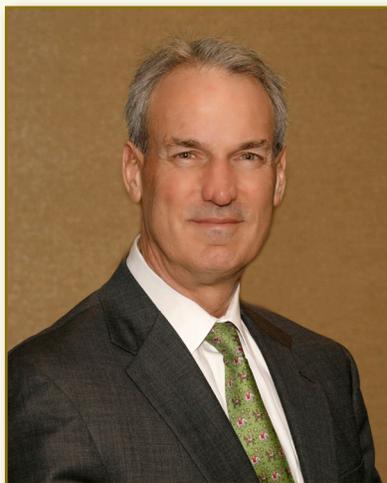


SURGERY Synopsis

Chairman's Message



Douglas E. Wood, MD, FACS,
FRCSEd (*ad hom*)
Professor and Interim Chair,
Department of Surgery,
Endowed Chair
in Lung Cancer Research

2016 was a great year for the Department of Surgery and 2017 holds promise of change in delivery of care at UW Medicine, and in many of the things we have planned in the department. Healthcare has substantially changed over the course of the last several years and it appears more change is on the horizon.

Recently, Dr. Ramsey sent out an important message to all of UW Medicine that reflects his appreciation of how we work together to accomplish our mission of improving the health of the public. I found Dr. Ramsey's statement of "Our Mission is my Professional Compass" (in his open letter to the UW Medicine Community) to reflect my own thoughts. The Department of Surgery has a strong and bold mission:

"The Department of Surgery will provide compassionate and high quality patient-centered care, train future generations of surgical leaders and conduct research in a collegial environment which embraces diversity and promotes inclusiveness."

The last part of this mission statement, "embraces diversity and promotes inclusiveness" is particularly important to me and even more relevant now than when it was written. I am proud that as a Department we have adopted this mission statement and it is my intention to help this Department, at all times and in all ways, achieve this mission.

This issue focuses on the Division of Trauma, Burn and Critical Care Surgery. Instead of writing a "lead story" giving the facts and figures about the program - which are impressive - we chose to query the surgeons in the Division to tell us about what drew them to this specialty, what is changing about the specialty and what makes them proud to be a member of the team. I know you will enjoy reading the first-person responses.

And, I couldn't help but notice that our Mission Statement is represented throughout their responses. Harborview is our Mission Statement come to life. In particular, two themes were apparent: First, Harborview is unique and wonderful because it takes care of everybody. Every

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Harborview is
our Mission
Statement come
to life.

Chairman's Message

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situation, every circumstance, every patient is met with the same care and concern and full resources of our amazing team. Second, everyone who responded said that the TEAM at Harborview makes them love their jobs, makes the place “work” and is what makes our Trauma, Burn and Critical Care Surgery Division among the best in the country. It is not a singular effort and it has taken many people over a long time to make it the powerhouse it is today.

And, it is a powerhouse. It is strong clinically; the place for people in over a quarter of the US landmass to come with life-threatening conditions. Educationally, it is strong also: our surgeons are gifted educators, training some of the finest surgical leaders of tomorrow. Research is robust, spanning the range of scientific investigation – from bench research to clinical trials, outcomes, and translational research that lead to changes in society, to safer behavior and products.

Under the leadership of Dr. Bulger and Dr. Gibran, the Level 1 Trauma Center and the Regional Burn Center are at the forefront of patient care, education and research. And Dr. Ron Maier, our peerless Chief of Surgery at HMC and the Division Chief, has nurtured, grown and steered the whole program into the force for good that it is today.

In keeping with the focus on HMC, we introduce Dr. Sam Mandell's prolific research portfolio and and we talked with Dr. Nicole Gibran for our “Getting to Know DoS” feature. I think you will enjoy learning more about this Division and our amazing people.

You will also learn of all the honors and awards and media “mentions” of our faculty and residents, read short bios of our newest faculty, enjoy learning about our “Doctor for a Day” program, and find out

what The Harkins Society (our alumni association) has been up to. I invite you to enjoy this issue of Surgery Synopsis.

Sincerely,

**Douglas E. Wood, MD, FACS,
FRCSEd (ad hom)**
Professor and Interim Chair,
Department of Surgery,
Endowed Chair in Lung Cancer Research



**Douglas E. Wood, MD,
FACS, FRCSEd (ad hom)**
Professor and Interim
Chair, Department
of Surgery

Dr. Edward Verrier Selected Interim Chief Cardiothoracic Surgery Division



Upon his selection as Chair of the Department of Surgery, Dr. **Douglas Wood**, stepped out of his role as Chief of Cardiothoracic Surgery. He appointed a search committee, chaired by Dr. **Ron Maier**, to review internal candidates and make recommendations for a new permanent chief of Cardiothoracic Surgery. In the interim, Dr. **Ed Verrier** was asked by Dr. Wood to assume the role of interim chief. He has accepted this responsibility. Dr. Wood, the Department and the Division are very grateful for his service in this role.

Douglas Wood, MD—Tapped As New Department of Surgery Chair



Photo credit: Michael Hilleary

After one year, the UW Medicine Chair Search Committee concluded its nationwide search for the new Department of Surgery Chair. **Paul G. Ramsey, MD, CEO, UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington** announced on December 5, 2016, that he received a recommendation from the Chair Search Committee and has initiated discussions with Dr. Doug Wood to serve as chair of the Department of Surgery. Dr. Ramsey thanked all committee members for the careful, comprehensive national search they conducted. “I believe Dr. Wood is exceptionally well-qualified for this position, and I hope my discussions with him will result in his appointment as chair of the department.”

Dr. Ramsey also thanked all members of the Department of Surgery for their commitment to excellence in patient care, scholarship and teaching and expressed his appreciation for all the Department of Surgery does to advance the UW Medicine mission of improving the health of the public.

Excerpt from letter by Paul G. Ramsey, CEO, UW Medicine and Dean of the School of Medicine, Dean of Medicine, Professor of Medicine, Department of Medicine

“In Their Own Words”—Department of Surgery’s Division of Trauma, Burn & Critical Care Surgery

In this issue we cover the **Division of Trauma, Burn & Critical Care Surgery**, often referred to as “Harborview” or HMC: the location of the Trauma and Burn Center.”

HMC is the only designated Level I adult and pediatric trauma and burn center in the state of Washington, and serves as the regional trauma and burn referral center for the five state region of **Washington, Wyoming, Alaska, Montana and Idaho (WWAMI)**. Critical care medicine focuses on patients after the first trauma or burn measures have been taken, and on those critically ill patients that haven’t suffered a trauma or burn but have life-threatening illnesses or conditions. Critical care medicine is defined by and involves close, constant attention by an integrated team of specially-trained health care providers (sometimes referred to as intensivists). Critical care medicine at HMC deals with a host of complications arising from the aftermath of trauma, burns or other life-threatening conditions.

The Division of Trauma, Burn & Critical Care Surgery has 14 surgeon faculty – they include (in alpha order):

Saman Arbabi, MD, MPH, Professor. He specializes in trauma and burn surgery, general surgery, emergencies and surgical critical care

Eileen Bulger, MD, Professor & Chief of Trauma. She specializes in trauma, critical care and emergency general surgery. Her research focus involves advancements in pre-hospital care, the early resuscitation of injured patients, and the management of necrotizing soft tissue infections.

Joseph Cuschieri, MD, Professor, Director of Surgical Critical Care and Program Director of the Surgical Critical Care Fellowship. He specializes in trauma general surgery, emergency surgery, and critical care.



Arbabi



Bulger



Cuschieri

Heather Evans, MD, MS, Associate Professor. In addition to trauma surgery and critical care, Dr. Evans focuses on surgical treatment of diseases of the endocrine system and minimally invasive general surgery. Her research involves early detection and treatment of surgical site infections via patient generated mobile health data.

Hugh Foy, MD, Professor. He specializes in abdominal and soft tissue surgery, surgical critical care and trauma surgery. He is also the founding head of the Wind River College of UW School of Medicine since the “College” system was introduced in 2002.

Nicole Gibran, MD, Professor & Director of the Regional Burn Center. She specializes in burns, critical care and wound healing.



Evans



Foy



Gibran

Ron Maier, MD, Professor, Division Chief & Surgeon-in-Chief. He specializes in trauma care, emergency general surgery and surgical critical care.

Samuel Mandell, MD, MPH, Assistant Professor. He specializes in care for critically injured trauma and burn patients as well as patients with emergency general surgery needs.

