

SURGERY

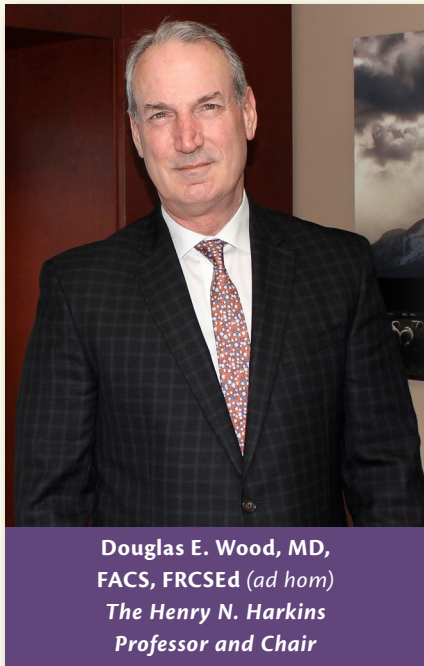
Synopsis

UW Medicine

DEPARTMENT OF SURGERY

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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.

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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.

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

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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 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>

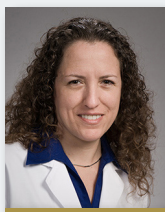
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Diversity and Inclusiveness

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Reyes



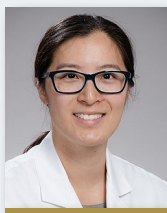
Quiroga



Dick



Sousa



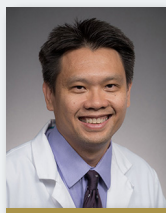
Berfield



Krane



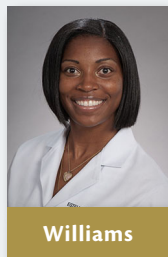
Wu



Pham



Tran



Williams



Afolayan

Surgery, **Elina Quiroga**, Assistant Professor, Division of Vascular Surgery, **Andre Dick**, Associate Professor, Division of Transplant Surgery, **Janelle Sousa**, Assistant Professor, Division of Plastic Surgery, **Kathleen Berfield**, Assistant Professor, Division of Cardiothoracic Surgery, **Mukta Krane**, Associate Professor, Division of General Surgery, **Peter Wu**, Associate Professor, VA Puget Sound Health Care System, **Tam Pham**, Associate Professor, Division of Trauma, Burn & Critical Care Surgery, **Nam Tran**, Associate Professor, Division of Vascular Surgery, **Estell Williams**, General Surgery Chief Resident, **Tobi Afolayan**, General Surgery R2; and **Deci Evans**, Administrative Manager, **Ruth Girma**, Program Operations Specialist and **Tyrone Jimmison**, Director of Philanthropy, UW Medicine Advancement.

They have met regularly to determine the scope of their work, specific goals and necessary steps to achieve the goals. As is the case 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 Division 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 and Inclusion (working 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. A Department of Surgery Mission Statement which embraces the value we place on Diversity and Inclusion was adopted:

“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.”

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 young faculty to the Society of Black Academic Surgery (SBAS) meeting and courses;
- Creation of a database using results of a recently completed Department diversity landscape survey to further identify areas of importance, develop activities and measure progress;
- Creation of 3 scholarships for the UW Department of Surgery Sub-internship for medical students from across the US who are contemplating surgery as their specialty;
- Department of Surgery support for the Doctor for a Day program--Medical students volunteer at local area schools with largely diverse student populations to inspire enthusiasm for the medical profession, by allowing students to play doctor for a day;

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Diversity and Inclusiveness

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- Diversity and Inclusion work is now a part of the criteria for promotion in the Department.

The Department's Council on Diversity and Inclusion strives to build an environment where applicants for faculty or trainee positions can see the cultural competency of our staff in their work with teaching or interviewing, when conducting research, and when taking care of patients. We are indeed fortunate to have the commitment, passion and guidance of our Chair, Dr. Douglas Wood, who has set the strategic goals for the Council as:

- 1) Establish and report on best practices on diversity and inclusion in the department;
- 2) Work with divisional leadership to assure promotion of diversity;
- 3) Examine departmental composition and advancement to provide advice regarding recruitment and retention along with actions that assure that all members of the department have the opportunity to advance;
- 4) Develop programs, workshops, strategies, curriculum and activities, as well as interface with other UW programs, to support diversity;

The Department's Diversity and Inclusion Council strives to build a culture of diversity and inclusion that isn't just about accomplishing one project after another, but rather encouraging a daily look within to assess what each of us is doing to build inclusion, and ensuring that diversity and inclusion becomes a conscious a part of our thinking.

Department of Surgery Women's Council

**Dr. Kristine Calhoun, Associate Professor,
Division of General Surgery**

The University of Washington Department of Surgery Women's Council was created by Dr. **Douglas Wood**, *The Henry N. Harkins Professor and Chair*, after a meeting he held with women faculty shortly after being appointed chair, and during which some departmental issues related to gender were identified.

In 2016, volunteer members from all divisions, ranks, geographic sites, and comprising both faculty and residents, started meeting monthly to identify issues of importance and focus. These volunteers included Drs. **Eileen Bulger**, **Greta Bernier**, **Kathleen Berfield** (pictured page 4), **Kristine Calhoun**, **Shannon Colohan**, **Heather Evans**, **Sara Javid**, **Erin Lange**, **Lorrie Langdale**, **Lacey LaGrone**, **Elina Quiroga**



Bulger



Bernier



Calhoun



Colohan



Evans



Javid



Lange



Langdale



LaGrone



Sibulesky



Shalhub

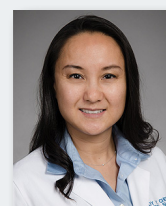


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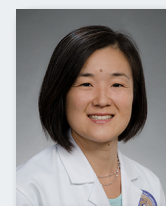
(pictured page 4), **Lena Sibulesky**, **Sherene Shalhub**, and **Nicole Zern**. Our first task was an assessment of the state of the state, which we accomplished via a department-wide survey, investigating the impact of gender on perceived career barriers among surgeons.



Kim



Chen



Shin

This past February, I co-presented our findings with Drs. Shalhub and Zern at the inaugural Women's Council-sponsored Grand Rounds. This event will occur annually in March and coincide with International Women's Day, with plans to bring in national, regional and local speakers. Our inaugural presentation was well regarded and led to a number of individuals expressing interest in joining the council. New members will join in July and include Drs. **Teresa Kim**, Acting Assistant Professor, **Susanna Shin**, Assistant Professor and **Judy Chen**, Assistant Professor, as well as a number of residents. Our survey findings were additionally submitted in abstract form for presentation to the **American College of Surgeons Clinical Congress (ACS)**

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Diversity and Inclusiveness

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last October. Women leaders in other UW School of Medicine departments have been made aware of our work and are reaching out to collaborate, and I recently had the chance to present to the Dean's Committee on Women in Medicine and Science, where it was also well received.

In addition to our initial survey, the Women's Council is preparing another survey inquiring about promotion practices within the department, which will be distributed via RedCap later this month. The goal is to ultimately develop a promotion mentorship program, the first of its kind within the department. We were further asked by the chair to develop a formal policy addressing work-based issues for parental leave. We surveyed women faculty with children and from their responses, compiled suggestions regarding conduct pertaining to operating, clinic coverage, and call duties while pregnant. We also compiled suggestions with respect to leave and lactation support issues. That work, which was recently presented to the department's Leadership Council, is in draft form and currently being finalized for implementation department wide. Finally, we are moving forward with plans to collaborate more closely with the department's Diversity Council, realizing that strength comes from unity and that many issues intersect between these two groups. Preliminary dialogue with this council has been very rewarding and we look forward to continuing this collaboration.

As chair of the Women's Council, I have had the opportunity to work with many dynamic individuals I previously only knew in passing. We have begun to work more closely together to address issues important to us all. We are fortunate to work within a department that has placed emphasis on equality for all members and a willingness to address challenging and potentially difficult topics.

Carlos A. Pellegrini Diversity Visiting Student Internship Program

Dr. Elina Quiroga, Assistant Professor,
Division of Vascular Surgery



Dr. Carlos Pellegrini

In 2014, the **Association of American Medical Colleges** reported that although African-Americans comprised 13% of the nation's population, they accounted for only 4% of the physician workforce. Similarly, Latinos represent close to 20% of the US population, yet less than 5% of physicians are Latino. These disparities are even more pronounced among surgeons. Other underrepresented minority groups in medicine follow similar trends. Evidence demonstrates that racial, ethnic and linguistic diversity in health care providers is correlated with better access to and quality care of minority populations.

