

UNIVERSITY OF MASSACHUSETTS DEPARTMENT OF SURGERY 2020 END OF YEAR & END OF PANDEMIC ISSUE



Demetrius Litwin, MD (left), Gil Freitas, MD (center), and others from the Department of Surgery gathered for silence on the Medical School green to honor George Floyd and others who have been murdered due to police brutality, acknowledge the forces institutional racism in medicine, and support Black Lives Matter.

Much has changed in America and around the world over the last four months. It has been unprecedented and unpredictable. However, for all physicians and healthcare workers it has been incredibly validating. Healthcare workers across America and at UMass Memorial in particular have risen to the challenge and have made a difference. For me, it has been a privilege to have all of you as part of my Team. It really “takes a village.”

My observations from our COVID experience:

1. Take nothing for granted. There is always the possibility of an unpredictable and unprecedented event.
2. Teamwork, goodwill, and trust are important elements in responding to a crisis. One needs to nurture these characteristics of human interaction even in non-crisis situations.
3. Courage and selflessness. These are behaviors I saw time and time again from our caregivers, and I am immensely proud of the efforts of our Team.

Since this is the graduation edition of the newsletter, I would be remiss if I did not let the Chief Residents know that they should be very proud of their accomplishments. I have the highest regard for all of you, and it has been a pleasure working with all of you over the years. I am excited for you as you enter the next phase of your careers, and I must say I

derive vicarious pleasure hearing from you as it reminds me of a similar time in my own life. I certainly wish all of you every success in the future, and you will always be part of the UMass family. –Demetrius Litwin, MD

GOODBYE AND GOOD LUCK TO OUR GRADUATES

VASCULAR SURGERY

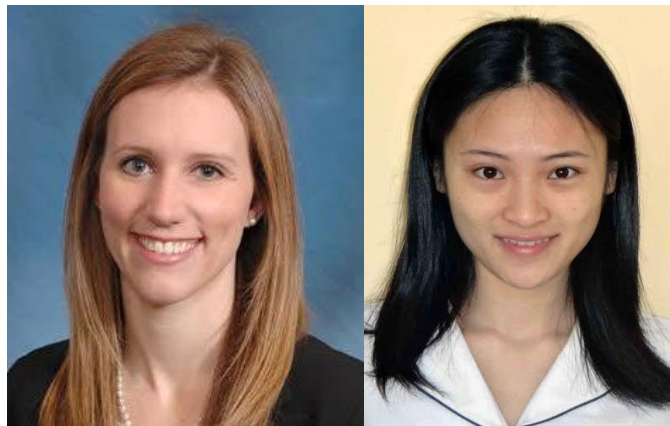


Tammy T. Nguyen, MD, PhD will be joining our group here at UMass, pursuing a career in academic surgery with a basic science lab focused on wound healing.

Parth D. Sheth, MD will be heading to Virginia, joining Surgical Associates of Richmond, a very busy group performing the full spectrum of vascular care.

The graduates, seen together at Disneyland (Dr. Sheth, left; Dr. Nguyen, right)

PLASTIC SURGERY



Natalie Godfrey, MD (left) and Baijing Qin, MD (right)

The UMass Division of Plastic Surgery is proud to announce the graduation of our two outstanding chief residents, **Natalie Godfrey, MD** and **Baijing Qin, MD**.

Natalie graduated from the University of New Hampshire summa cum laude and is an AOA graduate of the University of Cincinnati College of Medicine. As a resident in the six-year UMass Integrated Plastic Surgery Residency Program, she has excelled as a surgeon with superb technique, excellent judgement, and clinical research productivity highlighted

with publications and multiple presentations. In August, she will continue her training at UMass in the Hand Fellowship training program.

Jing is a Phi Beta Kappa, summa cum laude graduate of Bates College and an AOA graduate of the Boston University School of Medicine. In the UMass Plastic Surgery Residency, she has developed into a superior technical surgeon and has broad clinical research interests in hand surgery and the use of a chlorhexidine gel patch for drains in body contouring procedures. Jing will continue her training in hand and microsurgery at the New York University Hand Fellowship in the Department of Plastic Surgery.