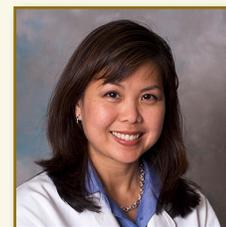
Lisa McIntyre, MD, Associate Professor, Associate Site Program Director, General Surgery Residency. She specializes in emergency general surgery with additional specialty focus in trauma and critical care.



Maier



Mandell



McIntyre

Charles Mock, MD, PhD, MPH, Professor, Regional Burn Center. He specializes in global healthcare and research.

Grant O’Keefe, MD, MPH, Professor. He specializes in surgical and intensive care services to patients with traumatic injuries, other emergency surgical problems and non-emergent GI surgical conditions.

Tam Pham, MD, Associate Professor. He specializes in on the care of patients with burns, trauma and general surgery problems.



Mock



O’Keefe



Pham

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“In Their Own Words”

Continued from page 3

Bryce Robinson, MD, MS, Associate Professor, Trauma. He specializes in the care of the critically ill and injured with an emphasis on surgical critical care, trauma surgery and emergency general surgery.

Erik Van Eaton, MD, MS, Associate Professor. He specializes in surgical critical care and trauma surgery as well as conducts research in biomedical informatics, information transfer and communication.



Robinson



Van Eaton

This is a highly distinguished group, with countless academic achievements, honors and awards. We asked the faculty of the Division to answer a few questions about the specialty and their own experiences. The following are the responses we received:

The People

What Made You Want to Become a Trauma or Burn Surgeon?

“My initial exposure to medicine was working as a paramedic. Through that experience I was exposed to a number of critically ill trauma patients and began to understand the importance of a system of care for optimal outcome of these patients. In medical school I did a trauma rotation in a hospital which was in a violent part of New York City and so I was exposed to the challenges of trauma care in an under-resourced environment. That’s when I decided I wanted to devote my career to improving care for the injured patient.” – Eileen Bulger

“My experience in the surgical ICU as a medical student was shocking. I sat in on family meetings in awe of the intensivist who seemed part internist, part priest, well before the specialty of palliative care was defined. I was totally hooked. But I didn’t know if trauma was for me until the beginning of my R4 year when I opted to be the trauma chief for June, July and August. I will never forget those three months. I feel like I became a real doctor then.” – Heather Evans

“After my med school rotation at USC, I swore that I would never be a burn surgeon! But, mid-residency I realized that I loved the physiology and the patients were eternally grateful. A career in burns would allow me to marry a career in research in wound repair and response to injury with a clinical practice.” – Nicole Gibran

“There was no epiphany. I was going to be a cardiologist throughout medical school until a senior year rotation on Thoracic surgery at Duke University, a leading cardiac surgery training center. I fell in love with the technical component of medicine and switched to a Surgical Residency. But, I knew I did not want to be a Cardiac surgeon, so I left Duke to train at Southwestern/Parkland Hospital in Dallas, TX. My goal was to be the best trained general surgeon I could be. However, Parkland – the site of JFK’s death – was the home of the leading trauma surgeons in the country. By the time they got done training me, I was also a Trauma Surgeon. And I have never regretted the choice for a moment.” – Ron Maier

“I did not know I wanted to be a doctor until after I graduated from college and needed a career. I did not know I wanted to be a surgeon until my last year of medical school and needed to choose a specialty. I did not know I wanted to be a trauma surgeon until my last year of surgical residency and needed to plan my life. So you can say that I make my best decisions under pressure and when there is clear purpose; kind of like a trauma surgeon!” – Lisa McIntyre

“The person who became my mentor in residency was a burn surgeon. His fresh and honest outlook on his profession sparked something in me.” – Tam Pham

“I knew that I didn’t want to be a trauma surgeon! What I wanted to be was a surgical intensivist. It just happened that trauma training came with critical care training. And it just happened that I liked it.” – Erik Van Eaton

“The person who became my mentor in residency was a burn surgeon. His fresh and honest outlook on his profession sparked something in me.” – Tam Pham

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“In Their Own Words”

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The Profession

What are the characteristics of a successful Trauma, Burn and/or Critical Care Surgeon?

“I think a trauma surgeon must be willing to make rapid decisions with limited information, work well in a multidisciplinary team environment and remain calm under pressure.” – Eileen Bulger

“I think you have to thrive on uncertainty, be willing to act on minimal information, and be able to change the plan at any time. But the most important thing is to be in a place with resources – other people with trauma experience, a shared set of agreed – upon guidelines and procedures, and an attitude that everyone deserves the very best care possible. The team is everything.” – Heather Evans

“Characteristics leading to Success: Flexible, Decisive, Creative, Compassionate, and Assertive.” – Nicole Gibran

“You must be well trained and able to operate and creatively adapt approaches to unique injuries and disease. You must be able to “think clearly and cleanly” on your feet and derive a rational plan. You do not have time to survey friends and experts or read a book. You must decide and act. Plus, you must enjoy and not fear the rush of adrenaline as a life threatening injury challenges your skills. Similar to high level sports, the greater the challenge, the slower things seem to move and the calmer you become.” – Ron Maier

The team is everything.
– Heather Evans

“A successful trauma surgeon needs to be calm during chaos and resourceful during uncertainty.” – Lisa McIntyre

“Be on your toes, be ready for feedback from the patient when they deteriorate. Come to this field with enthusiasm and self-belief. There is a lot more to be learned.” – Tam Pham

“One must be willing to start operating before knowing what operation needs to be done.” – Erik Van Eaton



Left to right: Drs. Hugh Foy, Saman Arbabi, Joseph Cuschieri, Grant O’Keefe, Aaron Cheng, Samuel Mandell, Lisa McIntyre, Ronald Maier, Eileen Bulger, Bryce Robinson, Heather Evans, Erik Van Eaton, Nicole Gibran, Tam Pham and Pablo Sanchez.

Photo credit: Pat McGiffert/UW Medicine

Past, Current and Future State of the Specialty

What do you believe to be the most significant changes or “paradigm shifts” in Trauma, Burn & Critical Care Surgery over the course of your career?

The most important change is that we have used research to define improved resuscitation strategies for our patients which has completely changed our approach and resulted in better survival and fewer complications.” – Eileen Bulger

“War – as it always does – changed early management of trauma and burn patients.” – Nicole Gibran

Our ability to resuscitate and the abilities of our non-invasive technology have largely made trauma, from a general surgical viewpoint, a non-operative disease. We can mostly treat torso trauma with exquisite non-invasive radiologic diagnosis, eliminating the need for invasive “exploration” for a diagnosis. Many injuries can now be treated with observation, resuscitation, medication and interventional radiology, including endovascular embolization and stenting. We have become intensivists treating surgical pathophysiology and supporting organ dysfunction without the need for open operative care.” – Ron Maier

“There is more scrutiny and expectation to be critical of suboptimal outcomes, i.e., continuous quality improvement, which I think is great.” – Lisa McIntyre

“Early excision, damage control surgery.” – Tam Pham

“The rise of non-operative management of bleeding solid organs, and the fall of salt-water volume overloading as a treatment for hypotension. The acceptance of ultrasound as a useful tool in trauma, and the acceptance of pulmonary arterial catheters as a useless one.” – Erik Van Eaton

Look into your crystal ball and describe the changes you see coming to the specialty?

“I believe as technology continues to improve we will have more rapid, bedside diagnostic studies which will streamline patient triage and the process of care. I also think we will continue to develop adjuncts to resuscitation to combat coagulopathy and reduce hemorrhage. I think we will continue to advance our understanding of the host

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“In Their Own Words”

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Aerial view of Harborview Medical Center in Seattle, WA
Photo credit: Clare McLean/UW Medicine

response to injury and develop strategies to mitigate the subsequent complications.” – Eileen Bulger

“My vision is for a wound healing center complete with a built environment that includes a healing garden, a gym, and combination of colors and music therapy. The other piece of that vision is an endowed research center that allows collaborative clinical, quality improvement, outcomes and translational research in the area of responses to injury. My experience with focus groups and listening to the voice of the patient indicates that trauma and burn survivors struggle with functional – physical and psychological – recovery 10 years after injury and that they cannot get expert help in their communities. These observations indicate that we have a need for a post-injury medical home complete with the ability to offer telehealth options.” – Nicole Gibran

The most rewarding thing
is working with the patients
and their families.