In order to fulfill our mission, the Department of Surgery aims to diversify the pool of outstanding surgeons trained by our institution, and one of the initiatives of the department's Diversity Council is to increase diversity within each of our four residency programs. Since 2014, we have provided an opportunity for underrepresented minority medical students interested in pursuing a career in surgery through the Carlos A. Pellegrini Visiting Internship Program. The program is named after Dr. Pellegrini in recognition of his continuous contributions to the personal and professional development of minority medical students, residents, fellows and faculty. The program not only gives medical students a chance to experience the exceptional training that we have to offer, but it also creates strong relationships with applicants, provides mentorship and guidance during their time with us, and demonstrates our strong commitment to diversity.

The **Carlos A. Pellegrini Diversity Visiting Student Internship Program** is now in its 5th year and it has become a model both locally and nationally. Several other departments in UW School of Medicine have launched successful Sub-Internships using our approach, and numerous Departments of Surgery across the country have reached out to us for advice and guidance as they emulate our work.

This year we have received applications from medical students interested in Cardiothoracic Surgery, General Surgery, Plastic Surgery and Vascular Surgery; three of those outstanding medical students will join us in late September for a four week clerkship.

The funded scholarship provides a stipend to help cover the cost of airfare, lodging and living expenses during the Sub-Internship and is open to applicants who demonstrate academic excellence, strong leadership and extracurricular experience. The clerkships are available to full-time fourth-year students who are in good standing at LCME-accredited U.S. medical schools. More information about the Carlos A. Pellegrini Diversity Visiting Student Internships Program can be found at: <https://www.uwsurgery.org/educationintroduction/div-edu-ops/>.

For medical students outside the US, our Department already offers a Certificate Program for Foreign Medical Graduates, one of very few in the country. After successful completion of the program, international medical graduates may then apply for a two-year preliminary position in the General Surgery residency program, which serves as a springboard for obtaining a categorical position and successful completion of surgical residency training at UW or other programs around the country. Several applicants from Latin America, Europe, Asia and Africa have successfully completed this program. More information can be found at: https://www.uwsurgery.org/educationintroduction/residency-programs_overview/general-surgery-residency-program/apply/foreign-nationals/.

#ilooklikeasurgeon

Dr. Heather Evans, Associate Professor,
Division of Trauma, Burn, & Critical Care Surgery



Dr. Heather Evans

What does a surgeon look like? Through a social media campaign on Twitter, started by a surgical resident in 2015, women surgeons across the world felt emboldened to stand up and be counted, contributing “selfies” of themselves at work in the uniform of our profession. In just 3 months, #ilooklikeasurgeon went viral, generating 128 million impressions, nearly 40,000 individual tweets, with more than 7,900 participants. With a positive and affirming mission, this

campaign underscored the fact that surgeons represent a diverse array of both women and men from a variety of cultures and backgrounds.

Last year on April 3rd, the cover of The New Yorker magazine featured a portrayal from artist Malika Favre of four women surgeons in scrubs beneath the lights in the operating room. In the wake of #ilooklikeasurgeon, Dr. Susan Pitt (@susieqp8), a surgeon from the University of Wisconsin, quickly picked up on the significance of this and further fueled the social media storm with a tweet of her team under the lights in the OR. Other women surgeons quickly responded and shared their own photos and the #NYerORCoverChallenge was born. UW Medicine women surgeons rose to the challenge, many becoming active Twitter users for the first time in order to join in the movement to recognize our significant contribution to the profession. Our own Cardiothoracic faculty and residents took their own photo for the movement (pictured above).



Drs. Kathleen Berfield, Lara Oyentunji, Tori Lennox, and Melissa Herrin

Through #ilooklikeasurgeon and #NYerORCoverChallenge, we document the changing gender balance in surgery. Now, a quarter of our faculty and 37% of residents in the Department of Surgery are women, but we still have a long march to parity, with only 5 women in the department who are full professors. As mentioned in Dr. Calhoun’s article on page 5, in September

2016, we convened the first meeting of the Women’s Council in the Department of Surgery. This new advisory group was created to explore issues of concern not only to women surgeons and surgical researchers, but to all of us as we work towards recognizing how to best meet the needs of ALL the surgeons in our Department and the trainees we prepare for a changing world. Read more about the Women’s Council on page 5.

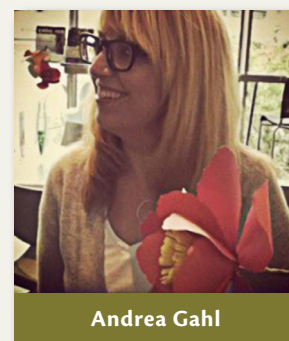
#ilooklikeasurgeon Art

Kira Martin, MHA, MBA,
Division of Trauma, Burn, & Critical Care Surgery

An art exhibition at this year’s Department of Surgery Schilling Research Symposium represents the Department of Surgery’s engagement and efforts around promoting and respecting diversity in our surgical community.

Andrea Gahl is a Trauma Nurse Coordinator at Harborview Medical Center who has worked with our surgeons and surgical trainees for the past 19 years.

She is also an accomplished artist and has been working on a series of portraits that started out as one painting of a friend she works with, one surgical resident at the time.

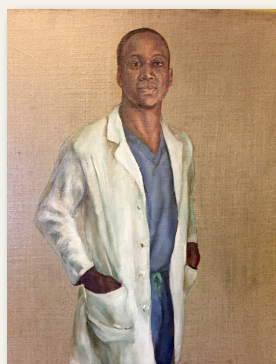


Andrea Gahl

What was the impetus for starting and then continuing to paint UW surgical resident portraits?

You know how they say to writers, “Write what you know”? I decided to focus my painting on healthcare and surgical residents, what I know. I wasn’t planning on the ACS Future Series becoming a series, it just started out painting one of my friends for my best friend’s daughter really. She had just been to see the Kehinde Wiley show at the Seattle Art Museum, and was enamored of his paintings of people who had the same skin color as her. I started to realize how seldom she would have seen herself represented in portraiture, and how powerful it is when you do. One of her favorite people was Lara Oyentunji, MD, who graduated last year from the UW General Surgery Residency Program, so I thought I would do a picture of her, a strong Black female surgeon. Coincidentally, while I was painting that picture, I was in hallways of the UW School of Medicine. Of the portraits that were there, only one was a woman, and there were no people of color. The resident composites in the Department of Surgery hallway were similar. I started to wonder how long it would be before there would be a portrait of someone who looked like Lara in those hallways. With that in mind I decided to do my own portraits of some of

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Dr. John Monu



Dr. Morgan Richards



Dr. Jay Zhu

the surgical residents, so they could see themselves as one of those leaders venerated with a portrait on the walls.

What were some of the stories you've heard from surgical residents that impacted you and your passion for your work?

The title of Lara's painting, "Not Estell," was based on the fact that for their entire residencies, people would confuse Lara and Estell, not just in passing, but for 10-15 minute conversations with people they worked with closely. Female residents are assumed to be the nurse, the therapist, the dietician, never the surgeon. There are similar assumptions made about residents of color, in addition to subtle and not so subtle racism from patients and coworkers. It often takes the form of "jokes," assumptions about culture or beliefs, or asking one resident to represent the opinions of an entire race of people. There is so much strength and resilience from these residents though, despite having to navigate what can be an unbalanced system. They also have some amazing support in their families and friends, and I was privileged to be able to spend some time with them and hear their individual stories. I hope some of that comes through in my pictures of them.

The title of your series, ACS FUTURE, along with the #ilooklikeasurgeon hashtag, is evocative of where we are now and how far we must go as an academic institution. Can you elaborate?

Well, until you have equitable representation at all levels in the institution, you're not going to be able to fully address the needs of both the residents and the patients we serve. You don't know what you don't know if you don't have more representation at the table. And you can't have one person doing all the representing. That's diversity but not real inclusion. Think of how cool it would be for patients and family members getting lost in these halls to see people that looked like them, across the spectrum.

The Department of Surgery has purchased your portrait series. What are your hopes for showcasing and honoring your resident models?

I never had to clarify what hallway I was talking about when I asked my sitters about the hallway and how they felt about it. It was just like, "You know that hallway...?", and there was an immediate reaction. It would be nice if there could be some room made for the current and recent resident composites on the walls, to show the institution moving forward rather than looking back. I would love to see my paintings visible to the public and the words of the sitters with them, so they can speak for themselves. There is so much that can be learned if we just listen.

