UW Medicine
UNIVERSITY of WASHINGTON
DEPARTMENT OF SURGERY
JULY 2026

SURGERY SYNOPSIS

CHAIR'S MESSAGE

DOUGLAS E. WOOD,
MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair

Welcome to the summer issue of *Surgery Synopsis* where we focus on our education programs. The celebration of graduating residents and fellows contrasts with the excitement of the new trainees who are just starting their journey in surgery, providing a sense of continuity as well as renewal. We focus on the tremendous milestone of graduation for our departing residents and fellows and give a preview of the next step in their careers. We welcome our incoming trainees and learn a bit about them as they become surgeons. The education edition of *Surgery Synopsis* is always a fun issue to put together and we hope you enjoy it.

Our Division of Education– the Program Directors and Associate Program Directors, Program Coordinators, Clerkship Directors, and our amazing Education Staff – serve under the thoughtful leadership of Dr. Jeff Friedrich, the Vice Chair for Education and Chief of the Division of Education. This group leads our education efforts within the Department, and their work makes our education programs successful. The programs could not be what they are without the close partnership between our faculty education leaders and the education administrative staff.

Dr. Friedrich, who has been appointed a second, three-year term as Vice Chair of Education, has provided an overview of our educational programs and the progress made over the last several years. Read "Progress and Momentum in Surgical Training" (page 9). We have also asked our Program Directors to give an overview of our four residency programs.

GENERAL SURGERY RESIDENCY

Rebecca Petersen, MD, Professor and Program Director, describes changes that have occurred in the General Surgery Residency Program since 2022, including the challenges of

FEATURES

navigating the post-COVID world and their focus on rebuilding a sense of community and connection. We have been fortunate to recruit outstanding new faculty, allowing significant growth of the Department which is beneficial to a robust residency program. We have also expanded our advanced practice providers (APPs) who provide excellent patient care and are valuable colleagues and partners with our residents and fellows. Read "General Surgery & Preliminary Surgery–Training Tomorrow's Surgical Leaders" (page 16).

PLASTIC SURGERY RESIDENCY PROGRAM

Russell Ettinger, MD, Associate Professor and Program Director, notes that the Plastic Surgery Residency Program is a premier, nationally renowned program. The program has focused on, and comprehensively revised, the resident evaluation and mentorship model. Several new educational opportunities have been introduced, including a chief resident elective rotation designed to provide senior residents with additional autonomy and tailored clinical exposure prior to graduation. Read "A Program in Motion–Innovation in Plastic Surgery Training" (page 14).

CARDIOTHORACIC RESIDENCY & FELLOWSHIP PROGRAM

Kathleen Berfield, MD, Associate Professor and Program Director, noted that the Cardiothoracic Surgery Integrated Residency program (often referred to as I-6) is 16 years old and is dedicated to producing balanced, well-qualified cardiothoracic surgeons prepared to serve the community through careers in either private practice or academia. A particular point of pride is that many of the graduates have stayed in the WWAMI region, including the newest community rotation site at Kootenai Health in Coeur d'Alene, ID. Read "Training the Next Generation of Cardiothoracic Surgeons" (page 12).

VASCULAR SURGERY INTEGRATED RESIDENCY PROGRAM

Elina Quiroga, MD, Professor and Program Director, describes that the program is designed to train exceptional surgeons while also supporting the development of thoughtful, well-rounded physicians. The goal is to train excellent surgeons who are skilled, curious, and committed to equitable care—and to foster a community where residents support one another and their patients. This culture is something we build together, intentionally, every day. Read "Building Surgeons and a Culture of Care" (page 13).

DIVISION OF HEALTHCARE SIMULATION SCIENCE: MS IN SIMULATION SCIENCE

New for the Department of Surgery is the Master of Science graduate program in Healthcare Simulation. This has been a decades-long vision that has come into reality with its first cohort of graduates in June. We are proud of this program—one of the first of its kind in the nation and a tribute to the vision of Dr. Rob Sweet, our Chief of the Division of Healthcare Simulation Science. Read "A Milestone in Simulation Education–Welcoming Our First Graduates" (page 36).

UW/FRED HUTCH MULTIDISCIPLINARY BREAST SURGICAL ONCOLOGY FELLOWSHIP

Meghan Flanagan, MD, MPH, Associate Professor, Fellowship Director, announced that the inaugural Fellow, **Gwendolyn Daly**, MD, will become the first Fellow in August, 2026. This is a unique multidisciplinary fellowship, supported by the Roger E. Moe Fellowship in Interdisciplinary Breast Cancer Care Fund. Read "University of Washington/ Fred Hutchinson Cancer Center Multidisciplinary Breast Surgical Oncology Fellowship" (page 33).

VICE CHAIRS' UPDATES

Three years ago, we inaugurated Vice Chair roles in the Department. We created the roles of Vice Chair of Education, Research, Diversity, Faculty Development, and Patient Safety and Quality, and the on-going Vice Chair of Finance & Administration. After an application and selection process are appointed for a three-year term, with the possibility of an additional three-year term. The VC finishing their first terms are: Drs. Jeffrey Friedrich *(Education)*; Dave Flum, *(Research)*; Estell Williams, *(Diversity)*; Kris Calhoun, *(Faculty Development)*; and Jay Pal, *(Quality & Safety)*. There have been many accomplishments in these areas. I asked them to provide a review of their three-year appointment in their respective areas. Read the Vice Chair's area updates (page 6).

Three of our VCs have chosen to remain in their positions for a second term: Dr. Friedrich *(Education)*; Dr. Calhoun *(Faculty Development)*; and Dr. Pal *(Quality & Safety)*. We have accepted applications for the VCs of Research and Diversity, and we are pleased to announce that Drs. **Meghan Flanagan** *(Research)* and **Rhea Udyavar** *(for Diversity)*, are being appointed to these positions. We are thrilled to have this level of talent and commitment in these positions.

GOODBYE & HELLO

Retirements: We have two long-time faculty members retiring in July: Drs. **Lorrie Langdale** and **Ronald Maier**.

Dr. Langdale earned her MD degree at the University of Washington and after residency returned to UW, where she based her clinical practice at the Veterans Administration, Puget Sound Healthcare System. **Read Dr. Langdale's retirement highlight (page 50)**. We celebrate Dr. Langdale's legacy and congratulate her on her retirement. She will be missed but she leaves a legacy of people she has mentored and influenced that will continue to have a positive impact in the Department and our community for decades.

The Department also celebrates Dr. Ronald Maier's career as he retires after more than five decades of service to patients, trainees, science and the profession. **Read about Dr. Maier's extraordinary career as one of the defining leaders in modern trauma and critical care surgery on (page 53)**. He leaves a tremendous legacy and has made an indelible mark on Harborview, our Department, our community, and the innumerable people he has supported and guided to their own leadership in surgery.

NEW FACULTY

The Department continues to grow: Between April and November 2026, the following faculty have joined or will be joining:

Yihan Lin, MD, Associate Professor, *Cardiothoracic Surgery*

Guy Jensen, MD, Assistant Professor, *Pediatric General Surgery*

Laura Barnes, MD, Assistant Professor, *Plastic Surgery*

Solomon Lee, MD, Assistant Professor, *Plastic Surgery*

Danielle Eble, MD, Assistant Professor, *Plastic Surgery*

Nikhitha Thrikutam, MD, Assistant Professor, *Plastic Surgery*

Shilpa Murthy, MD, Associate Professor, *VA General Surgery*

Theresa Wang, MD, Assistant Professor, *General Surgery*

Janet Lee, MD, Assistant Professor, *General Surgery*

Belain Eyob, MD, Assistant Professor, *General Surgery*

Ahmed Hassan, MD, Assistant Professor, *Transplant Surgery*

Alex Gupta, MD, Assistant Professor, *Transplant Surgery*

Kathleen Gibson, MD, Professor, *Vascular Surgery*

Li Guo, MD, Research Assistant Professor, *Trauma, Burn, and Critical Care Surgery*

CHAIR'S MESSAGE

FACULTY PROMOTIONS

We are delighted to announce that the following department faculty have been promoted, effective July 1, 2026:

ASSISTANT TO ASSOCIATE PROFESSOR

Sarah Greenberg, MD, MPH
Pediatric General Surgery

Shane Morrison, MD
Plastic Surgery

Duane Wang, MD
Plastic Surgery

ASSOCIATE TO PROFESSOR

Kari Keys, MD
Plastic Surgery

Mukta Krane, MD
General Surgery

Nam Tran, MD
Vascular Surgery

Congratulations to all of these faculty.

HARKINS' SOCIETY

Among other activities, we are pleased that the Harkins' Society has worked diligently in their support of residents attending national educational and professional development conferences. To date 50 residents have received funding for these endeavors.

NEWS, HONORS & AWARDS

Several Department of Surgery faculty have recently received honors and awards for their work. We are pleased to recognize them in this issue, including Dr. Raymond Yeung, UW Surgeon-Scientist, CCSG Pilot Award. Read news and honors and awards on pages 61.

There are several other sections to this issue, including research activities and research awards. Our research mission remains strong. We also highlight some of the many prestigious publications by our faculty and trainees. We are immensely proud of all involved in these efforts.

We feature Dr. **Victoria Roach**, Research Assistant Professor, from the Division of Healthcare Simulation Science in our Getting to Know the Department of Surgery #GTKDOS.

Please 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

VICE CHAIRS' UPDATES

VICE CHAIR OF PATIENT SAFETY AND QUALITY

Dr. Jay Pal

As Vice Chair of Patient Safety and Quality, my work has centered on building infrastructure and institutional knowledge to meaningfully improve surgical outcomes and patient safety at the system level.

The central accomplishment of this role has been the design and development of a quality improvement database integrated with Epic, our institutional electronic medical record system. This tool will enable real-time tracking of surgical complications by pulling directly from patient records, eliminating the manual data entry and reporting delays that previously limited our ability to identify and respond to adverse outcomes. The database will allow our department to monitor complication rates longitudinally, benchmark against historical baselines, and generate actionable reports that inform clinical decision-making. By linking quality data directly to the medical record, we are creating a more accurate and sustainable infrastructure for ongoing performance monitoring — one that can scale as case volume grows and evolve as our quality priorities shift.

Beyond database development, a significant component of my role has involved active participation in the hospital's surgical improvement and quality oversight committees. Engagement in these bodies has deepened my understanding of how quality processes function at the institutional level, including how data flows from individual departments to hospital-wide governance, how improvement initiatives are prioritized and resourced, and how cross-departmental collaboration shapes patient safety culture. This exposure has made me a more effective advocate for our department's quality agenda within the broader hospital system, and has positioned me to align departmental initiatives with institutional goals.

Together, these efforts represent a sustained commitment to making quality improvement data-driven, transparent, and embedded in the daily workflow of our surgical program — not a retrospective exercise, but an ongoing process of monitoring, learning, and improvement.

VICE CHAIR OF RESEARCH

Dr. David Flum

Research is a central aspect of the Department of Surgery's (DoS) mission, however, surgeon-scientists and their research teams face many challenges. The focus of this inaugural term of Vice Chair (VC) for Research, Dr. **David Flum**, Professor of Surgery, and Adjunct Professor School of Public Health and Pharmacy, has been on addressing and supporting them in these challenges.

VICE CHAIRS' UPDATES

During his inaugural first term, the DoS created the Division of Research (DoR). The DoR supports infrastructure, investigators, and staff involved in research. The DoR is aligning research efforts and resources across divisions, providing centralized services and supporting faculty, fellow and staff development. Participation in the DoR continues to grow, now with over 65 faculty and staff members, (including the hire of over 15 staff dedicated to DoR projects in the last two years). DoR "Central", services include grant support, regulatory guidance, and data/ statistical resources to help researchers start projects more efficiently.

In this inaugural term, the DoS recruited six new surgeon-scientists (one of which received NIH funding within 18 months of their hiring), hired two research faculty members and launched a $1.25 million research reinvestment program. In an era of constrained and uncertain federal research funding, this reinvestment has supported 27 faculty as they launch pilot projects, helped grant development, and improved coordination of research operations. We also set up a fund to support early-career investigators applying for K awards.

Although the many challenges to research remain, as this first term of VC for Research ends, the Department is well positioned to advance surgical research and support the next generation of surgeon-scientists.

VICE CHAIR FACULTY AFFAIRS AND DEVELOPMENT

Dr. Kris Calhoun

It is my pleasure to have served as your inaugural Vice Chair for Faculty Affairs and Development (VC FAD). Although critical to departmental well-being, issues pertaining to recruitment, retention, review, promotion, mentorship, and wellness, had not been under one domain before. One of my first VC FAD tasks was to fully define these VC domains. Once identified, it was important to hear from faculty about what issues were impacting them the most. Faculty responses to a survey helped frame how to approach next steps.

One thing identified was the need to develop a FAD website where important documents could be easily found. Working with Department of Surgery Faculty Affairs, IT, and Academic Human Resources (HR) teams, a comprehensive intranet site launched in July 2025. This site contains information that ranges from recruitment to retirement. The goal was to aggregate as much information as we could to minimize the need to search across multiple sites.

We also redesigned the on-boarding process for new faculty. Department leaders now meet with new hires in October to orient them. This is in conjunction with the School of Medicine onboarding program provides a robust

VICE CHAIRS' UPDATES

welcome for new faculty to help them navigate their first years in the department. Regarding annual review, the form was significantly revised to streamline the process. Over 50% of the questions were eliminated, promotion readiness questions were added, and the current platform, Interfolio, was replaced with a more user-friendly platform. Much of this was in response to feedback from you, and continued feedback is welcomed.

In terms of recognition, annual emails are sent from dosfad@uw.edu congratulating those promoted to Associate and Professor. Also, for the past two years we have recognized faculty achieving Milestone Years of Service (5, 10, etc.) with certificates and a small award at the Harkins Symposium in the fall. Thank you to Harkins Society for sponsoring this.

Realizing the utmost importance of mentorship, I was able to finalize a Mentorship Panel and Agenda Meeting templates, which were disseminated to all division chiefs. The hope is that a version of Dr. Oelschlager's Mentorship Program in the Division of General Surgery, successful at UWMC Montlake for Assistant Professors, might be instituted department wide. This program utilizes peers of various levels and is driven by both mentee and mentor. Mentor panels have been successfully adopted in some of the divisions. If interested, please reach out. I also continue to work on finalizing a sponsorship program, which should pair nicely with the Mentorship program and allow senior faculty to futher facilitate junior career advancement.

Two final areas of focus have been promotion and leave. Promotion continues to be an area of significant angst for many faculty, despite overwhelming DoS promotion success. The process is more transparent: the timeline, promotion guidelines and criteria, and teaching portfolio guidelines are all posted and easily accessible. I also examined time to promotion data, worked closely with division chiefs to discuss faculty at ranks for extended periods of time, and met with faculty to develop promotion plans. Finally, I am a member of an Appointments and Promotions Workgroup appointed by UW Medicine CEO, Executive Vice President for Medical Affairs, and Paul G. Ramsey Endowed Dean for the UW School of Medicine, Timothy Dellit to examine promotion criteria school wide and see if more unified criteria can be adopted.

Regarding leave, the DoS has a pregnancy, leave and lactation policy that was created several years ago. I am thrilled that there is now a gender-free family leave policy at the University of Washington that goes into effect July 1st and supports paid leave time for parents of ALL genders. This policy supports time off to bond with new children, whether they were birthed by the parent, adopted, born by surrogacy, or other circumstances. Together with Academic HR, I am also working to clarify other leave issues. Finally, a work group was convened for the purpose of improving ithe DoS retirement process. We plan to speak to recently retired faculty, then create a "retirement toolkit" and guidelines, with plans for a retirement seminar soon.

More areas of improvement will eventually be explored, but for the time being, I welcome your feedback and my door and email are always

VICE CHAIRS' UPDATES

"open". Thank you for entrusting me with this vital job and more importantly, thank you for all you do to make this department the wonderful place that it is.

Dr. Jeffrey Friedrich

PROGRESS AND MOMENTUM IN SURGICAL TRAINING

Over the past three years, **Jeff Friedrich**, MD, MC, a professor of surgery in the Division of Plastic Surgery, has made meaningful strides in advancing the Department of Surgery's (DoS) educational mission in his first term as Vice Chair of Education. Anchored in the department's commitment to training the next generation of surgical leaders, we have seen a period marked by steady growth, increased internal collaboration, and thoughtful adaptation to a rapidly changing training environment under Dr. Friedrich's leadership.

This work began with a focus on defining the role of the Vice Chair for Education and strengthening alignment across programs – an essential foundation for the progress that followed. At the same time, the broader educational landscape was shifting. Today's residents, many shaped by the COVID-era learning environment, bring new expectations and perspectives to surgical training. Coupled with increased regulatory oversight, these changes have required a more flexible, transparent, and responsive approach to surgical education and setting the stage for many of the initiatives that followed.

A key priority of this term has been strengthening the sense of community across the educational mission. More regular meetings, along with new opportunities for informal connection, such as holiday gatherings, have fostered greater communication and cohesion across programs. For example, efforts were made to expand and enhance support for medical student engagement. In addition, new ways to celebrate teaching excellence, most notably through the Academy of Surgical Educators, have reinforced the value placed on education. The "Enriching Education" seminars have further complemented these efforts, becoming a valuable forum for exchanging best practices and supporting faculty development.

With stronger connections in place, the Division of Education has launched several new initiatives to enhance training and administrative collaboration. Improved sharing of processes across programs has helped align efforts and reduce silos. This approach has supported tangible program growth, including a new colorectal fellowship, a new breast oncology fellowship, and expansion of the surgical resident complement across multiple programs.

Efforts to enrich the trainee experience have extended into new clinical and leadership domains. Educational opportunities continue to broaden with new clinical collaborations—such as a new rotation and inpatient service shared with the Orthopedic Surgery Residency at Harborview—while the R3 Leadership Series provides a pathway for resident leadership

VICE CHAIRS' UPDATES

development. Alongside these advances, updated and newly developed policies have brought greater consistency and clarity to program

"LOOKING AHEAD, THE DEPARTMENT IS PREPARING FOR THE NEXT WAVE OF CHANGE IN SURGICAL EDUCATION."

— JEFFREY B. FRIEDRICH, MD

operations, ensuring that growth is matched by strong departmental support.

Importantly, these accomplishments have not occurred in isolation. Instead, collaboration across missions has been central to our success. Partnerships with the Vice Chairs for DEI, Quality, and Research have supported efforts in trainee retention, education-focused programming, and the expansion of education research. These joint efforts reflect our shared commitment to a collegial, inclusive environment that supports both personal and professional development.

While much has been achieved, several important initiatives continue to move forward. These include adjustments to the academic year calendar, ongoing assessment of the preliminary surgery program, and incremental progress towards a more robust and sustainable education research program.

Looking ahead, the Department is preparing for the next wave of change in surgical education. Preparations are underway for the adoption of Entrustable Professional Activities (EPAs), a shift toward competency-based training, and new accreditation requirements. Anticipated changes in work hour standards will also further shape how we train and support our residents.

In summary, with groundwork now in place, the DoS's education programs are well positioned to continue advancing surgical education and supporting the success of learners and faculty in the years ahead.

EDUCATION PROGRAM UPDATES

UW DEPARTMENT OF SURGERY

DRIVING EXCELLENCE IN SURGICAL EDUCATION

As we discuss surgical education in this issue of *Surgery Synopsis*, I get the chance to do something that I love to do, which is talk about the people with whom I work. By now, you've already seen the great people who will be joining our residency families this summer, and many of us got to watch in real time as Dr. **Douglas Wood**, our Chair of the Department of Surgery (DoS), introduced all of them during a break in the action during the Schilling Symposium, accompanied by raucous cheering. But now I'd like to introduce or at least re-introduce you to the people who are driving our residency programs ever forward. I'm talking of course about our Program Directors.

