

# SURGERY

## Synopsis



### CHAIR'S MESSAGE



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

In mid-March we reached the one-year mark of living with COVID and by many measures, we have turned the corner in this battle. It's not over, but as many are saying "there is light at the end of the tunnel."

It is worth reflecting on the past year and the Department's response. First, I am proud of the Department's resilience and ability to adapt to ever changing circumstances over the course of this year. The phases of COVID demanded different responses and it frequently felt as if we were flying the plane while we built it.

Going back a year to March 2020: suddenly everything was different. We all had to change how we worked and how we lived outside of work. The impact on our patient care systems was swift and dramatic. So many systems in the hospital exponentially ramped up as we learned new COVID protocols, worked to acquire sufficient PPE and so much more. Surgery was greatly affected when all elective surgery was cancelled, almost all of our staff began working remotely and our resident and clerkships had to completely alter their training programs (the changes made were covered extensively in our Fall 2020 [issue](#)).

The Department determined not to let this crisis just be a crisis, but rather a moment to examine and improve processes. An example was a multi-departmental workgroup formed to focus on the long-standing issues of late OR start-times, long turnover, and inaccurate predicted case length. The goals of this initiative are to improve the OR efficiency by 20%, i.e. to be able to do 20% more cases in the current block time. (Some have misinterpreted this that

we are asking faculty to do 20% more work; this is not the case.) Other anticipated benefits are increased surgeon satisfaction, improved OR team relationships, and better patient experience due to more reliable start times. And for the hospitals and health system the goal is to better utilize the important operating room time and allow us to catch up on the backlog of patients needing surgical care.

UW Medicine and the Department learned a lot during the complete shutdown and when the second wave of the pandemic arrived, we were able to provide a more nuanced response. A cross-departmental leadership team, of which I am a part, has been able to use the lessons learned more broadly and put a more fine-tuned focus on UW Medicine's response to the COVID winter surge. The dedicated work of our faculty allowed us to eventually regain and maintain the ORs at full status. The months of March, April and part of May 2020 saw steep declines in surgery, which affected our finances; however, the changes and careful management since we were allowed

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to reopen the ORs fully has resulted in a 6.9% increase in productivity over the prior year and a 6.4% increase over current budget. Meeting these budgets had seemed unattainable in Spring of 2020.

The faculty were experiencing enormous change, but our staff have been partners throughout and deserve special thanks and acknowledgement. They have also been affected profoundly during the pandemic. Overnight most had to transition to remote working, which for many included setting up a workspace, learning new technologies in order to keep work flowing, and some dealing with children out of school or multi-generational households with COVID health concerns. Throughout the uncertainty and disruption of this period our staff have responded with professionalism and determination to keep work moving forward. I know the faculty, trainees and leadership join me in saying a big thank you to all our staff; they are appreciated by all of us, and the glue that holds together our mission to improve the health of the public.

I know how hard this has been on faculty. They have had to work differently and have experienced enormous professional disruption. As example, all professional meetings in the last year were conducted remotely; and while this worked, it is a major professional disappointment for the academic surgeon, who thrive in their collaborations and networks of colleagues around the

U.S. and around the world. Nonetheless, faculty continued with their academic work, presenting papers and research remotely. And, we continued building our clinical programs – some new, some enhanced.

The biggest change occurred throughout the entire UW Medicine system. UW sites, both inpatient and outpatient, are now all on the same electronic medical record system – known as Destination 1 (D1) and built on the EPIC electronic platform. The importance and enormity of this change is profound. This move has been planned and implemented over several years. Implementation required building technical infrastructure, converting and integrating medical records, testing, training and finally going live on Saturday, March 27, 2021. In 2020, Harborview Medical Center, UW Medical Center and Valley Medical Center admitted 59,251 patients, UW Medicine's primary, specialty and urgent care clinics had 1,633,592 patient visits, and all of these patient charts are now on one system. Caregivers at any of those sites can pull up the entire medical record on any UW patient. The COVID restrictions have increased the logistics of bringing this change to fruition. I so appreciate our faculty, several of whom were designated as "super users," whose job it was to help us all during training and these first days of "go-live."

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We added a substantial number of new faculty this year, reflecting renewal and growth of our clinical programs. Some of our new faculty have been introduced in previous issues; more are introduced in this issue. They bring with them new programs, fresh ideas, and incredible talent. I am thrilled to have them join UW Surgery; they give me a lot of optimism about our future. You will be able to read about them on page 8.

The Schilling Lecture and activities, an annual all-department event was conducted entirely remotely. It was went well and was especially important for the residents presenting their research and those attending the symposium. A full report on the Schilling Lecture events can be found on page 4.

As discussed in our last issue, the training programs for our residents, fellows and medical students all underwent substantial revamping. I'm pleased to say that our trainees did more than just adjust to the circumstances, they led with creativity, dedication, and self-sacrifice. Not only did our residents quickly work to reorganize into distinct cohorts to change how they delivered care, but they also volunteered to care for non-surgical patients during the Covid surges.

This year's resident interviews were all conducted remotely, culminating in "Match Day" on March 19, 2021. I'm happy to report that all of our resident slots in all four of our programs filled with top tier residents; great residents attract other great resi-

dents! We are incredibly fortunate to have a talented and diverse class of R1s joining us at the end of June.

Finally, and not least, I am proud of the Department's response to the societal issues of racism, discrimination and health inequities that came into the forefront over the summer. We explored the Department's response and many of our activities in our Spring [issue](#) of Surgery Synopsis. Our activities continue in our pursuit to make a better and more just place to work and a more just society. A recent example of our ongoing work – and the way that the Department of Surgery is providing leadership around this important issue of gender equality for surgery faculty and residents – is the Pregnancy Policy for faculty and residents that was developed by the Women's Council, chaired by Dr. Kris Calhoun. The policy is based on input from women faculty and residents and reviewed against ACGME guidelines as well as federal, state and University laws, guidelines and practices. In fact, the work of the UW Surgery Women's Council largely informed the updated policy statement from the American College of Surgeons on Pregnancy, Parental Leave and Workplace Accommodations for Surgical Residents and Fellows, and a similar updated policy for faculty. I am pleased to announce that this policy has received final approval from all parties and has been signed by Dr. Calhoun as the Chair of the Women's Council, Susan Marx, Vice Chair of Finance & Administration, and myself. We will be reviewing with Leadership

Council and rolling out to the entire faculty in April 2021.

Our faculty continue to shine and be recognized for their achievements. Please find our faculty in the media on pages 14.

I hope you enjoy reading this issue of Surgery Synopsis.

Sincerely,

Douglas E. Wood, MD, FACS, FRCSEd  
The Henry N. Harkins  
Professor & Chair  
Department of Surgery  
University of Washington



Harborview Medical Center / West View



# Surgery

## News

## CONGRATULATIONS TO THE TOP PRESENTERS

### 2021 RESEARCH DAY & 26TH ANNUAL HELEN & JOHN SCHILLING LECTURE



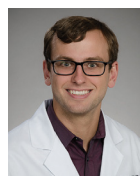
The 2021 Research Day & 26th Annual Helen & John Schilling Lecture was held in March and included a series of virtual research symposiums over three separate sessions.

This year's guest presenter was Dr. Robin S. McLeod, Professor in Department of Surgery and the Institute of Health Policy, Management and Evaluation, and Vice Chair of Quality and Performance at University of Toronto. Her presentation was titled "Implementing an Enhanced Recovery After Surgery Program."