ASSIST Project

Dr. Heather Evans, Associate Professor,
Division of Trauma, Burn & Critical Care Surgery

The increasing use of mobile devices by patients to send images and text messages to surgeons and care teams after surgery presents new opportunities for both clinical and public health practice. Used wisely, this rapidly evolving application of information technology can produce enormously important benefits for individual patients, Ambulatory Surgery Centers (and hospitals), practitioners, and infection surveillance and prevention. But, without thoughtful application, these same technologies may derail efficient care, increase health access disparities, and skew hospital acquired infection data.



To better understand the impacts of patient-generated mobile health data on the care and surveillance of surgical site infection (SSI), the [Centers for Disease Control and Prevention \(CDC\)](#) is supporting a 2-year project led by co-Principal Investigators Dr. [Heather Evans](#), Associate Professor in the Division of Trauma, Burn and Critical Care Surgery, and Dr. [Bill Lober](#), Professor in the School of Nursing's Department of Biobehavioral Nursing and Health Informatics and School of Medicine's [Department of Biomedical Informatics and Medical Education](#). The project, Assessing Surgical Site Infection Surveillance Technology (ASSIST), will evaluate the current use of patient-generated health data (PGHD) and

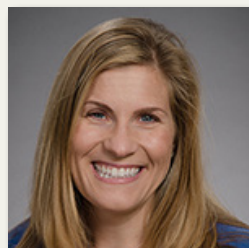
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Dr. Heather Evans



Dr. Bill Lober



Dr. Danielle Lavallee



Dr. Patch Dellinger

mobile devices in post-operative SSI surveillance by conducting a health technology assessment (HTA).

Over the first six months, the ASSIST Project Team has performed initial evidence review of the current trials and published literature addressing this important clinical problem with mobile health, or mHealth solutions. Department of Surgery Research Associate Professor **Danielle Lavallee** is a co-investigator on the project and, guided by her expertise in stakeholder engagement, the team has interviewed 20 researchers, clinicians and data scientists working in this area, and is conducting an ongoing review of the currently available mHealth apps for SSI detection, monitoring, surveillance and care coordination. The team is grateful for the contributions from a strong and diverse scientific board, including Dr. **Patch Dellinger**, Professor in the Division of General Surgery, and data scientists from the Department of Industrial Engineering.

In April, the ASSIST Project Team hosted a stakeholders' workshop in conjunction with the **annual meeting of the Surgical Infection Society**. The goal of this workshop was to bring together researchers at intersection of PGHD, mHealth and SSI research, as well as data scientists and clinical informatics implementation experts in order to generate feedback on the work to date, to identify knowledge gaps in the state of the science, and to begin to draft recommendations as to how to address these gaps. The feedback will be incorporated into the HTA and results will be disseminated through several presentations at surgical meetings over the next 18 months. The final HTA report will be submitted to the CDC in 2019 with final recommendations to move forward in integrating mHealth-acquired PGHD with post-operative clinical care as well as public health reporting.

Visit the ASSIST [website](#) for updated information in the upcoming weeks and follow their Twitter feed [@ASSIST_HTA](#).

Dr. Ronald Maier Presidential Address at American Surgical Association 138th Annual Meeting

Dr. **Ronald Maier**, The Jane and Donald D. Trunkey Professor & Chief, Division of Trauma, Burn & Critical Care, and the President of the **American Surgical Associations (ASA)**, gave his presidential address at the ASA's 138th Annual Meeting. His presentation, titled "Our Calling," addressed the recognition and identification of the inherent good of committing to equity, diversity and inclusion in medicine, as well as confirming the need for our commitment to move forward and become leaders for this change.

"A unique and enduring concept of the discipline of surgery is the legacy of critically identifying problems and working to eradicate or improve areas where we fall short. Surgeons have traditionally treated all patients equally and respectfully. However, in contrast to the many areas where surgery has blazed new trails, surgery has been slow to ensure equity, and embrace diversity whether gender, race, ethnicity, sexual orientation, or other individual metrics within surgery. It is time to move beyond recognizing the absence of diversity in the surgical family and identify the goals and behaviors that can achieve greater diversity and inclusion.



Drs. Grant O'Keefe, Eileen Bulger, Saman Arbabi,
Douglas Wood & Ronald Maier at ASA's Annual Meeting Dinner

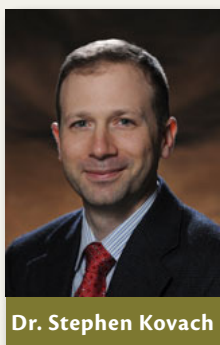
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Just as surgeons have committed to the benefits of adapting to new techniques and technologies that benefit our patients, we must also adapt our behaviors to improve equity and thus better our surgical community and our society. While we cannot alone change the culture in which we live and practice, we can be catalysts to greater equity in society, which will improve us all. Surgery departments should reflect the broader community or society in which we practice.”

Dr. Maier was elected President of ASA in April 2017. The ASA was founded in 1880 and is the nation’s oldest and most prestigious surgical organization. Its members include the nation’s most prominent surgeons from the country’s leading academic medical institutions, many of whom are Chairs of the Departments of Surgery at these institutions. Membership also includes leading surgeons from around the world, making it much more than an American association. Video of Dr. Maier’s full address will be available on the ASA [website](#) in June.

25th Annual Peter K. Buehler Visiting Professorship in Plastic Surgery

Susan Marx, Department Director, Administration & Finance



As an administrator, I occasionally attend Grand Rounds to learn more about what progress is happening in our surgical specialties and what may be on the horizon for development in clinical, research or education spaces.

On Friday May 4th, I attended the annual **Plastic Surgery - Buehler Lecture** which featured **Stephen J. Kovach**, MD, Associate Professor of Surgery, University of Pennsylvania.

Dr. Kovach gave a compelling talk on the public health epidemic of incisional hernias, compounded by issues such as obesity, socioeconomic status and in some cases, the problems with some surgical pathways to treat these hernias.

With our UW Medicine focus on “Patients are First”, Dr. Kovach shared cases of patients whose lives were horribly impacted by these hernias. Patients who have incisional hernias that protrude will not only cause physical discomfort but may also develop emotional and psychological impacts relating to the physical changes in their bodies. I could instantly empathize with those patients and could understand how debilitating these hernias can be.

Dr. Kovach then discussed surgical treatment options to repair the hernias with a focus on optimizing the available tissue



Drs. Alex Gougoutas, Stephen Kovach & Nicholas Vedder

Photo credit: Michael Hilleary

on the perimeter of the hernia and strengthening the healing process with different types of mesh. Clearly, I’m not a surgeon (or anesthesiologist) but I was able to understand that there is a technical problem that plastic surgeons need to solve on a case-by-case basis for each patient that presents to them.

Our own plastic surgeons Drs. **Otway Louie**; general surgeons **Rebecca Petersen**, **Robert Yates**, **Andrew Wright**; and residents **Brodie Parent**, **Dara Horn**, and **Lauren Jacobson**, collaborated to publish a paper on a related topic, “Wound Morbidity in Minimally Invasive Anterior Component Separation Compared to Transversus Abdominis Release” (Parent et al, Plastic and Reconstructive Surgery, Vol. 139 No. 2, February 2017).

27th Annual Visiting Scholar in Cardiothoracic Surgery

Dr. **Joseph A. Dearani**, Chair of the Department of Cardiovascular Surgery at the Mayo Clinic and Professor of Surgery in the Mayo College of Medicine, presented “**Getting To Perfection in Surgery**” for the 27th Annual Visiting Scholar in Cardiothoracic Surgery lecture. His presentation highlighted his article “**The role of imaging, deliberate practice, structure, and improvisation in**



Dr. Joseph Dearani

(continued on page 11)

approaching surgical perfect.” **The Journal of Thoracic and Cardiothoracic Surgery. October 2017.**

His clinical interests include the surgical management of children and adults with congenital heart disease and he has specific expertise in Epstein’s anomaly, hypertrophic cardiomyopathy, and robotic and minimally invasive cardiac surgery, and a wide variety of complex congenital and acquired cardiac defects. In 2006 he received the Dwight McGoon Mentorship Award for excellence in cardiothoracic mentorship presented through the American Association of Thoracic Surgeons. In 2014 and 2016, he was recognized for his outstanding performance on the editorial board of the Journal of Thoracic and Cardiovascular Surgery. He has been a member of the American Board of Thoracic Surgery and served a term as a director member as well. He is also the 2nd Vice President of the Society of Thoracic Surgeons.



Drs. Joseph Dearani with Cardiothoracic Residents

His research interests include innovative techniques for complex congenital heart disease, heart failure, and stem cell/regenerative medicine from the newborn to the adult. His work has led to more than 400 peer reviewed publications and more than 150 book chapters and editorials.

