Save the Date

February 11
Surgical Grand Rounds
Clowes Visiting Professor of Surgical Research: Geoffrey C. Gurtner, MD
Stanford University
“The Art of the Practical: Translating Scientific Discovery into the Real World”

March 18
Surgical Grand Rounds
Starkey Visiting Professor of Surgery: Edward M. Barksdale Jr., MD
Case Western Reserve University
“Immunobiology of Neuroblastoma”

March 28
5th Annual IDEAS Symposium
Surgical Robotics: Defining Grand Challenges for Surgery and Robotics
Location: Joseph B. Martin Conference Center, Harvard Medical School
For more information: 617-632-9913

April 8
Surgical Grand Rounds
Distinguished Visiting Professor of HPB and Pancreatic Surgery: Jean-Nicolas Vauthey, MD
University of Texas
“From Multidisciplinary to Personalized Treatment of Colorectal Liver Metastases”

May 6
Surgical Grand Rounds
Capper-Hermanson Visiting Professor of Surgery: Lynt B. Johnson, MD, MBA
Georgetown University
“Pancreatic Surgery in the Oldest of Old”

May 13
Surgical Grand Rounds
Ellis Visiting Professor of Thoracic Surgery: Frank C. Detterbeck, MD
Yale University
“Evidence-based Medicine and Clinical Guidelines”

May 27
Surgical Grand Rounds
Distinguished Visiting Professor of Cardiac Surgery: Joseph F. Sabik, III, MD
Cleveland Clinic
“Coronary Artery Surgery”

Surgical Grand Rounds are held from 8 to 9 a.m. in the Joslin Diabetes Center Auditorium, One Joslin Place, Boston, MA. For a listing of all 2014-2015 Surgical Grand Rounds, go to: bidmc.org/surgery.
Two Surgery Vice Chairs Named

Two highly respected faculty in the Department of Surgery were recently promoted to the position of Vice Chair, joining seven others as members of the department’s senior leadership team. Tara S. Kent, MD, MS, was named Vice Chair, Education; James R. Rodrigue, PhD, was named Vice Chair, Clinical Research.

Dr. Kent is the Program Director for BIDMC’s General Surgery Residency Program. An assistant professor at Harvard Medical School, Dr. Kent is active in outcomes research and surgical education research. She also maintains a diverse clinical practice in pancreaticobiliary and general surgery.

“As Vice Chair for Education, I will work to strengthen resources for educational efforts at all levels and to facilitate educational innovation and development throughout the department,” says Dr. Kent.

Dr. Rodrigue, a professor at Harvard Medical School, is Director of the Center for Transplant Outcomes and Quality Improvement, as well as Director of Behavioral Health Services and Research for the BIDMC Transplant Institute. He also is Co-Director of the Department of Surgery’s Clinical Scholarship Program and the Surgical Outcomes Analysis & Research (SOAR) Program. Dr. Rodrigue conducts clinical research focusing on how to reduce the gap between those needing transplants and the availability of organs for transplantation.

Says Dr. Rodrigue, “In my role as Vice Chair I will work with the newly appointed Clinical Research Council to develop and implement a strategic plan to guide future clinical research activities in the department.”

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Message from the Chairman

The celebrated French author and pilot Antoine de Saint-Exupéry once wrote, “He who is different from me does not impoverish me — he enriches me.”

Few understood this better and consequently did more to foster diversity in medical education than Dr. William Silen. Following his long tenure as Surgeon-in-Chief of Beth Israel Hospital, Dr. Silen became Harvard Medical School’s first Dean for Faculty Development and Diversity (see page 20), where he oversaw the recruitment, retention, and advancement of women and underrepresented minorities.

Dr. Silen’s legacy is reflected today by the faces in our operating rooms, clinics, classrooms, and boardrooms. Over the past five years, for instance, the number of underrepresented minorities among our categorical residents has increased more than sixfold. During that same period, of the 40 faculty recruited to the Department of Surgery, 40 percent have been women. Today, more than half of our categorical residents are women (up from approximately one in three just five years ago), and a growing number of women on our faculty hold positions of leadership. More than ever, our faculty and trainees reflect a diverse range of ethnic groups and cultural backgrounds, and hail from countries around the world.

While we have not yet achieved all of our diversity goals, we have made measurable and steady progress. The Department of Surgery embraces diversity because, as Saint-Exupéry wisely noted, differences enrich us — in our case, by giving us multiple perspectives from which to address challenges, by enabling us to provide culturally sensitive care for our increasingly diverse patient communities, and by reminding us that there are many pathways to our shared dreams and destinations.

Elliot Chaikof, MD, PhD
When Dr. Julio Garcia-Aguilar was in medical school at Universidad Complutense in his native Spain, he did a brief rotation at a U.S. hospital that convinced him he wanted to return to this country someday to continue his training.

“This was the 1980s and most of the exciting things in surgery were happening in the United States,” says Dr. Garcia-Aguilar, Chief of the Colorectal Service at Memorial Sloan Kettering Cancer Center in New York City. He is also Bennet C. Schmidt Chair in Surgical Oncology at Memorial Sloan Kettering and Professor of Surgery at Weill Cornell Medical College.

That opportunity arose a few years later when Dr. Garcia-Aguilar, who was completing his surgery residency at Universidad Complutense, met Mark Weinstein, MD, a surgeon from Beth Israel Hospital who was in Madrid on business. Dr. Weinstein persuaded the young surgeon to come to Boston for an additional year of clinical training at Beth Israel Hospital’s General Surgery Residency Program, which was then led by William Silen, MD.

“I liked it so much I ended up doing three and a half clinical years and three years of basic research [with Timothy Springer, PhD, of Harvard Medical School],” says Dr. Garcia-Aguilar, who earned a doctorate in cell biology.

**Something special**

While Dr. Garcia-Aguilar had been exposed to excellent technical expertise in Spain, he found
something special at Beth Israel that remains with him to this day: the faculty’s unwavering focus on excellence for the benefit of the patient.

“Dr. Silen and the other clinicians I trained with at Beth Israel were superb,” says Dr. Garcia-Aguilar. “We were taught to pay tremendous attention to detail, to be on top of all the patient’s medical issues, and that nothing is too good for the patient. Dr. Silen, especially, taught us to be good doctors — not just good surgeons — and to take care of each patient as a whole person. That striving for excellence and focus on the patient has stayed with me throughout my career.

