innovations in surgery

Quality Initiatives:

Fostering new approach that improves surgical care

Vanderbilt Section of Surgical Sciences

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VANDERBILT UNIVERSITY
MEDICAL CENTER

A Message from the Chairman

Welcome to our new electronic version of the *Innovations in Surgery* newsletter. We designed this new format to reduce costs, while making it easier for you to click and share news on the latest advances in surgery, highlighting contributions made by faculty, residents and students of the Section of Surgical Sciences.

Value in healthcare is defined by the ratio of quality and cost (value = quality/cost). We are continually striving to increase value by providing the most cost-effective evidence-based quality care to our patients.

In this issue, we spotlight a few of our many health outcomes and quality improvement initiatives that are literally changing how we approach patient care to realize increased value.

As Albert Einstein once said, "Learn from yesterday, live for today, hope for tomorrow. The important thing is to not stop questioning."

This is the very basis of our efforts to improve patient care at Vanderbilt. By continuously reviewing what we've done in the past, we are now beginning to predict what will work best in the future for each individual patient.

Our heart and lung surgeons are already preventing some post-surgical complications by performing pre-operative tests and imaging based on trends found in previous patients.

Using real-time patient data, prostate cancer patients may one day download a simple app to their smartphone that tells them which treatment is best for them.

Each of these innovations had its beginnings by looking back, by learning from yesterday and hoping for tomorrow.

I hope you enjoy reading about these quality initiatives, and encourage you to share these stories, as well as future editions with your friends, family and anyone who can benefit from Vanderbilt care.

R. Daniel Beauchamp, M.D., F.A.C.S.
John Clinton Foshee Distinguished Professor of Surgery
Chair, Section of Surgical Sciences
Surgeon-in-Chief, Vanderbilt University Hospital
Deputy Director, Vanderbilt-Ingram Cancer Center

Prostate study may lead to predicting best therapies

Joe has it all -- a great job, a loving wife, three smart kids and prostate cancer.

Fortunately, with early prostate cancer screenings, as well as advances in surgical techniques and radiation therapy, Joe has options. But what will work best on his cancer? And what side effects can he expect following treatment?

These are questions prostate cancer patients and their doctors face every day. But thanks to a new study published in the *New England Journal of Medicine*, Vanderbilt surgeons can see a day when answers are as close as an app on the doctor's smart phone.

Matthew Resnick, M.D., an instructor in Urologic Surgery, and **David Penson, M.D., MPH,** professor Cancer Biology, Urologic Surgery and Medicine, followed the clinical outcomes of 1,655 men between the ages of 55 and 74 for 15 years to assess long-term quality of life issues following prostate surgery and radiation therapy.

Pictured below: Daniel A. Barocas, M.D., M.P.H.,
David Penson, M.D., M.P.H. and Matthew J. Resnick, M.D.

"Unfortunately, while we know that many men benefit from the treatments that are available for prostate cancer, these treatments often come along with risks to long-term quality of life," said Resnick. "In this study, we hoped to better understand the magnitude of these risks over a long time horizon."

It is commonly known that patients treated with surgery, compared to radiation therapy, are more likely to experience urinary and sexual dysfunction in the first several years following treatment. And those treated with radiation therapy more frequently develop bowel dysfunction early on.

What surprised researchers was that in the long-term, after 15 years of treatment, the significant difference in side effects went away.

This got Resnick and Penson thinking. What if they could use this real-time patient data to better predict which treatment works best for each patient, as well as better understand the potential side effects of each treatment?

It's called personalized predictive modeling – a way to take data from previous patient outcomes and translate that into meaningful predictions for future patients.

These methods serve to optimize the benefits associated with treatment, while at the same time minimizing the harms sometimes associated with these very same therapies.

Prostate cancer offered the perfect study model because, fortunately, patients are now living longer after treatment.

"For the first time, we can begin to give prostate cancer patients a better idea of what they can expect after cancer treatments. From there, the doctor and patient can work together on a plan that makes the most sense for him," said Penson, the Paul V. Hamilton, M.D. and Virginia E. Howd Chair in Urologic Oncology, who also directs the Vanderbilt Center for Surgical Quality and Outcomes Research.

> "For the first time, we can begin to give prostate cancer patients a better idea of what they can expect after cancer treatments."
>
> - **David Penson, M.D., M.P.H.**
> Professor Cancer Biology, Urologic Surgery and Medicine

Using this and other surgical outcomes data, Vanderbilt can begin to develop predictive models, and ultimately develop a hand-held device or an app on a phone that can calculate expected outcomes based on each individual patients health history, age, and other related factors.

"Think of it as a treatment calculator," said Penson. Now that's an app I want to create."

Drawing from the expertise of Vanderbilt's Department of Bioinformatics, this kind of technology can be adopted in medical centers and hospitals the world over.

"Decision support tools of this kind have the potential to assist patients and providers across the globe make personalized treatment decisions," said **Mia Levy, M.D., Ph.D.,** assistant professor and director of Cancer Clinical Informatics.

The Vanderbilt study was partially funded by the TJ Martel Foundation and the Veteran Affairs Tennessee Valley Healthcare System. □

Dr. Ahmad showcases the dashboard on the Cardiac Surgery floor that is also accessible on mobile devices.

