

The Harkins' Corner: Your Department of Surgery Faculty & Alumni Organization



Dr. Giana Davidson

Dear Surgical Colleagues,

One of our main goals this year for the Harkins Society was to continue to foster mentorship and build community among alumni and faculty members and current UW surgical residents and fellows. Please look to our growing website (www.harkinssociety.org) in the coming months as we add features to help you find your classmates or connect with an alumnus in your area, and updates

on who plans to attend upcoming events (such as the Harkin's Breakfast at the WA/OR ACS Chapter meeting in June!).

The current surgical residents and recent graduates have said they look forward to hearing what graduates are doing as a way to connect for mentorship and advice as they transition to practice. As an alumnus, it's exciting to hear what my colleagues are accomplishing and the challenges they face in their very different practices. This month features **Dr. Ellen Cooper**.

Dr. Cooper was an outstanding resident in General Surgery. She graduated in 2010 and spent her initial post-graduate years as a faculty member at UWMC before moving to California with her husband and son. She now has a growing practice, growing family and is a terrific mentor to a number of medical students in her community. One of the medical student candidates I recently interviewed happened to mention one of his most influential reasons for going into surgery was Dr. Cooper! She was one of my favorite senior residents—exceptionally organized, empathetic, an outstanding teacher, and wonderful clinician. Ellen kindly agreed to write about her experience as a rural surgeon and offered her contact information for those who are interesting in networking or mentorship.

Sincerely,

Giana Davidson, MD, MPH

President, Harkin's Society

It's 4:30 in the morning. You get a call from the overnight hospitalist (who happens to be your husband). A woman with a history of chronic pain and very high narcotic use was admitted the day before with constipation and abdominal pain. She is now in shock with a blood pressure of 70 and diffuse peritonitis. Her CT scan shows free air and free fluid.

As you drive to the hospital in a snowstorm, you consider your resources. On their way in is your scrub tech, your circulating nurse and your nurse first assist, as well as the anesthesiologist. You will be the only five people

in the OR complex with the patient, unless you ask for extra resources. In your blood bank, you have 6 units of uncrossmatched blood and a 6 pack of platelets as well as 4 of FFP. More blood is 45 minutes away. You have a respiratory therapist. Your ICU is currently closed due to low census. The other general surgeons are out of town.

What I've described is a real situation that's faced by rural general surgeons all over the country. Critically ill patients, limited resources and no time (or desire) to transfer elsewhere.

I am a general surgeon in a community of 15,000 people on the north shore of Lake Tahoe, 6,000 feet up in the sierras. We have multiple ski resorts within a 15 minute drive, and are a major recreation destination for people from the Bay Area. On busy weekends, we can swell to 150,000 people. Our 25 bed community access hospital has an ER with 18 beds, which illustrates how busy we can be with acute care in our small town. I take care of a broad array of elective general surgery, in addition to taking 10–14 days of call a month. Today in my clinic I saw hernias, breast cancer, melanoma, likely desmoid tumor of the abdominal wall, pilonidal cyst, hemorrhoids and more.

I love taking care of a broad range of general surgical issues including a lot of oncology. I work on a medical staff of about 40. We are a tight-knit group and are able to talk a lot about our patients. It's common to have lunch with a radiologist, a gastroenterologist, and one of the emergency medicine physicians. I have built amazing relationships with the nurses in the hospital, and consider many of them my friends. I also have built really gratifying relationships with my patients – I see them at the grocery store, at soccer games, and on the ski slopes. For some people, the overlap between their professional life and their personal life would feel claustrophobic. For me, it enriches my practice, and serves as a daily reminder that my patients exist in a world beyond the hospital, and have lives that define them far more than their illnesses do. Similarly, my patients see me as more than a surgeon, but as a mother, a wife, a skier, and all the other things I do that define me.



When I was a resident, I think I partially believed that rural medicine was straight forward, bread and butter cases and that anything complex got sent to the big city. Our goal is to take care of our community, in our hospital, with quality similar to large institutions. And most of the time, it's a heck of a lot of fun to do that.

Ellen Cooper, MD

Graduate from UW General Surgery in 2010