Dr. McLeod's clinical and research interests include colorectal cancer, inflammatory bowel disease, evidence-based medicine, quality and knowledge translation. She has led a number of multicenter clinical trials and quality initiatives and has authored over 350 peer reviewed articles and 50 book chapters. She is also the founding Chair of Evidence Based Reviews in Surgery, an internet journal club jointly sponsored by the Canadian Association of General Surgeons & American College of Surgeons.

The research symposiums included 30 presentations by Department of Surgery (DOS) residents and fellows on a wide variety of basic and clinical research topics. The presentations were ranked by DOS research leadership on scientific merit and validity, presentation skills, and preparedness for questions and comments from the audience.

#### FIRST PLACE

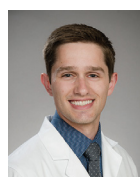


#### Dr. David Drouillard

*Research Resident*

"Assessing The Impact Of Diverticulitis On Quality Of Life Over Time"

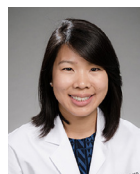
#### SECOND PLACE (TIE)



#### Dr. Alex Lois

*Research Resident*

"The Use And Safety Of POEM And Other Definitive Management Strategies For Achalasia"



#### Dr. Irene Zhang

*Research Resident*

"Americans' Perspectives On Opioid Minimization After Surgery And The Impact Of Surgeon Messaging"

#### THIRD PLACE (TIE)



#### Dr. Mariam Hantouli

*Postdoctoral Research Fellow*

"Acute Cholecystitis During Pregnancy: When And Should You Operate?"



#### Dr. Dara Horn

*General Surgery, R4*

"HLA-A Locus Is Associated With Sepsis And Septic Shock After Traumatic Injury"



#### Dr. Alan Utria

*Pediatric Surgery Research Fellow*

"Urea Cycle Dysregulation In Fibrolamellar Carcinoma"

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## PETER NELIGAN RETIRES



On January 1, 2021, after a distinguished career in plastic surgery, Dr. Peter Neligan retired from active clinical and academic practice. Born in Ireland, he attended Trinity College at the University of Dublin, where he also obtained his medical degree and initial training in plastic surgery. In 1983, he moved to Toronto to complete fellowships in burns, microvascular surgery, pediatric

plastic surgery and surgical research. He joined the plastic surgery faculty at the University of Toronto in 1991 where he went on to have a prodigious career, eventually becoming Chief and leading the largest plastic surgery program in North America. Peter and I became friends at the beginning of our careers, through the Plastic Surgery Research Council, and wound up working together through many national and international plastic surgery organizations.

Fortunately for us, the University of Toronto has a 10-year tenure limit for Chiefs, so when Peter's tenure was coming up and he was already one of the most respected academic plastic surgeons in the world, I was fortunate to be able to recruit him to the UW in 2007 to lead the fledgling UWMC plastic surgery service that was developing after Drs. Isik and Cole had left for private practice. Drs. David Mathes and Hakim Said had just arrived at UW Medical Center (UWMC), fresh out of training, and Peter saw in them the seeds to build a truly world class microsurgery program at



Peter and his wife Gabrielle

UWMC, which he did. We were fortunate to have the strong support of Dr. Carlos Pellegrini, Department of Surgery Chair 1993–2015, Lisa Brandenburg, CEO of UWMC at the time, and the support of Dr. George Larrimore, Chair of Radiation Oncology who quickly



Peter with the 6-volume Plastic Surgery textbook set

hired Peter's wife, Dr. Gabrielle Kane, who went on to become Program Director of the Radiation Oncology residency program.

Under Peter's guidance and leadership, we established the Center for Reconstructive Microsurgery, which now enjoys one of the largest reconstructive microsurgery teams in the nation with seven full-time, fellowship-trained reconstructive microsurgeons and a leading microsurgery fellowship. Besides editing THE textbook of "Plastic Surgery" including three editions, with the longest tenure of any editor of that text ever, he published over 240 peer-reviewed articles, 85 chapters, 10 books and taught over 230 CME courses. He has been President of numerous national organizations, including the North American Skull Base Society, the American Society for Reconstructive Microsurgery, and the Plastic Surgery Foundation of the American Society of Plastic Surgeons. He has been an invited speaker at numerous universities and international plastic surgery organizations around the world. At the time of his retirement, I truly believe that he was the most renown, recognized, and respected academic plastic surgeon in the world. We were truly blessed to have him as part of our UW plastic surgery family.

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# Surgery News

Peter is truly a “renaissance” plastic surgeon, unfazed at taking on the most complex surgical problems, from devastatingly complex neurofibromas of the face to microsurgical facial reanimation to microlymphatic reconstruction with 12-0 suture. No matter how difficult things got, Peter was always unflappable with the famous “Neliganism”: “It’ll be fine.” His incredible skill and composure made him a superlative teacher, as all of our residents and fellows can attest to, and many of our faculty, myself included.

Outside of his incredible career, Peter is well known for his fabulous guitar and piano skills and has even helped organize annual jam sessions at national conferences. Upon retirement, he and his wife relocated to sunny Phoenix and they plan to spend more time with their children and grandchildren in Toronto once the border is reopened. Although we are deeply saddened to see Peter leave, he had an incredibly important and enduring impact on our program and he will always continue to be a part of our UW family as Professor Emeritus. The residents, faculty and staff of the UW plastic surgery program thank Dr. Neligan for his years of service, education, kindness and incredible stories. He is truly “irreplicable” and is sorely missed.

Nicholas B. Vedder, MD  
Professor of Surgery & Orthopaedics  
Jamie A. Hunter Endowed Chair  
Chief, Division of Plastic Surgery  
Vice Chair, Department of Surgery

## MARK BRAKSTAD RETIRES



After 28 years as a general surgeon, Dr. Mark T. Brakstad retired from University of Washington (UW) Department of Surgery on June 30, 2020. He was born in Montana and received his chemistry degree from Montana State University in Bozeman in 1979. He attended medical school at the University of Washington, where he met and married Susan, one of his medical school classmates. They eventually had two sons and a daughter, Jonathan, Markus, and Alex, who are all young adults now.

After medical school, Dr. Brakstad completed a Pediatric residency at Children's Hospital in Cincinnati, Ohio in 1986, then a General Surgery residency at the University of Iowa in 1991. He then returned to Seattle where he did pediatric research at Children's Hospital and Medical Center from 1991-1993, and also worked as an ER physician at Olympic Memorial Hospital in Port Angeles from 1991-1994.

From 1993-1995, Mark became a solo general surgeon, practicing out of NW Hospital. Since he was the 18th general surgeon at the Hospital, no one thought he could build a solo practice. He proved them all wrong, working tirelessly and reportedly prowling about the ER often. Mark then joined Northwest Surgical Specialists in 1995, which was a private practice group and part of Proliance Surgeons. When Northwest Hospital was acquired by the University of Washington in 2010, and in 2013, Northwest Surgical Specialists started working with surgical and family practice residents, Mark became a Clinical Associate Professor in Department of Surgery. Mark served as Northwest Hospital's Chief of Staff from 2001-2003



Celebrating Mark as 2012 Care Award Honoree

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# Surgery News



Mark with "the catch of the day"

do surgically under any circumstance, even if it's something he hadn't done since residency. Despite Mark's wealth of knowledge, he usually didn't speak up in meetings unless specifically asked to do so. He was a sea of calm in the midst of a hectic office and in a stressful profession. Mark's quiet jokes included sending new OR circulating nurses out to look for the Otis Elevator or non-existent sutures, asking medical students to hold bits of tissue for as long as possible or enticing them to contaminate themselves in the OR, hooking together all the paper clips in the office, and stealthily turning off lights in a room without being discovered. He didn't like dressing up, and generally wore scrubs, a scrub hat, and black Converse All Stars to clinic.

