

The MASSACHUSETTS GENERAL HOSPITAL SURGICAL SOCIETY



Spring 2017

Newsletter

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**MGH Surgical Society
ACS Cocktail Reception
Monday, October 23, 2017
6:00 to 8:30 PM
San Diego, CA**

Reflections from the Chief



“Is he bragging or complaining?” you might ask. It’s been several weeks since our last intern applicant interview day. We’re putting together our match list, and like all of you, I’m thinking, no way

I could match at the MGH with the current applicant pool. The applicants are smarter, more accomplished, and simply “outstanding young men and women.” It will be tough to put together a rank list, but I’m sure the group joining us in July will be great and continue the excellence of this program.

Now here comes the bragging part. In addition to those receiving individual honors or awards (Yanik Bababekov, Jordan Bloom, Jordan Bohnen, Derek Erstad, Robert Goldstone, Dan Hashimoto, Madhukar Patel, Jarrod Predina, Brandon Wojcik), nearly 20 residents presented at the 2017 Academic Surgical Congress and 5 will present at the 2017 ASA meeting. Their accomplishments are impressive, broad-based, and include the best of basic science and health services research. Our residents are working in quality and safety, process improvement, healthcare disparities, education, and global health. We hope to highlight many of these residents at our next **MGH Surgical Society Reunion** in September. I’m sure you’ll be impressed.

So when does the complaining start? As we all know, the healthcare dollar is shrinking. The margin for the hospital and department is challenged on all fronts, particularly in Massachusetts, where we have a bull’s eye on our backs with respect to every attempt to either grow market share or increase rates – just to keep up with inflation. Competition for extramural funding, even for residents applying for NRSA awards, training grants, and society fellowships, is becoming increasingly competitive. Between our general surgery residency and the integrated vascular fellowship, we have roughly 10 residents entering the “lab” or “professional development period” each year. We have increased our efforts to obtain funding through every source, but many challenges remain to providing current residents with the same research opportunities and salary support many of you had over the last several decades.

One of the remaining options is to increase philanthropic support. Thus, we would hope to lay out a plan for our alumni in September to establish the **MGH Surgical Society Endowed Resident Research Fellowship** to help fund residents during their research years to ensure they have the same productive experience all of you had during your research years, when money flowed more easily. How do we go about this? Certainly, your ideas and generosity will be greatly appreciated. We look forward to hosting you in September for what I’m sure will be a great reunion.

Keith D. Lillemoe, MD
Surgeon-in-Chief, Massachusetts General Hospital

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Message from the President

As I sit here at my desk in the Bulfinch building, still hyperventilating after the greatest comeback in football history, the Patriots rising out of the grave that Goodell dug to overtake the Falcons in the only Super Bowl overtime, I am reminiscing about other great Boston comebacks: The Red Sox taking four straight after the Yankees had them down 3-0 in the American League finals in 2004; and of course, Harvard's "beating" Yale 28-28 for the Ivy League title in 1968 with two 8-point touchdowns in the last two minutes (sound familiar?).

Well, enough about Boston sports comebacks. It's time to think about the greatest team of all—the MGH surgical residency and *your* comeback. Just reading this Newsletter reminds me of friends, surgeons I trained with, and some I trained. Who could have predicted what would become of them, what lives and careers they would build, what their victories would be, and what they would learn?



So here is my point. I, for one, would love to find out what you have been up to. Our Newsletter is a great way to catch up with old friends and classmates, but there are only so many pages we can provide for our articulate colleagues to fill. Live conversations with friends and families are even better. If I could sing and dance (I can't), I might perform a paraphrased bit from *Cabaret*, "Come to the reunion, my friend, come to our cabaret." Come reminisce and celebrate with Mack the Knife (pick your candidates).

Andrew L. Warshaw, MD

President, Massachusetts General Hospital Surgical Society

Article

Class of 2000: Where Are They Now?

by Allan Goldstein MD

We arrived as surgical interns, excited (and nervous) about the opportunity to train at MGH. Physically, it was a different hospital back then. There were no Blake, Lunder, or Yawkey buildings. The surgical ICUs were the RICU and GRACU on Gray 4, long since demolished and converted to offices. Coffee Central didn't exist, but Buzzy's was open 24-7 for greasy onion rings and fries. The Charles Street jail was still there, and we had parking spots in the "jail lot." The ward service was alive and strong, and the private service had red, white, and blue teams. Pre-rounding was the intern's job, starting well before 5:00 A.M. in order to get all the numbers for rounds and gather as much information as possible to avoid the inevitable beats from the seniors. Les Ottinger was our program director—a genuine, kind, generous, true gentleman; an outstanding surgeon; and a fatherly figure to the residents. Jerry Austen was our chair—iconic, respected, and admired. Dr. and Mrs. Austen's annual holiday party was THE event of the year, held on two consecutive nights so every resident could attend despite the every-other call schedule.

We look back very fondly on our residency training. To be honest, it was hard, often brutal, no different than it was for the generations of surgical residents before us. The days were long and the call schedule demanding. The senior residents were tough, but the rigor was worth it. The challenge, exhaustion, and anxiety made us work harder, study more, and do our very best. The phrase "attention to detail" was engrained into each of us and guided every aspect of our patient care. We had incredible teachers, many of whom are still at MGH. Some, unfortunately, have passed, and we honor them every day by being the best surgeons we can be—Ron Malt, Claude Welch, Hermes Grillo, Ed Carter, Mort Buckley, Charlie McCabe, Al Hilgenberg, and Ralph Warren. We graduated as a new millennium dawned and have done our best to make our alma mater proud. Here is a brief glimpse into the life and times of the MGH Surgical Residency Class of 2000.

I remember the last day of residency as surreal: after seven long years, I simply walked out of the building



Rachel, Henry, Sarah, Danya and Allan

post-call. My first post-graduate experience was having my car towed while I was loading it up in front of Whittier Place. I got it back, finished packing, and drove down to NYC for my pediatric surgery fellowship at Columbia. Rachel, my amazing wife of 22 years, and Sarah, 2 months old at the time, were already there in our over-priced Upper West Side apartment. Fellowship was great, and the two years of every-other-night call felt like home. I finished in 2002 and headed back to MGH, where I knew I could start an academic career in pediatric surgery thanks to amazing mentorship from academic leaders like Pat Donahoe.

