

SURGERY

Synopsis



CHAIR'S MESSAGE



Douglas E. Wood, MD, FACS, FRCSEd

The Henry N. Harkins Professor and Chair

Welcome to our 2022 fall edition of *Surgery Synopsis*. This is our annual Education Issue. I couldn't be more pleased to present a look at the past, present and future of Education in the Department of Surgery.

The Department of Surgery has a tri-part mission: Patient Care, Research & Education. Each of these areas is an essential part of academic surgery and critical to fulfilling the mission "provide compassionate and high quality patient care, train future generations of surgical leaders and conduct research in a collegial environment which embraces diversity and promotes inclusiveness." We have been fortunate over the years to have department leadership place great emphasis on making education a strong pillar of our department.

Throughout my career there has been nothing more satisfying than the individual aspect of helping a medical student, resident or fellow progress towards competence and go on to achieve mastery and become a great surgeon. And it is a privilege to also focus on the broader scope of education within the department and ensure that our educational mission is strong and continues to be a priority alongside our clinical and research missions.

I am happy to report that our department's education program is thriving. We have four integrated residency programs:

- General Surgery
- Plastic Surgery
- Cardiothoracic Surgery
- Vascular Surgery

In addition, we have 12 advanced training fellowship programs ranging from trauma and critical care to pediatric surgery, cardiothoracic surgery, vascular surgery, minimally-invasive general surgery, craniofacial, burn, and many others.

The General Surgery Residency Program began in 1947 and is comprised of Categorical General Surgery (those that intend to follow a surgical career) and a Preliminary Surgery Program (intended for those residents that need a foundation in surgery but will go on to other specialties—including Radiology, Anesthesiology and others). We have over 60 General Surgery residents and our General Surgery Residency Program is in the top 10 in the country and plays an important foundational role in other UW Surgery residency programs.

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Over the years, the department has added three other integrated residency programs: Plastic Surgery, Cardiothoracic Surgery and Vascular Surgery. These residency programs shine in their own specialties. The Plastic Surgery residency is large specialty surgery program and is considered a top, if not the top, program in the country. The CT and Vascular programs are equally impressive, having successfully launched integrated programs that produce outstanding cardiac, thoracic and vascular surgeons.

We have the absolute best **program directors (PDs)** and assistant program directors (APDs) in each of these residency programs, who are, and have been dedicated to our education mission, most for their entire professional lives. When added together, our current PDs have over 50 years of experience in educating trainees. And they build on the strong work of other program directors who have built the programs to the level that we can be proud of today.

We have the absolute best **residents**, past and present, and we continue to draw the top candidates from around the country. While our faculty and program directors are great, what really sets our programs apart are the residents we are able to recruit to UW Surgery. Their intelligence, thoughtfulness, integrity, and skill make it a pleasure to teach. And frankly, they make us all better with the way they question and challenge and make us reconsider how we can do things better for our

patients. As I write this I am at the American College of Surgeons meeting in San Diego. I have seen our residents present their research here at the meeting and I am blown away by how they are already changing the field of surgery for the better. We all had dinner together at the meeting and I am equally impressed with the quality of our residents as incredible compassionate surgeons and interesting multifaceted people; they are who I would want taking care of me if I was sick.

We draw great residents to all our programs because we are doing things that set our residency programs apart from others. We actively seek resident input in order to continually improve and make the learning experience and environment optimal. We have established many lines of communication between program leadership and residents, asking for feedback and input into program development and the learning environment. And we are actively engaged in **Diversity, Equity, and Inclusion (DEI)** efforts and are making progress in our goals of having our residents better represent the patients that we serve.

Another way we stand out is our faculty who teach our residents. Our surgical faculty are invested in supporting every resident reaching their potential. They take it seriously, engaging in their own training to become better teachers. I am proud of each of our faculty who make training a core part of their academic career.

(continued on page 3)

As proud as I am over our education past and current, I am tremendously enthusiastic about our future. We continue to expand our education programs in planned, thoughtful ways, as examples:

- We are expanding our complement of categorical General Surgery resident trainees.
- We are developing additional training experiences in our General Surgery Residency in global surgery and [rural surgery](#).
- We are exploring adding a new trainee position in the Plastic Surgery residency program.
- We are in the process of seeking approval for an ACGME-accredited Fellowship in Colorectal Surgery.

We are making strategic changes to our infrastructure supporting our residency program. We have also reorganized program administrative staff to better ensure the support of program needs. We've been blessed with great staff, and in particular, I want to recognize Gina Coluccio, the General Surgery Residency Administrator for 37 years. She retired in September and her presence is missed. There is a tribute to her professional service on [page 13](#).

In this issue of *Surgery Synopsis*, you will hear directly from our [program directors](#) and several of our [residents](#), describing their experience and passion for education. You will also read about the [awards](#) and [graduation ceremonies](#) from this class of residents.

The Department has had a number of [promotions](#) this year and [faculty achievements](#).

I hope you enjoy this issue of *Surgery Synopsis*.

Sincerely,

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

JOHN A. AND HELEN R. SCHILLING TRAVELING FELLOWSHIP

Support the next generation of surgeon-scientists!

Each year, four to five of our residents in the Department of Surgery General Surgery residency program have the opportunity to pause their clinical training and complete a fellowship in clinical, translational or bench research. These fellowships provide participants with extensive experience in research methodology, grant and manuscript writing, and data analysis—skills critical for becoming leaders in academic surgery. The fellowship adds two years within the five-year-long surgical training residency program. Residents are strongly encouraged to locate extramural salary support for those two years, either within research labs, centers or institutes at the UW or elsewhere outside the University. Extramural salary support during the fellowship is not always possible, so to help attract the best surgeon-scientist talent in the Department of Surgery, the John A. & Helen R. Schilling Traveling Surgical Fellowship was established.

These funds guarantee each resident can pursue their academic research goals—whether it be in a program at the University of Washington or at a partner academic medical center. What's important is ensuring these aspiring surgeon-scientists are paired with the proper research mentor, as when passion and skills combine, innovation happens.

Change the future of medicine by supporting our research residents today!



[DONATE NOW](#)

PROGRAM DIRECTOR HIGHLIGHT

CARDIOTHORACIC SURGERY



Kathleen Berfield, MD

Associate Professor of Surgery,
Program Director of the Integrated Thoracic
and Traditional Cardiothoracic
Surgery Residency Programs

How long have you been involved with resident education?

Since I joined the faculty in 2016.

Why is it important to you to be a part of the residency program?

The thoracic residency programs have a special place in my heart. As the inaugural I-6 resident, I feel a great responsibility to continue representing our program well, and to make it the best program it can possibly be.

What are your core duties?

In addition to ensuring our programs continue to receive accreditation, one of my core duties is to make sure our trainees are fully supported and to create a culture where they are able to grow both as surgeons and as people.

What has surprised you about being in this role?

I am surprised how quickly time passes and how much our trainees grow as physicians and surgeons in a few short years. They are so dedicated to learning their craft and it is so rewarding to see their transformation from day one of training to graduation.

Has there been someone that influenced the way you approach your leadership position?

I've been fortunate to train under some of our field's greatest leaders both in and out



Drs. Berfield and Aldrin Alpuerto in the VA Puget Sound Health Care System OR

of the OR, and I'd like to think that I've taken something from everyone that has trained me. I have learned that as a program director you need to be a coach, mentor, friend, disciplinarian and cheerleader all in turn, and frequently all at once!

What sets this program apart from others in the nation?

I am so proud of our residents and fellows, in addition to being great surgeons and clinicians they are truly lovely people. Our program is small, only eight trainees per year, and I feel everyone looks out for each other and genuinely wants each other to succeed. Residency is difficult, you spend WAY more

time at the hospital than you do at home, so having great co-residents is incredibly important.

CARDIOTHORACIC SURGERY
INTEGRATED & 4/3
PROGRAMS
RESIDENCY PROGRAM

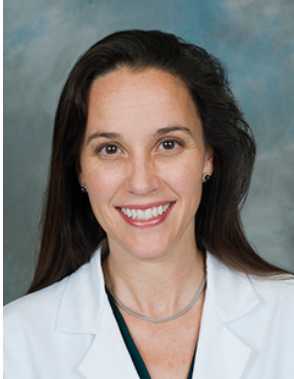
2022-23
Candidate
Interview
Dates

December 16, 2022
January 6, 2023



PROGRAM DIRECTOR HIGHLIGHT

GENERAL SURGERY



Rebecca P. Petersen, MD, MSc, FACS

Associate Professor of Surgery,
Interim Director, Residency Programs in
General & Preliminary Surgery
Division of General Surgery

How long have you been involved with resident education?

I have been involved in resident education since being a resident! I believe the process of training future generations of surgeons rests with all of us. I was incredibly appreciative of the residents and faculty who helped train me, and as my career has progressed, I have relished the opportunities to teach the members on our team. As a resident, I was fortunate to take advantage of courses with SAGES that provided dedicated teaching for surgical residents. I am also a member of several education-focused committees for residents and fellows where our goal is to encourage residents and fellows to begin the process of lifelong learning with continuous self-assessment, and develop high caliber webinars and hands-on courses. Subsequently, it has been a delight to work as a course director and design programs to teach residents. One of the most rewarding experiences has been developing a residency program at UWMC-Northwest campus over the past eight years.

Why is it important to you to be a part of the residency program?

One of the critical responsibilities we have in academic medicine is to teach the next generation of surgeons. It is truly one of the critical pillars of modern medicine that will allow us to provide necessary services to our patients and our communities. On a personal level, it gives me great satisfaction

to watch the growth of our residents from the beginning as interns and see the maturation of their skills and knowledge as they progress through our program.

What are your core duties?

First, ensuring that a great educational environment is established for all the surgical residents. Because of the multiple sites at our program, it is critical to have local oversight for each campus through our Associate Program Directors. Second, I feel strongly about guiding the education and career aspirations of each and every resident in our program, including their development as people and as surgeons. Third, it is my responsibility to ensure that the relationship between the faculty and the residents is optimized and to ensure that communication and expectations are clear.

What has surprised you about being in this role?

How much there is to learn! The structure for surgical training is complex and becoming facile with the regulations and requirement for training requires dedication. I am also constantly amazed by the capabilities of our residents and their skills and experiences.

Has there been someone that influenced the way you approach your leadership position?

My surgical residency director was Dr. Theodore Pappas. His support for me and my colleagues was critical and ensured we had the most optimal learning experience possible. Through his leadership, my colleagues and I always felt we were a critical part of delivering patient care and we had an appropriate level of responsibility that allowed us to grow with adequate supervision. As a fellow and junior faculty member, I was fortunate to work with Dr. Carlos Pellegrini. His administrative leadership skills are truly remarkable and I came to appreciate his overarching vision for surgery in the modern era.

What sets this program apart from others in the nation?

I am proud of the way our program has integrated the input of the residents into the structure of the training program. This process is critical to ensure the learning experience is optimized. We have established a number of lines of communication for feedback regarding program development and diversity, equity and inclusion. In addition, direct incorporation of resident sentiment in the structure of the program has been key in setting the learning expectations.

Anything you'd like to add?

Being involved in surgical education is truly inspiring and fulfilling. I am truly grateful for the opportunity to help with this process.



Dr. Petersen and Yates leading robotic surgery orientation

GENERAL SURGERY CATEGORICAL RESIDENCY PROGRAM

2022-23
Candidate
Interview
Dates

Saturday, December 3, 2022
Friday, December 9, 2022
Friday, January 6, 2023
Saturday, January 21, 2023

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER

MONTLAKE

UW Medicine
DEPARTMENT OF SURGERY

PROGRAM DIRECTOR HIGHLIGHT

PLASTIC SURGERY



Jeffrey Friedrich, MD, MC, FACS

Professor of Surgery,
Orthopedics and Urology (Adjunct)
Interim Associate Chair for Education & Chief,
Education Division, Department of Surgery

How long have you been involved with resident education?

I have been involved in resident education in an official capacity for 10 years, as that is when I took over as residency director for plastic surgery. Prior to that, I knew residency education was where I was headed. When I started at UW 15 years ago, I was on a research track and doing work on patient-reported outcomes, however, the education aspect of the job really drew me in, more so than I expected going into my faculty position. I started seeking out further educational opportunities starting with our combined orthopedic/plastic surgery hand fellowship, and then, 10 years ago, the then-program director in plastic surgery abruptly left. The position was offered to me, which scared the hell out of me, but I took it and it was one of the best professional decisions I've ever made.

Why is it important to you to be a part of the residency program?

There are a lot of things we as individual surgeons can do to further our specialties – innovative research, excellent clinical care, administrative roles, etc. To me, resident education is the aspect that has the widest reach and the longest horizon. The trainees we intersect with propel our specialties all over the globe for multiple generations. We have the ability to exponentially affect our

specialties and that's pretty exciting. We're very grateful to have been named #1 on Doximity. I think we can attribute that largely to our amazing residents and the hard work they put into recruitment of new residents.

What are your core duties?

Just when I think I know all of my core duties, I find some more. It took about three years to just get the yearly timeline and flow of the program down. Probably my most important duty is overseeing all aspects of our plastic surgery residency to ensure the training remains comprehensive and all our graduates are ready to practice independently the day they leave the UW. Recruitment is another important job – there is not much that is more important than helping to find the right people each year to continue to grow and diversify our specialty. Now I have a new role in the Education Division I'm really excited about. I have the opportunity to work with all of the educational programs in our department— medical student, resident and fellowship programs— to help their respective students and trainees achieve their professional goals. I'm still learning about the core duties for this position, but I'm excited to learn as I head down this path.

What has surprised you about being in this role?

What an emotional roller coaster the end of June and beginning of July is each year. I love celebrating the graduating chief residents, but then I get totally melancholy about them leaving to their practices and fellowships.

These are people I've worked and laughed and cried with for six years and then they're suddenly gone. The only thing that eases the blow is when the new interns arrive a week later, and then I'm beside myself with excitement about the great new people we get to start working with.

Has there been someone that influenced the way you approach your leadership position?

Our Division Chief, [Dr. Nick Vedder](#), was two program directors of plastic surgery before me. He told me the three rules for being program director are: 1) know the ACGME program requirements from memory, 2) be highly organized, and 3) care more about the residents than the faculty. He was (kind of) kidding about the last one, but those have been my guiding principles. I certainly care deeply for my fellow faculty members, but I try to always have my residents' welfare at heart.