– Eileen Bulger

“Trauma surgery, dealing with the most critically ill patients with life-threatening, time-sensitive processes will continue to evolve into a broader form of surgery, requiring emergency general surgery from non-trauma causes. Disease processes such as necrotizing tissue infection, overwhelming intestinal damage and rapidly progressing septic conditions, among others, fit well into the thought processes, rapidity of decision making and logical creative approaches technically required to save the life of

the patient and are analogous to the severely injured patient. The need for a broader experienced and competent surgeon in multiple disease conditions will continue to increase. The future is bright but the diseases have changed dramatically.” – Ron Maier

“There is an unclear future, but we have a lot of trainees interested in our field, which is encouraging.” – Tam Pham

“In the future, we still won’t have a gold standard method for measuring perfusion. But we will have fancier methods for seeing and stopping hemorrhage, and shortening length of stay.” – Erik Van Eaton

The care provided is across
the entire diverse domain
of our community—blind,
to all categorizations. HMC
is open and available to all
who need our help.

– Ron Maier

The Place—HMC

**What is the most rewarding aspect of working
in Trauma, Burn, and Critical Care Surgery?
What does it mean to you to work at HMC?**

“The most rewarding thing is working with the patients and their families. Trauma patients do not plan to be in the HMC emergency department that day and so these sudden life changing events have a dramatic impact on the patients and their families. We don’t always win the battle, but when we do it is wonderful to be able to help our patients on the road to recovery. HMC is also a very rewarding place to work because of the people who choose to work there. The nurses and nurse practitioners are outstanding partners with us in advancing the care of injured patients. It is an honor to work with such a dedicated group of individuals.” – Eileen Bulger

“The team is everything. Working with other people who want to save a life? Coming to work every day knowing that you can make a difference and feel part of something? Priceless. I’m really proud of the fact that no matter who the patient is, no matter what they did to get into the situation that led to their injury, none of that matters. We deliver the same high quality care every day to everyone.” – Heather Evans

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"In Their Own Words"

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Harborview's strength derives from the people who work there because they want to be there. We share a passion for the mission: for the underserved and critically ill and injured patients. This common attitude creates a collaborative positive environment where people do whatever it takes, whether it is their job or not." – Nicole Gibran

I'm really proud of the fact that no matter who the patient is, no matter what they did to get into the situation that led to their injury, none of that matters. We deliver the same high quality care every day to everyone.

– Heather Evans

"The most rewarding aspect is to accept the challenge of the most critically injured and to pull them out of the "jaws of death" and return them to their families and community. There is not greater contentment. The care provided is across the entire diverse domain of our community – blind, to all categorizations. HMC is open and available to all who need our help. We have a truly expert team, with arguably the best outcomes in the entire country. We know why we are here and we all work to achieve the same goal." – Ron Maier

"Seeing someone in clinic who is grateful for the care they or their loved have received while on our service is the most rewarding aspect of working here." – Lisa McIntyre

"Collegiality. HMC is a special place." – Tam Pham



Dr. Samuel Mandell and a team member of the UW Medicine Regional Burn Center at Harborview Medical Center.

Photo credit: Clare McLean/UW Medicine

Describe An Especially Memorable Experience at HMC

"A few years ago I saw a patient in clinic who was a couple of years out from her injury; she was one of the rare patients who survived an ED thoracotomy. I remembered her case vividly. She was left blind as a result of her injuries and I wondered how our interaction would be when I saw her in follow-up. I introduced myself as soon as I opened the clinic door—she recognized me by my name and voice and gave me a huge hug; she was grateful to be alive. That moment validated my entire training and career choice." – Lisa McIntyre

"Some of the injury circumstances are really unbelievable. I must say I might be skeptical about whether something like that really happened unless I took care of that patient myself." – Tam Pham

"I have countless patients I think of every day but my most memorable is an 8 year old girl who was shot accidentally in school. She is a success story for the entire trauma system. We received 15 minutes notice of her arrival by airlift. In that time we were able to have an OR prepared and standing by and mobilized the pediatric trauma team. She spent less than 5 minutes in the Emergency Department and was rapidly transitioned to the OR. She had severe, life threatening injuries to the liver, duodenum, and inferior vena cava. She required a massive transfusion and a prolonged ICU stay, but walked out of the hospital with her parents four weeks later! Whenever I am having a bad day I think of this little girl." – Eileen Bulger

"We cannot save everyone. Even the ones we save may not ever be as well as they were. Yet, even in the death of patients, I am proud of the way Harborview cares for patients and families. I recall a large and divided family gathered at the bedside of their gravely injured grandfather. They were deeply religious and we prepared for the possibility that they might ask us to keep Grandfather on life support despite irrecoverable multi-organ failure. The skill of his Critical Care team, and the multidisciplinary approach brought the family together and helped them see that even in death, miracles can occur – for the giant crowd of family in the Harborview waiting room was the first family reunion for them in decades where many old rifts were patched. Grandfather died peacefully that night, in the loving arms of his reunited family." – Erik Van Eaton

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“In Their Own Words”

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Perhaps I am biased, but I believe that HMC is among the best trauma centers in the country. We are one of the highest volume centers and practice does make perfect.

– Eileen Bulger

Compared to other Trauma and Burn Centers, how does HMC stack up?

“We provide exceptional care, without exception, to a larger area of the United States than any other trauma center. Nobody else comes close to the reach exerted by Harborview Medical Center.” – Erik Van Eaton

“Perhaps I am biased, but I believe that HMC is among the best trauma centers in the country. We are one of the highest volume centers and practice does make perfect. We are also unique in that we have a combined adult and pediatric Level 1 center. This allows us to leverage the resources to serve all age groups well. We participate in the Trauma Quality Improvement Program of the American College of Surgeons, which provides us with data that benchmarks our performance against other Level 1 adult and pediatric centers across the country. These data suggest that our risk adjusted mortality and major complications are in the top 10% of trauma centers nationally.” – Eileen Bulger

“We are viewed locally, regionally, nationally and internationally as a leader in trauma burn and critical care. Our academic acumen is our strength. The culture cultivates research projects. And one project begets another. As a division we continuously push the envelope to improve outcomes for our patients.” – Nicole Gibran

“The teamwork and infrastructure is particularly outstanding.” – Lisa McIntyre

“Collegiality, resources available, academic caliber of the faculty, great fellows and residents.” – Tam Pham

Pride in the Profession

What are you the most proud of in your career as a Trauma Burn, or Critical Care Surgeon?

“I am proud of the way that I helped Harborview create a process for agreeing on protocols and care pathways, and developed a mobile app that allows residents instant access to those “how

we do it here” advisories. I often show that to other trauma surgeons on trips and they are very envious of it and the process that it represents.” – Erik Van Eaton

“Building a team dedicated to burns. When our multi-disciplinary team attends national and international meetings other attendees routinely stop to ask how we do things here. When they speak at the podium or ask questions their peers listen with respect.” – Nicole Gibran

“The greatest reward is saving a dying patient and restoring them to the best function possible. Second, the privilege of working with some of the best caregivers in the world. Third, the honor of teaching and working with the next generation of caregivers. Their dedication and caring is exceptional and a legacy that is unmatched in any other field. Fourth, the ability to do research and to advance the field. Everything else – awards and recognition – is great and appreciated, but as we all know it is the team effort – the many not the one.” – Ron Maier

“Trying to do my best, one patient at a time. Burn/Trauma has been a great choice for me; HMC has been a great opportunity for growth and leadership.” – Tam Pham

“I am most proud when our residents choose trauma and critical care as their specialty because of their experiences at Harborview.” – Lisa McIntyre

The Final Word

To those who may be contemplating a career in Trauma, Burn or Critical Care Surgery

“Take time to think about clinical questions and ponder ways to solve problems using research tools that are at your disposal. Listen to bedside colleagues who you trust to be critical thinkers – regardless of their professional background. Collaborate with colleagues who know cutting edge methodologies and technologies.” – Nicole Gibran

“The training and work can be exhausting but is very rewarding.” – Lisa McIntyre

“You should do what you are passionate about. Being a trauma surgeon is not easy, but if you love what you do there is no better career.” – Eileen Bulger

“Make peace with uncertainty.” – Erik Van Eaton

“Go for greatness. There is no field of medicine more challenging and thus rewarding than surgery. And as a surgeon the challenges of the severely injured and life threatened crucially ill make trauma and acute care surgery unmatched. If you are enlivened by the challenge and strengthened by the fight for a life, go for it. There is nothing more rewarding.” – Ron Maier

American College of Surgeons Clinical Congress Annual Meeting

This year at the American College of Surgeons (ACS) Clinical Congress we had the unique and special privilege of two of our faculty selected to give prestigious lectures at the meeting. It was special and unusual even for one senior faculty to be chosen but having two at one meeting is truly exceptional.