Surgery at a glance

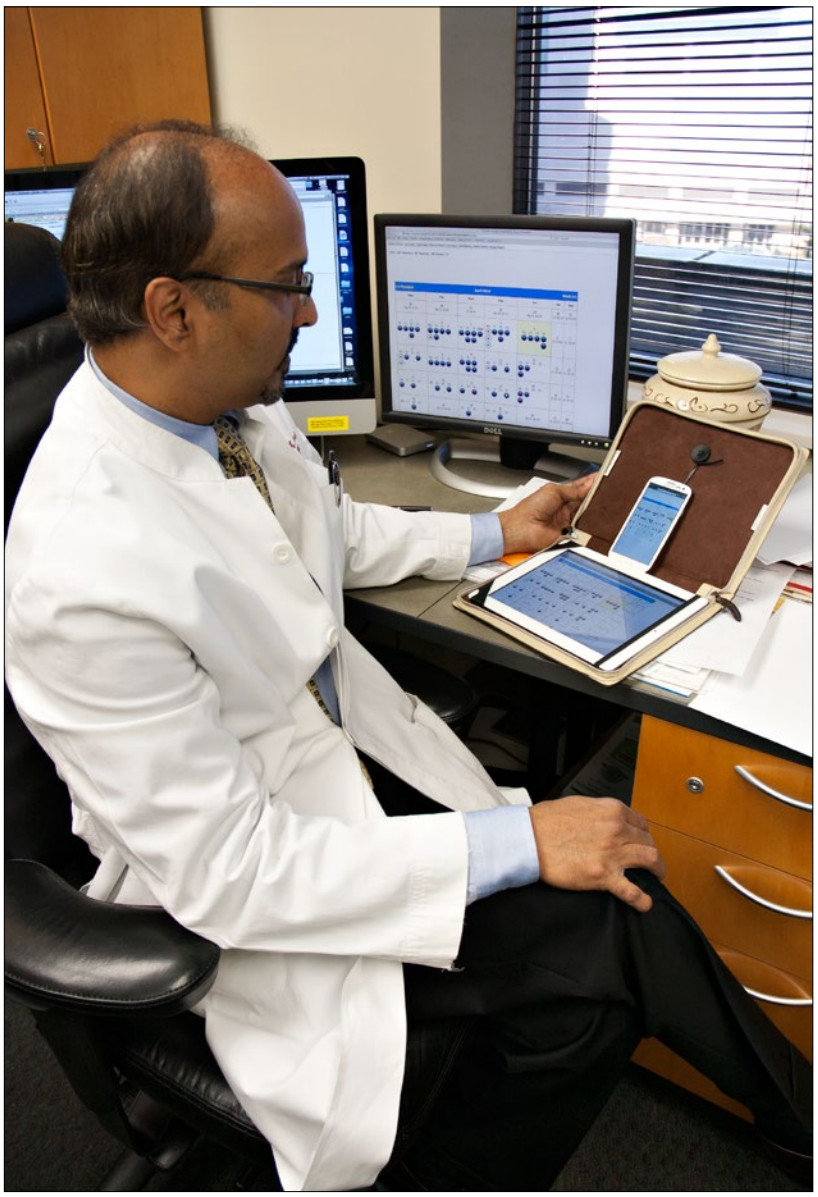
Dr. Rashid M. Ahmad is probably best described as a numbers guy, with heart. As Chief Informatics Officer of the **Vanderbilt Heart and Vascular Institute,** Ahmad has always seen the value in simplifying processes that make work easier and more efficient. So, it was no surprise when Ahmad set his sights on improving the business of **Cardiac Surgery** with informatics tools.

"We used to keep track of surgeries by writing everything in a book, but it was cumbersome, so finding what you needed to take care of each patient was tedious and time consuming," said Ahmad.

What Ahmad envisioned was a one-page, color-coded display that showed everything from pre-operative tests needed, to primary surgeon, to lab findings and date of surgery. Basically, an airport arrival and departure screen.

But it also had to be interactive, intuitive, user-friendly, and not just a picture of seemingly disparate written forms.

So, Ahmad collaborated with Health Systems Projects Manager George Giles and Dario Giuse, who authored Vanderbilt's web-based electronic clinical information



> "By developing an electronic trail of the entire surgical process, we're saving time and money for both the patient and the medical center, while also improving patient care."
>
> **-Rashid M. Ahmad, M.D.**
> Assistant Professor, Department of Cardiac Surgery
> Director, Cardiovascular Intensive Care Unit
> Director, Cardiac Surgery Informatics

system, Star Panel. Together, they developed an easy-to-use online tool that interacts seamlessly with functions involved in surgery, including the initial physician referral.

Information entered into the database is automatically populated into other related forms, all of which reduces typing errors and the need to enter the same information multiple times.

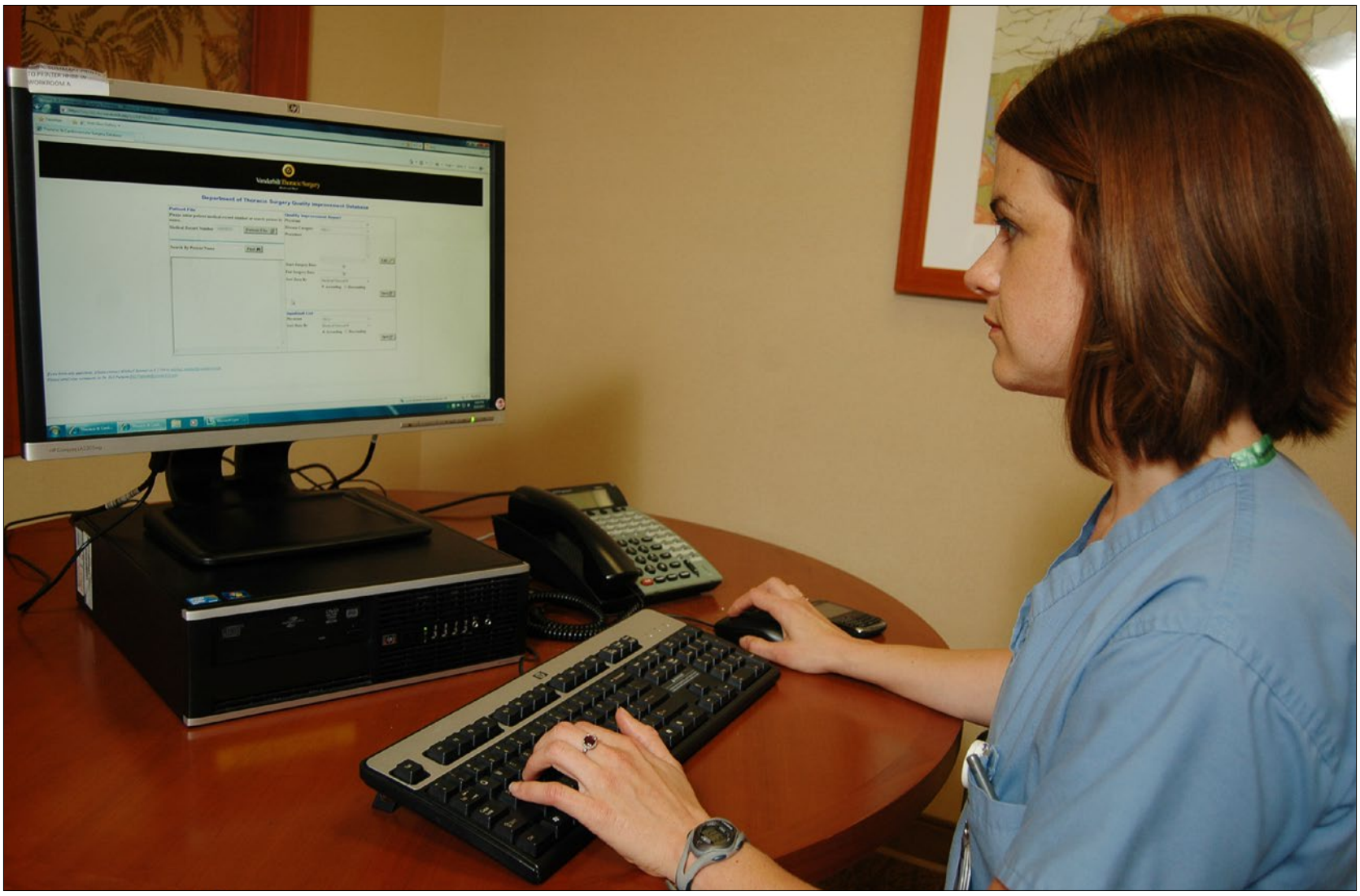
The result was a color dashboard that displays everything at a glance.