I have a wonderful career that allows me to combine clinical surgery, basic research, and teaching. A couple of years ago I somehow found myself as chief of pediatric surgery and now can include a never-ending variety of meetings in my day. I have the great pleasure of working with an amazing team of surgeons, two of whom have been my mentors since I was an intern—Dan Doody and Dan Ryan. There is no place I'd rather work.

Rachel and I live in Newton Centre with our three wonderful kids: Sarah, 16, is a junior in high school and, despite my workaholicism, wants to be a doctor; Danya, 13, is in 8th grade, athletic and with a keen ability to test her parents' patience; Henry, 8, is in 3rd grade and can't seem to find enough hours in the day for Minecraft, except for an occasional game of backgammon or chess with me. I've started to play golf, which I find fun and relaxing, despite my near inability to ever get the ball in the hole. I'm fortunate to have an amazing, supportive, and beautiful wife, Rachel, who has shared this journey with me since internship.

Brian Labow



Caroline, Brian, David and Stephanie

As I look back on the training I received as a surgical resident at MGH, I am struck by a tremendous sense of gratitude. In particular, I give thanks for the residents I trained with, the attending surgeons who taught me, and the remarkable institution that is the MGH. I also have a tremendous appreciation for the training I received at a time when education, experience, and dedication were more important than work-hours and getting out post-call. The volume and complexity of cases, the graded responsibilities, and the appropriate pressures of training prepared and shaped me as a surgeon.

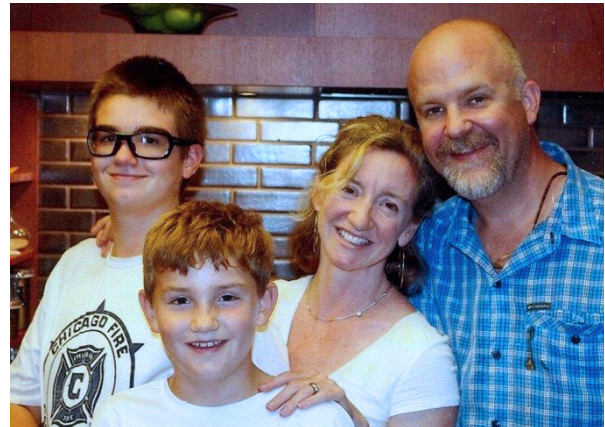
Upon completing my training in general surgery, I spent 3 years in the Harvard Combined Plastic Surgery program. I am pretty sure that, to date, I am the only Harvard plastic surgery resident to urgently bronch a patient in the PACU or decompress a tension pneumothorax (missed by the BWH trauma senior—"at the MGH, we liked to get upright chest x-rays for penetrating chest trauma"). After this second residency, I completed a fellowship in hand and microsurgery with a heavy pediatric focus. This long but enjoyable decade-plus of training culminated in a dream job at Boston Children's Hospital.

My clinical practice is busy and diverse. As a pediatric plastic surgeon, I participate in complex esophageal reconstruction for long-gap esophageal atresia, genitourinary reconstruction for exstrophy patients, and facial reanimation procedures to restore a child's ability to smile. The hand anomalies I treat are very different from those that an adult hand surgeon sees, and understanding the biology behind some of these conditions has become a research focus of mine. Yes, there are the ditzels and an ever-growing number of adolescent breast cases that one might expect as well. In addition to my clinical work, I do clinical research and have an NIH-funded basic science research effort examining overgrowth disorders of

the limb. I also serve as the residency site director for our plastic surgery training program.

My beautiful wife of 21 years, Stephanie Seminara, has remained at MGH and is now Professor of Medicine in the Division of Endocrinology. We have two wonderful children. David, who was born during my trauma rotation as a senior resident, is now 16 and 3 inches taller than me. Caroline is 13, beautiful, and possesses an emotional intelligence beyond her years.

Ed McGee



Billy, Finn, Dawn and Ed

The setting, Minor Surgery in the old EW. The time, around 2:00 A.M. July 2, 1993. I was feeling pretty good. It was my birthday and I had nearly completed my first shift as a "doctor" in arguably the most grueling environment we faced as interns at the Old MGH. I was exhausted, but felt I had done my job and was pulling my weight. Greg Lukaszewicz, the "Armani resident," was my senior and seemed satisfied with my efforts. No major disasters had ensued. As we used to say, "They can always hurt you more, but they can't stop the clock."

I had been either at a trauma or was doing the daily haggle with William, the guy in radiology, to get the films for morning rounds, and I came back to obsessively review the inbox in minor surgery for back pain or painful testicles. I was determined not to let the dreaded mis-triaged ruptured AAA or torsed testicle happen on my watch. Several hours later, when I walked out of the trenches to my studio apartment at One Emerson, I felt that I had arrived. I had completed my first 24 hours of what turned out to be ten years of servitude. As I left, the late Charlie McCabe, the spiritual leader of the EW, gave me a warm, "Good job, Eddie. Now get some rest." Death didn't happen in X-ray that night.

The beauty of the MGH back then was the esprit de corps that existed among the residents. We truly

had each others' backs. Dean Donahue, who took me through my first appendectomy, gave me advice that stuck with me throughout those grueling years. "Don't explain and don't complain." Tom MacGillivray, Ray Lee, and Steve Nisco also served as noncommissioned officers who were role models for this private and the other members of our intern class. We learned to check on each other and would ask if our teammates needed help before departing. In terms of the visiting staff, I felt especially welcomed by fellow Southerners, Ashby Moncure, Charlie Ferguson, Les Ottinger, and Sue Briggs. Being a graduate of Washington and Lee University, Dr. Moncure made it a point to grill me on Civil War history. I scored 89%, which he said was "better than any of the other residents."