Dr. Dearani is also well known for his work in the field of deliberate practice and surgical education. He is an accomplished jazz saxophonist and has published his thoughts on achieving excellence in surgery and how similar thoughts and constructs may relate to the same pursuit in athletics, music, and other fields.

2018 Society of Black Academic Surgeons’ Annual Scientific Meeting

University of Washington surgeons, past and present, at the 2018 **Society of Black Academic Surgeons** Annual Scientific meeting hosted by the University of Alabama.



**Top: Drs. Lara Oyetunji, cardiothoracic surgery fellow and Andre Dick, transplant surgeon
Bottom: Drs. Leah Backhus, UW thoracic surgeon 2009–2014, Andre Dick and Lara Oyetunji**

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Washington State Stop the Bleed Lobby Day

Dr. Eileen Bulger, Professor & Chief, Trauma



Maria Paulsen, RN

Bleeding is the most common cause of preventable death following traumatic injury. The “Stop the Bleed” campaign was developed by the **American College of Surgeons (ACS)** in conjunction with the Hartford Consensus conference in response to the Sandy Hook School shooting and was launched by the White House in 2015. The goals of the campaign are to turn bystanders into first responders by teaching the basic skills of bleeding control and providing bleeding control equipment in public places. This effort is analogous to efforts to teach CPR and provide access to automatic defibrillators (AEDs) for cardiac arrest. **Harborview Medical Center**, the **Harborview Injury Prevention and Research Center (HIPRC)**, and the Washington State **ACS Committee on Trauma** have been leading efforts to launch this program in Washington State. **Maria Paulsen**, RN, our trauma outreach coordinator, has led the charge in this statewide effort.

On January 10, 2018 the Washington State Chapter of the ACS sponsored a lobby day at the state capitol to raise awareness about the Stop the Bleed program and garner support for subsequent efforts at legislation to support Stop the Bleed training in public schools and access to bleeding control kits in schools and public places. This lobby day was inspired by a similar event held in Georgia in 2017 which resulted in a commitment of \$3 million to support distribution of bleeding control kits to all public schools in the state.

This was the first time that surgeons from across the state came together to support such an effort. We solicited volunteers from all the trauma centers in the state and local EMS agencies. Over 60 nurses, paramedics, and physicians attended the event. We set up four training stations in the capitol building which allowed us to engage over 380 people in basic training for bleeding control, including wound packing and tourniquet placement, and provide more information about the program.

In addition, we presented two wall mounted bleeding control kits to the leadership of the Senate and the House for placement next to the AEDs in their chambers and scheduled individual meetings between surgeons and legislators to discuss how they could help us make Washington citizens safer in the event of a significant injury. The task was simple: we sought to add Stop the Bleed training to the current requirement for CPR training,

which is required prior to high school graduation statewide. In addition, we sought support for bleeding control kits to be placed in all public schools, government buildings, and public transportation vehicles. Finally, we asked legislators to recognize the importance of the state trauma system as the backbone of disaster response and consider increased funding to support the system. We received very positive feedback on our visit and were asked to schedule a time to come back for full Bleeding Control training for the security personnel and legislative caucuses. This program was made possible by the support of the ACS State lobby grant program combined with support from the Washington State ACS chapter and the Washington State ACS Committee on Trauma. Several months of planning were required to organize the event and the University of Washington legislative team was invaluable in helping us make the best connections and identify key leadership for meetings. These simple skills can be life-saving, not only in mass shooting events but in management of everyday injuries. Recent events have reinforced that every community is at risk and it's up to us to empower bystanders to be life savers.

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Physicians from across Washington State attending the Stop the Bleed Lobby day in Olympia, WA

(continued on page 13)

Quilting for Palliative Care

Dr. Eileen Bulger, Professor & Chief, Trauma



Under the leadership of **Carol Kummet**, LICSW, MTS, Palliative Care social worker at UWMC, a dedicated group of volunteers have been making quilts for patients to support end-of-life care at UWMC for several years, and thanks to the growth of this program we were able to include **Harborview Medical Center** last year. When a patient is placed on comfort care, the family is asked to select a quilt that best represents their loved one and the quilt is placed on the bed throughout their end-of-life care and then given to the family to take home. This is a wonderful way to make the

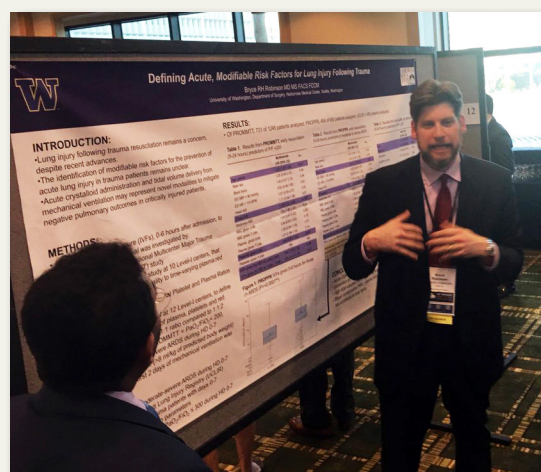
hospital feel more like home and support families in these difficult times. For patients with no family support this is also a way for our staff to support them in the dying process. It is an incredible honor to be part of this effort.

The group relies solely on donations for fabric and quilt batting. Volunteers make the quilt tops at home and meet every other month at UWMC to put the quilts together. Volunteers are welcome at these work sessions and you do not need to know how to sew to participate. If you are interested in participating please contact Dr. **Eileen Bulger** at ebulger@uw.edu.

Dr. Bryce Robinson—Society of University Surgeons New Member Poster Session

Dr. **Bryce Robinson**, (pictured right), Associate Medical Director for Critical Care at Harborview Medical Center and Associate Professor in the Division of Trauma, Burn and Critical Care Surgery, presented his poster titled “Defining Acute, Modifiable Risk Factors for Lung Injury Following Trauma” at the **Society of University Surgeons’ 13th Annual Academic Surgical Congress**.

Dr. Robinson’s poster was a summation of three studies investigating early, modifiable risks factors for the development of lung injury following trauma. In significantly injured patients with hemorrhage, early crystalloid exposure (IVFs during hours 0–6) appears to be a modifiable risk factor for the development of hypoxemia and acute respiratory distress syndrome (ARDS). As little as two liters of crystalloid during that early period appears to be the difference between those who develop ARDS and those who didn’t. In all of the studies, blood (plasma, platelets and red blood cells) does not appear to contribute to hypoxemia or ARDS.



Department of Surgery Chief Resident Room Unveiling

Years in the dreaming, the new Department of Surgery Chief Resident’s Room was revealed at a special ribbon cutting ceremony in March 2018. Dr. **Douglas Wood**, The *Henry N. Harkins Professor and Chair*, officially dedicated the room to the General Surgery and Plastic Surgery Chief Residents. The construction of this incredible workspace was one of Dr. Wood’s top priorities as our new Chair, testifying to his strong commitment to the Department of Surgery residents. Dr. **Brodie Parent**, General Surgery Chief Resident, had the honor of cutting the ribbon. The beautiful new Chief Resident’s room is a well-deserved oasis for our Chiefs and also frees-up space in the Resident Room which has significantly improved life for all the residents.



2018 Schilling Lecture and Research Symposium

2018 Schilling Lecture and Research Symposium



In February, the Department of Surgery held its annual Schilling Lecture & Research Symposium with distinguished guest lecturer **Caprice C. Greenberg**, MD, MPH, Professor of Surgery, Morgridge Distinguished Chair in Health Services Research, Director of the Wisconsin Surgical Outcomes Research Program, and Vice Chair of Research in the Department of

Surgery at University of Wisconsin–Madison. In her talk, “Surgical Coaching: The Intersection of Surgical Education and Quality of Care,” Dr. Greenberg discussed the current gap in surgery that can be met by surgical coaching. [View the abstract booklet and Schilling lecture video >>](#)

Dr. Greenberg is a surgical oncologist specializing in breast cancer and a health services researcher focused on improving patient safety and quality of care. She completed a general surgery residency at Brigham and Women’s Hospital and a Masters of Public Health at the Harvard School of Public Health in Boston, as well as a surgical oncology fellowship at the Partners–Dana Farber Cancer Center. Following her clinical and research fellowship training, she joined the faculty at Harvard Medical School, Brigham and Women’s Hospital, and Dana–Farber Cancer Institute in 2007, where she served as the Associate Director and then Director of the Center for Surgery and Public Health at Brigham and Women’s Hospital. She was recruited to the University of Wisconsin–Madison in 2011 to serve as Director for the Wisconsin Surgical Outcomes Research Program. Her multi–disciplinary research program in comparative effectiveness and patient–centered outcomes research in cancer care, as well as performance and quality measurement and improvement in surgery, has been funded by a variety of agencies including NIH, AHRQ, and PCORI. Dr. Greenberg is past Recorder and Past–President of the Association for Academic Surgery and Past–President and Co–Founder of the Surgical Outcomes Club.