Dr. Garcia-Aguilar remembers his time in Boston fondly. “Those were great years that I wouldn’t trade for anything,” he says. He admits, however, that he found it challenging to master English. “I could read English well but my conversational English was pretty bad, so if got a call or page, I’d always show up in person so I could write down instructions and communicate with the help of body language. Everyone must have thought I was especially dedicated or polite but I was just trying to be understood!”

After completing a fellowship in colorectal surgery at the University of Minnesota, Dr. Garcia-Aguilar practiced in Madrid for a few years before joining the faculty at the University of Minnesota in 1996. Six years later, he went to California — first to serve as Chief of Colon and Rectal Surgery at the University of California, San Francisco Medical Center and then to assume the role of Chair of Surgery at the City of Hope Medical Center in Duarte. After 10 years in California, in 2012 Dr. Garcia-Aguilar was recruited to Memorial Sloan Kettering.

Many hats

At Memorial Sloan Kettering, Dr. Garcia-Aguilar wears many hats. In addition to a busy clinical practice treating people with colon and rectal cancer, he conducts basic and clinical research focused on improving outcomes for patients with these diseases.

For example, Dr. Garcia-Aguilar’s current National Institutes of Health-funded study is evaluating the role of chemotherapy prior to surgery in sparing the rectum of patients with rectal cancer. He also conducts basic research to investigate the mechanisms that make some tumors unresponsive to chemotherapy or radiation, with the goal of finding new treatments. “I hope that someday my research makes a small contribution to changing the field,” he says.

Dr. Garcia-Aguilar also publishes widely, lectures internationally, serves as associate editor of two leading colorectal cancer journals, and mentors colorectal fellows at Memorial Sloan Kettering, in addition to managing his administrative responsibilities. “I enjoy the variety of my work and especially the daily gratification I receive from helping patients,” he says.

The rare times when he is not working, Dr. Garcia-Aguilar, who is married and has two adult sons, enjoys reading, riding his bike with his cycling group, and visiting his home village in the province of Toledo, Spain, where his parents and many longtime friends still live.
TAKING ON TRAUMATIC BRAIN INJURY
One evening last spring, 27-year-old Alex Lindquist was chatting with his girlfriend while walking down the hallway of his apartment building when he tripped on some torn carpet and fell, head-first, on the concrete floor. That’s the last thing he remembered until he came to, four days and one emergency operation later, in the Surgical Trauma Intensive Care Unit at BIDMC. “I still don’t remember anything after I fell,” says the North Andover resident.

Fortunately, his girlfriend called 911, and after being evaluated at a local hospital, Mr. Lindquist was rushed to the BIDMC Emergency Department. Like some 1.4 million people in this country each year, he had suffered a traumatic brain injury (TBI).

While the media largely focuses on TBI resulting from sports injuries, those comprise only about three percent of TBI cases. Nearly half of TBIs are caused by car, motorcycle, bicycle, or pedestrian accidents. Falls, particularly among the elderly, also account for a large percentage of TBIs. According to the National Institute of Neurological Disorders and Stroke, approximately 50,000 people in the U.S. die each year from TBI; many more suffer significant cognitive, behavioral, and communications disabilities, as well as the risk of long-term complications, such as epilepsy.

But the outlook is certainly far from bleak, even for patients who, like Mr. Lindquist, suffer what experts classify as moderate or severe TBI (concussion is classified as mild TBI). When these patients receive well-coordinated, multidisciplinary care like that provided by BIDMC, the odds that they will not only survive, but also be able to lead productive lives, are significantly enhanced.

Best possible care
“By drawing on the expertise of a multidisciplinary team of specialists, all of whom share an interest in and commitment to these patients, we provide the best possible care for patients with TBI,” says neurosurgeon Martina Stippler, MD, Director of Neurotrauma and the TBI Program. Dr. Stippler established and leads a new multidisciplinary TBI Program Working Group (see sidebar), which meets twice monthly. Among other initiatives, the group is developing evidence-based guidelines for managing moderate and severe TBI patients, and creating educational materials for patients and families. In addition, Dr. Stippler is working with TBI specialists at Boston’s Spaulding Rehabilitation Hospital to establish a special referral relationship with the facility for patients who would benefit from inpatient rehabilitation services. The group is also recruiting a

TBI PROGRAM WORKING GROUP

Surgery
Neurosurgery
Martina Stippler, MD
Nicole Catatao, NP
Acute Care Surgery, Trauma, and Surgical Critical Care
Charles Cook, MD, Chief
Stephen Odom, MD
Darlene Sweet, BSN, RN

Neurology
Michael Alexander, MD
Khalid Hanafy, MD, PhD

Anesthesiology
M. Dustin Boone, MD

Critical Care Nursing
Justin DiLibero, RN
Lucie Lima, RN
Alison Small, RN

Pharmacy
John Marshall, PharmD

Members of the TBI Program include (from left): John Marshall, PharmD, Nicole Catatao, NP, Dustin Boone, MD, Stephen Odom, MD, Martina Stippler, MD, Lucie Lima, RN, and Justin DiLibero, RN.
physiatrist (a physician specializing in rehabilitation and physical medicine) to further enhance patients’ care.

Mr. Lindquist’s positive outcome is a tribute to the excellent care he received from Dr. Stippler and the multidisciplinary team of physician specialists and nurses involved in his care. After undergoing an emergency hemicraniectomy (temporary removal of part of the skull) for a potentially fatal subdural hematoma and brain swelling, then spending 10 days in the hospital followed by some post-discharge rehabilitation services, Mr. Lindquist is back at work. He has no apparent cognitive issues, and except for a diminished but probably temporary sense of smell and taste, is doing extraordinarily well and has a very good prognosis. “I’m so fortunate to have received such excellent, compassionate care and not to have suffered more serious, long-term consequences,” he says.

Multiple injuries

It is a rare patient with moderate or severe TBI, however, who does not also have other injuries, so in addition to neurosurgeons, acute care/trauma surgeons also play an important role in the surgical care of many of these patients. “Teamwork among many different surgical specialists is vitally important with TBI patients, who may have other serious, sometimes competing, injuries,” says acute care/trauma surgeon Stephen Odom, MD. “For these patients to receive the best possible care, you need a well-coordinated team effort that begins in the Emergency Department and continues while the patient is in intensive care and beyond.”