As soon as a patient's labs are completed, for example, it displays green, as in good to go. If incomplete, the labs display red – requiring more information. All red displays are automatically sent out as electronic notifications to the next in command to ensure nothing gets dropped.

The dashboard is accessible on individual workstations, iPads, smartphones and as display monitors that are specifically tailored for the users in the Department, the Cardiovascular Intensive Care Unit and on the Cardiovascular Step-Down floor.

And while the initial display provides immediate information at a glance, detailed information and reports are easily viewable by hovering over the link.

"By developing an electronic trail of the entire surgical process, we're saving time and money for both the patient and the medical center, while also improving patient care," said Ahmad, assistant professor of Cardiac Surgery. "It's simply the right thing to do," he said. □



Kristin Werking, MSN, ACNP uses the Thoracic Surgery database, which enables medical staff to quickly evaluate the consequences of surgery and then determine if surgical or medical care should be altered in future procedures.

The moneyball approach to Thoracic Surgery

In what could best be described as a case of preemptive medicine, doctors in Vanderbilt's department of Thoracic Surgery are now preventing some major post-surgical complications -- not by looking forward, but by looking back.

When a recent patient began having difficulty swallowing after an esophagus operation for heartburn, his doctors knew he likely needed yet another operation.
But they also knew, by reviewing similar operations performed in the past several years, that some thoracic surgery patients tend to develop choking problems after esophageal surgery, which could lead to pneumonia.

So, before the second surgery was even scheduled, Vanderbilt ordered a simple visual swallow study, and sure enough, the patient had difficulty swallowing certain foods. With this concrete information in hand, the patient's diet was modified to exclude solid foods immediately following surgery.

"We're taking a 'Moneyball' approach to lung and chest surgery where we collect surgical data on every single patient and analyze the results for large groups of patients with similar problems. Just like Billy Beane did for the Oakland A's, we can use our data to improve future outcomes," said **Joe B. (Bill) Putnam, Jr., M.D.**

This analytical approach to patient care started as a basic repository of surgery records. It has since grown into perhaps the Medical Center's largest web-based, quality improvement database, second only to Medical Records. Outside donor support was instrumental in starting this effort.

"We've turned clinically oriented data into an incredibly powerful tool that enables us to quickly and efficiently evaluate the consequences of surgery and then determine if surgical or medical care should be altered in future procedures," said Putnam, chair of Thoracic Surgery. "Coupled with our Patient Care Pathways, and our clinical protocols, our team of thoracic surgeons and nurse practitioners can provide very consistent and timely care for each individual patient."

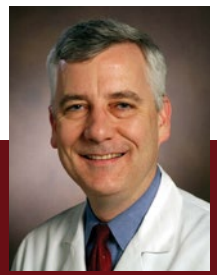
Working with the **Vanderbilt Ingram Cancer Center and the Department of Biomedical Informatics,** Putnam developed an integrated online modular form with easy-to-use drop down boxes to add patient data on each patient for each operation performed.

More than a mere database, the quality improvement report can recall information by patient age, symptoms, diagnosis, procedure performed, complications, recovery, surgeon and outcomes.

So, if a surgeon is about to perform a lobectomy to remove a portion of a patient's lung, he can now pull a report on all lobectomies performed over the past year in patients similar to his own.

With this information, the surgeon can make more accurate diagnoses, schedule the proper pre-operative tests and imaging, and alter the surgery and post-operative care, accordingly.

> "Quality is the foundation of our moral and professional responsibility to our patients, We must always ask the questions, What are we doing right? How do we do that even better?"



-Joe B. (Bill) Putnam, Jr., M.D.

