Happy New Year, everybody! 2015 looks to be a great year at OHSU and at the Department of Surgery. We are starting the year with frigid temperatures and sunny skies, capped off by a Ducks victory in the Rose Bowl. By the time you read this you’ll know who the national football champion is, but today we are celebrating new beginnings for our great institution and the many wonderful individuals who make up the Department of Surgery.

While I usually provide a summary of the many stories in the Surgical Log, this month I’d like to reflect on the future of general surgical practice in Oregon and for us in the Department of Surgery at OHSU. Four years ago, we embarked on a study to determine what the workforce needs were for general surgeons in the state of Oregon. In order to add some perspective, we included the state of Wisconsin in our survey, recruiting researchers at the University of Wisconsin in Madison. The results of the survey revealed that there were 71 jobs open in the states of Wisconsin and Oregon for general surgeons. Twenty-seven of those jobs were in the state of Oregon, with most openings located in rural and small urban communities seeking well-trained general surgeons with no requirement for fellowship training. These data lead me to consider our ability to provide general surgeons for these communities, and to provide our trainees with the experience necessary to feel confident in their ability to serve the population of rural Oregon.

As you know, we have made several efforts toward this over the years, many of them very successful. Our signature program is the Grants Pass year, offered to two of our fourth-year residents. In this experience, residents get a true flavor of community general surgery, including lots of endoscopy and exposure to basic urology, orthopedics, otolaryngology, and gynecology. The residents completing this program have emerged with confidence in their skills and are much more likely to go into general surgical practice. The Grants Pass track record was recently written up by Karen Deveney, M.D. and myself, and published in JAMA Surgery in 2013 (JAMA Surg. 2013;148:817-821).

continued on page 2
In addition, Bruce Ham, M.D. has put together a very successful locum tenens program, providing seasoned general surgeons with local roots and in-state accountability to many communities that have a short term need for a general surgeon.

As we move forward, we are heading in a few new directions. We have opened a six-month residency experience for third- and fourth-year residents in Coos Bay, and now have one of our past graduates, Raphael El Youssef, M.D., working with our current residents and the general surgery group in Coos Bay. Closer to home, our affiliated hospitals in Astoria and The Dalles have asked us to help them find OHSU-affiliated general surgeons to help provide surgical services to these communities.

In the new health care marketplace, where system consolidation and accountable-care-like organizations are leading to many hospital purchases, the strategy of OHSU is different. OHSU prefers to affiliate with locally owned, independent hospitals in order to provide the network strength of a large health system without assuming control of the hospital, thus creating a solid platform of interdisciplinary care in that community.

In keeping with this strategy, I have been asked to serve on the Steering Committee for the American College of Surgeons program to provide Transition to Practice experiences for general surgery residents looking for more autonomous experience in a structured setting before embarking in a practice of their own. These Transition to Practice (TTP) experiences are becoming very popular in the eastern U.S., but, to date, no program exists in the far western U.S. It is our intent to start such a program in Astoria next year, and perhaps run a parallel program in The Dalles. The work we’ve done at the Board of Surgery reveals the frequency with which residents, these days, leave their general surgery residency with a great confidence gap. This gap is usually overcome in four to five years of practice with effective mentoring and more autonomous experience, but that first year can be pretty nerve-wracking, especially in small town community practice.

To that end, we are in the last stages of recruiting our first TTP associate, who is finishing her general surgery residency in the East. While our direct involvement in surgical practices outside of Portland is very new to us, the concept of a TTP program is even newer. We are excited about this “grand experiment.” The prospect of such a program has also evoked excitement in Astoria and The Dalles but it remains to be seen how it will all turn out. We are quite optimistic that this sort of program will provide a much needed opportunity for general surgery resident graduates who want to achieve more experience in autonomous general surgical practice, but also wish to have back-up close by as they build confidence in their skills.

While I’m tempted to ramble on, I need to get back to the Alabama/Ohio State game to see who the Ducks will be facing in Arlington, Texas on Jan. 12. We have a great Grand Rounds schedule coming up and we’ll be back to you later in the spring to talk about the Campbell Lecture. Enjoy your winter, stay warm, and have fun!

John S. Hunt
A STORY OF HOPE
On Saturday, November 1, 2014, Melissa and Derek Ebel, together with their three children Connor, Mitchell and Madelyn, supported pancreatic cancer research by walking as a family in the Pancreatic Cancer Action Network PurpleStride event in downtown Portland. The effects of pancreatic cancer are unfortunately too familiar to the Ebel family; earlier in 2014, Melissa’s father and the children’s grandfather, Jonathan Hammack, passed away at OHSU after a seven-month battle with the disease.