Collectively, the "PD's" as we call them, are a dynamic and inspirational group. They have overseen changing and expanding clinical demands in their specialties, increasing local and national regulatory burden (it always goes up, never down), program expansions, all while helping our trainees get the most out of their training while balancing lives that go on even when working 80 hours a week.

Our surgery and education programs are led by Drs. **Kathleen Berfield** in Cardiothoracic Surgery (eight years in the position), **Russell Ettinger** in Plastic Surgery (two years), **Rebecca Petersen** in General Surgery (four years) and **Elina Quiroga** in Vascular Surgery (four years). Each brings a wealth of experience to the role, and to a person, a deep-seated motivation to make the surgical training environment here in the DoS the best it possibly can be.

While there are a few departments larger than the DoS, ours is unique in that there are four different residency training programs in addition to more than a dozen fellowships. The residency programs of General Surgery, Plastic Surgery, Vascular Surgery, and Cardiothoracic Surgery provide us not only with a large set of complementary educational opportunities, but also a vast array of experiences from which we can draw. Within the Division of Education, we have a Residency Program Council that is comprised of the four residencies, and we meet three times yearly to work on strategic planning as well as operational implementation. These interactions are effectively surgical education laboratories in which we exchange ideas, plan rotations, lend each other resources and collectively work to ensure that the surgical educational environment is the best available across all programs.

Much of the work in the Division of Education is behind the scenes, not visible on a day-to-day basis by trainees or faculty. In many ways this is by design: we want our residents to rest assured that their welfare is woven throughout everything we do and that they don't have to worry about the health of their programs. The next time you see one of these amazing program directors, please thank them for the work that they do. It is herculean in scope, and they have earned our gratitude.

JEFFREY B. FRIEDRICH, MD, MC
Vice Chair for Education
Professor
Department of Surgery
University of Washington

EDUCATION PROGRAM UPDATES

TRAINING THE NEXT GENERATION OF CARDIOTHORACIC SURGEONS

The University of Washington's cardiothoracic (CT) surgery training program offers a comprehensive and flexible approach to preparing future surgeons. With three distinct pathways—including an integrated thoracic surgery residency (I-6), a traditional two-year fellowship, and a 4+3 program for general surgery trainees—the program is designed to meet trainees at different stages of their careers. Across all pathways, residents and fellows receive broad exposure to the full spectrum of cardiothoracic surgery, including complex open procedures, minimally invasive surgery (MIS), and transplantation.

Now in its 16th year, the integrated I-6 program continues to evolve to meet the changing needs of trainees and certification requirements. A key focus has been refining rotations to ensure balanced exposure throughout training. In the early years, residents gain foundational experience in cardiothoracic surgery while building essential surgical skills. As training progresses, the emphasis shifts toward advanced operative experience and mastery of core competencies. Importantly, this evolution has been shaped in collaboration with trainees, ensuring that the program remains responsive and learner-centered.

The program builds on a strong legacy of leadership in surgical education. Long guided by Dr. Edward Verrier, a nationally recognized leader in the field, UW's CT surgery program has cultivated a culture of excellence in teaching and mentorship. His influence is evident not only within the institution but also across the country, where many former trainees now serve as program leaders themselves. This commitment to education continues to define the program today.

Graduates of the program have made a lasting impact, particularly within the WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho). Many alumni have chosen to remain in the region, contributing to patient care and training the next generation of surgeons. This includes leadership at newer community rotation sites such as Kootenai Health in Coeur d'Alene, Idaho, where former UW trainees now play a central role in education and clinical care. These partnerships strengthen both the training experience and the program's regional impact.

Looking ahead, the program is focused on continued innovation in surgical training and expanding its service to the WWAMI region. One important area of growth is the development of robotic cardiac and thoracic surgery programs, ensuring that trainees are prepared for the evolving landscape of surgical care.

Through its combination of rigorous training, strong mentorship, and commitment to innovation, the University of Washington's cardiothoracic surgery program remains dedicated to preparing skilled, adaptable surgeons ready to meet the challenges of modern healthcare.

EDUCATION PROGRAM UPDATES

BUILDING SURGEONS AND A CULTURE OF CARE

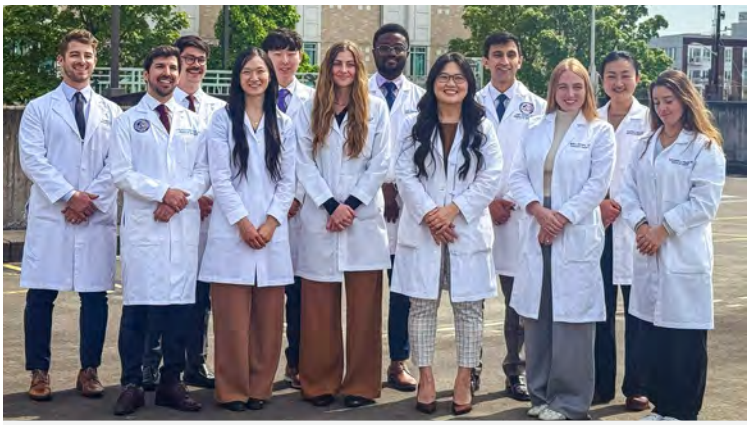
INSIDE UW'S VASCULAR SURGERY RESIDENCY

Our Vascular Surgery Integrated Residency at the University of Washington is designed to train exceptional surgeons while supporting the development of thoughtful, well-rounded physicians. The five-year program takes residents from medical school through independent practice, combining rigorous clinical experience with opportunities for research and professional growth. Residents train at Harborview Medical Center, UW Medical Center–Montlake, UW Medical Center–Northwest, the VA Puget Sound Health Care System, and St. Luke's in Boise, Idaho. Together, these settings provide exposure to diverse patient populations and a wide spectrum of vascular disease, preparing graduates for any practice environment.

Since becoming Program Director in July 2022, I've focused on supporting the "whole physician." That means creating space for residents to pursue meaningful experiences beyond traditional training. One resident completed a T32-funded research fellowship, while another pursued a year in palliative care. These opportunities strengthen both the individual and our program while reflecting our commitment to training surgeons who are academically rigorous, compassionate, and prepared for real-world care.

Looking ahead, we are expanding research opportunities, strengthening leadership development, and growing our work in surgical education. We are also committed to examining how training systems impact residents, creating space for honest dialogue, accountability, and continuous improvement. Our goal is simple: to train excellent surgeons who are skilled, curious, and committed to equitable care—and to foster a community where residents support one another and their patients. This culture is something we build together, intentionally, every day.

VASCULAR RESIDENTS



Back row-left to right: Drs. Sam Schwarz, Lucas Ruiter Kanamori, Daniel Koh, Louis Darkwa, Amit Pujari, Panpan Chen

Back row-left to right: Drs. Nicolas Stafforini, Karissa Wang, Claire de Crescenzo, Janice Nam, Blake Murphy, Alexandra Phocas

SUPPORT THE BENJAMIN W. AND MARGIE STARNES ENDOWMENT FOR VASCULAR SURGERY TRAINEES

This fund supports trainees (including fellows, resident, and MD students) in the Department of Surgery's Division of Vascular Surgery.

GIVE NOW

EDUCATION PROGRAM UPDATES

A PROGRAM IN MOTION

INNOVATION IN PLASTIC SURGERY TRAINING

The University of Washington Integrated Plastic Surgery Residency Program remains a nationally renowned, fully accredited, six-year training program matriculating five residents per year. Our program is supported by sixteen full-time faculty practicing across UW Medical Center–Montlake and UW Medical Center–Northwest Hospitals, Harborview Medical Center, Veterans Administration, Puget Sound Health Care System VA Puget Sound, and Seattle Children's Hospital, as well as four associate faculty in community Plastic Surgery practices. Residents receive comprehensive exposure across the full breadth of plastic surgery, including oncologic reconstruction, microsurgical breast reconstruction, complex hand surgery, congenital and post-traumatic craniofacial reconstruction, brachial plexus and peripheral nerve surgery, gender-affirming surgery, aesthetic surgery, and extremity reconstruction after trauma.

Since assuming the role of Residency Program Director, we have undertaken a broad and intentional advancement of the residency program focused on enhancing education, mentorship, and resident development. We have comprehensively revised our resident evaluation system and mentorship model to provide more individualized feedback, clearer professional development pathways, and stronger faculty engagement. In addition, we expanded our Associate Program Director leadership structure from three faculty to five faculty members to better support curriculum oversight, wellness initiatives, quality improvement processes, mentorship, and resident advocacy across all of our sites of practice.

We have also introduced several new educational opportunities, including a chief resident elective rotation designed to provide senior residents with additional autonomy and tailored clinical exposure prior to graduation. Looking ahead, we are actively developing a senior resident continuity clinic that will allow chief residents to evaluate and manage patients with greater independence while maintaining appropriate faculty oversight and guidance.

A major divisional priority has been strengthening scholarly productivity and academic support within Plastic Surgery. Significant resources have been dedicated toward expanding research infrastructure, including the development of dedicated research personnel and administrative support to help residents advance projects from initial concept through manuscript completion and presentations of our work on the national and international level.

Clinically, we recently completed a major restructuring of the Harborview Plastic Surgery services. This effort unified our Multidisciplinary Hand Surgery Service with our Orthopedic Surgery colleagues and established a new Harborview Plastic Surgery service integrating craniofacial surgery, gender-affirming surgery, and complex wound and reconstructive surgery into a cohesive clinical platform.

EDUCATION PROGRAM UPDATES

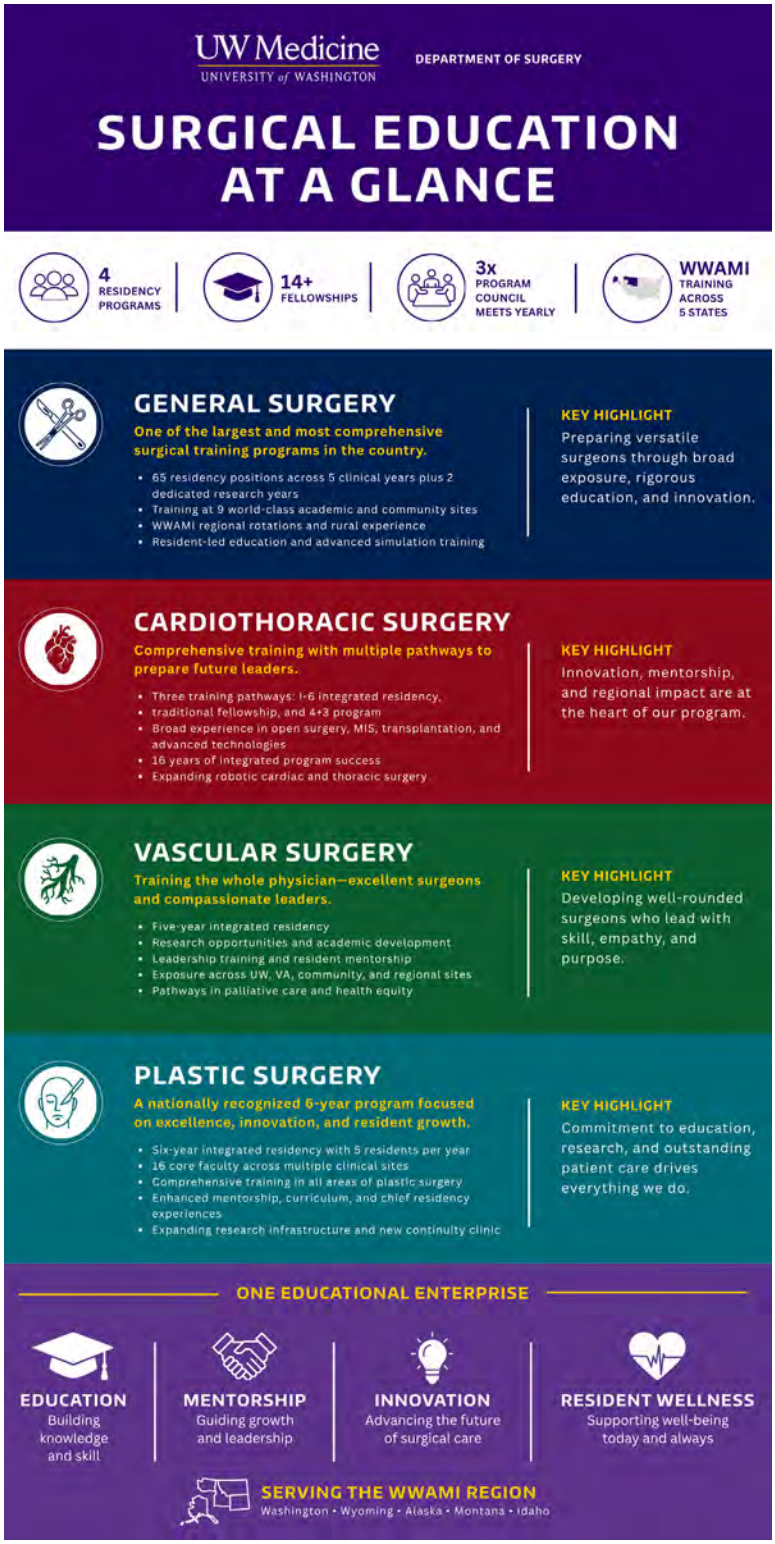
Our continued mission is to provide exceptional clinical training while fostering resident growth, mentorship, research productivity, and excellence in surgical outcomes, ultimately preparing graduates to thrive in independent practice, assume leadership, and drive the future innovation that has always defined our field of Plastic Surgery.

RUSSELL E. ETTINGER, MD
Associate Professor of Surgery
Program Director of the Plastic Surgery Residency Program

SUPPORT THE VISHAL KAPOOR, MD ENDOWED FUND FOR UW RESIDENTS IN PLASTIC SURGERY

This fund supports the professional development and educational needs of the residents with a flexible and discretionary source of support for expenses, which may include the purchase of food and alcohol.

GIVE NOW



EDUCATION PROGRAM UPDATES

GENERAL SURGERY & PRELIMINARY SURGERY

TRAINING TOMORROW'S SURGICAL LEADERS

OVERVIEW OF THE PROGRAMS

The University of Washington (UW) Residency Programs General and Preliminary Surgery rank among the largest and most comprehensive surgical training programs in the country, with 65 positions spanning five clinical years and two dedicated research years. Residents train across six world-class Seattle area teaching sites: UW Medical Center–Montlake, UW Medical Center–Northwest, Harborview Medical Center, Seattle Children's Hospital, the Fred Hutch Cancer Center, and the Veterans Administration, Puget Sound Health Care System (VA), along with rural rotations at the Alaska Native Medical Center, Billings Clinic in Montana, and Saint Alphonsus in Idaho. UW is also proud to run one of the most robust preliminary surgery programs in the nation. As the referral center for the five-state WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho), UW Surgery offers residents an extraordinary breadth of pathology and high-acuity experience that few programs can match. It is a truly special place to train, and by the time residents complete the program, there is little they will not have seen and mastered.

WHAT CHANGES HAVE OCCURRED SINCE YOU BEGAN YOUR POSITION?

When I began as Program Director, we were still navigating the effects of the COVID-19 pandemic, and there was a strong desire across the program to rebuild a sense of community and connection. That has been at the heart of everything since. At the same time, we've been fortunate to recruit outstanding new faculty, significantly growing the size of our department and, with it, our team of advanced practice providers, who are so essential to resident education and patient care. We've accomplished all of this against a genuinely challenging financial environment in medicine and research, which has made the dedication of our faculty, staff, and residents all the more meaningful.

PROGRAM ACCOMPLISHMENTS

Since stepping into the Program Director role in 2022, the program has been rebuilt in close partnership with department leadership, six Associate Program Directors, faculty, residents, and our administrative team, and I'm proud of what we have accomplished together. We redesigned the Protected Didactic Session (PDS) curriculum around resident-led "family cohorts" that pair junior and senior residents across class years, with morning rounds released at most sites to protect that learning time. Passive lectures gave way to faculty-led, interactive sessions, and TrueLearn (a test prep tool) was funded for every resident. The collaboration between our Director of PDS, Dr. **Erika Bisgaard**, and our resident-run Education Working Group, added valuable non-clinical sessions on the topics residents told us mattered most, including leadership, wellness, litigation, managing complications, and financial planning. We also replaced an unstructured recruitment process with a holistic, rubric-based model grounded in equity and transparency, an approach that other programs have since adopted, and that has drawn national attention. The Harkins Scholar Program, led by Dr. **Jonathan Sham**, President of the Harkins

EDUCATION PROGRAM UPDATES

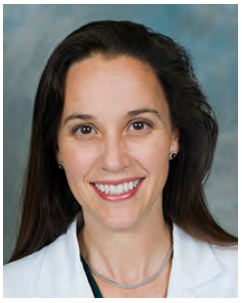
Surgical Society, now sends 15 residents each year to national and international conferences, made possible by the generous support of our alumni, to whom we are deeply grateful. Simulation training has grown tremendously under Dr. **Saurabh Khandelwal**, our Director of Technical Skills, with Dr. **Hugh Foy**, forging the way on the weeklong trauma cadaver labs, and our senior residents now train in high-fidelity, minimally invasive perfused cadaver labs. Finally, new Administrative Chief and Associate Chief positions have formalized resident leadership in program governance, and I want to thank our inaugural Administrative Chiefs, Drs. **Nina Clark** and **Lauren Agoubi**, and Associate Chiefs, Drs. **Alex Hernandez** and **Asmaa El-Ghazali**, for their leadership and dedication!

WHAT'S ON THE HORIZON?

We're building a continuously updating feedback dashboard, accessible to residents, mentors, and service leads, that aligns in-the-moment evaluations with educational milestones and individual goals. Pairing Entrustable Professional Activities (EPAs) with video-based assessment is a near-term priority. We also plan to keep expanding the non-clinical curriculum which we believe is essential to developing well-rounded, successful surgeons. Above all, we're proud to be training the next generation of both academic and community surgeons who will go on to become leaders in their fields wherever their careers take them.

WHAT ARE SOME PROGRAM GOALS?

Our biggest goal is to build a truly competency-based program that paves the way for the next generation. We envision a program where our residents grow not by surgical volume alone, but through the combination of strong didactics, simulation, and real-world cases, so that every UW graduate walks into practice feeling genuinely ready and supported. What means the most to us, though, is the community our residents and faculty have built together, a place grounded in trust, in looking out for one another, and in a real sense of shared ownership. We're so proud of what we've created together, and even more excited about everything still ahead.



REBECCA PETERSEN, MD, MSC, FACS
Associate Professor of Surgery
Program Director of the General and Preliminary Surgery Residency Program

CONGRATULATIONS 2026–2027 GRADUATING CHIEF RESIDENTS

As we mark this exciting time of transition and achievement, we are proud to welcome a new class of surgical residents and fellows to our programs—individuals who bring **fresh energy**, **diverse perspectives**, and a **shared commitment to excellence in patient care and surgical education**. At the same time, we celebrate the remarkable accomplishments of our graduating chief surgical residents and fellows, whose years of dedication, resilience, and growth have prepared them to take the next steps in their professional journeys.

Together, these milestones reflect the strength and continuity of our training programs, honoring those who have completed their training while looking ahead to the promise of those just beginning theirs.