Charles Cook, MD, Chief of Acute Care Surgery, Trauma, and Surgical Critical Care, notes that as a Level 1 Trauma Center, BIDMC has attending-level acute care/trauma surgeons on site 24 hours a day, seven days a week, as well as other essential resources, including a 15-bed Trauma Surgical ICU, to provide excellent care to TBI patients. Whether they require surgery or not (about half do), all severe TBI patients spend time in BIDMC’s Trauma Surgical ICU being closely monitored for secondary injuries, such as swelling within the skull (intracranial pressure), which can further damage the brain and even be fatal. At BIDMC, a new, less-invasive technology (the FDA-approved Neurovent probe) is now being used in severe (comatose) TBI patients to monitor intracranial pressure and simultaneously the brain’s oxygen levels and temperature — information that allows specialists to intervene earlier and perhaps, as a result, improve patients’ outcomes.

CONCUSSION AND TBI CLINIC

Led by Michael Alexander, MD, the BIDMC Concussion and TBI Clinic offers comprehensive evaluation, treatment, support, and follow-up care for individuals who have had a concussion (the most common form of TBI) or a more severe TBI. Patients are seen within two weeks.

The clinic offers:
- TBI specialists from Neurology, Neuropsychology, and Clinical Psychology
- information and one-on-one education
- diagnostic technologies
- referrals to additional rehabilitative and support services

Referrals and Appointments: 617-667-4824
A team of experts

While in the Trauma Surgical ICU, TBI patients are managed by specialists (neurosurgeons and acute care/trauma surgeons) from Surgery as well as from Anesthesia and Neurology. These include Dr. Stippler; neurointensivist Dustin Boone, MD, Director of Neuroanesthesia; and neurointensivist Khalid Hanafy, MD, PhD, from Neurology.

“At BIDMC, caring for these complex patients is a highly collaborative effort involving a team of experts from different specialties and a shared interest in providing the best care to patients and their families,” says Dr. Boone. Excellent care also requires educating and training Trauma Surgical ICU nurses about how to care for these patients, as well as educating patients and families, initiatives being led by nurses Justin DiLibero, RN, and Lucie Lima, RN.

Faculty members of the TBI group are also engaged in brain-injury research. For example, Dr. Boone and acute care/trauma surgeon Michael Yaffe, MD, PhD, are seeking federal funding for a project aimed at better understanding lung injury secondary to TBI, a serious complication that affects about one in four patients. Dr. Stippler’s research is focused on multimodality monitoring in TBI and advanced imaging in mild TBI. She is also an active member of the multi-institutional Boston TBI Research Group, which meets monthly to address pressing issues in the field.

Experiencing a TBI is frightening and often has lifelong consequences. But through well-coordinated multidisciplinary care, research, and a focus on continual improvement, the BIDMC TBI team is committed to working together to ensure that all patients, regardless of the nature and severity of their injuries, achieve the best possible outcomes.

In our next issue of Inside Surgery, we will feature the research of Charles Cook, MD, Chief of Acute Care Surgery, Trauma, and Surgical Critical Care. Dr. Cook is investigating viral reactivation and respiratory distress in critically ill patients, with the goal of improving their outcomes.
New Faculty

Matthew L. Iorio, MD
Division: Plastic and Reconstructive Surgery (dual appointment in Orthopaedic Surgery, Division of Hand Surgery)
Medical School: Georgetown University School of Medicine, Washington, DC
Residency: Plastic Surgery, Georgetown University Hospital, Washington, DC
Fellowship: Hand and Microvascular Surgery, University of Washington, Seattle, WA
Clinical Interests: hand and wrist surgery, reconstructive microsurgery, hand and wrist fracture, peripheral nerve surgery
Research Interests: vascularized bone transfers, fracture non-unions, hand and wrist arthritis, tendon healing, limb salvage
Phone: 617-667-7673

Morgan Bresnick, MD
Division: General Surgery
Medical School: Tufts University School of Medicine, Boston, MA
Internship/Residency: General Surgery, Boston Medical Center, Boston, MA
Fellowship: Bariatric and Minimally Invasive Surgery, Thomas Jefferson University Hospital, Philadelphia, PA
Clinical Interests: minimally invasive surgery; bariatric surgery; anti-reflux surgery; open and laparoscopic management of the intestines, stomach, gallbladder, and spleen; open and laparoscopic surgery for inguinal and ventral hernias
Phone: 617-313-1450
Dr. Bresnick will be practicing primarily at BID-Milton.

Gift Supports Pancreatic Cancer Research

The Institute for Hepatobiliary and Pancreatic Surgery at BIDMC will benefit from a $100,000 grant from the Alliance of Families Fighting Pancreatic Cancer (AFFPC). The funding will support more than a dozen projects designed to empower patients undergoing treatment for pancreatic cancer, advance quality of life, and promote the development of personalized treatment options.

“The Alliance of Families Fighting Pancreatic Cancer is a tremendous partner in our effort to improve the quality of life for patients affected by pancreatic cancer,” said A. James Moser, MD, Executive Director of the Institute (right). “The AFFPC’s commitment and passion fuels the work of our dedicated multidisciplinary team and inspires us to try harder every day.”

“We formed the Alliance because we have all been affected by pancreatic cancer and understand the dire need to advance research,” said AFFPC Executive Director Theresa Dukovich (center, with AFFPC Director of Events and Fundraising, Kendra Haywood). “We are confident that Dr. Moser and his colleagues are leading the way in transforming pancreatic cancer treatment.”

The Institute for Hepatobiliary and Pancreatic Surgery provides coordinated, multidisciplinary evaluation and care for adults with malignant and benign conditions affecting the liver, biliary system, and pancreas. BIDMC is among the top five medical centers in the nation for pancreatic surgical volume.
In July, surgery resident Ammara A. Watkins, MD, was awarded $280,000 from Actavis, PLC, for a phase II Dana-Farber/Harvard Cancer Center trial of patients with early-stage pancreatic cancer, announced A. James Moser, MD, Executive Director of the Institute for Hepatobiliary and Pancreatic Surgery and principal investigator of the study; co-principal investigators are Tara Kent, MD, MS, and Steven Freedman, MD, Gastroenterology. Dr. Watkins is the inaugural Alliance of Families Fighting Pancreatic Cancer (AFFPC) Clinical Research Fellow in Pancreatic Disease.