Dr. Friedrich enjoying an OR case with the new interns

PLASTIC SURGERY INTEGRATED RESIDENCY PROGRAM

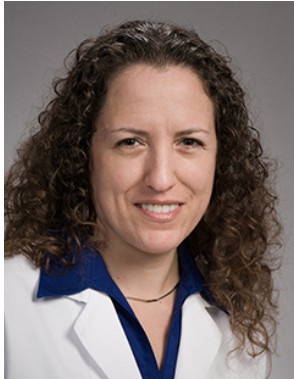
2022-23
Candidate
Interview
Dates

December 2, 2022
January 7, 2023



PROGRAM DIRECTOR HIGHLIGHT

VASCULAR SURGERY



Elina Quiroga, MD, MPH

Associate Professor of Surgery,
Program Director,
Vascular Surgery Integrated
Residency and Fellowship
Director, Diversity Council,
Department of Surgery

How long have you been involved with resident education?

Resident education has always been a staple on my trajectory, starting with being an anatomy teaching assistant in medical school, I have worked with residents and students for many years. I choose to work here, at UW and specifically at Harborview Medical Center, for the unique privilege to educate and form residents and medical students who are aspiring to be world-class surgeons.

Why is it important to you to be a part of the residency program?

Being able to help train a graduating surgeon that reaches their potential in

skills, leadership and teamwork will have a rippling positive impact on patients, surgical education, and our community as a whole. This role is an additional way to devote my skills towards a shared vision of achieving that success with lived core values, putting patients first, and intentionality addressing healthcare inequities in vascular surgery.

What are your core duties?

My main responsibility is to graduate outstanding vascular surgeons—we have a higher responsibility that goes beyond graduates that are technically competent and safe. I oversee the general residency and fellowship training programs, including the implementation of didactic activities and simulations, balancing service and education, and recruiting the next generation of surgical trainees. These require I work as part of the team, strengthening our culture, and representing the program.



Dr. Quiroga teaching in the OR

What has surprised you about being in this role?

What surprises a surgeon? I think the overwhelming support received from faculty in other divisions and departments when [the announcement](#) was sent—I started this role two months ago! Although it is not a surprise (I have been associate program director for years) the dedication and commitment to surgery education of all the vascular surgery division faculty keeps exceeding expectations.



Dr. Quiroga with vascular fellow Dr. Osa Okunbor

What sets this program apart from others in the nation?

How invested the surgery faculty is in supporting every resident to reach their potential. Also, we are unique in the diversity of practices we have, and the diversity and breadth of experience of our faculty, from clinical practice to research interests. We have it all!

Anything you'd like to add?

Being a program director is a huge honor and responsibility, and it is especially true for this group. We have an excellent program thanks to Dr. Niten Singh, who over the past eight years made this one of the best programs in the country. It is also an honor to be the program director for the current residents and fellows, who are working so hard for their patients and learning and working as a flexible and tight-knit team.

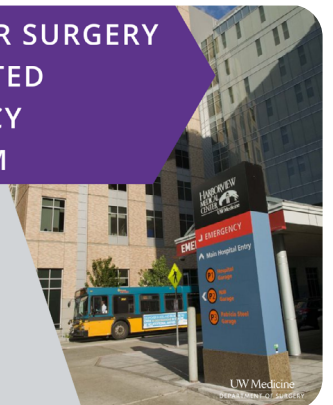


Dr. Quiroga with Dr. Osa Okunbor—recently graduated vascular surgery fellow

VASCULAR SURGERY INTEGRATED RESIDENCY PROGRAM

2023
Candidate
Interview
Date

Friday, January 13, 2023



RESIDENT INTERVIEW



Mark El-Miniawi, MD
Preliminary Surgery R1

Why did you choose UW?

UW fits with my own mission when I first decided I wanted to be a doctor—to train physicians and leaders who can operate in a community environment and help patients who may need care most. UW is truly a hospital that serves to care for patients from Washington, Wyoming, Alaska, Montana, and Idaho. Living in Seattle also gave me the opportunity to experience the amazing nature, city, and sea that Washington State has to explore.

What does your typical day look like?

I make myself an iced latte then catch my train to the hospital for sign out with my team around 5:30 am. After implementing our discussed patient care plans, we strategize coverage for the floors, OR, and clinic as we grab a quick breakfast. Throughout the day we coordinate and update each other on treatment plans for our inpatient service until sign out. The rest of my day is a mix



Dr. El-Miniawi walking at Green Lake

PRELIMINARY SURGERY - R1

between a nice walk around Green Lake, going to the gym, running errands, and studying what I learned from my day.

What has surprised you about residency/your program?

One question I like to ask patients is “Where are you visiting from?” I’m always surprised to see how far and wide our patients come just to seek medical and surgical care from us. UW is clearly first-class when it comes to medical care, and no matter where patients travel from it is always enlightening and heartwarming to be a part of their care team. Outside of the hospital, I am very grateful for my co-residents that I have come to know outside of work through hiking trips, dinners, golfing, and other outdoor activities.

Who has impacted you the most in your training?

I could not give credit to only one individual; I think all attendings I have worked with have really impacted my training and helped shape me to become a more well-rounded physician. Dr. Sarah Atkinson showed me her amazing bedside manner as well as approaches to

teaching her patients about their diagnosis, surgeries, and procedures. Dr. Mukta Krane gave me great advice about her own personal growth and experiences navigating through residency training, becoming an attending, and beyond. Dr. Karen Horvath demonstrated how to truly hone in on each and every movement when suturing in the operating room to make for a more comfortable and efficient experience. Dr. Estell Williams helped to raise burning questions affecting our community that can innovate care, such as “How can we effectively and truly care for the underserved, vulnerable patients we care for?” and “Are we doing enough to reach the patients in need who are outside of our healthcare system?”

What advice would you give trainees looking to join UW?

My advice is to think about what you want out of your residency training. If you want to be in a supportive environment that fosters a supportive faculty, a tight-knit group of co-residents, and a diverse patient population to care for, then I would say highly consider UW!



Top left: Dr. El-Miniawi with co-residents on a hike, enjoying a meal with his resident team, and the new intern class at the welcoming ceremony

RESIDENT INTERVIEW



Blake Murphy, MD

Vascular Surgery-Integrated R2

VASCULAR SURGERY - R2



Integrated vascular surgery residents in UW Montlake workroom

Why did you choose UW?

The University of Washington (UW) is one of the premier hospitals in the Pacific Northwest and throughout the United States. We serve such a diverse patient population while centering on education, equity and innovation. Both the general surgery and vascular surgery training programs offer robust experience in and out of the operating room, in addition to opportunities for mentorship and professional advancement. I would also make the argument there's no better place to live and train than in Seattle!

What does your typical day look like?

It really depends what service I'm on and what hospital I'm rotating! The vascular surgery training program has four clinical sites including our UWMC - Montlake, Harborview Medical Center,

UWMC - Northwest and VA Puget Sound Health Care System hospitals. Each site has a unique patient population and focus of practice, from complex aortic work to trauma and limb salvage. My day usually starts early though, as is customary of a surgical resident. Generally speaking, we round between 5:30-7:00 AM, review daily plans with our attendings, then divide and conquer to cover a busy OR and clinic schedule. Everyone works collaboratively throughout the day to address acute issues and new consults. It's a team effort to say the least.

What has surprised you about residency/your program?

There are not many things that have surprised me thus far. Growing up with many family members in medicine, I knew residency was not a walk in the park! That being said, I think the Pacific Northwest has an interesting patient population given the large catchment area across five states (Washington, Wyoming, Alaska, Montana, and Idaho). The complexity of clinical and surgical pathologies has been at times challenging, but overall, a great learning experience.

Who has impacted you the most in your training?

I have been lucky enough to be surrounded by incredible groups of residents, in both the vascular surgery and general surgery training programs. Early on during intern year, I worked

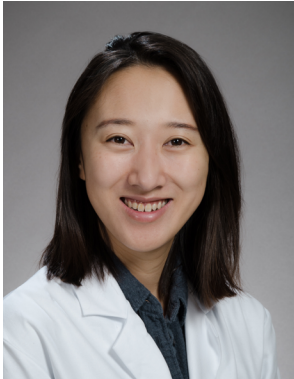
with a handful of smart, kind, and very skilled female senior residents including Drs. Annie Yang, Lauren Agoubi, Ali Haruta, and Jaime Robinson—to name a few. They provided the support and feedback that transformed how I care for patients and manage both clinical and operative challenges. Not only are they fantastic surgeons, but wonderful people. From a faculty perspective, my research and personal mentor, [Dr. Sara Zettervall](#), has deeply impacted my development as a surgical resident. She is one of the nation's leading experts in complex aortic surgery and pushes me, and all of our trainees, to be productive, empathetic, and technically excellent vascular surgeons. Having a role model like her is simply invaluable.

What advice would you give trainees looking to join UW?

If you're looking to train at UW, be ready to work hard! This residency program is one of the best in the country for a reason. You will be challenged in and out of the operating room and deal with incredibly complex patients on a daily basis. However, you're surrounded by many of the nation's surgical leaders and a group of passionate and talented surgical trainees. Overall, UW is one of a kind and I hope you consider joining our team!



Celebrating spring birthdays with general and orthopedic surgery friends



Annie Yang, MD
General Surgery R3

Why did you choose UW?

I am a UW lifer—completed both undergrad and medical school here. Geography played a significant role in my decision overall as I've spent the past decade building a support system in Seattle. UW ended up being my top choice for General Surgery training because of the residents and attendings I met as a medical student. There is a solid culture of support, comradery, and friendly banter amongst the residents that I really enjoy. Residency is difficult no matter what. For me, it was important to choose a program where people prioritized and invested in one another. I am proud to say that has been true for me, and I am so thankful for the mentors and resident colleagues I have met.

What does your typical day look like?

Third year is when we start to take on more operative, clinical, and administrative responsibilities and start to assume a more senior-leadership role within the resident team. The day-to-day changes depend on the rotation, but it almost always starts with early morning pre-rounding and rounding with the juniors, followed by OR/clinic with consults and other ward duties mixed in throughout the day. The best part of third year is seeing my own clinical progress solidify and reflect in my ability to teach and mentor junior residents and students. Earlier this year, I walked a few interns through their first central lines on the Burns service. I remember my R3 teaching me when I was an intern. I was so ecstatic to have placed my first line but I was also terrified I wouldn't be good enough to teach others when my time comes. It's been really rewarding—I am excited to grow as both a surgeon and an educator.

What has surprised you about residency/your program?

This is a program that trains very well-rounded surgeons that are also excellent physicians. I've been so impressed with the caliber of our training, due to our diverse training sites and high patient volume. At UW Medicine-Montlake, we are constantly challenged by difficult clinical scenarios and complex decision-making. Here, a small bowel obstruction is never just a small bowel

obstruction—it's always obstruction in the setting of multiple prior abdominal surgeries, metastatic cancer, and ongoing chemotherapy with a prior heart transplant. At Harborview Medical Center, we manage high-volume, high-acuity trauma patients from all over the region in the ED, on the floor, and in the ICU. We get our bread-and-butter General Surgery exposure at UW Medicine-Northwest, Valley Medical Center, and the VA Puget Sound Health Care System. Something else I love about our program is the friendships I made along the way—not just with General Surgery trainees but with our Plastic Surgery, Otolaryngology, Vascular Surgery, Urology, Cardiothoracic and ED colleagues as well. Rotating with residents from other disciplines of surgery really helped me build a diverse network of support. It makes going to work so much more fun.

Who has impacted you the most in your training?

It's impossible to pick just one person. Surgical training is special to me because we learn not just from textbooks and guidelines. We are the product of the wisdom and experiences of our colleagues, mentors, and patients mashed-up into one. When I am in the operating room, I hear the voices of different seniors and attendings, guiding me to respect the midline, feel the tissue with my eyes, see the dark lines of edema, and reminding me I have a functional left hand. I am not trying to be diplomatic, but it really is impossible to pick one person.

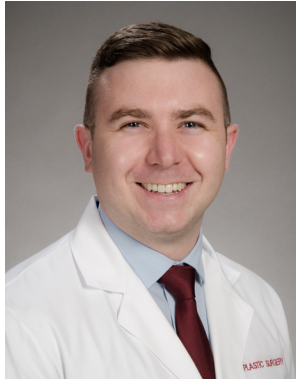
What advice would you give trainees looking to join UW?

As I mentioned earlier, residency will be hard no matter what. My best advice is take the time to build a strong community of love and support around you. Set high expectations for yourself and take pride in your work so when you inevitably make an error or fail, you will be able to show yourself some compassion and grace so you can learn and move on. That was a lesson I struggled to learn. Other than that, get ready to buy some Patagonia and hiking gear. Welcome to the Pacific Northwest!



Dr. Yang and fellow residents attending another resident's wedding

RESIDENT INTERVIEW



Cameron Kneib, MD
Plastic Surgery R4

Why did you choose UW?

I chose UW plastic surgery because of the incredible clinical training and the community of residents. I once had a mentor tell me residency life is long and hard, full of ups and downs, and you want to find a program that will support you through all the best and hard times. UW plastic surgery has been that for me.

What does your typical day look like?

As a fourth year resident, my typical day usually begins around 5:00 AM with coffee (I am a classic Seattleite) and getting ready for work, ward rounds at 6:00 AM, and heading to the OR by 7:00 AM. I'm currently on rotation at UW Medical Center-Montlake so cases may range from several smaller cases throughout the day to an all-day long DIEP flap. We



Dr. Kneib enjoying his time outside of work

PLASTIC SURGERY - R4



Co-residents in the R4 Plastic Surgery class (left to right):
Cameron Kneib, Christina Beck, Danielle Eble, and Nikki Thrikutam

typically try to check-in with other residents at the end of the day to check if anyone needs help with work or patient care before heading home sometime between 6:00 to 7:00 PM.

What has surprised you about residency/your program?

My cohort of coresidents: The 4BreastFriends – I never imagined my three coresidents would be some of my best friends in life but they are. They are some of the most tough, hardworking, selfless people I know— people whom I will climb mountains for! We 4BreastFriends (check out their Instagram account—it's rad) are just at the beginning of an irreplicable lifelong friendship and I feel so incredibly lucky to have matched here with them, have these years together, and to grow and learn though working with them.