GRADUATING CHIEF RESIDENTS

CARDIOTHORACIC SURGERY-INTEGRATED

MAX ADCOX, MD
St. Luke's Cardiothoracic Vascular Boise, ID

SWARA BAJPAI, MD
MercyOne North Iowa Medical Center, Mason City, IA

GENERAL SURGERY-CATEGORICAL

LAUREN LEILA AGOUBI, MD, MPH, MA
Plastic Surgery Fellowship
Emory University

MALIA AILINAKEAKALA BRENNAN, MD
Breast Surgery Oncology Fellowship
Memorial Sloan Kettering

NINA MICHELLE CLARK, MD, MS
Trauma/Surgical Critical Care Fellowship
Vanderbilt University

LINDSAY KATHLEEN DICKERSON, MD
Complex Surgical Oncology MD Anderson

PAUL HERMAN, MD
Burn/Surgical Critical Care Fellowship
University of Washington

ANDREW E. LIECHTY, MD
Burn/Surgical Critical Care Fellowship
UT Southwestern/Parkland

KERRY MARIE MADISON, MD
LCDR, General Surgery
United States Navy

ELINA SERRANO, MD, MPH, MS
Abdominal Transplant Fellowship
UC Davis

PLASTIC SURGERY-INTEGRATED

GIULIA DANESHGARAN, MD
South Coast Plastic Surgery Aesthetic Surgery Fellowship

BRANDON DE RUITER, MD
Plastic and Reconstructive Microsurgery Fellowship, Memorial Sloan Kettering Cancer Center, NY

SHANIQUE MARTIN, MD
Microsurgery Fellowship, Stanford Medicine, Stanford University

EDITT TASLAKIAN, MD
Craniofacial Pediatric Plastic Surgery Fellowship, University of California, Irvine

LINDSEY TEAL, MD
Plastic Surgery Craniofacial Fellowship, New York University

VASCULAR SURGERY-INTEGRATED

AMIT PUJARI, MD
Piedmont Heart Institute, Atlanta, GA

NICO STAFFORINI, MD
Stony Brook University Hospital, Stony Brook, New York

2026 GENERAL SURGERY & VASCULAR SURGERY RESIDENTS' GRADUATION DINNERS

On June 19 and 20, 2026, the Department of Surgery celebrated its graduating residents and fellows at special events held in Seattle, Washington. On June 19, faculty, family members, friends, and colleagues gathered at Palisade to honor the graduating General Surgery Chief Residents: **Lauren Leila Agoubi, MD, MPH, MA**; **Malia Ailinakeakala Brennan, MD**; **Nina Michelle Clark, MD, MS**; **Lindsay Kathleen Dickerson, MD**; **Paul Herman, MD**; **Andrew E. Liechty, MD**; **Kerry Marie Madison, MD**; and **Elina Serrano, MD, MPH, MS**. The evening provided an opportunity to reflect on the graduates' years of dedication, celebrate their accomplishments, and wish them success as they embark on the next chapter of their surgical careers.

The celebrations continued on Saturday, June 20, with the Vascular Surgery Chief Residents and Fellow Graduation Dinner at the Rainier Club in Seattle, Washington. Faculty, family members, friends, and colleagues came together to recognize the achievements and contributions of **Nico Stafforini, MD** *(Residency Graduate)*, **Amit Pujari, MD** *(Residency Graduate)*, and **Claire de Crescenzo, MD** *(Fellow Graduate)*. The event honored their commitment to excellence in patient care, education, and surgical training, while celebrating the successful completion of their programs and the promising careers that lie ahead.

2026 GENERAL SURGERY GRADUATING CHIEF RESIDENTS

Back row-left to right: Drs. Erika Bisgaard, Douglas Wood, Paul Herman, Kerry Madison, Lauren Agoubi, Malia Brennan Rebecca Petersen, Deborah Marquardt, and Saurabh Khandelwal

Front row-left to right: Drs. Elina Serrano, Nina Clark, Lindsay Dickerson, and Andrew Liechty

2026 VASCULAR SURGERY GRADUATING CHIEF RESIDENTS & FELLOW

Back row-left to right: Drs. Julia Phillips, Daniel Koh, Lucas Ruiter Kanamori, Nico Stafforini (Residency Graduate), Sam Schwarz, Kay Darkwa, Amit Pujari (Residency Graduate), Panpan Chen, & Blake Murphy

Front row-left to right: Drs. Alexandra Phocas, Janice Nam, Karissa Wang, Claire de Crescenzo (Fellow Graduate), & Aleksandra Vrvilo

WELCOME 2026–2027 RESIDENTS

INCOMING INTERNS

CARDIOTHORACIC SURGERY-INTEGRATED

SAMUEL "SAM" HOENIG, MD
Case Western Reserve University School of Medicine
JUNJI TSUKAGOSHI, MD
Jikei University School of Medicine

GENERAL SURGERY-CATEGORICAL

MICHAEL AUTEN, MD
Icahn SOM at Mount Sinai
KATHLEEN BOTTERBUSH, MD
Saint Louis University SOM
BETHANY BROCK, MD
University of Alabama SOM
JACOB CLIETT, MD
Medical College of Georgia at Augusta University
NICHOLAS D'AMBROSIO, MD
University of Cincinnati COM
ANNA DUNCAN, MD
Washington State University Elson S. Floyd COM
KEENAN FINE, MD
Northwestern University The Feinberg SOM
NIKHIL GANJOO, MD
Perelman SOM at the University of Pennsylvania
OLIVER HANSEN, MD
University of North Carolina at Chapel Hill SOM
HELIA HOSSEINI, MD
Yale SOM
MITCHELL KENNEDY, MD
Washington State University Elson S Floyd COM
MITCHELL KIRKHAM, MD
University of Utah SOM
ZELIANG MA, MD
Zhongshan SOM Sun Yat-Sen University
ALEXANDER MYERS, MD, MS
University of Louisville SOM
HANNAH OLSON, MD
Medical College of Wisconsin
MADELINE OTTO, MD
Oregon Health & Science University SOM
CAROLINA PAVLENCO, MD
University of Washington SOM
KIRTANA SANDEPUDI, MD
Northwestern University The Feinberg SOM
COLIN TANG-WHITMORE, MD
University of Minnesota Medical School
VICTORIA TRIPOLI, MD
University of Washington SOM
ALLIE WARD, MD
University of Washington SOM
YAEL WEISZ, MD
Keck SOM of the University of Southern California

PLASTIC SURGERY-INTEGRATED

PAYTON GRANDE, MD
University of Tennessee Health Science Center
KATE GUION, MD
Keck School of Medicine of USC
SAI PINNI, MD
Washington University in St. Louis
JADE SMITH, MD
Northwestern University
ERIC ZENG, MD
Wake Forest University

VASCULAR SURGERY-INTEGRATED

JULIA PHILLIPS, MD
Tulane University
ALEKSANDRA VRVILO, MD
Oregon Health Sciences University

PRELIMINARY RESIDENTS

KATHLEEN BOTTERBUSH, MD
Saint Louis University SOM
JACOB CLIETT, MD
Medical College of Georgia at Augusta University
ANNA DUNCAN, MD
Washington State University Elson S. Floyd COM
KEENAN FINE, MD
Northwestern University The Feinberg SOM
NIKHIL GANJOO, MD
Perelman SOM at the University of Pennsylvania
OLIVER HANSEN, MD
University of North Carolina at Chapel Hill SOM
HELIA HOSSEINI, MD
Yale SOM
MITCHELL KIRKHAM, MD
University of Utah SOM
ZELIANG MA, MD
Peking Union Medical University
ALEXANDER MYERS, MD
University of Louisville SOM
MADELINE OTTO, MD
Oregon Health & Science University SOM
CAROLINA PAVLENCO, MD
University of Washington SOM
KIRTANA SANDEPUDI, MD
Northwestern University The Feinberg SOM

WELCOME 2026–2027 RESIDENTS

We are pleased to welcome our **newest cohort of residents** to the program. These talented physicians bring a wide range of experiences, skills, and a shared commitment to **advancing patient care**, **surgical excellence**, and **lifelong learning**. As they begin this important stage of their training, we look forward to the **energy and perspective** they will contribute to our community of **surgeons, educators, staff, alumni, and supporters**.

MICHAEL AUTEN, MD
General Surgery R1

KATHLEEN BOTTERBUSH, MD
Preliminary Surgery R1

BETHANY BROCK, MD
General Surgery R1

ISABELLA CHRISTIANSON GALINA, MD
OMS R1

JACOB CLIETT, MD
Preliminary Surgery R1

NICHOLAS D'AMBROSIO, MD
General Surgery R1

ANNA DUNCAN, MD
Preliminary Surgery R1

KEENAN FINE, MD
Preliminary Surgery R1

NIKHIL GANJOO, MD
Preliminary Surgery R1

PAYTON GRANDE, MD
Plastic Surgery R1

KATE GUION (MANLEY), MD
Plastic Surgery R1

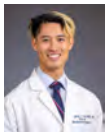
OLIVER HANSEN, MD
Preliminary Surgery R1

SAMUEL HOENIG, MD
CT Surgery R1

HELIA HOSSEINI, MD
Preliminary Surgery R1

MITCHELL KENNEDY, MD
Preliminary Surgery R1

MITCHELL KIRKHAM, MD
Preliminary Surgery R1



CHRISTOPHER MA, MD
OMS R1

ZELIANG MA, MD
Preliminary Surgery R1

ALEXANDER MYERS, MD
Preliminary Surgery R1

HANNAH OLSON, MD
General Surgery R1

MADELINE OTTO, MD
Preliminary Surgery R1

JAY PARK, MD
OMS R1

CAROLINA PAVLENCO, MD
Preliminary Surgery R1

JULIA PHILLIPS, MD
Vascular Surgery R1

SAI PINNI, MD
Plastic Surgery R1

KIRTANA SANDEPUDI, MD
Preliminary Surgery R1

JADE SMITH, MD
Plastic Surgery R1

COLIN TANG-WHITMORE, MD
General Surgery R1

VICTORIA TRIPOLI, MD
General Surgery R1

ALEKSANDRA VRVILO, MD
Vascular Surgery R1

ALLIE WARD, MD
General Surgery R1

YAEL WEISZ, MD
General Surgery R1

ERIC ZENG, MD
Plastic Surgery R1

GETTING TO KNOW OUR NEW RESIDENTS

VOICES OF PURPOSE

WELCOMING THE NEXT GENERATION OF UW SURGERY INTERNS

From cardiothoracic to plastic surgery, this year's incoming R1 residents at the University of Washington Department of Surgery bring with them a remarkable range of experiences, perspectives, and motivations. United by a shared commitment to patient care, technical excellence, and lifelong learning, these interns reflect on the personal journeys that led them to surgery, the communities and mentors that shaped them, and the excitement of beginning their training at UW. Their stories highlight not only the demands of surgical life, but also its profound rewards—offering a glimpse into the passion and purpose that define the next generation of surgical leaders.

CARDIOTHORACIC SURGERY

JUNJI TSUKAGOSHI, MD, R1

WHY DO I WANT TO BE A SURGEON?

Life in surgery is demanding. It requires technical precision and difficult judgements pre- and post-operatively. But you see immediate changes in the patient, especially in cardiothoracic surgery, as a result of the intervention, both good and bad. This is a very challenging yet fulfilling experience, and I want to make a positive impact on each patient's care.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

Why not? I feel privileged to be given the opportunity to train at UW where top case volume, world-class academic and educational reputation, and great culture coexist, in a beautiful city like Seattle!

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

The opportunity to learn directly from the leaders of the field, in a great environment.

GENERAL SURGERY

CAROLINA PAVLENCO, MD, R1

WHY DO I WANT TO BE A SURGEON?

I grew up between two languages and two worlds, and somewhere in that in-between space I learned that the most important things are often what gets lost in translation. My father was a paramedic in the Soviet Union, helping neighbors in rural Moldova, and later became the man I translated for at hardware

GETTING TO KNOW OUR NEW RESIDENTS

stores in Spokane as a kid. Long before I ever set foot in a hospital, I understood that care is something you do with your hands and your presence. Before medicine, I worked in strength and conditioning, and group exercise, using movement to connect with patients when words were not enough. Surgery feels like a natural extension of that same instinct. It is the most direct, human form of showing up for someone at their most vulnerable, and I want to continue practicing it my entire life.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

The honest answer is that UW chose me first, and I never wanted to leave. As a medical student in the WWAMI program at the University of Washington School of Medicine, I cared for patients in a small town of 3,000 people in Petersburg, Alaska, in the heart of urban Seattle, and in intermediate-sized towns across Montana, Idaho, and Washington. What struck me every time was how much context matters in medicine. Growing up bilingual taught me early that micro communities have their own language, their own gaps, and their own needs, and WWAMI gave me a clinical education built around that exact truth. The culture here is one where teaching is taken seriously and mentorship is something people genuinely give rather than perform. When I had the chance to stay, it did not feel like a decision so much as it felt like continuing something already in motion. I am extremely excited to be part of the UW Department of Surgery.

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

Taking that step from medical student to resident feels like the moment when everything I have been building towards, finally gets to move forward. UW Medicine's mission to improve the health of the public has always resonated with me personally, and I am excited to manifest it by continuing to care for the kinds of patients I met through WWAMI. That means serving the rural communities, the underserved populations, and the people who navigate medicine, the way my family once navigated a new country. I am also looking forward to continuing research alongside mentors at UW who have already shaped how I think about medicine and what it means to give back. More than anything, I am ready to grow into the kind of surgeon this training will ask me to become, and I am proud to do it here.

MICHAEL AUTEN, MD, R1

WHY DO I WANT TO BE A SURGEON?

Before medical school, I served in the Marine Corps for about six years. On a deployment halfway through my time in service, my unit's trauma surgeon, Dr. George Fulghum, United States Airforce, became an important mentor. I had only basic field medical training at the time and was on a different career trajectory, but after seeing Dr. Fulghum and the military medics respond to several mass casualty events involving local civilians, my heart was

GETTING TO KNOW OUR NEW RESIDENTS

set on medicine. I came to medical school with general surgery at the top of my list and couldn't convince myself to do anything else. I'm excited to be at the beginning of my clinical training and hope to one day meet the high standards exemplified by the military medical team who first opened my eyes to this amazing career.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

I was fortunate to have the opportunity to rotate at Harborview as a sub-intern. During my rotation, our team cared for some of the sickest trauma patients from far-flung areas of the WWAMI region, along with a broad cross-section of Seattle. I was blown away by the geographic reach of the program and really drawn to the regional role that UW Medicine fills in the Northwest and Alaska. I grew up in western North Carolina and did medical school in the heart of New York City. When I found out that there was a residency program at UW where I could both practice rural surgery and engage with the rich diversity of a city such as Seattle, I jumped at the opportunity.

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

Hands down, the people. During my sub-I, I met some of the smartest, funniest, and most caring people, and I could tell immediately that it was a place where faculty and house staff have a genuine commitment to education. The teamwork I experienced at UW reminded me of some of the best experiences I had in the Marine Corps - high-functioning teams, with people dedicated to the service of others, supporting each other in the accomplishment of demanding and meaningful work. I can't wait to join the Department to continue learning and growing alongside my incredible cohort of future surgeons.

NIKHIL GANJOO, MD R1

WHY DO I WANT TO BE A SURGEON?

I'm drawn to surgery in large part due to the unique privilege that comes with the job. Patients turn to surgeons in their most vulnerable moments, expecting you to handle their most vital organs and fix what ails them. Ultimately, it's a major reason the work feels so meaningful to me. At the same time, as a lifelong sports fan, I have always loved team-based, high-performance environments. Surgery combines that team mentality with technical skill and decisive action in a way that energizes me every day.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

The University of Washington's surgical program is unique in that it combines comprehensive general surgery training with subspecialty excellence, led by faculty who are leaders in their respective fields. In this way, trainees receive well-rounded surgical training while also still refining their more specific technical and clinical interests over time. After speaking with Dr. Rebecca Petersen, Associate Professor and Director of the Residency Programs in General & Preliminary

GETTING TO KNOW OUR NEW RESIDENTS

Surgery, and current surgical residents, I was struck by how genuine and approachable they were in our conversations. They took the time to engage thoughtfully with my questions and clearly cared about my development as a future surgeon, which left a strong impression on me.

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

I'm most excited about the day-to-day process of becoming more capable and independent as a clinician. I'm looking forward to the shift from assisting to truly owning a patient's care and being responsible for their outcomes as part of the surgical team. In doing so, I also look forward to developing closer, more continuous relationships with patients and their families. I'm truly blessed to have this opportunity, and I'm excited to embark on this next stage of training alongside my fellow interns at UW!

SAM HOENING, MD R1

WHY DO I WANT TO BE A SURGEON?

From ceramics to building my parents' backyard fence, as early as I can remember, I always loved working with my hands. In college, I was drawn to organic chemistry and chemical biology, where I was fascinated by the relationships between structure and function. In medical school, I was able to integrate this understanding with patients and how this structure-function relationship impacted their physiology and ultimately their quality of life. My passion for surgery was solidified in the operating room, where I was inspired by working alongside high-performing teams who were calm and effective under pressure at all hours of the day. I loved the complex anatomy, the challenge, and also that in a few intimate hours we were able to change the course of a patient's disease.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

I loved my interview day, especially the fierce dedication that each attending has towards teaching and mentorship. Being at a large tertiary care center means that as a trainee, I will be exposed to the full breadth of cardiothoracic surgery from heart/lung transplant to complex aortic work and adult congenital care. In my interview process, I was also looking for a team where I could continue to develop my ability to ask complex questions both in and out of the operative setting. The UW Cardiothoracic Surgery team exemplifies this dynamic, and also brings a family feel to a very challenging and demanding training path.

WHAT EXCITED ME THE MOST, REGARDING MY RESIDENCY?

For surgical residency, the only constant is growth. I am excited to dive into patient care and become an active member of these high-performing teams. I am also thrilled to be moving to Seattle and have the opportunity to explore a new and beautiful region of the United States.

GETTING TO KNOW OUR NEW RESIDENTS

YAEL WEISZ, MD R1

WHY DO I WANT TO BE A SURGEON?

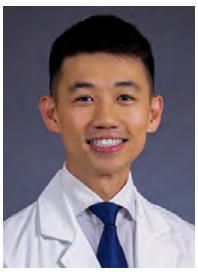
A surgeon to me is the jack of all trades and master of many, always learning and forever growing. I loved nearly every specialty that I rotated through as a student, and chose to pursue surgery because of how seamlessly it blends medical complexity and technical skill into one comprehensive and dynamic discipline. For my patients, surgery is how I see myself serving them most wholly and meaningfully, actively managing their care through diagnosis, treatment, and safe discharge. And perhaps most exciting to me, surgery is a field where no two days are the same, where I can spend a lifetime honing a craft and still find something new every time I scrub in.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

As a visiting medical student last year, I was amazed by UW's reach both across the WWAMI region and within the Seattle community, and the rich and diverse training environment it affords. Moreover, as an aspiring pediatric trauma surgeon, I knew that Harborview Medical Center and Seattle Children's Hospital would provide the clinical, research, and service opportunities that will shape me into the physician and public servant I strive to be while working directly with the populations that mean so much to me. Above all, the UW DoS residents and faculty are the most grounded and supportive colleagues a trainee could hope for, and it's a program where I know I'll thrive personally and professionally!

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

I'm most excited to finally "walk the walk" as a resident doctor. I know there will be high highs, low lows, and many mundane stretches in between. I also know there will be plenty of beautiful, affirming moments along the way where I'll feel the slow but sure growth that defines residency, whether it's streamlining my workflow, doing a procedure just a little better than the last try, or providing the steady presence at bedside that reminds patients I'm their doctor (still wrapping my head around that!). And I got pretty lucky that I get to walk alongside my UW co-residents, whom I look forward to learning with and from, over the next seven years.