I took two years off from 1995 to 1997 to work in a transplant immunology lab at the NIH. While I completed a worthy product and honed my nascent surgical skills performing a heterotopic heart transplant model in cynomologous monkeys, most of my time was spent bow-hunting white tail deer in rural Maryland and convincing my then girlfriend, Dawn Macauley (one of my med school classmates at Vanderbilt '93), who was then an Ob-Gyn resident at Medical College of Virginia, to marry me. Dawn and I got married on May 31st, 1997 and then moved back to Melrose, MA where we rented a house. I was pretty sure by then I wanted to specialize in cardiothoracic surgery, but I had a hard time choosing between cardiac and general thoracic. Although working with Dr. Grillo, Doug Mathisen, Dean Donahue, Jim Allan, Cam Wright, John Wain, and Ashby Moncure was a true pleasure, I ultimately turned to the dark side and pursued cardiac surgery.

My ward experience under chief resident, James Peter Grant Morris, was truly amazing. There, I learned to function as an independent surgeon. It was also fun to work with fellow residents Brian Labow, George Tolis, Craig Seidman, Sam Finlayson, Allan Goldstein, Alice Yeh, and Sarah Thayer. We worked well together and the patients had outstanding care. What a gift the ward experience was to a developing surgeon! I'm sure my fellow classmates of the millennium would agree.

I finished my stint as a general surgery resident on the vascular surgery service at MGH. It was a great way to wind things up, and without a doubt, I credit Rich Cambria with teaching me more about the technical art of surgery than any other attending at the MGH. Ours was the first year to have a week off between residency

and starting fellowship, but I was asked to jump in early by then chief of the division, David Torchiana, and of course, I complied. The following years were a blur of sleepless nights, long days in the OR, and a life that became devoted to patient care and crafting my skills as a heart surgeon. As my good friend and godfather of my oldest son, Tom MacGillivray, stated "...the hours are long and the tuition is high."

As I entered my chief year in my cardiac surgery fellowship my interest in treating the patient with advanced heart failure progressed. It had initially been born during my med school years when I rotated on the cardiac service at Vanderbilt with Bill Frist. Sen. Frist was instrumental in my acceptance at the MGH as he helped me to arrange rotations there during my fourth year of medical school. During these rotations, then cardiac Chief Resident, Derek Muehrcke, took me under his wing and introduced me to Drs. Buckley, Daggett, Akins, Vlahakes, Torchiana, and Madsen. They all guided me in my development as a heart surgeon.

To further my training in advanced heart failure and to acquire the necessary credentialing to lead a heart transplant and LVAD program, I applied to and was accepted as an advanced heart failure fellow at the Cleveland Clinic Foundation. I still remember vividly pulling a U-Haul trailer across snowy Massachusetts and upstate New York on my way to Cleveland in December, 2002. Dawn and our 3 month-old son, Billy, joined me in a few weeks. Cleveland was a whirlwind of surgical activity and lake-effect snow. It was a wonderful finishing school for complex cardiac surgery and in July of 2003 I was promoted to associate staff at the Clinic. Having performed the necessary numbers of transplants and LVADs, I spent most of my time in the OR with Bruce Lytle. Bruce and I bonded not only because of our shared background at MGH, but also because of our love of hunting and fishing. He was undoubtedly my greatest mentor and working closely with him was invaluable. I cannot imagine doing what I do now without having worked with Bruce. I am lucky that we remain close friends and to this day find time to hunt together on the stark plains of North Dakota and other locales.

In Spring, 2004, one of the staff surgeons at the Cleveland Clinic, Patrick McCarthy, took a job as division chief of cardiac surgery at Northwestern. He recruited me to restart their heart transplant and LVAD program. Northwestern was a great experience for me as a young surgeon. With the help of many talented

individuals we were able to restart the program, quickly becoming one of the most respected programs in the region in terms of innovation, volume, and outcomes. We also participated in trials of the newest generation continuous flow LVADs. In 10 years, we performed 200 heart transplants and nearly 300 LVADs. I personally performed 90% of those cases. My training at the MGH was integral to helping me accomplish this feat. In addition to transplants and LVADs, my practice ran the gamut of adult cardiac surgery with a focus on complex cases of all forms. Our second son, Finnegan (Finn), was born in 2005 after my first year at Northwestern.

The cardiac surgery environment in Chicago is complex, and no one program dominates. After 10 years at Northwestern, an opportunity presented itself to move my practice to Loyola University Medical Center, which is just West of the city and only four miles from our house in Oak Park, IL. In addition to serving as the surgical director of heart transplantation and the LVAD program, I was promoted to Professor of Surgery and appointed Executive Director of Solid Organ Transplantation. I am also a staff surgeon in Cardiac Surgery Associates, which is comprised of nearly 30 surgeons and performs over 4000 open heart surgeries annually in hospitals all over Illinois and Indiana. Ninety percent of my practice is centered at Loyola and I am blessed with wonderful partners and support staff with whom to work. Loyola is a Jesuit institution, and as I approach my sixth decade on this planet, I find the spiritual emphasis at Loyola a welcome change from the corporate ethos that permeates many healthcare organizations today.

Dawn practices with the Association of Women's Health and has a thriving practice in general Ob-Gyn. She has been a rock of stability for me. We are a great team. Billy is now 13 and Finn is 10. We share our abode built by Frank Lloyd Wright in 1902 with 2 black Labs, Dixie (11) and Dicey (4). We welcome anyone who wants to visit when their travels bring them through Chicago. In short, we have been blessed and life is very good.

George Tolis

After leaving the MGH in 2000, I completed a cardiothoracic fellowship at Yale-New Haven Hospital followed by a year of aortic aneurysm specialty training at Mount Sinai Hospital in New York City. I then got my first job in a private practice group at Lenox Hill Hospital in Manhattan, where I was eventually promoted to chief of the Aortic Center. I returned to Boston as chief of cardiac surgery at St. Elizabeth's Medical Center where

I stayed for a total of eight years. In 2014 I returned to academia and MGH as a staff cardiac surgeon.

I have been married to my wife, Shannon, since 2003 and have three boys: George III (10), Luke (8), and Mark (5). Life is currently very busy between work and the kids' school/activities, but also very enjoyable. We live in Cleveland Circle, but instead of going to Maryann's like we used to 20 years ago, I mostly go to CVS down the street to pick up my Lipitor.