Samuel Lin, MD, Plastic and Reconstructive Surgery, was named an Associate Editor of Plastic and Reconstructive Surgery, the premier journal in the field. Dr. Lin is also Associate Editor of Plastic and Reconstructive Surgery Global-Open.

Kevin Hart, Operations Manager in Ophthalmology, was selected as a BIDMC Sloan Fellow. Mr. Hart and 11 other individuals chosen from a pool of 30 nominees are participating in the Sloan Fellowship Program, a year-long program of intense leadership development.

Martina Stippler, MD, Neurosurgery, was selected as this year’s BIDMC Department of Surgery recipient of the Eleanor and Miles Shore 50th Anniversary Fellowship Program for Scholars in Medicine of Harvard Medical School (HMS). The scholarship provides support to junior faculty to pursue academic activities. In October, Dr. Stippler and the other fellowship recipients were honored at a reception hosted by Jeffrey S. Flier, MD, Dean of the Faculty of Medicine at HMS.

The annual ACS NSQIP (American College of Surgeons National Surgical Quality Improvement Program) was held in New York City in July. Mary Beth Cotter, RN, NSQIP Program Manager and a member of Surgery Administration, presented two abstracts: “ASA Classification: What does it mean for your patient?” and “Renal Failure in Surgery: Problem identification and recommendations.” Also attending the conference was NSQIP Surgical Nurse Reviewer Mary Ward, RN.

Allen Hamdan, MD, Vascular Surgery, was elected to serve as Chair of the newly created Association for Surgical Education (ASE) Communications Task Force. Dr. Hamdan, who leads the Department of Surgery’s “Food is Medicine” fundraiser (see page 23) to benefit the Greater Boston Food Bank (GBFB), was also recently elected to the GBFB Board of Advisors.

Michael D. Wertheimer, MD, Director of the BIDMC BreastCare Center, spoke on the provider-patient relationship at the 2014 China Senior Health Executive Education Program at the Harvard School of Public Health (HSPH) in September. Senior health care leaders from throughout China attend this program, a collaboration of the China National Health and Family Planning Commission and the HSPH China Initiative. This is the fourth consecutive year Dr. Wertheimer was invited to speak.
On WBZ-TV in October, Mark Callery, MD, Chief of General Surgery, Rebecca Miksad, MD, MPH, Hematology/Oncology, and patient Jack Jackson, who is being treated for metastatic pancreatic cancer, discussed the innovative, multidisciplinary treatment that helped improve Mr. Jackson’s chances of long-term survival. In November, Dr. Callery was presented with the Nobility in Science Award by the National Pancreas Foundation (NPF) at its Roaring 20’s Ball in Boston. At the event, Mr. Jackson was given the NPF Courage Award.

Feihe International Contribution Establishes Nutrition Laboratory

The nutritional demands of infants and adults will be the focus of a new Feihe Nutrition Laboratory at BIDMC at Harvard Medical School, which was made possible by a five-year, $4.5 million contribution by Feihe International, the leading producer and distributor of infant formula, milk powder, and soybean and walnut powder in China.

“This collaboration between Feihe and BIDMC will provide funds to carry out research studies on the connections among diet, nutrition, and cognition across the lifespan,” said Youbin Leng, Chairman of Feihe International, Inc., which was established in 1962.

The research will be directed by George L. Blackburn, MD, PhD, the S. Daniel Abraham Professor in Nutrition Medicine at Harvard Medical School and Director of the Center for the Study of Nutrition Medicine (CSNM) in the Department of Surgery (see page 24). The CSNM has a long history of giving healthcare providers and the public clear, actionable information about how to live healthy lives and reduce the health risks associated with being overweight or obese.

Using advanced research methods, personnel, and equipment provided by BIDMC, studies conducted in the Feihe Nutrition Laboratory will focus on the following areas: nutritional demands of infant brain development at different stages, infant gastrointestinal health and nutrient absorption, health risks and nutritional intervention of obese infants and/or diabetic mothers, and nutritional demands of adults in different age groups. Visiting researchers from Feihe International will participate in these projects.
In November, BIDMC’s Chest Disease Center presented a lung cancer symposium for patients led by Chief of Thoracic Surgery/Interventional Pulmonology Sidhu Gangadharan, MD. The free symposium, which was held at a Newton hotel, covered topics that included the early detection of lung cancer, surgical and non-surgical treatment options, novel treatment of advanced lung cancer, and smoking cessation.

BIDMC-affiliated breast surgeon Susan E. Pories, MD, moderated a panel at the 2014 American College of Surgeons Clinical Congress on “The Surgeon as Artist.” Featuring surgeons who are also writers, musicians, and artists, the panel addressed how to incorporate arts and humanities into surgical education and practice. Among the panelists was Nicholas Tawa, MD, PhD, Surgical Oncology, who spoke about the emotional and spiritual benefits of music in a medical career. Dr. Tawa plays the viola with the Longwood Symphony Orchestra. Dr. Pories, Associate Co-Director of the Committee for the Arts & Humanities at HMS, is a writer, editor, and educator.

Christopher Ogilvy, MD, Neurosurgery, Director of the BIDMC Brain Aneurysm Institute (below, top photo), and John Giurini, DPM, Chief of Podiatry (bottom photo), were honored by the Boston Red Sox at Fenway Park as “Medical All Stars.”

The third annual New England Robotics Course in Urologic Surgery was held at BIDMC in November. The two-day program provided two dozen urology residents and attendings from throughout New England and beyond with practical knowledge about the latest approaches to robotic urologic surgery.

Top photo: Course faculty members (from left): Alireza Moinzadeh, MD, Lahey Clinic; Ostap Dovirak, MD, BIDMC; Thomas Schwaab, MD, Roswell Park Cancer Institute; course director Andrew Wagner, MD, BIDMC; Peter Chang, MD, MPH, BIDMC; and Tudor Borza, MD, BIDMC. Not pictured are: Peter Steinberg, MD, BIDMC; Richard Yu, MD, Boston Children’s Hospital; Rene Sotelo, MD, CIMI Venezuela; Daniel Eun, MD, Temple University; and Steven Chang, MD, Brigham and Women’s Hospital.