ERIC ZENG, MD, R1

WHY DO I WANT TO BE A SURGEON?

My first exposure to the reach of reconstructive surgery came in Ukraine, where I worked alongside local providers in underground bunkers treating civilians with complex blast wounds. In those early months of war, resources were scarce and conditions austere, yet the impact of restoring function and appearance was apparent. It was there that

GETTING TO KNOW OUR NEW RESIDENTS

I saw how plastic surgery extends beyond technique—it offered hope and resilience even in the harshest environments.

I feel grateful to serve in this field and contribute toward improving quality of life for my patients and community. For me, becoming a surgeon means not only restoring form and function, but also helping patients regain confidence, identity, and the ability to move forward after life-changing events.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

There is a saying that you should surround yourself with people who push you to be better, as this serves as one of the effective catalysts for growth.

That said, the primary reason why I chose UW for training is the people. This team within the Department of Surgery is composed of genuine, highly ambitious, and collegial scholars who have an intrinsic desire to leave a lasting impact. Words cannot describe how excited I am to work alongside this team and grow as a fellow colleague.

Additionally, the cherry on top is this opportunity to serve the communities that raised me!

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

I am beyond excited to train with some of the best surgeons and scholars in the nation. Growing up in Washington, this institution has always represented a standard of excellence in both scholarship and patient care. The case volume, complexity, and breadth will provide an exceptional foundation for personal and career growth.

Beyond the operating room, I look forward to building lifelong friendships with my co-residents and faculty. These are the people I will celebrate victories with, lean on through challenges, and stand beside no matter the circumstance.

ALEKSANDRA VRVILO, MD R1

WHY DO I WANT TO BE A SURGEON?

I chose to become a surgeon because surgery brings together everything I love about medicine - technical skills, creativity, teamwork, problem-solving, and meaningful patient relationships. What drew me most to vascular surgery was the continuity of care and the complexity of the field. I love that every case feels like a puzzle that pushes you to think critically, adapt, and work collaboratively to find the best solution for each patient. That balance of technical challenge and human connection is what continues to inspire me every day.

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

I chose the University of Washington Department of Surgery residency program because it truly felt like home. Growing up in the Pacific Northwest, I have always felt a strong connection to the people and communities here, and I knew I wanted to

GETTING TO KNOW OUR NEW RESIDENTS

train somewhere that reflected those values. During the interview process, I was especially drawn to the genuine camaraderie among the residents and faculty, as well as the program's strong culture of mentorship and support. It stood out as a place where I would be challenged, supported, and encouraged to grow both personally and professionally. The combination of exceptional surgical training and a welcoming community made UW the perfect fit for me.

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

What excites me most about residency is the opportunity to grow into a confident and capable surgeon while learning from incredible mentors, co-residents, and patients along the way. I look forward to developing my technical skills, building meaningful relationships with patients, and becoming part of a team dedicated to excellent patient care. More than anything, I am excited to grow into a physician and surgeon my patients can trust and that my colleagues are proud to work alongside - someone who leads with compassion, resilience, humility, and a sense of humor when it is needed most. Starting this next chapter at UW feels incredibly meaningful, and after years of school, it is also nice to finally start paying back at least a small portion of my student loans.

PLASTIC SURGERY

SAI PINNI, MD R1

WHY DO I WANT TO BE A SURGEON?

I first became interested in surgery as a freshman in college in Dr. Jennifer Lawton's cardiac surgery lab at Hopkins.

As part of our Langendorff experiments, I learned to perform murine cardiectomies and aortic cannulations and fell in love with the technical challenge of trying to reduce my ischemia time while using microsurgical instruments.

When I rotated on surgery as a medical student, I realized surgery had parallels to my college a cappella team.

In both, we were trying to make connections between seemingly disparate parts, whether anatomical or musical.

In a cappella I trained my ear to make those connections, and in surgery I learned to train my eyes and hands.

Finally, while taking care of patients pre-op, intra-op, and post-op this past year especially, I have been able to witness firsthand the impact surgery can have on someone's life.

It has been a privilege to take care of patients and their families in their most vulnerable moments and play a role in their recovery, hopefully back to baseline or even better.

GETTING TO KNOW OUR NEW RESIDENTS

WHY DID I CHOOSE THE UW DOS RESIDENCY PROGRAM?

I chose UW Plastic Surgery Residency because I was impressed with the program both professionally and personally.

Professionally, UW Plastic Surgery Residency residents were some of the most clinically attuned and technically skilled residents that I had worked with.

I remember a case with Thais where I saw her proactively recognize our flap may need a vein graft and then independently, confidently, and successfully perform the harvest that she had only seen or done once before so that the vein would be ready to go when needed.

Personally, I remember on my interview day, Mahsa was driving us back from Pike Place after we had been rained on before our afternoon interviews and offered to stop by Target or even her place in case we needed any makeup or anything else last minute to get ready.

I was surprised at how willing she was to go out of her way for applicants she barely knew to make sure we could be our best selves for this big moment.

I remember thinking that is exactly how I would want to show up as a resident for my medical students and junior trainees in the future.

I knew UW would be somewhere I could be the kind of resident I want to be, reaching my professional goals while also staying true to myself.

WHAT EXCITES ME MOST ABOUT MY RESIDENCY?

Plastic surgery has been my dream for over a decade now, so I am so excited to finally get started!

I am excited to work with the UW Plastic Surgery Residency faculty because I know they are world-class experts in their fields, as well as great teachers and some of the kindest and most supportive mentors I have met.

Dr. Srinivas Susarla asked me during my interview if I thought UW would be a good fit for me given how different the culture was from where I did my sub-internship, but I knew immediately this unique culture would be perfect for me to not only grow but also thrive.

Moreover, I know UW has strong surgical programs across the board, so I am excited to learn from and collaborate with incredible faculty and residents across the entire department.

I am also excited to explore the impact that I can make both within and outside of the clinical space, from research to surgical education to policy and advocacy.

I am excited to share my background in systems-level thinking and work to improve outcomes for our WWAMI patient population, as well as our trainees.

Finally, residency is hard, but I already love my job and the life I have been able to build for myself here in Seattle, so I am just excited to keep it going!

GETTING TO KNOW OUR NEW RESEARCH RESIDENTS

OTATADE BELLO, MD, MS

Otatade Bello, MD, MS, is a PGY-4 resident who is beginning a research fellowship in pediatric bariatric surgical outcomes as part of the Children's Surgery Methodology and Research Training (C-SMART) Program at Lurie Children's Hospital of Northwestern University. She is originally from Boston, Massachusetts, and attended Simmons University, where she obtained a bachelor's degree in Biochemistry. She later completed a Master's degree in Physiology at Case Western Reserve University and was also awarded a Certificate in Global Health. It was at Case Western Reserve University that she developed a strong interest in global health, surgical sustainability, equity, and accessibility. After completing her Master's degree, she went on to obtain her medical degree at Saint Louis University, where she also graduated with distinction in medical education. Her clinical interests include pediatric surgery, burns/ critical care, and global surgery. Outside of the hospital, she enjoys traveling, spending time with friends and family, and boxing.

JONATHAN JUNG, MBCHB, MSC

Dr. Jung is a PGY-4 General Surgery Resident beginning his research years as a National Institute of Allergy and Infectious Disease (NIAID) R38 Research Scholar. He is joining the **UW Tumor Immune Microenvironment** (TIME) Lab under the mentorship of Dr. Venu Pillarisetty, Professor of Surgical Oncology. Leveraging his expertise in molecular immunology, he intends to investigate a specific sub-population of macrophages associated with immunotherapy failure in other malignancies to elucidate its potential influence on immunotherapy response in pancreatic ductal adenocarcinoma (PDAC) and fibrolamellar carcinoma (FLC). The research seeks to employ an innovative tumor slice culture platform alongside spatial and multi-omics approaches to elucidate immunosuppressive pathways in PDAC and FLC, facilitating the creation of more effective and less toxic anticancer therapies. Dr. Jung intends to pursue an academic career as a surgeon-scientist in the field of abdominal transplantation.

GETTING TO KNOW OUR NEW RESEARCH RESIDENTS

FLORA MARTZ, MD

Flora Martz , MD, is a General Surgery resident joining the **UW Tumor Immune Microenvironment** (TIME) Lab under the mentorship of Dr. Venu Pillarisetty, Professor of Surgery, and the Medical Director for the Continuous Performance Improvement Department at Fred Hutchinson Cancer Center. During her dedicated research years, her work will focus primarily on pancreatic adenocarcinoma, with an emphasis on understanding the tumor immune microenvironment and identifying immune signaling pathways that may contribute to therapeutic resistance as well as possible treatment combinations that may help to overcome this resistance. Through participation in translational and laboratory-based research, she aims to investigate mechanisms that could ultimately inform the development of novel immunotherapeutic strategies for pancreatic cancer and other gastrointestinal malignancies.

Prior to joining the TIME Lab, Dr. Martz developed a strong research background in immunology through basic science work focused on inflammatory bowel disease. This experience provided foundational training in investigational strategies into immune regulation and inflammatory signaling pathways. In parallel, she gained experience in computational data analysis, applying data-driven approaches to better understand complex biologic systems and clinical datasets. By combining laboratory investigation with computational methods, she hopes to contribute to a more comprehensive understanding of tumor-immune interactions in pancreatic adenocarcinoma.

She looks forward to further developing as a surgeon-scientist during her research training and plans to pursue a career in academic surgery.

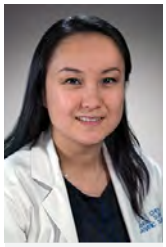
GUIDING FUTURE SURGEONS—

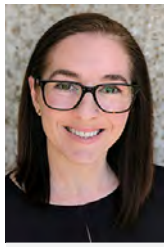
EXPANDING OPPORTUNITIES, ENHANCING EDUCATION, AND CELEBRATING STUDENT SUCCESS

The Department of Surgery (DoS) Medical Student Program is a collaborative team made up of Director of Medical Student Surgical Education Dr. Kristine Calhoun, Associate Clerkship, Directors Drs. Roger Tatum and Judy Chen, Manager of Medical Student Programs **Kristen Seiler**, and Program Coordinator, **Katherine Getts**. They guide students through required clerkships, help them choose appropriate electives, and advise those students interested in pursuing a surgical match. Last academic year, the team helped 20 students match into categorical General Surgery, including one dual applying to CT and two military match students.


Calhoun


Tatum


Chen


Seiler


Getts

The required General Surgery clerkship is a six-week rotation in which students rotate at one of our 25 sites across the WWAMI region. The team recently opened new sites in Palmer, AK, Coeur d'Alene, ID, and Missoula, MT, and they are actively working with the School of Medicine regional deans to identify new sites and new opportunities for students.

Starting in Spring 2026, all required core clerkships are now graded as Pass/Fail, and students are assessed across four competency domains: Patient Care, Interpersonal & Communication Skills, Service to Patients & Community, and Medical Knowledge. Over the past three years, the Medical Student Program team has collaborated with the SOM Clinical Assessment Workgroup to develop and implement this new system.

This new framework is designed to address concerns about the past grading system and to better align educational practices with student competency development, competencies in ongoing medical education, and patient needs. For more information, please visit the **UW School of Medicine COMPASS assessment framework website**.

Thank you all for your continued support of our students and our programs!

WELCOME 2026–2027 FELLOWS

We are pleased to welcome our incoming class of surgical fellows to their programs. Building on their residency training, these physicians bring advanced expertise, a strong commitment to specialized care, and a passion for innovation and teaching. As they join our surgical community, we look forward to the contributions they will make in advancing clinical excellence, supporting education and research, and enhancing patient outcomes across our institution.

SAAGAR BAKSHI, MD
Vascular Surgery

ASHLEIGH BULL, MD
Critical Care/ Burn

LUCY CHAU, MD
Abdominal Transplant

GWENDOLYN DALY, MD
Breast Surgical Oncology

BIANCA DI CHIARO, MD
Craniofacial Surgery

DOMINIC FORTE, MD
Critical Care/ Trauma

WHITNEY FU, MD
Critical Care/ Trauma

KATHERINE GERULL, MD
Hand Surgery

WILLIAM GERULL, MD
Advanced GI MIS/Foregut

MUHAMMAD HARIRAH, MD
Hand Surgery

PAUL HERMAN, MD
Critical Care/ Burn

STEPHANIE IANTORNO, MD
Pediatric Surgery

ANUSHA JAYARAM, MD
Pediatric Surgery

ERICA JOHNSON, MD
Pediatric Surgery

IAN JONES, MD
Critical Care/ Trauma

TSUKAGOSHI JUNJI, MD
Cardiothoracic Surgery

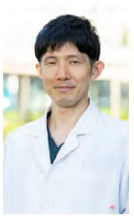
ELIZABETH KENNY, MD
Hand Surgery

CHLOE KRASNOFF, MD
Hand Surgery

ADAM LUCY, MD
Critical Care/ Trauma

MALIK MAKKI, MD
Abdominal Transplant

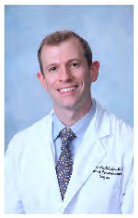
KATHRYN (KATE) MCNEVIN, MD
Pediatric Surgery



YOSHIHIRO MOCHIZUKI, MD
Abdominal Transplant

SCOTT REETZ, MD
Colorectal Surgery

SADHISHAAN SREEDHARAN, MD
Craniofacial Surgery



ZACH STERN-BUCHBINDER, MD
Microvascular Surgery

BREAST FELLOWSHIP

UNIVERSITY OF WASHINGTON / FRED HUTCHINSON CANCER CENTER MULTIDISCIPLINARY BREAST SURGICAL ONCOLOGY FELLOWSHIP

Program Director Dr. Meghan Flanagan, Associate Professor, Division of General Surgery, is pleased to announce that the inaugural fellow for the newly established University of Washington (UW)/Fred Hutch Cancer Center Multidisciplinary Breast Surgical Oncology Fellowship will begin in August 2026.

Dr. Gwendolyn Daly

Dr. **Gwendolyn Daly** will join the UW Department of Surgery (DoS) from Oregon Health and Sciences University, where she is currently completing her General Surgery residency. This unique multidisciplinary fellowship, which is supported by the Roger E. Moe Fellowship in Interdisciplinary Breast Cancer Care Fund, allows each fellow to train not only in breast surgical oncology, but with all disciplines that take part in breast cancer care. Each year, one fellow will rotate on breast surgical oncology, plastic surgery, medical and radiation oncology, psychosocial oncology and rehabilitation, and radiology and pathology. Another important element of their training is learning research methodology and participating in research projects with faculty in the Breast Surgery Section, the DoS Surgical Outcomes Research Center (SORCE) or multidisciplinary oncology faculty at Fred Hutch. Dr. Flanagan, along with six site directors—Drs. Isaac Stein, Assistant Professor of Plastic Surgery at UW; Lynn Symonds, Clinical Co-Director of the Breast Oncology Program and Assistant Professor in the Division of Hematology and Oncology at Fred Hutch, (medical oncology); Janice Kim, Associate Professor of Radiation Oncology at Fred Hutch; Jesse Fann, Professor and Medical Director of Psychiatry and Psychology at Fred Hutch (psychosocial oncology); Matthew Phelps, Assistant Professor of Radiology at UW; and Rebeca Alvarez, Assistant Professor of Pathology at UW, will oversee training each fellow.

MEGHAN R. FLANAGAN, MD, MPH, FACS
Director of Training and Engagement
Division of Research
Associate Professor
Division of General Surgery

SUPPORT ROGER E. MOE FELLOWSHIP IN INTERDISCIPLINARY BREAST CANCER CARE FUND

The purpose of this endowment is to provide financial assistance to student fellows specializing in breast cancer care within the Department of Surgery.

GIVE NOW

NEW R3 LEADERSHIP & COMMUNICATION SERIES

GROWING OUR FUTURE LEADERS: DEPARTMENT LAUNCHES NEW R3 LEADERSHIP & COMMUNICATION SERIES

Surgical trainees are asked to take on leadership roles daily but rarely receive dedicated leadership training. This past January, the Department of Surgery (DoS) introduced a new leadership development program designed specifically for our rising senior residents. The curriculum was designed to address some of the challenges of the R3 year, a period when residents are increasingly asked to lead teams, manage conflict, and give and receive feedback across every level of the surgical hierarchy. The R3 Leadership & Communication Series brought together trainees across all four specialties within the department: general surgery, plastic surgery, cardiothoracic surgery, and vascular surgery. The residents experienced a shared curriculum created to help them build the leadership skills that they will carry into their senior years of training.

The program was developed by Program Directors Drs. Kathleen Berfield and Elina Quiroga, in partnership with Dr. **Sara Kim**, our Executive and Professional Development Coach. Seventeen trainees took part in the inaugural series, which met monthly and paired core leadership content with guest speakers drawn from across the institution, including Dr. Matthew Smith, Vascular Surgery, Diana Cooke, Associate Ombud UW School of Medicine, Dr. Al Merati, Otolaryngology, and Dr. Mukta Krane, Colorectal Surgery. Sessions covered topics ranging from identifying one's own leadership and communication "growth edge" to disclosing medical errors and engaging productively with conflict. The final program capstone was a panel discussion with all guest speakers joined by Dr. Shannon Colohan, Plastic Surgery. Dr. Blake Murphy, Research Resident, Vascular Surgery, led the design and facilitation of the panel discussion in collaboration with her colleague, Dr. Allie Phocas, R3, Vascular Surgery.

THE CURRICULUM'S THREE PRIMARY AIMS

- **Improving leadership skills as residents transition into more senior roles**
- **Strengthening communication skills, particularly around giving and receiving feedback and navigating difficult conversations**
- **Building community and team bonding among trainees across surgical specialties**

Before the series began, a baseline survey of participants revealed clear opportunities for growth. While many residents felt comfortable giving feedback to junior learners, less than half felt confident in their skills giving feedback upward to chief residents or attendings, citing concerns about how to navigate the surgical hierarchy, fear of possible retaliation, and simply not knowing how to raise a difficult issue constructively.

A STRONG FIRST YEAR

The results speak for themselves. At the conclusion of the series, 90% of residents reported increased confidence giving constructive feedback to peers and juniors, and 80% expressed interest in continuing with advanced leadership programming as they move into their chief years. Guest speakers were unanimously ranked as the most valuable component of the series,

NEW R3 LEADERSHIP & COMMUNICATION SERIES

Dr. Matt Smith, Guest Speaker, prepares residents for a feedback-giving simulation exercise

with residents also highlighting the value of self-reflection and small-group peer discussion. All survey participants said they would recommend the series to others and rated it as "crucially valuable."

As one participant put it, the small-group format "created a safe environment to share experiences and hear different perspectives from co-residents."

LOOKING AHEAD

Building on this success, the program is expanding with a plan to grow the series to eight sessions in this upcoming academic year. Based on feedback from our inaugural cohort, the curriculum will include new sessions on mentorship, learning from mistakes, and quality improvement. A companion series for R4s and beyond is also in development to continue supporting leadership growth throughout residency.

None of this would have been possible without the support of program directors Drs. Rebecca Petersen and Russell Ettinger and Douglas Wood, Chair of the DoS. A special "thank you" to our faculty, for carrying on with cases and clinic while the R3s used this protected time to focus on their professional growth and for your ongoing support of their leadership development. Your investment in our trainees as future leaders is invaluable.

Congratulations to the now, R4 class! Thank you for your participation and leaning into this new experience.