Dr. Edward Verrier

On Monday, October 17, 2016, Dr. **Edward Verrier**, Professor and Interim Chief, Division of Cardiothoracic Surgery, gave the John H. Gibbon, Jr. Lecture, sponsored by the Advisory Council for Cardiothoracic Surgery. Dr. Verrier presented on “The Elite Athlete....The Master Surgeon.”

On Wednesday, October 19, 2016, Dr. **Carlos Pellegrini**, Chief Medical Officer, UW Medicine and Vice President for Medical Affairs gave the John J. Conley Ethics and Philosophy Lecture sponsored by the Committee on Ethics. Dr. Pellegrini presented on “TRUST: The Keystone of the Physician–Patient Relationship.”

The following are presentations by our faculty, Fellows and residents at the 2016 ACS Clinical Congress Annual Meeting:

Benjamin Anderson, MD, Professor, Division of General Surgery: *Lobular Carcinoma In Situ Natural History: Risk Factor Lesion or Cancer Precursor?*

Dr. Carlos Pellegrini

Sam Arbabi, MD, MPH, Professor, Division of Trauma, Burn & Critical Care Surgery: *Reversal of novel oral anticoagulants.*

Eileen Bulger, MD, Professor, Division of Trauma, Burn & Critical Care Surgery: *Implementation of the NASEM report: Trauma Research and Managing the anticoagulated patient with major hemorrhage.*

David Byrd, MD, Professor, Division of General Surgery: *TNM cancer staging: Is it still relevant?*

Patchen Dellinger, MD, Professor, Division of General Surgery: *Preoperative screening for Hyperglycemia risk, preoperative Carbo loading, and perioperative glucose control.*

Annie Ehlers, MD, MPH, R4, General Surgery Residency Program: *#Surgtweeting: Trends in Twitter Use at the American College of Surgeons Clinical Congress and Factors Influencing Delayed Hospital Presentation in Patients with Appendicitis.*

Heather Evans, MD, MS, Associate Professor, Division of Trauma, Burn & Critical Care Surgery: *“Is this an NSTI?”/PS 200: A night on emergency general surgery be call and Virtual Reality and Beyond: Future of Telementoring and Collaboration for Surgical Education.*

Alessandro Fichera, MD, Professor, Division of General Surgery: *ME104 – Crohn’s Disease: Basic Principles to Steer You Away From Trouble; ACS Didactic Course; and Video Session: Colon and Rectal Surgery.*

Katherine Flynn O’Brien, MD, MPH, R4, General Surgery Residency Program: *Predicting Non–Mortality Outcomes after Pediatric Trauma.*

Sam Mandell, MD, Assistant Professor, Division of Trauma, Burn & Critical Care Surgery: *Soft Tissue Infections (Wound Healing Panel).*

Mika Sinanan, Professor, Division of General Surgery: *On–Boarding for Surgeons: Preparation for Practice Life.*

Ravi Sood, MD, MS, R4, General Surgery Residency Program: *Respiratory Complications Following Abdominal Wall Reconstruction.*

Barclay Stewart, MD, MscPH, R4, General Surgery Residency Program: *Resident Perspective on Humanitarian Surgery.*

Lucas Thornblade, MD, T32 Fellow in Gastrointestinal Surgical Outcomes Research, General Surgery Residency Program: *The Comparative Effectiveness of Minimally Invasive Surgery and Conventional Approaches to Major or Challenging Hepatectomy.*

The Harkins Corner: Your Department of Surgery Faculty & Alumni Organization



Dr. Giana Davidson

Dear Harkins Members, Fall 2016 was an exciting time for the **Henry Harkins Surgical Society!** The festivities began with the Annual Meeting and Dinner on October 14th at the UW Club, where we inducted the current chief residents into the Society and celebrated their accomplishments and final countdown as our trainees. Please join me in welcoming the graduating class of 2017:



Department residents and faculty at the Department of Surgery & Henry Harkins Surgical Society Reception during the 2016 American College of Surgeons annual meeting.



Left to right: Drs. Jason Hurd, Gabriel Wallace, April Rodriguez, Robert Higgins (67th Alfred A. Strauss Lecturer), Meghan Flanagan, Jonathan Sham, Vlad Simianu and Douglas Wood.

GENERAL SURGERY

Meghan Flanagan, Jason Hurd, Andrew Mesher, Vlad Simianu, Bijiibaa' Garrison, Victoria Lao, Jonathan Sham, and Gabriel Wallace

PLASTIC SURGERY

Mitchell Pet, Brinkley Sandvall, and Laura Tom

VASCULAR SURGERY

April Rodriguez



Each year the Henry Harkins Surgical Society recognizes the professional achievements and humanitarian services of our members by honoring one outstanding individual with the Distinguished Alumnus Award. The recipient is voted upon by all alumni, faculty, staff, residents and fellows, with special attend paid to personal contributions that have improved the welfare of the general public, enhanced the surgical profession, or brought

distinction to the department. We are proud to announce that Dr. **Eileen Bulger** is the 2016 Distinguished Alumnus! A special award was presented to Dr. Bulger (pictured bottom left with Department Chair Dr. Douglas Wood) at the Department of Surgery & Henry Harkins Surgical Society Cocktail Reception on Monday, October 17th at the American College of Surgeons. Personally, I have looked up to Dr. Bulger from the moment I was first in her operating room as a medical student, and like many of you, have continued to be inspired and mentored by her as a researcher, surgeon, and as a national leader in surgical and trauma care.

It has been my pleasure to serve as President of the Henry Harkins Surgical Society these past two years, but it is time to pass the baton to Dr. **Greta Bernier** (pictured right). The focus of the Harkins Society has been on building the community of UW Surgical alumni, faculty, and residents for both financial support and mentorship. Dr. Bernier was the Harkins Society Award recipient as a medical student—an honor given to the graduating medical student showing the most promise for success as an academic surgeon. Dr. Bernier went on to complete her general surgical training at UW, and just finished her fellowship in colorectal surgery at the University of South Florida in Tampa. We were fortunate to recruit her as faculty at UWMC this past year! Please join me in welcoming Dr. Bernier back to Seattle and congratulate her on leading our alumni organization for the next two years.



Sincerely,

Giana Davidson, MD, MPH
President, Henry Harkin's Surgical Society
www.harkinssociety.org

Researcher Profile: Samuel Mandell, MD, MPH



Dr. Samuel Mandell

Dr. **Samuel Mandell** has been a member of the Department of Surgery for many years—he first joined the department as a resident in the General Surgery Residency Program, during which time he spent two years as a research fellow in trauma surgery under the mentorship of Dr. **Eileen Bulger**. After residency, Dr. Mandell completed two clinical fellowships, also in the department, in burns as well as surgery and critical care. He then joined faculty in 2014 as Assistant Professor in the Division of Trauma, Burn and Critical Care Surgery, and he is an Associate Member of the **Harborview**

Injury Prevention & Research Center (HIPRC). Throughout his time here, Dr. Mandell has maintained an ongoing passion for both research and education, and in addition to his busy clinical practice he is involved in myriad projects that promise to change the way we deliver both care to our patients and education to our trainees.

“The only constant is change.” This has never been truer than in the area of graduate medical education. The last 15 years have seen substantial changes in graduate medical education (GME), perhaps one of the most significant being ACGME’s 80-hour work week. This change has been coupled with the expansion of new information and surgical techniques such as advanced laparoscopy and robotics. In surgical disciplines, this has led to concerns around providing adequate operative experience to residents to ensure they can operate independently when they graduate. Relevant, targeted feedback is essential to trainee success, yet feedback is often remote from a particular procedural experience or does not focus on a specific type of procedure. Currently there is no standard system to aid faculty in real-time evaluation of trainees or to provide the trainees with the type of feedback that is so critical to their training.

To meet this need, evaluate resident autonomy, as well as obtain procedure-specific data, Dr. Mandell is working with a multi-institutional study group to evaluate a novel evaluation tool, SIMPL. The System for Improving and Measuring Procedural Learning is a smartphone app developed to allow for structured, procedure-specific evaluation and real-time feedback. Following a procedure the resident enters the case information and evaluates their own autonomy and performance using three questions. The app then pings the attending surgeon to evaluate the resident using the same three scales. It also asks the attending to dictate feedback that the resident can listen to anytime. The group includes 14 institutions led by Dr. Jonathan Fryer, Professor of Surgery at Northwestern University. A feasibility study on the implementation of this tool will soon be published in the *Journal of Surgical Education*. It demonstrates that it is possible to roll out this program at multiple institutions with good rates of adoption. Further, more procedural evaluations for surgery residents have been captured than ever before. In addition to his role as a site Principal Investigator, Dr. Mandell also sits on the steering committee for SIMPL and is active in shaping new

applications that will continue to improve this essential aspect of resident education.