Please join us in wishing Natalie and Jing continued success and exciting careers in hand surgery and plastic surgery.

GENERAL SURGERY



Brett Baker, MD, MBA, MS and his family will stay local in Massachusetts as Dr. Baker pursues a Minimally Invasive and Bariatrics Fellowship at the Lahey Clinic and Medical Center. During his tenure at UMass, Brett has been instrumental in many academic initiatives, including the development of the Residency's Patient Safety and Quality lecture. His work leading the Department's opiate distribution and collection initiative, including the installation of the collection receptacles and his leadership of junior residents through the project, has been instrumental in combating the opiate epidemic in Central Massachusetts.

Danilo Decio, MD, MBA will be returning to Florida with his family to pursue a Minimally Invasive Fellowship at Baptist Health in Miami, FL. Along with Dr. Schlieve, his coordination of this year's rotation scheduling was instrumental in the broad educational training and programmatic growth of our residents. Further, Dr. Decio's skill for innovation and technology development has been incredibly valuable during his tenure, and he has led many projects with device development, medical informatics program design, among others.



Jonathan Green, MD, MSCI and his wife Jenna, will be relocating to Oklahoma City as Dr. Green pursues his Pediatric Surgery fellowship at Children's Hospital Oklahoma Hospital at Oklahoma University Medical Center. He was recently honored with induction into Alpha Omega Alpha. His demonstration of humanism in medicine has been remarkable, and his passion for Pediatric Surgery was demonstrated in his extensive work spanning many areas with the Division of Pediatric Surgery.

Now completing his medical school and residency training at UMass, **John Madore, MD** will now depart for St. Louis to complete his Trauma and Critical Care Fellowship at Washington University School of Medicine. Dr. Madore has demonstrated an incredible commitment to comprehensive patient care and to his co-residents. Without a doubt he will take this, along with background in outcomes and the impact on frailty in the Trauma and Acute Care Surgery populations, to be a major contributor to the future of Trauma Surgery.



Christopher Schlieve, MD's success during his training has been remarkable and spanning countless areas, from his recent induction into Alpha Omega Alpha, to his leadership in the Interprofessional Training Quality Council, and to his groundbreaking research, most recently, showing that embryonic or induced pluripotent stem cells can successfully establish an enteric nervous system in tissue-engineered intestine. His work both before and during residency has been extensively published and has culminated in the receipt of numerous awards and grants. Dr. Schlieve is finalizing details on an academic General Surgery faculty position.

Josh Scurlock, MD, who goes by pandemic name, FMOB (Future Mayor of Bakersfield), and his family will return to California (now, with three residency-time born children) to take part in a Post-Bariatric Cosmetic Surgery Fellowship at Inland Empire Surgery in Rancho Cucamonga, CA. Dr. Scurlock served as our resident-lead during the pandemic. His incredible leadership and meticulous organization during pandemic times allowed a deployment that ensured patient and resident safety.



TO THE CHIEFS

This class of chiefs is particularly special to me. I've had the joy to be there since the beginning of each chief's time at UMass. Being JGreen and Danilos' sub-I at Memorial, Madore being my sub-I, Scurlock and I being OG interns together, Baker being one of my first interns as a junior resident, and Schlieve entering as a PGY-2 into the program when I was an intern. I have been fortunate to have memories and stories with each of them both inside and outside the hospital.

Chiefs: It's been such an incredible journey to ride the waves of residency together. I truly cannot wait to see what each of your future holds. I will miss you guys so much. I know it'll be tough to stay in touch. Life takes over, but I'm not too worried. I imagine our friendships are ones that whenever and wherever we reconnect--whether it be at a conference, a

course, a visit back to Worcester, or a visit to your respective cities--it'll be as if we were just sitting back in the Memorial chief's room cracking jokes and catching up on life over a few beers (hopefully Treehouse). It's been a privilege to be a part of the journey. While I know this isn't how any of us imagined this year ending, I am so proud of each of you and look forward to the next chapters for each of us. Best of luck, stay in touch when you can, and number next. -Nicki Cherng, MD

Dear Chiefs,

Congratulations to all of you!! None of us thought that the year would end like this, however, you should all be very proud of your achievements. You have come so far in your academic careers, so take this time to celebrate your accomplishments. Thank you for such a great year. All the best and I wish you good luck!!