PROGRAM DIRECTORS

KATHLEEN S. BERFIELD, MD
Associate Professor of Surgery, Program Director Cardiothoracic Surgery Residency and Fellowship

ELINA QUIROGA, MD, MPH
Professor of Surgery, Program Director Vascular Surgery Residency and Fellowship

SARA KIM, PHD
Executive and Professional Development Coach, George Bilsten Professor in the Art of Communication with Peers and Patients

SUPPORT THE KELLY AND CARLOS PELLEGRINI, MD, ENDOWED FUND FOR LEADERSHIP DEVELOPMENT

This fund supports programs and activities at the discretion of the Chair of the Department of Surgery that foster collaboration and leadership development.

GIVE NOW

A MILESTONE IN SIMULATION EDUCATION—

WELCOMING OUR FIRST GRADUATES

This June, the Division of Healthcare Simulation Sciences turned a decades-long vision into reality, making history with its first cohort of graduates. This milestone marks the genesis of the next generation of leaders positioned to redefine how healthcare professionals train, learn, and grow.

The Master of Science in Healthcare Simulation Education at UW Medicine prepares healthcare professionals and educators to lead the future of simulation-based training, assessment, and innovation. Designed for working professionals, the program combines flexible online learning with hands-on experiential opportunities to develop expertise in simulation pedagogy, curriculum design, assessment, research, and leadership.

Students learn from nationally recognized faculty while engaging in applied projects that address real challenges in healthcare education and patient safety. The curriculum emphasizes evidence-based practice, interdisciplinary collaboration, and the practical application of simulation to improve learner performance and healthcare outcomes.

Graduates of the program are equipped to advance simulation initiatives across academic institutions, hospitals, healthcare systems, and industry settings. Whether developing immersive training experiences, leading simulation centers, conducting educational research, or driving quality improvement efforts, students gain the skills needed to shape the next generation of healthcare education.

The program reflects UW Medicine's commitment to innovation, excellence, and improving patient care through transformative educational practices.

(Left to Right): Dr. Adarsh Somayaji, DJ Traina, Dr. Austin Baird, Farrah Leland, Graduate Monica Hoefsmit, Graduate Dr. Devin Gillaspie, Megan Sherman, Dr. Rober Sweet, Dr. Vic Roach, and Keynote, Dr. Aimee Gardner

A MILESTONE IN SIMULATION EDUCATION—

WELCOMING OUR FIRST GRADUATES

DEVIN B. GILLASPIE, MD

WHAT WAS YOUR CAREER/EDUCATION PREVIOUS TO OBTAINING THIS DEGREE (OR WHAT DO YOU DO CURRENTLY, IF YOU ARE CURRENTLY WORKING)?

I am a trauma and acute care surgeon at the University of Tennessee Medical Center in Knoxville (this is also what I was doing before starting the program). I was already involved in resident education and simulation and was in charge of all trauma sim sessions, but had no formal training in sim, and it was not a big part of my training.

WHAT DO YOU INTEND TO DO WITH YOUR DEGREE?

Since completing the master's program, I have taken over the entire surgical residency sim curriculum, and have already implemented some of the changes I described and worked on for some of my class projects.

WHY DID YOU CHOOSE THIS PROGRAM?

It is the only program of this kind that is offered part-time, and fully online, which was critical to my work schedule. I also had an indirect connection (one of my colleagues suggested the program because he knows Dr. Sweet). It is also well known that the sim facilities at University of Washington are impressive and have some pretty incredible resources – I knew that I would be learning from top tier education from the professors and instructors!

HARKINS CORNER

INVESTING IN OUR RESIDENTS: THE HARKINS SCHOLARS PROGRAM

The Harkins Society has long reflected the commitment of surgical alumni and faculty to the residents who follow in their footsteps. The Harkins Scholars Program is one of the most visible expressions of that support—now active in its third year, and continuing to grow in both reach and impact.

To date, the program has supported more than 50 residents in attending national educational and professional development conferences across surgical specialties. Scholars have participated in meetings such as the American Burn Association, the American Society of Reconstructive Microsurgery, and the Society of Thoracic Surgery, among others—gaining exposure to new research, connecting with leaders in their fields, and expanding their professional networks in ways that clinical training alone cannot provide.

These opportunities make a meaningful difference in resident education. Whether presenting research on a national stage, attending specialty-specific workshops, or simply engaging with the broader surgical community, residents return from these experiences with new perspectives and renewed energy that propel their careers. The Harkins Scholars Program translates alumni generosity into direct, lasting support for resident education and its impact is evident in the careers it continues to shape.

SUPPORT HARKINS ANNUAL FUND FOR SURGERY RESIDENT EDUCATION

This fund supports the educational activities for department residents, including research, travel, conference participation, and supplies.

GIVE NOW

A NEW RESIDENTS LOUPES INITIATIVE

This year, the Harkins Society and a group of generous faculty are launching a new initiative within the General Surgery residency: a program to provide surgical loupes to residents.

For many surgeons, loupes are among the first pieces of truly personal equipment they own, carried from training into independent practice and throughout a career. This program ensures residents have access to an essential tool regardless of financial circumstances, made possible through the support of faculty donors and the Society.

Dr. Eileen Bulger presenting Dr. Lily Kuhlman with loupes.

The initiative also carries a personal dimension. Each pair of loupes will be connected to a named faculty supporter, creating a tangible link between mentor and resident. This small but meaningful gesture is intentional: to create a lasting connection between our faculty and the residents they support, a reminder of the mentorship and community that defines surgical training at our institution—one that residents can carry with them long after residency ends.

JONATHAN SHAM, MD, MBEE

President, Henry N. Harkins Surgical Society

DIVERSITY IN DOS

Over the past three years, serving as Vice Chair of Diversity, Equity, and Inclusion (DEI) for the University of Washington Department of Surgery. has been both an honor and a deeply formative leadership experience. This role has offered a unique opportunity to translate institutional values into meaningful action, while also navigating the evolving and, at times, challenging, landscape of diversity in academic medicine.

One of the most impactful accomplishments has been the development and implementation of a structured exit interview survey process for graduating residents, in close collaboration with the Vice Chair of Education, **Jeff Friedrich**, MD. This initiative created a critical feedback loop, allowing us to better understand resident experiences, identify areas for growth, and incorporate insights into programmatic improvements. By centering the voices of trainees at a key transition point, this effort will reinforce our commitment to continuous learning and accountability within surgical education.

In parallel, I had the privilege of managing several visiting professorship programs in close collaboration with Dr. Elina Quiroga, Professor in the Division of Vascular Surgery and Chair of the Department Diversity Council. These efforts focused on broadening representation in our surgical education, advancing the academic portfolios of early-career surgeons, and fostering a culture of inclusive excellence.

I have had the privilege of managing several visiting professorship program working closely with the department diversity council chairperson Dr. **Elina Quiroga**, Professor in the Division of Vascular Surgery, aimed at broadening representation within our surgical education, advancing academic portfolio of early career surgeons and fostering inclusive excellence. The West Coast Surgery Collaborative Visiting Professor Program and the **Michigan Promise Visiting Professor Program** have brought a diverse array of voices and perspectives to our academic community, enriching scholarly dialogue and mentorship opportunities. Similarly, the Douglas E. Wood Fellowship for Diversity in Surgical Education and Leadership has supported emerging leaders, helping to build a more diverse pipeline in academic surgery. These programs have not only elevated individual scholars but have also strengthened institutional culture by normalizing diversity as a driver of academic and clinical excellence.

"ADVANCING DIVERSITY, EQUITY, AND INCLUSION IN SURGERY WILL DEPEND NOT ONLY ON RECRUITING DIVERSE TALENT BUT ALSO ON FOSTERING ENVIRONMENTS WHERE INDIVIDUALS CAN THRIVE, LEAD, AND SHAPE THE FUTURE OF OUR FIELD."

— ESTELL J. WILLIAMS, MD

DIVERSITY IN DOS

Lastly, I have worked with our department administrative team to develop a belonging guidebook to be included in the Surghub, which was developed by the Vice Chair of Faculty Development, Dr. **Kristine Calhoun**, Professor in the Division of General Surgery. This guidebook will serve as an inclusive resource for everyone in our surgery department to find and build community and ensure those new to the UW Department of Surgery, including our new trainees we welcome yearly and our new faculty, have a repository of how to acclimate to their new home.

Collaboration has been central to this work. Partnering with the Office of Healthcare Equity and DEI leaders within the UW School of Medicine has allowed for alignment of departmental initiatives with broader institutional priorities. Through these partnerships, we have been able to leverage shared resources, align messaging, and promote a more cohesive approach to advancing equity across clinical, educational, and research missions.

Over the past three years, the diversity landscape in academia has undergone notable change. There has been increased visibility and urgency around issues of equity, particularly in response to broader societal movements. At the same time, there have been emerging challenges, including shifting policy environments, varying degrees of institutional commitment at academic institutions across the U.S., and challenges to our research endeavors that enhance our knowledge and understanding of health inequities. Within this context, sustaining momentum has required adaptability, ongoing engagement with stakeholders and being purpose/passion driven in times of uncertainty.

Looking forward, my hope is that we continue to build on this foundation with a focus on measurable outcomes, sustainable programming, and the cultivation of inclusive leadership at all levels. Advancing DEI in surgery will depend not only on recruiting diverse talent but also on fostering environments where individuals can thrive, lead, and shape the future of our field.

ESTELL J. WILLIAMS, MD
Associate Professor
Vice Chair, Diversity, Equity, and Inclusion
Department of Surgery
Executive Director, Center for Workforce Inclusion and Healthcare System Equity (WIHSE)

Getting To Know DoS

Victoria Roach, PhD

Research Assistant Professor

Division of Healthcare Simulation Science

IN YOUR CAREER JOURNEY, DID YOU ALWAYS WANT TO DO SURGERY RESEARCH?

Actually, I started out my academic career thinking I wanted to be a surgeon.

TELL US ABOUT YOUR JOURNEY TO BECOME A RESEARCHER IN SURGERY.

I was doing my master's at the time, and I was working with otolaryngologists, head and neck surgeons, and we were doing some really cool stuff. I learned a lot about the way that they lived, and the work-life balance that they have, or lack thereof, and at this time, I was preparing my medical school applications, and I was getting a lot of exposure to my master's mentor at the time, who became my PhD mentor. And I was looking at the two lifestyles, one of them has amazing quality of life, and the other one is constantly at the beck and call of the call service and working weekends and holidays. I thought about that for a while, and I thought—do I want to enjoy my holidays and weekends? So, I did make the conscientious decision to pursue academia because it would still satisfy my desire to conduct educational, medical education, surgical education research without the encumbrance of the hospital dynamic.

WHAT ATTRACTED YOU TO YOUR CURRENT RESEARCH? OR YOUR INITIAL RESEARCH, AND THEN YOUR CURRENT RESEARCH, IF IT'S DIFFERENT?

It's really been a natural progression. My background is in anatomy, and that naturally connects to surgical education. Early on, I was studying whether learning surgical techniques in 3D versus 2D made a difference. Surprisingly, it didn't always help—at least not for the types of procedures we were looking at.

That led me to a bigger question about the difference between what we see and how we mentally process spatial information. From there, my work shifted into spatial ability and human factors—things like how people think, where they focus their attention, and how that impacts learning. For example, we found that guiding learners to look at the same areas as high performers could actually improve their performance.

Now, my research focuses more broadly on human factors in healthcare simulation—understanding how things like spatial ability, cognitive load, and stress affect how people learn, and how we can design better training experiences around that.

Research mentors and I during my masters (remember I said that I did work with 3D? This photo is actually 3D, if you wear red-blue glasses, our hands pop out at you).

Getting To Know DoS

Victoria Roach, PhD
Research Assistant Professor
Division of Healthcare Simulation Science

What have you found most challenging in your career thus far?

Grants? You know, especially in this climate, especially when you're talking about something that's kind of hovering on two different fields, such as mine. We've got the NIH, and we've got NSF, and then we've got the Department of Education.

But my work kind of sits in an interdisciplinary field where healthcare meets science meets education. And when you are writing for any particular grant, you kind of want to specify to their focus. And when you have something that is interdisciplinary like that, it kind of becomes weird. How do we describe this appropriately to sell it to the funder? It's tricky. Grantsmanship in general is tricky for everybody, especially in this funding climate.

Hiking on a glacier outside of Anchorage, AK

Rapid Fire

What's the last book that you read?

A Court of Thorns and Roses (ACOTAR) This is the first book in a series, it's got fairies in it, and it's kind of like Game of Thrones, but a little bit more fantasy.

What TV show are you watching right now?

I'm currently watching *For All Mankind*.

What is your go-to snack?

Oh, goodness, I love all the snacks. Beef jerky.

What is your favorite guilty pleasure?

Definitely reality TV—specifically *90-Day Fiancé*. The premise is that U.S. citizens meet someone from another country, often online, fall in love, and then bring them to the U.S. on what's called a K-1 fiancé visa. Once they arrive, they have just 90 days to get married.

It ends up being this really interesting mix of people navigating relationships, huge life decisions, and cultural differences—all on a tight timeline. It's a bit chaotic, but that's what makes it so entertaining.

Who is your inspiration, and why?

I have quite a few, especially academic mentors, but I'd say my aunt stands out. She broke out of our small town and built something bigger for herself, which really inspired me to do the same.

Academically, Dr. Ann Nguyen has been a huge influence. She was a near-peer mentor during my PhD and continues to mentor me. Every time we talk, I learn something new—not just about the work, but about how to balance a career and life with intention. And more broadly, I'm inspired by the women in science who came before me—they helped pave the way for everything I'm able to do now.

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

I think Sara Ramirez would be a great casting choice! I like that she plays strong, smart, funny characters, and she could definitely rock my haircut.

Getting To Know DoS

Victoria Roach, PhD
Research Assistant Professor
Division of Healthcare Simulation Science

What's something you've accomplished in this past year that you're most proud of?

In the past 18 months, I started the master's program in healthcare simulation education design.

We built that from the ground up and we're graduating our first cohort June 5th. We've got our cohort in the hopper right now. They're coming up on their first-year anniversary, and we're conducting our interviews for our third cohort, and we're exceeding our planned enrollment threshold, so we're rocking and rolling, and people are finding out about us by surprise, you know? We have our planned marketing efforts at various conferences and stuff, but people are finding out about us from beyond, so word of mouth is spreading, and we're really, really proud of that.

Congratulating our latest class of graduates

How long did it take you from conception to finish to get this approved?

I think we started working on it in earnest, in 2000 late 21, we'll say. There were the kernels of an idea of it before I arrived at UW in March or April 2021. So they had been noodling on it, but they didn't really have any curricular or informed documentation. So, I hit the ground running with that and we were recruiting in early 24.

Hiking at Rattlesnake Point, with my wife Shannon and our friends Stefanie and Joe Mache

How will AI affect your research?

At the moment, I don't think AI is dramatically changing my research directly, but there's clearly significant potential moving forward—especially in the area of automated assessment. One of the most promising applications is in computer vision.

In much of our research, we implement an educational intervention and then observe how participants perform a given task. Traditionally, that requires highly trained experts to watch and evaluate those performances. For example, in surgical training, you need experienced surgeons to observe a trainee performing a procedure and then assess their performance. That process is time-intensive, especially since procedures can be long and often need to be reviewed more than once.

On top of that, human evaluation introduces variability. We invest a great deal of effort in training assessors to ensure they apply scoring rubrics consistently, but it's still a resource-heavy and somewhat subjective process. These subject matter experts are essential, but their time and availability are limited.

This is where AI could make a major impact. If we can develop robust systems using computer vision to analyze performance—essentially replacing or augmenting human evaluators with cameras and algorithms—we could track specific metrics, quantify

Victoria Roach, PhD
Research Assistant Professor
Division of Healthcare Simulation Science

performance, and deliver assessments more efficiently and consistently. That would reduce subjectivity, lessen the burden on expert raters, and allow us to scale performance tracking much more rapidly.

IS THERE CONCERN AI COULD BECOME PROBLEMATIC IF IT FALLS INTO THE WRONG HANDS, POTENTIALLY INFLUENCING OR CONTROLLING DECISIONS RELATED TO YOUR RESEARCH?

That question brings to mind the Spider-Man idea that with great power comes great responsibility. AI, like any powerful tool, can absolutely become problematic if it's misused or falls into the wrong hands. We've already seen examples of how vulnerabilities in digital systems can expose sensitive information—for instance, recent security breaches affecting educational platforms that typically safeguard FERPA-protected data.

So, in the context of research and training, we have to be especially vigilant. Any time we're working with patient data or trainee information and potentially incorporating AI tools, there must be strong safeguards in place. Protecting that data is critical—not only for patients, but for trainees as well.

WHAT IS THE BEST CAREER ADVICE YOU'VE RECEIVED?

I wouldn't point to a single piece of advice so much as something that's been consistently modeled for me: keep reading. As academic clinicians, especially for the audience of Surgical Synopsis, staying current with the literature isn't optional—it's essential. If you're not actively engaging with new research, you fall behind. A commitment to lifelong learning and a continuous growth mindset is critical for both relevance and success. From what I've seen, those who stop reading tend to struggle professionally.

At the same time, setting boundaries is just as important. Many of us are deeply passionate about our work, which makes it easy to overcommit and take on more than is realistic. When that happens, we spread ourselves too thin, and it becomes a lose-lose situation for everyone involved. Maintaining clear boundaries helps preserve both effectiveness and wellbeing.

And I'll add one more thought—borrowing from Gretzky: you miss 100% of the shots you don't take. When an opportunity arises, even if success isn't guaranteed, you have to be willing to put yourself forward.

WHAT ARE YOU KNOWN FOR, PROFESSIONALLY OR PERSONALLY?

Honestly, my haircut might be the first answer you'd get.

But it really depends on who you ask. Among my close colleagues—especially a group of friends from grad school—I'm known as more of a reviewer. I tend to have a pretty critical eye when it comes to methods and strategy.

THE OTHER PERSON IN THE ROOM

DR. CARLOS PELLEGRINI SHARES LESSONS ON LEADERSHIP, HEALING, AND PURPOSE

Dr. Carlos Pellegrini

Carlos A. Pellegrini, MD, FACS, an internationally respected surgeon, educator, and former chair of the UW Department of Surgery, brought a personal and reflective perspective as the 2026 Georgetown School of Medicine commencement speaker. Over a career marked by clinical innovation, national leadership, and a commitment to transforming surgical culture, Dr. Pellegrini is known not only for advancing minimally invasive gastrointestinal surgery, but also for championing a more humanistic approach to medicine.

At the center of his address was a clear and consistent theme: the true work of medicine lies in caring for people, not just treating disease. This idea was captured in what he described as “the other person in the room” —a phrase that anchored much of his speech.

For Dr. Pellegrini, medicine is fundamentally about the relationship between physician and patient, as well as the connections among colleagues and care teams. He warned that when these relationships are neglected, physicians risk losing their sense of purpose, leading to burnout and depersonalization. Reclaiming and sustaining those human connections, he suggested, is essential not only for professional fulfillment but also for delivering compassionate care. He encouraged graduates to balance scientific rigor with empathy, ethical awareness, and presence. In doing so, physicians can honor both the complexity of illness and the dignity of each individual patient.

Dr. Pellegrini closed his remarks with a reflection on sustaining purpose over time. He framed medicine not simply as a profession, but as a lifelong journey—one defined by continual learning, human connection, resilience, humility, and personal growth. His parting message to the Class of 2026 was both simple and profound: strive for excellence, but never lose sight of humanity, and embrace the path ahead not just as a career, but as a calling sustained “for the journey.”

8TH ANNUAL SURGICAL ETHICS CONFERENCE

ADVANCING ETHICAL EXCELLENCE IN SURGICAL PRACTICE

The **8th Annual Surgical Ethics Conference** returns on **September 1–2**, bringing together surgeons, educators, trainees, and healthcare professionals for two days of practical, thought-provoking learning.