In addition to his interest in education, Dr. Mandell is working to improve the quality, safety, and effectiveness of the care provided to trauma and burn patients. Itching is a persistent problem for individuals recovering from burns. Treatment of itch remains an ongoing and significant problem for burn survivors with up to 73% of patients reporting persistent itch two years later. By linking inpatient clinical data to long-term follow up in the **National Institute on Disability, Independent Living, and Rehabilitation Research (NIDDLR)** database, Dr. Mandell and his team have built a new database to evaluate the effectiveness of current strategies to treat long term pain and itch in adult burn survivors. They are beginning to understand that while instituting protocols have changed practice, this is not necessarily changing outcome. Many patients still report high levels of pain or itch despite increased medication use. Understanding these data will lead to more effective treatments for itch.



Team members of the UW Medicine Regional Burn Center (including Dr. Samuel Mandell-right and Dr. Nicole Gibran-left) at Harborview Medical Center.

Photo credit: Clare McLean/UW Medicine

As part of his burn work, Dr. Mandell is also the site Principal Investigator for the RE-ENERGIZE study, a multicenter trial of enteral glutamine in severe, life threatening burns. This is a randomized, controlled trial comparing enteral glutamine to placebo. The primary outcome is mortality at 6 months, but quality of life measures will also be captured. The study is currently enrolling and hopes to recruit 2,700 patients over the next 4 years.

Finally, as part of the **American College of Surgeons (ACS)** Future Trauma Leaders Program, Dr. Mandell is working to better identify patterns around preventable deaths. In partnership with Dr. Avery Nathens at University of Toronto and the ACS’s Trauma Quality Improvement Program (TQIP), Dr. Mandell is developing a tool to identify patterns in mortality from trauma centers across the country. The goal of the project is to aggregate rare, preventable, or potentially preventable, causes of death in trauma patients across all trauma centers participating in TQIP. By using data from trauma centers around the country, the tool will identify patterns of preventable deaths that might not otherwise be identifiable at single centers.

Doctor For A Day



Data show early exposure and mentorship have a positive impact on increasing interest and likelihood for under-represented students to enter health careers. Given the ever increasing diversity within the U. S. there is a need for a healthcare workforce to represent the patients they serve. It has been shown that patients prefer to be treated by physicians from their same ethnic background. In addition, physicians from ethnic minority groups are more likely to work in underserved areas with higher concentrations of ethnic minority groups. In 2014, the Association of American Medical Colleges reported that although African-Americans comprised 13% of the population, they accounted for only 4% of the physician workforce. Thus, given the very diverse population found right here in Washington State and the need to ensure these communities have adequate representation, the idea for Doctor for a Day (DFAD) was born in 2014. It was inspired by the ingenuity and passions of the University of Washington School of Medicine Student National Medical Association (SNMA), which is comprised of first through fourth year medical students. DFAD’s mission is “to expose, inspire and cultivate under-represented disadvantaged middle and high school students in Seattle and the greater Seattle area to enter careers in healthcare.”

Since that time the DFAD workshops have grown in spirit and numbers. We have hosted over 20 workshops with more than 200 student participants from local middle and high schools in the Seattle and greater Seattle area. The last workshop was held at the WISH Lab at HMC on October 29th, 2016. 50 students were in attendance.

The workshops expose under-represented minorities from disadvantaged backgrounds to health careers they may want to choose – such as medicine, dentistry, nursing, physical therapy, occupational therapy and respiratory therapy. Approximately, once a month medical

students, residents, fellows, therapists and faculty come together on a Saturday and participate in day-long, hands-on, skills workshops. The workshops provide these students with education and direct mentorship about the careers healthcare mentors love. The students are able to see examples of the healthcare providers in whose steps they may choose to follow and the providers witness the direct impact they can have on changing the course of a young person’s life.

DFAD is a collaboration of the University of Washington, School of Medicine Center for Equity, Diversity and Inclusion (CEDI), Student National Medical Association (SNMA) and Network for Under-represented Residents and Fellows (NURF) and Department of Surgery Diversity Council.

Any and all participants are welcome to engage with this motivated group of students. If you would like to volunteer for any upcoming events please email the Network for Underrepresented Residents and Fellows (NURF) Doctor for a Day coordinator **Estell Williams**, MD, R4, at estellw@uw.edu.

Our dates for the remainder of the academic year are:

Month	Day	Location
February	18	Healers of Tomorrow
March	11	Africatown
April	22	Africatown/Foster High School Career Fair
May	20	Location TBD

2016 New Faculty



Kathleen Berfield, MD

Dr. Berfield is an Assistant Professor in the Division of Cardiothoracic Surgery and specializes in Thoracic surgery. She is based primarily at the VA Puget Sound Health Care System but also practices at Northwest Hospital & Medical Center and the University of Washington Medical Center. Dr. Berfield received her medical degree and completed her Cardiothoracic Surgery Residency at the University of Washington and is a native of the Pacific Northwest. Her clinical interests are in General Thoracic surgery, end stage lung disease and lung transplantation. She also has an interest in medical student and resident education and previously served as a representative to the Association of American Medical Colleges (AAMC) and the Thoracic Surgery Residents Association (TSRA). She firmly believes that everybody is unique and treatment must be tailored to each patient and their individual goals of care. Dr. Berfield strives to make thoracic surgery easily accessible and understandable to the many Veterans who rely on the VA Puget Sound Health Care System for their health care needs. When not in the hospital, she likes to spend time with her family and explore the Pacific Northwest.



Greta Bernier, MD

Dr. Bernier is an Acting Assistant Professor in the Division of General Surgery with additional fellowship-trained expertise in colon and rectal surgery. She has particular interest in minimally invasive approaches to treat these diseases, and specializes in the full breadth of colon & rectal surgery, including anorectal disease, diverticular disease, inflammatory bowel disease, colorectal cancer and diseases of the pelvic floor. Dr. Bernier received her undergraduate degree from the University of San Diego and completed both medical school and general surgery residency at the University of Washington. She then traveled to Tampa, FL to complete her Colon & Rectal Surgery Fellowship at the University of South Florida. Dr. Bernier is board certified through the American Board of Surgery (ABS) and is a member of the American College of Surgeons (ACS) and the American Society of Colon & Rectal Surgeons (ASCRS). She sees patients at the Seattle Cancer Care Alliance (SCCA) and the UW Medicine Eastside Specialty Center, and operates at the University of Washington Medical Center. She and her husband are both from the Pacific Northwest, and they are thrilled to have returned to Seattle with their two young daughters. In her free time, Dr. Bernier enjoys camping, skiing, all water sports and activities, and spending time with friends and loved ones.



Dennis Kao, MD

Dr. Kao is an Assistant Professor in the Plastic Surgery Division and practices at Harborview Medical Center and UW Medicine Northwest Hospital & Medical Center. Dr. Kao earned his bachelor's degree from the University of Washington, and his medical degree from the University of Texas Medical Branch at Galveston. He then completed plastic surgery residency and hand surgery fellowship at the Medical College of Wisconsin in Milwaukee. Following his training in hand and microsurgery, he completed an additional fellowship at Chang-Gung Hospital in Taiwan, focusing on reconstructive microsurgery and brachial plexus injury. Dr. Kao is experienced in treating common hand problems such as carpal tunnel syndrome and finger fractures, as well as complex hand issues such as finger replantation, toe-to-hand transfer, and brachial plexus reconstruction. He is fluent in English, Mandarin, and Taiwanese.

Dr. Kao is board certified in Plastic Surgery, with added qualification in hand surgery. He is a member of the American Society for Surgery of the Hand (ASSH), as well as the American Society of Plastic Surgeons (ASPS).



Pablo Sanchez, MD

Dr. Sanchez is an Acting Assistant Professor of Cardiothoracic Surgery; Section of Thoracic Surgery. He is the Associate Director of the ECMO program at Harborview Medical Center and a member of the Lung Transplant Team at the University of Washington Medical Center. He recently moved from the University of Maryland where he was a member of the Cardiothoracic Transplant and MCS/ECMO Team. During his time at the University of Maryland he participated in the creation of the Lung Recovery Unit (LRU), a specialized VV ECMO unit within Shock Trauma for the treatment of respiratory failure. At the University of Maryland, he led the Ex Vivo Perfusion Laboratory and was part of team that performed the first Ex Vivo Lung Perfusion Transplant in the United States in 2012.