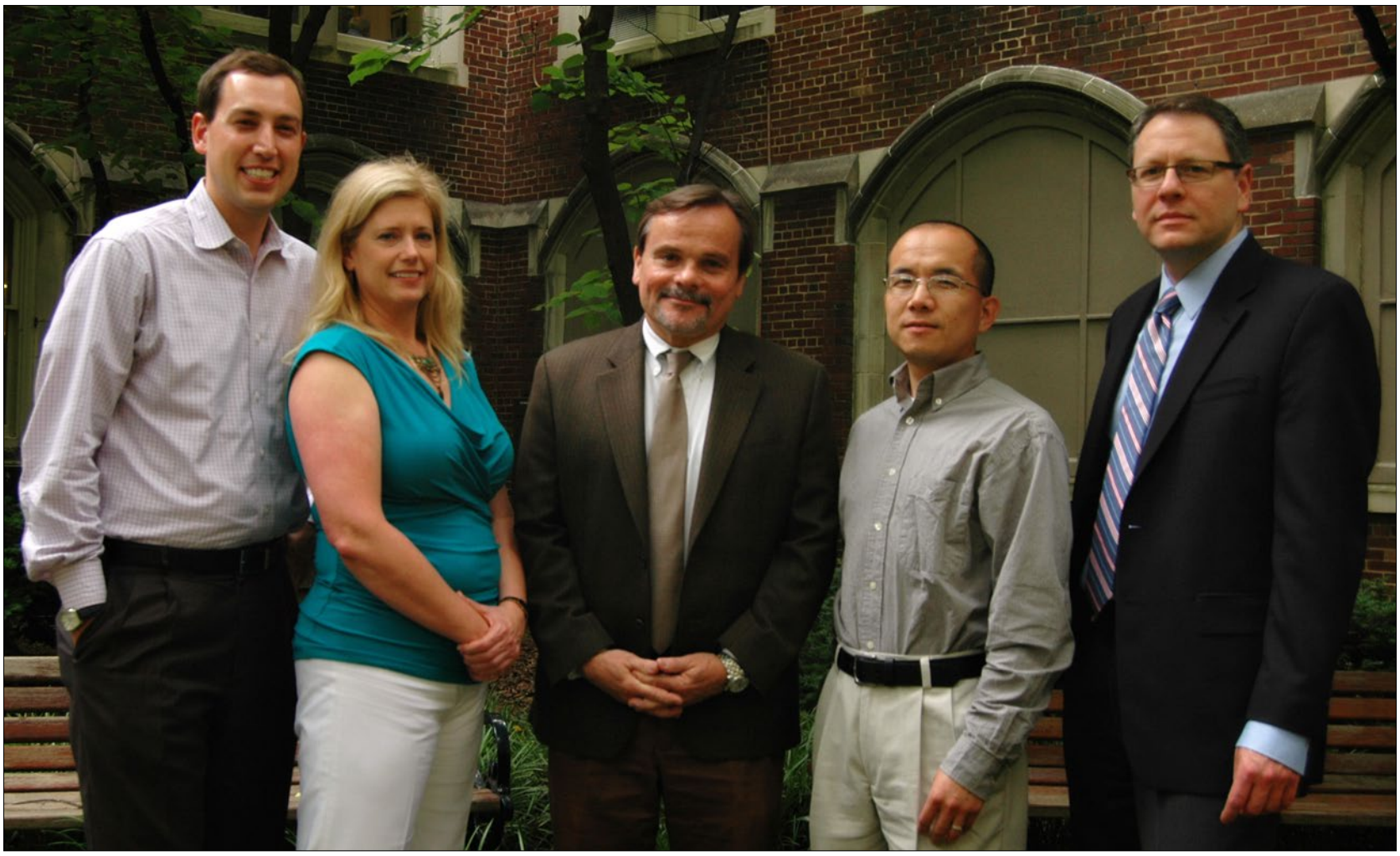
Ingram Professor of Surgery
Chairman, Department of Thoracic Surgery
Program Director, Resident Education in Thoracic Surgery
Professor, Department of Biomedical Informatics

In addition to providing analytical data that drives patient care, the Thoracic Surgery data is also included in the University HealthSystem Consortium database, a clinical outcomes report on academic medical centers throughout the country.

"Our vision is to consistently provide excellent care for every single patient and their families," said Putnam. "So, we review our performance on a regular basis, both internally and how we rank nationally, and look for ways to improve."

Already, the Thoracic Surgery database has led to changes in patient care to reduce length of stay, wound and urinary tract infections, and pneumonia.

"Quality is the foundation of our moral and professional responsibility to our patients," said Putnam. "We must always ask the questions, 'What are we doing right? How do we do that even better?'" □



Physicians, surgeons, nurses and anesthesiologists all work together to deploy rapid response teams in the hospital which save lives.
Pictured from left, Jesse Ehrenfeld, M.D., M.P.H., Liza Weavind, M.D., Roger Dmochowski, M.D., Chad You, Data Base Analyst, and Daniel Barocas, M.D., M.P.H.

How rapid response teams are saving lives

It's said that imitation is the sincerest form of flattery. So, it only made sense that when Vanderbilt surgeons wanted to reduce serious post-surgical complications, they turned to the hospital's Rapid Response Teams.

With roots dating back to 2005, the Rapid Response Team (RRT) was initially developed and led by hospital charge nurses and respiratory therapists in the intensive care units as a means of quickly addressing any significant change in patient condition.

In 2011, nurse practitioners joined the effort, speeding the time to enact special orders to stabilize the patient. Since then, the RRT has become a widely used resource at medical centers across the country. Not only does it offer the potential to save lives by standardizing care for patients whose conditions deteriorate rapidly, it reduces costly ICU transfers in patients who can be stabilized and safely monitored on a regular unit.

But even with the widespread use of RRTs, measuring its effectiveness was still a challenge. So, Assistant Professor of **Urologic Surgery** **Daniel A. Barocas, M.D., M.P.H.,** worked with key players in Nursing, Medicine and Anesthesiology to study how frequently RRT is called for in surgical patients, and determine which services are outliers, with a higher or lower use of RRT than expected.

Using discharge data from three years of RRT calls at Vanderbilt, Barocas analyzed the usage of the RRT across surgical services. He found that, for most services, the use of RRT corresponded with patient volume and the level

of alert observation of each particular surgical unit.

As expected, patients who transferred from other hospitals to Vanderbilt, those with longer length of stay and those with more serious medical conditions tended to have more RRT calls. And surgical services that cared for more of these high-risk patients also tended to use more RRT calls.

"By assessing these patterns, we hope to better understand how and why certain patients may have trouble after surgery," said Associate Professor of Anesthesiology and Surgery **Liza Weavind, M.D.**

The result is a true quality improvement success story. The team can now begin to quantify the use of RRTs across surgical disciplines and benchmark for continued quality improvements in the management of high-risk surgical patients.

Once an RRT is called, the team of specially trained critical care nurses, doctors and respiratory therapists, springs into action, using pre-specified algorithms, to evaluate, stabilize, and, if necessary transfer the patient to a higher level of care.