Designed to strengthen ethical decision-making in real-world clinical settings, this program goes beyond theory—equipping participants with tools to navigate complex situations they face every day in surgical practice and education.

PARTICIPANTS WILL BENEFIT FROM:

- **Specialty-specific discussions** that explore the ethical challenges unique to surgical disciplines
- **Interactive, small-group sessions** that foster multidisciplinary perspectives
- **Flexible learning options**, including both in-person and online participation
- **In-person and virtual lectures** that feature leading experts in the field of surgical ethics
- **Asynchronous content**, allowing attendees to engage with materials on their own schedule
- **Trainee-led ethical presentations** that explore a variety of surgical ethics topics and help cultivate a culture of inquiry, reflection, and ethical excellence

KELLY AND CARLOS PELLEGRINI, MD ENDOWED FACULTY FELLOWSHIP IN SURGICAL ETHICS

This fund enhances the University's ability to recruit, retain, and/or provide opportunities for professional development for faculty in the Department of Surgery.

GIVE NOW

Explore the 2026 Surgical Ethics Conference agenda (PDF) to discover an impressive lineup of expert speakers and a diverse range of timely, thought-provoking presentation topics.

Through a combination of case-based learning and guided dialogue, the conference helps clarify core ethical principles while deepening understanding of the nuanced debates shaping modern surgical care.

THE SURGICAL ETHICS LIFETIME AWARD

This distinguished honor will be presented in recognition of exceptional leadership and enduring contributions to surgical ethics. Past recipients include Drs. E. **Christopher Ellison**, Professor Emeritus, Academy Professor at The Ohio State University, Former George W. Paulson Medical Heritage Center Scholar in Residence, Former Chief of Staff Elect, Former American Journal of Surgery Editorial Board Member, and **Carlos Pellegrini**, Professor and Chair Emeritus, Department of Surgery, University of Washington.

Whether you are a practicing surgeon, medical educator, trainee, or healthcare leader, this conference offers a valuable opportunity to reflect, connect, and grow within a supportive professional community.

Please contact dosadmin@uw.edu / 206-543-3680 for conference details or if you have questions.

2026 Surgical Ethics Conference registration

Learn more about the Center for Surgical Ethics

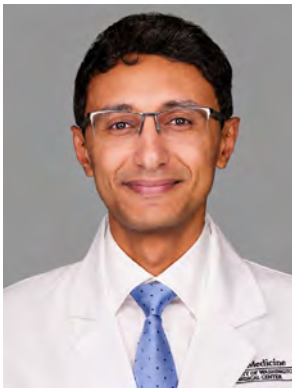
NEW FACULTY

Kathleen Gibson, MD, joined as a Professor in the Division of Vascular Surgery at the University of Washington in May 2026, and practices at UW Medical Center–Northwest. Originally from Bozeman, Montana, she earned her undergraduate degree in Chemical Engineering and her medical degree at the University of Washington (UW) School of Medicine. She completed all of her surgical training at the UW, including her General Surgery residency and Vascular Surgery Fellowship, spending a research year with Dr. Eugene Strandness, former Chief and Professor of Vascular Surgery at the UW. After training, she spent 25 years in private practice on the Eastside, where she served in several leadership roles, including Medical Director of Overlake Vascular Surgery and Director of the Diagnostic Vascular Laboratory.

Kathleen's clinical practice has been diverse, with a recent focus on venous and lymphatic disease, including superficial and deep venous disorders, pelvic venous disease, venous compression syndromes, and minimally invasive venous interventions. She has also been actively involved in clinical research and physician education throughout her career and is looking forward to helping expand venous and lymphatic education and training opportunities within the UW system.

She has served in leadership positions in several professional societies, and was formerly President of the American Vein and Lymphatic Society. She currently serves on the Board of the VIVA Foundation. Kathleen is excited to return to the institution where she trained, and is glad to be back as a Husky, working with the next generation of vascular surgeons.

Outside of work, Kathleen enjoys traveling, time with family, bird watching, skiing, and spending time outdoors. She also enjoys dogs and exploring the Pacific Northwest.



Ahmed Hassan, MD, is an Assistant Professor of Surgery at the University of Washington Medical Center and Seattle Children's Hospital. Dr. Hassan specializes in adult and pediatric hepatobiliary and abdominal organ transplant surgery. He is board certified by the American Board of Surgery and is a member of the American Society of Transplant Surgeons.

Dr. Hassan earned his medical degree from Assiut University in Egypt. He completed his general surgery residency training at the Cleveland Clinic in Ohio and the University of Louisville in Kentucky. He subsequently completed fellowship training in Abdominal Organ Transplantation and Hepatobiliary Surgery at Mount Sinai Medical Center in New York.

His clinical and research interests include adult and pediatric liver surgery and transplantation, living donor liver transplantation, organ preservation, and machine perfusion, with particular expertise in normothermic machine perfusion (NMP)—a technology helping redefine the boundaries of transplantable organs and improving outcomes for critically ill patients.

FACULTY PROMOTIONS

SARAH GREENBERG, MD, MPH

DIVISION OF PEDIATRIC GENERAL SURGERY

PROMOTED FROM ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR

KARI KEYS, MD

DIVISION OF PLASTIC SURGERY

PROMOTED FROM ASSOCIATE PROFESSOR TO PROFESSOR

MUKTA KRANE, MD

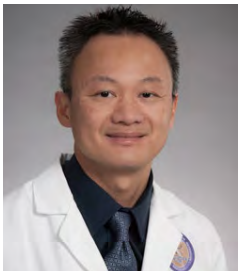
DIVISION OF GENERAL SURGERY

PROMOTED FROM ASSOCIATE PROFESSOR TO PROFESSOR

SHANE MORRISON, MD, MS

DIVISION OF PLASTIC SURGERY

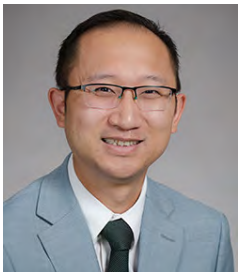
PROMOTION FROM ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR



NAM TRAN, MD

DIVISION OF VASCULAR SURGERY

PROMOTED FROM ASSOCIATE PROFESSOR TO PROFESSOR



DUANE WANG, MD

DIVISION OF PLASTIC SURGERY

PROMOTION FROM ASSISTANT PROFESSOR TO ASSOCIATE PROFESSOR

MARK YOUR CALENDAR

SEPTEMBER 2026

2026 CENTER FOR SURGICAL ETHICS CONFERENCE
SEPTEMBER 1ST-2ND

OCTOBER 2026

77TH ANNUAL DR. ALFRED A. STRAUSS LECTURE AND HARKINS SYMPOSIUM
OCTOBER 20TH-22ND

DECEMBER 2026

22ND ANNUAL DAVID M. HEIMBACH VISITING BURN PROFESSOR LECTURESHIP
DECEMBER 2ND

8TH ANNUAL CENTER FOR SURGICAL ETHICS CONFERENCE

Join us for the 8th Annual Surgical Ethics Conference, a two-day program bringing together surgeons, trainees, and healthcare professionals to explore real-world ethical challenges in surgical practice and education. Through expert-led sessions, case-based discussions, and interactive learning, attendees will gain practical tools to strengthen ethical decision-making and navigate complex clinical situations.

TUESDAY, SEPTEMBER 1ST, 2026
1:00PM – 4:00PM

WEDNESDAY, SEPTEMBER 2ND, 2026
8:00AM – 4:00PM

LOCATION – HEALTH SCIENCES EDUCATION BUILDING ROOM 345 & VIRTUAL ATTENDANCE OPTIONS

CONFERENCE REGISTRATION
Conference event contact: dosadmin@uw.edu

A HOMECOMING TO CELEBRATE—

KATHLEEN D. GIBSON, MD RETURNS TO UW MEDICINE

Dr. Kathleen Gibson

The Division of Vascular Surgery is pleased to welcome Kathleen D. Gibson, MD, to the faculty beginning May 4, 2026, with a primary practice location at UW Medical Center–Northwest.

An internationally recognized specialist in venous and lymphatic disease, Dr. Gibson brings more than 25 years of experience in vascular surgery and a distinguished career defined by clinical excellence, innovation, research, and leadership. She earned her medical degree at the University of Washington and completed both her general surgery residency and vascular surgery fellowship at UW. Dr. Gibson is board certified in Vascular Surgery and Venous and Lymphatic Medicine and is a Fellow of the American College of Surgeons and the American Vein and Lymphatic Society.

Dr. Gibson is widely regarded as a leader in advancing care for patients with venous and lymphatic disorders, including women's pelvic venous conditions. She previously served as President of the American Vein and Lymphatic Society and currently serves on the VIVA Foundation Board of Directors, along with numerous national committees and professional organizations. A prolific researcher and educator, she has authored numerous peer-reviewed publications, presented extensively at leading vascular meetings worldwide, and served as principal investigator on more than 40 clinical trials.

Dr. Gibson's return to UW Medicine represents an exciting addition to the Division of Vascular Surgery and further strengthens our commitment to advancing innovative, patient-centered vascular care across the region and beyond. Please join us in welcoming her back to the University of Washington.

FACULTY RETIREMENTS—

DR. LORRIE LANGDALE RETIRES AFTER FOUR DECADES OF SERVICE

Dr. Lorrie Langdale

This July, one of the University of Washington Department of Surgery's (UW DoS) great icons will hang up her scalpel to begin her next phase. Dr. **Lorrie Langdale** joined the faculty in July of 1985, but her UW roots run far deeper. Dr. Langdale is a native of Seattle—Magnolia specifically, where she has lived her entire life with the exception of seven years of surgical training. She graduated from Queen Anne High School with a National Merit Commendation and enrolled at UW for her undergraduate studies, earning a degree in Zoology, and then went on to earn her MD at the UW School of Medicine. In a brief escape from the Pacific Northwest, Dr. Langdale performed her residency in General Surgery at Michael Reese Hospital in Chicago, where she became interested in basic science research under the mentorship of Dr. Chip Rice, who subsequently took a position with the UW DoS. After performing a surgical critical care fellowship at UCSF, Dr. Rice was fortunately able to lure Dr. Langdale back to UW.

Dr. Langdale with fellow ACS Governors and Regents at Convocation

Dr. Langdale at the ACS Academy of Master Surgeon Educators induction

Now safely returned to Seattle, Dr. Langdale based her clinical practice at the Seattle VA; the year she arrived, she was personally involved in transporting patients from the ICU in the original 1951 building to the state-of-the-art-at-the-time "new" hospital with which you will all be most familiar. The range of general surgical procedures which she has expertly performed ever since exceeds that of any of her colleagues, and thus her skillset is, in a word, irreplaceable.

VA colleagues (left to right) – Rachel Powers (ARNP), Roger Tatum, Lorrie Langdale, Deborah Marquardt, Edgar Figueredo, Dana Lynge (not pictured – Peter Wu)

FACULTY RETIREMENTS—

DR. LORRIE LANGDALE RETIRES AFTER FOUR DECADES OF SERVICE

Dr. Langdale with portrait of the first women Supreme Court Justices

Over the years, Dr. Langdale built a tremendous legacy at the Seattle VA and the UW, and well beyond. Leadership and mentorship are second nature to Dr. Langdale. At the VA she has served as Director of the Surgical Intensive Care Unit and has been the Chief of General Surgery since 1996. Over time, Dr. Langdale turned her academic focus away from the engrossing world of murine tissue ischemia and further towards the embrace of surgical education, for which she is well known today. As the UW Surgery Clerkship Director from 1993 to 2005, she oversaw the first expansion of medical student surgical training to sites outside of Seattle, creating rotations in Boise, Spokane, and Fairbanks. More recently, she founded the Department's Surgical Education Research Workgroup which has been a highly productive endeavor and a strong resource for faculty development. Dr. Langdale is the only member of the UW DoS faculty to have won the Resident Teaching award twice in 2008 and 2016. Deservingly, she was elected to the American College of Surgeons Academy of Master Surgeon Educators in 2022.

Outside of the friendly confines of the UW and Seattle, Dr. Langdale has been a stalwart leader within the American College of Surgeons (ACS) throughout much of her career: she has been President of the Seattle Surgical Society, President of the Washington State Chapter of the ACS, and President of the Pacific Coast Surgical Association; she has served on the ACS Board of Governors, and served a six year term on the Board of Directors for the Accreditation Council for Graduate Medical Education. Making an imprint on essentially everyone who has or will ever sit for the American Board of Surgery examinations, Dr. Langdale has been on the Surgical Education and Self-Assessment Program (SESAP) editorial board for well over two decades and is now the director of the entire SESAP enterprise.

Dr. Langdale's mentorship of women surgeons, from the medical student level on up to junior and mid-career faculty, has

Dr. Langdale's original VA ID badge

FACULTY RETIREMENTS—

DR. LORRIE LANGDALE RETIRES AFTER FOUR DECADES OF SERVICE

Dr. Langdale's exploring her heritage in York, England

been an invaluable contribution in and of itself. In 2018, Dr. Langdale received the UW School of Medicine Women's Mentorship Award, chosen amongst the faculty across the entire School of Medicine, which is a rare achievement for a surgeon. Dr. Eileen Bulger, Professor and Chief of the Division of Trauma, Burns, and Critical Care, expressed her gratitude for Dr. Langdale's role in her life, both professionally and personally: "I have had the pleasure of working with Dr. Langdale since I was a resident over 30 years ago. She is a gifted surgeon and intensivist and a role model for women in surgery. She has been an incredible mentor to countless medical students and residents. She leads by example and often works behind the scenes to improve the system. I am grateful for her steady guidance, support, and friendship."

However, it is important to note that Dr. Langdale does not only choose women to encourage and mentor. Every surgeon who has joined the VA Division faculty in the last 25 or more years counts themselves among her most consistent mentees. Dr. Langdale's mentorship extends beyond the realm of surgical skills and career—as the UW DoS's Wellness Director, she has among other things lured numerous trainees to participate in her Pilates exploits, involving such medieval sounding devices such as "the tower" and "the rack."

As Dr. Langdale embarks on her next phase—which starts, literally immediately, with a surgical mission trip to Ghana—our Department takes great pride in all that she has already brought to the operating table, literally and figuratively, in serving veterans, mentoring the surgeons of both tomorrow and today, and representing UW on the national stage. Fortunately for all of us, she will continue to be a very welcome presence at Department activities and will forever embody a role model like no other; there can be only one.

WORDS OF TRIBUTE—

"I have had the pleasure of working with Dr. Langdale since I was a resident over 30 years ago. She is a gifted surgeon and intensivist and a role model for women in surgery. She has been an incredible mentor to countless medical students and residents. She leads by example and often works behind the scenes to improve the system. I am grateful for her steady guidance, support, and friendship." – **Dr. Eileen Bulger**, Professor & Chief of Trauma, Burn, & Critical Care Surgery & Surgeon-in-Chief, Harborview Medical Center

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

Dr. Ronald Maier

After more than five decades of service to patients, trainees, science, and the profession of surgery, we honor the remarkable career and legacy of Dr. **Ronald V. Maier**—surgeon, scientist, educator, mentor, and one of the defining leaders in modern trauma and critical care surgery.

For generations of surgeons, Harborview Medical Center and Dr. Maier have been inseparable. His influence shaped not only an institution, but also the evolution of trauma systems, surgical critical care, and injury prevention across the United States and around the world. His ground-breaking research has helped define the immunologic response to injury and infection which impacts patient recovery.

"Dr. Maier is a once in a generation surgeon–a master clinical surgeon, a dedicated surgical educator, an innovative surgeon scientist, and a selfless leader who has not only had an enormous positive impact on Seattle and Pacific Northwest surgery but has also wielded influence in his national and international leadership positions. Dr. Maier has had a significant role in making Seattle surgery recognized and respected worldwide. I have worked alongside Dr. Maier for the past 34 years. I am comfortable saying that I do not think there is a surgeon, past or present, who has had a larger impact on our community and region, and also on American surgery," – **Dr. Douglas Wood**, The Henry N. Harkins Professor and Chair, UW Department of Surgery

Left to right: Drs. Ronald Maier, Lorrie Langdale, Eileen Bulger, and Douglas Wood

Dr. Maier's journey in medicine began after graduating magna cum laude from the University of Notre Dame and earning his medical degree from Duke University School of Medicine. Following surgical training at the University of Washington (UW) and advanced immunopathology research at the Scripps Clinic and Research Foundation, he joined the UW Department of Surgery (DoS) faculty in 1981, beginning a career that would span more than 50 years in academic surgery.

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

Dr. Maier's ascension to ACS President

From the earliest days of his faculty career, Dr. Maier demonstrated a rare combination of scientific rigor, clinical excellence, and visionary leadership. He served as Director of the Surgical Intensive Care Unit, Chief of Trauma, Surgical Critical Care Program Director, and ultimately Surgeon-in-Chief at Harborview Medical Center for nearly three decades.

Trauma faculty, fellow and former fellows with Drs. Ronald Maier (center back) and Douglas Wood (center front)

But titles alone cannot capture the scope of his impact.

Under his leadership, Harborview Medical Center became internationally recognized as one of the premier trauma and critical care centers in the world. *"Dr. Maier's legacy will not only be measured in the countless lives he saved in moments of crisis, but in the generations of surgeons he trained, the national and international standards in trauma he elevated, and the culture of excellence he built at Harborview."* – **Sommer Kleweno-Walley**, CEO Harborview Medical Center.

Dr. Maier helped define trauma surgery as a modern scientific discipline. His pioneering work in inflammation, sepsis, immunology, shock, and the body's response to injury fundamentally advanced understanding of critical illness and trauma physiology. His research explored the molecular and genomic response to severe injury long before precision medicine became a central focus of modern healthcare.

Drs. Bryce Robinson, Deepika Nehra, Ron Maier and Lisa McIntyre

His scholarship earned international recognition and countless honors, including leadership of

Dr. Maier, son, daughter, and wife

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

Trauma faculty and fellows

nearly every major surgical and trauma organization in the field. He served as President of the American Association for the Surgery of Trauma, the Shock Society, the Society of University Surgeons, the American Surgical Association, and ultimately the American College of Surgeons from 2018–2019. Few surgeons in history have held leadership roles across so many foundational organizations.

"Ron is one of the last 'quadruple successes' in medicine: An outstanding clinician, a cutting-edge investigator, a caring and provocative teacher, and an administrative leader. The rest of us strive to be accomplished in one of these areas; Ron has set the bar in all four," – **Dr. Fred Rivara**, UW Medicine's chief of General Pediatrics, Vice Chair of Pediatrics, the Children's Hospital Guild Association Endowed Chair in Pediatrics Health Outcomes research, a UW professor of General Pediatrics and an adjunct professor of Epidemiology and Pediatric Dentistry

Yet, those who know Dr. Maier best often speak first not about his accolades, but about his mentorship.

"During his entire career, Ron demonstrated a unique ability to be a great clinician, a superb scientist and a seasoned educator. I think his greatest impact has been as a mentor of faculty and residents, helping them discover and develop talents, skills and attitudes for a lifetime." – **Dr. Carlos Pellegrini**, former Chair of the Department of Surgery.

Over decades at DoS Harborview Medical Center, he trained and inspired generations of surgeons, scientists, intensivists, and trauma leaders. Many of his trainees went on to become department chairs, trauma directors, division chiefs, program directors, and internationally recognized investigators. His influence spread not through self-promotion, but through the success of those he guided.

