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It has been said that the lifeblood and most valuable resource in any academic department is its faculty. In the Department of Surgery, we not only firmly endorse that statement but have taken steps, by implementing a faculty development program, to assist each junior faculty member in reaching their professional goals and aspirations. It begins with each assistant professor completing an Individualized Self-Assessment and Plan (ISAP). This is a voluntary activity, but the response indicates how much our junior faculty believes that participating in this program will aid them in their professional development. Of the 28 assistant professors in the department at the time of implementation last fall, 26 have completed the ISAP.

We have instituted a Faculty Development Advisory Committee (FDAC) and have asked many of our associate professors and professors to participate on this committee. Each has agreed to “facilitate” 2-4 assistant professors. The next step was for each facilitator to meet one on one with the junior faculty member and review their ISAP. Some of the important features of this initial meeting were to make sure that the individualized goals were reasonable, that the junior faculty member’s self-described time commitments were congruent with achieving their goals, to assess if the junior faculty member had identified any current weaknesses that would impede them from achieving their goals, and to ascertain whether the junior faculty member had developed a relationship yet with a mentor or mentors. The facilitator and junior faculty member meet every 6 months, after which they report back to the FDAC on the junior faculty member’s progress at achieving their goals. That committee then provides written feedback and recommendations to the junior faculty member and their division chief. This process continues every 6 months until the junior faculty member “graduates” from the program by being promoted to an associate professor.

As we learn more about how well this process works, we may consider continuing it to later portions of one’s career. In conjunction with this effort to optimize our mentoring program, we have also developed a seminar series for junior faculty with the goal of helping to teach skills that will be helpful to them in their career. Such topics as basic teaching, research, and leadership skills, optimal communication, “survival skills”, and role modeling have been included. In February, Dr. Steven Gabbe gave the inaugural presentation on recognizing and avoiding physician burnout. I am most grateful to Dr. Brad Needleman for taking on the responsibility for managing this seminar series. It is our expectation that this faculty development program will assist each faculty member in reaching his or her professional goals. That outcome can do nothing but help our Department of Surgery reach its goals!

Steven M. Steinberg, MD, Interim Chairman
FENESTRATED ENDOVASCULAR AORTIC GRAFT

Changing the game

“It’s one of the biggest game changers I’ve witnessed in my 30 year career as a vascular surgeon.” That is how Dr. Patrick Vaccaro, Director of the Division of Vascular Diseases and Surgery, describes the fenestrated aortic endovascular graft program at Ohio State. These aortic grafts have fenestrations, or openings, that align with the arteries that branch off of the aorta. This permits repairs to be made to pararenal aneurysm, which are higher in the aorta, allowing for a wider range of abdominal aortic interventions.

Dr. Mounir Haurani, Assistant Professor of Clinical Surgery leads the fenestrated graft program at OSU. “Vascular surgery is never routine and the fenestrated graft procedure is very technically demanding,” explains Dr. Vaccaro. “Dr. Haurani has championed our fenestrated graft program.” Dr. Haurani received training from Cook Medical, the manufacturer of the FDA approved graft. He in turn trained Dr. Jean Starr, Associate Professor of Surgery, and Dr. Michael Go, Associate Professor of Surgery, to perform the procedure.

“It is a somewhat complicated procedure. A typical endovascular procedure may take 1-2 hours to perform whereas a fenestrated graft may take 3-6 hours,” said Dr. Starr.

The fenestrated endovascular graft is a minimally invasive procedure, thus increasing the number of eligible patients. Surgeons can treat a wider range of patients who may have contraindicated co-morbidities or may not be stable enough for open surgery. With endovascular procedures there is minimal blood loss and because the aorta is not clamped there is much less hemodynamic stress. Additionally, endovascular procedures require shorter hospitalizations, 2-4 days versus 7-10 days for open vascular procedures, and shorter recovering times, 2-4 weeks versus 8-10 weeks.

Dr. Haurani utilizes an advanced 3-D imaging technology to measure and map the aortic anatomy of the patient. The graft is then manufactured with fenestrations located specifically for each patient. The graft takes about four weeks to manufacture, so the procedure is not available for emergent repairs. Dr. Haurani explains details of the procedure, “Planning is critical, the holes have to line up precisely or the graft won’t function. Furthermore, you need a team who really understands the device, there are up to 23 markers on the graft to aid alignment. It can be disorienting if you don’t have a good knowledge of the graft design.” The next step, still in clinical trials, is a branched graft that will allow repairs to be performed even higher in the thoracic aorta.

NEW HYBRID OR & VASCULAR CLINIC OPEN IN 2016

This year the Ross Heart Hospital at the Wexner Medical Center will open a new $3.5 million hybrid operating room, equipped with state-of-the-art imaging technology, that will allow both endovascular and open vascular procedures to be performed in the same room. Multiple procedures can be performed by multidisciplinary teams without the need to move the patient. This hybrid OR is fairly unique in Central Ohio. Also coming in 2016 is the new Upper Arlington clinic building, currently under construction. The Vascular Surgery outpatient clinic and Vein Solutions will relocate to the facility upon completion. This centrally located, easily accessed facility will offer complete cardiovascular evaluation for patients.