Any member of the treatment team, or even the patient family members, can activate the RRT in response to signs of deterioration. These signs might include labored breathing, a change in heart rate or difficulty communicating.

"By including everyone who has an opportunity to catch warning signs, the RRTs are able to intervene early. These changes are truly rescuing lives," said Barocas, who is also a principal investigator for the **Vanderbilt Center for Surgical Quality Outcomes Research.**

> "By including everyone who has an opportunity to catch warning signs, the RRTs are able to intervene early. These changes are truly rescuing lives."

- Daniel A. Barocas, M.D., M.P.H.,
Assistant Professor of Urologic Surgery
Principal Investigator for the
Vanderbilt Center for Surgical Quality Outcomes Research

Already, the program's successes are having a significant impact. RRT calls have increased 20 percent per year, resulting in significantly fewer cardiopulmonary arrests and other emergencies requiring resuscitation.

"This has been such a rewarding, inter-professional effort. I'm proud to be a part of such life-saving process improvements," said Assistant Director of Advanced Practice Critical Care April Kapu, N.P.

It is expected that this bench-marking exercise will lead to additional quality improvement projects throughout each specialty. Further investigative efforts will focus on identifying factors such as length of surgical procedure, amount of blood loss, and age and gender of the patient.

"This unique collaboration across service lines will enable us to look at other areas where surgical outcomes can be improved, including surgical site infections," said Professor of Urologic Surgery and Section of Surgical Services Vice Chairman for Surgical Quality, Safety and Professionalism Roger Dmochowski, M.D. □

Dr. Poulose and colleagues are studying how best to treat ventral abdominal hernias.

Photo by John Russell

Hernia quality collaborative assesses best approaches

Each year, more than 350,000 patients in the U.S. undergo surgery to treat painful ventral abdominal hernias, a condition that affects up to 20 to 30 percent of anyone who has had any kind of abdominal surgery, such as a cancer operation, C-section or following a traumatic injury.

Yet, for such a common procedure, very little medical evidence exists on how to best treat this condition, leading many patients to return to the hospital when their painful hernias come back, and adding millions to the country's rising health care costs.

To address this issue, **Benjamin K. Poulose, M.D., M.P.H.,** assistant professor of Surgery at Vanderbilt University Medical Center, and Michael J. Rosen, M.D.,

> "If a patient has stage II colon cancer, she can expect to get virtually the same treatment anywhere in the world. But if a patient has an abdominal wall hernia, her treatment can vary significantly between countries, states, hospitals and even within the same practice."
>
> - **Benjamin K. Poulose, M.D., M.P.H.,**
> Assistant Professor of Surgery at Vanderbilt University Medical Center

associate professor of Surgery at University Hospitals Case Medical Center, have formed the American Hernia Society Quality Collaborative (AHSQC).

With $250,000 in funding from the **American Hernia Society,** this quality collaborative will, for the first time, gather actual clinical, operational and outcome data to determine the best patient-centered approaches to ventral hernia repair and recovery.

"If a patient has stage II colon cancer, she can expect to get virtually the same treatment anywhere in the world. But if a patient has an abdominal wall hernia, her treatment can vary significantly between countries, states, hospitals and even within the same practice," said Poulose. "That's because the quality and availability of medical evidence on how to best treat these hernias just isn't there.

Without adequate Federal funding for unbiased research, we simply don't know what works best. Is a $15,000 mesh device better than a $500 one? We really don't know. All this leads to suboptimal results, wide and unacceptable variations in patient care, and rampant unsustainable health care costs. We have to stop the madness," Poulose said.

In a paper published in *Hernia* last September, Poulose estimates that by reducing the recurrence of ventral hernias by just 1%, the U.S. health care system could save $32 million in operation costs alone. These savings don't even factor in time away from work and disability for each patient.

In the initial phase of the collaborative, Vanderbilt is coordinating the creation of 20 pilot sites throughout the U.S. Surgeons and health care providers from these sites will provide critical feedback on what kind of data needs to be collected and how it will be analyzed.

Using a cloud-based registry, the quality collaborative will be able to provide surgeons the world over with real-time results on risk, reliability and long-term benefits of surgical procedures and treatments by analyzing surgical outcome data. These data can then be used to create individual treatment plans that take each patient's unique factors into consideration, including age, co-morbidities, body mass index and overall size of the hernia. The ArborMetrix cloud-based registry system was developed by John D. Birkmeyer, M.D., professor of Surgery at the University of Michigan and director of the Center for Healthcare Outcomes & Policy.

"For the first time, we will be able to both standardize and personalize the best possible care for our hernia patients," said Poulose. "This isn't merely about standardizing procedures. It's about improving quality of care and, ultimately, quality of life."

The data are also expected to demonstrate ways to reduce surgical site infections, minimize perioperative pain and identify factors leading to hernia recurrence.

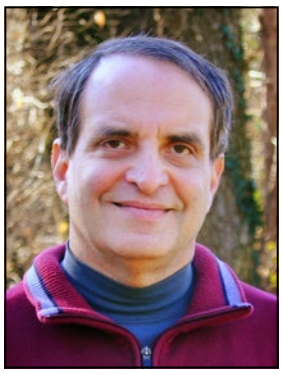
"One of the most exciting elements of this quality collaborative is that the AHSQC is actually going to change the culture of surgery," said Rosen, co-director of the quality collaborative. "By collaborating amongst surgeons, with the goal of improving the quality of hernia surgery, we will be able to provide the answers to many important questions."

Building on Vanderbilt's ongoing quality improvement programs, Poulose will work with David Penson, M.D., M.P.H., director of the **Center for Surgical Quality Outcomes Research,** and Roger R. Dmochowski, M.D., executive medical director for Patient Safety and Quality (Surgery).

The American Hernia Society will announce the new collaborative to its members at its annual meeting in Orlando, Florida in March.

"We formed the American Hernia Society Quality Collaborative to prepare the members of the AHS for the next century, focusing on quality that will ultimately improve patient care. Working in teams, and with support from leading experts and peers, our group has learned and applied the principles and processes of quality improvement," said Sergio Roll, president of the American Hernia Society. □

Goldenring elected to Association of American Physicians



James R. Goldenring, M.D., Ph.D., vice chair of Research in the Section of Surgical Sciences, has been elected to the **Association of American Physicians** (AAP).