Dr. Brakstad never managed to type with more than two fingers on each hand, but survived the conversion to electronic medical records in 2015, mostly through working 14+ hours a day plus weekends, and also with Dragon voice recognition and eventually a scribe. Mark rounded nearly 365 days/year, with the exception of just a few weeks a year when he was

either at a hernia or trauma conference in Las Vegas, or vacationing with family in Montana. Mark loves to hunt and fish, as well as collect coins. He is now walking six miles every day, rain or shine. He was a wonderful teacher and mentor, and is greatly missed already for his friendship, partnership, mentorship, teaching and wisdom. We wish him a very healthy and happy retirement.

Alison L. Perrin, MD  
Clinical Associate Professor  
Division of General Surgery

## PREVENTING MEDICATION-RELATED PROBLEMS IN CARE TRANSITIONS TO SKILLED NURSING FACILITIES



In September, [Giana Davidson](#), MD, MPH, and her team launched a 5-year cluster randomized [trial](#) funded by the Agency of Healthcare Research and Quality. This R01 will test the effectiveness of a new healthcare transition program focused on reducing medication-related problems and improving patient- and caregiver-reported measures of the quality-of-care transitions for patients transitioning from hospitals to skilled nursing facilities (SNF).

The team has focused on improving care coordination for people discharged to skilled nursing facilities following hospitalization given the unique challenges for patients and their caregivers during this time. These patients are at particularly high risk for poor outcomes given they are often medically complex, have had an unexpected hospitalization, and/or require a healthcare team that can be fragmented and include primary care teams, subspecialists, and the SNF and rehabilitation teams, often none of whom share a common electronic medical record. This work has brought together a team with a range of expertise focused on addressing the gaps in transitions of care that ultimately exposes some of our most vulnerable patients to complications, emotional distress, and costly medical errors. Importantly, this team is also focused on better understanding how care transitions may be experienced differently by some people (e.g., those that are minoritized, do not speak English, lack social support, or have low health literacy) and will examine equity in outcomes of the intervention across the health system.

In addition to Dr. Davidson, this team includes Elizabeth Austin, MPH, Research Scientist, Department of Health Services; [Zachary Marcum](#), PharmD, PhD, MS, Assistant Professor, Department of Pharmacy; [Thuan Ong](#), MD, MPH, geriatrician, palliative care physician and the Medical Director for UW Medicine Post-Acute Care; [Edwin Lindo](#), JD, critical race scholar and Assistant Dean of Social and Health Justice; [Oleg Zaslavsky](#), PhD, MHA, BSN, Associate Professor, School of Nursing; [Bryan Comstock](#), MS, Senior Biostatistician in the Center for

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# Surgery

## News

Biomedical Statistics; [Sarah Monsell](#), MS, Biostatistician in the Center for Biomedical Statistics; Mariam Hantouli, MD, Research Fellow, Department of Surgery; and Margo Godersky, Project Manager, Department of Surgery.

## 2020 FACULTY PROMOTION



### Dr. Patrick Healey

Professor  
Section Chief of  
Pediatric Transplantation  
Division of Transplant Surgery

**D**r. [Patrick Healey](#) is a transplant surgeon at Seattle Children's Hospital (SCH). He oversees the Kidney Transplantation, Liver Transplantation, and Intestine Transplantation Programs at

SCH, and is Seattle Children's Transplant Center point person to United Network for Organ Sharing. Dr. Healey is also the Director of the Living Donor Kidney Program, and has solidified our community presence by offering this procedure to our transplant candidates and their families, with great outcomes and an increase in access. In this role, he has provided mentorship to faculty, fellows, and general surgery and urology residents since the inception of the living donor team in 1999.

Dr. Healey introduced the donor paired exchange program, which identifies, screens, and manages multiple donors from ours and other institutions to facilitate donation from incompatible donors. His ongoing vision and strategic planning continues to increase living donor awareness, providing the most favorable outcomes for the recipients.

Dr. Healey developed critically important non-transplant programs for children of the Pacific Northwest which include hepatobiliary surgery for tumors, vascular anomalies of the liver, and portal hypertension surgery. His clinical, surgical, innovation, mentorship, and program development skills have resulted in nationally recognized expertise and excellent outcomes in these areas.

## 2021 NEW FACULTY



### Dr. Lyubomyr Bohuta

Associate Professor  
Pediatric Cardiac Surgery  
Division of Cardiothoracic Surgery

**D**r. Bohuta's specialty is pediatric cardiac surgery with a focus on neonatal surgery and surgery in low-weight patients. Originally from Ukraine, he graduated from Lviv State Medical University, and after completing his training in

general surgery spent over 10 years at Ukrainian Children's Cardiac Center in Kyiv. Over this period, he was able to progress from junior fellow to a leading surgeon and department head. During his training, Dr. Bohuta spent 18 months as a fellow at the Royal Children's Hospital in Melbourne, Australia. He obtained his PhD in the Ukraine performing clinical research focused on anomalous pulmonary veins. In 2015, Dr. Bohuta moved to Denmark, where he worked for two years at Aarhus University Hospital. Following that, he joined the world-famous Great Ormond Street Hospital in London, UK, where he served for three and a half years as a consultant surgeon and one of the leaders in complex neonatal cardiac surgery. Dr. Bohuta is excited to join University of Washington and Seattle Children's Hospital to contribute his knowledge and extensive experience to the program. He also enjoys being so close to the beauties of the Pacific Northwest with his family.

## DIVERSITY IN DOS



**T**his month the Department of Surgery Anti-Racist Reading Group has been discussing the book "So You Want to Talk About Race" by Seattle area author Ijeoma Oluo. We've had a series of fantastic small group meetings that have been powerful and thought provoking. Although the book is not explicitly about health care, there are many lessons that we can all learn about race and the impact of

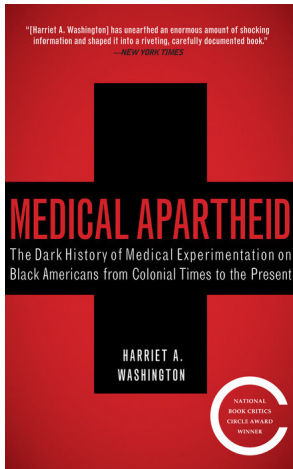
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# Surgery News

systemic racism on individuals as well as on culture and society. It has been a great first read for the group, as it sets a common conceptual framework and language that we can use for future discussions.

We will be wrapping up discussion of this book in the coming weeks. If Department of Surgery staff, faculty or trainees are interested in joining us it's not too late! It is by no means required to attend all of the small group sessions and we would love for any interested parties to join when and if they are able. If you would like to join, email Ellison Fidler at [ellisonf@uw.edu](mailto:ellisonf@uw.edu) to be added to our email list.