Bottom photo: BIDMC faculty member Tudor Borza, MD, teaches a session on safe patient positioning, laparoscopic port placement, and robotic docking.
In the early 19th century, aspiring surgeons of means who sought the best surgical training flocked to Paris to study at the renowned École de Médecine and learn clinical skills at its nearby 1,400-bed hospital, the famed Hôtel Dieu. There, these privileged young men (and they were invariably men) observed surgical procedures, attended lectures, assisted with autopsies, and, by candlelight, went on rounds in the pre-dawn hours with surgical luminaries like the Hôtel Dieu’s famous chief surgeon, Baron Guillaume Dupuytren.

Today, American medical school graduates seeking the best surgical training need no longer travel abroad — the most prestigious, sought-after surgical training opportunities, including BIDMC’s 150-year-old program, are in the United States. These days, graduates of top-tier medical schools have many choices as to where to do their surgical residency — a period of five to seven or more years of intensive learning and training that prepares them to become licensed general surgeons and, as most at BIDMC do, continue on to specialty fellowship programs.

**Academic excellence and more**

Each year, nearly 1,700 medical school graduates apply to BIDMC’s General Surgery Residency Program for its nine “categorical” resident slots. Of these, approximately 800 are graduates of U.S. medical schools and more than 90 are members of the Alpha Omega Alpha Medical Honor Society, election to which is limited to the top 15 percent of a medical school class. About 125 applicants are invited for personal interviews with members of the faculty, says the program’s Director Tara Kent, MD, MS, Vice Chair of Education. Who makes it to BIDMC’s list of top applicants is based on many factors, from academic excellence to less easily quantifiable, but equally important, measures.

“Our residents are predominantly selected from the top 10 percent of their graduating class, homegrown surgeons who have consistently shined both in the operating room and the community,” Kent said. “These are individuals who are very well liked by our patients and their families and are well respected by their colleagues. They also need to have the ability to lead and mentor other residents.”

BIDMC General Surgery Residency Program

Preparing Surgical Leaders
class, with corresponding national board scores, and, of course, have excellent letters of recommendation,” says Dr. Kent. But above and beyond academic excellence, she says the program’s leadership also looks for certain personal attributes, such as drive, imagination, and the ability to lead and be a member of a team.

“We’re an academic program that prepares future leaders in surgery, so we also look for individuals who have demonstrated a strong commitment to and passion for a specific goal in life. It doesn’t necessarily need to be related to surgery; it could be athletics, music, social activism, or other endeavors that demonstrate discipline, leadership, and follow through when times are tough,” explains Associate Program Director Jonathan Critchlow, MD, a 1984 graduate of the program.

Bijan Teja, MD, MBA, is now in his second year of residency. With many options available to him following his graduation from the Dartmouth MD-MBA program, Dr. Teja was especially attracted to the BIDMC residency program. “I sought a program with exposure to lots of different types of cases, and faculty who are truly interested in training and teaching,” he says. “In this and many other respects, the BIDMC residency is exactly what I’d hoped it would be, and more. In addition, this is a collegial and close-knit community — faculty and senior residents here want you to do well and will go out of their way to teach and mentor you.”

Many strengths
The BIDMC program combines many strengths, one of which is the breadth and depth of cases, from general surgery in a variety of affiliated community hospital settings to the most advanced, complex, minimally invasive surgeries using the latest technologies. BIDMC performs nearly 30,000 surgical procedures a year, making it one of busiest hospitals for surgical care in the nation, so residents have ample opportunities to operate based on...
direct supervision of attending surgeons, first-year residents perform up to 150 operations a year; in the final year, chief residents perform more than 250 operations.

In addition to five years of clinical training, residents typically spend two, and sometimes three, years doing research (some choose instead to obtain other relevant degrees, such as a PhD, MPH, or MBA). Residents pursuing research have a very wide array of options. For example, they can choose to do research with department faculty, many of whom have federal funding; with other investigators within Harvard University or at Massachusetts Institute of Technology; or go virtually anywhere they wish for this experience.

For example, Christopher Barrett, MD, is doing basic research in the lab of faculty member Michael Yaffe, MD, PhD, and Eliza Lee, MD, is engaged in translational research at Boston Children’s Hospital. Nakul Raykar, MD, is participating in Harvard Medical School’s Paul Farmer Global Surgery Research Fellowship, and Scott Atay, MD, now in his final (chief residency) year, spent two years conducting basic research at the National Institutes of Health. “I’ve always been encouraged to do what I wanted to do and to follow my interests,” says Dr. Atay of both his research and clinical experiences. “We create an opportunity-rich environment and give residents freedom for self-exploration and self-discovery,” says Elliot Chaikof, MD, PhD, Chairman of Surgery.

**‘A community of teachers and learners’**

Another strength of the BIDMC program is that residents, whether in their first or final year, have direct and frequent access to a large faculty from many different surgical disciplines, all of whom share a commitment to teaching and learning. “The kind of residents we attract are inquisitive and don’t necessarily accept the status quo, and we encourage this,” says Dr. Critchlow. “We are all members of a community of educators and learners,” adds Dr. Chaikof. “Here, teaching and learning occurs in all directions. Our residents seek to be challenged and to challenge those around them.”

“We have a long, proud tradition of teaching and devote considerable efforts toward the way we teach, especially as new evidence emerges about how adults learn,” says Assistant Program Director Sidhu Gangadharan, MD, Chief of Thoracic Surgery and Interventional Pulmonology. He and the program’s other leaders also encourage and take pride in the program’s collegial culture — a positive environment that fosters exploration, innovation, and risk-taking. “I tell applicants that our faculty expect excellence and will push residents to achieve it, but at the end of the day they are still the kind of people you could sit down and have a beer with,” says Dr. Gangadharan.

**Unique opportunities**

In addition to didactic sessions and plenty of time in the OR and pre- and post-operative settings, the program also offers residents a range of unique
opportunities that further enhance their preparation for a successful career in academic surgery.