Dr. Sanchez attended Medical School at the Universidad Nacional de Cordoba in Argentina. He underwent Thoracic Surgery training at the Pavilhao Pereira Filho, Santa Casa de Porto Alegre, Brazil. He also underwent a research fellowship at University of Pennsylvania and undertook a clinical fellowship at the University of Maryland.

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2016 New Faculty

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Janelle Sousa, MD

Dr. Sousa is an Assistant Professor in the Division of Plastic Surgery at the University of Washington Medical Center. She offers a full range of plastic and reconstructive surgery, specializing in reconstructive microsurgery of the head & neck, extremities, and breast. Dr. Sousa was born and raised

in Anchorage, Alaska, then completed her undergraduate studies, medical school, and plastic surgery residency at the University of Washington. She completed a fellowship in Reconstructive Microsurgery at The Royal Melbourne Hospital in Melbourne, Australia. Outside of the hospital, Dr. Sousa loves spending time with her husband and son, running with her dog, Georgia, cooking, and enjoying all of the outdoor activities Seattle offers.



Nicole Zern, MD

Dr. Zern is an Acting Assistant Professor in the Division of General Surgery practicing at the UW Medical Center, the Seattle Cancer Care Alliance (SCCA) and the UW Medicine Eastside Specialty Center. She specializes in endocrine surgery including benign and malignant thyroid disease, para-

thyroid disease and adrenal tumors. She completed medical school at Emory University in Atlanta, GA and then moved west to Seattle for general surgical residency. She has just returned after a year of Endocrine Surgery Fellowship in Sydney, Australia. Dr. Zern is originally from the Midwest but now considers Seattle home. She is an active member of the American College of Surgeons (ACS) and the American Association of Endocrine Surgeons (AAES). Outside of surgical practice, Dr. Zern enjoys travelling with her husband, David, spending time with friends and she is an avid college football and basketball fan.

67th Annual Strauss Lecture



Dr. Robert S.D. Higgins

The 67th Annual Strauss Lecture was held on Friday, October 14th, 2016. Dr. **Robert S.D. Higgins**, William Stewart Halsted Professor of Surgery, Surgeon-in-Chief at Johns Hopkins Medicine, and Director of the Department of Surgery at the Johns Hopkins University School of Medicine, was the invited lecturer. His topic was “Surgery in the Next Millennium...Honoring the Past and Creating a Sustainable Future Now.”

Before joining Johns Hopkins in July 2015, Dr. Higgins was the Surgeon-in-Chief and Director of the Comprehensive Transplant Center at Wexner Medical Center at The Ohio State University. He has held leadership positions at various organizations, including President of the United Network for Organ Sharing, Treasurer of the Society of Thoracic Surgeons, President of the Society of Black Academic Surgeons, and President and founding member of the Association of Black Cardiovascular and Thoracic Surgeons. Dr. Higgins is a leading authority in the field of heart and lung transplantation, and coronary artery bypass surgery. His research includes: the mechanisms of cell injury in failing hearts; health economics and policy; and, the impact of racial disparities on surgical outcomes.

The Strauss Lecture is supported by the **Alfred A. Strauss MD, Endowed Lectureship in Surgery**, established by the estate of Mrs. Margery Friedlander, daughter of Dr. Strauss. Dr. Strauss possessed a rare combination of skill, vision, and drive. The lectureship carries on the visions and traditions of this inspiring man.

Preceding the Strauss Lecture was the Harkins Surgical Symposium for Resident Education. Presenters at this year’s Symposium included:

- **Tam Pham**, MD, Associate Professor, Division of Trauma, Burn, and Critical Care Medicine—“*Telehealth Initiatives in the Burn Center*”
- **Joseph Cuschieri**, MD, Professor, Division of Trauma, Burn, and Critical Care Medicine—“*Hypothermia, Coagulopathy, and Acidosis: The Evolving Vicious Triad*”
- **Rebecca Petersen**, MD, Clinical Assistant Professor, Division of General Surgery—“*Updated Algorithm for Abdominal Wall Reconstruction*”
- **Greta Bernier**, MD, Acting Assistant Professor, Division of General Surgery—“*Transanal Minimally Invasive Surgery (TAMIS)*”

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67th Annual Strauss Lecture

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- Dan Wu, MD, **VA**—“What Surgeons Should Know About Personalized Cancer Medicine”
- Gary Mann, MD, **MD Anderson**—“Management of Peritoneal Surface Malignancies— Reason for Optimism, or an Exercise in Futility?”
- Peter Neligan, MB, Professor, Division of Plastic Surgery—“Current Treatment of Lymphedema”
- Rob Rush, MD, **Madigan Army Medical Center**—“The ‘War’ on Low Volume Surgery”
- Giana Davidson, MD, MPH, Assistant Professor, Division of General Surgery—“Shared Decision Making and Conflict with Informed Consent: How is Research Changing the Conversation in Appendicitis and Diverticulitis?”
- Josh Hermsen, MD, Assistant Professor, Division of Cardiothoracic Surgery—“Heart in a Box”
- Robert Higgins, MD, Professor, Johns Hopkins University—“Surgical Education in the New Millennium— Innovations on the Horizon”
- Niten Singh, MD, Professor, Division of Vascular Surgery—“New Concepts and Trials for Preserving Limbs”
- Sherene Shalhub, MD, MPH, Assistant Professor, Division of Vascular Surgery—“Descending Thoracic Aortic Dissection: A New Look at an Old Disease”
- Elina Quiroga, MD, Assistant Professor, Division of Vascular Surgery Diversity Council Update and—“Vascular Surgery Global Health: Training International Colleagues with Educational Opportunities for our Residents”
- Matthew Sweet, MD, Assistant Professor, Division of Vascular Surgery—“Fenestrated and Branched Endografting for TAAA: The UW Experience”
- Susanna Shin, MD, Assistant Professor, Division of Vascular Surgery—“Bifurcated—Bifurcated Aneurysm Repair: A Novel Technique to Repair Infrarenal Aortic Aneurysms in the Setting of Common Iliac Artery Aneurysms”
- Benjamin Starnes, MD, Professor & Chief, Division of Vascular Surgery—“Personalized Endovascular Surgery”

#GettingToKnowDOS—Dr. Nicole Gibran



Dr. Nicole Gibran

Photo credit: Michael Hilleary

For this issue, Surgery Synopsis staff interviewed Dr. Nicole Gibran, Director of the **Regional Burn Center** and Professor in the **Division of Trauma, Burn & Critical Care Surgery**. Dr. Gibran was appointed Director of the **Regional Burn Center** in 2012. She is a distinguished clinician and researcher and has achieved many awards and honors in her life, including becoming the first woman to hold the office of President of the **American Burn Association (ABA)** in 2012. As she responded to the question of why she became a burn surgeon, “A career in burns would allow me to marry a career in research in wound

repair and response to injury with a clinical practice.” She has done all that in impressive fashion. In #GettingToKnowDoS” we get to know her other interests, likes, dislikes and what might have been an alternative career.

Synopsis: What was the last book you read?

Gibran: I hate to admit the last book I read, my husband was horrified I’d waste my time on historical fiction. It was *Three Sisters, Three Queens* by Philippa Gregory. It’s the story of Henry VIII’s two sisters, Margaret and Mary, and his wife Catherine of Aragon. I bought it because we were stuck at the Auckland airport from 6am to 11pm, so this helped pass the time.

Synopsis: What is the next book you’re planning to read?

Gibran: I’ve just started reading *Tribe* by Sebastian Junger. He also wrote *The Perfect Storm*. He was a war correspondent in Sarajevo. It’s an analysis of post-traumatic stress in soldiers. He’s building an interesting argument that PTSD is not so much about trauma, but rather about the loss of community, loss of belonging to their squadron. It’s an interesting thesis and very controversial. The other book I’m reading is about how to grow an organic orchard. I have three apple trees, and I would like to get a couple of pear trees and some stone fruit, maybe peaches and plums.

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Synopsis: Any favorite movies?

Gibran: Again, I hate to admit this—I'm a sucker for the movie *Mamma Mia*. How can you not like Meryl Streep? I'll tell you my favorite scene in the whole movie, it's the one where she's jumping up and down on the bed. It's such a good movie! Another movie I love is the *Robin Hood* movie with Russell Crowe and Cate Blanchette. It looks at how Robin Hood became estranged from society and how he developed his band of outlaws who were not loyal to King Edward I. It's a great movie and I love Cate Blanchette.

Synopsis: What about a least favorite movie?

Gibran: *Psycho*—that shower scene had a very real and lasting impact on me. I think about it to this day every time I am in a strange hotel.

