious that in order to deliver on its charge, the DSPC should define **diversity and inclusion** – two inseparable components of a multicultural organization – as they impact the world of Medicine. It should not focus on the idea that diversity and inclusion are important moral virtues that should be nurtured as a matter of social justice (though they are), but instead, on the fact that diversity and inclusion foster innovation and creativity and provide the energy to drive organizations to reach their full potential. In the case of the UW SOM diversity and inclusion make us better able to improve the health of the public.

The UW SOM has not only defined the roles of diversity and inclusion but has gone further in creating a Chief Diversity Officer (CDO) position to lead in these organizational efforts. In June 2013, I was honored to be asked by Dean Ramsey to chair the search committee for the CDO. Recently, [Leo Morales, MD, PhD](#), (pictured right) was named to this office and I look forward to working with him as we define how departments incorporate diversity and inclusion into their fundamental structures.



As you will read in the central article in this issue of *Surgery Synopsis*, the principles that focused the work of the UW SOM diversity and inclusion recommendations have carried to the departmental level. We have our own Council on Diversity and Inclusion, Chaired by [Dr. Jorge D. Reyes](#), Chief of the Division of Transplant Surgery. You will read the mission statement this group created and that has since been adopted by the Department as well as the ongoing efforts we are making to make diversity and inclusion not just projects, but the fabric of our Department.

[Dr. Sara Javid](#), general surgeon, is the featured researcher this issue. Her research focuses on healthcare disparities with the goal of improving cancer health outcomes and quality of life specifically for American Indian and Alaskan Native patients which has the worst five-year survival across cancer types among all racial/ethnic groups in the USA.

Also in this issue, say goodbye to our graduating Chief Residents and we welcome all our new residents and take particular pleasure that we are increasing the diversity in under-represented minorities (URMs) within that group.

I am so strongly convinced that much of what is right about America has had to do with its long history of diversity and inclusiveness, that I am particularly pleased to present this issue of *Surgery Synopsis*. I hope you enjoy it.

Sincerely,

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

## Diversity and Inclusiveness

Continued from page 1

[Dr. Jorge D. Reyes](#), (pictured on page 1) Professor, Chief of Transplant Surgery and Chair of the Department's Council on Diversity and Inclusion (the Council) related this story and then further elaborated, "Creating a culture of diversity and inclusion in our healthcare system is a critical component of improving healthcare quality." As Dr. Reyes noted, "It is easy to believe that if we just get the 'best and the brightest' we will automatically have the best patient outcomes." While not diminishing the need for traditional measures of quality in the healthcare provider team, research and our own empirical experience (as exemplified by the story of the young transplant patient) shows that diverse caregivers enhance excellence in patient care.

While we are beginning to understand that diversity and inclusion are essential components to outstanding healthcare delivery, far too often these efforts run in parallel to core institutional processes without true integration. The goal of UW Medicine, and as reflected in the Department of Surgery's Diversity and Inclusion endeavors, is to create the environment and infrastructure for deep and sustained engagement of the mission that considers diversity and inclusion as core values, key to achieving excellence. Diversity in today's context needs to be framed as central to an academic institution's capacity to fulfill its mission. As noted in Daryl Smith's articles, embedding diversity at the center of the institution's mission creates the opportunity for vitality, for new ways of thinking, and for new kinds of knowledge.<sup>1</sup>

With that conceptual framework, Dr. Reyes reflected on the events and actions on the road to achieving this goal. In February 2010, [Dr. Paul Ramsey](#), Chief Executive Officer of UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine created the UW School of Medicine Diversity Strategic Planning Ad Hoc Committee and appointed [Dr. Carlos Pellegrini](#) as its Chair (see Chair column, page 1). Broadly, they were commissioned "to develop a new strategic plan for diversity programs in the [UW School of Medicine \(UWSOM\)](#)."<sup>2</sup>

<sup>1</sup>Smith, Daryl, Ph.D.; "Building Institutional Capacity for Diversity and Inclusion in Academic Medicine," *Academic Medicine*, Vol. 87, No. 11 / November 2012

<sup>2</sup>From: Ad Hoc Diversity Strategic Planning Committee Recommendations; April 26, 2011 <http://www.washington.edu/diversity/files/2013/04/medicineplan.pdf>.

(continued on page 3)