Who has impacted you the most in your training?

My partner Dan. He has been a constant supporter for me throughout medical school and residency. He is a sounding board, advocate, supportive shoulder, listener of my complaints, and always my ally during this

journey. I cannot thank him enough for his constant support and love— he has listened to every iteration of what I want to do, every concern I've had along the way, and helped me through every worry about decisions I make.

What advice would you give trainees looking to join UW?

Be creative about how you want to use the professional training of becoming a surgeon. I think surgeons often take on creative and more unique personal definitions of their professional role, whether that be as a surgeon-scientist, -activist, -politician, -leader, -advocate, -entrepreneur, -founder, -artist ... this list goes on. The roles for surgeons to make impacts outside of the OR are growing and trainees/applicants shouldn't be afraid to find a way to blend their passions/interests and carve a unique path.

RESIDENT INTERVIEW

CARDIOTHORACIC SURGERY - R5



Aldrin C.P. Alpuerto, MD
Cardiothoracic Surgery R5

Why did you choose UW?

Very early on in the training, the cardiothoracic surgeons are very invested in our success—residents and fellows are standing on the surgeons' side of the table. It's a plus to be located in a beautiful city with easy access to nature and good food.

What does your typical day look like?

The morning is spent rounding with the ICU and acute care teams. We are fortunate to have very strong and experienced teams of advanced practice providers. Then starting at 8:00 AM, we head to the OR. This program provides a lot of OR time with nice, graduated autonomy in operative experience.

What has surprised you about residency/your program?

Cardiothoracic surgery programs can, notoriously, be toxic environments. UW has created a culture that values respect, inclusivity, and kindness.

Who has impacted you the most in your training?

My program director, [Dr. Kathleen Berfield](#), and my mentor, [Dr. Lara Oyetunji](#), have impacted me the most during my training thus far. Residency is a challenging career path with many obstacles along the way. Drs. Berfield and Oyetunji have helped guide me through these challenging times.



Sunrise hike to Fremont lookout.
A beautiful view of Mt Rainier in the background

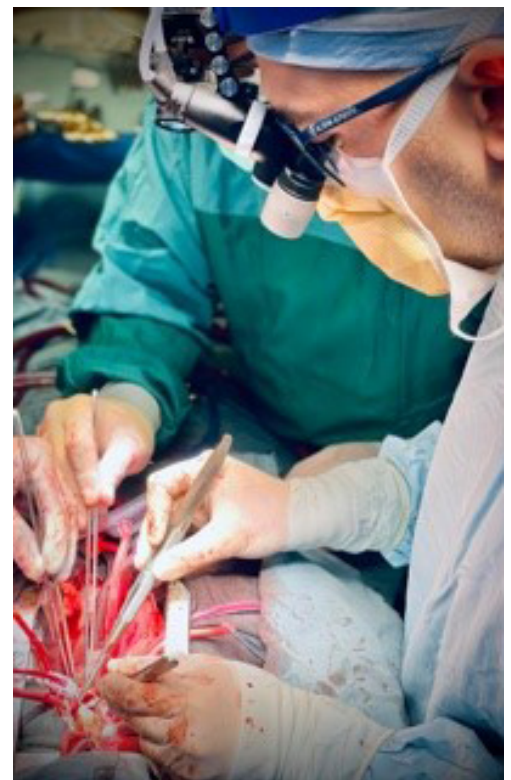
After our conversations, I always leave feeling heard and appreciated. Having someone with your best interest in mind is invaluable.

What advice would you give trainees looking to join UW?

Trust in the process. Everyone starts residency with their own weaknesses and insecurities but this program prepares you to be the best cardiothoracic surgeon that you can be.

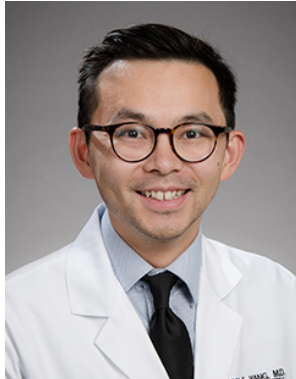


Dr. Alpuerto celebrating with his fiancée, Katie Ward, at his co-intern's wedding in Napa Valley, CA



Dr. Alpuerto performing an aortic anastomosis during heart transplantation

RESIDENT INTERVIEW



Frank Yang, MD
Research Resident

Why did you choose UW?

University of Washington is an amazing place to train. We benefit from the variety of practice settings, breadth and complexity of cases, and supportive faculty. The Pacific Northwest is also one of the most beautiful places in the world and there's always another trail or mountain to explore within a few hour's drive from Seattle.

What does your typical day look like?

As a resident on my two-year dedicated research time, my schedule is very different

than the one I had when I was on a clinical service. Typically, I'll start my day in the morning catching up on emails and news before trying to tackle my research-related tasks in between my meetings and classes for the day.

What has surprised you about residency/your program?

The culture of a program is not something you can appreciate fully on interview day. It is empowering to be part of a program that values resident input and I'm thankful for that type of agency.

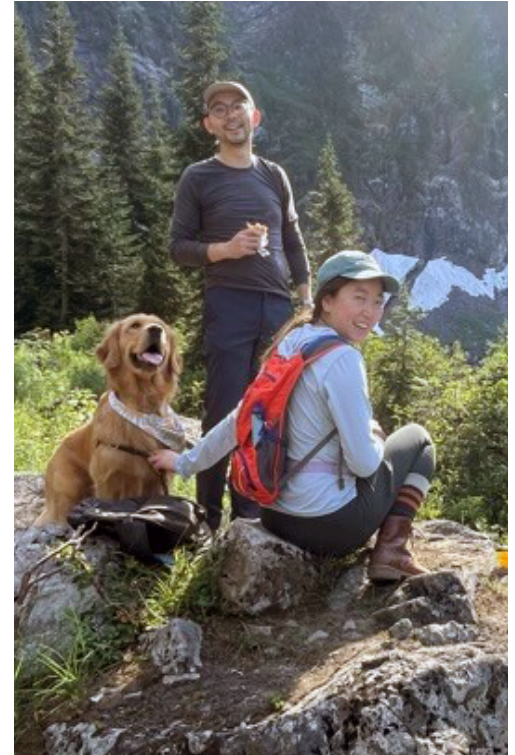
Who has impacted you the most in your training?

My peers. I have learned so much from my fellow residents who taught me everything and continue to inspire me every day.

What advice would you give trainees looking to join UW?

The whole matching process is subject to a lot of chance and circumstance but I truly believe things work out in the end. Ask lots of questions and most of all have fun!

SURGERY RESEARCH



Dr. Yang, his partner Amy, and puppy, Woody out on the trails this summer

GINA COLUCCIO RETIRES



On September 2nd, Gina Coluccio retired after 37 years as the General Surgery Residency Program Manager. Gina spent her entire career supporting residency training, and she knew everything about the program and gave her utmost dedication to the work.

It was apparent that Gina's extraordinary competence and dedication originated from her passion and belief that her position was more than a job. Her diligence, thoughtfulness and compassion improved the experiences for generations of residents and their families. She cared about everything and everyone. It mattered a great deal to her that her life's work contributed to training the next generation of surgeons.

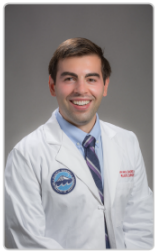
Gina's own balance between her professional and personal life gave her special insight into the needs of our residents. She worked long hours to give each resident their rotation preference and vacation time so that they could attend an important life event. Gina's calm and cool professionalism was unflappable and inspirational. She always displayed a calm, patient, in-control and helpful demeanor. She also had outstanding communication and interpersonal skills. Gina is a living, breathing example of the kind of professional behavior, extraordinary communication and interpersonal skills, and superior work product in service to others that we all aim for in ourselves and our residents.

Gina also took the time to create a positive work environment and excellent morale for our Education Division staff. They respected her immensely and also enjoyed working with her. Gina resolved conflicts with ease and was thoughtful, kind and fair, treating everyone with equal respect. Gina made work fun.

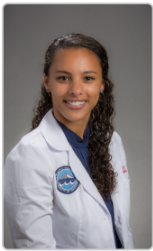
Gina Coluccio made our work-world a better place by being who she is, and the University of Washington was the fortunate beneficiary. We all wish Gina a healthy, happy and long retirement!

WELCOME NEW 2022-23 SURGERY RESIDENTS

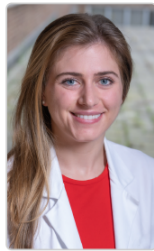
The Department of Surgery welcomes our new, first-year 2022-2023 residents. The Department is proud to have this group begin their surgical journeys towards being leaders in their fields.



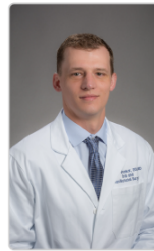
Ryan Badlee, MD
Plastic Surgery R1



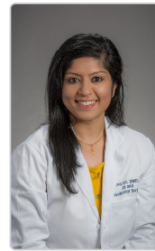
Olivia Bennett, MD
Plastic Surgery R1



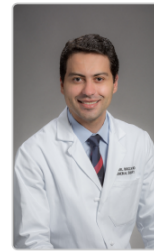
Mia Bertalan, MD
General Surgery R1



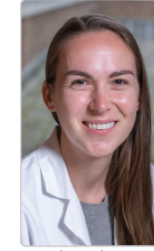
Brian Bhaskar, DDS, MD
OMS R1



Apart Bhat, DDS, MD
OMS R1



Daniel Boczar, MD
Preliminary Surgery R1



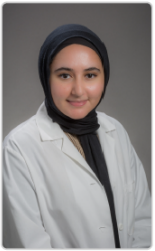
Katelyn Chan, MD
General Surgery R1



James Dittman, MD
Vascular Surgery R1



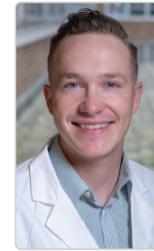
Vanessa Dlamini, MD
Preliminary Surgery R1



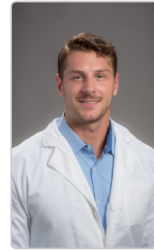
Asmaa El-Ghazali, MD
General Surgery R1



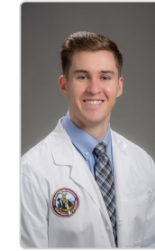
Mark El-Miniawi, MD
Preliminary Surgery R1



Tristan Fielder
Preliminary Surgery R1



Carson Fuller, MD
Preliminary Surgery R1



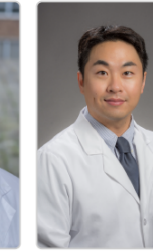
Nic Houston, MD
Preliminary Surgery R1



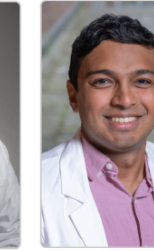
Daniel Jimenez, MD
Preliminary Surgery R1



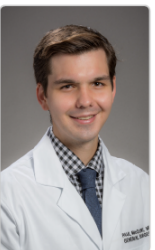
Rishabh Kothari, MD
General Surgery R1



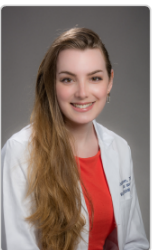
Peter Lee, DO
Preliminary Surgery R1



Luke Mascarenhas, MD
Preliminary Surgery R1



Paul McClure, MD
General Surgery R1



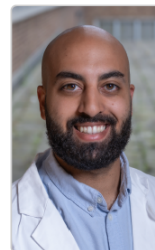
Gaby Moen, DDS, MD
OMS R1



Shashank Patil, MD
Preliminary Surgery R1



Connor Peck, MD
Plastic Surgery R1



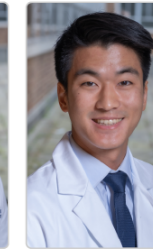
Lucas Rizkalla, MD
Preliminary Surgery R1



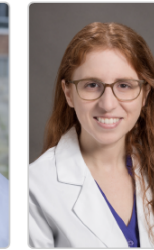
Mariam Saleh, DO
Preliminary Surgery R1



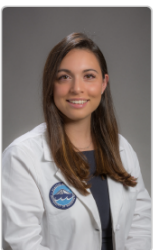
Sam Schwarz, MD
Vascular Surgery R1



Michael Shang, MD
CT Surgery R1



Einav Silverstein, MD
Preliminary Surgery R1



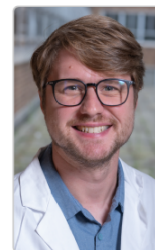
Mahsa Taskindoust, MD
Plastic Surgery R1



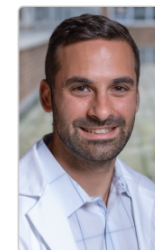
Nihal Thapa, MD
Preliminary Surgery R1



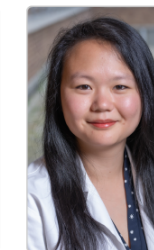
Trey Thompson, MD
Preliminary Surgery R1



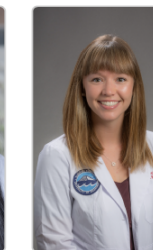
Tyler Tryon, DO
Preliminary Surgery R1



Ben Vierra, MD
General Surgery R1



Virginia Wang, MD
General Surgery R1



Taylor Wicklund, MD
Plastic Surgery R1

WELCOME NEW 2022-23 SURGERY FELLOWS

The Department of Surgery is honored to welcome our new clinical and research fellows.



