

SURGERY

Synopsis

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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:

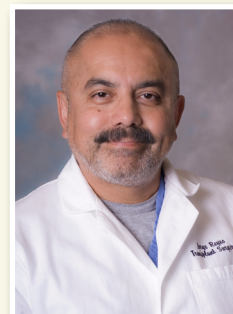
In this issue we focus on **Diversity and Inclusion**: how we define each within the School of Medicine and in our Department as well as what we have been doing for a very long time to integrate them into every aspect of our Department life.

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.

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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

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Chairman's Message

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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

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[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.¹

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 \(UWSOM\)](#)."²

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

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

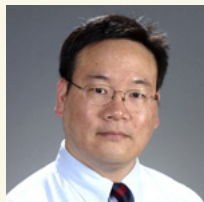
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Diversity and Inclusiveness

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An institutional climate survey performed in October 2010 showed that while the institution is “diversity aware,” we do not yet fully embrace a culture of inclusion in the areas of leadership, resource allocation, faculty awards and accountability. In the areas of academic planning, typical behaviors and beliefs, the survey showed that the institution was in a “transition state,” closer to embracing a culture of inclusion, but that it was not yet fully integrated into our core structure. With respect to comparison with national data from USA Medical Schools, UW SOM had significantly lower percentages of under-represented minorities (URMs) across the continuum from faculty to enrolled trainees.

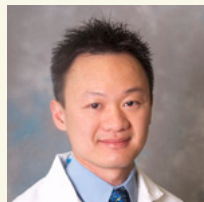
All in all, the lengthy report, recommendations and plan showed that UWSOM was not where it needed to be to reach its goals of diversity and inclusion. At the same time, the impetus for changing was great: from responsiveness within the organization to external imperatives including the local level (State of Washington and University), Washington State law, and several standards and guidelines set by the accreditation bodies for our training programs and facilities. The time for fully integrating diversity and inclusion into the beating heart of the School had come.



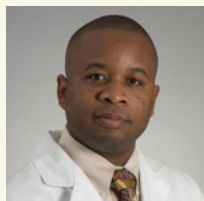
Wu



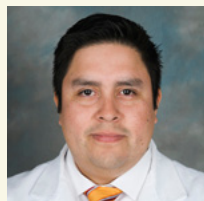
Quiroga



Tran



Dick



Hinojosa



Backhus

Following the acceptance and dissemination of this ambitious and multi-year plan, Departments were mandated to begin their own process of fully integrating diversity and inclusion. As mentioned, Dr. Reyes was appointed Chair of the UW Department of Surgery Council on Promotion of Diversity and Inclusion (the Council) by Dr. Pellegrini in January 2013. Presently, the Council has seven members, including Dr. Reyes. Other members include: Drs. [Peter Wu](#), Associate Professor (VA); [Elina Quiroga](#), Assistant Professor (Vascular Surgery); [Nam Tran](#), Associate Professor, (Vascular Surgery); [Andre Dick](#), Associate Professor (Transplant Surgery); [Marcelo Hinojosa](#), Assistant Professor, (General Surgery); [Leah Backhus](#), Assistant Professor (Cardiothoracic Surgery).

The Council met regularly in the first year to determine the scope of their work, specific goals and necessary steps to achieve the goals. As at the School level, their work is ambitious, multi-pronged and multi-year. The scope of their work is to:

- Work with leadership in the Department and Divisions to ensure the promotion of Diversity and Inclusion through a variety of methods;
- Review detailed data on current Department composition in faculty and teaching programs;
- Make recommendations on department faculty composition, advancement and future recruitment to the Chair and Leadership Council;
- Develop appropriate metrics for tracking Diversity inclusion (working with the Department Chair and Chief Diversity Officer of the UWSOM);
- Assist in design and modifications needed in curriculum to ensure they reflect values of diversity crucial to the development of aware and culturally competent students and residents;
- Work with Education Leadership to initiate and promote diversity and inclusion processes to broaden access to the Department of Surgery educational programs;
- Create a Department Mission Statement that reflects the value of Diversity and Inclusion;
- Plan and organize Department-sponsored activities that celebrate Diversity and Inclusion.

The Council has worked diligently in these many areas and is proud to note it has made substantial progress. It presented an interim report to the Leadership Council in March, 2014 at which they reviewed and displayed their progress. Paramount in that presentation was a discussion of the proposed Department Mission Statement; a mission that embraces the value we place on diversity and inclusion. Below is the Mission Statement as adopted by the Leadership Council:

“The Department of Surgery will provide compassionate and high quality patient-centered care, train future generations of surgical leaders and conduct research in a collegial environment which embraces diversity and promotes inclusiveness.”