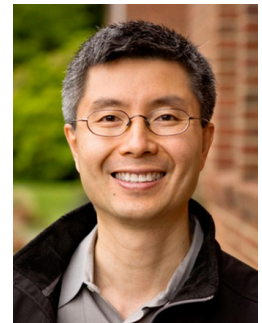
The next work that we will be reading is the book “Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present” by author Harriet Washington. This history is a searing but necessary look at the ways in which the medical establishment has used and mis-used black Americans, which continues to impact healthcare today. Please consider reading and joining us for what will surely be an important discussion.

## TECHdesk HELPS UW MEDICINE WITH COVID-19 RESEARCH IN THE CLOUD

A little over two years ago, a group of UW Medicine faculty and staff met with a team from Microsoft Research-Cambridge (MSRC) to explore a data science partnership. MSRC proposed to combine the clinical and data science expertise at UW Medicine with the expertise of MSRC in data science and machine learning to solve a long-standing problem – [perioperative hypotension](#). The combined team would apply machine learning models to a large and unique UW Medicine clinical dataset to identify risk factors and predictors for the development of perioperative hypotension. The hope was to create an algorithm that could predict the risk of perioperative hypotension better than a trained clinician.

The team had a problem, however. MSRC did not want to accept the risk of having the UW Medicine dataset transferred to them. UW Medicine did not have a safe way for MSRC researchers to log into UW Medicine systems to access to the data.

This is where Rob Fabiano (right-top) and Roland Lai (right-bottom) of TECHdesk came in. Over the course of seven months, from mid-2019 to early 2020, TECHdesk built what came to be known as a Digital Research Environment (DRE) in the [Microsoft Azure Cloud](#). Many people use [cloud computing](#) every day. Whenever you do a web search, send email from your UW Medicine email account, or watch a show on a streaming video service, you are using cloud computing. Cloud computing has a key feature that makes it perfect for data science research – it is elastic. That is, you can purchase as much computing storage and power for as long as you need it. When your project is over, you just turn it off and stop paying for it.



TECHdesk worked with UW-IT, UW Medicine ITS Security, UW Medicine Compliance, and Microsoft to overcome numerous regulatory, security, and technical challenges building the DRE. Many of these issues UW and UW Medicine had never encountered before – from the mundane, like creating a process to accept the Azure computing credits that Microsoft was offering, to extremely complex, like connecting UW networks and servers to the Azure cloud in a HIPAA-compliant manner.

Just weeks after the first DRE launched, the nation went into lockdown in response to the COVID-19 pandemic. The MSRC and UW Medicine teams saw an opportunity to partner again, this time to find ways to more efficiently allocate limited resources to care for COVID-19 patients. The research team again approached TECHdesk for help. TECHdesk was able to deploy another DRE, and leverage all they had learned from the first experience to do it much more quickly. As a result of this collaboration, UW Medicine can now do data science on ePHI in the cloud.

Manuscripts for both research projects have been submitted for publication. The UW eScience Institute has published a [detailed article](#) if you want to learn more.

Roland Lai  
IT Director  
Department of Surgery

# EDUCATION HIGHLIGHT

## VIRTUAL RESIDENCY RECRUITMENT: IS IT TEMPORARY OR THE NEW NORM?

As with all things associated with the COVID-19 pandemic, residency recruitment this year has been turned on its head. The act of finding highly skilled and talented future physicians to be trained in our various surgical disciplines is perhaps one of the most important duties that our programs carry out each year. The changes in all aspects of our lives in the last year have brought new challenges, but also new opportunities as we do this important work.

We became aware of significant changes early in Spring 2020 and at times we were apprehensive to check our email for fear of another new and momentous alteration in our way of life. Quite early in the pandemic the University of Washington instituted a travel ban and a prohibition on all visiting medical student rotations. For our four residency programs (General Surgery, Vascular Surgery, Cardiothoracic Surgery and Plastic Surgery), the visiting student system provides an excellent opportunity to get to know top-flight candidates and essentially conduct a month-long interview with them. It also enables those same people to get to know us and the city as they think about future training locations. Not long after this, we received word that all interviews would be virtual during this application cycle. Like many aspects of the practice of surgery, our in-person interview routines have been the norm for decades. We did have some experience in one-off

virtual interviews on FaceTime, typically when a scheduled applicant had a canceled flight due to weather. What we did not have experience with was coordination of dozens of people on a Zoom call.

Despite all the turmoil that accompanied the pandemic, we also saw hope and innovation. Throughout the summer our programs, and specifically our tech-savvy residents, very quickly shifted to virtual recruitment efforts. Programs held a variety of open house Zoom events, each with a different emphasis such as life in Seattle, research activity in the department, getting to know faculty, and recruitment of applicants from underrepresented populations. Despite not being able to rotate and work day-to-day with these excellent applicants, we did find that it was possible to develop relationships in the virtual environment.

As we have all seen, most logistical efforts have been delayed by the COVID-19 pandemic. In the realm of residency recruitment and application, everything was pushed back a month. The Dean's letters came out later, invitations for interviews went out later, and the interviews themselves were delayed from our normal patterns. In a "normal" year, these delays would be disastrous. However, because it was mandated nationwide that all interviews occur virtually, much of the logistical burden for applicants was removed. Therefore, it was possible to invite applicants to interview and then conduct the interview a mere week later. Multiple rounds of residency

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## Q & A with our residency programs

### How were the 2021 application and interview numbers impacted by virtual interviewing?

"Both the amount of applications and interview slots offered were increased from previous years. The increase wasn't exponential though. With each successive year we receive more applications and offer more interview spots."

(Plastic Surgery-Integrated)

"They stayed fairly level, which I think was a bit of a surprise. We had been prepared for a big influx of applications." (General Surgery-Categorical / Preliminary Surgery Program)

"Our numbers were higher than the year before. From 2020-2021 we had close to a 14% increase in applications. Both years recruiting for two R2s. From 2019-2020 – we had an almost 25% increase – but we went from recruiting one R1 to two R1s."

(Vascular Surgery-Integrated)

### What are some positives and negatives of the virtual interviews?

"Our preliminary interviews are always virtual, so no big changes!" (Preliminary Surgery Program)

"Financial benefits for applicants. We really missed meeting everyone in person! We also know that being able to experience Seattle first-hand is a big draw for candidates (especially East Coasters!) and that is something they weren't able to do this year. We're unsure if this will impact decisions."

(General Surgery-Categorical)

"It presented some new challenges and took some effort to get faculty buy-in, but the overall process went smoothly. Doing the interviews also saved our program a lot of costs."

(Plastic Surgery-Integrated)

# EDUCATION HIGHLIGHT (CONT.)

interviews were conducted via Zoom, which took a tremendous amount of coordination on the part of our excellent program administrators, and for the most part they went off without major problems.

The virtual format did have some advantages. It obviously represented a tremendous cost savings to applicants, all of whom are paying for their education and typically do not have regular income. Additionally, the moving of applicants from room to room could be done while sitting at a computer. Finally, it was endearing to see the care and thought that was put into the generation of each applicants' background for their zoom interviews. The arrangement of plants, art and innovative lighting was a window into the applicants' creativity and was just fun to see. The drawbacks to virtual interviews are obvious, the primary one being the development of those critical person-to-person connections and relationships that can be sustaining over the span of a 5 to 6 year residency program.