James Morris

Mount Fuji at Sunrise



So as to save you (Allan) the late night Google session and to assuage my guilt for not answering your initial correspondence, the quick update is that all's well, both family and work. Feeling fortunate to be beyond 50, feeling healthy, living in SF, and still happily married to Caroline Tsen, who many may remember from medicine residency at MGH. Our 3 kids are all doing well, the older 2 at boarding school in Australia, with the youngest at age 13 itching to leave SF and join his antipodean siblings next summer. So we'll be empty nesters much sooner than expected but looking forward to the life change with more time together and more traveling. Presently here in Japan on a family vacation, all climbing frigid Mt. Fuji yesterday to watch the sun rise. Now heading to central Hokkaido with the boys to hike across the Diasesuzan Range.

Sam Finlayson

Fifteen years later, my memories of residency at MGH are remarkably vivid, from the initial intern orientation meeting in the Hurlbut Room with Dr. Ottinger, to the graduation dinner at Park Plaza with a bar bill so high that it almost ended the tradition, to the walk to my car from the ACC vascular clinic on the last day,

and the feelings of lightness, excitement, and anticipation as I drove North to my new job. After residency, I spent 11 years at Dartmouth. My clinical work was largely MIS with a substantial colon surgery practice (Dartmouth had no colorectal surgeons). I continued to pursue health services and outcomes research and eventually led an active fellowship program, as well as the surgery residency during my last 4 years at Dartmouth.

In 2011, I left Dartmouth to take a position at the Brigham leading the Center for Surgery and Public Health. It was a great job, right in line with my interests in health services research, education, and global health, and it was great fun to reconnect with many old friends and colleagues in Boston. In early 2013, however, I received a call from the Dean at University of Utah asking me to consider being chair of their Department of



Surgery. I might not have looked at the job but for the fact that I was already going to be in Utah the next week for a family ski trip.

What I saw there amazed me. Utah is highly focused on healthcare value and care delivery innovation. Over time I had gradually become less interested in simply studying surgical care, and more interested in actively changing and improving surgical care. Seemed like a great fit, so I took the job. As expected, the last 2-3 years have been invigorating and exciting. Contrary to common misconception, I am NOT from Utah, but living here has proved remarkably agreeable. The mountains and wide open spaces, dry air, and friendly environment of a midsized city have been great for me and my family. (Also, by happy coincidence, we moved into a house

right across the street from my close friend and fellow MGH intern Bill Caine.) Two of my older children are now back in New England, and we still have very strong family connections to coastal Maine, so my wife and I take every opportunity to visit. It's always a pleasure to meet some of my MGH friends and colleagues there when we do.

Sarah Thayer



It was an honor and privilege to have been a member of the graduating General Surgery Residency class of 2000. It is hard to believe so much time has passed. After graduation, I spent 14 years at MGH. I stayed an additional year as the “Super Chief” of the Ward

Surgical Service. I began my practice in 2001 dividing my time between surgery and science, focusing on pancreatic cancer. In 2002, I served as the W. Gerald Austen Scholar in Academic Surgery, and in 2008, I became the Director of the Pancreatic Biology Laboratory. It is hard to believe I was at MGH either as a resident or staff for 23 years. During that time, I had the opportunity to work with and be trained by some of the most gifted and talented people in surgery. I was also mentored by two outstanding MGH leaders, Drs. Andrew Warshaw and Gerald Austen.

In 2014, I started a new chapter in my career. I accepted a leadership position as the new Physician-in-Chief for the Fred & Pamela Buffett Cancer Center at the University of Nebraska Medical Center in Omaha. I also hold the Merle M. Musselman Centennial Professorship of Surgery and I am Chief of the Division of Surgical Oncology. Now, my goal is to build new integrated programs that will deliver comprehensive cancer care throughout Nebraska. Each day is filled with challenges for which I am grateful for the years of training and mentoring I received at MGH.

On a personal note, I have finally realized one of my dreams—to own a small horse farm. I am now a Nebraska farmer!

Retrospective

The Way We Were

by Boyd Winslow MD

Dr. Josh Tofield's recent submission to the Newsletter about tying a good two-handed square knot really touched me. It launched me on a trip down memory lane, bringing to mind reflections upon the remarkable educational environment the MGH provided us in the 1970s. I infiltrated the MGH surgical scene in 1972 as a student and was captivated, entering the Surgical Residency in 1974, then moving to the Urology Residency in 1978, and finally leaving for my first real job in Norfolk, Virginia in 1981.

I was fortunate to become part of a unique reconstructive urology enterprise in Virginia; although a private practice, we served as the Urological Faculty for Eastern Virginia Medical School. Thus I had the opportunity to continue to teach students and residents, an honor that I intended to carry on with the same passion that had been instilled in me at the MGH. Credentials from Harvard Medical School and our great, historic hospital were under appreciated in Virginia, where reverence for "The University" in Charlottesville overshadowed all. One of the EVMS surgical residents commented that it must have been difficult for me to have trained in such a "stilted, academic atmosphere" as the MGH. Perhaps some of my cohorts will disagree, but I found the MGH to be rigorous, demanding, and comprehensive, certainly not "stilted." On the contrary, the MGH was to me an engaging, friendly place where each of us was allowed to be our own toughest taskmaster, buoyed in our mission by those around us — from our most esteemed Professors/Attendings down to our fellow Residents.

Rectangle versus Pyramid

No, this is not a geometry lesson, but instead a digression into my thoughts about how the MGH was able to develop this community of scholars. Our workload was often ghastly, as there were no restrictions upon hours spent at work. The term Resident surgeon meant precisely what it says. The MGH was where we lived; we went home alternate nights and weekends only after the work was done, worrying, of course, about "missing half of the good cases." We all remember the words of Ev Sugarbaker, later adopted by many other Chiefs, of-

fered at the end of X-ray Rounds. "Those who are off are off; those who are on are on, so get to work. Call for help if it's needed, but it will be considered a sign of weakness." Arlen Holter, one year my senior, reminded me to relish those alternate Sundays when you got to wake up at home in your own bed and didn't have to go anywhere. He called it "granulating in." The demanding schedule in which we found ourselves, often working until exhaustion, was a crucial part of the education, forcing us to define our priorities, refine our thinking, and muster up the energy to do what was necessary. And it contributed to the strength of our bonds as colleagues. Our Attendings appreciated us, and our fellow Residents supported us as we supported them.

