

# SURGERY *Synopsis*

## Chairman's Message



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

**F**riends & Colleagues of the Department of Surgery: In the spring months, I am privileged to hold a series of “Breakfasts with the Chair” events. These breakfasts bring together faculty by rank and have replaced the “all faculty” meetings that were the norm for years. We have been using this format for four or five years now and have found them to be well-attended and more meaningful to faculty (as well as myself) than were the traditional all-faculty meetings.

The format is simple: along with breakfast, we ask each individual to spend two minutes telling the group: “What is going well in the Department and in my professional life;” and “What issue is of particular concern or what challenges am I facing in my professional life.” I have learned a lot from these conversations and it is information that helps to inform our leadership team as we create together a Department committed to Excellence.

This year, from the “Working Well” side of the conversation and across all ranks, faculty felt they had: 1) great colleagues to work

*(continued on page 2)*

### INSIDE THIS ISSUE:

- Chairman’s Message . . . . . pg 1
- Bright Future for Cardiothoracic Surgery in the UW System . . . . . pg 1
- Save the Dates . . . . . pg 13
- 2015 Schilling Lecture . . . . . pg 14
- The Harkins’ Corner . . . . . pg 16
- Researcher Profile:  
Farhood Farjah, MD, MPH . . . . . pg 17
- Honors and Awards . . . . . pg 19
- Other Surgery News . . . . . pg 21
- Department of Surgery  
Grant Activity Report . . . . . pg 22
- Publications . . . . . pg 23
- Department of Surgery  
In the Media . . . . . pg 24
- Surgery Synopsis Reader Feedback . . . . . pg 25

## Bright Future for Cardiothoracic Surgery in the UW System

**T**he Division of Cardiothoracic (CT) Surgery is divided into three Sections that overlap, interconnect, and complement each other: Adult Cardiac Surgery, Pediatric Cardiac Surgery (also known as Congenital Heart Surgery) and General Thoracic Surgery are distinct subspecialties emanating from a common training and board certification in cardiothoracic surgery. The faculty in these areas each work with other specialties that interconnect and require an immense amount of cooperation and coordination. While it may appear complicated from an administrative point of view, these faculty know exactly what is expected of them and how to do it when caring for the patient.

Department of Surgery Cardiothoracic Division faculty



*(continued on page 3)*

## Chairman's Message

Continued from page 1

with: colleagues who did excellent work, whom they respected and admired and were happy to call their friends; 2) they had great support from their Division leadership, as well as the Department as a whole; and 3) they had interesting, highly collaborative work – both clinically and academically. Each of the groups felt that our education program was strong – uniformly drawing the best residents and fellows to our programs. Overall, the consensus was that this is a strong Department with strong leadership, and one in which they were happy to be working. This is very gratifying and the kind of environment we strive to create.

Many of the challenges and concerns focused on our research mission: how to obtain research funding when research dollars from every quarter are shrinking; worries about promotion with fewer research opportunities; and, how to get optimal research support once a grant is awarded. This Department is certainly not alone in these worries; these are huge challenges across the School and across the nation. But, sharing these research challenges has led to some good changes within our Department. For instance, we have appointed an Associate Chair for Research, Dr. [David Flum](#), whose responsibility it is to focus our attention on building a stronger research program. As part of this focused effort, a Department Research Leadership Committee was created. The Department's research mission statement is to help create "The Premier Home for Surgical Research." Much effort and ingenuity as well as some national climate change will need to happen in order for research funding levels to be raised sufficient to our research needs; but we are motivated to make that happen. The will to succeed is clearly here.

Another issue of concern raised was "how do surgeons define themselves in the era of Accountable Care Networks?" Faculty felt they needed to better understand the ACN landscape and wanted to actively engage in defining "surgery" and "the surgeon" in the world of Accountable Care. We will be expanding our knowledge and pursuing how to engage in this process over the course of this next year.

---

The main focus of this issue is our Cardiothoracic (CT) Surgery program at all locations; from newborns to the very elderly. It is timely to highlight this group since some of the issues we currently grapple with as a Department were tackled years ago by Cardiothoracic Surgery (the Division and the specialty). Out of necessity and the will to thrive, they have largely redefined themselves as a practice and specialty.

Most readers will remember that about 15 years ago cardiothoracic surgery underwent a tremendous change. As less invasive means of treating some heart conditions became the norm, it seemed like cardiothoracic surgery was on its way out. Our faculty, led

by Drs. [Verrier](#), [Aldea](#), [Mulligan](#) and [Wood](#), would not give into these circumstances; they knew there was need for CT surgery and the specialized skills they brought to very sick patients.

They figuratively rolled up their sleeves and spent time and energy strategically developing and determining a new identify for Cardiothoracic Surgery in the 21st century. They thought for the long-term, sought the necessary resources and buy-in, and recruited faculty passionate about changing the face of the specialty. Fifteen years later, it is with admiration that we look at the accomplishments of this remarkable group – a close-knit, collaborative band of brothers and sisters. These faculty have helped reshape the specialty, unlock therapeutic possibilities and reignite the educational program. Through their blood, sweat and perhaps some tears, they have conducted innovative research, developed new techniques and tools, provided exceptional and re-engineered clinical care, and advocated strongly for mandated, upstream disease screening guidelines. Through all these efforts they have positively affected the lives of the patient in front of them and throughout the world. We are proud of this group and salute them for the tremendous things they have – and will – accomplish.

---

You will also read about our extraordinary 2015 Schilling Lecture Day, at which, among the other activities, Dr. [Alec Clowes](#) was honored and a video of his life and work was shown. You can view this video by following this [link](#).

Finally, in addition to our other regular features, we begin with this issue a new feature in *Surgery Synopsis* – providing readers with a list of recently published papers by faculty in our Department. This is certainly not an exhaustive list, but representative of our faculty at all career stages as well as the breadth and depth of their academic work and their many collaborations. You can look forward to viewing a sample of our faculty's written academic accomplishments in every issue of *Surgery Synopsis*.

I believe you will find this to be an interesting issue and I invite you to read it all. I hope you enjoy the Spring 2015 issue of *Surgery Synopsis*.

Sincerely,

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



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