While we have weathered these challenges, and in some cases even thrived, we can only speculate about the outcome at this point. Seeing the increased number of applicants and the broadening diversity of the applicant pool as a whole, we wonder if the virtual format has in some ways lowered the literal and figurative costs of entry into our highly competitive specialties. Certainly, the decreased monetary expenditures (which are typically quite formidable) for residency interviews can only be regarded as a benefit, however, is the risk associated with the loss of human contact as well as the potential for matching in a city and institution that one has never

set foot in before worth that benefit? At this point it remains to be seen. Some of us have postulated that more applicants will opt to stay at the institutions at which they attended medical school because those places are known commodities and students did not have the benefit of visiting rotations. This is a reasonable conclusion, and whether that phenomenon actually happens is not yet known.

As everyone is aware, the most highly anticipated objective outcome of any application and interview season is the Match which happens every year in March. As we write this, Match week is right around the corner. When we open up that email to find out who will be coming to train at the University of Washington, some of our questions and uncertainties will be answered. However, given the myriad factors that go into any match with a training program, some mysteries may remain.

What is not in question is the solid foundation for training that all residency programs in the Department of Surgery possess. Regardless of the names and stories on those Match lists, all of those recently graduated physicians will be embraced with open arms by our programs in this Department. They will be welcomed into a close-knit family that will have their educational and well-being interests at heart, and they will participate in a surgical education that is among the best in the country.

Karen D. Horvath, MD  
Professor of Surgery  
Associate Chair, Division of Education  
Director, Residency Programs in General and Preliminary Surgery

Jeffrey B. Friedrich, MD, MC  
Professor of Surgery  
Plastic Surgery Residency Director

## Q & A with our residency programs

"Many faculty felt the interviews were more efficient, and several candidates commented on how organized and efficient the interviews were as well; we were also able to hold a unique virtual reception the night before interviews in which we had breakout rooms per site, and one breakout room with all our trainees. Drs. Singh, Starnes and Quiroga gave short presentations. Then candidates were split up into 5 groups and had 10 minutes in each of the breakout rooms to ask questions in a smaller group setting; and financially they were much easier on candidates. The in-person experience is unique and can't be replaced by a zoom meeting; the candidates weren't able to visit Seattle and see what it is like; we weren't able to hold our reception at the Edgewater, which is a lovely event space with beautiful views. It's also a more casual way to meet the faculty and trainees the night before interviews; and we weren't able to share breakfast or lunch with the candidates, which is a good time for comfortable conversation and community. **(Vascular Surgery-Integrated)**

### What was candidate feedback regarding the virtual interviewing?

"Candidates enjoyed the guides and details we provided as well as how the day was formatted and flowed!"  
**(General Surgery-Categorical)**

"Candidates felt they missed out on the experience of going to Seattle and getting to know the program and faculty better. However, the amount of money and time they saved was a huge benefit to them." **(Plastic Surgery-Integrated)**

"Several candidates commented on how much they enjoyed the day, interviewing with all faculty efficiently, and being able to go to the resident breakout room in between interviews and talk to our residents throughout the day. They had breaks and said it went very well." **(Vascular Surgery-Integrated)**





**Dr. Michael McMullan**

# #GETTING TOKNOWDOS

**Dr. Michael McMullan**

Professor and Chief | Congenital Cardiac Surgery  
Sam and Althea Stroum Endowed Chair  
in Pediatric Cardiovascular Surgery

**SS: What do you believe will be the biggest challenge for the surgical community after COVID?**

**MM:** I believe in the immediate post-COVID period, we may see patients reluctant to come in for surgery due of fear of hospital environments, and it may last for some period of time in many hospitals. I've seen some evidence of that over the last year, although it seems to be improving.

I feel one of the positive things we're going to see is what we've been able to develop from the telemedicine and tele-health platforms. I think it's going to completely change the way we practice medicine because being able to communicate with people in their homes or at distance will enable them to learn more about a surgery program or a surgery center—maybe in a way they wouldn't have been able to previously. I think there's high likelihood they will then choose programs they otherwise may not have considered. For instance, patients may be willing to come to University of Washington or Seattle Children's from the extended region after getting to know our programs and providers a little better via Webex, Zoom, etc.

**SS: What has been the most significant or unexpected lesson (professional or personal) for you from COVID?**

**MM:** Honestly, I think one of the biggest lessons for me has been how uncertainty about the duration of COVID or things like COVID can lead to missed opportunities.

If we look at our kids, they left school early and no one really knows how long it's going to last. So one might argue that home education wasn't really developed to be as robust as it could have been because no one was really expected it to last this long.

There have been so many missed opportunities. Tens of thousands of people are going to look back on this year and say, "damn, I wish I had taken that opportunity to learn a foreign language or to play a musical instrument." All the things we probably would have done if we had known this was going to be a year or two process of isolating or working from home.

That being said, I did pick up ukulele, which I enjoy immensely. I probably wouldn't have done it if we didn't have COVID. I play guitar so I purchased a ukulele in Hawaii years ago. It sat in its case for about four years and I thought to myself, "well, I'll start playing with this thing" and I love it. I've developed skills I never would have expected with it.

**SS: Do you have any post-COVID travel plans?**

**MM:** Our family's going to Texas for my nephew's wedding and to visit family this summer. I would also like to go to Hawaii sometime in the next year or two to tour some ukulele factories and try playing some of the hand-made varieties.



Michael out with his favorite music critics

(continued on page 13)

# #GETTING TOKNOWDOS

Dr. Michael McMullan

**SS: Which island is known for making ukuleles?**

**MM:** Most of the factories that make the really well-known ukuleles are on Oahu. The places that have been around for about 100 years.

**SS: What is something you accomplished this past year that you are most proud of?**

**MM:** I'm most proud I was able to work with our team at Seattle Children's to navigate COVID and to make sure we've been able to take care of the patients in a timely fashion. It's been a challenge, but we've been successful.

**SS: Do you have a personal goal for this year?**

**MM:** Well, my personal goal is the same as it's been for the last 10 years—to exercise more. I want to exercise more to be healthier. And as we get older it's harder to do things unless we are healthy.

**SS: What do you like to do in your leisure time?**

**MM:** I enjoy spending time with my family and playing music. We like to crab and we have a small oyster farm. I've had the farm for three years and had my first oyster harvest about a month ago. It was amazing. It's the first time I've actually been able to grow an oyster and eat it. I also enjoy reading.

**SS: Do you have favorite authors?**

**MM:** I like John Steinbeck. I think he's fantastic. Another author I really like is Haruki Murakami—two of his books in particular. “1Q84” which has a pseudoscience fictional storyline, and “Norwegian Wood,” which is a Japanese coming of age novel— sort of like a “Catcher in the Rye” theme.

**SS: Do you have any guilty pleasures?**

**MM:** I have been known to sit down and binge watch “Breaking Bad” from 6:00PM until 6:00AM. I've seen the complete series a few times and I love it. It's written so well—almost like a Steinbeck novel. The characters are amazing, which is why I could sit for 12 hours eating Doritos with a cold drink while watching it.

**SS: What was your favorite educational experience?**

**MM:** Without question my favorite educational experience was high school. I went to a Jesuit high school and despite my many years of higher education, my high school education was the best.



Nice catch off Camano Island

The most enjoyable educational experience was probably my time in Melbourne, Australia, where I did my congenital cardiac surgery training. The country is fantastic and the people are wonderful. Melbourne is a lovely city with great food and just a nice vibe. The hospital where I trained was great and the people I worked with were truly some of the best people in the world at what they do. I am deeply indebted to them for what I learned. In fact, there's no way I could do what I'm doing now-- I mean, they trained me not just to be a heart surgeon, but also to be able to be in my current position.