Hira Ahmad, MD
Pediatric Surgery



Mary Kate Bryant, MD
Minimally Invasive Surgery



James Clark, MD
Cardiothoracic Surgery



Christian Crannell, MD
Abdominal Transplant Surgery



Mohini Dasari, MD
Abdominal Transplant Surgery



John Dimarakis, MD, PhD
Cardiothoracic MCS and
Transplant Surgery



Callistus Ditah, MD
Cardiothoracic Surgery



Alix Dixon, MD
Trauma/Critical Care



Richard Dubois, MD
Cardiothoracic Surgery



CJ Hillenbrand, MD
Vascular Surgery



Dara Horn, MD, MS
Trauma/Critical Care



Molly Hunter, MD, MS
Burn/Critical Care



Guy Jensen, MD
Pediatric Surgery



Megan Milles, MD
Hand Surgery



Travis Miller, MD
Hand Surgery



Risa Reid, MD
Hand Surgery



Lori Rhodes, MD, MS
Trauma/Critical Care



Jamie Robinson, MD
Trauma/Critical Care



Miranda Rogers, MD
Hand Surgery



Nallely Saldana-Ruiz, MD, MPH
Vascular Surgery



Paymon Sanati-Mehrizy, MD
Craniofacial Surgery



Ida Wilson, MD
Trauma/Critical Care



Thomas Wright, MD
Microsurgery



Roderick Yang, MD
Congenital Cardiac Surgery

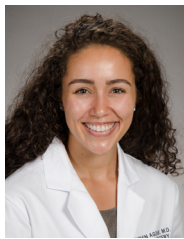


Domenick "Dino" Zammit, MD
Craniofacial Surgery



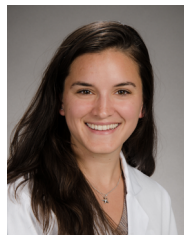
2022-23 SURGERY RESEARCH RESIDENTS

We are proud to present this year's new research residents. Research is a key component of the UW Department of Surgery's residency programs and these residents have each "paused" their clinical training in order to complete a two-year research fellowship. Our research residents, along with their clinical peers who work hard to find time to participate in numerous projects throughout their training, all play an integral role in fulfilling the Department's research mission.



Lauren Agoubi, MD, MA

Dr. Agoubi is a research fellow in the NIH-funded T32 Pediatric Injury Research Training Program at the [Harborview Injury Prevention and Research Center](#). She is working under the mentorship of Drs. [Fred Rivara](#), [Monica Vavilala](#), and [Rebecca Maine](#). Dr. Agoubi's research interests include systems-based improvement to surgical care access, the effect of social determinants of health on firearm injury pattern, and evidence-informed policy-making in global health. During her fellowship, Dr. Agoubi will also complete a Master of Public Health in Epidemiology with a focus on Global Health. Following residency, she plans to pursue a career focused on global public health research and injury prevention.



Nina Clark, MD

Dr. Clark is a T32 research fellow in [Gastrointestinal Surgical Outcomes Research](#) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in the [Surgical Outcomes Research Center \(SORCE\)](#) under the guidance of Dr. [Dave Flum](#), Professor in the Division of General Surgery. Dr. Clark is studying interfacility transfer and resource utilization in emergency general surgery, with the aim of limiting avoidable transfers while ensuring access to appropriate resources in this population. During her fellowship, Dr. Clark will complete a Master of Science in Epidemiology with a concentration in Clinical and Translational Research at the University of Washington. She is also working to develop surgical education resources with the podcast, "Behind the Knife." Dr. Clark plans to pursue a fellowship in trauma and surgical critical care, followed by a career in academic surgery.



Lindsay Dickerson, MD

Dr. Dickerson is a research fellow in the [UW Tumor Immune Microenvironment \(TIME\) Lab](#) under the mentorship of Dr. [Venu Pillarisetty](#), Professor of Surgical Oncology. Her work is funded by the Cancer Research Institute (CRI)/Fibrolamellar Cancer Foundation (FCF) Irvington Postdoctoral Fellowship program. Dr. Dickerson will be using tumor slice culture and mouse models to investigate the tumor-immune landscape in liver and pancreatic cancers, with a specific focus on the pediatric liver cancer fibrolamellar carcinoma (FLC). Her ultimate goal is to contribute research that leads to more effective immunotherapy for FLC. Dr. Dickerson is also interested

in the incorporation of palliative care into surgical oncology clinical practice, and plans to pursue research focused on surgical palliative care and patient-centered communication in pancreatic cancer.



Anna Morenz, MD

Dr. Morenz is T32 research fellow in [Gastrointestinal Surgical Outcomes Research](#) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in the [Surgical Outcomes Research Center \(SORCE\)](#) under the guidance of Dr. [Dave Flum](#), Professor in the Division of General Surgery and Dr. [Joshua Liao](#), Associate Professor, Division of General Internal Medicine, Department of Medicine. Through research, she is passionate about increasing the access to and quality of health care for historically marginalized communities. Currently she is focused on projects interrogating the impact of insurance type and neighborhood-level measures of social risk on access to kidney and liver transplant for patients living with end-stage kidney and liver diseases, respectively. She is also interested in evaluating the effect of audio-only telemedicine on access to health care for historically marginalized patients. During her fellowship, Dr. Morenz will complete a Master of Public Health in Health Services and Policy at the University of Washington. Clinically, she is a graduate of the UW Internal Medicine Residency Program and practices as a primary care physician at Harborview Adult Medicine Clinic. She ultimately plans to pursue a career in academic general internal medicine with an emphasis in health equity research and advocacy or in public policy at the state or local level.

2022 CHIEF RESIDENTS'

GRADUATION DINNER

On June 17, 2022, the Department of Surgery (DoS) graduating trainees, faculty and education staff gathered in person once again for the Chief Residents' Dinner at Bell Harbor International Conference Center. Dr. Douglas E. Wood, The Henry N. Harkins Professor and Chair, welcomed guests and DoS faculty presented awards to the attendees. This annual event celebrates the graduation of all program residents and fellows from some of the top training programs in the nation. Special thanks goes to the education staff: **Kira Martin**, Senior Administrator for Education; **Joanna Ames**, General Surgery-Categorical and Preliminary Surgery Programs' Administrator; **Kay Burke**, Program Administrator

Cardiothoracic Surgery Education Programs and Abdominal Transplant Fellowship; **Kristelle Calma**, Program Operations Specialist; **Anne Long**, Vascular Surgery Residency Program Administrator; **Suzanne Mills**, Program Operations Specialist; **Linh Phan**, Program Operations Specialist; **Kaitlin Ree**, Program Operations Analyst; and **Laura Yale**, Medical Student Program Administrator.

This year we give special thanks to **Gina Coluccio**, who has been the DoS Education Manager for nearly 37 years and retired September 2nd. We thank her for her dedication and wish her all the best as she embarks on this new journey.

GRADUATING CHIEF RESIDENTS

DIVISION OF CARDIOTHORACIC SURGERY INTEGRATED RESIDENCY PROGRAM

Roderick Yang, MD

Plans: Congenital Cardiac Surgery Fellowship, Seattle Children's Hospital

DIVISION OF PLASTIC SURGERY INTEGRATED RESIDENCY PROGRAM

Aaron Berhanu, MD

Plans: Private Practice, Plastic Surgeons of Alaska

Christopher Crowe, MD

Plans: Hand and Microsurgery Fellowship, Mayo Clinic

Yusha Katie Liu, MD, PhD

Plans: Hand Surgery Fellowship, Stanford University

Danielle Sobol, MD

Plans: Craniofacial Plastic Surgery Fellowship, Children's Healthcare of Atlanta

DIVISION OF VASCULAR SURGERY INTEGRATED RESIDENCY PROGRAM

Jake Hemingway, MD

Plans: Assistant Professor, University of Washington

DIVISION OF GENERAL SURGERY RESIDENCY PROGRAM

Sara Daniel, MD

Plans: Complex General Surgery Oncology Fellowship, Stanford University

Mohini Dasari, MD, MS

Plans: Abdominal Transplant Surgery Fellowship, University of Washington

Alison Haruta, MD

Plans: Trauma and Surgical Critical Care Fellowship, UT Southwestern-Parkland

Dara Horn, MD, MS

Plans: Trauma and Surgical Critical Care Fellowship, University of Washington

David Miranda, MD, MS

Plans: Cardiothoracic Surgery Fellowship, Massachusetts General Hospital

Veeshal Patel, MD, MBA

Plans: Minimally Invasive and Foregut Surgery, University of California, Irvine

Jamie Robinson, MD

Plans: Trauma and Surgical Critical Care Fellowship, University of Washington

PRELIMINARY RESIDENTS

Arvind Bakthavatsalam, MD

Sarah Doe-Williams, MD

Marlie Elia, MD

Nicholas Eustace, MD, PhD

Damian Hall, MD, MBA, MS

Arthur Lanoux-Nguyen, MD

Junggu Lee, MD

Connor Mamikunian, MD

David Mitchell, MD

Stanley Moore, MD

Kevin Narang, MD

Scott O'Neil, MD

Patrick Palines, MD

Mariam Raheem, DO, MPH

Charlotte Read, MBBS, PhD

Erik Risa, MD

Andre Wakim, MD

GRADUATING FELLOWS

Jamie Anderson, MD

Pediatric Surgery

Brian Bateson, DO

Congenital Cardiac Surgery

Erika Bisgaard, MD

Trauma/Critical Care

Brian Cho, MD

Hand Surgery

Brian Cook, MD

Abdominal Transplant Surgery

Bryce French, MD

Vascular Surgery

John Heineman, MD

Hand Surgery

Raymond Jean, MD, MHS

Trauma/Critical Care

Stephen Kaplan, MD, MPH

Trauma/Critical Care

Osa Okunbor, MD

Vascular Surgery

Joshua Preiss, MD

Cardiothoracic Surgery

Melissa Roy, MDCM, MSc

Craniofacial Surgery

Sameer Shakir, MD

Craniofacial Surgery

Ping Song, MD

Microsurgery

Ravi Sood, MD

Hand Surgery

Kate Stadel, MD, MPH

Trauma/Critical Care

Laurel Tangalaskis, MD

Minimally Invasive Surgery

James Winters, MD

Hand Surgery

2022 GRADUATING

CHIEF RESIDENTS AWARDS

2022 GRADUATING CHIEF RESIDENT AWARDS

HARKINS SOCIETY & HENRY HARKINS AWARD (EST. 1985)

This award is presented to a University of Washington School of Medicine medical student who has completed outstanding clinical work and demonstrated a strong interest in pursuing training in a surgical discipline.

AWARDEE

Asmaa El-Ghazali, MD

DEPARTMENT OF SURGERY RESIDENT RECOGNITION AWARD FOR MEDICAL STUDENT TEACHING (EST. 2013)

This award is presented biannually to a Department of Surgery resident of any level who has had a positive impact on medical students through teaching and mentoring.

AWARDEES

Justin Kaufmann, DO, and
Daniel Mohammadi, MD

RESIDENT ACADEMIC EXCELLENCE AWARD (EST. 2017)

This award is presented annually to those General Surgery residents who scored in the 85th percentile or greater from across the nation on the ABSITE exam this year.

AWARDEES

Griffen Allen, MD; Jason Carter, MD, PhD; David Drouillard, MD; Kristin Goodsell, MD; Paul Herman, MD; Jamie Oh, MD; and Irene Zhang, MD

JUNIOR RESIDENT ACADEMIC LEADERSHIP AWARD (EST. 2013)

This award is presented to the surgery R1 or R2 who participates in the greatest number of journal clubs in an academic year.

AWARDEE

Andrew Liechty, MD

JOHN K. STEVENSON FACULTY TEACHING AWARD (EST. 1989)

This award is presented in memory of former faculty member John K. Stevenson, and salutes faculty teaching excellence and dedication to resident education.

AWARDEE

Deborah Marquardt, MD,
Associate Program Director,
VA-Puget Sound Health Care System

Presented by all chief residents: Aaron Berhanu, MD; Christopher Crowe, MD; Sara Daniel, MD; Mohini Dasari, MD, MS; Alison Haruta, MD; Jake Hemingway, MD; Dara Horn, MD, MS; Yusha Katie Liu, MD, PhD; David Miranda, MD, MS; Veeshal Patel, MD, MBA; Jamie Robinson, MD; Danielle Sobol, MD; Roderick Yang, MD

THE DAVID TAPPER RESIDENT TEACHING & LEADERSHIP AWARD (EST. 2003)

This award is presented to a General Surgery Chief Resident who exemplifies the teaching and leadership qualities that others seek to emulate.

AWARDEE

Mohini Dasari, MD, MS

mark your calendar

28th ANNUAL SCHILLING SYMPOSIUM

Friday, March 31, 2023
UW Tower Auditorium



Dr. Julie Ann Sosa

Professor and Chair,
Department of Surgery,
University of California-San
Francisco, Leon Goldman, MD
Distinguished Professor
of Surgery

— More lecture details to be announced —

The Helen and John Schilling Endowed Lectureship was established by the late Helen Schilling to bring distinguished scholars to the Department of Surgery at the University of Washington, and to enhance the Department's commitment to the highest standards of patient care, teaching, research and scholarship. It was Mrs. Schilling's wish that the lectureship be named in honor of her husband, John.

View our [calendar](#) for upcoming department events



BARCLAY STEWART, MD, PHD, MPH

Assistant Professor
Division of Trauma, Burn & Critical Care Surgery

UW Department of Surgery and UW Program for Global and Rural Surgery (UW PROGRESS) are thrilled to announce a new rural surgery training program in partnership with Billings Clinic in Billings, Montana: *the Billings-UW Rural Surgery Track*.

Rural America encompasses 72% of the nation’s land mass and is home to 46 million people (15% of the U.S. population). [Dr. Dana Lynge \(UW Associate Professor of Surgery based at VA Puget Sound Health Care System\)](#) and [his colleagues](#) found that the ratio of general surgeons per 100,000 population was 5.85 in urban counties and 4.31 in small rural counties. A more recent survey of rural hospital administrators by [Doty and colleagues](#) reported that 34% of rural hospitals had a surgeon leaving within the next two years and more than one-third of rural hospitals were searching for a surgeon. Similarly, [Belsky et al.](#) found that 30% of U.S. counties were without a surgeon. Of those counties without a surgeon, 50% had a hospital otherwise capable of providing surgical services. In addition to the rural surgical workforce shortfall in absolute terms, there is a deficiency in expertise regarding the breadth of

surgical care required for practice in rural communities and ways to address the unique challenges intrinsic to rural health systems.

UW Department of Surgery is committed to serving the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) region and addressing this growing national problem by training the next generation of surgeons capable of practicing in rural America and making meaningful, positive differences in the health of people living in rural communities. Additionally, many of the challenges faced by surgeons in rural practice are analogous to those faced by surgeons globally and can be addressed by similar training paradigms.

Billings Clinic and the surgeons who practice there provide outstanding care to people across Montana and Wyoming and have expertise to share about rural health service delivery and how to build systems that can address the diversity and complexity of surgical problems in the face of both cultural and geographic distances. Together, we will train residents capable of rising to the challenges of rural surgical practice and develop innovative strategies to improve rural health more broadly.