These include an accredited, state-of-the-art simulation and skills center; a Clinical Scholarship Program, which pairs first-year residents with faculty to conduct a clinical research project; RISE (Research and Innovation in Surgical Education), which fosters surgical education research; and SOAR (Surgical Outcomes Analysis & Research), which offers services and support for clinical research.

Other programs include a monthly “Surgical Horizons” seminar series, the Distinguished Visiting Professors lecture series, a Resident as Educator Program that supports the development of surgeon-educators, and a weeklong course in comparative physiology at the Mount Desert Island Biological Laboratory in Maine.

“Like so many before and after me, I benefited from the broad and diverse opportunities offered by the BIDMC surgical residency,” says 1997 alumnus David Linehan, MD, Chairman of Surgery at the University of Rochester Medical Center.

Hitting the ground running

Because of the high caliber and excellent reputation of BIDMC’s surgical residency program, graduates of the program are consistently accepted to the most competitive fellowship programs in the nation, where they invariably discover they are so well trained they can hit the ground running.

For example, 2010 alumnus Ryan Macke, MD, says the residency program prepared him extremely well for his fellowship at the University of Pittsburgh Medical Center and his flourishing career as an academic thoracic surgeon at the University of Wisconsin Hospital and Clinics. “When I started my fellowship, I felt I had an edge and was definitely very well prepared,” he says.

Dr. Macke says the program had everything — from the resources of the entire Harvard community to the breadth of services, from trauma and transplant to thoracic, as well as exposure to surgery in the community hospital setting. “The BIDMC program was top-notch, the faculty was outstanding, and the camaraderie among residents was great,” he says.

U.S. Air Force Lt. Colonel and 2005 alumnus Jeremy Cannon, MD, Chief of Trauma and Critical Care at San Antonio Military Medical Center, feels likewise. “I'm very fortunate to have trained at BIDMC, where I had fantastic mentors and a broad experience with many high-risk, high-acuity patients. When I went into combat, I felt so well-trained that I was able to walk into the OR without fear and get to work.”

For more information about the BIDMC General Surgery Residency Program or to download our program brochure, please visit our website: bidmc.org/surgery (click on Surgical Education>Training Program>General Surgery Residency).

To read about the experiences and careers of some of our alumni, scan this QR code or visit our website at bidmc.org/surgery (click on Surgical Education>Training Program>General Surgery Residency).
Selected Faculty Publications

Acute Care Surgery, Trauma, and Surgical Critical Care


Colon and Rectal Surgery


General Surgery


Cardiac Surgery


Colorectal Annals


Neurosurgery


**Ophthalmology**


**Otolaryngology/Head and Neck Surgery**


**Plastic and Reconstructive Surgery**


**Podiatry**


**Surgical Oncology**


**Thoracic Surgery and Interventional Pulmonology**


**Transplant Surgery**


**Urology**


**Vascular and Endovascular Surgery**


Two Families Establish Visiting Professorship Honoring Dr. William Silen

N
orman and Muriel Leventhal have much in common with Carl and Toby Sloane, including an interest in education, a dedication to community, a penchant for hard work, and a conviction that it is important to help others as they have been helped.

But what they share most in common is their longtime commitment to Beth Israel Deaconess Medical Center. Through decades of service and major philanthropic support, both couples have helped BIDMC maintain its position as a national center of excellence in patient care, teaching, and research. The Leventhals’ and Sloanes’ most recent gifts to establish the William Silen, MD, Endowed Visiting Professorship in Surgery continue this legacy, ensuring that BIDMC will continue to be a leader in surgical education for generations to come.

The professorship is named in honor of William Silen, MD, who served as the Beth Israel Hospital Surgeon-in-Chief from 1966 to 1994 (see sidebar, below). Also being supported with contributions from alumni who trained under Dr. Silen, the professorship provides the resources to host a renowned surgical leader at BIDMC each year for several days of formal and informal teaching and small-group interactions with trainees and staff. The inaugural Silen Visiting Professor of Surgery (November 2014) was Melina Kibbe, MD, Professor of Surgery, the Edward G. Elcock Professor of Surgical Research, and Vice Chair of Research in the Department of Surgery at Northwestern University.

William Silen, MD
Surgeon-in-Chief, Beth Israel Hospital, 1966-1994
Johnson and Johnson Distinguished Professor of Surgery Emeritus, Harvard Medical School

Dr. Silen is known for his dedication to the training and careers of scores of trainees and faculty, particularly surgeons. Many of these doctors now hold leadership positions at academic health care institutions throughout the United States and abroad, and are continuing the legacy of mentoring they learned from Dr. Silen.

In 2000, Dr. Silen received the Lifetime S. Robert Stone Award for Teaching at Harvard Medical School, and was the first recipient of a Harvard Medical School mentoring award named after him — the William Silen Lifetime Achievement in Mentoring Award. For more than three decades, Dr. Silen edited Cope’s Early Diagnosis of the Acute Abdomen, a text beloved by generations of medical students and residents for its clinical pearls of wisdom.

Among the most prominent positions held by Dr. Silen during his career were his roles as President of the American Gastroenterological Association, President of the Society of Surgery of the Alimentary Tract, and Honorary Fellow of The Royal College of Surgeons of England. He has been the recipient of many awards and honors, including the Julius Friendenwald Award from the American Gastroenterological Association in 1996 for his impact on the field of gastroenterology.

From 1995 to 2000, Dr. Silen was the first Harvard Medical School Dean for Faculty Development and Diversity. He created and oversaw a comprehensive program that provided leadership, guidance, and support for academic and professional career development and promoted increased recruitment, retention, and advancement of underrepresented minorities and women.

Following his tenure as a Dean at Harvard Medical School, Dr. Silen, who resides in the Greater Boston area with his wife, Ruth, continued to teach and mentor pre-med students at Brandeis University and medical students at BIDMC.
Mr. and Mrs. Leventhal, now thriving in their late 90s, have always been committed to Beth Israel Hospital, says their son, Alan Leventhal, Chairman and CEO of Beacon Capital Partners in Boston. “Like many of their generation, they had a strong commitment to and passion for the hospital,” says Mr. Leventhal. “They also respect and revere Dr. Silen and were thrilled to support this professorship in his honor.”