Each year, the nonprofit, professional organization founded in 1885 recognizes those individuals who have attained excellence in the pursuit of scientific discovery that can one day be applied to clinical medicine.

The AAP consists of approximately 1,200 active members from around the world. Members have included Novel laureates, and members of the National Academy of Science and the Institute of Medicine.

Goldenring's ongoing research on the cell biology of epithelial cell vesicle trafficking and signaling, as well as precursors to gastric and colon cancers have been published extensively in such journals as Journal of Clinical Investigation, Proceedings of the National Academy of Sciences, Journal of Biological Chemistry and Gastroenterology. His work is funded by grants from the National Institutes of Health and the Department of Veterans Affairs.

As co-director of the Vanderbilt Epithelial Biology Center (EBC), Goldenring is a leader in the fields of epithelial cell biology and gastric cancer research. The mission of the EBC is to better understand and cure diseases of epithelial origin, with particular emphasis on gastrointestinal cancer.

Goldenring, who is the Paul W. Sanger Professor of Experimental Surgery, professor of Cell and Developmental Biology, and staff physician at the Nashville VA Medical Center, received his M.D. and Ph.D. from Yale University, and joined Vanderbilt in 2002.

A member of the Vanderbilt-Ingram Cancer Center and the Medical Scientist Training Program, he was elected to the American Society for Clinical Investigation in 2004, and in 2006 was designated a Fellow of the American Gastroenterological Association.

He received the 2004 Funderburg Award from the American Gastroenterological Association in recognition of his research into the origin of gastric cancer. □

Chung elected Director, American Board of Surgery

Dai H. Chung, M.D., chair of **Pediatric Surgery**, has been elected director of the American Board of Surgery (ABS) and will serve from July 1, 2013 to June 30, 2019.

"It is an incredible honor to serve the American Board of Surgery in this capacity. The ABS works to establish common standards for surgeons to achieve and maintain board certification. This is such an important mission and I feel privileged to be part of it," said Chung.

Chung follows **Kenneth W. Sharp, M.D.,** vice chair for faculty affairs and professor of Surgery, who served as director of the American Board of Surgery until 2012.

Chung has served the ABS as associate examiner, as well as consultant for Pediatric Surgery In-Training Exam, which is used to measure the progress attained by residents in their knowledge of pediatric surgery. He also served as president of the Society of University Surgeons in 2010, having held leadership roles on the society's executive council since 2002.

Chung joined Vanderbilt in 2009, after serving as chief of Pediatric Surgery at the University of Texas Medical Branch, where he also earned his medical degree and completed internship and residency in General Surgery.

Directors of the American Board of Surgery are elected for a six-year term and represent the surgical leaders in the U.S. They are distinguished surgeons in education, research and clinical surgery.

The **American Board of Surgery** is an independent, nonprofit organization founded in 1937 to certify surgeons who have met a defined standard of education, training and knowledge in the field of surgery. □

Vanderbilt performs state's first custom stent graft surgery

Vanderbilt University Medical Center recently performed Tennessee's first fenestrated aortic stent graft surgery to repair an abdominal aortic aneurysm that was previously considered too close to the kidney for minimally invasive surgery.

Aortic aneurysms cause a bulging of the aorta, which provides critically needed blood to the body. Without treatment, these aneurysms are at risk of rupturing. The state's first patient, 62-year-old John Perkins of Murfreesboro, Tennessee, was discharged the next day. A follow up visit showed his liver and kidney function, as well as his cholesterol levels returned to normal.

"All of the doctors and nurses at Vanderbilt were really wonderful. It was a great experience from start to finish," said Perkins.

Until now, 20 to 30 percent of patients with abdominal aortic aneurysms were told their only option was traditional, open surgery for fear the aneurysm was too close to the renal artery and could result in kidney failure. But open surgery comes with increased risks.

The new minimally invasive procedure applies a hand-sewn, custom graft to the dilated aorta to prevent it from rupturing. Using 3-D imaging, the grafts are tailor made for each patient's unique anatomy.

Each year, 5 to 7 percent of people over the age of 60 are diagnosed with abdominal aortic aneurysms, and 15,000 die from them.

These aneurysms typically affect men aged 60 and older who have a family history of aortic aneurysms, have used tobacco, or have high blood pressure or atherosclerosis.

The new procedure has been performed at only a handful of medical facilities throughout the U.S., including Vanderbilt.

"This new procedure opens the door to more treatment options and less risk," said **Jeffery B. Dattilo, M.D.,** associate professor of Vascular Surgery. "We're thrilled to offer it to our patients." □

Eskind named to Education Hall of Fame

Steven J. Eskind, M.D., assistant clinical professor of Surgery and director of the Surgical Clerkship Program, has been honored with a Distinguished Alumni Award from the Nashville Public Education Foundation.

Eskind received the award at the 2013 Public Schools Hall of Fame ceremony held in Nashville in March.

A product of Metropolitan Nashville Public Schools, Eskind attended HG Hill Elementary School from first grade and went on to graduate from Hillwood High School.

In addition to his service at Vanderbilt University Medical School, Eskind contributes a significant amount of time to local non-profit organizations, and previously served on the board of the Matthew Walker Comprehensive Health Center and the Cumberland Science Museum.

In presenting the award, Eskind was noted as representing the kind of ambitious, service-minded community leader Metro Nashville Public Schools seeks to produce, and an obvious choice for the Hall of Fame.

Eskind received his medical degree from Tulane University School of Medicine, and completed residency training in Surgery at Vanderbilt University and a fellowship in Vascular Surgery at the Alton Ochsner Medical Foundation in New Orleans.

He began his medical career at Vanderbilt as a clinical instructor of Surgery in 1983. He also served as surgical director of Emergency Services and, later, associated chief of surgery at neighboring St. Thomas Hospital until 1996. In 2010, he was appointed assistant clinical professor of Surgery, **clerkship director** and assistant program director of the General Surgery Residency program at Vanderbilt. □

Residents honor Dr. Shaffer with McCleery Master Teacher Award

Every year, on Match Day, medical students from the Vanderbilt University School of Medicine learn where they will begin their residencies.