The objectives of the program are to:

1. Provide UW general surgery residents with education in rural surgery, health equity and advocacy, including a one-year, non-ACGME-accredited clinical training experience and potentially a second year of mentored research and/or professional development opportunities;
2. Establish an ACGME-accredited rotation for senior UW residents;
3. Support Billings Clinic’s commitment to educating top surgical trainees from UW with rotations in general surgery and

other pertinent specialties (e.g., therapeutic endoscopy, orthopedics, urology, obstetrics and gynecology, neurosurgery) at Billings Clinic, and rotations at critical access hospitals across Montana and Wyoming;

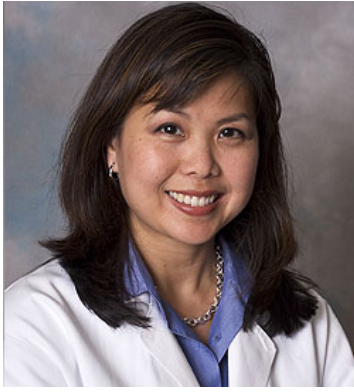
4. Support Billings Clinic’s regional clinical and education outreach initiatives; and
5. Establish a model academic-community rural surgical education program that enriches resident training, serves as a conduit for future rural surgeons, improves the health of people living in WWAMI communities, and enlivens the field of rural surgery more broadly.

The program will initially be available to residents during one of their research years or as a non-accredited fellowship after general surgery training (i.e., for board eligible UW general surgery graduates). Our goal is to mature the Billings-UW Rural Surgery Track into an ACGME-accredited rotation, elective, and/or year depending on the mutual needs of Billings Clinic and our residents. The program will start at the beginning of the 2023-2024 academic year. If you are interested in the Billings-UW Rural Surgery Track, please contact Dr. Barclay Stewart (barclays@uw.edu) or Dr. Dana Lynge (dlynge@uw.edu).

The UW Program for Global and Rural Surgery (PROGRESS) has a website!

Click to learn more about this exciting program!





Lisa K. McIntyre, MD, FACS

Professor, Trauma, Burn & Critical Care Surgery
Associate Program Director,
Harborview Medical Center

In your medical education journey, did you always want to be a surgeon? How did you end up in this specialty?

My journey has been very nonlinear. Coming out of college I didn't know that I was going to go to medical school. I didn't know going into medical school I was going into surgery, and during residency I didn't know I was going to go into trauma surgery. I think along the way what influenced me most were mentors that I had the privilege to work with who opened my eyes to what was out there, and pushed me to be more than I thought I could be.

For Trauma and Critical Care specifically, I realized during residency that I liked taking care of really sick people—the patients that were going to imminently die if there wasn't some kind of intervention. That was exciting, and unbeknownst to me, I realized it was a skill set I had and did well. The mission population was the other patient population I really enjoyed working with. The patients that are chronically underserved: the homeless, mentally ill, immigrant populations, etc. Those are the patients that I felt the most satisfaction taking care of, and they often are the patients that are injured. I like the fact that in trauma you don't turn away care to anyone—it doesn't matter if you're the CEO of Starbucks or a homeless person on the corner of 9th and Jefferson. We treat everyone the same way.

How did you get involved in resident education?

It wasn't necessarily something I was thinking about being involved in during residency or while finishing my fellowship, but when I became a faculty member there was a need, and I said, "Ok, sure, I'll do it." Over the years it's really become something I enjoy. I think it's critical to have people that are interested and committed to the residents and education lead these roles because it can be a tough job. It doesn't stop after 5:00 pm, or a Friday afternoon. Much like surgery, it's 24/7, because there are issues that come up all the time and you need to be available and committed to deal with them.

At the same time, it's very rewarding to see each class come in as interns and graduate as R5s. Some, quite frankly, you're a little bit worried about when they start, and then they get to be an R5 and you're like, "All right. They're doing all right." And it's satisfying to think I had a small part in helping them get there. I think collectively as a program we do a good job of training our residents, not just to be good surgeons but good doctors and good citizens in the community. Resident education was not something I thought would take up so much time in my career, but I'm very glad that it has; I have learned as much from the residents as they may have from me.

What is the best career advice you've ever received?

When I was coming out of medical school and struggling to decide whether to do OB/GYN or general surgery, I really thought I was going to do OB/GYN because I couldn't imagine myself being a surgeon. Dr. Lorrie Langdale at the VA Puget Sound Health Care System asked me what it is about OB/GYN that I enjoyed. I said I didn't love the obstetrics part—delivering babies was fun but not my passion—what I really enjoyed was the surgery part. Dr. Langdale said, "If you really just enjoy the surgery part, why not be a surgeon and go into general surgery?" I said, "Well, I don't know if I can imagine myself doing that." I had in my mind a vision of what a surgeon was like, and aside from Dr. Langdale, there were not a lot of female role models then, so I just couldn't see myself being a surgeon. But she said, "I think you just need to try." So that's what I did, and she was right.

You have benefited from great mentors at pivotal times in your life. Has that experience impacted the way that you approach your education role and how you help advise trainees on their career paths?

Well, I would like to think so. I hope I am a role model for some of the female residents, especially those that have chosen to have families during residency, or after, or are thinking about it. While residency and fellowship are very tough and your time as a trainee is often not your own, there is life after training where you can incorporate all aspects of your life into your day; you can prioritize what you think is most important. It just takes a lot of organization, and you outsource what you can, but it is possible. I like to think

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#GTKDOS – DR. LISA MCINTYRE

that the more some of the female residents and students see it can work by seeing me or the other female faculty, if those are their goals as well, I think that is helpful. Hopefully, it's helpful.

Tell us about your most memorable patient/surgery.

It's probably this woman who was at her job, and a mentally ill person came in and just randomly started attacking her. She was stabbed many, many times, and she came into Harborview and died in our ED. We opened her chest, did clamshell thoracotomy, got her back, and she survived her hospitalization. I rotated off service so I didn't see her when she was discharged, but felt pretty good about how her care went—this was a major save. A couple of years later she came back to clinic and she remembered me. She was so grateful for the care not just that I gave, but the whole system gave, and she was just the most delightful person who was so very positive and really inspirational. She is blind as a result of her injuries, and the fact that she remembered me by name, and my voice, was really amazing. It really reminded me that this is why we do it.

How has your practice/life changed since COVID?

In the very early days of COVID when we all went into lockdown, things at Harborview got really quiet—people stopped driving, no one shot each other—it was really eerie. That lasted maybe three weeks, and ever since then it's business as usual at Harborview. We are not an elective practice-driven group. Crimes still happened, people still drove too fast, and in fact, I'm sure everyone who has kept up with the news knows that violent crimes in our city—stabblings, shootings—continue to sadly occur at a really high frequency. In addition, with the mission population, so many folks lost their jobs and their health insurance, so we saw more patients that needed our care. We saw a lot of patients presenting with advanced stages of disease, like diabetes out of control leading into really bad infections. This is what has continued to come to us at Harborview, so COVID really hasn't



Harborview Medical Center Medic One Bay

rapid fire

What is the last book you read?

“SESAP 17” since I’m studying to recertify for my boards. I’m just kidding—that’s super boring. The most recent book I read was a book called “A Town Called Solace.” I found it in a small bookstore while we were on a trip, and it was a bitterweet story set in a little town.

What TV show are you watching now?

Nothing currently, but I am waiting for the next season of “Ted Lasso” and “Stranger Things.” When they’re on, I obsess over them.

What is your go-to snack?

It used to be donuts, but now that I’m older and have to be healthier, it's usually something with peanut butter...like donuts with peanut butter.

What is your favorite guilty pleasure?

That would be watching HGTV while online shopping.

Who is your inspiration and why?

It’s probably my mother. She was a single parent when I was growing up after my father died, and she worked two blue-collar jobs to get my brother and me through school with minimal debt. And you know she worked harder during those years, I think, than I ever have as a surgeon.

If a movie was made about your life, who would play you?

Anyone from “Crazy Rich Asians”? There are not very many middle-aged Asian actors out there I’ve got to say. If Tina Fey were Asian I think she would be someone that I would like to see play me. I feel like I’m often herding cats both at work and at home, and her character in “30 Rock” I feel was like that too.

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changed our levels of busyness, in fact I think it's made us even more busy, which poses different challenges.

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

Personally, I was able to see off my oldest daughter to college and she completed her first year, and she just went off to a second year. That was a big milestone and something I'm very proud of.

What are you known for (professionally or personally)?

Professionally, some residents may think I'm a little intimidating, which I can see just being an attending, but I hope once they get to know me better they don't think I'm really that intimidating. Sometimes you have to be firm to make sure that all the rules are followed, and I'm a rule follower, but it's always for the greater good, which I hope they see.

Personally, I think I'm known as being fashionable – some residents know about my shoe collection (and some may even be envious...).

What was your last impulse buy?

It was this amazing pair of boots I just had to have from Nordstrom. But they were not cheap.

Where did you go on your most memorable vacation?

We have been fortunate as a family to go on a lot of international trips. I would say our most memorable one was when we went to Japan a few years ago. My mom's family is still in Japan, so we got to meet up with relatives. Her siblings are all getting elderly so it was nice to see them, but it was especially nice because my older daughter, the one that went off to college, is studying Japanese so she was able to speak with them in Japanese. My mom came with us, and it was just a nice intergenerational trip we all have good memories about.

What is your personal motto?

"You only regret the things you don't do, but not a lot of the things that you do do." It's not original – I saw that somewhere and I've remembered it.



Dr. Mohini Dasari
Abdominal Transplant
Surgery Fellow
Founder, UW Women
in Surgery Group,
Co-chair, UW
DOS Resident
Women's Council

Microaggressions have become an oft-used term, yet for those who are on the receiving end, it feels anything but "micro." Micro-aggressions have been defined as "commonplace verbal, behavioral or environmental slights, whether intentional or unintentional, that communicate hostile, derogatory or negative attitudes toward stigmatized or culturally marginalized groups." The term "identity-related aggressions" may be a better term for these events. These aggressions, whether related to race, gender, or other minoritized identities, occur daily in our surgical work.¹ Research shows that this contributes to the ongoing underrepresentation of women and minorities in the surgical workforce, due to the cumulative toll these events take on said individuals.^{2,3}

What does this mean for our surgical community? Last year, as a UW chief resident, I was struck by hearing the experiences of junior female colleagues. On certain rotations, they were consistently experiencing significant bias, discrimination and sexist treatment by patients and colleagues, including nursing, staff, and other providers. Any surgeon who identifies as an underrepresented minority can likely relate to the constant roadblocks these aggressions create, and the extra time and energy the recipient surgeon must use to move through or around them, and move patient care forward.

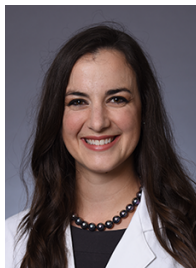
This, in conjunction with the Department of Surgery's Annual Education Seminar, posed a unique opportunity to host a training on how to deal with micro-, or identity-related, aggressions as a community. Faculty and trainees partook in Bystander Training, led by Dr. Jonathan Kanter, a member of the UW Office of Healthcare Equity core leadership team, a clinical psychological and behavioral scientist, and a UW Research Associate Professor of Psychology, whose study focuses on these aggressions. He was joined by Lee Davis, a veteran of the Armed Forces and a specialist in microaggression training. Example cases and the questions they generated were first discussed in small breakout groups, and then with the department as a whole.

Other trainees and I have carried this discussion into a variety of settings where identity-related aggressions have been known to impact trainees, such as the ED, OR, and ICU. This conversation needs to be ongoing. I hope that through recognition of these issues, ongoing formalized training, and informal dialogues, we continue to address this, as well as empower others to speak up for those being affected. We must validate the experiences of those who are living through it, while also internally searching for ways to mitigate and overcome these biases, stereotypes, and aggressions.

This may seem like a small facet of medicine, but the reality is that amidst the intense work, long hours, and heavy mental, physical, and emotional burdens of our jobs, these aggressions take a huge summative toll on the faculties and energies of those impacted, not to mention their ability to overcome glass ceilings. I ask this: Pay attention to those around you—who is being treated differently, in a way that does not seem fair or logical? Pay attention to your own thoughts, words, and default assumptions. And say something. We are all part of this problem, but also part of its solution.

WELCOME

NEW FACULTY



ERIKA BISGAARD, MD

ASSISTANT PROFESSOR

DIVISION OF TRAUMA, BURN & CRITICAL CARE SURGERY

Erika Bisgaard, MD, is a trauma surgeon and surgical intensivist with primary interests in surgical education. She was born and raised in

New Orleans, Louisiana, and completed her undergraduate studies at Auburn University. She then returned home to New Orleans where she earned her medical degree from Louisiana State University Health Sciences Center in 2016, and where she first found her love of trauma surgery. Dr. Bisgaard then completed her general surgery residency at UT Southwestern/Parkland Memorial Hospital in Dallas, Texas. She finally decided to leave the South and was lucky enough to complete her Surgical Critical Care fellowship at Harborview Medical Center. She was hired to stay on as faculty after graduation in July 2022, and begin her career here at Harborview as a Trauma and Acute Care surgeon. Her clinical interests include trauma resuscitation, team communication dynamics, and resident and fellow surgical education. Outside of the hospital, she likes to bake, dance, and spend time exploring the Pacific Northwest with her husband Dr. Dylan Jason, who is also joining the Division of Trauma, Burn & Critical Care Surgery as a burn surgeon.



KIRSTEN D. DANSEY, MD

ASSISTANT PROFESSOR

DIVISION OF VASCULAR SURGERY

Kirsten D. Dansey, MD, is a vascular surgeon with a wide range of interests including complex aortic surgery, advanced peripheral arterial reconstruction, and carotid disease. She was born in Johannesburg, South Africa and had the opportunity to live in multiple regions before obtaining her undergraduate degree in pharmacology at University of California Santa Barbara. Dr. Dansey then went to medical school at University of South Florida, followed by vascular surgery residency at Beth Israel Deaconess Medical Center. During her residency she also completed a Master's in Public Health from Harvard T.H. Chan School of Public Health. Dr. Dansey has a deep interest in quality improvement and patient safety, and in her free time enjoys traveling, exploring new restaurants, and hiking.