While this is a story of loss, it is also a story of hope.

Not only did the Ebel family participate in PurpleStride, but the three grandchildren took it upon themselves to personally raise money in support of pancreatic cancer research and OHSU’s Brenden-Colson Center for Pancreatic Health. In the summer months of 2014, Connor, Mitchell and Madelyn worked together, collecting soda cans in their neighborhood as well as hosting multiple lemonade stands. They presented their donation to Brett Sheppard, M.D., at Mackenzie Hall on December 29, 2014, thanking Dr. Sheppard and his staff for the care and support of their grandfather.

The Brenden-Colson Center for Pancreatic Health is a clinical and translational science initiative led by Dr. Sheppard along with three leading researchers from the Knight Cancer Institute: Lisa Coursens, Ph.D., Joe Gray, Ph.D., and Rosalie Sears, Ph.D. Dr. Sheppard’s clinical research is aimed at early detection strategies for diagnosis of pancreatic cancer at a more curable stage.

For more information on the Brenden-Colson Center for Pancreatic Health, visit http://bit.ly/1sdT9nK

NEW CLINICAL TRIAL USES DCE-MRI FOR EARLY DETECTION OF PANCREATIC CANCER
Erin Gilbert, M.D., MCR, in the Division of General and Gastrointestinal Surgery is opening a novel clinical trial at OHSU utilizing cutting-edge imaging technology: Dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI). Dr. Gilbert and Co-Investigators Brett Sheppard, M.D. and William Rooney, Ph.D. believe DCE-MRI could help identify early pancreatic cancer at a time when it can still be cured surgically.

Magnetic resonance imaging (MRI) images the body with radiofrequency pulses in a large static magnetic field. DCE-MRI differs from the usual MRI scan in that it provides extra information concerning the development of tumor microvasculature, which is an early sign of tumor formation.

While this technique remains controversial in the United States, I gained substantial appreciation for the approach and I see a variety of circumstances in which this may be incorporated into our HPB surgical oncology practice at OHSU.

While visiting, I also had the honor and opportunity to give a lecture to the Hospital Italiano Department of Surgery on, “Evolving Multidisciplinary Treatment Approaches to Colorectal Liver Metastases.” The hospitality of Dr. de Santibanes and his department was without equal. On our first day in the country we were treated to a traditional Argentinean Asado (barbecue) at Dr. de Santibanes’ home. I had the opportunity to forge relationships with a number of the other attending surgeons and trainees. We have already made plans for reciprocal visits to OHSU.

The opportunity to establish ties with colleagues practicing in other countries is one of the most rewarding aspects of academic surgical practice. This was a true privilege. I am grateful to our department, the AHPBA, and most of all the very warm and gracious people who made my visit to Argentina so enriching and enjoyable.

Kevin Billingsley, M.D. TRAVELS TO BUENOS AIRES ON AHPBA FELLOWSHIP
In November of 2014 I had the unique opportunity to visit the hepatobiliary surgical unit at the Hospital Italiano in Buenos Aires, Argentina. The unit is under the direction of Dr. Eduardo de Santibanes, who is a pioneer in liver transplantation and hepatobiliary surgery in Argentina. My travel was generously supported by a fellowship from the American Hepato Pancreatobiliary Association (AHPBA).

This was a remarkable experience in a variety of ways. Under Dr. de Santibanes’ direction, this group has been at the forefront of developing a technique described as Anterior Liver Partition and Portal Vein Ligation for Staged Hepatectomy (ALPS). In this novel approach, the portal vein to the planned hepatectomy specimen is divided and the liver is partially transected in one operation. In a later operation, the resection is completed after there has been marked hypertrophy of the planned liver remnant.

While this technique remains controversial in the United States, I gained substantial appreciation for the approach and I see a variety of circumstances in which this may be incorporated into our HPB surgical oncology practice at OHSU.
Congratulations Are In Order!

TRAAU, CRITICAL CARE & ACUTE CARE SURGERY

Trauma surgeon David Zonies, M.D. was recently awarded the Meritorious Service Medal for his outstanding service to the United States Air Force as Chief of Trauma Surgery and Critical Care at the Landstuhl Regional Medical Center in Germany. During his three years of service (June 2011 - July 2014) Lieutenant Colonel Zonies' professional skill, leadership and ceaseless efforts resulted in major contributions to the effectiveness and success of countless Air Force and international joint programs. As a master clinician, Lieutenant Colonel Zonies personally cared for over 2,000 critically injured and ill patients, maintaining an unprecedented 99 percent survival rate in combat casualties.

Also from the Division of Trauma, Division Chief Martin Schreiber, M.D. was appointed as Professor in the Department of Physiology and Pharmacology at OHSU, where he was chief for 13 years.

