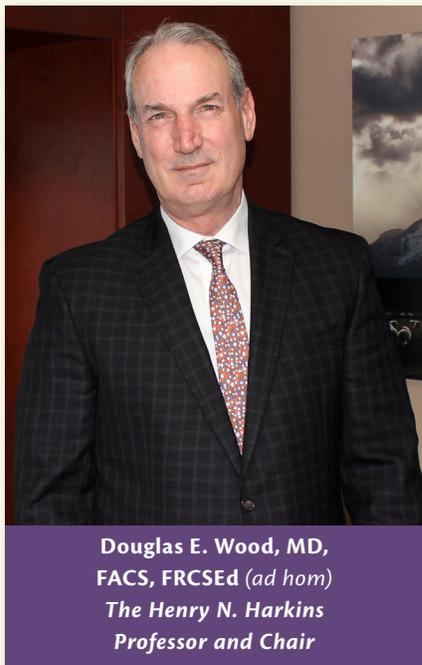


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SURGERY Synopsis

Chair’s Message



Douglas E. Wood, MD,
 FACS, FRCSEd (ad hom)
 The Henry N. Harkins
 Professor and Chair

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

The Department of Surgery (DOS) adopted this mission statement several years ago. Our mission statement was crafted by our Council on Diversity and Inclusion, co-led by Dr. **Jorge Reyes**, Professor & Chief, Division of Transplant Surgery, and Dr. **Elina Quiroga**, Assistant Professor, Division of Vascular Surgery, and reflects the strong desire and commitment of this Department to improve in how we reflect and serve diverse communities that are historically under-represented in surgery, and in our department.

As Chief of the **Division of Cardiothoracic Surgery**, I grappled with the issue of diversity – beginning with the obvious issue of gender disparity in CT Surgery.

Conscious attention to inclusion and diversity began some years ago through the leadership of Dr. **Carlos Pellegrini**, who was passionate about making the Department and the field of surgery more diverse and inclusive. One of the first steps he took was the establishment of a departmental scholarship to send residents and junior faculty to the annual meeting of the **Society of Black Academic Surgeons (SBAS)**. Dr. Pellegrini’s goal was to encourage their ongoing participation and eventual leadership in that organization and in their own institutions. Shortly before he stepped down as Chair, Dr. Pellegrini and his wife, Kelly Pellegrini, along with Dr. Reyes, established the **Carlos A. Pellegrini Diversity Visiting Student Internship Program**. This scholarship is a funded program designed to give under-represented minority (URM) medical students a chance to experience the exceptional training that the University of Washington has to offer. We have selected remarkable medical students for the sub-internship, many of whom have subsequently applied for internships in our program.

Like many surgical specialties, CT Surgery has for many years been primarily a male-dominated specialty, with only 6% women in the field until very recently. I believe that we offer better care to our patients when surgeons reflect the population of the patients they serve. Roughly 50% of our patients are women; our faculty should reflect this. Just as importantly, I felt that cardiothoracic surgery was missing out on some of the most talented surgeons, teachers, and scientists because the specialty was not attractive, or welcoming, to women. It also seemed clear that women provide important leadership traits that would enrich and improve cardiothoracic surgery. **Wood DE. 2014. Take It to the Limit. Ann Thorac Surg;98:1893–901.**

My own commitment and emphasis on diversity overlapped with what was already happening within the Department.

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Chair's Message

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Dr. Pellegrini also established the Council on Diversity and Inclusion, led by Drs. Reyes and Quiroga, who have assessed the environment in the department and have made many important recommendations to help us to be transparent and deliberate in our goal to improve. Examples include the mission statement above, prominence on our web site, annual diversity grand rounds, and a faculty and resident development seminar dedicated to diversity and inclusion. This year we also made changes to the departmental promotion criteria recognizing the academic value of developing programs that educate us about disparities, social determinants of health, and improving the diversity in our department and the School of Medicine.

We have more recently established the Department of Surgery Women's Council, with Dr. **Kris Calhoun**, Associate Professor, Division of General Surgery, as the leader of this group, which includes faculty and residents, and focuses on challenges specific to women in surgery – the charge to the council being to “review and evaluate the culture of gender equality in UW DOS and recommend actions, initiatives, education, or structure that can make DOS the best place for career advancement and satisfaction for both men and women.” Obviously the Diversity Council and the Women's Council overlap in some areas, and the leaders of these groups are working together in the shared vision of improved diversity and inclusion.

For an overview of the work this Council has done and is doing, I invite you to review our **February 2018 Grand Round video titled “Gender & Career Barriers Among Surgeons.”**

Another avenue opening in the Department is the development of an endowment supporting a “Fellowship for Diversity in Surgical Education and Leadership.” The

primary purpose of this endowment is to enhance our ability to recruit, retain, and/or provide opportunities for professional development for faculty, residents and/or fellows who are unrepresented minorities in surgery.

The environment where we work sets an important tone regarding the importance of diversity in our community. I have heard from several people a concern that the hallway of the department offices in the Health Sciences Building does not represent the department that we are today, nor the department that we want

The environment where we work sets an important tone regarding the importance of diversity in our community.

to be. The homogeneity of chief residents from the 1950s to the 1980s is a reality of the time, and represent a great legacy of incredible surgeons trained in our department. But we would also like to show how we have grown, how our more recent graduates represent the increasing diversity of Surgery at UW. We are working on plans to upgrade our department environment to better show the department that we are today, while still honoring the important history of our past. Part of this will include the incredible paintings by Andrea Gahl, who has captured so many of our current residents, and, with her art, helps show the breadth of human experience that make our residents great doctors and

make our department better. Please read the inspiring article about Andrea Gahl's art (*page 8*).