JAKE HEMINGWAY, MD

ASSISTANT PROFESSOR

DIVISION OF VASCULAR SURGERY

Jake Hemingway, MD, was born and raised in the Pacific Northwest, and he has attended the University of Washington for the entirety of his training. After completing medical school, he stayed in Seattle for his integrated vascular surgery residency at the University of Washington. Dr. Hemingway joins the Division of Vascular Surgery as an Assistant Professor, where he will primarily be based at Harborview Medical Center and the UW Medical Center-Northwest campus. Dr. Hemingway has a special interest in acute aortic pathology, vascular trauma, limb salvage, and complex venous disease, and he is trained in both open and endovascular techniques to treat a wide range of vascular pathology. Outside of the hospital, Dr. Hemingway enjoys spending time with his family while skiing, windsurfing, hiking, or biking.

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DYLAN JASON, MD

ASSISTANT PROFESSOR

DIVISION OF
TRAUMA, BURN &
CRITICAL CARE SURGERY

Dylan Jason, MD, attended Louisiana Tech University where he earned his undergraduate degree in biology before enrolling in LSU Health Sciences Center in Shreveport, Louisiana for medical school. Dr. Jason then completed his General Surgery training at UT Southwestern/Parkland Memorial Hospital where he developed his interest in burn surgery. Following residency Dr. Jason completed an ABA verified burn and surgical critical care fellowship at the Arizona Burn Center in Phoenix. His clinical interests include the acute management of thermal, electrical, and chemical burns as well as laser scar management. Dr. Jason has a special interest in burn outreach and pre-hospital care and enjoys working with EMS providers to ensure the safe transport and initial resuscitation of the burn patient. Outside of work, Dr. Jason enjoys competing in Ironman triathlons, hiking, camping, and enjoying new restaurants with his wife, Dr. Erika Bisgaard, who also joined the department as a trauma and acute care surgeon.



JEREMY SHARIB, MD

ASSISTANT PROFESSOR

DIVISION OF
GENERAL SURGERY

Jeremy Sharib, MD, is a surgical oncologist who joins the Division of General Surgery in the Section of Complex Abdominal Oncology. He is originally from Needham, Massachusetts and studied biomedical engineering at the University of Rochester prior to attending medical school at University of California Irvine. His surgical training has included general surgery residency at University of California San Francisco, followed by a Surgical Oncology Fellowship at Duke University. In his position at the University of Washington, Dr. Sharib has a clinical focus on the treatment of advanced GI and peritoneal malignancies, including the use of hyperthermic intraperitoneal chemotherapy (HIPEC), as well as retroperitoneal sarcoma. Outside of work, Dr. Sharib loves to run, bike, drink wine, and play tennis. He is extremely excited to explore the Pacific Northwest with his wife, Ali, and two children- Samantha (6) and Benjamin (3).



EMILY PALMQUIST, MD

ASSISTANT PROFESSOR

DIVISION OF
GENERAL SURGERY

Dr. Palmquist's primary interests are in benign and malignant disease of the breast. She is excited to join the Division of Breast Surgery at UWMC. Originally from Denver, Colorado, she completed her undergraduate training at Boston College, before continuing on to medical school at Tufts University School of Medicine as well as her General Surgery residency at Tufts Medical Center, both in Boston, MA. Subsequently, she completed her Breast Surgical Oncology Fellowship at Memorial Sloan Kettering Cancer Center in New York City. She is excited to relocate to the West Coast to join the staff at UW as her first faculty position to continue to advance the field of breast cancer care. She has an interest for improving patient reported outcomes after breast surgery as well as educating our future surgeons. Outside of work, she enjoys cooking and exploring the outdoors with her family, including hiking, running, biking, and skiing.



RHEA UDYAVAR, MD

ASSISTANT PROFESSOR

DIVISION OF
GENERAL SURGERY

Rhea Udyavar, MD, is a general and endocrine surgeon at UW Medical Center-Northwest. An East Coast native, she grew up primarily in the Baltimore-Washington, DC area and attended medical school at the George Washington University. She then began general surgery residency at Duke University Medical Center, before transitioning to Brigham and Women's Hospital in Boston, MA for her research fellowship in health services research at the Center for Surgery and Public Health. She then completed her general surgery residency at Brigham and Women's Hospital, before returning to Baltimore for endocrine surgery fellowship at Johns Hopkins Hospital. Her research focuses on the intersection of provider-level factors and social determinants of health as causal factors for persistent racial disparities in surgical care. Clinically, her interests include disease of the thyroid and parathyroid, both benign and malignant, as well as functional and nonfunctional adrenal disease and familial endocrine disorders. An avid musician and performing arts aficionado, Dr. Udyavar enjoys attending concerts and musical theater performances in her free time. She is looking forward to exploring the Pacific Northwest with her rescue puppy, Wallace.

FACULTY PROMOTIONS



KATHLEEN BERFIELD, MD
Associate Professor
Division of Cardiothoracic Surgery

Dr. Berfield, a board-certified thoracic surgeon and Chief of Thoracic Surgery at the VA Puget Sound Health Care System, was promoted to Associate Professor. Dr. Berfield specializes in general thoracic oncology and end-stage lung disease including lung transplantation. She loves working with veterans from across the Pacific Northwest and is working to expand surgical care, including robotic thoracic surgery, to the VA Puget Sound Health Care System. Dr. Berfield is the inaugural graduate from the University of Washington's Integrated Thoracic Surgery Residency program. She is also passionate about surgical education and is the Program Director for the University of Washington Cardiothoracic Surgery Residency Programs.



ANDRÉ DICK, MD, MPH
Professor, Transplant Surgery

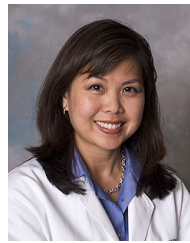
Dr. Dick is Seattle Children's Hospital's Senior Vice President, Surgeon-in-Chief, Clinical Director of the Surgical Inpatient Unit, and Surgical Director of Pediatric Kidney Transplant. Dr. Dick was promoted to Professor, a noteworthy achievement as Dr. Dick is the first Black faculty member in the Department of Surgery to hold the title of full Professor. Dr. Dick specializes in liver, kidney and pancreas transplant as well as hepatobiliary surgery. His research interests include adult and pediatric abdominal transplantation, obesity and its effects on transplant outcomes and health-care disparities in transplantation.



SARA JAVID, MD
Professor
Division of General Surgery

Dr. Javid is a board-certified breast surgeon and was promoted to the rank of Professor. Dr. Javid's clinical expertise is in the treatment of patients with breast cancer, patients at risk of breast cancer and patients with benign breast disorders. Her goal is to educate and guide patients toward a personalized decision about how best to

manage their breast cancer and strives to empower each patient to feel that they are taking charge and beating their breast cancer. Her award-winning research examines disparities in treatment received by underrepresented populations.



LISA MCINTYRE, MD
Professor
Division of Trauma, Burn & Critical Care Surgery

Dr. McIntyre is board-certified in General Surgery with additional specialty training in Trauma and Critical Care. In July 2022 she was promoted to full Professor. Her clinical practice includes elective general surgery as well as acute care surgery and trauma, including the management of complex ICU patients. She finds great satisfaction in caring for extremely sick and unstable trauma patients and following their recovery until discharge. Dr. McIntyre is medical director of Quality Improvement at Harborview Medical Center and an assistant program director for the General Surgery Residency.



ZOE PARR, MD
Clinical Associate Professor
Division of General Surgery

Dr. Parr is a board-certified general surgeon and has been promoted to Clinical Associate Professor. Dr. Parr completed advanced training in emergency surgery, and has expertise in urgent/emergent surgery, laparoscopic and open gastrointestinal surgery, abdominal wall reconstruction, hernia repairs, biliary surgery, peritoneal dialysis catheter placement, pilonidal disease, and benign anorectal disorders. She takes great joy in meeting patients and working toward the common goal of improved health.

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FACULTY PROMOTIONS



ALISON PERRIN, MD
Clinical Professor
Division of General Surgery

Dr. Perrin is a board-certified general surgeon at UW Medical Center-Northwest and was promoted to Clinical Professor.

Dr. Perrin's clinical practice includes a wide range of general surgery skills including breast cancer treatment (lumpectomy, mastectomy, oncoplastic surgery), laparoscopic and robotic surgery, endocrine surgery (thyroid, parathyroid, adrenal glands), varicose vein surgery and dialysis access. She spends time getting to know her patients and wants her patients to be knowledgeable about their diagnosis and treatment options to help optimize and personalize their surgical care.



BRYCE ROBINSON, MD
Professor, Division of Trauma,
Burn & Critical Care Surgery

Dr. Robinson is a board-certified surgeon and associate medical director for Critical Care at Harborview Medical Center, and was promoted to Professor. Dr. Robinson's

practice focuses on the care of the critically ill and injured and he believes every patient deserves world-class care. Dr. Robinson also conducts clinical research defining strategies to prevent lung injury after severe injury or critical surgical illness.

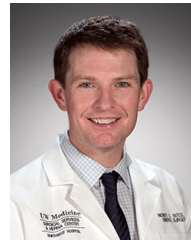


REBECCA STARK, MD
Associate Professor
Division of Pediatric General Surgery

Dr. Stark is a board-certified pediatric surgeon, Director of the [Congenital Diaphragmatic Hernia Program](#), a Surgical Co-director of the ECMO Program at Seattle

Children's Hospital (SCH) and was promoted to Associate Professor. Dr. Stark specializes in the care of babies and children with congenital diaphragmatic hernias (CDH), and she started the CDH program at SCH, which brings together experts from many disciplines to care for the complex set of health issues associated with this congenital defect. This team

ensures quality care across all stages (prenatal, inpatient/hospitalization, and long term follow up care). Dr. Stark is the site principal investigator for the CDH Study Group, which is an international, multi-institutional consortium of children's hospitals that collaborate to improve care for these patients through shared research. Her current research focuses on novel therapies and improving outcomes for patients with CDH. Dr. Stark strongly believes that CDH patients and their families receive the highest quality care when they are treated by a team with expertise, and she is proud to be part of this team.



ROB YATES, MD
Clinical Associate Professor,
Division of General Surgery

Dr. Yates was promoted to Clinical Associate Professor and devotes his professional time exclusively to the comprehensive evaluation and management of all types

of abdominal wall hernias. He is committed to providing patients with a complete understanding of their specific hernia condition, the options available to repair the hernia, and works with patients to decide the best treatment plan according to their desires and goals. Dr. Yates has advanced specialty training in minimally invasive (laparoscopic and robotic) surgical techniques as well as complex open hernia surgery. Dr. Yates also evaluates and treats patients with benign (non-cancer) conditions of the stomach and esophagus, and completed a two-year advanced surgical fellowship devoted specifically to stomach and esophageal surgery.

Honors & Awards

DR. EILEEN BULGER NAMED HARBORVIEW MEDICAL CENTER SURGEON-IN CHIEF OF TRAUMA, BURN & CRITICAL CARE



Our utmost congratulations to [Eileen M. Bulger](#), MD, who is the newly appointed Chief for the Division of Trauma, Burn and Critical Care Surgery in addition to being named the Surgeon-in-Chief for Harborview Medical Center. The selection came after an extensive national search confirmed that she was indeed the most highly qualified candidate for these leadership positions.

To those of us whom have known Eileen since she first came to the UW Department of Surgery as an intern in 1992, we are not surprised by these highly appropriate acknowledgements in her already stellar career and proven excellence in all she has done during her tenure at HMC. Eileen was recognized as a potential academic star from the time she arrived. Her prior pedigree, including an undergrad degree from The Johns Hopkins University and MD from Cornell University Medical College, portended of great success and we have not been disappointed.

Developing into a superb clinician and outstanding technical surgeon as a resident, she committed the additional time and effort to complete an NIH T32 NIGMS Trauma Fellowship at Harborview studying the aberrant host immunoinflammatory response

after severe injury and resuscitation and the clinical impact on Multiple Organ Failure Syndrome and its treatment. She further complemented her training by completing ABS Board training in the Surgical Critical Care Fellowship at Harborview. Her experiences at HMC cemented her passion for caring for the injured and vulnerable patient that began as an EMT in her home state of Rhode Island, early in her professional career development. Following completion of her formal training, we were indeed fortunate to recruit her to a faculty position in Trauma and Critical Care at Harborview Medical Center and in the UW Department of Surgery in 2000.

Dr. Bulger's maturation and academic growth led to rapid progression through the ranks to achieve Full Professor rank in 2009. In addition, Dr. Bulger has demonstrated a career long dedication to support and leadership in Department and at HMC. She became Director and Associate Medical Director of Emergency Services in 2009, and Chief of Trauma in 2012 prior to being appointed recently as Associate Medical Director of Surgical Services. If not enough, she also became the champion and Director of the ECLS Program at HMC. While providing excellent leadership, she also has been recognized for her professionalism and dedication to patient care with an Outstanding Consultant Award, HME Cares Award and numerous Top Doctor Recognitions.

Dr. Bulger has also been an outstanding researcher, educator and mentor for our department. She has been a mentor to numerous trainees who were successful not only during their training but also have gone on to become leaders in the field of Trauma and Critical Care. She has been awarded the UW Surgery Distinguished Alumni Award and the John L. Stevenson Award for Resident Teaching. Her professionalism, dedication, calm logical approach and deep respect for all members of the health care team have led to her crucial leadership positions in the institution and admiration by several generations of trainees at all levels. In addition, she has been involved in the departmental and university PEER mentorship program and was a founding member of the Women in Trauma Surgery (WITS) Group, now serving a leadership role across the globe.

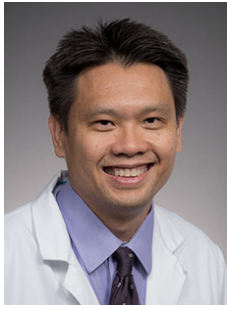
Nationally and internationally, Eileen has become a true academic superstar. She has served in numerous leadership positions based on her accomplishments, including being chosen as the first female to Chair the Committee on Trauma of the ACS, the leading clinical, research, educational and quality assurance organization in the nation. During her tenure, her astute abilities as a consensus maker has led to a major breakthrough to bring the disparate sides together to address the challenges of firearm injuries. She now serves as a faculty staff expert for the ACS in all Trauma related initiatives. Recently, she was elected to the Presidency of the AAST, the largest, most prestigious academic trauma society in the world. And, along the way she has served as the Chair of the Board for the Coalition for National Trauma Research and served on numerous special emphasis panels at the NIH, CDC and DOD. Her investigations in the response to trauma and severe necrotizing infections at the cellular level to the optimal treatment and multi-institutional resuscitation and interventional trials have been recognized for their seminal elucidation of the complex biology and improvements in clinical care which has entailed twenty plus years of continuous federal research funding and nearly 300 peer reviewed publications.