**SS: What's your biggest pet peeve?**

**MM:** The thing I dislike the most are people who are intellectually or emotionally dishonest. It's something I've never been able to understand, and it irritates me to no end. My biggest pet peeve in my daily work is a scrub nurse that looks away from the OR table. It drives me bonkers and everyone knows it.

**SS: What is an interesting fact about yourself that many people don't know?**

**MM:** All in the same year, I personally met the Queen of England, Laura Bush (who was First Lady at the time) when they visited Children National Medical Center (where I previously worked) and the Princess of Thailand at a medical conference I was attending. I also shook hands with Pope John Paul II. You know I hate liars, but the only way I was able to shake hands with him was by convincing the Papal Guard I was Hungarian so that I could get into a part of St. Peter's Basilica at the right time. He had very soft hands.

# department of surgery in the media

Dr. [Lara Oyetunji](#), Assistant Professor,  
Division of Cardiothoracic Surgery

[Fulfilling Her Destiny as a  
Leader in Cardiac Surgery](#)

UW Medicine, The Huddle, January 25, 2021

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Drs. [Mark Sturdevant](#), Associate Professor,  
[Patrick Healey](#), Professor, and  
[Ramasamy Bakthavatsalam](#), Professor,  
Division of Transplant Surgery

[Rare transplant aims to resolve  
woman's long bout of cancer](#)

UW Medicine, Newsroom, December 31, 2020

[Redmond woman recovering from rare  
transplant surgery to cure cancer](#)

KOMO7 News, January 4, 2021

[A daughter gives her mom the gift of  
'renewed time' by donating part of her  
liver in a rare transplant at UW](#)

The Seattle Times, February 4, 2021

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Dr. [Estell Williams](#), Assistant Professor,  
Division of General Surgery

[There's noise, there's music. Estelita's is  
not your average Seattle library –  
it's a space for community](#)

The Seattle Times, January 23, 2021

## 29th Annual Visiting Scholar in Cardiothoracic Surgery

Please join the Cardiothoracic  
Department's Annual Visiting  
Professor Symposium  
featuring lecture by:

### Dr. Joseph Bavaria

Director, Thoracic Aortic Surgery Program  
Co-Director, Transcatheter Valve Program  
Brooke Roberts - William Maul Measey  
Professor in Surgery, The Pennsylvania  
State University



**Thursday April 29th, 2021  
7:00am-2:30pm**

Please contact Lindsey Riley-Payne at  
[lpayne3@uw.edu](mailto:lpayne3@uw.edu) with any questions or  
to receive the calendar invite.

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# FACULTY

## DR. KRISTINE CALHOUN RECEIVES 2020 UW SCHOOL OF MEDICINE AWARD FOR EXCELLENCE IN MENTORING WOMEN FACULTY



Dr. [Kristine Calhoun](#), Associate Professor, Division of General Surgery, received the 2020 UW School of Medicine Award for Excellence in Mentoring Women Faculty.

"I was absolutely shocked that I was not only nominated for this award, but that I actually was awarded it. There are so many fantastic mentors throughout our department, as well as the School of Medicine in general, that I am humbled to have been singled out," said Dr. Calhoun. "Mentoring is something that I place high value on—I have been the recipient of excellent mentoring in my own career and make it a priority to give back to those earlier in theirs, which makes this award so meaningful. It was humbling to read the letters of support and see my impact on others but so, so gratifying. Awards like this that look at mentoring and teaching are special to me and mean that I am accomplishing the goals I set for myself when I joined an academic practice. I am so, so thankful, grateful and appreciative."

Comments from Dr. Calhoun's award nomination letters:

"I have had the privilege of frequently witnessing Dr. Calhoun's mentorship and leadership in supporting women in our department and more broadly in UW Medicine. She has clearly gained the trust of students, residents, and junior colleagues. Kris has come to me several times to have a quiet conversation about a struggle someone has shared with her, and I have seen her spend time listening, counseling, and then advocating to solve a problem, or to help a junior voice be heard. I have witnessed Kris in

these situations and she serves as a quiet advocate who helps burnish confidence in those leaning on her, but without emphasizing her own voice. This is a remarkable skill that serves the women in our department well, and with Kris providing quiet strength and support that builds the confidence and stature of her mentees, without expectation of reward or recognition. Surgery has a tradition of being a specialty that is not welcoming to women and has a culture that can be a barrier to faculty development. Kris has been a foundation of our efforts to move the culture of the Department of Surgery to become one that is an outstanding place to develop a successful career with a work-life balance that supports people of all genders to achieve their full potential, not just as surgeons, but as well-rounded and happy people."

Douglas E. Wood, MD, FACS, FRCSEd  
The Henry N. Harkins Professor and Chair  
Department of Surgery

"As a general surgery resident at the University of Washington (UW) who expressed an interest in pursuing breast surgery, she took me under her wing without my even needing to ask. She gave me advice on which societies to join and how to complete projects and get published within my two research years. When I was applying for fellowship, she constantly checked in with me for updates about the process, asking who she could contact on my behalf. I have no doubt that she helped me get into the program of my choice at Memorial Sloan Kettering Cancer Center, which is one of the top two programs in the country.

After my fellowship I returned to the UW as a faculty member, largely because I knew my breast surgical colleagues would support my career growth more than anywhere else I interviewed. Since my return, Kris has continued her mentorship and sponsorship of me on so many

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## Dr. Kristine Calhoun Receives 2020 UW School of Medicine Award for Excellence in Mentoring Women Faculty (cont.)

levels. She is my go-to whenever I have a difficult case and need clinical advice. She has provided me with endless advice as I work to grow the breast surgery program at UWMC-Northwest. Within my first year on faculty she gave me her National Comprehensive Cancer Network Breast Cancer Screening and Diagnosis panel seat, which is an amazing honor to be so junior on such an important committee. Her dedication to my career growth has only been surpassed by her constant support of my personal life. Without prompting she ensured that I knew all the options I had with respect to my recent maternity leave, and communicated with our senior administrators about the importance of having time for lactation when a new initiative to improve OR efficiency threatened my ability to pump between cases. On top of all of this, she is a single mom to two amazing and wonderful boys, a breast cancer expert, the Chair of the Department of Surgery Women's Council, and is the Director of the medical student surgery clerkship program. I truly do not know how she does it all. It's amazing that even though her star shines so brightly, it doesn't dim others but serves to help illuminate the whole sky."

Meghan R. Flanagan, MD, MPH  
Assistant Professor  
Department of Surgery

"Dr. Calhoun is first and foremost an advocate for women physicians within the DOS. Several years ago, our chair, Dr. Douglas E. Wood, initiated the formation of a Women's Council and Dr. Calhoun was selected as the leader of this council. She has continued to serve in this respect for the past several years and as such, has solidified her role as a leader in surgery for the women in our department. I have had the privilege to work with Dr. Calhoun first as a surgical trainee in this residency program. In my past four years as a faculty member, I have worked alongside her on the Women's Council as her "second in command." Dr. Calhoun has always treated me as an equal, despite an obvious difference in our professional tenure. She truly values the opinion of others around her and works diligently to ensure that she is thoughtful about each and every decision, keeping in mind what is best for the greater good. She NEVER thinks of herself first and has NEVER made a decision that is self-serving. In this same vein, she is always available to anyone for private consultation or advice on any issue. I personally go to her quite frequently for advice on navigating delicate situations involving the hierarchy of the DOS as a junior woman faculty member. She is one of my most trusted allies in our department and her advice is invaluable. She has weathered many difficult situations and continues to put others needs before her own on

a daily basis, always making time for students, residents and junior faculty who knock at her door."

