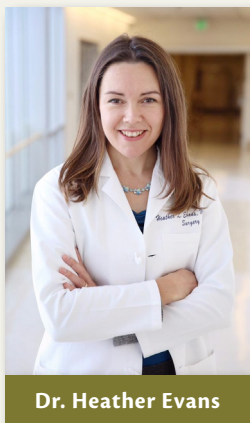


## #ilooklikeasurgeon

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 3<sup>rd</sup>, 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.

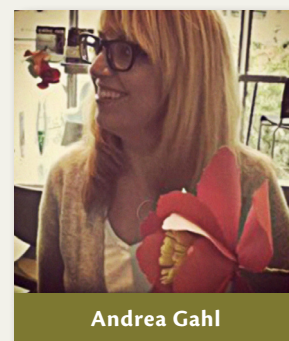
## #ilooklikeasurgeon Art

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.

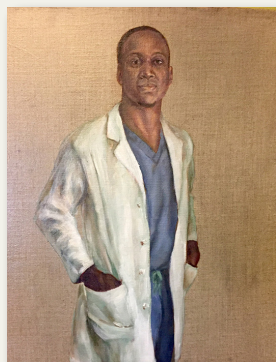


Andrea Gahl

### 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*

(continued on page 8)



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

(continued on page 9)





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

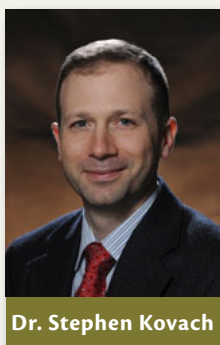
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Just as surgeons have committed to the benefits of adapting to new techniques and technologies that benefit our patients, we must also adapt our behaviors to improve equity and thus better our surgical community and our society. While we cannot alone 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 provid-

ing 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

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## 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

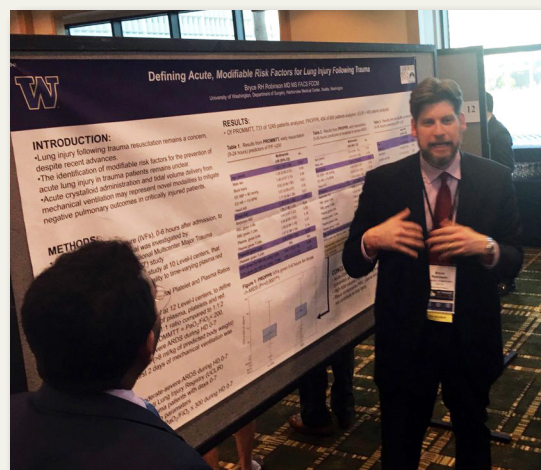
hospital feel more like home and support families in these difficult times. For patients with no family support this is also a way for our staff to support them in the dying process. It is an incredible honor to be part of this effort.

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](mailto: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.