Amongst this vast array of activities, Eileen spends quiet quality time with her beloved husband Doug and two daughters, Natalie and Kelsey, while maintaining her large flower garden. For those who work with Dr. Bulger, she is above all considered a supportive, respectful colleague and educator. All who interact with her appreciate her professionalism and quiet dedicated efforts for her patients and trainees. We have been given a truly outstanding resource, colleague and friend. Please congratulate Dr. Bulger on her recent appointments and long career of dedication and commitment to the most vulnerable patients in our community.

Ronald V. Maier, MD
Professor
Division of Trauma, Burn & Critical Care

(continued on page 28)

Honors & Awards



DR. TAM PHAM RECEIVES UW ALUMNI EARLY ACHIEVEMENT AWARD

Dr. [Tam Pham](#), Professor & Chief of the [UW Medicine Regional Burn Center](#) at Harborview Medical Center, received the 2022 UW Alumni Early Achievement Award. This honor is for an alumnus or alumna who graduated within the last 20 years and has excelled in his or her career, making significant contributions to public health through clinical care, medical science, research, humanitarianism or administrative activities.

Dr. Pham reflects, *“I am deeply honored for this award. As with most opportunities in our professional lives, success has much to do with mentors opening doors for mentees. The real job for the mentees is to walk through those open doors. In my case, I am grateful to Drs. Nicole Gibran and [Ron Maier](#) who took an interest in my career development. Furthermore, this recognition really acknowledges the work of all the UW Medicine Regional Burn Center staff, specifically the team of nurses, therapists, physicians and other allied professionals who advocate for burn patients on a daily basis.”*

[Watch the video >>](#)



DR. KATHLEEN BERFIELD APPOINTED TO THE K. ALVIN AND SHIRLEY MERENDINO ENDOWED PROFESSORSHIP

The K. Alvin and Shirley E. Merendino Endowed Professorship was recently appointed to Dr. [Kathleen Berfield](#), Associate Professor of Cardiothoracic Surgery and Chief of Thoracic Surgery at the VA Puget Sound Health Care System. This Endowed Professorship was established in 2006 to provide support for the Department of Surgery in attaining its mission of resident education.

Dr. Berfield joined the Department of Surgery as Assistant Professor in 2016, and was promoted to Associate Professor in 2022. She is the Program Director for the Cardiothoracic Surgery-Integrated & 4/3 residency programs as well as the Cardiothoracic Surgery-Traditional and Cardiothoracic Transplant/MCS fellowship programs.

“Dr. K. Alvin Merendino left behind a legacy of excellence at the University of Washington both in and out of the operative room,” said Dr. Berfield. “In addition to being a skilled surgeon he was a master educator, leader and colleague. I am beyond proud to be named the K. Alvin and Shirley Merendino Endowed Professor. It is a distinction I will strive to be worthy of and I carry his commitment to education forward in my own career.”



DR. JAY PAL APPOINTED TO THE LESTER AND CONNIE LEROSS ENDOWED PROFESSORSHIP IN CARDIOVASCULAR SURGERY

Dr. [Jay Pal](#), Professor and Associate Section Chief of Cardiac Surgery, was recently appointed to the Lester and Connie LeRoss Endowed Professorship in Cardiovascular Surgery. This Endowed Professorship was created in 1999 to help further work in developing equipment, procedures, training techniques and personnel to treat heart-related ailments.

In January 2022, Dr. Pal started his practice at UW Medicine as Surgical Director of the Heart Transplantation and the Mechanical Circulatory Support Service, coming from his prior position as Surgical Director of the Mechanical Circulatory Support Program at the University of Colorado Hospital.

Dr. Pal stated, *“it is an honor to be recognized as the Lester and Connie LeRoss Endowed Professor in Cardiovascular Surgery. The endowment recognizes the generosity of Lester and Connie LeRoss, and facilitates the advancement of the heart transplant program at the University of Washington. Since my residency, the surgical treatment of advanced heart failure has been my passion, and I look forward to the many new treatment options that we now have at our disposal to take care of patients.”*

(continued on page 29)

Honors & Awards



DR. DEEPIKA NEHRA RECEIVED OFFICE OF FIREARM SAFETY AND VIOLENCE PREVENTION GRANT

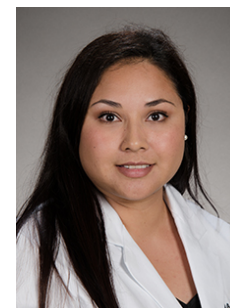
Dr. [Deepika Nehra](#), Assistant Professor, Division of Trauma, Burn & Critical Care Surgery, received a grant from the Office of Firearm Safety and Violence Prevention – Community Safety Unit. Dr. Nehra explains, *“Firearm injury is a major public health crisis and the last two years have set records as the most violent years in Harborview history. In response to this, Harborview Medical Center has partnered with incredible community organizations that have come together as the Regional Peacekeepers collective. Together we have launched a pilot hospital-linked violence intervention program specifically focused on youth/young adults from King County who are injured by gun violence. Through this partnership we are now able to provide these high-risk youth and their families intense wraparound support services at the time of discharge and beyond with the goal of decreasing repeat violent injury and death while also improving quality of life, building social support networks and creating viable alternatives to violence.”* Dr. Nehra continues, *“This recently secured funding from the WA State Department of Commerce is critical, as it will allow for the enhancement and expansion of our current pilot violence intervention program. With this funding we plan to expand support services to survivors of firearm injury who live in high-risk neighborhoods outside of King County, to intensify the support services (especially mental health services) provided and to build programmatic evaluation.”*



DR. TERESA KIM RECIPIENT OF WEST COAST COLLABORATIVE VISITING PROFESSOR PROGRAM

On September 2, 2022, Dr. [Teresa Kim](#), Assistant Professor, Division of General Surgery, was announced as the University of Washington’s inaugural recipient of the West Coast Collaborative Visiting Professor Program. The Program was created by the chairs of surgery at UC Davis, UC San Francisco, Stanford, Oregon Health & Sciences University, and UW, and aims to advance the careers of junior and mid-career faculty, build networks across the institutions, and strengthen commitment to diversity, equity, and inclusion. Each institution will select an Assistant or Associate Professor to give grand rounds, with preference to underrepresented minorities, including women faculty. This first year of the West Coast Collaborative UW had 21 faculty nominated: of those, 13 met the criteria and were invited to apply. The selection committee was composed of members from the Appointments & Promotions Committee, Women’s Council and Diversity Council, and all applications were excellent. Dr. Teresa Kim was selected as the winner and will be traveling to OHSU to give Grand rounds in the near future.

“This is such a fantastic opportunity,” expressed Dr. Kim. *“I am so grateful for Dr. Wood, Dr. Quiroga, and the organizers at our partner institutions for setting up this program and providing a unique platform for early- and mid-career faculty to network, share ideas, and impact the field. Very much looking forward to meeting the surgeons and scientists at OHSU, representing our department, and bringing back exciting new perspectives and ideas. As always, I would like to give special thanks to mentors Dr. Venu Pillarisetty and Dr. Raymond Yeung for their keen guidance and support.”*



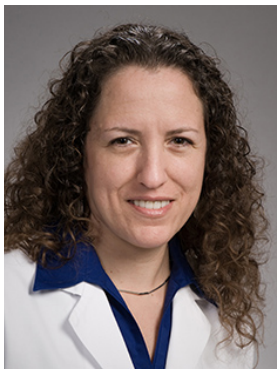
DR. ELINA SERRANO GRADUATES FROM HEAL-USA PROGRAM

Dr. [Elina Serrano](#), Research Resident, graduated from the UT Southwestern’s Office of Faculty Diversity & Development Housestaff Emerging Academy of Leaders (HEAL) U.S.A. Program. The program’s mission is to decrease health care disparities by increasing the number of underrepresented physicians in academic practice.

“This was a very valuable opportunity to acquire new professional development skills and learn about different career paths in academic medicine,” reflects Dr. Serrano. *“I would strongly recommend this program to other URM surgery residents considering a career in academic surgery. I’m happy to chat with anyone who might be interested in learning more about HEAL-USA.”*

HEAL is a networking and professional development program designed for residents, fellows, and supporting faculty that have been historically underrepresented in medicine, such as Black/African Americans, Latin/Hispanics, American Indian/Alaska Natives, and Native Hawaiian/Other Pacific Islanders. HEAL’s goal is to prepare interested underrepresented minority housestaff in a future career in academic medicine and enhance their knowledge and leadership abilities.

DR. ELINA QUIROGA APPOINTED VASCULAR SURGERY RESIDENCY AND FELLOWSHIP PROGRAMS PROGRAM DIRECTOR



Dr. Elina Quiroga

In August, Dr. [Elina Quiroga](#), Associate Professor, Division of Vascular Surgery, was appointed vascular surgery's resident and fellowship program director after the programs' previous director, Dr. [Niten Singh](#), Professor & Associate Chief, stepped down after administrating the role since 2014.

After Dr. Quiroga's general surgery residency and vascular surgery fellowship at UW, she started her practice in the Department of Surgery as an Acting Assistant Professor in October 2011, was promoted to Assistant Professor in February 2013 and then promoted to Associate Professor in July 2018.

The vascular's education programs have achieved impressive milestones over the past eight years. Residency complement increased from one to two residents a year with the first integrated resident graduating in 2015, as well as assistant program directors established at each clinical site for residency rotations which includes UW Medicine-Montlake, UW

Medicine-Northwest, Harborview Medical Center, and the VA Puget Sound Health Care System which allows trainees to be exposed to all faculty members at these sites of practice versus being "stationed" at one institution.



Dr. Niten Singh

"I am excited that Dr. Quiroga is assuming the role of PD for our integrated residency and fellowship," said Dr. Singh. "She has been the associate program director for 7 years and understands the nuances of leading a program. Our program has accomplished much, and it will continue to soar under her leadership. Her attention to detail, passion for vascular surgery education, and DEI topics will create a unique opportunity for our trainees at UW. The sky is the limit!"

CODA Trial Collaborative Approved for \$2 Million in Funding

*Funds awarded by the Patient-Centered
Outcomes Research Institute*

A University of Washington team, co-led by Project Leads Drs. [Giana Davidson](#) and [David Flum](#), has been approved for a \$2 million funding award by the Patient-Centered Outcomes Research Institute (PCORI) to disseminate and implement research findings from the Comparison of Outcomes of Antibiotic Drugs and Appendectomy (CODA) trial on treatments for appendicitis. Even the most impactful findings from clinical research studies can take years to make it into widespread clinical practice. Cutting that lag time and smoothing the path to uptake is the focus of this PCORI-funded project.

The recently completed CODA Trial compared antibiotic therapy as an alternative to appendectomy in 1,552 patients for the treatment of

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Surgery News



Dr. Giana Davidson



Dr. David Flum

appendicitis. CODA was completed in 25 hospitals across the US to include a diverse population with a broad range of severity of appendicitis and clinical practices. The CODA trial found that antibiotics were non-inferior or “as good as” appendectomy, when considering the patient outcome reporting on their general health status (measured by the EQ5D quality-of-life questionnaire) at 30 days. They were a safe option for treatment, and approximately 7 of 10 participants assigned to receive antibiotics were able to avoid surgery in the early period.

The newly funded Treatment Individualized Appendicitis Decision-making (TRIAD) implementation program will lead to more informed decision making related to appendicitis treatment. *“We need tools to support shared decision making for our patients, especially in emergency general surgery,”* said Dr. Davidson. *“Patients have differing levels of access to information and treatment options for many reasons – health literacy, acute pain, primary language, and other reasons. It is critically important to effectively communicate with all of our patients, and TRIAD will help us do that.”* TRIAD has a three-part implementation strategy: 1) a patient-facing decision aid (www.appyornot.org); 2) a clinician and allied health professional training program; and 3) a system-level, operational protocol to support treatment decisions. The team will implement TRIAD at 15 US hospitals, involving over 2,500 patients. Anticipated results of TRIAD include increased patient awareness of treatment options and less regret or dissatisfaction with treatment choice and improvements in clinician and staff knowledge around treatment for appendicitis.

VAS Summer Scholars Program

On August 26, 2022, the Division of Vascular Surgery celebrated the graduation of the first class of Vascular Surgery Summer Scholars. Eight medical students from University of Washington, as well as visiting students from around the country participated in this 10 week research and clinical experience. Dr. [Sara Zettervall](#) directed the program, which included mentorship from Drs. [Benjamin Starnes](#), [Elina Quiroga](#), and [Matthew Sweet](#). Students graduated with a completed research analysis which was presented to the division, with abstracts planned for submission to regional and national meetings. In addition to their research success, student participated in weekly division conference, resident education, hands-on clinical skills training, and shadowed in the operating room and clinic.



Students: Randy Cure, Ayumi Tachida, Gerald Anderson, Chase Nelson, Andrew Warren, Audrey Mossman. Not pictured: Keenan Hooker

(continued on page 32)

Robotic Surgical Training



Dr. James Park
Chair, Robotic
Steering Committee

The 2022 summer resident robotic training was successfully completed in July. This training session took place at UW Medical Center – Northwest campus between July 18th and July 29th, and was born out of a collaboration forged between UW Medicine and Intuitive Surgical, Inc. Sixty-seven residents and twelve faculty from three departments: Urology, Gynecology and General

Surgery, participated in this training opportunity. Six professional trainers and a da Vinci Xi robotic platform (patient cart, vision cart and surgeon console), along with a simulator backpack on a separate surgeon console, were provided by Intuitive Surgical to support this two-week event. Two rigorous, 4-hour, hands-on training curricula focusing on patient-side skills for the surgical intern class and surgeon console skills for the second-year resident class were administered in groups of 3-4 residents, paired with a UW Medicine faculty member and a professional Intuitive Surgical trainer.