"Early in my career, I would go to Dr. Maier for answers. Instead, he gave me something far more enduring. He would ask, 'If you were me, what would you do?' At the time, it felt like a simple question. In hindsight, it was a masterclass in judgment, leadership, and trust. Those quiet lessons shaped not only how I think, but who I became. As Chief of Surgery at Zuckerberg San Francisco General Hospital and Trauma Center and Vice Chair of Acute Care Surgery in the UCSF Department of Surgery, I now recognize how profoundly he influenced my path," – **Dr. Joseph Cuschieri**, former DoS HMC trauma surgeon

At Harborview Medical Center, Dr. Maier fostered a culture defined by intellectual curiosity, accountability, compassion,

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

Dr. Maier and his wife Lauren

and service. He challenged trainees to think deeply, work rigorously, and never lose sight of the humanity behind critical illness and injury. He demanded excellence because he believed patients deserved nothing less.

Dr. Maier's influence on trauma care throughout the Pacific Northwest cannot be overstated. He was one of the founding architects of the Washington State Trauma System, helping design and advance a coordinated statewide network that transformed access to timely, high-quality trauma care for injured patients across urban and rural communities alike. Through his vision and leadership, Washington became recognized nationally for its integrated approach to trauma system development and regionalized care. He was also instrumental in the creation and growth of the Harborview Injury Prevention and Research Center, helping establish Harborview Medical Center as a national leader not only in injury management, but also in injury prevention science, public health research, and community-based prevention efforts. These contributions fundamentally reshaped how injury is understood, prevented, and treated throughout the region and beyond.

His leadership extended far beyond Seattle. Dr. Maier was instrumental in advancing regionalized trauma systems and national trauma policy, helping shape how injured patients are cared for across the country. His advocacy for prevention, systems development, surgical education, and trauma research left a lasting imprint on the field and improved outcomes for countless patients.

Despite an extraordinary national and international career, Harborview Medical Center remained his professional home. For more than half a century, he embodied the mission of the institution: caring for the sickest and most vulnerable patients, advancing science, educating future leaders, and serving the public good.

Those who worked beside Dr. Maier witnessed not only a brilliant surgeon-scientist, but also a steadfast colleague whose calm judgment, integrity,

Dr. Maier with the ever present cigar

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

and commitment inspired confidence during the most difficult moments in medicine. Whether leading through major institutional change, advancing trauma care during times of war and disaster, or mentoring young faculty navigating academic careers, he consistently led with wisdom, discipline, and generosity.

"Since I first met Dr. Maier, I have aspired to be even a fraction of the surgeon and clinician he is. His clinical insights and ability to distill simple truth from chaos place him among the very best medical teachers. He has taught me so much and is still the person I go to for advice, an opinion, the hope of an explanation when I can't make sense of a situation. But more than all of that, Dr. Maier gave me the confidence to grow as a surgeon by just believing in me. When a true giant believes in you, you feel 10 feet tall yourself and there is no way to properly thank him for that or to put into words what that has meant," – Dr. **Deepika Nehra**, Associate Professor and Medical Director of the Trauma Surgical Intensive Care Unit.

"I hear the same question again and again: "How does one create a career in surgical palliative care?" My answer is the same: "You need to have a boss who believes in what you are trying to do." Dr. Maier was that mentor for me. He used his spotlight to gain momentum for the surgical palliative care movement at the highest levels. As a young surgeon, his belief in my abilities gave me the confidence to start believing in myself. That gift is invaluable to me and will be forever cherished," – Dr. **Kathleen (Katmo) O'Connell**, Professor of Surgery and Director of Surgical Palliative Care.

His legacy now lives in the trauma systems he strengthened, the scientific discoveries he advanced, the institutions he transformed, and the thousands of physicians and patients whose lives he touched.

As Dr. Maier retires from active service at HMC and the UW, we celebrate not merely the length of an extraordinary career, but the depth of its impact.

Few physicians shape a field. Fewer still shape generations. Dr. Ronald V. Maier did both.

THROUGH THEIR EYES—HONORING DR. RONALD V. MAIER

"Congratulations on your retirement. Your tenure in medical leadership both at Harborview and nationally has been extraordinary. Through my lens as Medical Director at HMC I learned so much about you. Your precision insights into the workings of the organization, balanced with your sardonic wit, has been highly effective at calling attention to so many issues that you have cared deeply about. Together, we have worked closely on major issues within the Surgery Department at HMC and on countless other topics related to Harborview's well-being and success. Beyond Harborview, we have travelled to Cuba and Morocco, we have sailed together and I was so pleased to be present in Boston when you were honored following your term as President of the American College of Surgeons. I have come to know

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

you as an incredible leader, educator, role model, and friend. Thank you for your years of service!" – **Dr. Rick Goss**, Medical Director of HMC

"It is hard for me to sum up Dr. Maier's leadership and mentorship into a single quote. As such, I provide two below.

'One man's transparency is another's humiliation.' – Gerry Adams (Sinn Fein President, 1983-2018).

This quote encapsulates the best advice I received from Ron as a leader of physicians. He taught me to bring data, or the unbiased specifics of a case, to the table when working with other physician-leaders for change. Physicians don't evolve on their own and they don't think they are in the wrong. You must bring the facts to start the discussion, then leverage their ego to implement real change. If you don't, then it is just generalities or hearsay that will be ignored.

"Hope is not a strategy." – General Gordon R. Sullivan

The above quote is used a lot, especially by surgeons on Friday mornings. I believe I first heard a version of it by Dr. Maier in that venue and it has stuck since. We deal with very complex patients, with very complex surgical problems, in a threatened health system that is ever changing. In the operating room, in the ICU, or on the floor, you must have a "plan", and hope is not it. The "plan" needs to be discrete, technically sound, based on evidence (when available), and able to absorb contingencies. That is the promise we make to our patients and re-enforced by Dr. Maier in his mentorship to me and our department." – Dr. **Bryce Robinson**, Professor, Division of Trauma, Burn & Critical Care Surgery

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"It is a rare privilege to be able to say you were trained by, mentored, and worked both for and alongside a true Legend of Surgery. The phone call I received from Ron to recruit me back to Harborview will stand as the greatest personal honor of my career." – Dr. **Scott Brakenridge**, Professor, Division of General Surgery

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*"Once upon a time, Maier Rounds were actually run by Ronald V. Maier himself. I was a brand-new 3rd year medical student trying very hard to impress my Chief Resident, who was Dr. Lisa K. McIntyre. I don't know if she knew how hard I was trying, but she definitely created an opportunity to test my resolve. One post-call morning, on Maier Rounds, she said *I* could present an interesting case to Dr. Maier.*

*This is like the circus Master of Ceremonies grabbing some kid from the audience and announcing 'And now, ladies and gentlemen, *this boy* will put his head in the lion's mouth!!'*

I had never met Dr. Maier before this, but I knew he was a Force of Nature and I feared him. Well, I didn't fear him so much as I feared his legendary ability to publicly unmask incompetence in a spectacular way. Nervously, I began to describe the case of a patient with severe necrotizing pancreatitis who was admitted to the Surgical ICU at Harborview the previous night. With every utterance, I expected Dr. Maier's booming voice

FACULTY RETIREMENTS—

REFLECTIONS ON THE LEGACY OF DR. RONALD V. MAIER

to interject with clear and obvious examples of my failures in history-taking, shoddy diagnostic efforts, incorrect therapeutic decisions, deficient knowledge base, and general intellectual shortcomings.

To my amazement, the Great and Fearsome Dr. Maier was encouraging! He congratulated me on my nice presentation. He lobbed me some soft-ball questions which I – surprisingly – knew the answers to. He thanked me for the interesting case. The crowd dissipated and I was left slightly delirious and disoriented, being both post-call and also flooded with catecholemines that were, apparently, not needed for my anticipated flight in ignominy after all.

One year later, when it came time to decide on a residency, I put General Surgery at UW at the top of my list because of a few memorable moments. And that was the most memorable of them." – Dr. **Erik Van Eaton**, Associate Professor, Division of General Surgery

FAVORITE "MAIER-ISMS"

What have you done to make me famous today/ how are you going to make me famous today?

Every person has a set number of lifetime heart beats; when you jog, you are wasting them.

The one with the most data will win.

Every innovation has a 7-year cycle, so if you missed the first cycle, don't worry you'll see it as a new idea again.

If you don't have complications, then you are not operating.

It's a crash, not an accident. An accident is an Act of God.

Why are you washing away all the good clot?

HONORING A LEGACY—

EXPANDING THE PELLEGRINI ENDOWED PROFESSORSHIP INTO A CHAIR

Dr. Carlos Pellegrini

We are pleased to announce, in partnership with UW Medicine Advancement, the launch of the **Carlos A. Pellegrini, MD, Endowed Professorship in General Surgery**. As former Chair of the Department of Surgery (DoS), Dr. Pellegrini devoted his career to advancing surgical education, mentoring future generations of surgeons, and fostering excellence in patient care, research, and teaching. Even today, he remains committed to mentoring and coaching surgical faculty and trainees. To honor his extraordinary legacy, we have worked diligently behind the scenes to establish an endowed professorship bearing his name.

The Carlos A. Pellegrini, MD, Endowed Professorship is intended to strengthen the university's ability to recruit and retain outstanding faculty within the DoS , with preference given, whenever possible, to surgeons pursuing careers in general surgery. Reflecting Dr. Pellegrini's own commitment to excellence, recipients of the professorship will be distinguished leaders in their field who have demonstrated, or show exceptional promise for, advancing surgical education, research, and patient care.

While the establishment of the Professorship is an important milestone, our vision extends even further. Our goal is to elevate the professorship to a fully endowed chair—one of the highest honors a university can bestow on a faculty member. An endowed chair would create a lasting legacy for Dr. Pellegrini, while providing even greater support for recruiting, retaining, and developing exceptional surgical leaders for generations to come.

Thanks to the generosity of early supporters, the DoS and UW Medicine Advancement have already secured $2 million toward the creation of the Endowed Professorship. We are now seeking to raise the final $1 million needed to reach the $3 million minimum required to establish the Carlos A. Pellegrini, MD, Endowed Chair in General Surgery.

At this exciting moment, we invite members of our broader DoS community—colleagues, alumni, patients, friends, and supporters—to join us in honoring Dr. Pellegrini's enduring impact and helping us complete this transformative campaign. Together, we can ensure that his legacy of mentorship, leadership, and surgical excellence continues to inspire future generations.

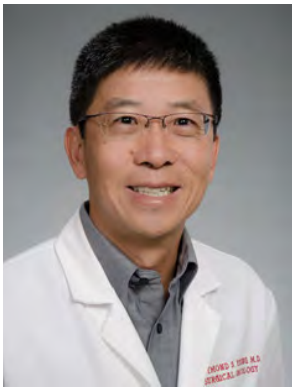
CARLOS A. PELLEGRINI, MD, ENDOWED PROFESSORSHIP IN GENERAL SURGERY

This fund enhances the University's ability to recruit and/or retain faculty in the School of Medicine's Department of Surgery, with a preference, whenever possible, for physicians pursuing a career in general surgery. Secondarily the fund may provide strategic support for the School of Medicine in alignment with the stated purpose.

GIVE NOW

HONORS & AWARDS

UW SURGEON-SCIENTIST DR. RAYMOND YEUNG RECEIVES PRESTIGIOUS CCSG PILOT AWARD



Dr. Raymond Yeung, FRCS, FACS, a leading surgeon-scientist at the University of Washington (UW), has been awarded a highly competitive Cancer Center Support Grant (CCSG) Pilot Award for his innovative research project, *"Ex Vivo Spatial Profiling of Chemotherapy Response in Colorectal Liver Metastases."*

The CCSG Pilot Award, funded through the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium, provides up to seven grants annually, each totaling $100,000 in direct costs (plus indirect costs) to support high-impact cancer research. The program encourages bold and innovative approaches aimed at improving outcomes for cancer patients.

Dr. Yeung is widely recognized for his leadership and contributions to liver cancer care and research. He is the founder of the UW Medicine Liver Tumor Clinic—the first clinic of its kind in the Pacific Northwest—and serves as Section Chief of Hepatopancreatobiliary (HPB) Surgery and Complex Abdominal Oncology. In addition, he is Director of the Center for Advanced Minimally Invasive Liver Oncologic Therapy (CAMILOT), Deputy Director of the Seattle Translational Tumor Liver Cancer Program, and holds professorships in Surgery, as well as adjunct appointments in Medicine, Medical Genetics, and Pathology at UW.

The newly funded project, led by Dr. Yeung in collaboration with Dr. Liangcai Gu, Associate Professor in the Department of Biochemistry at UW, focuses on improving understanding of how colorectal liver metastases (CRLM)—a common and challenging form of advanced colorectal cancer—respond to standard first-line chemotherapy treatments. Despite advances in cancer therapy, variability in treatment response remains a major obstacle in optimizing patient care.

"Cancers are highly heterogeneous, meaning that individual tumors—and even cells within the same tumor—can respond differently to treatment," explained Dr. Yeung. "Our goal is to better understand these complex interactions so we can tailor treatments more precisely for each patient."

The research will explore how cancer cells interact with surrounding immune and structural cells within the tumor microenvironment—factors that play a critical role in determining therapeutic effectiveness. Using advanced spatial profiling techniques, Drs. Yeung and Gu aim to develop a scalable platform capable of monitoring cellular behavior in real time after exposure to chemotherapy.

This cutting-edge approach will enable researchers to capture detailed, dynamic data at single-cell resolution, providing insights into how different regions—or "niches"—within tumors respond to treatment. By mapping these responses, the team hopes to identify patterns that could predict how tumors evolve under therapy.

HONORS & AWARDS

Ultimately, the findings are expected to lay the groundwork for developing predictive models that guide oncologists in selecting the most effective, personalized treatment strategies. Such advancements could significantly improve outcomes and quality of life for patients with colorectal liver metastases.

The CCSG Pilot Award underscores the Consortium's commitment to fostering pioneering cancer research and accelerating the translation of scientific discoveries into clinical care. Dr. Yeung's work exemplifies the type of innovative research the program is designed to support, with potential implications for precision oncology and the future of cancer treatment.

DR. ESTELL WILLIAMS APPOINTED TO THE MEDICAL SCHOOL DEAN OF ADMISSIONS

Effective July 1, Dr. Estell Williams, began serving as Associate Dean for Admissions in the School of Medicine, bringing extensive experience and long-standing ties to the school, along with proven leadership skills that position her well for her success in her new role.

Dr. Williams is an Associate Professor in the Department of Surgery (DoS) and an acute care surgeon who practices at UW Medical Center-Montlake. UW has been central to her life for many years, graduating from both the UW School of Medicine and the DoS residency program. Her engagement with medical student admissions is long standing, serving on the UW School of Medicine admissions committee as both a medical student and a resident. Prior to taking on the role of Associate Dean, she has had multiple leadership roles. She has served as a college mentor since 2024, providing coaching and support to a cohort of medical students in the North Cascades College. She is also the founding director of the Center for Workforce Inclusion and Healthcare System Equity (WIHSE), building and funding ecosystem programming that moves under-resourced students from early exposure all the way to matriculation in health professional schools. These experiences will position Dr. Williams extremely well for this next chapter in her career.

Outside of the hospital, Dr. Williams co-founded Estelita's Social Justice Bookstore and Library along with her husband and runs community-based programming, as well as raising her two young children.

HONORS & AWARDS

KARI KEYS APPOINTED NEW CHIEF OF PLASTIC SURGERY

Associate Professor Dr. Kari Keys, became the Chief of the Division of Plastic Surgery on June 1st. Dr. Keys has served as the interim chief for the past 15 months, and is currently the Section Chief of Plastic Surgery at the VA Puget Sound Health Care System, and Associate Program Director for the Plastic Surgery Integrated Residency Program. She joined the faculty in the Department of Surgery (DoS) in 2012, after completing her plastic surgery training at the University of Washington.

DoS Chair Dr. Douglas Wood expects Dr. Keys to carry on the legacy built by former Chief, Dr. Nick Vedder: "I have been impressed with what she has accomplished in a short period of time. She has recruited much needed new faculty, advocated fiercely for her faculty and residents, and has developed a new research infrastructure that already has seen an incredible return on investment with increased presentations at national meetings and peer-reviewed publications. She has gained my confidence and my support to help her continue the many initiatives she has started to not just maintain, but to enhance, our division and people as the top plastic surgery program in the country."

Dr. Keys expressed her appreciation and excitement for this role: "It is an immense honor to take on the role of Division Chief for UW Plastic Surgery – held only by two others (Drs. Loren Engrav and Nick Vedder) since the Division was founded 56 years ago. I do not take lightly what has been built here, and I do not take lightly the responsibility of carrying it forward. To those of you who trained here, taught here, and built your careers within these walls: The legacy you helped build is what makes UW Plastic Surgery so unique. As I step into this role, my focus is on honoring that legacy while building boldly toward what comes next - that means strengthening our research culture, investing in faculty development, advocating for surgical education and evidence-based care, and fostering the kind of environment where people choose to be. The rising tide lifts all ships. I am honored to help steer ours."

DR. GIANA DAVIDSON APPOINTED INTERIM ASSOCIATE DEAN FOR FAULTY AFFAIRS, UW SOM

We are pleased to share that Dr. Giana Davidson, Professor in the Department of Surgery, has been appointed Interim Vice Dean for Faculty Affairs in the University of Washington School of Medicine, effective June 1, 2026. She will serve in this role following the leadership of Dr. Patricia Kritek, Vice Dean for Faculty Affairs, whose mentorship and vision have helped shape the Office of Faculty Affairs in recent years.

HONORS & AWARDS

Since joining the Office of Faculty Affairs in 2022, Dr. Davidson has helped lead initiatives in professional development, leadership programming, and career advancement across the UW School of Medicine (SOM). Notably, she led the development and expansion of the SOM's faculty coaching program, helping to build a robust coaching community that supports faculty across 31 departments, career stages, and leadership pathways. In her new role, she will continue efforts focused on faculty development, education, recruitment and retention of our diverse faculty community, well-being, and career advancement across the UW SOM.

Dr. Davidson has brought a collaborative and deeply faculty-centered approach to leadership aligned with the UW SOM's commitment to advancing education, research, clinical care, and faculty development. She steps into this expanded role at a meaningful moment as the UW SOM navigates significant leadership transitions. Dr. Davidson shared, "I am deeply grateful to Dr. Kritek for her mentorship and vision, and to the incredibly collaborative faculty and staff in the Office of Faculty Affairs. Their dedication and passion for supporting our community make this work so rewarding." We congratulate Dr. Davidson on this opportunity and are grateful for her continued commitment to supporting our community.

DR. KATIE LIU WINS PRESTIGIOUS NIH R03 GRANT

A collaboration between the Division of Plastic Surgery and the Division of Research has secured a new grant to study whether interactive gaming can support recovery after nerve reconstruction surgery. Led by Dr. **Katie Liu**, Assistant Professor in the Division of Plastic Surgery, the Surface EMG trial is a two-center, randomized interventional pilot evaluating surface electromyography (EMG)-driven therapeutic gaming as a tool for postoperative rehabilitation. Funded by the National Institute of Child Health and Human Development (NICHD), the trial will enroll 60 individuals with brachial plexus and upper extremity peripheral nerve injuries who have undergone nerve reconstruction surgery at the University of Washington and Washington University in St. Louis. By linking muscle activity to therapeutic games, the intervention aims to make rehabilitation more engaging while the team measures its effect on muscle strength and patient-reported outcomes. University in St. Louis. By linking muscle activity to therapeutic games, the intervention aims to make rehabilitation more engaging while the team measures its effect on muscle strength and patient-reported outcomes.