Such collegiality would not have existed in a pyramidal system in which each Resident feared that he or she might not be selected for the next level. I have seen the undercutting and pettiness that occurs at other institutions, sadly even at the expense of good patient care, when Residents are forced to make themselves look better than their cohorts. The MGH had a different approach. It was difficult to be selected, but once a part of the community, it was difficult not to finish. In this environment, the displays of generosity and friendliness were universal and sometimes astounding. Our rotations were generally two months in length, necessitating a seamless hand-off meeting on transition days. Each of us took pride in completing our tasks right up to that final moment, leaving a clean service without a big to-do list for the next Resident. I was always grateful when my predecessor, even after two nights in a row on call and dead tired, would spend the time going through the notebook of patients on the service, making us ready to pick up right where he or she left off. Learning from your fellow residents was, first and foremost, the MGH way.

The Intern, or Surgical Resident 1 year, was a potpourri of assignments including Ward Services (East or West Surgical) and a variety of specialties, designed to provide exposure to as many of one's fellow residents as possible. Their teaching was invaluable. They had learned the tricks of the trade and were ready to pass them on when they could still recall how intimidating the array of tasks might seem to the uninitiated. Mike Mitchell, my Urology Senior and later Chief, sagely advised that waiting for elevators was a terrible waste of time. "If you're going to use the elevator, make it once, to the top. Then work your way down by the stairs." Bill Smead amazed me

on Vascular Rounds on the Baker with a quick reading of sudden onset AF, for which he started digoxin, and promptly headed for the stairway. “Aren’t we going to wait to see the response?” He responded with his inimitable arched eyebrow that predated John Belushi’s, “No, waste of time. Diagnose, act, and move on. We still have 18 patients to see before the OR. They’ll call us if they need us!” Jim Kirklin, a man of few words in general, wrote similarly brief notes. “If there are no changes, write ‘No changes,’ ” which he did in his micrographic hand with a minimum of pen strokes. Another Kirklin edict: “Have a good reason for everything you do. If you can defend it, then it was the right thing.” These people taught me well. One morning as I rounded for Team 2 in my SR2 year, I hit Baker 6 just as Dr. Les Ottinger arrived. A quiet, candid Texan, he delivered his messages in the sparest of terms. I was stunned when he said “Winslow, you’re a good resident.” I asked what I had done to deserve such praise. “Your handwriting is legible, and you always put the chart back in the rack where it belongs.” Well, there you have it. I had distinguished myself in ways unattainable to the modern EMR user.

Extraordinary Friends

As for those acts of remarkable kindness, I will expound briefly with a few examples. On one of my first nights on the East Surgical Service, as I labored through note-writing to summarize the events of the day for about 30 patients, our Chief, Bill Wood, made an unexpected late appearance on White 7. He inquired about my progress but then surprised me with the question “Boyd, what are you reading?” I answered that I was working my way through Hardy’s *Critical Surgical Illness*, adding that my progress was slow because I was so busy “buffing up” the charts. He grinned as he said, “Don’t worry so about the charts; buff up the patients. And I was really asking what you were reading for pleasure, not for work.” Bill had been an English Major at Harvard, and he told me that he had made a point of continuing to allot some time each evening to read for pleasure to maintain a satisfactory intellectual balance in his life. Noting that I had a Harvard AB on my CV, he exhorted me to do the same. Having your Chief notice you and encourage you during one of those scary first nights on call did wonders for my confidence and sense of acceptance at the MGH. (I followed his advice, by the way, and remain ever thankful for his words.)

In my SR2 year, I drew the Cardiac rotation in the November-December time slot. My fellow SR2 was



Boyd Winslow

Mondo Raker. We worked hard from our home base in that little call room across the hall from the SICU, responding to every crisis as well as we could, doing the bidding of our Chief, Al Hilgenberg, and keeping Mort’s patients in the best possible shape. We succeeded by following the precise instructions of Mary Jo Casale, the superb SICU Head Nurse, who had a unique ability to guide the novice SR2 into doing the right thing while giving him the impression that he thought of it himself. We lost any sense of what was day, what was night, antennae always attuned to what new alarming crisis would be thrust into our consciousness. As you might imagine, being off call was especially savored on that rotation. I drew Thanksgiving call and accepted it as my lot. But then I received a summons from my grandfather, then in his last years, in the form of a compelling handwritten letter in the style he had perfected in his years as General MacArthur’s attaché in the Philippines at the end of WWII. I was not to miss Thanksgiving dinner at his home in Essex with grandparents, parents, aunts, uncles, and cousins. “Sorry, I’m on call” would not be tolerated as a response. Mondo looked at the letter, agreed that it could not be ignored, and offered to cover for me while Marie and his boys were off visiting relatives elsewhere. I reciprocated, of course, with coverage for him on a day that was nowhere near as meaningful as that Thanksgiving was to me. I feel eternally indebted to Mondo for that act of generosity.

The Emergency Ward, as we called it, was an open, festering wound that served as the gateway for the “fascinomas” that enriched our experience. We served a 2-month EW rotation each year, 24 hours on, 24 hours off. The SR1 managed the minor trauma and suture room, the SR2 worked up surgical admissions, both ward and private, and the SR3 served as triage officer

at the front desk for our 12 hours, the Internal Medicine Senior Resident taking the other 12 hours. As in most EWs, it was comparatively peaceful in the morning, building up heat as the afternoon wore on, and boiling over in the evening. By the time the bars closed, the pugilists on Causeway Street had the place filled with broken noses and human bites to fisted knuckles, all of these keeping the SR1 busy. Fortunately, the Plastics on-call Resident chipped in to help with this relentless wave of beer-infused customers still enraged and engaged in their battles. Tom Dodson, one year my Senior, finished his SR1 year tired and weary at the end of June, whereupon he opened the envelope revealing his July-August rotation. In his unique Alabama lilt, he called his wife and announced with boyish enthusiasm “Honey, get out the beach towels and umbrella! I got Plastics for the summer!” Two months later, poor Tom looked like his semblance on display at Madame Tussaud’s Wax Museum, drained of color and his usual vitality after all those sleepless nights.