There can be no more fitting tribute to the contributions Cliff and Karen have provided over the decades than to create an enduring legacy with a Professorship in their names. We are asking you to join us with a donation or pledge to make this endowed professorship a reality. There is a pledge form included in the Surgical Log, inviting you to join others in this opportunity to honor two of our own.

Karen and Cliff have been at OHSU for over 20 years and have been leaders in the department since their arrival. Karen has taken the OHSU general surgery residency program from a good program to one of the most respected and robust residencies in the country. For more than a quarter century, Cliff has been the cornerstone of complex upper GI and bariatric surgery at OHSU and the Portland VA, where he was chief for 15 years.

Karen and Cliff Deveney Endowed Professorship

An exciting fundraising project is underway to honor Drs. Karen and Cliff Deveney with an Endowed Professorship in their names. The Karen and Cliff Deveney Professor of Surgical Education will become a reality when we successfully raise the $4 million needed to endow the professorship.

OHSU Plastic Surgeons Lead at the 2014 ASPS Annual Meeting

The 2014 annual meeting of the American Society of Plastic Surgeons was highly productive for both the faculty and residents of the Division of Plastic & Reconstructive Surgery.

The meeting took place in Chicago, Illinois in mid-October. Juliana Hansen, M.D. was the Course Instructor and Chair of the Maintenance of Certification Breast Reduction Instructional Course, as well as a panelist for the "Mini-Symposia: Breast Reduction/Mastopexy Part 1 – Controversies in Breast Reduction." Reid Mueller, M.D. was on a panel that discussed current controversies in the management of facial fractures and, in particular, the surgical management and indications for treatment of medial wall orbital fractures, the endoscopic treatment of subcondylar mandible fractures, and the use of bioresorbable polymers in the treatment of facial fractures. During the Resident Abstract session, PGY-1 Plastic Surgery Resident Nick Esmonde, M.D. presented, "Predictors of Non-Adherence to Pre-Surgical Naso-Alveolar Molding Therapy in Infants with Cleft Lip and Palate." PGY-5 Plastic Surgery Resident Anne Radecki, M.D. presented, "The Quantified Effects of Cytokotherapy after Distal Radius Fracture Splinting."

OHSU Bariatric Services Lead at the 2014 ASPS Annual Meeting

Congratulations Are In Order!

BARIATRIC SURGERY

An R01 grant from NIH was recently awarded to endocrinologist Jonathan Purnell, M.D. and Bruce Wolfe, M.D. to further their studies of the incidence and mechanisms involved in the response to gastric bypass among severely obese patients with and without diabetes. The ultimate goal is to be able to predict which diabetic patients are likely to experience remission and/or later recurrence of diabetes following surgery and establish the mechanisms involved.

BARIATRIC SURGERY

RECOGNIZED FOR QUALITY OF CARE

Blue Distinction Centers+ have a proven track-record for delivering better results – including fewer complications and readmissions – than hospitals without these recognitions.

Both Blue Distinction Centers and Blue Distinction Centers+ have a proven track-record for delivering better results – including fewer complications and readmissions – than hospitals without these recognitions.

The agreement will be effective January 1, 2015. Designation requires demonstration of a commitment to quality care while meeting stringent clinical criteria and providing a full range of bariatric surgery care services.

R01 GRANT AWARDED

Bariatric Services has been awarded the Blue Distinction Center+ Designation for Gastric Banding and Blue Distinction Center+ Designation for Gastric Stapling. This is great news for the department; the agreement will be effective January 1, 2015. Designation requires demonstration of a commitment to quality care while meeting stringent clinical criteria and providing a full range of bariatric surgery care services.

The topics were wide-ranging and attended by 50 health care providers, many of whom were primary care physicians and integrated health professionals from across Oregon. The topics included all aspects of managing the patient with weight-related problems, including integrated health professionals from across Oregon. The topics were wide-ranging and attended by 50 health care providers, many of whom were primary care physicians and integrated health professionals from across Oregon. The topics included all aspects of managing the patient with weight-related problems, including interdisciplinary support for the patients within the psychological, physical, nutritional and activity domains. Web-based tools for behavior modification were also presented. Speakers included faculty from both OHSU and Legacy Emanuel.