It took a whole village to make this a successful event, and special thanks go to [Dr. Karen Horvath](#), Professor, Division of General Surgery, Kaitlin Ree, and Sydney Kaser for organizing the event, matching the schedules of residents from five different sites with unique, service-specific needs, and sending reminder emails to ensure on-time arrival and 100% participation. Additional thanks goes to Seth Hennessey, Assistant Administrator, UW Medicine, and Megan Sherman, Associate Director, WISH, UW Medicine, for securing the perfect venue for the training in the Cancer Conference Room at UW Medicine - Northwest campus at the eleventh hour, when the reserved space was needed for patient care. We are planning to make this a semi-annual training event, with the upcoming 2023 winter training event to feature procedure-specific instruction using colorectal and inguinal and ventral hernia tissue models. These models will have a simulated perfusion cassette system placed within an abdominal manikin, which will immerse the trainee and allow them to experience the haptics on real tissue.



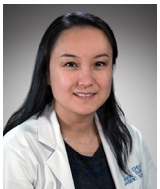
(continued on page 33)

PUBLICATIONS



Dr. **Scott Brakenridge**, Associate Professor, Trauma Burn & Critical Care, published “**Evaluation of a Multivalent Transcriptomic Metric**

for Diagnosing Surgical Sepsis and Estimating Mortality Among Critically Ill Patients” in JAMA Network Open. This research shows a single genomic blood test can accurately diagnose sepsis and predict 30-day mortality in critically ill surgical patients. Dr. Brakenridge shares, “*This project is exciting because for the first time we are able to take the deep, mechanistic disease data that we can obtain from genomic analysis of a patient’s immune system to make real-time, clinically relevant diagnostic and therapeutic decisions in septic patients. This is being made possible by academic/industry collaborations which have advanced technology to the point that we can now get genomic data on individual patients in minutes to hours, rather than days to weeks. Within the next year, we hope to be participating in studies here at UW utilizing a point of care genomic device that can give clinicians diagnostic and prognostic data for acutely ill patients in less than one hour.*”



Dr. Judy Chen



Dr. Patch Dellinger



Dr. David Flum

Drs. **Judy Chen**, Patch Dellinger and **David Flum** published, “**Paradoxical Association of Hyperglycemia and Surgical Complications Among Patients With and Without Diabetes**,” in JAMA Surgery. This study sought to determine

whether perioperative hyperglycemia was associated with surgical complications. By retrospectively examining data in a patient population both with and without diabetes, the study surprisingly found that patients without diabetes were more likely to have surgical complications when also experiencing elevated blood glucose levels before surgery. Dr. Chen notes, “*Several factors can contribute to hyperglycemia in people who undergo surgery. This study shows that all patients, even those without a diagnosis of diabetes, should have their blood sugars monitored perioperatively. At the University of Washington Medical Center, we are proud to initiate quality measures that improve surgical outcomes and hyperglycemia control in patients.*”



Dr. Venu Pillarisetty



Dr. James Park



Dr. Jonathan Sham

Drs. **Venu Pillarisetty**, **James Park** and **Jonathan Sham** published “**A phase II trial of lanreotide for the prevention of postoperative pancreatic fistula**” in HPB. The study found patients who received lanreotide, a somatostatin analogue, before surgery had significantly lower rates of postoperative pancreatic fistula than historical controls or published literature. Dr. Pillarisetty notes, “*Pancreatic fistula is the most common major complication of pancreatic surgery and reducing its incidence has been the focus of numerous interventions. Despite this, pancreatic fistula is an ongoing problem. Our study is notable for being the first to test the drug lanreotide for the purpose of reducing postoperative pancreatic fistula. Our*

exciting results demonstrate a much lower than expected pancreatic fistula rate, making a multicenter randomized controlled trial the natural next step to bring this treatment to patients.”



Dr. **Rebecca Maine**, Assistant Professor of Trauma, Burn and Critical Care Surgery, and Dr. **Mary Kate Bryant**, CVES Advanced GI Minimally

Invasive Surgery Fellow, published, “**Outcomes After Emergency General Surgery and Trauma Care in Incarcerated Individuals: An EAST Multicenter Study**” in the July edition of Journal of Trauma and Acute Care Surgery. This study found incarcerated patients experiencing trauma and/or requiring emergency general surgery often do not receive proper follow-up clinical care, and high rates of assault, self-harm, mental health, and substance use disorders increase the likelihood of adverse outcomes for the incarcerated patient. As such, systematic improvements are needed in hospitals and correctional facilities in order to decrease self-inflicted injuries and assaults while incarcerated. Dr. Maine adds, “*Being involved in this work has highlighted not only the lack of information available on the surgical needs for this vulnerable population, but has given us the chance to learn about the significant variation in policies and practices in different institutions, and the incredibly fragmented care that is delivered for people who are incarcerated. Our preliminary findings have highlighted a few priority areas for our research going forward: 1) to try to gain more understanding of self-harm in this population, 2) to learn more about the care provided for patients with surgical conditions within other*

(continued on page 34)

PUBLICATIONS

non-general surgery specialties, 3) to look at the impact of the pandemic on some of these trends in care needs, and 4) to try to understand if and how biases and delays to care may impact this population. Overall, we hope to use this research to develop recommendations for surgeons to provide optimal care for these patients and to be able to advocate for their rights."



Dr. [Venu Pillarisetty](#), Professor, HPB Surgical Oncology, and his research team in the UW Tumor Immune Microenvironment

(TIME) Lab published "[Blockade of interleukin 10 potentiates antitumor immune function in human colorectal cancer liver metastases](#)" in *Gut*. Co-first authors Drs. Kevin Sullivan and Xiuyun Jiang tested the therapeutic effect of blocking the immunosuppressive cytokine interleukin-10 (IL-10) in metastatic microsatellite stable colorectal cancer—the most common form of the disease—using a human tumor slice culture model. They found that IL-10 blockade activated antitumor immunity, which resulted in almost two-fold greater cancer cell death. This finding has exciting potential for future systemic therapies for patients with microsatellite stable colorectal cancer liver metastases, which have thus far not responded to immunotherapy. Dr. Pillarisetty shares, "*In this paper, we demonstrated that blocking IL-10 (a molecule used by the immune system to keep itself under control) has the potential to kill colorectal cancer cells that spread to the liver. This is exciting because it opens the possibility that drugs targeting the IL-10 pathway could serve as a novel treatment for cancers*

like this that do not respond to currently available immunotherapy drugs. Our upcoming work focuses on developing new therapeutics to take our work from the bench to bedside."



Heart failure and end stage lung disease are some of the most common causes of morbidity and mortality worldwide. *Oxford Specialist Handbook*

in Cardiopulmonary Transplantation and Mechanical Circulatory Support is a multinational collaboration with highly revered and globally respected authors and editors to provide the most concise and practical guide to the practitioners on the front line dealing with such complex patients. There are sections on heart transplantation, lung transplantation, ECMO and other forms of mechanical circulatory support. There are also separate sections on pediatric and congenital heart failure and transplantation. Dr. [Maziar Khorsandi](#), Assistant Professor, Division of Cardiothoracic Surgery, explains further, "*As I approached the final stretch of my specialty training in cardiothoracic surgery a few years ago, I felt that there was a paucity of a quick reference manual for my subspecialty field of interest, heart and lung transplantation and mechanical circulatory support. Most reference guides were large, cumbersome, and already outdated by the time they were published. Henceforth, I felt the need to embark on this handbook project. This work is a multinational collaboration of experts in the field and took nearly 5 years to come to fruition. It is available in hard copy and online, and as the managing editor, I will be continuously updating it. I sincerely hope that readers enjoy reading it."*

Surgery News



Drs. [Barclay Stewart](#), [Brianna Mills](#) and [Emma Gause](#) worked with Drs. [Ricardo Daher](#) and [Alfredo Gragnani](#), burn care experts and

disaster stakeholders based at the Universidade Federal de São Paulo in Brazil, to model the current access to burn care services for Brazilian people in the event of a disaster. Additionally, they identified facilities that would most increase population-level access to burn care should their capacity be strengthened ahead of or during a surge or mass casualty incident. The team also demonstrated differences between utilitarian (i.e., greatest number of people) and egalitarian access (i.e., similar access for all people), which highlights the importance of doing these preparatory exercises and need for focused health system strengthening initiatives in remote and rural areas (e.g., Amazonia). Such initiatives include strengthening prevention efforts, lay first response, prehospital care models that include functional transport (e.g., speed boat, sea plane), and disaster planning and practice in remote hospitals. This work highlights the potential of collaboration between expert stakeholders globally with the [UW Program for Global and Rural Surgery \(PROGRESS\)](#) and Harborview Injury Prevention and Research Center's Global Injury Section.

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Surgery News

Seattle Met & Seattle Magazine 2022 Top Docs

Seattle Met and Seattle Magazine announced their 2022 top doctors and we are pleased to share this recognition of selected Department of Surgery faculty. Top Doctors is one manner of recognition by the medical community and shows they hold our surgeons in high esteem. Although this is a list of individuals, our surgeons approach their practice in team effort.

Congratulations to our faculty—the Department is honored by your mention. Below is a listing of our faculty recognized this year by their specialty:

SEATTLE MET TOP DOCS 2022

BARIATRIC SURGERY

Judy Y. Chen-Meeke, MD
Saurabh Khandelwal, MD

BREAST SURGERY

Claire L. Buchanan, MD
Kristine E. Calhoun, MD
Meghan R. Flanagan, MD, MPH
Sara H. Javid, MD

CANCER SURGERY

David R. Byrd, MD
Harveshp Mogal, MD
James O. Park, MD
Venu G. Pillarisetty, MD
Jonathan G. Sham, MD, MBEE
Raymond S.W. Yeung, MD

CARDIAC SURGERY

Gabriel S. Aldea, MD
Christopher R. Burke, MD
Shakirat Oyetunji, MD

COLON/RECTAL SURGERY

Sarah J. Atkinson, MD
Joy C. Chen, MD
Michelle Cowan, MD
Mukta Krane, MD
Mika N. Sinanan, MD, PhD

GENERAL SURGERY

Saman Arbabi, MD, MPH
Eileen M. Bulger, MD
Giana H. Davidson, MD, MPH
Daniel F. Kim, MD
Brant K. Oelschlager, MD
Zoe E. Parr, MD
Rebecca P. Petersen, MD
Roger P. Tatum, MD
Estell J. Williams, MD
Andrew S. Wright, MD

HAND SURGERY

Erin Miller, MD
Nicholas B. Vedder, MD

PEDIATRIC SURGERY

Jeffrey R. Avansino, MD, MBA
Adam B. Goldin, MD, MPH
Patrick J. Healey, MD
Patrick J. Javid, MD
Kimberly J. Riehle, MD
Caitlin A. Smith, MD
Rebecca A. Stark, MD
John H. T. Waldhausen, MD

PLASTIC AND

RECONSTRUCTIVE SURGERY

Craig B. Birgfeld, MD
Shannon Colohan, MD, MSc
Jeffrey B. Friedrich, MD
Sarah R. Goldsberry-Long, MD
Richard A. Hopper, MD, MS
Suzanne Inchauste, MD
Otway Louie, MD
Duane Wang, MD

THORACIC SURGERY

Kathleen K. Berfield, MD
Aaron M. Cheng, MD
Farhood Farjah, MD, MPH
Michael S. Mulligan, MD
Douglas E. Wood, MD

VASCULAR SURGERY

Elina Quiroga, MD, MPH
Sherene Shalhub, MD, MPH
Niten Singh, MD
Benjamin W. Starnes, MD
Matthew P. Sweet, MD, MS

SEATTLE MAGAZINE TOP DOCS 2022

COLON & RECTAL SURGERY

Mukta Krane, MD

HAND SURGERY

Jeffrey B. Friedrich, MD

PEDIATRICS

Jeffrey Avansino, MD
André A. Dick, MD
Adam B. Goldin, MD
Kenneth W. Gow, MD
Patrick J. Healey, MD
Patrick J. Javid, MD
Robert S. Sawin, MD
John H.T. Waldhausen, MD

PLASTIC SURGERY

Craig B. Birgfeld, MD
Richard Hopper, MD
Otway Louie, MD
Nicholas B. Vedder, MD

SURGERY

Gabriel S. Aldea, MD
Claire L. Buchanan, MD
Eileen Bulger, MD
David R. Byrd, MD
Kristine E. Calhoun, MD
Joseph Cuschieri, MD
Farhood Farjah, MD
Karen Horvath, MD
Sara H. Javid, MD
Catherine E. Kling, MD
Ronald V. Maier, MD
Michael S. Mulligan, MD
Brant K. Oelschlager, MD
Grant O'Keefe, MD
James O. Park, MD
Lester Permut, MD
Alison L. Perrin, MD
Jorge D. Reyes, MD
Mika N. Sinanan, MD, PhD
Roger P. Tatum, MD
Nicole B. White, MD
Douglas E. Wood, MD
Andrew S. Wright, MD
Raymond S.W. Yeung, MD

VASCULAR SURGERY

Mark H. Meissner, MD
Elina Quiroga, MD
Benjamin W. Starnes, MD
Matthew P. Sweet, MD
Nam T. Tran, MD

Department of Surgery

in the media

read



Dr. Farhood Farjah, Associate Professor
Division of Cardiothoracic Surgery
[Search on for better way to diagnose and treat lung cancer](#)
UW Medicine Newsroom | August 5, 2022



Dr. Maziar Khorsandi, Assistant Professor
Division of Cardiothoracic Surgery
[Patient receives region's 1st DCD heart transplant](#)
UW Medicine Newsroom | September 23, 2022



Dr. James Park, Professor
Division of General Surgery
[How One Surgeon Learned to Love Robots](#)
UW Medicine The Huddle | August 10, 2022



Dr. Douglas Wood
The Henry N. Harkins Professor and Chair
[UW Medicine Transplant Institute: Improving Transplant Care](#)
UW Medicine The Huddle | October 19, 2022

listen



White



Wright



Cetrulo

Dr. Nicole White, Clinical Associate Professor
Dr. Andrew Wright, Professor
Dr. Nick Cetrulo, Clinical Assistant Professor
Division of General Surgery
[Journal Review in Minimally Invasive Surgery: The Cost of Robotic Surgery](#)
Behind The Knife Podcast | October 3, 2022



Dr. Giana Davidson, Associate Professor
Division of General Surgery
[Episode 26: Project Management Part 1: The Faculty Perspective](#)
UW School of Medicine Faculty Thrivecast

UW Medicine

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

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