This year, in a pre-Match Day ceremony befitting the honor, residents from the entire Section of Surgical Sciences bestowed its highest teaching award to **David Shaffer, M.D.,** professor and chief of the **Division of Kidney & Pancreas Transplantation.**

The Robert S. McCleery Master Teacher Award recognizes the most outstanding surgical teacher, as nominated by the residents themselves.

The award honors the legacy of Dr. Robert McCleery, who beginning in the late 1930s trained surgical residents at Thayer Army Hospital, the former Veterans Administration Hospital of Nashville and current site of the Nashville State Community College. He was appointed by Dr. Barney Brooks, the first chairman of the Vanderbilt Department of Surgery.

"In selecting the nominee, one name came up, not once, not twice, but every single time. Dr. Shaffer won by a landslide," said General Surgery Chief Resident Julia Shelton, M.D., in introducing this year's recipient. "He teaches us all that learning how to take care of our patients is our first priority."

"I am quite humbled by this," said Shaffer, in accepting the award. "I have the distinct pleasure of working with this incredibly impressive group of residents, and if I've contributed to your development as a surgeon in some small way, then I am honored."

Shaffer earned his medical degree from Columbia University College of Physicians and Surgeons in 1982. He completed his surgical internship at Yale-New Haven Medical Center and then his residency in General Surgery followed by a Clinical and Research Fellowship in Transplantation at the New England Deaconess Hospital in Boston, Massachusetts.

Following completion of his transplant fellowship in 1989, Dr. Shaffer remained at the New England Deaconess Hospital (now Beth Israel Deaconess Medical Center) as Surgical Director of Kidney and Pancreas Transplantation and Associate Professor of Surgery at Harvard Medical School until 2001, when he assumed his current position at Vanderbilt University Medical Center.

Under Shaffer's leadership, the adult Kidney/Pancreas Transplant Program at Vanderbilt has nearly tripled in size. In 2010, it received a bronze award by the Department of Health and Human Services as one of the country's top performing transplant programs.

The McCleery Master Teacher Award and Lecture were established in 2008 with a generous endowment by the family of the late Eustace H. Winn Jr., M.D., who trained under Dr. Robert McCleery.

Quite possibly the largest surgical teaching endowment in the U.S., the Winn donation makes possible the annual McCleery Award and one of the country's most revered surgery education lectures.

The McCleery Lecture draws renowned figures, such as this year's guest lecturer John Potts, M.D., of the ACGME, and international authorities, including Richard K. Reznick, M.D., M.Ed., of Canada, whose efforts to improve surgical education are leading to major changes in surgical technology, simulation and education. □

Watts named President-Elect of prestigious nursing society

Senior Associate in Surgery Carolyn Watts, MSN, RN, CWON, has been named President-Elect of the Wound, Ostomy and Continence Nurses Society™ (WOCN®).

A clinical nurse specialist for more than 35 years, Watts has worked with both General Surgery and Surgical Oncology practices at Vanderbilt University Medical Center. She currently practices in Surgical Oncology.

She also assists surgeons in developing evidence-based clinical pathways that provide the best possible patient care throughout the entire perioperative process; and she participates on various hospital committees, task forces and projects, such as the Clinic Redesign Project.

With extensive expertise in wound management and pressure ulcer prevention, Watts founded the Wound Management Center at Vanderbilt University Medical Center in 1986, and served as nursing director of VUMC Wound Service for 13 years.

A member of the Wound, Ostomy, Continence Nurses society since 1986, Watts has held several key leadership roles.

She served on the committee to develop national guidelines for wound care from 1998 to 2000, and on the National Conference Planning Committee from 2003 to 2012.

During this time, she served as chairperson of the Pre-Conference and Professional Practice Track from 2004 to 2007, and committee chair and past chair from 2007 to 2011 and from 2011 to 2012, respectively.

Watts remains active in WOCN currently serving as the Society's Treasurer and on the Development Committee. She also is a peer reviewer for the *Journal of WOCN*. □

New to the Section

Section names new Chief Business Officer

Elizabeth (Bess) Wildman, M.B.A., has been appointed Chief Business Officer and Director of Finance and Administration for the Section of Surgical Sciences.

At Wake Forest, Wildman was instrumental in developing an integrated support team to meet the needs of the division's surgical departments. She also developed business plans for new programs, including Weight Management and Vestibular Balance, and led an initiative to preserve the close business relationship between clinical schedulers and providers, while improving services to referring physicians and patients.

Prior to this, she held increasingly responsible positions at the University of Virginia Medical Center and University of Virginia School of Medicine, where she ultimately served as Vice Chair & Chief Operating Officer of the Department of Medicine.

Wildman is a frequent guest lecturer on academic administration and institutional planning, and serves as the current President of the Association of Academic Surgical Administrators, and is on the board of the Academic Practice Administration of the Medical Group Management Association (MGMA).

She received her Master of Business Administration from Wake Forest University in 1997 and her Bachelor of Arts from the University of Virginia in 1993.