Tom had not anticipated the significance of July in a training hospital. The phenomenon of new interns and new residents all suddenly moved along to the next level of responsibility resulted in a lot of extra collaborative work. Further, the month of July contains Independence Day, which means to the Plastic Surgeon FIREWORKS! There was always somebody out there who needed to hold on to that firecracker just a little too long. And so, to the Mass General came these bloody remnants of hands requiring debridement and cleaning up to prevent infection, almost always late at night. Of course, we all remember the Frank Netter-illustrated CIBA Symposium on hand anatomy, which Tom quickly summarized as a primer on the distinction between the “inner gurry and the outer gurry.” He lamented that we couldn’t offer a sequence of amputations that paralleled the management of ischemically damaged lower extremities. But there were no “above-wrist” amputations or “above-elbow” amputations to facilitate the task. Instead, there were the interminable (especially after a weekend on) Monday afternoon Hand Clinics with Dr. Jim May. We assessed the “anatomical inventory” and then engaged in surgical planning sessions, discussing how we would transpose this little spicule of bone from where there used to be an index finger over to here, where there ought to be a thumb.

Tom never again made the mistake of failing to be ready for the next task ahead. I was fortunate to be his

SR2 when he assumed the role of SR3 and Triage officer in the EW. During those morning lulls, he gathered us for strategizing sessions, working out precisely what each of us would do when catastrophe presented. Tom assigned each role, right down to the choreography – who would stand where, who would do what task, and at what juncture. Lo and behold, a few days later, this preparation paid off. We heard the short-wave from a rescue squad say that they were bringing in a man stabbed in the chest. Over the next few minutes, we heard reports of precipitous decline in blood pressure and loss of consciousness. And then the dreaded announcement over the loudspeaker “Room 3!” which meant cardiac arrest – CPR to commence. We were assembled in that room as the stretcher rolled in. We had that man intubated, ventilated, lined up, volume-repleted, and amazingly relieved of tamponade with a judicious pericardiocentesis, all in just a few minutes. Off then to the OR, Tom at his side, where Dr. Cary Akins was ready to perform the fastest-ever sternotomy, knife out, finger in, and closure of left ventricular wound. That man’s life was saved.

Cary chose that case for presentation at Super Bowl, our grandest of Grand Rounds at the big auditorium at the Shriner Burns Institute a few weeks later. Tom Dodson was asked to present the case. He marched up there in his crisp, clean whites and announced “I’m proud to present this case, but I won’t do so without my team beside me.” He then called us each by name, described our role, and made us stand there with him to bask in his reflected glory. Dr. Akins thanked us, too. Tom didn’t have to do it that way, but he felt that we all deserved credit. In the MGH way, he had become the kind of colleague we all hope to have with us when the going gets rough. Such was the strength of camaraderie we enjoyed in those years at the MGH.

Synecdoche & Gratitude

If you’re anything like me, you’ve probably seen that first word and skimmed over it, unsure how to pronounce it, gleaning its meaning from context. Mary Norris, longtime copy editor at *The New Yorker*, enlightened me in her wonderful book *Between You & Me: Confessions of a Comma Queen*. If you say it quickly, it rolls off the tongue like Schenectady, and it means “a vantage through which one sees the whole.” Ms. Norris was visiting a friend in Alaska, awed by its splendor, expansiveness, and geographical variety, all of it overwhelming and impossible to digest for a Manhattan denizen. And then she gazed out the window in the kitchen of

her friend's cabin upon a view of snow-capped mountains in the distance, the foothills blanketed by an apron of trees in the full range of autumnal color, with an ice-strewn stream running in the foreground. Aha, she thought, there it is – the synecdoche of Alaska.

And what, you may wonder, does all of this have to do with the Mass General? The MGH, then and now, is a miraculous place with wonderful things happening everywhere you look. But it's all too much for one person, in one pass through, to experience – kind of like Alaska. There have been and continue to be people engaged in amazing endeavors at every turn, from Dr. Russell and Dr. Cosimi in their Transplantation Immunobiology Lab, to Drs. Burke and Bondoc synthesizing skin to save burn patients, to Dr. Pat Donahoe and her pioneering work in delineating the biology of sexual differentiation, to Dr. Jay Vacanti who has engineered new organs and organs-on-a-chip to test drugs and therapies. Every one of these remarkable surgeon-scientists is ready to bring you aboard and teach you, perhaps even mold you into one who will carry on their mission. Unfortunately, you can't do it all, so instead you have to watch, listen, absorb, and try to forge your own path by finding one of these as your personal synecdoche of the MGH. For the aforementioned Edmond (Mondo) Raker, Vascular Surgeon, I suspect he'd call Dave Brewster his inspiration. My good friend Russ Ryan would probably select Dr. Steve Hedberg. Dave Rattner would name Andy Warshaw.

For me, without a moment's hesitation, I chose Dr. Hendren. From the first day I walked into his OR as a 3rd year HMS, I was enthralled by his work, his disassembling of deformed babies and putting them back together better than before. I couldn't get enough of it and wrangled every opportunity from then on to be a part of that enterprise. The fact that my wife, Mary Thrift, was a Peds Resident made spending time at the Burnham even more appealing, of course. Later, I changed my course from Surgery to Urology to stay on the Hendren track. Some found him daunting and too demanding of his help. To each his own. I found that if you worked hard for him (and I mean really hard, beyond the point of exhaustion every night) you received in return much more than you gave. Once you became a part of the Hendren family, it was a permanent relationship. You continued to benefit from his guidance, encouragement, and wisdom long after you moved on. His influence has been my talisman throughout my career, knowing I could take

on daunting surgical challenges and think on my feet to find a solution. Ironically, like so many of our mentors at the MGH, he shuns expressions of gratitude and is probably blushing to see these words written about him. I would write a book about him, but I'm not a writer and I couldn't improve on the ones already written. Besides, I would always worry that I left something out.

I will close by saying that I looked upon this opportunity to contribute to the MGH Surgical Society Newsletter as a way of expressing my gratitude to those upon whose shoulders I was allowed to perch and whose voices I still hear. I'm proud to have been a part of the MGH, proud to have the MGH be a part of me.

Editor's note: Boyd Winslow was born in Miami, Florida, and graduated from Harvard College and, after two years at Dartmouth Medical School, Harvard Medical School. He completed three years of the General Surgery Residency at the MGH in 1977, and then the residency in Urology here. His professional career in Pediatric Urology was spent in Richmond, Virginia where he became a Professor of Urology at the Eastern Virginia Medical School in 1992.