Wishes,
Reeti

WELCOME TO OUR NEW RESIDENTS

VASCULAR SURGERY



Kris Boelitz, MD (left) will join the Vascular Surgery Residency Program from Boston University School of Medicine. Eric Finnesgard, MD (right) will join the program from Mayo Clinic Alix School of Medicine.

PLASTIC SURGERY



Kevin Johal, MD (left) will join the Plastic Surgery Residency Program as a PGY3. He joins the program from the University of Arizona. Jennifer Grauberger, MD (middle) and Sneha Patel, MD (right) will join the program as PGY1 residents. We welcome Dr. Grauberger from Mayo Clinic, Rochester and Dr. Patel from the University of Texas, Houston.

Marisa (Reese) Smith, M.D. is leaving the Division of Plastic Surgery to join UMass's Department of Emergency Medicine residency. While the Department of Surgery is unavoidably saddened to see her go as she is such a phenomenal doctor, we are also immensely proud and elated to have her in the ranks of the Emergency Medicine Department. We will look forward to continually crossing paths through the years to come.



GENERAL SURGERY

The General Surgery Residency Program welcomes 11 incoming interns to our Surgical family. Jummy, Alanna, Tim, Keano, Anu, James, Alyssa, Julia, Joy, Justin, and Chippy: You represent the future of medicine and Surgery and we are delighted to welcome you to Worcester. We also wish to welcome back our re-entering research residents to their PGY3 year: Drs. Kaitlin Ahrens, David Meyer, Niti Shahi, and Chris Strader.

Thanks to our continuing research residents and residents who will now enter their academic time, for your leadership during this pandemic: Drs. Max Hazeltine, Hannah Buettner, Bryce Bludevich, Catherine Beauharnais, Erin Scott, Sebastian Chung, and Jon Durgin.

We are incredibly grateful to our preliminary residents who will be changing programs or staying here at UMass: Drs. Jose Mercado-Matos, Jana Qiao, Andrew Gillooly, Raghav Mohan, Piyush Gupta, and Landon Guntman.

Congratulations to our graduating fellows. Dr. Sue Hahn, the 2019-2020 Colorectal Surgery Fellow, will back to New York City where she has accepted a position as an Assistant Professor of Surgery at Mt. Sinai Hospital. Dr. Nicki Cherng, the 2019-2020 MIS fellow, will be staying on as faculty at UMass (see below).

Categorical PGY1



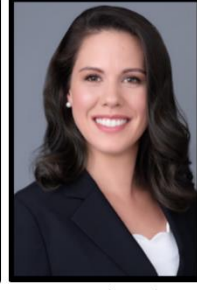
Olajumoke (Jummy)
Akinsulire
Brown University



Alanna Hickey
UMass Medical School



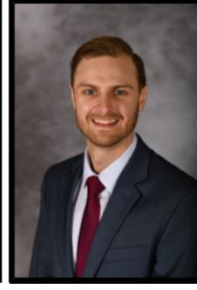
Timothy Jenkel
Albany Medical
College



Kelsey (Keano)
Pavlosky
University of Hawaii



Anupama Singh
UMass Medical School



James Stevenson
New York Medical



Alyssa Thomason
Baylor College of
Medicine

Preliminary PGY1



Julia Ellis-Kahana
George Washington
University



Joy Ogunmuyiwa
Northeast Ohio Medical
University



Justin Owumi
Tufts University



Shilpa Sreedharan
Medical University of
South Carolina

WHAT WE LEARNED DURING PANDEMIC

I write this cautiously as the Pandemic is not over - through the nearly 3 months that we have experienced this cataclysmic change in our lives, that we owe to COVID-19, there is much that we have learned.