Born in Dorchester to Russian immigrants, Norman Leventhal attended Boston Latin School and received a scholarship to Massachusetts Institute of Technology, from which he graduated with a degree in engineering in 1938. Following his service as a Naval architect during World War II, and with an investment of a few hundred dollars that he borrowed from his wife, Mr. Leventhal, with his brother Robert, co-founded Beacon Construction Company. Together they built it into an award-winning developer and manager of office buildings, hotels, and affordable housing.

Mr. Leventhal has been recognized many times for his contributions to public spaces in Boston, and in 2007 was inducted as a Fellow of the American Academy of Arts and Sciences. Long fascinated by antique maps, in 2003 Mr. Leventhal established The Norman B. Leventhal Map Center at the Boston Public Library. He served as Chairman of the Board at BIDMC from 1979 to 1982 and both he and Mrs. Leventhal served on numerous influential hospital committees. In 2005, the Leventhals made a generous gift to create the state-of-the-art conference suite in the BIDMC Carl J. Shapiro Clinical Center.

Like the Leventhals, Mr. and Mrs. Sloane have had a long and close connection to BIDMC. “We’ve always thought of it as our hospital,” says Mr. Sloane, who joined the board in the late 1980s and served as Chairman of the Board from 2002 to 2005. Both he and Mrs. Sloane have also served on many important hospital committees.

The Sloanes, who have made numerous generous gifts to BIDMC over the years, became interested in supporting the Department of Surgery after they had the opportunity to spend time with some of the faculty. “We were blown away by their passion for their work,” says Mr. Sloane, “and wanted to know what we could do to support these young, talented, committed surgeons.”

A visiting professorship was the perfect fit, says Mr. Sloane, because it reflects the couple’s mutual commitment to education. Mrs. Sloane, for example, is a longtime, active trustee of Simmons College, while Mr. Sloane, an alumnus of Harvard College and Harvard Business School, is the Ernest L. Arbuckle Professor of Business Administration, Emeritus, at Harvard Business School. Prior to his teaching career, Mr. Sloane spent 30 years in management consulting, including two decades with Temple, Barker, & Sloane, which he co-founded, and its successor Mercer Management Consulting. During his long and successful career, Mr. Sloane also served as an advisor to the White House and corporations worldwide.

Mr. Sloane believes that a visiting professorship, in particular, will enhance the education of both trainees and faculty. In fact, while teaching at Harvard Business School he would often seek out visiting professors when they came to campus. “No matter your level of knowledge and experience,” he says, “you can learn a lot from being exposed to a different perspective.”

To learn how you can support the William Silen, MD, Endowed Visiting Professorship in Surgery or other educational programs in the Department of Surgery, please contact Michele Urbancic at murbanci@bidmc.harvard.edu or 617-632-8388.
Harvard Medical School Promotions

The Department of Surgery congratulates the following faculty members on their well-deserved Harvard Medical School promotions.

**PROMOTED TO: ASSISTANT PROFESSOR**

Christopher Boyd, MD  
*Area of Excellence:* Significant and sustained contributions to the teaching mission of Harvard Medical School for more than 10 years

Christopher Boyd, MD, General Surgery, is Chief of Surgery at Beth Israel Deaconess-Needham and Assistant Director of the BIDMC General Surgery Residency Program. Dr. Boyd, whose major clinical interests are laparoscopic and open abdominal surgery and complex hernia repairs, is actively involved in teaching and mentoring Harvard Medical School (HMS) students and residents. In addition to presenting a regular lecture on hernias to HMS students during their Core Surgery Clerkship, Dr. Boyd serves as an examiner for the mock oral surgical boards for residents. His skills as an outstanding teacher and mentor earned him the distinction of being selected by residents to receive the BIDMC John L. Rowbotham Award for Excellence in Teaching three years in a row, and he was also named Mentor of the Year by BID-Needham in 2007. In addition to his teaching activities, Dr. Boyd was involved in the strategic planning for the Harvard Program in Global Surgery and Social Change, and has helped the program grow.

**PROMOTED TO: ASSISTANT PROFESSOR OF OPHTHALMOLOGY**

Mark Kuperwaser, MD  
*Area of Excellence:* Significant and sustained contributions to the teaching mission of Harvard Medical School for more than 10 years

Mark Kuperwaser, MD, Ophthalmology, is an ophthalmic surgeon whose clinical interests include anterior segment diseases of the eye, glaucoma, and cataracts. In addition to his busy clinical practice, which includes providing inpatient consultations and emergency coverage for patients with acute ophthalmic diseases and trauma, Dr. Kuperwaser manages the Quality Assurance Program for Ophthalmology. Dr. Kuperwaser, who trained at Massachusetts Eye and Ear Infirmary (MEEI), is dedicated to teaching Harvard Medical School (HMS) students, medical and ophthalmology residents, and clinical fellows at BIDMC. For 10 years he taught eye examination skills to HMS medical students as part of the medical school’s Introduction to Clinical Medicine course. Dr. Kuperwaser also educates primary care practitioners about common ocular conditions, and is frequently invited to teach regionally and nationally. Among other honors, Dr. Kuperwaser was the 2010 recipient of the Teacher of the Year Award from MEEI.

**PROMOTED TO: ASSISTANT PROFESSOR**

Amy Evenson, MD, MPH  
*Area of Excellence:* Clinical expertise and innovation

Amy Evenson, MD, MPH, Transplant Surgery, is Surgical Director of Kidney Transplantation, Program Director of the Abdominal Transplant Fellowship, and MD Unit Manager of the Transplant Inpatient Unit. Her clinical interests include abdominal transplantation, laparoscopic live donor nephrectomy, dialysis access surgery, and hepatobiliary and general surgery in transplant patients. In addition to being a highly regarded abdominal transplant surgeon, Dr. Evenson is engaged in clinical outcomes research pertaining to outcomes and access to organs. She also teaches and mentors medical students, residents, and fellows; in 2014, Dr. Evenson was presented with the BIDMC George W. B. Starkey Award for receiving the highest ratings from Harvard Medical School students during their Core Surgery Clerkship. In addition to her clinical, research, and teaching activities, Dr. Evenson is involved in numerous hospital committees, and serves in a leadership role in a key education committee of the American Society of Transplant Surgery.