For more information or for patient referral please call: 614-293-8536
REGENERATIVE MEDICINE

Creating solutions

The OSU Center of Regenerative Medicine and Cell-Based Therapies (CRMCBT) was established in 2012 with the mission of promoting interdisciplinary collaboration in the fields of regenerative medicine. The center unites seven Ohio State University colleges, including Medicine, Engineering, Dentistry, Nursing, Veterinary Medicine, Arts and Sciences, and Pharmacy. Joining the endeavor is the Battelle Memorial Institute, the world’s largest independent research and development organization, and Nationwide Children’s Hospital. Dr. Chandan K. Sen, Professor of Surgery and Vice Chair for Research in the Department of Surgery, directs the CRMCBT.

Regenerative medicine brings together a wide variety of scientific disciplines - biology, chemistry, engineering and physics, to conceive new therapies for a broad range of diseases and disorders. As an example, an interdisciplinary team of 15 CRMCBT members led by Dr. Daniel Gallego-Perez recently published their study of using nanotechnology to reprogram human tissue*. The CRMCBT allows investigators from across the University to access the vast resources of Ohio State, form partnerships and pursue new funding opportunities. The Center is comprised of four ‘pillars’, or areas of focus: cell-based therapies; tissue engineering; wound, burn and trauma; and most recently Mission CAIRRS.

MISSION CAIRRS

The goal of Mission CAIRRS (Consortium for Advancement and Innovations in Restorative and Regenerative Strategies) is to create the next generation of restorative and regenerative medicine solutions for military, veteran, and civilian applications with potential translation to trauma and combat casualty care, oncology/cancer treatment, and various degenerative disease states. Mission CAIRRS works closely with the Department of Defense and the Veteran’s Administration to develop solutions to their most pressing needs. “The problems that need solved are at the center of our work and we use our team science to create solutions,” explained Dr. Sen. He continues, “The number of conflicts is growing worldwide with an increase in military actions. This is the new reality of the future. The scientific community must raise to the challenge to provide the best care possible for our front-line soldiers.”

T2C CONFERENCE

The CRMCBT also will host the Translational to Clinical (T2C) Regenerative Medicine Wound Care Conference on March 17-19, 2016, the ninth year for this annual event. Nine leading Department of Defense physicians and scientists will speak on military regenerative medicine, wound care and prosthesis. “They are coming to us. This is a tremendous opportunity for OSU to influence the Department of Defense, and to also learn from them,” states Dr. Sen.

Joseph P. Vacanti, MD, the John Homans Professor of Surgery at Harvard Medical School will provide the keynote address. The CRMCBT strives to remove cultural barriers between scientific disciplines such as engineering and medicine. Dr. Sen concludes, “We have the opportunity to develop new technologies that are unique to The Ohio State University – to create that which we and only we can do.”

For more information contact CRMCBT administrator Brent Toto. Brent.Toto@osumc.edu

OSU Emergency General Surgery Services have the ability and experience to handle patients with complex comorbidities including but not limited to: renal, hepatic, hematologic, cardiac, immunologic, and pulmonary conditions, with expertise in treating patients with septic or hemorrhagic shock.

CONDITIONS COMMONLY TREATED:
- Gastrointestinal perforation / ischemia / obstruction / hemorrhage
- Colitis / diverticulitis / other colon emergencies
- Hepatobiliary infection / obstruction
- Cholecystitis
- Necrotizing soft tissue infections / necrotizing fasciitis
- Severe or necrotizing pancreatitis
- Intra-abdominal infection

Although relatively new, acute care surgery is quickly becoming a specialty unto itself with patient outcomes becoming a research focus to develop practice guidelines. The Eastern Association for the Surgery of Trauma (EAST) provides a forum for the exchange of knowledge of these outcomes and practices. “OSU maintains a registry for all trauma patients, with over 200 data points per patient. This registry is fed to regional, state and national databases through TQIP (The American College of Surgeons Trauma Quality Improvement Program),” explains Dr. Evans. “We seek to apply those same systems to emergency general surgery.” Active acute care surgery clinical trials include studies of necrotizing soft tissue infection, ventilator-associated pneumonia, parenteral nutrition and ICU feeding trials, and an early warning device to indicate which patients may develop an infection.

In education an acute care surgery fellowship is offered with Dr. Mary Stuever beginning her ACS fellowship in July 2016. Acute care surgery plays a large role in the training of general surgery residents, whereby they assist the acute care surgery faculty in performing many emergency surgeries. Dr. Evans concludes, “We have a very broad-based service, with a wide variety of case types. One operation may involve the abdomen, another to the neck. The residents get a very broad experience with us.”