Contact

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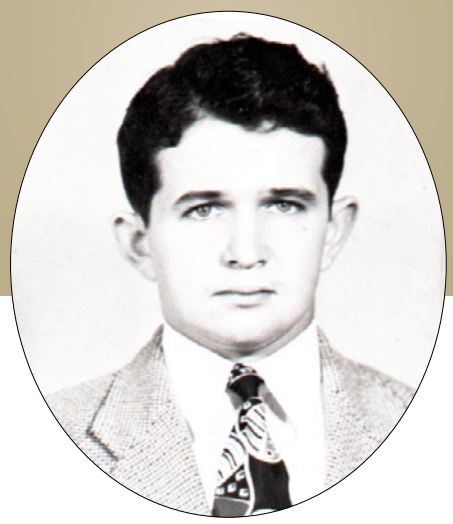
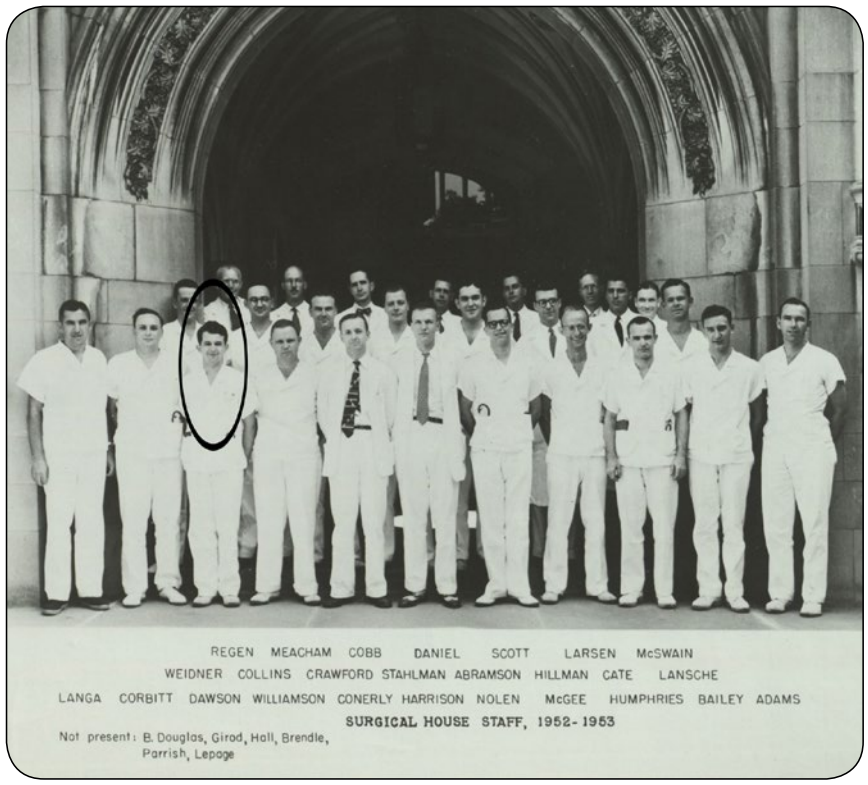


In Memorium

Royce E. Dawson, M.D.

1925 to 2012



The Section of Surgical Sciences remembers fondly Dr. Royce E. Dawson, who graduated in the top 10 percent of the class of 1952 at the Vanderbilt University School of Medicine, and went on to complete his Vanderbilt surgical residency with life-long friend John L. Sawyers, M.D. His devotion to the Vanderbilt surgical residency for the past 30 years is a testament to his commitment to the very best in surgical education and patient care. Dr. Dawson is survived by his loving wife Lucy, his son John, two daughters, Lucy and Mary, and four grandchildren and one great grand-daughter.

55th Barney Brooks Lecture

"Genomic Analysis of Surgical Anomalies"

Presented by: Patricia Donahoe, M.D.

Watch Lecture

If you missed the lecture, visit our website and click the blue SGR button.

Dr. Beauchamp presented Dr. Donahoe with a commemorative plaque of Nashville.

Esteemed scientist, pediatric surgeon, and educator, Dr. Patricia K. Donahoe was the 55th Barney Brooks lecturer during Grand Rounds on Friday, May 10. Dr. Donahoe is the Marshall K. Bartlett Professor of Surgery at Harvard Medical School and Director of the Pediatric Surgical Research Laboratories at Massachusetts General Hospital. She is a principle faculty member of the Harvard Stem Cell Institute, and an associate faculty member of the Broad Institute and the MGH Center for Human Genome Research. She also serves as Chief Emerita of Pediatric Surgical Services at Massachusetts General. Dr. Donahoe's research has pushed the frontiers of developmental biology and congenital anomalies and their underlying genetic and molecular basis. Her landmark work has included the discovery of Mullerian Inhibiting Substance, a protein that directs normal male phenotypic development by causing regression of the female reproductive ducts and receptors.

21st Annual Andrew Dale Memorial Lecture

"Current Management in Thoracoabdominal Aortic Aneurysm"

Presented by: Hazim J. Safi, M.D.

Watch Lecture

If you missed the lecture, visit our website and click the blue SGR button.

Dr. Hazim J. Safi presented the 21st Annual Andrew Dale Memorial Lecture on Friday, April 26. He is Professor and Chairman of the Department of Cardiothoracic and Vascular Surgery at The University of Texas at Houston Medical School. He also holds an appointment at Memorial Hermann Hospital in Houston, Texas. An internationally respected expert on surgical correction of complex aortic aneurysms, Dr. Safi studied under world renowned cardiac surgeon the late Dr. Michael E. DeBakey, who both suffered from and pioneered surgical treatment of aortic dissection, now known as the DeBakey Procedure. Dr. Safi's research on aortic dissections, blunt thoracic aortic injury and aortic arch surgery continues to serve as a preeminent source for residents, fellows and surgeons today.

Dr. Deppen receives award from AACR

Stephen Deppen, M.A., M.S., Ph.D. candidate, in April received a 2013 Scholar-in-Training Award from the American Association for Cancer Research (AACR) at the annual meeting held in Washington, D.C. The AACR Award program has provided more than 3,300 grants to young investigators dedicated to the fight against cancer. Deppen competed against more than 100 post docs, graduate students and junior faculty. His research on the wide variation of benign disease diagnoses following lung surgery also received a Blue Ribbon Award during the poster session.

Pictured from left, AACR Chairman and President Yuet Kan, Dr. Deppen, John Oxendine, AACR Trustee and Buffy Swinehart, Senior Manager, Cause Marketing at Aflac.

Match Day

Jesse Wright pins a flag on Nashville after finding out he matched in Vanderbilt's General Surgery Residency Program.

Department of Surgery Research Collaborative

The Research Collaborative will resume in September and be held in a new location, 7455 MRB IV.

"Molecular Profiling of Colorectal Cancer: Can We Improve on Staging?"

synergy enhancing research

Dr. Beauchamp led this Spring's last discussion during the Department of Surgery's Research Collaborative on May 14 at The University Club. He presented "Molecular Profiling of Colorectal Cancer: Can We Improve on Staging?"

The Department of Surgery Research Collaborative was developed to provide synergy between the basic sciences and clinical research as a means of enhancing research opportunities within the Section of Surgical Sciences.