Synopsis: Any favorite TV shows?

Gibran: It's not current, but I'm a *West Wing* fan. I'm sort of dorky and I like the wonkiness of that show. I also like *Downton Abbey*. I tried to like *House of Cards*, but it's too dark for me.



Back: Oliver and Alexander
Front: Drs. Nicole Gibran and Frank Isik

Synopsis: Do you have a favorite restaurant?

Gibran: That's very difficult, there are too many! I love Nishino. For brunch, my go-to place is High Spot. There are months I'll be there every week. The Sammy Sue is the best breakfast sandwich in town. I also really enjoy happy hour; I like doing the small plates. The Fairmont does a really good happy hour, and the best thing about it is it's long, I think 3–7pm. Red Cow is also very good.

Synopsis: Do you collect anything?

Gibran: I collect art. I collect wood block prints. The ones I have on my office door are known as Provincetown prints or white-line prints. A lot of the artists I collect are Provincetown artists.

Synopsis: What's a pet peeve?

Gibran: People who misuse grammar. My Fellows make fun of me because I'm always correcting people's use of the verb "to be." And I despise the passive voice. Staff send me documents and I re-write them to get rid of the passive voice. And I hate when people misuse "while," which relates to time, when they really mean "whereas." I recently helped write some questions for SESAP and Tam Pham told me he could tell which questions were mine because they all had "whereas." I also can't abide mediocrity. You have to aim high because more often than not you're going to make it.

Synopsis: What musical act are you currently into?

Gibran: At my age you're supposed to be able to declare yourself a Stones person or a Beatles person. In high school I was a Beatles person and listened to them non-stop, but in college I discovered the Stones. I really can't decide. These days I mostly listen to classical music, but there's another group I really like that no one has ever heard: Roxy Music. I do like Pink Martini, though I liked them better in their earlier days.

Synopsis: What would you be if not a surgeon?

Gibran: A chef. **Synopsis:** What would you cook? I'll cook anything. Except bread. Or I'd be an artist. I love wood block printing. I was a biochemistry in college, but I spent more time in the art studio than in the biochem lab.



Team members of the UW Medicine
Regional Burn Center (including Dr. Nicole Gibran—center and
Dr. Tam Pham—far right)
at Harborview Medical Center.

Photo credit: Clare McLean/UW Medicine

Synopsis: What is an interesting fact about you that many people don't know?

Gibran: I'm addicted to genealogy and sites like www.ancestry.com. My husband will be going to sleep and I'll tell him "I'll be up in 15

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#GettingToKnowDOS—Dr. Nicole Gibran

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minutes,” then 6 hours later there I am, still at my computer. The coolest thing I’ve discovered so far is that Eleanor of Aquitaine is my 26th great grandmother—along with 2.5 million other people. My son says that if I pay them enough money they will tell me I am a direct descendent of Jesus Christ.

Synopsis: Speaking of genealogy, you’re related to the poet and writer, Kahlil Gibran, right?

Gibran: Yes, that’s right. He was a cousin to my grand parents and my father’s godfather. My mother, at the age of 83, has just spent the last 2 years working on a biography of him, which is now at the publisher.

Synopsis: What is your next travel destination?

Gibran: I’m planning to go to Cornwall soon. One of the things I discovered while researching my family’s genealogy is that my mother’s family was from Cornwall, they lived there for centuries. I would really like to take my mother there.



Dr. Nicole Gibran and family at Lake Louise

“Coldest experience I have ever had in my life.”

Dr. Frank Isik, Alexander, Oliver, Dr. Nicole Gibran

Synopsis: What is your personal motto?

Gibran: My burn team members all anticipate that if I am in a good mood I will call them skallywags. Many people don’t know that it was a pirate’s term of endearment.

Synopsis: What is one of your guilty pleasures?

Gibran: That’s easy, spending hours on www.ancestry.com. Or any of the other DNA sites. I actually sent a swab off to one of those sites. I was very impressed to learn how many relatives I have on both sides in Australia.

Synopsis: Do you have a goal for the coming year?

Gibran: I have embarked on an enormous project with my burn team to transform the way we deliver burn care. It’s so exciting. We had a burn center retreat recently with 45 people at all levels, pharmacists, nutritionists, bedside staff, and we also brought



Dr. Gibran at the 2016 Burn Center Retreat

patients. It was really energizing hearing the voice of the patient; it was such a powerful experience. We brainstormed what we wanted to accomplish with the burn center and it all came back to standardization of care, improved communication and eliminating toxic variation. We have established 5 work groups to develop a comprehensive adherence map for implementation in April. This would be a sort of checklist on steroids to standardize resuscitation, wound management, mobil-ity, etc. Hopefully, it will be the basis of a PCORI grant application.

Save the Dates

DEPARTMENT OF SURGERY RESEARCH SYMPOSIUM

Friday, March 3, 2017

7:00a.m.—2:30p.m., UW Tower Auditorium

DEPARTMENT OF SURGERY 23RD ANNUAL

HELEN AND JOHN SCHILLING LECTURE

Friday, March 3, 2017

3:00p.m.—4:00p.m., UW Tower Auditorium

Speaker: Dr. Diana L. Farmer

Chair and Pearl Stamps Stewart Professor

Department of Surgery

University of California, Davis

Surgeon-in-Chief

UC Davis Children’s Hospital

DEPARTMENT OF SURGERY GRAND ROUNDS

See monthly Grand Rounds schedule under [Upcoming Special Events](#) on our website.

Honors, Awards & Publications

Faculty



Dr. **Andre Dick**, Associate Professor, Division of Transplant Surgery at University of Washington Medical Center and Seattle Children's Hospital, has been named Surgical Director of Renal Transplantation at Seattle Children's Hospital. In that role, he will partner with Dr. Jodi Smith of Nephrology, who is the Medical Director for Renal Transplantation.

He was born in Jamaica, attended medical school at the State University New York School of Medicine, fulfilled his residency at Pennsylvania State University Hershey Medical Center, and completed his fellowship in abdominal transplant surgery at the University of Washington Medical Center.

In 2008 he joined both the University of Washington Department of Surgery and Seattle Children's Hospital as Assistant Professor of Surgery. Dr. Dick's clinical interests include liver, kidney and pancreas transplant, and hepatobiliary surgery.

His research is focused on obesity and its effects on transplant outcomes and on health care disparities in transplantation. Dr. Dick has been board certified in General Surgery by the American Board of Surgery since 2006. He has served as the Region 6 Representative to the Pediatric Transplant Committee for the United Network for Organ Sharing (UNOS/OPTN). In 2011, he completed his Masters Degree in Public Health at the Harvard School of Public Health. Dr. Dick was promoted from Assistant Professor to Associate Professor of Surgery in July 2014.

Originally published in the Seattle Children's Hospital Snippets Weekly Newsletter August 25, 2016

Dr. **Nicole Gibran**, Professor and Director of the **UW Medicine Regional Burn Center at Harborview Medical Center**, has been honored by colleagues in the Alumni Association of Boston University School of Medicine (BUSM) with its **Distinguished Alumna Award**. This annual award is in recognition of her outstanding and widely known achievements, and for exemplifying the standards and objectives of the Boston University School of Medicine through personal conduct, professional accomplishments, community service, as well as her significant impact to the medical field on a national and global scale.

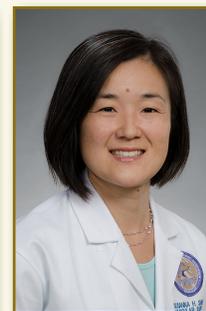


The award will be presented to Dr. Gibran at the Awards Luncheon of the BUSM Alumni Association in May 2017. In addition to the award presentation, Dr. Gibran has been invited to speak at the BUSM Alumni Grand Rounds.

Congratulations to Drs. **Sherene Shalhub**, (pictured above left) Assistant Professor, Division of Vascular Surgery and **Susanna Shin**, (pictured above right) Assistant Professor, Division of Vascular Surgery, co-editors with Dr. Anahita Dua on **Hemodialysis Access: Fundamentals and Advanced Management**. From the book's backcover: "This comprehensive reference on the fundamentals of hemodialysis access creation and advanced management for maintenance is designed to meet the needs of all surgeons and physicians responsible for the treatment and care of patients undergoing dialysis. The book opens by discussing every aspect of dialysis access planning, including selection of the right access for the individual patient and access strategies. Hemodialysis access techniques, from the most basic to



Shalhub



Shin

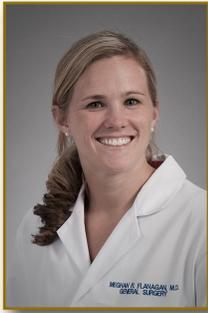
the most complex and unconventional, are then described step by step, and guidance is provided on follow-up and taking the newly created access to maturation so that it can be used for hemodialysis. Detailed attention is also devoted to the challenging management of specific complications of dialysis access surgery, including failing hemodialysis access. The closing section provides an understanding of the hemodialysis machine and the hemodialysis process itself, thus serving as a bridge between what nephrologists see and what surgeons manage. The book includes a wealth of informative, high-quality images and illustrations, and the authors are prominent, highly respected vascular surgeons, transplant surgeons, general surgeons, nephrologists, and interventional radiologists from the United States with international collaborators."