Faculty leadership as well as all faculty involved in hiring have received training on equity, access and inclusive hiring practices. Training for UW Medicine was developed and delivered by the Center for Health Equity, Diversity and Inclusion (CEDI) in association with **Janice Sabin**, PhD, Research Associate Professor in Biomedical Informatics and Medical Education. The **training** explores implicit or unconscious bias as well as best practices for recruiting, hiring and retaining a diverse workforce.

I believe our efforts are reaping rewards. We have experienced substantial achievement in our residency programs – attracting top quality residents of diverse backgrounds, and providing faculty and resident development to help empower diverse leadership in surgery, at UW and nationally. However, it is clear that even with the conscious attention that has been brought to bear on diversity and inclusion, we are not yet where we want to be. Creating diversity in our workplace requires dedication, focused leadership, open and transparent dialogue and it is a process that takes time.

Open, respectful dialogue is a foundation to fostering a more diverse and inclusive Department. Discussions around diversity, bias and equity can – and do – raise strong opinions and emotions and can be polarizing. We may be quick to judge, or discredit someone for saying the wrong thing, being insensitive, or not being adequately committed. I would ask—no, actually implore—that we give each other the benefit of the doubt, that we presume good intent, and that we treat each other with gentleness and kindness. If I use a wrong term, or don't recognize a problem,



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Chair's Message

Continued from page 2

please seek me out and teach me; educate me about how I can be better, rather than characterizing me as insensitive and complaining about it to others.

Let's all help each other understand the barriers to improving diversity, and the benefits it provides to our community and our patients. Let's not shy away from being willing to have these difficult conversations. Just because it is difficult, we should not discontinue or be fearful. Rather, I ask that we remember who we are – a Department that has high ideals and takes real steps to reach them. We are not perfect and factors like heavy workload, fatigue and pressure of time make it easier for implicit biases (and we all have them) to be more readily apparent. But, I ask each of us to remember that we are a department committed to becoming more diverse and inclusive.

Ultimately, I would like us to build a Department that views diversity and inclusion as solutions to problems, not problems to be solved, and I am committed to leading this effort.

Much of this issue focuses on the different ways we are addressing diversity in the Department. I hope you will enjoy reading about the work we are doing, and join us as we build a more inclusive department. And as always, we have a number of faculty and resident honors and awards to celebrate, we introduce you to our new faculty, and we get to know one of our cardiothoracic surgeons, Dr. Kathleen Berfield (*page 17*), beyond the scope of her professional life. Dr. Kim Riehle's research is highlighted (*page 16*) and we provide an overview of the recently held Schilling Lecture and Research Symposium. I hope you enjoy reading the entire newsletter.

Sincerely,

Douglas E. Wood, MD,
FACS, FRCSEd (*ad hom*)
The Henry N. Harkins
Professor and Chair

Diversity and Inclusiveness in the Department of Surgery

Achieving Excellence in Diversity and Inclusiveness in the Department of Surgery

Dr. Jorge Reyes, Professor & Chief, Division of Transplant Surgery

The work of the Department of Surgery's Council on Diversity and Inclusion (the Council) in increasing diversity is more than just the "right thing to do." It is about creating a culture of diversity and inclusion in our healthcare delivery as a critical component of improving healthcare quality. Our training would suggest that if we just got the "best and the brightest" we would automatically have the best patient outcomes. While not diminishing the traditional measures of excellence used in building our teams, research and experience with our community shows that diverse caregivers enhance excellence in patient care. The goal of the Department of Surgery's Diversity and Inclusion efforts is to create the environment and infrastructure for deep and sustained engagement of the mission that considers diversity and inclusion as core to excellence.



Dr. Carlos Pellegrini

With this conceptual framework, the Council reflects on the events and actions on the road to achieving this goal. In February 2010, Dean Paul Ramsey created the UW School of Medicine Diversity Strategic Planning Ad Hoc Committee and appointed Dr. **Carlos Pellegrini** as its Chair to develop a new strategic plan for diversity programs in the **UW School of Medicine (UWSOM)**. The group conducted a broad institutional assessment and comparison with best practices, and developed 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,¹ and which is embodied in the the UWSOM mission statement:

"The School values diversity and inclusion and is committed to building and sustaining an academic community in which teachers, researchers and learners achieve the knowledge, skills and attitudes that value and embrace inclusiveness, equity and awareness as a way to unleash creativity and innovation."

The UW Department of Surgery Council on Promotion of Diversity and Inclusion was formed by Dr. Carlos Pellegrini in January 2013 to establish and report on best practices and metrics to fully integrate and assure the promotion of diversity and inclusion in our department. Presently, the Council has 14 members including faculty, staff and residents: Drs. **Jorge Reyes**, Professor & Chief, Division of Transplant

¹ From: Ad Hoc Diversity Strategic Planning Committee Recommendations; April 26, 2011 <http://www.washington.edu/diversity/files/2013/04/medicineplan.pdf>

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