**PROMOTED TO: ASSISTANT PROFESSOR**

Adam Tobias, MD  
*Area of Excellence:* Significant and sustained contributions to the teaching mission of Harvard Medical School for more than 10 years

Adam Tobias, MD, Plastic and Reconstructive Surgery, focuses primarily on reconstructive and aesthetic breast surgery, but also performs facial surgery, abdominal wall reconstruction, and body contouring. Dr. Tobias is an expert in the complex microsurgical breast reconstruction procedure called deep inferior epigastric perforator (DIEP) flap. Dr. Tobias was instrumental in creating the Peter Jay Sharp Program in Aesthetic and Reconstructive Breast Surgery at BIDMC. A major focus of Dr. Tobias’s research is patient outcomes, and he has contributed to more than 40 peer-reviewed publications in top plastic surgery journals. A dedicated teacher and mentor, Dr. Tobias is a core faculty member of the Harvard Plastic Surgery Residency Training Program, and Program Director of the BIDMC Aesthetic and Reconstructive Breast Surgery Fellowship Program.
The Department of Surgery’s Committee on Social Responsibility, in partnership with BIDMC and many others within and outside the medical center, raised more than $54,000 — an amount equivalent to 162,000 meals — for the Greater Boston Food Bank (GBFB) at its second annual “Food is Medicine” gala at the GBFB in September. Attended by nearly 200 people from throughout BIDMC, other hospitals, and the broader community, the evening featured food and cocktails, a silent auction, and tours of the facility, which is one of the largest food banks in the nation.

“Ours is now the largest independent event for the Greater Boston Food Bank,” said Allen Hamdan, MD, a co-chair and driving force behind the event, as well as founder and co-chair of the department’s Committee on Social Responsibility. “Our mission as medical professionals is to help people be healthy, and adequate food is the most important ‘medicine’ we can provide,” said Dr. Hamdan, a Department of Surgery Vice Chair.

In remarks made at the event, fellow Food is Medicine co-chair Elliot Chaikof, MD, PhD, Chairman of the Department of Surgery, called attention to the unacceptably high malnutrition rate of 18 percent among children under three in Massachusetts. “Luck plays a role in all our lives, and those who are less fortunate deserve our help,” said Dr. Chaikof. “Food is indeed medicine, and our department’s Committee on Social Responsibility is paying it forward.”

Ted Cutler, an Emeritus member of the BIDMC Board of Directors who was instrumental in building and funding the GBFB, said he was very moved by the partnership between “two of the things I love most — Beth Israel Deaconess Medical Center and the Greater Boston Food Bank.”

Carol Anderson, an Emeritus member of the BIDMC Board of Directors and member of the GBFB Board of Directors, attended the event with her husband, Howard. “The entire BIDMC community should take tremendous pride in this humanitarian effort led by the Department of Surgery,” said Mrs. Anderson. “Dr. Hamdan and the Department of Surgery deserve great credit for the success of this event, with every dollar raised enabling the Greater Boston Food Bank to provide three meals to those in need in eastern Massachusetts. One in nine members of our eastern Massachusetts community is at risk of hunger and this, shockingly, includes 125,000 children who are at risk of going hungry on any given day.”

The 2014 event co-chairs were:
- Kevin Tabb, MD, President and CEO, BIDMC
- Elliot Chaikof, MD, PhD, Chairman, Department of Surgery, BIDMC
- Jeanette Clough, President and CEO, Mount Auburn Hospital
- Marc Gebhardt, MD, Chief of Orthopaedics, BIDMC
- Allen Hamdan, MD, Vice Chair, Communications, Department of Surgery, BIDMC
- Peter Holden, President and CEO, BID-Plymouth
- Hope Ricciotti, MD, Chair, Obstetrics and Gynecology, BIDMC
- Jeffrey Saffitz, MD, Chief of Pathology, BIDMC
- Daniel Talmor, MD, Chief of Anesthesia, Critical Care, and Pain Medicine, BIDMC
- Richard Wolfe, MD, Chief of Emergency Medicine, BIDMC
- Mark Zeidel, MD, Chairman, Department of Medicine, BIDMC

Speakers at the Food is Medicine event (from left) were: GBFB CEO and President Catherine D’Amato, Allen Hamdan, MD, Ted Cutler, Kevin Tabb, MD, and Elliot Chaikof, MD, PhD.
Two internationally renowned surgical luminaries in the Department of Surgery were recently honored by colleagues for their many important contributions with the naming of two BIDMC surgical services, which were announced at separate dinners in their honor.

On November 5, the former 2B Surgical Service was named the Blackburn Bariatric Service in honor of George L. Blackburn, MD, PhD, the S. Daniel Abraham Professor of Nutrition Medicine and Director of the Center for the Study of Nutrition Medicine at BIDMC. On November 10, the Vascular and Endovascular Surgery Service was named the Frank W. LoGerfo Vascular and Endovascular Surgery Service in honor of Frank W. LoGerfo, MD, the William V. McDermott, MD, Distinguished Professor of Surgery.

Dr. Blackburn's accomplishments include pioneering the development of intravenous hyperalimentation formulations, and establishing the first multidisciplinary nutrition support service in the United States. Dr. Blackburn also developed the first evidence-based guidelines for weight loss surgery, catalyzing the formation of accreditation bodies and standards for certification of weight loss surgery providers across the nation. Recently, Dr. Blackburn highlighted a novel link between diet and cancer, demonstrating that reducing dietary fat intake improves disease-free survival among breast cancer patients. His work inspired the recent establishment of the Feihe Nutrition Laboratory at Beth Israel Deaconess Medical Center at Harvard Medical School (see page 12).

Through his expertise in extreme distal arterial bypass procedures, Dr. LoGerfo established a national reputation in the mid-1980s for reducing amputation rates among diabetics. Prior to Dr. LoGerfo's pioneering work, it was widely believed that most diabetics would not benefit from vascular reconstruction. Also in the 1980s, Dr. LoGerfo initiated the first NIH-funded surgeon-scientist training program of any specialty, which has provided an important touchstone for many current leaders in American vascular surgery. In 2013, Dr. LoGerfo received the Lifetime Achievement Award from the Society of Vascular Surgery.