Nicole K. Zern MD, FACS  
Assistant Professor  
Department of Surgery

"We have worked closely with Dr. Calhoun in clinical settings and on various activities with the DOS Women's Council over the past 3.5 years. Our cumulative experiences with Dr. Calhoun have shown she is an outstanding clinician-educator and provides leadership in her many roles all with patience, persistence and as an advocate. Dr. Calhoun is an excellent clinician and role model in the operating room where she mentors 30-40 resident surgeons per year (half of whom are women) as we develop our surgical skills. She is patient, yet firm, and is a shining example of how to effectively lead an operating room team as a woman surgeon. Outside of clinical duties, she mentors and leads the UW DOS female faculty as the Chair of the DOS Women's Council. She has successfully advocated for development of lactation stations for operating room personnel, has instituted the annual Women's Council sponsored Grand Rounds, and led numerous research projects examining the role of gender in trainee education and for academic surgeons. She also encouraged us and fully supported forming the DOS Resident Women's Council, which works directly with the faculty Women's Council on joint projects. Through

(continued on page 17)

these various endeavors, she has worked hand-in-hand with women faculty and trainees, uplifting and educating along the way.

Last but not least, Dr. Calhoun has been a pillar of support for us as young women surgeons in the least glamorous and stickiest of situations. She provided full guidance and support when addressing workplace gender equity issues, from processing our thoughts to being present with us for challenging meetings. Dr. Calhoun's mentorship in those quiet, intimidating moments demonstrate the depths of her commitment and compassion as a mentor.

Dr. Calhoun has served as a mentor to innumerable women faculty, residents and medical students and is most deserving of the Award for Excellence to honor the key role she has played for many of us within the Department of Surgery. Her leadership has affected so many of us positively and continues to be a strong force within our department of equity and advocacy for current and future female surgeons."

**Kajal Mehta, MD, MPH**  
General Surgery, Research Resident  
Department of Surgery Resident  
Women's Council

**Mohini Dasari, MD, MS**  
General Surgery R4  
Chair, Department of Surgery  
Resident Women's Council

"I had the privilege of working with Dr. Calhoun in my final year of medical school when I unexpectedly fell in love with surgery. It was a very challenging and confusing time for a fresh MS4 who had saturated her fourth year with non-surgery electives, but Dr. Calhoun served as a guiding light through it all. Not only was she knowledgeable and informative, she was endlessly supportive and encouraging. I would catch her responding to emails well past midnight, answering my questions and reviewing my rank list. This is just one of the many ways Dr. Calhoun shows up for her students. She is truly deserving of this award and I sincerely hope you will strongly consider her for this award."

**Annie Yang, MD**  
General Surgery R1

Previous Department of Surgery  
UW School of Medicine Excellence  
in Mentoring Women Faculty  
Awardees:

**2018 Lorrie Langdale, MD,**  
Professor & Chief, Section of  
General Surgery, Division of  
VA Healthcare

**2014 Ron Maier, MD,** Professor &  
Chief, Division of Trauma,  
Burn & Critical Care

## DR. LORRIE LANGDALE APPOINTED ACS SESAP PROGRAM DIRECTOR



Dr. [Lorrie Langdale](#), Professor & Chief, Section of General Surgery, VA Puget Sound Health Care System, was appointed Program

Director for the American College of Surgeons' Surgical Education and Self-Assessment Program's (SESAP) 18 Advanced modules.

Now in its 17th edition, the SESAP is the premier educational resource for practicing surgeons. To further enhance its value to those with increasingly focused fields of practice, the College launched a pilot "Advanced" modular edition in 2019 under the leadership of Dr. John Weigelt that was extraordinarily successful.

"I have served as a SESAP author for nearly 25 years and I am honored to have been asked to lead the Advanced Edition for SESAP 18," said Dr. Langdale. "Dr. Weigelt will continue to direct the all-encompassing Core and Audio versions of SESAP. We are planning to build six distinct Advanced modules, addressing timely, challenging and controversial topics in Trauma, Surgical Critical Care, Abdomen (to include abdominal wall reconstruction, HPB, and Sarcoma), Alimentary tract (to include bariatrics as well as GI benign and malignant diseases), Endocrine, and Breast/Melanoma. The program will be

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offered as individual modules so surgeons can hone their CME to their needs and interests. I am recruiting experts from across the country to develop the questions and critiques. Our goal is to tackle those thorny problems that can confound the practicing surgeon and offer solutions through analysis of the available evidence.

This is an exciting time in surgical education and in assuming this new role for ACS, it is my goal to maintain the excellence that the American surgeon has come to expect from SESAP."

## DR. DEBORAH MARQUARDT AWARDED AAMC WEGA MINI-GRANT



Dr. [Deborah Marquardt](#), Assistant Professor, VA Puget Sound Health Care System, was awarded the Association of American

Medical Colleges Western Group on Educational Affairs (WEGA) mini-grant for her project "Tailoring Anatomy Review in Core Clinical Clerkships: A Needs Assessment." The WGEA "seeks to promote scholarship in medical education that examines interventions, modalities, and educational content created within the Western region."

"This project grew out of many observations of challenges medical students and junior residents from many specialties were having in recalling and utilizing previously learned anatomy knowledge

in the process of their surgery clerkship and daily work," said Dr. Marquardt.

"Concurrent with my observations that led to the idea for this project, there is an ongoing initiative nationally to create greater vertical integration of basic science information into core clinical clerkships. However, there is little to no literature that has investigated the best way to do this, (i.e. no road map to the destination). Our project aims to gain insight into how to best integrate a basic science core topic (anatomy) into a clinical clerkship in a tailored and realistic way to meet the needs of students and the demands and limitations of clerkships. We anticipate this this will not only provide insight and direction for greater anatomy integration but will also provide a template that may be used to integrate other core basic science subjects in the future as well."

Dr. Marquardt continues, "this project is being mentored through the Association of Surgical Education's Surgery Education Research Fellowship in which I am currently participating."



## DR. CARLOS PELLEGRINI— 2021 SAGES GEORGE BERCI LIFETIME ACHIEVEMENT AWARDEE



Dr. Carlos Pellegrini, Department of Surgery Chair, 1993–2015, was chosen by the Society of American Gastrointestinal and Endoscopic

Surgeons' (SAGES) Awards Committee and confirmed by the Board of Governors as the recipient of the 2021 SAGES George Berci Lifetime Achievement Award, which is the highest honor SAGES bestows.

This award is given to a surgeon for a lifetime contribution as an innovator in the field of endoscopic surgery, which may be scientific, educational, research, clinical and/or technological.

The award will be presented to Dr. Pellegrini at the SAGES annual meeting in June 2021.

## AMERICAN BURN ASSOCIATION AWARDS PETER BRIGHAM BURN EPIDEMIOLOGY AWARD

Drs. [Kajal Mehta](#), [Nikki Thrikutam](#) and [Barclay Stewart](#), [Harborview Injury Prevention & Research Center \(HIPRC\)](#) core member, along with partners from Ghana, Nepal, International Society for Burn Injuries (ISBI) and World Health Organization (WHO) were awarded the American Burn Association Peter Brigham Burn Epidemiology Award for their work on

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Mehta

cookstove-related injuries. Cookstove-related burns are among the most common causes of burn injuries globally, particularly in low- and middle-income countries. There is a worldwide push to disseminate more efficient, improved cookstoves and liquid propane gas (LPG) stoves that reduce indoor air pollution, promote gender equality and reduce deforestation.