Train Clinical Surgeons — Not Surgical Technicians

by James R. Callison MD

In response to Andy Warshaw's request concerning what we have been doing since finishing our MGH surgical residency, it has continued to be an exciting adventure in medicine for me. The University of Pittsburgh residency training in Plastic and Reconstructive Surgery continued the breadth and scope of superb clinical surgery of the MGH. Upon completion of that 2-year residency, I was invited to start a Residency program in Plastic and Reconstructive Surgery at the Virginia Commonwealth University (VCU). Mel Williams, co-resident with me at the MGH, was Chairman of the Division of Vascular Surgery there. One day I was a resident, the next day I was Chairman of the Division of Plastic and Reconstructive Surgery! I was the "cook and the bottle washer!" After two years there, I was asked to come to Johns Hopkins University to be the Associate Chairman of the Division of Plastic and Reconstructive Surgery. George Zuidema was Chairman of the Department of Surgery at John's Hopkins at the time. I loved teaching but did not enjoy the administrative and political aspects

of academic medicine. I became aware that I was a clinical surgeon. After two years, I took one of the residents I had trained, John Bull, and we joined Dick Wohl (a fellow MGH resident) in private practice in Phoenix, Arizona.

To my surprise, I subsequently was asked to be a member on the Residency Review Committee for Plastic and Reconstructive Surgery. My political concerns prompted me to monitor a meeting. One of the members of the Committee's program was placed on probation. That and the fact that I was not on a training program faculty convinced me to take the position. I served as Chairman of the Residency Review Committee for four years. While serving on that committee, the Chairmen of the various medical specialty Residency Review Committees met three times a year in Chicago, Illinois at the Accreditation Council for Graduate Medical Education (ACGME). This group of Chairmen met socially while the Executive Committee of the ACGME convened. I was asked to be Chairman of that "Chairmen's Committee" group and changed the format to a working committee sharing problems and solutions among the various specialties Chairmen. Subsequently, I was asked to be an ad hoc member of the ACGME. Having maintained my interest and activity in academic medicine, I was elected to the American Board of Plastic and Reconstructive Surgery (1985-1991), serving as Vice Chairman in 1991.

I retired from active practice in 1998 at the age of 65. Since then, I have served on volunteer teams that have gone to third world countries to repair congenital clefts of the lip and palate. Employing trips twice a year, I served in many of the Central and northern South America countries, the Philippines, India, and China for over 15 years, until I became over 80 years of age. In Haiti, I have done medical, but not surgical, volunteerism before and after the massive quake of 2010.

The philosophy, attitude, training, and support given by the MGH enabled and served all of my life's participation for the world society. It was a wonderful life!! I am very grateful!

I feel that my years were the best for medical practice. It was before Obamacare, questions of single-payer, or EHR. Gun control is a definite health issue. I am concerned as a consumer regarding continuity of care by Hospitalists.

My wife had both total knee replacements during one year. Complications are inevitable in surgery. One knee sailed through. The second had postop bleeding into



Jim and Barb

the joint and operative area with marked swelling of the knee and lower extremity. Her Hgb went from 12.9 to 9.4 to 8.5 to 7.4 on subsequent days. Despite these and progressive swelling, her planned discharge on day 2 prompted me to at least question a sonogram. Two small DVTs prompted high doses of Lovenox for her discharge on the next day after a Hgb of 7.4. She was not seen by the surgeon after the DVT diagnosis. Once at home, I elevated the leg above the heart, removed the Ace that was just around her knee, and wrapped the leg from the toes to thigh with Ace bandages. In the next 20 hours the circumference of her calf reduced 2 inches. A Hgb drawn by the Home Health care nurse 5 days post discharge was 6.5. I monitored her BP, pulse, fluids, and activities as there had been no one placed in charge. She survived. My point to Keith, John, Michael and all the Division Chiefs is; Train Clinical Surgeons, not Surgical Technicians!!

Editor's note: Jim Callison was born in Columbia, Kentucky and graduated from Western Kentucky University. After Vanderbilt Medical School and a year of internship there, he entered the MGH surgery program. Following a 2-year interruption in the US Army Medical Corps, he completed it in 1965. There followed two years in the University of Pittsburg program in Plastic and Reconstructive surgery. He retired from his clinical practice of plastic surgery in Phoenix, Arizona, in 1998.

Announcements

Honors & Awards—Faculty

W. Gerald Austen MD ('59), chair of the MGH Chiefs' Council and surgeon-in-chief emeritus, has been honored with the W. Gerald Austen Endowed Chair in Polymer Science & Polymer Engineering at the University of Akron, from an endowment given by the John S. and James L. Knight Foundation. This is the largest endowment for an academic chair in the university's history. The endowment for polymer research recognizes the work of the renowned cardiac surgeon and his contributions to the Akron community. University of Akron Professor Matthew Becker, PhD, has been named the first holder of the W. Gerald Austen Chair.

Liliana G. Bordeianou MD ('05), along with the entire Enhanced Recovery after Colorectal Surgery team, was awarded the Nathaniel Bowditch Prize for 2016 by the MGH Board of Trustees. The implementation of this ERAS pathway resulted in major improvements in colorectal surgery across all disciplines and aspects of surgical care at the MGH and the Partners Healthcare System.

Richard P. Cambria MD ('84), Robert R. Linton Professor of Vascular and Endovascular Surgery, was presented with a recognition plaque by Dr. Peter Gloviczki, Editor-in-Chief of the *Journal of Vascular Surgery* on the occasion of his transition to Assistant Editor. The event was held at the annual editorial board meeting in New York City on November 18, 2016 during the annual VEITH symposium.

Duke Cameron MD of the cardiac surgery division has been recognized with the Thoracic Surgery Residents Association Socrates Award. This award is given annually by the Association to an outstanding faculty member in cardiothoracic surgery in recognition of his or her commitment to resident education and mentorship.

Frank Delmonico MD of our transplant division was recently recognized with an honorary Doctor of Medicine degree from the Karolinska Institutet. This honor reflects Dr. Delmonico's tremendous efforts internationally as an advocate for safe, appropriate, and ethical organ transplantation.