The Research Symposium included 17 oral presentations and 9 posters by Department of Surgery residents and fellows on a wide variety of basic and clinical research topics. The day also included talks by Drs. **Robert Sweet**, “What’s New in Surgical Simulation Research at CREST/WISH,” **Giana Davidson**,

“Building Community in Research” and **Sara Javid** on “Surgical Oncology Smorgasbord.”



Dr. Robert Sweet



Dr. Giana Davidson



Dr. Sara Javid

Both the plenary and poster sessions were adjudicated by Dr. Greenberg and Department of Surgery research leadership. Participants were ranked on scientific merit and validity, presentation skills, and preparedness for questions and comments from the audience. Congratulations to the top presenters in each session:

PLENARY SESSION

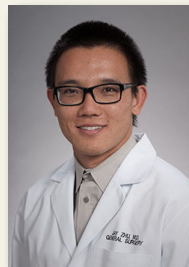
1ST PLACE

Jay Zhu, MD

Research Resident

“Smooth Muscle Cell TBR2 Deletion in Mice Causes Aortic Hypercontractility and Impaired Endothelial–Dependent Relaxation”

Faculty mentor: **David A. Dichek**, MD, UW Department of Medicine



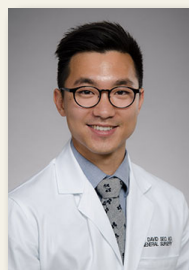
2ND PLACE

Y. David Seo, MD

Research Resident

“Combination T–Cell Receptor Immunosequencing and Multiplex Immunohistochemistry Reveal Novel Insights into the Immune Response to Human Pancreatic Cancer”

Faculty mentor: **Venu G. Pillarisetty**, MD, UW Department of Surgery



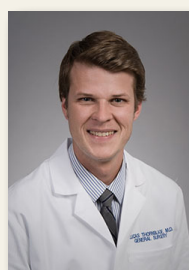
3RD PLACE

Lucas W. Thornblade, MD, MPH

General Surgery, R4

“Elective Surgery for Diverticulitis and the Risk of Recurrence and Colostomy”

Faculty mentor: **David R. Flum**, MD, MPH, UW Department of Surgery



(continued on page 15)

2018 Schilling Lecture

Continued from page 14

POSTER PRESENTATIONS

1ST PLACE

John I. Monu, MD

Research Resident

“Using Crowdsourcing to Understand Knowledge, Attitudes, Beliefs, and Experiences about Lung Cancer Screening”

Faculty mentor: **Farhood Farjah**, MD, MPH, UW Department of Surgery

2ND PLACE

Lara Senekjian, MD, MAT, MS

Surgical Critical Care Fellow

“Cost–Utility in the Management of Blunt Splenic Injury: Is there a Role for Splenic Artery Embolization?”

Faculty mentor: **Bryce R.H. Robinson**, MD, MS, UW Department of Surgery

3RD PLACE

Ashley D. Meagher, MD, MPH

Surgical Critical Care Fellow

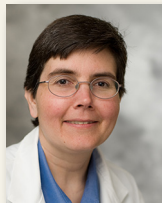
“Identification of High Risk Geriatric Trauma Patients”

Faculty mentor: **Eileen M. Bulger**, MD, UW Department of Surgery

The Helen and John Schilling Endowed Lectureship was established by the late Helen Schilling to bring distinguished scholars to the Department of Surgery at the University of Washington, and to enhance the Department’s commitment to the highest standards of patient care, teaching, research and scholarship. It was Mrs. Schilling’s wish that the lectureship be in honor of her husband, Dr. John Schilling, who served as Chair of the Department of Surgery from 1975–1983.

Department of Surgery— In The Media

FACULTY



Dr. **Eileen Bulger**

The Seattle Times

‘We thought we’d pulled a dead person out of the water’: Woman recovers after Puget Sound rescue

Dr. **Jonathan Chen**

ABC News

Sadie Rutenberg’s family says the toddler is a living medical miracle



Dr. **Samuel Mandell**

ACS Surgery News

Transgender trauma patients: What surgeons need to know

Dr. **Nahush Mokadam**

UW Medicine’s The Huddle

Nahush Mokadam: Reflections of a heart transplant surgeon



SynCardia

SynCardia—Patient Story



Dr. **Carlos Pellegrini**

UW Medicine’s The Huddle

My journey from obstacles to opportunities

Seattle Business Magazine

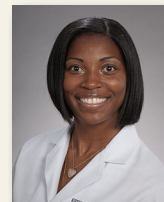
2018 Leaders in Health Care, Lifetime Achievement Award: Carlos Pellegrini, UW Medicine

RESIDENTS

Dr. **Estell Williams**

UW Medicine’s The Huddle

Estell Williams operates with compassion



Researcher Profile: Kimberly Riehle, MD



Dr. **Kimberly Riehle**, Associate Professor in the Division of Pediatric General Surgery, first joined Department of Surgery as a general surgery resident in 2001 and during her surgical training she spent she spent two years

in the laboratory of Dr. Nelson Fausto, then chair of the Department of Pathology. During that time, she gained expertise in molecular mechanisms of liver regeneration and hepatocellular carcinogenesis.

After completing her clinical training in pediatric surgery at Boston Children's Hospital in 2010, she returned to the University of Washington to become the first female member of the Division of Pediatric General and Thoracic Surgery, with an adjunct appointment in the Department of Pathology. During her first two years on the faculty, her research continued to focus on liver injury, fibrosis, and regeneration under Professor Fausto's mentorship, then she shifted her research focus to a disease that she encounters as a pediatric surgeon, fibrolamellar hepatocellular carcinoma (FL-HCC). Since 2013, she and Dr. **Raymond Yeung**, Professor of Surgery, Division of General Surgery, have formed a multidisciplinary collaborative team with faculty in the Departments of Pharmacology, Pathology, and Medical Oncology, all working together to find a cure for this disease.

FL-HCC is a life-threatening cancer in children and young adults, and does not respond to traditional chemotherapy. The underlying genetic defect in these tumors leads to a mutant form of protein kinase A (PKA), but it is unclear how this mutant PKA causes cancer. The overarching goal of Dr. Riehle's work is to understand how this mutation causes liver cancer in otherwise healthy children and young adults, and to develop novel therapeutic options for these patients. Her lab's work centers around the hypothesis that the mutant PKA phosphorylates and activates a different set of substrates than wild type PKAc. and that in turn, downstream kinases stimulate cell proliferation and hepatocyte transformation. Given the difficulty in identifying appropriate pharmacologic targets in cancers, she and her collaborators have developed multiple innovative platforms in order to determine the most important kinases driving proliferation in a given cell type. In collaboration with Dr. John Scott, Professor and Chair of the Department of Pharmacology and using cell lines developed by Professor Fausto, Dr. Riehle's lab has developed an FL-HCC cell line; in addition to organoid cultures and fresh tumor slice cultures developed by Dr. Yeung, these

cells are being used to validate the importance of various kinase pathways in FL-HCC, and to develop novel therapies for these patients.

Dr. Riehle's work has been supported by the National Cancer Institute of the National Institutes of Health, the Fibrolamellar Cancer Foundation, an American College of Surgeons Louis C. Argenta Fellowship, an American Surgical Association Foundation Fellowship, a Fred Hutchison Cancer Research Center New Investigator Award, the Seattle Children's Hospital Discovery Fund, the UW Royalty Research Fund, the Department of Surgery Research Reinvestment Fund, and the Herbert Coe Foundation. Her basic scientific investigations into the molecular pathogenesis of FL-HCC mesh well with her clinical practice of pediatric general and thoracic surgery at Seattle Children's Hospital, where she cares for children with abdominal cancers among other diagnoses. Her other clinical leadership positions are in managing the Prenatal Diagnosis and Treatment Clinic, and as surgical co-director of the Extracorporeal Life Support program.

SAVE THE DATES

UW Medicine
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Surgical Ethics Conference

Friday, August 3, 2018

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Join us at this **one-day conference** which will employ the methods of ethical analysis to analyze topics of special interest to surgeons, anesthesiologists, surgical nurses, physician assistants, social workers, and hospital administrators.