OHSU and Legacy Host Successful Joint Symposium

In accordance with its stated objective of extramural collaborative educational efforts, the OHSU Bariatric Services held a successful joint symposium with its counterpart from Legacy Health, entitled: “Maximizing Success in Obesity Management: It takes a Team.” This seminar was held on Friday, October 17, 2014 at the Lorenzen Conference Center, Legacy Emanuel Medical Center, and was CME/CEU credited by OHSU. It was attended by 50 health care providers, many of whom were primary care physicians and integrated health professionals from across Oregon. The topics were wide-ranging and included all aspects of managing the patient with weight-related problems, including the recently published national guidelines for treating obesity, novel pharmaceutical options for these patients, evaluating and optimizing patients, and providing multi-disciplinary support for the patients within the psychological, physical, nutritional and activity domains. Web-based tools for behavior modification were also presented. Speakers included faculty from both OHSU and Legacy Emanuel.

RECOGNIZED FOR QUALITY OF CARE

BARIATRIC SURGERY

OHSU Plastic Surgeons Lead at the 2014 ASPS Annual Meeting

TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY

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Transforming Healthcare

Telemedicine at OHSU

THE OHSU TELEMEDICINE NETWORK began in 2007 as a way to provide interactive acute health care for patients living far from Portland. Now in its eighth year of service, the telemedicine network continues to expand in both applicability and utilization. Telemedicine is interactive medicine over distance, using HIPPA-secure telecommunication technology such as video-conferencing equipment to deliver patient care and reduce cost. The state of Oregon, while home to the city of Portland with over a million people in the metro area, is ranked ninth in low population density nationwide. With an average of 40 people per square mile, Oregon clearly fits the “distance” criterion. Rural Oregon-dwelling patients seeking specialty care at OHSU often travel hundreds of miles to receive treatment, as do countless out-of-state patients who journey to OHSU. This increases the cost of health care for patients tremendously with the addition of travel expenses (gasoline and/or airplane tickets) and time off from work. It also adds the stress and discomfort of travel to the anxiety of illness. For an institution like OHSU that places high value on access to and quality of medical care, telemedicine can be a win-win for everyone involved.

Most recently, OHSU endocrine surgeon Mira Milas, M.D. has begun utilizing telemedicine in her endocrine surgery practice. She is the first in the Department of Surgery to implement telemedicine technology, with other programs such as bariatric surgery taking preliminary steps toward this method of care as well. Besides patients from rural Oregon, Dr. Milas sees patients from as far away as Alaska, California, Idaho and Montana in her clinic. She estimates 50 percent of her practice residing at least 60 miles outside of Portland. While much of patient care is of course necessary to provide in person, telemedicine has allowed Dr. Milas to perform many post-operative appointments via video conferencing. These appointments have the luxury of being held at the convenience of both the provider and the patient. They are scheduled through Epic, OHSU’s electronic health record system, and documented as a “telemedicine encounter.” While there currently is no reimbursement for in-home telemedicine visits, these encounters are considered part of the surgical global payment. For non-surgical encounters, many patients will also find that paying out-of-pocket for non-covered services is worth it compared to spending hours in a car and the associated costs for gas and lodging.

Telemedicine has much promise in the future of healthcare but is not without its complexities. OHSU’s vast infrastructure of staff, equipment, connectivity and time has allowed the program to grow and appeal to our providers and patients. Mark Lovgren, Director of TeleHealth Services for OHSU, and Bryan Cochran, Project Coordinator, have been instrumental in the daily functionality of the telemedicine program for the Surgery Department. Health care facilities lacking this infrastructure or personnel would likely struggle to implement such a program. Aside from the time and money required to develop a telemedicine program, other issues remain under discussion at a national level: credentialing, licensing, billing, the appropriate setting for the telemedicine visit, and which types of consultation services qualify, to name just a few. Currently, for an Oregon provider to have a telemedicine encounter with a patient in Alaska, the physician needs at least a limited Alaska medical license and the patient must be at a secure computer in a healthcare facility (instead of at home, as is the case for Oregon patients).

On the patient end of the spectrum, telemedicine is limited to those with adequate computer technology and internet connection speed, or a nearby clinic with video capability. As for in-home encounters, the telemedicine program at OHSU reports that 30 percent of patients interested in utilizing the program are disqualified based on an assessment of their in-home technology.

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“For telemedicine, it’s not a question of when it will be here, but a question of how it can be used now.”