HONORS & AWARDS

DR. CHRISTOPHER BURKE NAMED INAUGURAL WRIGHT FAMILY ENDOWED CHAIR IN AORTIC SURGERY

Dr. Christopher R. Burke, Associate Professor of Cardiac Surgery, Division of Cardiothoracic Surgery; Director, Aortic Programs at the University of Washington Medical Center, was recently appointed as the inaugural Jeffrey and Korynne Wright Family Endowed Chair in Aortic Surgery, a role vital to supporting programmatic growth and innovation in aortic care.

Dr. Burke expressed deep gratitude for the gift and its significance: *"I am beyond thrilled by the establishment of the Jeffrey and Korynne Wright Family Endowed Chair in Aortic Surgery. The incredible generosity of Jeff and Korynne is both inspiring and transformative. With their shared vision, we are able to make another important step as we strive towards becoming a preeminent aortic program in North America. Programmatic support such as this is a critical element towards continued growth and will allow us to fulfill our mission of clinical excellence, education of the next generation of cardiac surgeons, and performing research that advances our understanding of aortic disease and management. I am truly honored and humbled by Jeff and Korynne's generosity. I look forward to contributing to their vision and to the future of the aortic program here at UW."*

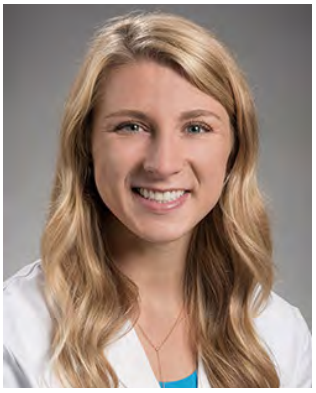
RESEARCH HIGHLIGHTS

THE ARTIDIS NANOMECHANICAL GENERATED MEASUREMENTS FOR EARLY BREAST LESIONS (ANGEL)

THE ANGEL study is a multi-institutional international study using the Artidis system, led by the Department of Surgery's Meghan Flanagan, MD, MPH, Associate Professor of Surgery, Co-Chair of the University of Washington Medical Center Northwest Campus Breast Steering Committee, Affiliate Investigator in Public Health Sciences at the Fred Hutchinson Cancer Research Center, and member of the Fred Hutchinson and UW Cancer Consortium.

This prospective, blinded, single-arm study aims to test the performance of nanomechanical phenotype in predicting tumor type, tumor aggressiveness, and neoadjuvant treatment response compared to the gold standard of histopathological assessment. The study involves patients with suspicious breast lesions who will undergo a breast biopsy procedure indicated by standard of care. The nanomechanical phenotype will be measured on the freshly obtained breast biopsies or tissue from breast surgeries. Breast biopsies of unknown histology will be evaluated at point of care with nanomechanical generated measurements with the goal of point of care diagnosis of benign versus malignant. Early pilot data from the original Swiss ANGEL cohort has also demonstrated the ability of the system to predict response to neoadjuvant chemotherapeutic treatment. The UW and Fred Hutch Cancer and Research Center will participate in the ANGEL diagnostic study as one of four sites in the US (there are four sites in Europe) with the goal of enrolling approximately 300 patients over the next three years.

RETHINKING GLUCOSE MANAGEMENT IN SURGERY



Dr. Jamie Schnuck, PGY-5 General Surgery resident and SORCE Research Fellow, presented on perioperative glucose management at the 2026 American Surgical Association Annual Meeting held in Seattle this past April. The PATCHS Trial- the Prevention And Treatment of Common Hyperglycemia in Surgery) is a pilot, randomized, controlled trial led by David Flum, MD, MPH, Professor of Surgery and Vice Chair of Research, Department of Surgery; Dr. Ian Jones MD, Surgical Critical Care Fellow, andas well as Dr. Jamie Schnuck MD, PGY-5 General Surgery resident SORCE Research Fellow, aimed to reduce hyperglycemia-associated morbidity/mortality following abdominal and pelvic surgery. Perioperative stress hyperglycemia is common and occurs in both patients with diabetes mellitus (DM) and those without (NoDM), with the risk of complications ever greater among NoDM patients. One hundred three patients without a history of diabetes, undergoing a variety of general surgery, urologic, and gynecologic procedures were randomized to receive an intraoperative infusion of either the intervention, prophylactic insulin in the form of glucose-insulin-potassium (GIK), or saline control. Patients in the intervention arm experienced less hyperglycemia, required less treatment insulin, and had signal of reduced morbidity/mortality. Next steps include the development of a full-scale clinical trial which is currently under review at the NIH. Dr. Jamie Schnuck recently had the opportunity to present this work at the 2026 American Surgical Association Annual Meeting!

RESEARCH HIGHLIGHTS

DR. CHRISTOPHER CHILDERS AND THE PAYOR LAB ADVANCE NATIONAL RESEARCH ON HEALTHCARE PAYMENT POLICY AND SURGICAL OUTCOMES

Dr. Christopher Childers is an Assistant Professor of Hepatopancreatobiliary (HPB) Surgery in the Division of General Surgery. His research focuses on healthcare finance, particularly the physician fee schedule and its effects on provider behavior and patient outcomes. Since joining the faculty in 2024, he has founded the Payment & Outcomes Research (PAYOR) Lab, which has rapidly emerged as a nationally recognized center for health policy and surgical outcomes research.

One notable example of this research is a 2025 paper published in the Journal of the American College of Surgeons, which analyzes a proposed Centers for Medicare and Medicaid Services (CMS) policy that would have reduced surgeon payments by 2.5% in 2026. The study challenged the assumption that surgeons are becoming more efficient, demonstrating instead that operative times are increasing because of rising patient and disease complexity. The work received national media attention, was cited in advocacy efforts by more than 30 medical organizations, and contributed to proposed legislation in the U.S. House of Representatives.

Dr. Childers is also building a growing national presence in surgical policy and healthcare finance. He has presented his work at local, regional, and national meetings, developed educational content on healthcare payment policy, that is being followed by surgeons across the country, and is become actively involved with organizations shaping surgical and national health policy.

As the PAYOR Lab continues to expand, Dr. Childers is seeking new collaborations and partnerships to support data-driven research aimed at better aligning physician reimbursement, patient outcomes, and the delivery of high-value surgical care in the United States.

COMBO TRIAL TESTS NEW APPROACH TO A COMMON SURGICAL EMERGENCY

The COMBO Trial is a Phase 4, randomized, double-blind study led by Dr. David Flum, Vice Chair for Research, to evaluate the novel approach to treating adhesive small bowel obstruction (aSBO) with intravenous dexamethasone, a widely available anti-inflammatory steroid. aSBO is a common and serious condition most commonly causedmostly caused by adhesions from prior abdominal surgery, leading to inflammation, bowel edema, prolonged hospitalization, and potential need for emergency surgery. This trial will test whether a short course of dexamethasone can improve outcomes (e.g., fewer days in the hospital, prevent needing surgery) compared to the current standard of care alone. Participants are randomized to receive dexamethasone plus supportive care or supportive care alone. Using clinical outcomes and some patient-reported outcomes, the COMBO Trial seeks to establish a simple, scalable strategy to improve recovery and outcomes for patients with aSBO.

RESEARCH HIGHLIGHTS

DR. KATIE LIU EXPANDS GROUNDBREAKING RESEARCH IN PERIPHERAL NERVE REGENERATION

Located on the South Lake Union research campus as part of the University of Washington (UW) Institute for Stem Cell & Regenerative Medicine, Dr. Katie Liu's basic science laboratory focuses on peripheral nerve injury, particularly the mechanisms underlying axonal regeneration and muscle denervation and reinnervation. She was awarded a two-year grant from the American Foundation for Surgery of the Hand, entitled "Patterned Microvascular Patches to Promote Angiogenesis in Nerve Surgery," which uses induced pluripotent stem cells to create a pro-regenerative microenvironment to support axon growth. Inspired by exciting preliminary data from this work, she is now also investigating the regenerative potential of stem cells derived from lipoaspirate. She is thrilled to collaborate with all of her plastic surgery partners within the Center for Reconstructive Surgery at UW Medical Center–Montlake UW Montlake Center for Reconstructive Surgery on this, collecting liposuction waste from routine surgeries to study in the lab. Dr. Liu recently received the 2026 Jaconette L. Tietze Young Scientist Award to fund this new line of research.

Dr. Liu, who is an assistant professor of surgery in the Division of Plastic Surgery at UW, also serves as Director of the Northwest Institute for Nerve Injury at Harborview Medical Center, a multidisciplinary clinic providing comprehensive care from diagnosis to surgery to rehabilitation for peripheral nerve injury. The nerve institute's high volume of patients has sparked several multi-institutional clinical research collaborations, including rapid enrollment in the Prospective Longitudinal Assessment of Nerve Trauma (PLANeT) study focusing on patient-reported outcomes after brachial plexus injuries, as well as three industry-sponsored clinical trials testing innovative surgical techniques to accelerate nerve recovery. From the nerve injury patient population, Dr. Liu has also been collecting small nerve and muscle tissues from surgery; these specimens have undergone proteomic and immunohistochemical analyses to examine the effect of factors like age and Schwann cell senescence on peripheral nerve regeneration and recovery.

DEFINING THE FUTURE OF ANTITHROMBOTIC CARE

The Vascular Surgery Outcomes Lab, under the guidance of Dr. Sara Zettervall, Associate Professor of Surgery in the Division of Vascular Surgery, is beginning a first of its kind randomized controlled trial (RCT) aimed at identifying the optimal antithrombotic regimen for patients undergoing repair of thoracoabdominal aneurysms. Up to 15% of patients experience stent occlusion in the renal or mesenteric arteries after surgery, which can result in dialysis, bowel ischemia, and death. Aspirin monotherapy, dual antiplatelet therapy DAPT, and anticoagulation are utilized at hospitals around the country; however, the impact of each regimen on stent patency and the associated risk for bleeding is unknown. Preliminary data from retrospective analysis of the University of Washington experience was presented by PGY-5 Integrated Vascular Surgery Resident Dr. Blake Murphy at the 2026 Society for Clinical Vascular Surgery Meeting and is under

RESEARCH HIGHLIGHTS

review in the *Journal of Vascular Surgery*. This study revealed no differences in stent patency by regimen, but higher rates of bleeding among patients treated with anticoagulation. Under the direction of Drs. **Sara Zettervall** and Matthew Sweet, Professor of Surgery in the Division of Vascular Surgery, the RCT will enroll patients treated for thoracoabdominal aneurysm with a plan to extend this study to the Multi-Institution Aortic Research Consortium next year.

NOVEL IMMUNE SIGNATURES AFTER SEVERE TRAUMA MAY LEAD TO TARGETED STRATEGIES TO PREVENT CHRONIC CRITICAL ILLNESS

Researchers from the University of Washington Department of Surgery (UW DoS), led by Dr. Scott Brakenridge, Professor, Division of Burn, Trauma & Critical Care Surgery, recently reported new findings that may help identify severely injured trauma patients at risk for developing chronic critical illness (CCI), a devastating syndrome characterized by prolonged ICU stays, persistent organ dysfunction, recurrent infections, and poor long-term outcomes. In a prospective study of severely injured trauma patients, investigators identified a distinct immune profile associated with progression to CCI, highlighted by expansion of Th17 (IL-17A–producing) T cells, persistent neutrophilia, and sustained inflammatory cytokine signaling.

Contrary to the longstanding belief that post-traumatic immune dysfunction is primarily driven by immune exhaustion and deficient interferon-gamma (IFNγ) responses, the study found that patients who developed CCI maintained near-normal IFNγ production while exhibiting excessive IL-17A–mediated immune activity. Patients with CCI experienced earlier and more frequent post-injury infections—primarily pneumonia—and demonstrated a unique Th17-biased immunophenotype that distinguished them from patients who recovered rapidly after injury. These findings suggest that chronic critical illness may result from a misdirected and imbalanced immune response rather than a primary defect in IFNγ deficiency and immunosuppression.

The study raises the possibility that immune biomarkers, including IL-17A and Th17 cell expansion, could be used to identify high-risk patients early during their ICU course and potentially guide future precision medicine approaches aimed at preventing recurrent hospital acquired infections and the progression to chronic critical illness. Investigators are now expanding this work to further define immune endotypes after severe injury and develop predictive tools for personalized critical care.

This research was led by Dr. Scott Brakenridge, Professor of Surgery at the UW and and senior research scientist **Haiyuan Ding**, PhD, a principal scientist at Roche, in collaboration with investigators from the University of Minnesota and the Institute for Systems Biology (Seattle). The manuscript, “Distinct Immune Trajectories After Severe Trauma Identify a Th17-Biased Immunophenotype in Chronic Critical Illness,” has been accepted for publication in the *Journal of Immunology*.

EVENT RECAPS

THE 24TH ANNUAL DR. DAVID TAPPER ENDOWED LECTURESHIP & PEDIATRIC GRAND ROUNDS

Dr. Steven Lee presenting Dr. Elizabeth Beierle with commemorative plaque

The **Pediatric General & Thoracic Surgery Division** proudly hosted our **24th Annual Dr. David Tapper Endowed Lectureship & Pediatric Grand Rounds** on April 30, 2026. This annual lectureship was established in 2001, to acknowledge and remember the leadership and legacy of Seattle Children's first (full-time) surgeon-in-chief, Dr. David Tapper (b. 1945; d. 2002). Dr. Tapper was also a professor of surgery and adjunct professor of pediatrics at the University of Washington (UW) School of Medicine, supervising and training scores of aspiring doctors. Dr. Tapper, whose research focused on kidney transplantation and high blood pressure, initiated the kidney transplant program at Seattle Children's, and personally performed more than 50 kidney transplants. This lectureship aims to present a leading researcher, an authority in his or her field, to address a broad range of subjects impacting and benefiting children – specifically in pediatric general surgery.

Mrs. Susan Tapper and family

This year, our visiting professor was Dr. Elizabeth Beierle, Professor of Surgery and Pediatrics, Children's Hospital of Alabama, who presented **"Audacious Goals: A Quest for Novel Therapeutics for Neuroblastoma."** Dr. Beierle has an active clinical practice with a focus on pediatric surgical oncology and pediatric burn care and maintained a robust basic science laboratory throughout her career. Dr. Beierle continues to investigate signal transduction pathways and novel therapeutics for pediatric solid tumors. Watch Dr. Beierle's presentation, "Audacious Goals: A Quest for Novel Therapeutics for Neuroblastoma."

Preceding the lecture, we enjoyed dinner with faculty, Mrs. Tapper, and her family; distinguished guests such as former Surgeon-in-Chief Dr. **Robert Sawin**; former Division Chief Dr. **John Waldhausen**; former Surgery Chair, **Dr. Carlos Pelligrini**; and current Surgery Chair, **Dr. Douglas Wood**.

We were pleased to welcome many friends and colleagues and look forward to celebrating the **25th Annual Tapper Lectureship on April 29, 2027**.

If you have questions, please contact Dr. Steven Lee, Chief, Pediatric General & Thoracic Surgery, steven.lee@seattlechildrens.org

EVENT RECAPS

DIVISION OF CARDIOTHORACIC SURGERY 34TH ANNUAL VISITING SCHOLAR

The Division of Cardiothoracic Surgery was honored to host **Ara A. Vaporciyan, MD, FACS, MHPE**, as its **34th Annual Visiting Scholar**, on May 22, 2026. Dr. Vapociyan is the Chairman of the Department of Thoracis and Cardiovascular Surgery at The University of Texas MD Anderson Cancer Center in Houston. Dr. Vaporciyan presented “Thoracic Surgical Education: Teach Them What We Know, Prepare Them For What We Don’t” to members of the University of Washington community in the Turner Auditorium of the Health Sciences Building, that Friday afternoon.

Center (Our 34th Visiting Professor Scholar) Dr. Ara A. Vaporciyan, Drs. Kathleen Berfield, Peter DeVito, Scott DeRoo, Farhood Farjah, Karanpreet Dhaliwal, Chris Burke, Arjune Dhanekula, RandyCure, Mohamed Eldeiry, Richard DuBois, Michael Shang, Aaron Cheng, Dominique DeGraff, Douglas Wood, Naima Alver, Max Adcox, Michael Mulligan, Swara Bajpal, Jolanta Goreca.

DEPARTMENT OF SURGERY ANNUAL EDUCATION SEMINAR

The Department of Surgery held its Annual Education Seminar on June 3, 2026. This year’s theme was Artificial Intelligence (AI) in Surgical Practice and Surgical Education. The event drew a large turnout of faculty, residents, and staff. Presentations spanned AI applications in clinical practice, surgical education, research, and faculty development. Feedback on the content and presenters was overwhelmingly positive. The seminar closed with the induction of new members into the Academy of Surgical Educators: **Kathleen S. Berfield**, MD, **Erika Bisgaard**, MD, Eva Childers, and **Rebecca Petersen**, MD, MSc, FACS.

PUBLICATIONS

BLAKE MURPHY, MD, RESEARCH RESIDENT

Murphy BE, Zettervall SL. Management and outcomes of thoracic dissection in older adults. Semin Vasc Surg. 2025 Sep;38(3):234-242. doi: 10.1053/j.semvascsurg.2025.06.004. Epub 2025 Jun 18. PMID: 40921550; PMCID: PMC12423026.

Murphy BE, Bunker M, Gillan A, Sorber R, Zettervall SL, Sweet MP. Clinical frailty predicts long-term survival and return to functional status following fenestrated and branched aortic repair for thoracoabdominal aortic aneurysm. J Vasc Surg. 2025 Jul;82(1):62-71. doi: 10.1016/j.jvs.2025.03.058. Epub 2025 Mar 12. PMID: 40086494.

Murphy BE, Anderson G, Phocas A, Bains J, Larimore A, Singh N, Starnes BW, Zettervall SL. Cause of death among patients following repair of juxtarenal aneurysm with physician-modified endografts. J Vasc Surg. 2025 Jun;81(6):1298-1308. doi: 10.1016/j.jvs.2025.02.016. Epub 2025 Feb 19. PMID: 39984145.

GRIFFEN ALLEN, MD, MBE, POSTDOCTORAL RESEARCH FELLOW

Allen GI, Childers CP. Better Outcomes or Just Bragging Rights? Ann Surg Oncol. 2024 Dec;31(13):8479-8480. doi: 10.1245/s10434-024-16345-y. Epub 2024 Oct 5. PMID: 39369119.

JAMIE OLAPO SCHNUCK, MD, POSTDOCTORAL RESEARCH FELLOW

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KRISTIN GOODSELL, MD, RESEARCH RESIDENT

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2026 American Council of Educators in Plastic Surgery Annual Meeting

"Bridging the Gap: Trends in Minority Representation Among Trainees in Plastic Surgery"

2026 Plastic Surgery Research Council Annual Meeting

"Characterizing the Influence of Mechanism of Injury on Post-Reconstructive Outcomes following Lower Extremity Trauma"

2026 Global Plastic Surgery Congress

"Staged Immediate Direct-to-Implant Breast Reconstruction: A Novel Addition to the Breast Reconstruction Algorithm"

2026 American College of Surgeons Congress

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DR. SHANIQUE MARTIN

2026 Northwest Society of Plastic Surgeons

"Advancing Access to Reconstructive Microsurgery in sub-Saharan Africa: A Case Report of the First DIEP Breast Reconstruction in Ethiopia"

DR. GILLIAN O'CONNELL

2026 Plastic Surgery Research Council Annual Meeting

"Amputation after Limb Salvage: Predictors from a 30-year Cohort"

DR. ABRA SHEN

2026 American Society for Reproductive Medicine Annual Meeting

"A Review of Lower Extremity Free Flap Postoperative Mobilization"

2026 Schilling Research Symposium

"Navigating Hemodynamic Risk Following Deep Inferior Epigastric Artery Perforator Flaps in Patients who Decline Blood Products"

DIVISION OF GENERAL SURGERY

DR. JAMIE OLAPO

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