Before the Pandemic, there was a great deal of concern about lack of engagement, and the dreaded “burnout” that attendings, fellows, residents, medical students and even premeds were experiencing in the pursuit of medical careers. After the Pandemic started, we learned that all these factions had a previously unknown gear that they could activate--one that was selfless, courageous, committed and yes- gritty.

We could step up and think outside of ourselves. We could give up doing our chosen specialty and tend to the sick in different ways. We could do this unflinchingly and with 100% engagement. We did this without coaching or courses or simulations. We did it because the sense of duty and dedication was within us--frequently untapped before--and easily summoned when the chips were down. The medical community as a whole became heroic. Allied health professionals and docs of different specialties worked together seamlessly and collaboratively.

And because of the inspiration that the medical community’s cohesiveness and sacrifice provided the public, that very public did its part to try to help us by following the rules of sheltering in place, maintaining physical social distancing, performing hand hygiene and wearing masks. They did this so that we, the medical providers, would not get overwhelmed. They sent us PPE, food, messages of encouragement, and volunteered for work in homeless shelters, field hospitals and delivering meals to the quarantined.

In short: it took the Pandemic to reveal the resilience and grit and engagement that was within us all along, features that could not be turned on with simulations, courses, or lectures. We had it within us because that is why we pursued this field of endeavor--to help the sick and heal the world. I am not saying we were intrinsically great. Greatness has nothing to do with this. Admiral Bull Halsey, hero of the Pacific Theater in WWII, famously said, "There aren't any great men. There are just great challenges that ordinary men like you and me are forced by circumstances to meet." We as a profession rose to the challenge and came through the other end stronger, wiser, and tougher than we ever knew we could be.

Moving forward, we face two main challenges as I see it. One is how to maintain this newfound level of engagement and enthusiasm as we return to a post-Pandemic medical world. The other is to how to make use of the newfound respect we have earned within our society to point our medical system to fixing our woefully inadequate public health system, which has long toiled thanklessly on the soft underbelly of the Medical System--the community of color, the poor, the elderly, the homeless-- without the resources to provide preventive care. Can we muster internal support for the shift away from rescue care to preventive care? Can we advocate successfully for the changes the WE know must be made? How much better off as a society would we have been if we had spent more time preparing for pandemics and dealing with climate change and providing better access to health care/insurance coverage than doing E-Learning for you and courses on how to be respectful? I will leave you all to answer.

But in the meantime I would like to take a moment to thank you all as we prepare for the Graduation season of 2020 for the amazing work and exemplary leadership you have all displayed in every facet of your Pandemic response. You have done our Residency, our Department, our Medical System, and our Community proud. Best of luck to you in the future. Hold on to the spark that you have demonstrated burns within you all. --Michael Hirsh, MD (Commentary from Editor: Pediatric Surgeon Extraordinaire)

May 1st was a memorable night. It was the first time in about 21 years that I had stood in a trauma bay as the trauma attending. To my recollection, I think the last time on call would have been in the latter stages of the 1990's when, as a junior attending, I was a jack of all trades doing everything from colonoscopy to trauma call.

Back then, the trauma bays of the old emergency room resided somewhere near the current MRI suite. The trauma bay itself was one giant room that had the potential for four individual bays separated by curtains. The two main bays were adjacent to a door that led within footsteps to two large sliding doors representing the emergency room entrance. These sliders opened toward the lake and the helicopter pad. When I think of trauma, I can still see and hear the helicopter powering down as the patient would be wheeled in. I must say, in those days, it made for quite the dramatic entrance of the team bursting through the doors accompanied by the rush of noise from the copter.

Much has certainly changed since my last day of trauma call, not the least of which was having to stay in hospital during an overnight call (that couch is not ready). It was also nice having the CT close by the trauma bay rather than on the second floor (even if the virus caused some change in direction as to which ER scanner to go to and delays due to

cleaning). Back in my day there were many adventures in patient care going to those second floor CT scanners.

There certainly is a lot more to know between protocols, imaging, and improved patient management. I am truly grateful for those who now specialize in this area. Yet, some aspects of trauma still remain the same. Trauma bays still generate a crowd and a lot of noise. There also remains the, at times, awkward interplay of turf between ER and Trauma teams that can occasionally hamper the efficiency and flow of the assessment. There was the additional problem of having everyone wrapped in their own bubble of PPE, which didn't particularly help with comfort or communication.