With evolving technology and greater access to it, telemedicine will continue to play an important role in shaping how patients receive care. Already telemedicine is being offered to retail walk-in clinics at places like Walgreens and Wal-Mart. And other academic institutions, like The Mayo Clinic, are looking beyond normal service areas to deliver care via technology. Finally, the state of Oregon will be considering legislation in 2015 mandating insurers to cover in-home encounters. For telemedicine, it’s not a question of when it will be here, but a question of how it can be used now.
F. CHARLES BRUNICARDI, M.D., FACS
F. Charles Brunercardi, M.D. is the Moss Foundation Chair in Gastrointestinal and Personalized Surgery, Professor and Vice Chair of Surgical Services, and Chief of Santa Monica General Surgery for the David Geffen School of Medicine at the University of California Los Angeles. He previously served for 15 years at Baylor College of Medicine where he was the DeBakey/Bard Professor and Chairman of the Michael E. DeBakey Department of Surgery.
His clinical expertise includes gastrointestinal surgery and surgery of neuroendocrine tumors, and his research focuses on translational genomic medicine and surgery. He has served as Editor-in-Chief of Schwartz’s Principles of Surgery since 2002 and is a member of more than 36 professional societies, including the American Diabetes Association.

ROBERT CLARKE, Ph.D.
Robert Clarke, Ph.D. completed his undergraduate BSc studies in Biology at the University of Sussex in England and the Université de Grenoble in France. Following two and a half years as a Research Assistant with Professor Christopher Potten at the Paterson Institute for Cancer Research, Dr. Clarke studied the control of proliferation in the normal and neoplastic human mammary gland for his Ph.D. at The University of Manchester in 1995. Subsequently, he undertook post-doctoral training with Dr. Liz Anderson in the Clinical Research Department of The Christie, Manchester. Dr. Clarke returned to The University of Manchester as a Cancer Research UK Research Fellow in 2001, becoming a Group Leader in the Division of Cancer Studies based at the Paterson Institute for Cancer Research. He is currently a Reader in Breast Biology in the Breakthrough Breast Cancer Research Unit at the Institute of Cancer Sciences, University of Manchester.

ADRIAN PARK, M.D.
Adrian Park, M.D. received his Doctor of Medicine from McMaster University in Canada. He is currently the Chairman of the Department of Surgery and Chair of the newly created Earl Simulation to Advance Innovation and Learning (SAIL) Center of Anne Arundel Health System (AAHS) in Annapolis, Maryland. Most recently, Dr. Park was the Dr. Alex Gillis Professor and Chairman of the Department of Surgery at Dalhousie University in Halifax, Nova Scotia. Dr. Park has made major advancements in the improvement of laparoscopic procedures and the development of new medical devices for complex hernia repair, spleen and adrenal surgery.
As the author of over 200 scholarly articles and book chapters, he is widely published in the areas of solid organ laparoscopy, laparoscopic herniorrhaphy, surgical education, and surgical ergonomics. Dr. Park holds 20 patents and has been instrumental in the development and application of new technologies in endoscopic surgery.

EMILY FINLAYSON, M.D.
After completing her medical degree at Harvard Medical School, Emily Finlayson, M.D. trained in general surgery at the University of California San Francisco and in colon and rectal surgery at the Mayo Clinic in Rochester, Minnesota. In her post-doctorate training, she received a Master of Science from the Center for Evaluative Clinical Sciences at Dartmouth Medical School and completed a research fellowship with the VA Outcomes Group in White River Junction, Vermont. She was on faculty at the University of Michigan Department of Surgery and the Michigan Surgical Collaborative for Outcomes Research and Evaluation until she returned to UCSF in 2009. Her current research is in population-based surgical outcomes with a focus on functional outcomes in the frail elderly. She is the founding director of the UCSF Center for Surgery in Older Adults, an innovative new program that individualizes high-quality surgical care for frail older patients.

Selwyn M. Vickers, M.D. was named Senior Vice President for Medicine and Dean of the School of Medicine at the University of Alabama at Birmingham in August of 2013. Dr. Vickers leads the medical school’s main campus in Birmingham, as well as regional campuses in Montgomery, Huntsville and Tuscaloosa. He also holds the James C. Lee, Jr. Endowed Chair. Dr. Vickers is a member of the prestigious Institute of Medicine of the National Academy of Sciences, and is a world-renowned surgeon, pancreatic cancer researcher, pioneer in health disparities research and a native of Alabama.