Dr. **Sherene Shalhub**, (pictured above) Assistant Professor, Division of Vascular Surgery, was selected by her faculty colleagues to serve on University of Washington's Faculty Council on University Relations (FCUR) for a two-year term beginning September 2016.

FCUR is responsible for all matters of policy relating to university relations, including community affairs; government relations at the local, state, and federal levels; public service; university communications; and alumni relations.

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Residents and Fellows



Flanagan



O'Brien

The Accreditation Council for Graduate Medical Education (ACGME) recently honored general surgery residents Drs. **Meghan Flanagan** and **Katy Flynn O'Brien**, as well as anesthesia providers and nursing collaborators at the University of Washington School of Medicine with the annual **David C. Leach Award**. This award is given to housestaff who have made significant contributions to Graduate Medical Education. The University of Washington group was nominated for their multi-disciplinary work on a project that aimed to improve the post-operative handoff process at Harborview Medical Center. Prior to implementation of the post-anesthesia care unit checklist there was no formalized process through which critical patient information was transmitted among providers. Our residents and their collaborators identified this handoff process as being highly prone to error and sought to improve information exchange and handoff safety. They recruited stakeholders, created rigorous metrics and survey instruments to measure both primary outcomes and unintended negative consequences, and worked alongside nursing and other anesthesia providers to produce a truly multi-disciplinary checklist product. After the checklist was implemented there was a significant increase in surgeon participation in the handoff process, as well as appropriate reporting of key intra-operative and post-operative care elements. The improvements seen in the quantity and quality of critical information transfer with the implementation of a standardized handoff process are noteworthy. The process, facilitated by checklists, is easily adoptable by other programs and institutions as it is a well-accepted paradigm for quality improvement in surgery and anesthesia. The development and inclusion of an electronic checklist that will be stored in the EMR for future reference aligns this project with Meaningful Use, and will allow for a documented record of the handoff encounter for care providers not directly involved.

Other project team members: **Aalap Shah**, MD; Department of Anesthesiology & Pain Medicine, **Andrew Herstein**, MD, Department of Anesthesia & Pain Medicine, **Barbara DeWitt**, RN, Harborview Medical Center, and **Elizabeth Visco**, CRNA, Department of Anesthesiology & Pain Medicine.

Dr. **Barclay Stewart**, received the **American College of Surgeons (ACS) Resident Surgical Volunteerism Award**. The Board of Governors Surgical Volunteerism and Humanitarian Awards Workgroup announced the recipients of the 2016 ACS/Pfizer Surgical Humanitarian Award and Surgical Volunteerism Awards. Dr. Stewart, a general surgery resident from Beaufort, SC, will receive the Surgical Resident Volunteerism Award for his myriad volunteer efforts to provide care to underserved domestic and international populations through clinical services, research, and advocacy.



The extraordinary contributions of the award recipients were formally recognized during the annual Board of Governors reception at the ACS Clinical Congress in October 2016 in Washington, DC.



Dr. **Kevin Sullivan** was honored as one of the first Cancer Research Institute/Fibrolamellar Cancer Foundation Postdoctoral Fellows.

Dr. Sullivan, third-year general surgery resident, was awarded a postdoctoral training fellowship which begins July 2017 from the **Cancer Research Institute** in collaboration with the **Fibrolamellar Cancer Foundation** for his project "T Cell Immunology in Fibrolamellar Cancer."

Dr. Sullivan's sponsoring scientist is Dr. **Venu Pillarisetty**, Associate Professor in General Surgery.

Fibrolamellar hepatocellular carcinoma (FL-HCC) is an uncommon form of hepatocellular carcinoma that affects young patients without underlying liver disease, and after surgery the risk of recurrence is high with unfavorable 5-year over all survival. Our goal is to investigate immunotherapy as a potential systemic therapy in FL-HCC. We will begin with the characterization the T cell population to understand the immune landscape of FL-HCC. Next steps will include the isolation and expansion of a type of immune cells implicated in killing tumor cells called tumor infiltrating lymphocytes (TIL), followed by assessment of their therapeutic efficacy in 3D slice cultures of FL-HCC.

Dr. **Roderick Yang**, R1, Cardiothoracic Surgery Residency Program, received the 2016 UW Medicine/HMC Cares Award. The UW Medicine Cares Award is a means of honoring Harborview Medical Center staff, providers, and teams that consistently exemplify the UW Medicine Service Culture Guidelines. The award is presented biannually, in the Spring and Fall, to four providers, four healthcare professionals, and two HMC teams at each of UW Medicine's entities.



In The Media

Dr. Eileen Bulger
'Stop the Bleed' training offered to public to help save lives during emergencies
KOMO News, October 2016

Dr. David Flum
Revascularization better for peripheral arterial disease
UW Health Sciences NewsBeat, August 2016

Drs. Patrick Healey & Martin Montenovo
Mother Donates a Piece of Her Liver to Save Her Baby
Seattle Children's Hospital, On the Pulse, October 2016

Drs. Nahush Mokadam & Josh Hermsen
'Out-of-body' training boosts heart-surgery residents' skills
UW Health Sciences NewsBeat, August 2016

Drs. Brody Parent and David Flum
Pregnancy, work productivity after bariatric surgery studied
UW Health Sciences NewsBeat, October 2016

Dr. Tam Pham
Burns 401: Axillary Splints
Description: this video describes the proper applications of the abduction pillow and the custom-made "airplane" axillary splint for burn patients.

Burns 402: Elbow Splints
Description: this video describes the proper applications of the anterior elbow extension and posterior elbow splints.

Burns 403: Hand Splints
Description: this video describes the 3 custom-made hand splints commonly used to immobilize hand post-grafting.

Burns 404: Leg Splints
Description: this video describes the application of the knee immobilizer and posterior foot splint for burn patients.

Burns 405: Neck Splint
Description: this video describes the proper application of anterior neck splint for burn patients.

Burns 406: Ace Wrapping and Tubigrip
Description: this video goes over the methods of ACE wrapping and tubigrip applications for patients with burn injuries. ACE and tubigrip minimize edema and provide vascular support. They are a good bridge to pressure garments as burn wounds heal.

Dr. Jorge Reyes
'Last resort:' A rare intestine transplant at UW Medical Center
The Seattle Times, September 2016

UW Medicine performs region's 1st adult intestine transplant
UW Health Sciences NewsBeat, September 2016

Dr. Lucas Thornblade
Minimally invasive surgery a safe option for major liver cases, UW study finds
The Seattle Times, October 2016

Neighbors and the Gift of Health
Accelerate: The Campaign for UW Medicine, October 2016

UWMC Nationally Ranked by U.S. News and World Report in 11 Specialties

UW Medicine Heart-Transplant Outcomes Are Among Best in U.S.

Program at UW Medical Center is one of 8 nationally to achieve highest rating for quality of patient care

By Brian Donohue/Public Information Editor
Health Sciences/UW Medicine, January 2017



Dr. Nahush Mokadam

People who undergo a heart transplant at UW Medical Center in Seattle have the best likelihood in the nation of a favorable outcome.

So says a [report](#) published last week by the Scientific Registry of Transplant Recipients (SRTR), which identified UW Medicine's [heart-transplant program](#) as one of eight in the United States to achieve a score of 5, the highest possible, denoting "better than expected" patient outcomes.

Of those elite eight facilities, UW Medical Center also had the highest volume of heart transplants, 48, during the report span, July 1, 2015, to June 31, 2016.

"This reflects a big team whose individuals are functioning at a very high level in every area: patient evaluation, making sure our wait list is properly managed, the pre-op process, the operation, and all the post-op care," said Dr. [Nahush Mokadam](#), a UW Medicine cardiothoracic surgeon who co-directs heart transplantation at the hospital. "It reinforces that we are a world-class transplant program." [Read more >>](#)

UW Medicine

DEPARTMENT OF SURGERY



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

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