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Diversity and Inclusiveness

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In addition, the Council has completed an inventory of statistics, activities and data that support our mission of Diversity and Inclusion. Several areas worthy of mention:

- A scholarship has been set up to send residents or our young faculty to the [Society of Black Academic Surgeons' \(SBAS\)](#) annual scientific meetings. Several individuals have been sponsored to date. (A separate story in this issue of *Surgery Synopsis* discusses the benefits of this scholarship and names the individuals sponsored to date by this scholarship);
- [Dr. Andre Dick](#) received a letter of service acknowledgement letter from UW School of Medicine Dean's Standing Committee on Minority Affairs;
- [Dr. Carlos Pellegrini](#) was nominated for Mentoring of Minority Faculty Award;
- The Department of Surgery residency program matched with 14 Under-Represented Minority (URM) residents in 2014;
- Two residents attended a Diversity Leadership Course sponsored by SBAS and supported by the Department;
- Creation of a database populated with the results of a recently completed Department diversity landscape survey to further identify areas of importance, develop activities and measure progress;
- Development of a UW Department of Surgery Sub-Internship scholarship for medical students from across the US who are contemplating surgery as their specialty. The first three scholarships have been awarded with students to begin in October 2014. (A separate story in this issue of *Surgery Synopsis* enlarges on this goal).

[Dr. Reyes](#) concluded the interview about the Department's Diversity and Inclusion efforts by saying that really building a culture of diversity and inclusion isn't just one project after another, it involves time, intention and attention. "You have to look every day at what you are doing and make diversity and inclusion consciously a part of your thinking. When you are looking at applicants for faculty or trainee positions, you have to push the door open a little wider, take another look through a lens that includes factors beyond grades and MCAT scores. We have to think about cultural competency when designing syllabi, when teaching or interviewing, when conducting research, and most of all when taking care of patients. In other words, you have to make cultural diversity and inclusion intentional decisions every day until they become the fabric of our Department."

Diversity in the Department of Surgery

Creating Diversity Opportunities: The Carlos A. Pellegrini Visiting Internship Program

The Department of Surgery Council for the Promotion of Diversity and Inclusion (the Council) was created in 2013 at the direction of [Dr. Carlos A. Pellegrini](#) (pictured right) and the Department's Leadership Council. The Council functions as the liaison with the Resident Program Directors. Its objective is to increase diversity in our residency program which, among other activities, requires opportunities to be created far upstream, long before residents think about a match. The Council is pleased to announce an opportunity that is now operational.



With the authorization and appropriation of funds by Department leadership, the Council has created the *Carlos A. Pellegrini Visiting Internship Program*, which offers minority medical students from around the country a Sub-Internship (Sub-I) within our Department. The Visiting Internship Program is named for Dr. Pellegrini in recognition of his many contributions to the personal and professional development of minority medical students, residents, fellows and faculty.

The internship program is open to full-time fourth-year students who are in good standing at LCME-accredited U.S. medical schools; demonstrate academic excellence, strong leadership skills, and extra-curricular experience; and are members of a group or groups that are recognized as historically under-represented in the health and science professions, including African American, American Indian, Alaska Native, Hispanic American and Asian/Pacific Islander.¹ At present, we are able to fund three opportunities per year.

The first three Sub-Is are: **Madeline Torres**, University of Utah School of Medicine; **Tarafi Mbadiwe**, Howard University College of Medicine, Washington, D.C.; and **Jonathan Pastrana**, Ponce School of Medicine & Health Science, Ponce, Puerto Rico. This Sub-Internship provides a stipend of up to \$3000 to help cover the airfare, lodging and living expenses in Seattle during the Sub-Internship. The rotations are four weeks in duration. Our first awardees begin in October 2014.

¹For International Medical Students outside the US, our Department already offers a Certificate Program for International Medical Graduates (IMGs) which is one of very few in the country. After successful completion of the program, IMGs may then apply for a two-year preliminary position in the residency program, which serves as a springboard for obtaining a categorical position and successful completion of surgical residency training at UW and other programs around the country. To date, numerous IMGs have gone through this program including but not limited to IMGs from Argentina, Italy, Japan, Colombia, Greece, Nigeria, India, China, Korea and Mexico.

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