Dr. Vickers leads or co-leads several multi-year, multi-million dollar research projects funded by the NIH, covering health disparities, pancreatic cancer and training. He has been continuously funded by the NIH since 1994. He is the Co-Principal Investigator for the Comprehensive Cancer Center’s Specialized Program of Research Excellence (SPORE) in Pancreatic Cancer with Don Buchsbaum, Ph.D., Professor of Radiation Oncology. With Mona Fouad, M.D., Director of UAB’s Division of Preventive Medicine and the Minority Health and Health Disparities Research Center, Dr. Vickers created Enhancing Minority Participation in Clinical Trials (EMPuCT), a consortium of five cancer centers aimed at increasing the participation by minorities in clinical trials. In July of 2013, Dr. Vickers and James Shikany, Ph.D., a professor in UAB’s Division of Preventive Medicine, were awarded a $13.5 million grant to create the National Transdisciplinary Collaborative Center for African-American Men’s Health (NTCC). The NTCC is a collaborative effort with 100 Black Men of America, Inc., the National USA Foundation, Inc. and the National Football League to create community partnerships to design, deliver and evaluate interventions targeting the four most significant causes of death and disease across the lifespan of African-American men and boys. Unintentional and violence-related injury, cardiovascular disease, cancer and stroke.
Dr. Vickers was born in Demopolis, Alabama, and grew up in Tuscaloosa and Huntsville. He earned baccalaureate and medical degrees from Johns Hopkins University and completed surgical training there, including a chief residency. He completed two summer post-graduate research fellowships with the National Institutes of Health and training at John Radcliffe Hospital of Oxford University, England. Dr. Vickers was an Instructor of Surgery at Johns Hopkins for a year before coming to UAB in 1994 as an Assistant Professor.

SAM LIU LECTURER
March 30, 2015 | 7:30 AM | OHSU Auditorium
www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/surgery/


**2015 GRAND ROUNDS SCHEDULE**

| January 5: | Department of Surgery Research Fair, SuEllen Pompier, Ph.D., Associate Research Professor, Division of Surgical Oncology, Department of Surgery, OHSU |
| January 12: | "Perioperative Myocardial Injury and Ischemia," Avital O'Glasser, M.D., Assistant Professor of Medicine, Medicine Teaching Service, Assistant Medical Director, PAC, OHSU |
| January 19: | Martin Luther King, Jr. Day - Grand Rounds CANCELLED |
| January 26: | "Personalized Medicine for Pancreatic Cancer," F. Charles Bruniciardi, M.D., FACS, Chief of General Surgery, Santa Monica Hospital, Professor and Vice Chair, Surgical Services, Department of Surgery, David Geffen School of Medicine at UCLA |
| February 2: | "An Update in Pediatric Surgical Oncology," Elizabeth Falkowski, M.D., Assistant Professor of Surgery, Division of Pediatric Surgery, Department of Surgery, OHSU |
| February 9: | "Manufacturing Tolerance," Kayvan Roayaie, M.D., Assistant Professor of Surgery, Division of Abdominal Organ Transplantation, Department of Surgery, OHSU |
| February 16: | Presidents’ Day - Grand Rounds CANCELLED |
| February 23: | "Signaling Pathways Regulating Breast Cancer Stem Cell Activity," Robert Clarke, Ph.D., Reader in Breast Biology, Institute of Cancer Sciences, University of Manchester, United Kingdom |

**FEBRUARY**

**MARCH**

| March 2: | "The Expanding Scope of Interventional Endoscopy," Brintha Enestvedt, M.D., MBA, Assistant Professor, Department of Gastroenterology, OHSU |
| March 9: | "Palliative Care Skills for Surgeons," Erik Fromme, M.D., M.C.R., FAAHPM, Associate Professor, Department of Radiation Medicine, OHSU |
| March 16: | "Is the Surgeon Safe?" Adrian Park, M.D., FRSCS, FACS (ECSA), Chairman, Department of Surgery, Anne Arundel Health System, Annapolis, Maryland |
| March 23: | "Individualizing Surgical Decision-Making and Optimizing Outcomes in Frail Elderly Patients: A Surgeon’s Toolbox," Emily Finlayson, M.D., M.S., Department of Surgery and Phillip R. Lee Institute for Health Policy Studies, University of California, San Francisco |
| March 30: | SAME LIU LECTURE: "Update on Pancreatic Cancer Translational Research UAB/MINN Pancreatic SPORE," Selvyn M.Vickers, M.D., FACS, James C. Lee, Jr. Endowed Chair, Professor of Surgery, Senior Vice President for Medicine, Dean, School of Medicine, The University of Alabama at Birmingham |

**NEWS FROM ACROSS THE BRIDGE**

The Portland VA Medical Center has a new name! It is now officially known as the Veterans Affairs Portland Health Care System or VAPOR HCS. Since my arrival a year and a half ago, there have been many changes that have taken place in the Operative Care Division. But before sharing some of the exciting new additions, I thought I would convey a few facts about VAPOR HCS and Surgical Services from across the bridge.

VAPOR HCS currently has the highest growth rate of any VA hospital in the nation, averaging 8 percent per year over the past five years. To put this more in perspective, in 1998 there were a little over 30,000 Veterans enrolled. This year we have crested just over 91,000. Additionally, with 16 different surgical sections and services, we represent the second busiest operative VA hospital in the country and are predicted to complete over 8,000 cases in fiscal year 2015. The Operative Care Division has close to 400 employees with a budget of $53 million this year. VAPOR HCS also serves as the primary tertiary hospital for Veterans Integrated Service Network (VISN) 20, performing 78% of all the complex operations in the Pacific Northwest. It continues to remain a pivotal training ground for OHSU residents and medical students, across all specialties.