For access to a comprehensive range of specialists and services to care for extremely ill patients please call our 24-Hour Referral Number: 1-800-824-8236 (toll-free) or 614-293-4444 (local).
Providing the tools to lead

“Everyone can be a leader,” states Dr. E. Christopher Ellison, Distinguished Professor and Interim Dean of the OSU College of Medicine. This concept is the idea behind the College’s Faculty Leadership Institute (FLI). Dr. Ellison, along with Dr. Robert Ruberg, Emeritus Professor of Plastic Surgery, envisioned a program to teach junior faculty members all the tools they need to succeed as leaders in an academic medical center. Ellison and Ruberg called upon the years of academic and business experience of Bhagwan Satiani, MD, MBA, Professor of Clinical Surgery, to direct the program.

Under Dr. Satiani’s direction the first class began in January 2012. The class, by design, enrolled only faculty from surgical specialties. With its initial success Satiani proposed that subsequent classes are made available to all medical center faculty members. There is now a wait list to enroll. At each session an expert facilitator leads the class in learning a specific topic. Topics are chosen from current literature and from comments made by leaders at the OSU Wexner Medical Center.

“Our topics are not focused so much on hard knowledge, although finance and financial management are crucial, our program is based more on teaching people skills and emotional intelligence – that’s where leaders succeed or fail,” said Satiani. These skills include effectively communicating a vision and convincing others to buy into that vision, and to believe in their leader. “The most important component of any organization is its people,” adds Ellison.

The FLI is part of the College of Medicine’s Center for Faculty Advancement, Mentoring and Engagement (FAME). This type of training is somewhat unique among health care systems, however studies show that physicians, when properly trained, are the best choice for managing health care systems. “This is not a degree program – it is information that our physicians can build on. We give them the skills and tools to go up the leadership track,” explains Satiani.

Dr. Robert Merritt, Director of the Division of Thoracic Surgery and current FLI trainee describes his experience, “The FAME Leadership Institute has been an excellent introduction to the principles of leadership. The curriculum is relevant to meet the needs of anyone involved in a leadership role at the medical center.” Dr. Sylvester Black, Associate Professor of Surgery and FLI trainee adds, “The Faculty Leadership Institute provides an outstanding and much needed education and skill-set to people working in the medical center. The program is very well run and the lectures and projects are both interesting and informative.”

By late spring over 100 faculty members will have completed the leadership training program. The program is a team effort consisting of Satiani, Elizabeth English, Organizational Effectiveness Consultant, and Aubre Smith, Program Coordinator at FAME. The progress and success of participants is tracked by the FLI team. The next step for the Faculty Development Leadership Committee, headed by Dr. Satiani, is to study the graduate’s engagement and patient satisfaction scores, and promotion records compared to faculty who have not taken the FLI course. “My focus is always on the science of leadership to get evidence that this type of program works,” concludes Satiani. “A very small investment in training better leaders equals more health system engagement by doctors which results in higher physician and patient satisfaction.”

Find more information about the Faculty Leadership Institute at: http://medicine.osu.edu/faculty/fame/programs/leadership/pages/index.aspx
The Department of Surgery, led by Dr. Steven Steinberg, Interim Chair, has recently created several diversity initiatives. In 2014 the Women in Surgery Lecture Series was established and in October 2015 Dr. Steinberg announced the Donna A. Caniano, MD Lecture-ship, which honors Professor and Director Emeritus of the Division of Pediatric Surgery Dr. Donna Caniano. The Department and the OSU Wexner Medical Center will host the 26th Annual Society of Black Academic Surgeons Scientific Meeting, held April 28-30, 2016.

**A RESIDENT’S PERSPECTIVE**

Dr. Michelle Nguyen, general surgery resident, describes her experience as a surgery trainee at Ohio State, “The environment at OSU is one that is highly supportive. The diversity within our training program combines many talents and perspectives that allow productive collaboration and enhancement of health and healthcare for patients. From a female perspective, the recent Women in Surgery initiatives help to reinforce the possibility and importance of maintaining a work-life balance.” She has been working closely with her faculty mentor Dr. Susan Moffatt-Bruce on quality and patient safety studies. Dr. Nguyen recently received the Association of American Medical Colleges (AAMC) Learning Health System Pioneer Award for her project entitled, “The cost of quality: how do we calculate value-based care?” She is also the recipient of the Center for Integrative Health & Wellness (CIHW) Buckeye Pilot Research Grant for her project entitled, “Improving patient safety and satisfaction by decreasing physician burnout.” Dr. Nguyen explains how diversity in healthcare can improve outcomes, “It’s been shown that diversity in the physician workforce improves access and quality of care to patients. Race or language concordance between physician and patients is associated with improved adherence to treatment and patient satisfaction.”

The College of Medicine class of 2019 is 54% women and 22% underrepresented in medicine, among the highest at U.S. colleges of medicine. Dr. Ellison describes the College’s concerted effort to increase diversity, led by Dr. Leon McDougle, Chief Diversity Officer and Associate Dean, Dr. Quinn Capers, Associate Dean of Admissions and Dr. Daniel Clinchot, Vice Dean for Education. “We take a holistic approach [toward evaluating applicants],” explains Ellison. “We do not just look at test scores. We also weigh a person’s character, their letters of recommendation, and their record of community service. This leads to more diverse matriculants.”

Learn more at http://surgery.osu.edu/education/