The surgery and other residents as well as the APP's that I had a chance to work with impressed me greatly. There are so much more expectations now of a trauma team than when I was a resident or young attending. The knowledge they had of the patients' history, injuries, families, social circumstances, and plan was truly remarkable.

Now that we are almost through this difficult period (and I am almost done complaining!), I think I can actually say that I am glad for this "throwback" experience. As I settle my thoughts and reflect while writing on this gorgeous day, I have an appreciation for those who have gone above and beyond. I appreciate my present and new members in my division. I appreciate what the trauma and ICU docs do and needed to do through this crisis. I acknowledge the chaos made somehow organized by the remarkable ER staff. But of course, I particularly appreciate the residents and how they made this crisis more comfortable for all of us to deal with. Their efforts on behalf of you, the institution, and the patients, should be a rally point for we the educators to pay back the best way we know how: with our dedication and commitment to give them the best of ourselves. While I don't know or control if other means of thanks may come their way, your teaching and participation in the product is a commodity that with time could be of the most value and the sincerest form of gratitude. –John Kelly MD (Chief, General Surgery and Minimally Invasive Surgery)

KEEPING AN OATH

As COVID-19 swept closer and closer to home, fear and anxiety dominated my emotions. What if something happened to my wife, our children, or our parents? What did this mean for our family, our safety, our lives? How are we going to get through this? As the cases quickly accumulated, I realized I would be called on to treat COVID patients.

The clinical world had irrevocably changed. Masks cover our faces, and in turn part of our humanity. Warm smiles lay hidden behind masks, placing a barrier between provider and patient. Layers of plastic and filters separate us, with only our eyes to hint at what our hearts convey. Compound this with an unknown virus that was ravaging the planet, I could not imagine the fear patients felt. Yet, they placed their trust in us, in our knowledge, skill, and judgment.

We took an oath to serve, to cure, to comfort. Despite my fears, I wanted to honor that. I saw that others were afraid too, from nurses, residents, to attendings. Yet, they were resolved to help. Healthcare and essential workers have been hailed as heroes throughout this crisis, which prompted me to consider what defines a hero. I remembered what I saw

around me and it was simple. To be a hero is to be afraid but do what is right despite that. More importantly, I thought of the unsung heroes: environmental service colleagues, unit secretaries, patient transporters, each contributing however they could.

As difficult as it has been and continues to be, I am glad I could help in this pandemic. It made me realize how much I have learned over the last few years. More importantly, I am reminded of how much others have given for me. My senior residents, chiefs, fellows, and attendings have all sacrificed so that I could learn and care for our patients. I am grateful for the wisdom, skill, and knowledge they have shared with me. Ultimately, I am reminded of what is most important regardless of whatever else may be happening: our patients.
–Max Hazeltine, MD (General Surgery Research Resident)

BLACK LIVES MATTER



Drs. Marah Tillman, Sam Vazquez, Demetrius Litwin, Catherine Beauharnais, and Gil Freitas at the White Coats for Black Lives demonstration on the Medical School green.

I, along with so many of us, was grief stricken and outright horrified after George Floyd's murder at the hand of police. The cry of George Floyd, and Eric Garner before him, and hundreds of unnamed black men and women before him, of "I can't breathe," was wholly anathema. Our training in trauma and critical care is to first think of airway, then breathing, then circulation. To ignore the very simple plea for breath is inhuman.

I am not the person to write about racism in America. My white skin has benefited me in ways I don't realize and in ways that make me ashamed. When I lived in Harlem, I walked everywhere--to the grocery store, my office 10 blocks away, the laundromat, the subway. I walked in the early hours of the morning and the dark hours late at night. I sometimes even crossed through St Nicholas or Morningside Park at dusk. People I knew from home--Portland, OR, one of the whitest cities in America--would urge me to be safe. But I felt, viscerally, a real protection afforded by my white skin. I knew that if anything happened to me, my life as a white woman would be prioritized, that police would rally quickly to my aid or seek justice for my family. I also knew that Emmett Till was lynched in 1955, only 57 years before 2012, the year I lived in Harlem. That story was resonant. Black men knew the consequences of looking at white women--a deadly lesson that afforded me protection that was wholly unearned, unfounded, and unjust. Trayvon Martin was killed in February of that year for walking in a Florida neighborhood, and I continued to walk in Harlem unbothered, unencumbered, unscathed.