Given this rapid growth rate and expansion, there are now three Assistant Chiefs of Surgery to move forward with the VA mission. Mythun Sukumar, M.D. has assumed the role of Assistant Chief of Clinical Operations. Darren Malinowski, M.D. is our new Assistant Chief of Research and Education. And, given the need for data analysis to enhance quality of care, Jim Edwards, M.D. has become our new Assistant Chief of Informatics. All are doing an outstanding job in expanding services and optimizing operations in their respective areas. Together with myself, we have instituted a 24/7 administrative call schedule for the position of “Surgeon-of-the-Day.” The SOD’s role is to assist all surgeons and staff in mitigating challenges and facilitating decisions that may be required as we strive for efficient surgical care. To put it in surgery laymen’s terms, “If you can’t get your case on... page the SOD.” The call schedule can be viewed on the hospital’s SharePoint Webpage.

In October we expanded from nine to 10 staffed operating rooms. This small feat involved two years of intense planning and the hiring of an additional 55 FTE in order to accommodate the downstream effects of 600 more Veterans being operated on per year. From ward beds to logistics to sterile processing, matching up the services was a monumental task.

In January 2015, we will open our new state-of-art minimally invasive suite. More spacious than our other larger operating rooms, it will have monitor booms from the ceiling as well as space allotted to accommodate a robot. This will be a welcome addition for our general surgeons, thoracic surgeons, urologists and gynecologists. Additionally, our new otolaryngologist Dan Clayburgh, M.D. is exploring robotics in oncologic operations.

Near and dear to my vascular surgery heart and after an arduous application process taking over a year, we have been awarded $3.5 million to build a vascular hybrid operating room. We now are in the bidding phase for imaging systems and will be moving rapidly into the architectural planning phases. We have a created a multi-stakeholder planning group and are aiming for construction in late 2015/early 2016. This will be the only hybrid room in VISN 20 and will truly modernize our vascular care.

While the Veterans Access, Choice and Accountability Act of 2014 will afford Veterans waiting longer than 30 days or greater than 40 miles from a VA facility a choice of care in the community, the law will also appropriate $500 million for more doctors and ancillary staff. For the Operative Care Division, we now have been granted an additional budget for 15 additional surgeons and over 30 more staff. Clearly, we will continue to “build” in order to provide timely access that is of the highest quality. There are lots of other great things happening in Surgical Services and I look forward to sharing more in the future. I continue to be amazed at the dedication of all that work at the VA as well as that from our OHSU partners who come “across the bridge” every day to be a part of this very special place. I welcome feedback about Surgical Services (robert.mclafferty@va.gov) and my door is always open.

Rob McLafferty, M.D.
Chief of Surgery
FOCUS ON ALUMNI: GORDON RIHA, M.D.

Announcing Major Changes for the Tenth Annual Department of Surgery Charity Event

The Ninth Annual Department of Surgery Golf Tournament and Dinner Auction was held at Royal Oaks Country Club in Vancouver, Washington on September 5, 2014. It was a resounding success and resulted in a gross return of over $160,000 with the net profit dedicated to VirtuOHSU.

For this year’s tenth anniversary event, we have a major change to announce. The dinner auction will now be held on a separate day from the tournament. The golf tournament will continue to be held on the Friday after Labor Day, which this year is September 11th. However, the dinner and auction will occur as its own event on Friday evening, September 19th in Portland at the OUS/OHSU Collaborative Life Sciences Building (CLSB). The CLSB is OHSU’s new state-of-the-art teaching and research facility on the South Waterfront, as well as one of the most beautiful venues in the area.

STARS is the theme of this year’s dinner and auction (STARS: Supporting Technology And Research in Surgery) and the event will be in glamorous Hollywood style. It will be an evening of fun and surprises with one lucky raffle winner taking home 75 bottles of wine!

One of the best opportunities for all faculty to become involved in this fundraiser is by donating at least one bottle of wine to be included in the raffle. Each wine selection is requested to be a minimum of $25 and bottles can be brought to VirtuOHSU Administrative Director Pat Southard’s office (Mackenzie Hall 3168) anytime between now and the first of August.

As the evening ensues, there will be a dance band to conclude this spectacular night.

We anticipate this year’s tournament and auction to be even more successful than the last and look forward to seeing all of you there. Be sure to mark your calendars for the September 11 golf tournament and September 25 charity event.