For more information or to register
visit <http://www.uwmcme.org/>



Sponsored by University of Washington School of Medicine
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#GettingToKnowDOS—Dr. Kathleen Berfield



In this issue, *Surgery Synopsis* staff interviewed Dr. **Kathleen Berfield**, Assistant Professor, Division of Cardiothoracic Surgery.

SS: Do you have any hobbies or talents unknown to others?

KB: I have many hobbies I

aspire to do but one I actually do: puzzles—specifically 1,000 piece puzzles. **SS:** What are your favorite types of puzzles? **KB:** Anything really, but I have very specific rules when I do puzzles. For example, once I actually start the puzzle I can no longer look at the box. Another rule is the border has to be completed before starting on any inside sections. I also like to knit and am hoping to get back into winter sports and be a better snowboarder. A talent of mine that few know about is packing suitcases for trips. I'm not saying I'm an efficient packer but if you want it to fit, I'll find a way.



My two favorite things. Cats and Puzzles #livingthedream.

SS: What is your favorite book and why? **KB:** For light, entertaining reading I love the Harry Potter series. I feel like I would be very good at Harry Potter trivia! I tried reading the 8th book, "Harry Potter and the Cursed Child," which is actually a play, but I couldn't get into it. **SS:** Do you like the movies? **KB:** Oh yes, I've seen all of the movies and really like them. I think they did a really good job translating from the books to screenplays, but obviously the books are better than their movies. I also really enjoyed "The Brothers K" by David James Duncan. It's about the dynamics of a family living in the Vancouver, Washington area.

SS: Who is your favorite author?

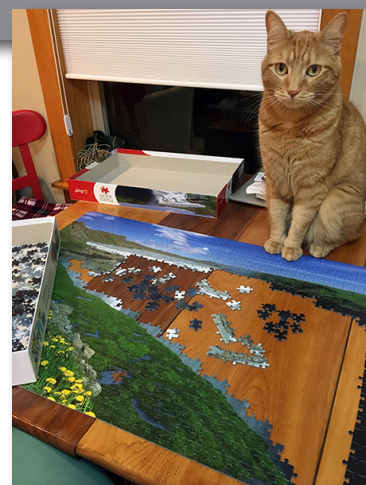
KB: I really like Tom Clancy. One Clancy book I read most recently was "Rainbow Six" but I've probably read more than half of his books. They're great vacation books. I enjoy them because there is always something going on, lots of pieces to the murder-mystery puzzle and it's fun to try and think ahead of the story's characters.

SS: What are the unwritten

rules of your work or life? **KB:** I value and place a lot of importance on integrity and attention to detail. I've been told I have a very high bar in terms of standards but I believe it goes hand in hand with being a good surgeon. You have to stay on top of everything.

SS: Which movie can you never tire from watching over and over? **KB:** A lot of them actually. I'm the type of person that when I work I need white noise in the background but it can't be something that would require my full attention or music so it's usually a movie. My husband would say its "Sense and Sensibility," the version with Emma Thompson and Kate Winslet. When I'm working on a project that movie plays on repeat in the background. I will rotate through films with various projects. When I was in high school it was "Emma" and in college it was "Pride and Prejudice." **SS:** Sounds like a Jane Austin theme. **KB:** [Laughs] Yes but also "Far From the Madding Crowd." There's just something about those eras and the soft soundtracks that I don't find distracting.

SS: Who is your favorite musician? **KB:** I don't really have a favorite, I tend to skip around music genres. **SS:** Which genres do you like? **KB:** I got into country in medical school, which I guess is a bit controversial as country music and Seattle don't blend well. Right now, if we're talking country music, I really like Eric Church. I also like the pianist Joep Beving. A patient recently requested Beving to be played during an awake surgery and it's very pleasant and beautiful. Generally to keep everyone happy, my O.R. playlist during surgeries plays random songs of contemporary hits, oldies, and everything in between.



Gus helping put together a puzzle from my trip to Iceland last June.

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#GettingToKnowDOS— Dr. Kathleen Berfield

Continued from page 17



My husband and I planned our honeymoon to Scotland around being able to take the train across the Glenfinnan Viaduct like the Hogwarts train in Harry Potter.

SS: If you were given a one-minute ad slot during the Super Bowl that you couldn't sell, what would you fill it with? **KB:** Something about animal cruelty or animal welfare. **SS:** Do you have pets? **KB:** I do, I am a total and utter cat lady which I have embraced over the past few years, especially since getting married. **SS:** Does your husband like cats? **KB:** He does now! [Laughs] Before we lived together he had never had a cat before, but they have definitely grown on him to the point where he says hello to them before he says hello to me. We had both dogs and cats when I was growing up and I would go back and forth questioning "am I a dog person or a cat person?" and I finally settled that I'm definitely a cat person who tolerates dogs. **SS:** Do you have a particular breed? **KB:** I have two, little tabby cats, well one little and one really fat one. I do have a favorite even though I know I shouldn't. His name is Gus, he's the younger of the two and he's a rambunctious orange tabby. I do love my other cat, Tilly, but I have to admit I have a soft spot in my heart for orange tabbies because we had them while I was growing up.

SS: What is your fondest childhood memory? **KB:** I don't really have a "fondest" memory. I had a really great childhood. I am very fortunate, I was adopted when I was 11 months old from South Korea. I grew up as an only child on Bainbridge and was involved in gymnastics, swimming, dance, horseback riding, so it was really a dream childhood. I'll tell you my least fondest memory: For some reason during a family vacation in Hawaii, when I was 4 or 5 years old, my two cousins who are about ten years older than I am were put in charge of me (which they absolutely shouldn't have been) and I remember I ended up stranded, alone and hysterical on a beach in Hawaii. My cousins told me they were going

to surf to Disneyland in California and taunted me by telling me they were going and I couldn't go because I didn't know how to surf. They paddled out so far that I couldn't see them on the water. I remember being absolutely devastated that I couldn't go too. I saw them at a recent family reunion and mentioned the story to them and they had no recollection whatsoever. We all had a good laugh.

SS: Tell us something about yourself that nobody knows.

KB: I actually had a pet magnet when I was little. His name was Magne. He was attached to a string and I would take him for walks and talk to him.

SS: Do you have a favorite travel destination or destination you'd like to travel to? **KB:** Italy is my favorite destination so far and I would really like to go back. I went to Italy in high school with my parents; it was a family trip so I'd like to go back as an adult. **SS:** What did you like about Italy? **KB:** The food! [Laughs]. I also like little things about the culture, like how they live in the moment, things aren't as rushed. I would also really like to travel to Norway during the winter to see the Northern Lights.

SS: What do you find inspiring? **KB:** I'm inspired by stories of selflessness. The little day-to-day things that



Tilly and Gus—one of a handful of times Gus was actually being nice to Tilly and they spontaneously cuddled.

(continued on page 19)



Enjoying our new (ugly) Christmas sweaters. Pictured with husband, Dr. Shane Morrison, (R4), Division of Plastic Surgery

people do to make other people's lives easier. When these types of stories or videos pop up in social media they make me feel good and remind me that there are good people all around us and that we all can be more thoughtful and generous.

SS: Do you have a favorite restaurant? **KB:** **Bar del Corso** on Beacon Hill. It's a really nice, neighborhood restaurant that serves delicious, rustic Italian dishes. Their wood-fire oven was featured in Food & Wine a few years ago. It's so good that it's super-packed on weekends and unfortunately they don't take reservations. It's our go-to for date night.

THIS OR THAT

Hot or cold weather? **Cold**
Sweet or savory? **Savory**—Crackers or chip? **Chips**
iPhone or Android? **iPhone**
Tablet or Desktop? **Desktop**
Tea or coffee? **Coffee**
Text or call? **Text**
Cats or dogs? **Cats**
Movie or book? **Movie**
Mountains or beach? **Beach**
Cardio or Weights? **Cardio**
Big Party or Small Gathering? **Small gathering**
Facebook or Twitter? **Facebook**
Online Shopping or Shopping in a Store?
Online shopping
At a movie: Candy or Popcorn? **Candy**
Pancake or Waffle? **Waffle**
Movie at Home or Movie at the Theater?
Movie at home
City or Countryside? **Countryside**

Honors, Awards & Publications

Faculty

The UW Medicine Patients are First Reward & Recognition Committee and the UW Medicine Cares Award Committee at the University of Washington Medical Center commend and congratulate Dr. **Saurabh Khandelwal**, Associate Professor, Division of General Surgery, for being selected as one of the Spring 2018 Cares Award provider recipients. This award is based on UW Medicine's Service Culture



Khandelwal

Guidelines, which are: *respect privacy and confidentiality; communicate effectively; conduct myself professionally; be accountable; be committed to my colleagues and to UW Medicine.*

The nomination for Dr. Khandelwal reads:

"Dr. Khandelwal is a dedicated and compassionate provider whose attention to details and follow through saved my life. I work here, but I am also a patient. I had a rare complication from weight loss surgery known as a Peterson's hernia a few months ago, and if it were not for his knowledge and encouragement when it was discovered, I might have delayed treatment even further for a surgery that requires

(continued on page 20)

Honors, Awards & Publications

Continued from page 19

immediate attention. All of his team contributed to my care by the most efficient and tactful methods to get me the best outcome possible. I work here because of doctors like Dr. Khandelwal that do good work because of the lives they impact, and not just for the reimbursement. On the day of the surgery, he squeezed me into the end of his surgery schedule on a Friday afternoon for what he thought was going to be a short 45 minute surgery that ended up taking over 6 hours. The way he practices medicine is a model for the next generation of surgeons, and his humble manners and attention to detail deserve recognition. I am grateful to him for saving my life, but if this award is for work ethics and modeling good behaviors in the workplace, I can't think of anyone more impactful to patient outcomes and the culture."