I feel a profound disgust that I benefited then, and continue to benefit now, from a society that prioritizes certain lives over others. Our medical system, our education system, our criminal justice system, our appropriation of black culture, our study of biologic disease, our complete lack of prioritization of mental and preventative health care, and so many other things perpetuate these disparities. It is inarguably obvious that this country has chosen, repeatedly, to create laws and grow institutions that favor a certain group of people over others--all on the basis of something as arbitrary as skin color.

While I was a student at Michigan, I had the opportunity to hear Ta-Nehisi Coates speak about his book, *Between the World and Me*. Someone in the audience asked if the structural change he envisioned was truly achievable. He replied that the Civil War was fought to overhaul the economic structure of this country; such vast change had been done before, and could be done again. There was a collective “huh” from the audience, and for me, his statement reframed the capacity for revolution in this country.

Frantz Fanon, a psychiatrist and political philosopher, a native of Martinique who wrote about colonization and oppression, said in *The Wretched of the Earth*, “The struggle for freedom does not give back to the national culture its former value and shapes; this struggle which aims at a fundamentally different set of relation between men cannot leave intact either the form or the content of the people’s culture.” Just as COVID-19 has reshaped many of the fundamental ways we live and work, so too does the call that Black Lives Matter. After all of this, we must not go back to the way things were. Moreover, many of us do not want to return to that prior life—the specter of a different world was at first frightening, but quickly revealed so many positive, and quite frankly better, ways of being and doing.

The challenge, which we are each considering as individuals and as a nation, is our strength to resist the urge to revert back to our former ways, ways which include the systematic oppression of certain peoples. Many of us struggle to know what to do to create a just society—the playbook is written in fragments—but perhaps “the former shapes and values” can serve as a reference point for our actions of where not to return. And when you start to waver in this difficult work we have before us, remember: We have completely remade our world before, and we can remake it completely again. —Katherine Bakke, MD General Surgery PGY3

75 things white people can do for racial justice:

<https://medium.com/equality-includes-you/what-white-people-can-do-for-racial-justice-f2d18b0e0234>

Podcast By Malcolm Gladwell. Also highly recommend his book, *Talking to Strangers*, which covers the Sandra Bland case in Texas and gets at racism in this country:

<http://revisionisthistory.com/episodes/13-miss-buchanans-period-of-adjustment>

A whole plethora of anti-racism resources:

https://docs.google.com/document/d/1BRIF2_zhNe86SGgHa6-VIBO-QgirITwCTugSfKie5Fs/mobilebasic?fbclid=IwAR2-A4BJkyTp8f8RqsdC-6wqKdfi-k4Xm-n7Tbx7qoXFPOpkUjcJFdeKD5U

Check out Ijeoma Olou's book, *So You Want to Talk About Race*

<https://www.amazon.com/You-Want-Talk-About-Race/dp/1580056776>

OUR DEPARTMENT, OUR INSTITUTION...AT ITS BEST

- **Kyle Diamond, MD** of the Vascular Surgery Residency Program and **Andy Schanzer, MD** (Division Chief, Vascular Surgery) were awarded 2020 UMass Medical School Outstanding Clinical Educator Awards by the UMMS Graduates.
- The GSN Community Partnership Award was presented to **Michael Hirsh, MD**, Professor of Surgery and Pediatrics and Assistant Vice Provost for Wellness and Health Promotion, in honor of his public capacity as Medical Director of the Worcester Division of Public Health. The longstanding collaboration between the GSN and Worcester has been elevated to new heights during the coronavirus pandemic

- **Joanne Lewis, DNP** of the Division of General Surgery earned her PhD in the nursing program with UMass Graduate School of Nursing. Her dissertation was entitled: "An online educational video of safe storage and disposal of unused opioids after general surgery: a feasibility study." Congratulations Dr. Lewis. Photo (right) of Dr. Lewis and her 8-year-old during her thesis defense.