The OUS/OHSU Collaborative Life Sciences Building opened its doors to students and patients in July, 2014

...and Zein Arwani

As I look at the snow rapidly accumulating outside, I think about how much has changed in just the few short months since I left Portland for the wild world of Montana. This move has allowed me to grow both personally and professionally in ways that I did not and could not have expected. Living in Montana presents unique challenges – like having to sho a herd of mule deer out of your driveway so that you can leave to go to the hospital. At the same time, the opportunity to practice in an underserved area where patients may drive six or seven hours to see you in clinic has opened my eyes to the disparities in healthcare throughout the country. Rewind to a year and a half ago: “Gordon, how’s it going? Hope fellowship is treating you well…” It was August of 2013, and I was busy at OHSU with the day-to-day activities of being a trauma fellow during one of the craniotrauma months of the year. Former OHSU General Surgery and Surgical Critical Care graduate Michael Englehart, M.D. had contacted me regarding an opening at the Billings Clinic med-flight air ambulance service to our trauma center. Thus, the results of traumatic injury and disease processes are far advanced at the point when patients arrive in front of me, resulting in often fascinating and challenging management.

Although much has changed since leaving Portland, little pieces of OHSU are present everyday here at the Billings Clinic. Dr. Englhardt and I will be discussing a patient and one of us will quip, “The correct answer is to operate… splendido!” (à la Martin Schreiber, M.D.), or, “What the WTF is going on there!” (à la Rich Mullins, M.D.). Furthermore, I have the opportunity to practice with multiple OHSU physician graduates, including Dr. Englehart, my wife Jamie Riha, M.D. (Pulmonary Critical Care), Zach Bland, M.D. (Interventional Radiology), Lisa Bland, M.D. (Urology), Mark Piedra, M.D. (Neurosurgery), Whitney Gun, M.D. (Emergency Medicine), and Keri Hill, M.D. (Gastroenterology). During training, all residents question themselves, “Will I be ready to practice General Surgery when I am done?” To all of the current residents at OHSU, I believe the answer to this question is a resounding, “Yes!!!” OHSU provided me with a phenomenal breadth of experience that I truly believe prepares residents for real world scenarios. While residents may not have the opportunity to perform every general surgery operation by the time they graduate, they should be assured that the principles of surgery which are instilled by outstanding mentors throughout the Department will carry over a wide span of surgical situations.

The Dakotas. The idea of practicing in a more tertiary referral center that served all of Montana presents unique challenges – like having to sho a herd of mule deer out of your driveway so that you can leave to go to the hospital. At the same time, the opportunity to practice in an underserved area where patients may drive six or seven hours to see you in clinic has opened my eyes to the disparities in healthcare throughout the country.

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OHSU Department of Surgery
3181 SW Sam Jackson Park Road
Portland OR 97239
Mail code L223
Tel: 503 494-7758
Fax: 503 494-5615

The goal of the Department of Surgery’s newsletter is to highlight our accomplishments and news, while presenting a publication that is visually consistent with OHSU printed materials. We hope you like it. Have feedback? Email Sara Szymanski at szymanss@ohsu.edu – we’d love to hear from you.

Department of Surgery, OHSU School of Medicine

Department Chair
John G. Hunter, M.D., FACS, FRCS (Edin) .......... 503 494-7758

Division Chiefs
Abdominal Organ Transplantation ..................503 494-7810
Susan Orloff, M.D.
Bariatric Surgery ......................................503 494-2681
Samer Mattar, M.D., FACS, FRCS (Edin)
Cardiothoracic Surgery ..............................503 494-7820
Howard Song, M.D., Ph.D.
Gastrointestinal and General Surgery ..............503 494-6900
Robert Martindale, M.D., Ph.D.
Oral and Maxillofacial Surgery .....................503 418-1560
Pamela Hughes, D.D.S.
Pediatric Surgery .....................................503 494-7764
Kenneth Azarow, M.D., FACS, FAAP
Plastic Surgery ........................................503 494-7824
Juliana Hansen, M.D.
Surgical Oncology ....................................503 494-5501
Kevin Billingsley, M.D.
Trauma, Critical Care & Acute Care Surgery ......503 494-5300
Martin Schreiber, M.D.
Vascular Surgery ......................................503 494-7593
Gregory Moneta, M.D.

OHSU includes the Schools of Dentistry, Medicine, and Nursing. OHSU Hospital and Doernbecher Children’s Hospital, numerous primary care and specialty clinics, multiple research institutes, and several outreach and community service units.

Change can’t happen if we see things just one way. That’s why diversity is so important to OHSU. 0115