Dr. **Lorrie Langdale**, Professor & Chief, Section of General Surgery, Veteran's Affairs, Puget Sound Health Care System, received the 2018 UW Medicine Award for Excellence in Mentoring Women Faculty. This award recognizes that School of Medicine faculty and trainees benefit significantly from the efforts of faculty mentors, and that the exceptional success of the UW Medicine enterprise in the areas of education, clinical care and

research, derive from the immeasurable and critical contributions of our faculty mentors. Attributes of excellence in mentorship include a long-term commitment to mentoring and faculty development, wise counsel, and encouragement of mentees to develop autonomy as faculty members and independent scholars. The award also seeks to recognize those who are proactive in creating the next generation of leaders and mentors.

Excerpts from Dr. Langdale's nomination letters:

"I will point out some of Dr. Langdale's accomplishments that set a foundation for her consideration for a mentorship award. One relevant factor is the period of time that Dr. Langdale has been on faculty at the University of Washington. In her thirty plus years on faculty, Dr. Langdale has provided not just a depth of student and resident exposure and mentorship, but also a breadth in terms of the amount of time and the consistent dedication over thirty years to the development of women in medical school and women in residency, particularly in surgical residency. The Department of Surgery has an annual teaching award given from the residents to the faculty for the most outstanding educator across a surgical faculty of 8 divisions and approximately 120 faculty members. This John K.

Stevenson Teaching Award is a high honor for any of our individual faculty to receive. Dr. Langdale has received this from our residents two times, representing her incredible commitment to resident education and our own resident's recognition of her value as a mentor and educator." — Dr. **Douglas Wood**, The Henry N. Harkins Professor and Chair

"She serves as a role model and as a leader in several regional and national surgical societies including serving as President of the State chapter of the American College of Surgeons, President of the Seattle Surgical Society, Education Pillar lead for the ACS Board of Governors and Treasurer of the Shock Society. She has paved the way for women in surgery seeking leadership opportunities and has been a resource for me in navigating the politics of academic medicine. We frequently attend the American College of Surgeons meetings together where she was instrumental in introducing me to key leaders and providing networking opportunities." — Dr. **Eileen Bulger**, Professor & Chief, Trauma, Division of Trauma, Burn & Critical Care Services

"Dr. Langdale has always been revered as an excellent clinician and surgeon and as one of only four female full professors in our department she is naturally looked to as a role model. However, what sets Dr. Langdale apart is her unwavering support of junior faculty both clinically and professionally. I am the only full time thoracic surgeon at the VA Puget Sound, which when I started two years ago seemed rather daunting and at times isolating. Prior to my first day at work Dr. Langdale pulled me aside to tell me that I should never feel alone. That she was always available for help or to talk something through. Since then she has become my sounding board for tough clinical questions, career development and when I just need someone to talk to. I am so fortunate to have Lorrie as a mentor, colleague and friend. I know my career will be the better for it and I only hope I can be as helpful to my future mentees as she has been to me." — Dr. **Kathleen Berfield**, Assistant Professor, Division of Cardiothoracic Surgery

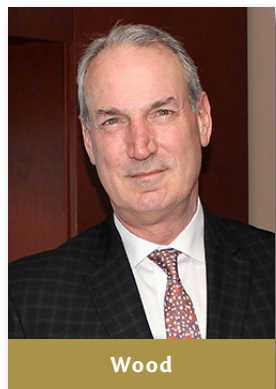
"I first came under Dr. Langdale's wing when I was an intern. During my first rotation as a resident she thoughtfully provided me with accurate, pointed, criticism of my behavior, and delivering this constructive criticism in such a genuinely caring way that the message was transformative, without any associated hard feelings. She has organized several wellness / team-building events for residents where she has funded from her own pocket group Pilates classes. Even among busy surgical residents these classes are

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Honors, Awards & Publications

Continued from page 20

*well-attended because of the unanimous adoration of Dr. Langdale by the residents. While on research Dr. Langdale was the co-PI on several of my projects. She was invariably responsive, thoughtful, and thorough in her critique of project plans and manuscripts. She was ready and willing to utilize her well-established national-level contacts within professional societies to further our projects and help me to accomplish my goals.” — Dr. **Lacy LaGrone**, General Surgery Chief Resident*



Dr. **Douglas Wood**, The Henry N. Harkins Professor and Chair, was elected honorary member of **Women in Thoracic Surgery** at the 2018 American **Association for Thoracic Surgery** annual meeting. This honor is to commemorate his commitment to the promotion of women in surgery and in cardiothoracic surgery.

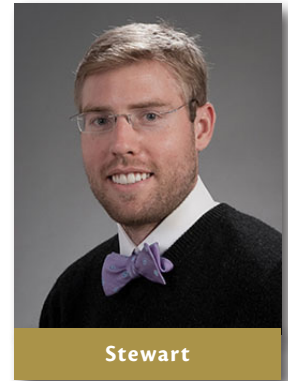
Residents and Fellows



Dr. **Anne Ehlers**, General Surgery Chief Resident, received the **American College of Surgeons’ (ACS)** 2017 Rising Star award. Dr. Ehlers was nominated by American College of Surgeons Professional Association PAC (ACSPA–*SurgeonsPAC*) Board members Drs. **Ronald Maier**, Professor and Chief of Trauma, Burn & Critical Care Surgery, Surgeon-in-Chief, Harborview Medical Center, and **Mika Sinanan**, Professor, Division of General Surgery. This award is in recognition for Dr. Ehlers’ work to advance the College’s advocacy and political efforts.

The ACSPA–*SurgeonsPAC* is governed by an appointed executive board which aims to support an advocacy agenda for surgeons and their patients across specialty lines. Through an interactive grassroots, educational and political investment program, ACSPA–*SurgeonsPAC* and its members provide

financial support to candidates for Congress who will serve as champions for surgery’s legislative and health policy priorities on Capitol Hill. ACSPA–*SurgeonsPAC* was established by the ACSPA in October 2002.



In May 2018, Drs. **Ehlers, Kate Stadeli**, research resident and **Barclay Stewart**, General Surgery Chief Resident, will attend the **ACS Leadership and Advocacy Summit** in Washington, D.C. The meeting will focus on leadership development, as well as key issues facing surgeons and their patients. In addition, there will be specific events focusing on issues affecting Resident and Associate members of the ACS and Washington State. Their final day will be spent meeting with Senators and House Representatives to discuss advocacy initiatives supported by the ACS. Their travel is supported by the ACS and the Department of Surgery. This is the third year in a row that UW Surgery residents have attended this important meeting.

Dr. **Katherine Flynn–O’Brien**, General Surgery Chief Resident, has been named “Outstanding Consultant of the Month” at the University of Washington Medical Center. Dr. Flynn–O’Brien was nominated by an attending faculty member for exhibiting excellence in education for the primary patient care team, patient education, communicating personally, quality of recommendations and working collaboratively. “*Katy was extremely helpful in providing management recommendations and coordinating with the HMC Burn Center regarding a complex patient with severe frostbite, which is not something UWMC surgeons have expertise with.*”



Flynn–O’Brien

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Honors, Awards & Publications

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Miranda

Dr. **David Miranda**, General Surgery R2, received the first **Surgical Infection Society's (SIS) Sawyer Award**. This new award recognizes trainees for their outstanding abstract submissions, provide the means for trainees to attend the SIS Annual Meeting, and network with members of the society. Dr. Miranda will be accepting the award and presenting his paper "Examining Healthcare Utilization After Use of a Mobile App for

Wound-care Follow Up in the Emergency Department (ED)" at the 2018 38th Annual SIS Meeting.