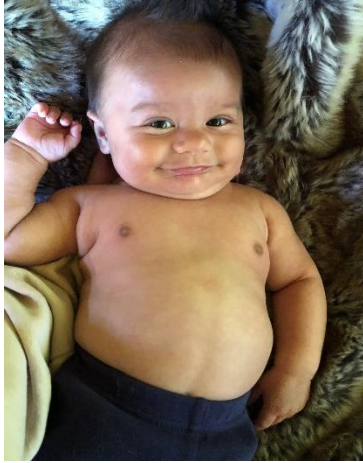


- **Lou Messina, MD**, Vice Chair of Research and of the Division of Vascular Surgery, was awarded the Worcester Foundation for Biomedical Research (WFBR) award.
- Congratulations to **Ashley Russo, MD**, who matched at Cedars Sinai for her Complex Surgical Oncology Fellowship. We are so incredibly proud of you, Ashley (and personally I am so happy to welcome you to the Surgical Oncology community!).
- Recently, **Katherine Bakke, MD** presented at the MedMoth event about her experiences talking to families about end of life decisions. Watch her story here: <https://drive.google.com/file/d/1tF3Ja64SyYesjR9nu-Kg8wpHncceYKo8/view>. You can read the text of the story on *The Interstitium*: <https://theinterstitium.home.blog/2020/06/01/journeying-to-a-time-of-death/>



- Shout out to **Crystal Reardon**, of the ASG, who is the only person who I see at the medical school these days (see attached photo with beautiful spring flowers). It is interesting, but even being able to see one person is so much better than working all alone. Thank you, Crystal, for what you do for us every day, we appreciate you! –Shlomit Schaal, MD, MBA, PhD (Chair of Ophthalmology & Visual Sciences)

NEWEST MEMBERS



Damien Merritt Marecki was born 3/22/20 at 6 lb 12 oz. He's already loud and sassy and can't wait to start working with his hands and meet the rest of his surgery family. --Hazel and Andy Marecki. Dr. Marecki is completing her PGY3 year in the Vascular Surgery Residency program.

Salim Munoz, MD (PGY3, General Surgery) and his fiancée, Kirstie, welcomed their first son, Armando Salim on Wednesday, June 3. Mom and baby are doing well.



Danilo Decio, MD (PGY5, General Surgery) and his wife, Maria Fernanda, welcomed their second son, Lorenzo Garrido, last week. Mom and baby are doing well.

NEW FACULTY



Dr. Douglas Jones joined the Division of Vascular Surgery on April 1 from The Division of Vascular and Endovascular Surgery at Boston Medical Center. He received his MD from Dartmouth Medical School in Hanover NH.



Dr. Mary Huerter will join the Division of Cardiac Surgery on August 1 from UT Southwestern Medical Center in Dallas, TX, where she completed her Cardiothoracic Fellowship. She completed her residency training at University of Illinois Hospital and Health Science Systems in Chicago IL.



Dr. Nicole Cherng, after completing her medical school, residency, and fellowship at UMass, will now join our faculty in the Division of General Surgery on August 1.



Dr. Jonson Yee will join the Division of Trauma Surgery on September 1. He is completing his fellowship at Baylor College of Medicine in Houston, TX. He received his medical degree from The University of Nevada School of Medicine in Reno, NV.



Dr. Tammy Nguyen will complete her Vascular Residency training this month and will be joining the UMass Division of Vascular Surgery in August.

NEW FELLOWS

- The Colorectal Surgery Fellowship will welcome **Dr. Jeremy Springer**. Dr. Springer completed his medical school at Dalhousie University in Halifax, Nova Scotia and his residency at McMaster University in Hamilton, Ontario.
- The Division of Minimally Invasive Surgery will welcome **Dr. Dustin Powell** as the 2020-2021 MIS fellow. Dr. Powell joins the group from St. Elizabeth's Medical Center and attended medical school at Tufts University School of Medicine, Boston.