However, improved and LPG cookstoves do not seem to be safer than rudimentary cooking arrangements (e.g., 3-stone fires) and use of biomass fuels.



Stewart

Their study utilized the newly developed WHO Global Burn Registry (GBR) to describe the distribution cookstove-related hazards, injuries and outcomes of patients from 17 countries. They found that women were more frequently exposed to cookstove hazards, and that cookstove-related injuries were larger in size and more often deadly than non-cookstove-related burn injuries. Additionally, cookstove-related burn injuries were strongly associated with

explosions and fires (i.e., not scald or contact injuries), which is thought to be the result of unsafe LPG cookstove maintenance and arrangements. The findings suggest that interventions to prevent cookstove-related burn injuries will require efforts distinct to those typically deployed for household burn injuries more broadly, which will necessarily involve improving cookstove design, promoting safer adaptations of existing cookstoves, and drafting LPG national policy guidelines to prevent fires and explosions from unsafe canisters, regulators and tubing. As their next step, the team is working with Kwame Nkrumah University of Science and Technology, Komfo Anokye Teaching Hospital Burns Unit, and Ghana Fire Service to perform a community-based, case-control study with home fire investigations to identify hazards and protective factors that can be used to inform engineering, health promotion and policy initiatives.

Alexandra de Leon, BA  
Public Information Specialist  
Anesthesiology & Pain Medicine

## DR. BARCLAY STEWART & HIPRC TEAM AWARDED DEPARTMENT OF DEFENSE FUNDS TO STUDY ENTERAL RESUSCITATION FOR MAJOR BURN INJURIES

Patients with major burns require fluid to prevent dehydration, organ failure and death. Fluid for burns is typically given directly into the blood (i.e., intravenous or IV). However, Warfighters

on the battlefield and others injured in remote and/or austere places frequently do not receive appropriate amounts of fluid immediately after injury because IV fluid resuscitation is complicated and requires advanced resources. A simpler, more operationally advantageous strategy for burn resuscitation is urgently needed to improve the outcomes of people burned in austere places like battlefields, ships, rural U.S., low- and middle-income countries.

Dr. [Barclay Stewart](#) (Assistant Professor of Surgery and Core Faculty of HIPRC), (pictured left) Dr. [Adam Gyedu](#) (Associate Professor of Surgery at Kwame Nkrumah University of Science and Technology, KNUST, in Ghana), Dr. [Charles Mock](#) (Professor of Surgery and Global Injury Section Lead at HIPRC) and their colleagues were awarded \$1.5M by the Department of Defense to study enteral resuscitation for major burn injuries – Far Forward, Fluid First (4F) EnteroResus Study.



Gyedu



Mock

Giving fluid by mouth or through a feeding tube placed through the nose into the stomach to prevent or treat dehydration is called enteral resuscitation. It is particularly attractive because it can be provided by the patient

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themselves (by drinking), by a non-medical first responder (by a friend or bystander), or by a medical first responder (by a combat medic).

Dr. Stewart and his colleagues are going to perform a cluster-randomized, hybrid I effectiveness-implementation trial of enterally based- vs IV -resuscitation at 18 first-level hospitals in Ghana. All first-level hospitals will receive training in protocolized resuscitation, early burn care, and transfer criteria. All hospitals will also receive a 'BurnBag' with the resources required for enterally based- or IV-resuscitation per randomization. Researchers on this study aim to compare the effectiveness of enteral resuscitation in these resource limited facilities and identify challenges and facilitators to implementing enteral resuscitation, particularly those relevant to the Department of Defense.

The findings from this study may have significant impact and direct military benefit, early burn care, and resuscitation of people burned.

In the military, enteral resuscitation may:

- reduce delays in pre-hospital resuscitation for injured soldiers on the battlefield;
- change the standard of care for the immediate resuscitation of burn injured soldiers;
- advance guidelines for military burn care

The findings will also have important implications for the early burn care and resuscitation of people burned in the rural U.S. and in low- and middle-income countries, where 90% of all burn injuries occur. The study is designed to obtain valuable information about use of enteral resuscitation for burns in real-world and austere settings. By doing so, the team will be able to accelerate the uptake of enteral resuscitation, create effective implementation strategies, and inform burn care training programs in the military and beyond.

Alexandra de Leon, BA  
Public Information Specialist  
Anesthesiology & Pain Medicine

## DR. ESTELL WILLIAMS RECEIVES 2021 DISTINGUISHED SERVICE AWARD



UW Health Sciences and UW Medicine pay tribute to Martin Luther King, Jr. yearly, and during this challenging time of the

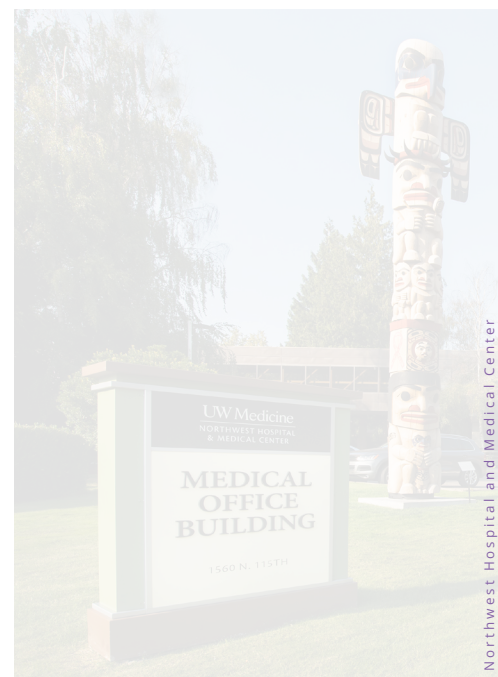
COVID pandemic it is being done with a dynamic and engaging website celebrating his life and the diversity at the UW. As part of this celebration, the committee confers a "[Distinguished Service Award for Community Service and Volunteerism](#)." A plaque bearing the names of the recipients is on display in the lobby of the UW Health Sciences Center. The inscription on this plaque is a quote by Dr. King that reads: "Make a career of humanity. Commit yourself to the

noble struggle for equal rights. You will make a greater person of yourself, a greater nation of your country, and a finer world to live in. This year the event committee unanimously chose [Estell J. Williams](#), MD, to receive the 2021 Distinguished Service Award. The values highlighted this year are a reflection, **Where do we go from here?:** *Embracing Truth, Demanding Justice, Supporting Community, Valuing Service, Looking Ahead.*

### [MLK Day 2021: Where do we go from here?](#)

A website in celebration of Martin Luther King, Jr.'s legacy, recognizing members from our own community who have dedicated themselves to lives of service. Although this year we cannot all gather together in the same room, we have created this website to continue our tradition of sharing inspiring stories, powerful music and an overwhelming sense of hope and unity.

*Sponsored by the UW Health Sciences Administration and University of Washington Medical Center*







**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.

### **SURGERY SYNOPSIS EDITORIAL TEAM**

Douglas E. Wood, MD,  
The Henry N. Harkins Professor and Chair  
Kristine E. Calhoun, MD, Associate Professor  
Lorrie A. Langdale, MD, Professor  
Erik Van Eaton, MD, Associate Professor  
Susan Marx, MBA, Vice Chair, Finance & Administration  
Judith Rapp, Assistant Director  
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