Dr. **Robert Tessler**, visiting General Surgery resident and T32 post-doctoral fellow at the **Harborview Injury Prevention and Research Center (HIPRC)**, was selected by the Department of Epidemiology as the UW School of Public Health's (SPH) 2018 Outstanding Master's Student. This award recognizes exemplary staff, faculty and students for their dedication, service, and many contributions to SPH.



Tessler

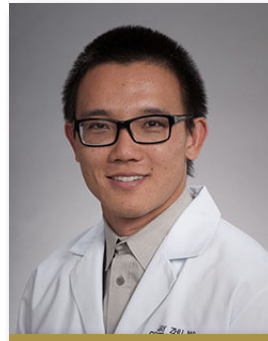
Over Dr. Tessler's two-year fellowship, he completed a Master of Public Health in Epidemiology and Global Health. His research interests include investigations of public policy and firearm violence, race and bias motivated interpersonal violence, trauma systems, emergency general surgery, and trauma care in low- and middle-income countries.

Dr. Tessler will be honored for this recognition at the UW School of Public Health's Excellence Awards event in May 2018.

Department of Surgery Residents Receive High Score for Association of American Medical Colleges Conference Abstract

Department of Surgery residents Drs. **Jay Zhu**, research resident, **Kate Stadel**, research resident and **Andrew Ludwig**, General Surgery R3, along with **Kathryn Harris**, ARNP, Teaching Associate in the Division of General Surgery, received a high score for their abstract submission to the Association of American Medical Colleges (AAMC) conference:

"Improving Interdisciplinary Communication:
Standardizing Nightly Huddles Between Surgery
Night Float Residents and Acute Care Nurses"



Zhu



Harris

Poor communication plays a critical role in medical errors leading to patient injury and death, while also increasing dissatisfaction among the members of a healthcare team. At UWMC, there was concern that the surgery night float rotation was often receiving inadequate handoff communication while also participating in a culture that relies heavily on pager-based messaging. Through an interdisciplinary collaborative effort led by **Jay Zhu**, **Kate Stadel**, **Kathryn Harris**, and **Andrew Ludwig**, the night float rotation implemented standardized evening huddles to bring together the night float resident and the nursing staff on acute care surgical floors for nightly face-to-face discussions. The goal was to improve the communication of patient care plans while enhancing teamwork between the physician and nursing teams. This initiative was first piloted at UWMC surgical acute care unit 4NE, and has since expanded to a second unit, 7SA. The response from both residents and nurses has been overwhelmingly positive. Through survey responses, nurses have indicated that they better understand the general surgery team's plan while also rating overall communication as being improved following the implementation of nightly huddles. Furthermore, more nurses were also able to identify their current night float resident on a face sheet. Currently, the team is looking to establish similar huddles in other specialties and to expand this practice to Harborview Medical Center. A special thanks is extended to nurses **Traci Morgen**, **Patricia Berg**, **Jonathan Jimenez**, and **Michael Rositzke** for being incredible partners in this effort to improve patient care.

They have been invited to give an oral presentation and Dr. Zhu will be presenting their work at the **2018 AAMC Integrating Quality Conference**.

Department of Surgery Grand Round Lectures

Wednesday, April 4, 2018



Ronald M. Fairman, MD
University of Pennsylvania

**Clinical Trials for Aortic Disease:
A 20 Year Experience >>**

Wednesday, March 7, 2018



Jared Klein, MD, MPH >>
University of Washington



Ivan K. Lesnik, MD >>
University of Washington

Debra B. Gordon, RN, DNP, FAAN
University of Washington

**The Surgeon's Role In The Opioid Epidemic:
Opportunities To Make a Difference >>**

Wednesday, February, 7, 2018



Kristine Calhoun, MD >>
University of Washington



Sherene Shalhub, MD, MPH >>
University of Washington



Nicole Zern, MD >>
University of Washington

**The Impact Of Gender On Perceived Career
Barriers Among Surgeons: An Update From the
Department of Surgery Women's Council >>**

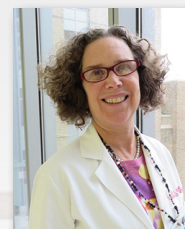
Wednesday, January, 10, 2018



Lorrie A. Langdale, MD >>
Veteran's Administration—PSHC

Serving Those Who Served >>

Wednesday, December 6, 2017



Nicole Gibran, MD >>
University of Washington

**Transforming Health Care:
Medical Homes for the Critically Injured >>**

Wednesday, October 18, 2017



Alberto Ferreres, MD, JD
University of Buenos Aires Argentina

The Value of Ethics in Surgical Mentorship >>

Wednesday, October 4, 2017



Carlos A. Pellegrini MD, FACS >>
University of Washington

**TRUST: The Keystone of the
Patient-Physician Relationship >>**

seattle magazine

Again, many of our amazing surgeons from all of our divisions have made Seattle Magazine's 2018 Top Doctor's List:

THORACIC & CARDIAC SURGERY



Aldea



Mulligan



Verrier



Wood

Gabriel S. Aldea, MD, Professor

Michael S. Mulligan, MD, Professor and Chief of Cardiothoracic Surgery

Edward D. Verrier, MD, Professor (listed 15 Years)

Douglas E. Wood, MD, *The Henry N. Harkins Professor and Chair* (listed 14 years)

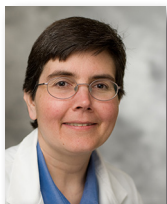
GENERAL SURGERY



Anderson



Brakstad



Bulger



Horvath

Benjamin O. Anderson, MD, Professor

Mark T. Brakstad, MD, Clinical Associate Professor (listed 12 years)

Eileen Bulger, MD, Professor and Chief, Trauma

Karen Horvath, MD, Professor, Director, Residency Program in General Surgery, Associate Chair for Education



Javid



Maier



Oelschlager



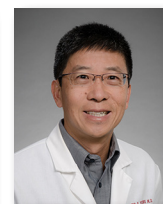
Pellegrini



Reyes



Sinanan



Yeung

Sara H. Javid, MD, Associate Professor

Ronald V. Maier, MD, Professor and Chief of Trauma, Burn, & Critical Care Surgery, Surgeon-in-Chief, Harborview Medical Center

Brant K. Oelschlager, MD, Professor and Chief of General Surgery

Carlos A. Pellegrini, MD, Professor and Chief Medical Officer

Jorge D. Reyes, MD, Professor and Chief of Transplant Surgery

Mika N. Sinanan, MD, Ph.D., Professor (listed 13 years)

Raymond S.W. Yeung, MD, Professor

COLON AND RECTAL SURGERY



Krane

Mukta Krane, MD, Associate Professor

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Seattle Magazine's 2018 Top Doctors

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VASCULAR SURGERY



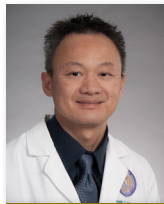
Meissner



Starnes



Sweet



Tran

Mark H. Meissner, MD, Professor

Benjamin W. Starnes, MD, Professor and
Chief of Vascular Surgery

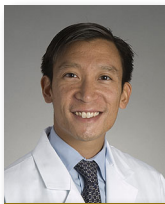
Matthew P. Sweet, MD, Associate Professor

Nam T. Tran, MD, Associate Professor

PLASTIC SURGERY



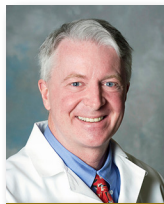
Hopper



Louie



Said



Vedder

Richard A. Hopper, MD, Professor and
Chief of Pediatric Plastic Surgery

Otway Louie, MD, Associate Professor

Hakim K. Said, MD, Associate Professor

Nicholas B. Vedder, MD, Professor and
Chief of Plastic Surgery

PEDIATRIC SURGERY



Avansino



Javid



Sawin



Waldhausen

Jeffrey R. Avansino, MD, MBA, Associate Professor

Patrick J. Javid, MD, Associate Professor

Robert S. Sawin, MD, Professor and Surgeon-in-Chief,
Seattle Children's Hospital (listed 14 years)

John H. T. Waldhausen, MD, Professor (listed 15 years)

HAND SURGERY



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Jeffrey B. Friedrich, MD, Professor

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UW Medicine

DEPARTMENT OF SURGERY



Surgery Synopsis is an in-house newsletter published on a quarterly basis to highlight the academic and research activities of the University of Washington School of Medicine Department of Surgery. This publication is distributed to the Department's faculty, residents, staff, and friends.

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