AN ASK

The voting period for this year's Doximity reputational survey is now open and **ends on Friday, June 12**. In the same way that *US News & World Report* ranks the top hospitals every year for patients' consideration, this survey helps prospective residents make informed decisions about training programs. We are asking you to submit your vote in order to ensure that our Surgical Residency Programs are well represented.

If you have an active Doximity profile, are a board-certified general surgeon and/or have graduated within the past 10 years, you are eligible to vote. You can vote using online using your Doximity account or via the Doximity app, which we are now widely using for Telehealth. You are able to vote for up to five surgical residency programs that offer the best training.

All votes matter and will help support our Residencies' rankings, particularly as we enter this season of virtual interviews.

UPCOMING EVENTS

- **Today**, our Medical Center and Medical Group will hold a silent demonstration at **12:00 pm** to show solidarity to address systemic racism and condemn the recent killings of George Floyd, Breonna Taylor, Ahmaud Arbery, and so many others. This moment will last 8 minutes and 46 seconds. Please participate where you are working today in this stand against racism.
 - The **Department of Surgery End of Year Photo** will occur via Zoom on **Saturday, June 20** during the General Surgery Graduation. The photo will take place around **4:45 pm**. Please sign into the Zoom below to take part and please plan to join a bit early in case the schedule is running on time.
 - The **General Surgery Residency and Fellowship Graduation with Chief Tribute** will be held virtually on **Saturday, June 20 from 4-7:30 pm**. To help celebrate our Chief General Surgery Residents and Fellows in Minimally Invasive and Colorectal Surgery, please join us: <https://umassmed.zoom.us/j/93162187472>.
 - The **Plastic and Reconstructive Surgery Residency Virtual Graduation** will take place **Friday, June 19 from 6-8 pm** with an individual family meet and greet event for 30 minutes each for graduate's families, followed by a formal program at 7 pm.
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CLOSING THOUGHTS...AT LEAST FOR NOW

As we start to see the light as the pandemic plateau starts to drop, I would like to personally thank each and every member of our Department for all you have given and sacrificed during the pandemic and for coming together to collaboratively support our wellbeing.

Together we have explored the connections of wellbeing and resilience to art, music, nature, food, movement (with TikToks!), travel and the world, and reading. We have reflected on "Why Medicine, Why Surgery, Why UMass." We reminded ourselves that every day we are Wonder Women or Supermen, in our professional AND personal lives. We reminded ourselves to focus on priorities, even when times are toughest.

Thank you for opening up your lives and your hearts and for sharing with us your families (and thanks to your families for their contributions!), your passions, and just...you.

Through this, each one of you has shown the power of Community and the power of working out of silos. This power extends beyond the success we have shown as a Department, united as one in a pandemic. It shows the power of humanity, of interconnectedness, of the human spirit.

Like many of you, I have gone to bed nightly praying that each one of you (and in my role as PD, particularly, our residents) are safe and remain centered on priorities through this pandemic. I am grateful for the unwavering leadership of Dr. Litwin. I am grateful to Dr. Larkin and her oversight of Departmental Deployment and to Dr. Torres, who gave every ounce of being to ensure we had PPE as to stay safe. I am grateful to my Wellbeing partner-in-crime, Dr. Katherine Bakke, who provided the grounding force of our newsletter. I am grateful to our residents who dedicated themselves to our patients and to each other. Your work has allowed so many to live and demonstrates what it means to be a doctor. I am so incredibly in awe of what you bring to work every day. It is an understatement to say I am privileged to stand with each of you. I am grateful to everyone I have not personally mentioned, for which I am sorry. I do hope that you know how incredibly valuable your work and support has been in our united front and support of wellbeing.

We hope you will continue to submit your reflections as we merge back into a post-pandemic phase. We will continue to produce the newsletter throughout the year, and we look forward to what 2020 will bring and how we extrapolate our pandemic-learned lessons to make the world a better place. -Jennifer LaFemina, MD