Cristina Ferrone MD was elected to the position of Secretary-elect of the Society of University Surgeons during the Academic Surgical Congress. Her 3-year term as Secretary begins in 2018.

Fredric Jarrett MD ('75), a vascular surgeon from Pittsburgh, PA, has authored a book, *To Fruit Street and Beyond: The Massachusetts General Hospital Surgical Residency*, in which he shares his recollections from when he and his colleagues—interns and residents—trained at the MGH. The book recounts the end of an era, now long past, when general surgery was predominant and all-inclusive.

Ann Prestipino MPH received the Yale School of Epide-

miology and Public Health Distinguished Alumni award for 2016 for her leadership in public health.

David M. Shahian MD ('78), vice president of the MGH Center for Quality and Safety and Professor of Surgery at HMS, has received the 2017 Distinguished Service Award from The Society of Thoracic Surgeons (STS) based on his groundbreaking contributions to the Cardiothoracic Surgery Quality Improvement Program. Dr. Shahian led the STS National Database as well as the design and implementation of comprehensive cardiothoracic surgery quality metrics, making these results transparent through a voluntary public reporting program. He also was chair of the State Commission that created the Massachusetts cardiac surgery report card.

Mehmet Toner PhD and **Martin Yarmush PhD** of the Center for Surgery, Science and Bioengineering were elected to membership in the National Academy of Engineering. **Mehmet Toner** was also appointed Fellow of the National Academy of Inventors.

Honors & Awards—Residents

Joel Adler MD (PGY5), chief resident, transplant division. Under an initiative to involve younger clinicians and scientists in the editing of scientific publications, the editors of *Transplantation* and *Transplantation Digest* have recently added four transplant fellows to their editorial board. Joel Adler was among the individuals recognized with this honor.

Yanik Bababekov MD MPH (research resident) was awarded the Aetna Foundation Fellowship in Healthcare Innovation established through the auspices of the MGH Healthcare Transformation Lab and the Aetna Foundation.

Derek Erstad MD (research resident) received the American Hepato-Pancreatico-Biliary Research Award.

Dan Hashimoto MD and **Yanik Bababekov MD MPH**, general surgery research residents at the MGH in their first of two professional development years have both been recognized by MedTec Boston as winners of the "40 under 40 Healthcare Innovators" award.

Jarrod Predina MD (research resident) received the 2016 Association for Academic Surgery Fellowship Award.

Sophia K. McKinley MD EdM (PGY3) was recently chosen as a 2017-2018 Surgical Education Research Fellow by the Association for Surgical Education and the Surgical Education Research Fellowship Faculty. Dr. McKinley will become the second MGH Surgical Education Fellow in July, 2017.

Brandon Wojcik MD (research resident) was elected as the Resident/Fellow delegate of the Massachusetts Medical Society Board of Trustees.

Jordan Bloom MD (research resident), **Robert Goldstone MD (PGY4)**, and **Madhukar Patel MD (research resident)** received Resident Research Scholarships from the American College of Surgeons.

Our Graduates

Where Do They Go?

Massachusetts General Hospital Surgical Residency Program

2017

Joel Adler – Transplant Surgery Fellowship, University of Wisconsin

Yufei Chen – Endocrine Surgery Fellowship, University of California, San Francisco

Christine Kinnier – General Surgery Practice

Maria L. Madariaga – Thoracic Surgery Fellowship, Massachusetts General Hospital

Jahan Moheballi – Vascular Surgery Fellowship, Massachusetts General Hospital

Uma Sachdeva – Thoracic Surgery Fellowship, Massachusetts General Hospital

Naveen Sangji – Trauma, Critical Care and Emergency Surgery Fellowship/Burns Surgery, MGH

Julia Saraidaridis – Colorectal Surgery Fellowship, Lahey Clinic

Philip Spencer – Cardiac Surgery Fellowship, Massachusetts General Hospital



Senior photo 2017 (l-r): Jahan Moheballi, Lucia Madariaga, Philip Spencer, Christine Kinnier, Naveen Sangji, Dr. Lillemoe, Uma Sachdeva, Julia Saraidaridis, Yufei Chen, and Joel Adler.

Pictured from left to right, Nikhil Panda (PGY2), Naveen Sangji (PGY5), and Asishana Osho (PGY3), modeling the MGH bow tie, scarf, and tie.



Incoming Class



Shannon L. Cramm
University of Michigan
Medical School



Morgan L. Hennessy
Harvard Medical School



Travis D. Hull
University of Alabama
School of Medicine



Jasmine A. Khubchandani
University of Massachusetts
Medical School



Allison S. Letica
Columbia University College
of Physicians and Surgeons



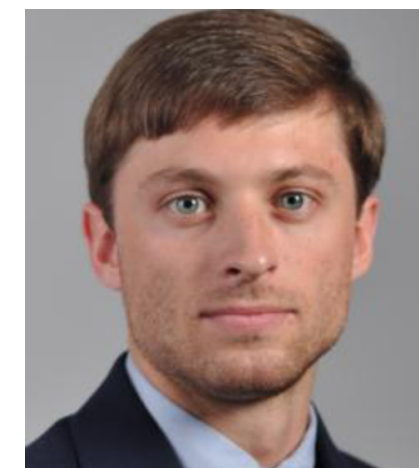
Imani E. McElroy
UCLA/Drew Medical
Education Program



Cynthia L. Miller
Harvard Medical School



Thomas Peponis
University of Athens
School of Health Sciences



Robert D. Sinyard
Duke University
School of Medicine

ACS Scenes Chicago 2016



Top (l to r): **(Photo)** Rob Goldstone, Glenn Bickley, Yanik Bababekov, Dan Hashimoto, Teresa Kim.
Middle (l to r): **(Photo 1)** Jordan Bloom, Sarah Deeryh, Radbeh Torabi, Tom O'Donnell, Rob Goldstone;
(Photo 2) Matt Hutter, John Mullen, Angela Kuhnen, Melissa Mullen, Dean Donahue.
Bottom (l to r): **(Photo 1)** Elliot Chaikof, Tom Dodson; **(Photo 2)** Carrie Sims, Chan Raut, Gretchen Schwarze;
(Photo 3) Alex Haynes, David Chang, Parsia Vagefi.