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**WINTER NEWSLETTER DATES:**
November and December of 2020 and January of 2021
UNC DEPARTMENT OF SURGERY

**Chair**
Melina Kibbe, MD

**Vice Chairs**
David A. Gerber, MD
Timothy M. Farrell, MD
Jin Ra, MD
Jen Jen Yeh, MD
Hong Jin Kim, MD

Clinical Affairs
Education
Quality and Safety
Research
Strategy & Outreach

**Division Chiefs**
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Booker T. King, MD
John S. Ikonomidis, MD, PhD
Jose G. Guillem, MD, MPH, MBA
Anthony G. Charles, MD, MPH
Andrea Hayes-Jordan, MD
Lynn A. Damitz, MD
Hong Jin Kim, MD
Mark Farber, MD

Abdominal Transplant Surgery
NC Jaycee Burn Center Surgery
Cardiothoracic Surgery
Gastrointestinal Surgery
General & Acute Care Surgery
Pediatric Surgery
Plastic & Reconstructive Surgery
Surgical Oncology
Vascular Surgery

**Directors**
Luigi Pascarella, MD
David W. Ollila, MD

Medical Student Clerkship
Mentorship Program

**Residency Program Directors**
Benjamin E. Haithcock, MD
Michael O. Meyers, MD
Jeyhan S. Wood, MD
Ezequiel Parodi, MD

Cardiothoracic Surgery
General Surgery
Plastic Surgery
Vascular Surgery

**Fellowship Program Directors**
David A. Gerber, MD
Timothy M. Farrell, MD
Felicia Williams, MD
Jin Ra, MD
David W. Ollila, MD
Ezequiel Parodi, MD

Abdominal Transplant Surgery
Adv. Minimally Invasive and Bariatric Surgery
Burn Surgery
Critical Care Surgery
Complex General Surgical Oncology
Vascular Surgery

**Associate Chair for Administration**
Joellen Buckio, MHA

**Public Communications Specialist**
Sheerah Coe

On the cover: George Sheldon, MD, Memorial. Photo by Sheerah Coe.
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Governor Roy Cooper witnesses health care workers and adults age 65+ receive COVID-19 Vaccine. Image from CBS 17.
DEPARTMENT OF SURGERY

by the numbers

- Faculty: 77
- Advanced Practice Providers: 55
- Trainees: 84
- Publications: 329
- Staff: 76
- Clinical Trial Dollars: $835,576
- Federal Grant Dollars: $3,022,100
- Researchers: 55
- Grant Submissions: 60
- Total Research Grant Dollars: $4,378,192

*Research + Publication data from calendar year ending 2020
Finally, the COVID-19 vaccine has arrived! After much isolation, hard work, fear, anxiety, separation from friends and family, and shift to a largely virtual world, the distribution of the vaccine represents a momentous step in the right direction. Without a doubt, there has been much suffering and grief this past year. We should acknowledge and respect our losses and integrate lessons learned to rebuild and proceed with our eyes wide open.

With the roll out of the vaccine, for the first time in a long time we are all now thinking: When can we travel? When can we visit with family and friends? When can our children go back to school? It is heartening to see that UNC Health has already administered nearly 150,000 vaccine shots across the state, with more than 50,000 being fully vaccinated. While this is a significant milestone, we still have a long way to go to protect North Carolinians, making them safer and more resilient in the face of this mutating and contagious virus. I am also pleased to report that many in our department volunteered at area clinics to support our front-line workforce (pg. 13). We have received much appreciation and gratitude for our service, along with feelings of sincere hope that the vaccines soon will make a difference.

Parallel to this emerging hope, we continue to function virtually. As you are aware, many national conferences and annual meetings have migrated to online platforms. Earlier this month, the Academic Surgical Congress hosted a condensed, virtual annual event. Usually, this is a signature conference attended by a large number of our faculty and trainees to showcase groundbreaking translational research, innovative clinical techniques, and educational best practices. Even in this format, UNC Surgery was well represented, boasting 13 oral and quickshot presentations on a wide range of topics related to health issues such as breast cancer, blunt chest trauma, and infant gastrostomy and esophageal leaks, to name a few (pg. 8). Some of our faculty served as session moderators, and I was honored to deliver a talk about the impact of COVID-19 on the field of surgery and academic productivity.

Academically, our faculty and trainees continue to be leaders locally and nationally. At an institutional level, Drs. Katharine McGinigle, Xianwen Yi and Adam Akerman received grants from the North Carolina Translational and Clinical Sciences Institute. Dr. Akerman also received a Junior Faculty Development Award from the Provost’s Office and Dr. Stephanie Lumpkin (PGY4) received a Pope Clinical Trainee Award from Lineberger Comprehensive Cancer Center. Nationally, Dr. Avital Yohann received a UJMT Fogarty Global Health Fellowship. Our faculty have also received recognition by promoting awareness of health disparities. Dr. Ugwuji Maduekwe was elected a Councilor for the Association for Academic Surgery for the Class of 2013 (pg.16) and Dr. Andrea Hayes-Jordan was recently featured in an article about the shortage of Black doctors in USA Today (pg.27).

In terms of clinical productivity, the department is up 8.8% on wRVUs compared to this same time last year and most of our divisions are doing very well despite the pandemic. Our surgeons have established new clinics in Cary (Panther Creek) and Raleigh (UNC Children’s) to provide easier access to quality care, and recently 13 of our providers received Carolina Care Excellence Awards (pg. 4). Additionally, the UNC Structural Heart Program was just ACC Certified as a TAVR (Transcatheter Aortic Valve Replacement) Center of Excellence under the directorship of Dr. Thomas Caranasos. This is quite a distinction, as we are the first program in North Carolina to be awarded this certification (pg. 14).

Lastly, I am incredibly pleased and honored to announce the installation of the George F. Sheldon, MD memorabilia exhibit now located permanently in our 4th Floor Burnett-Womack lobby (pg. 6). This is the newest feature of our Department of Surgery Education Center, a project that has been in the works since 2016. We are deeply grateful for all the personal and professional artifacts bequeathed to us by Dr. Sheldon’s family to honor one of the greatest surgical leaders of his generation.

Sincerely,

Melina R. Kibbe, MD, FACS, FAHA
Colin G. Thomas Jr. Distinguished Professor and Chair
Department of Surgery
Professor, Department of Biomedical Engineering
The University of North Carolina at Chapel Hill
Honoring the Life and Career of UNC Department of Surgery Chair Emeritus, George F. Sheldon, MD

In late January 2021 the long-awaited memorial display for George F. Sheldon, MD, was completed in the lobby of the fourth floor of Burnett-Womack. The department chose to honor Dr. Sheldon’s contributions to UNC and surgical leadership by showcasing important memorabilia from his life and work.

“At the conclusion of a nearly 5-year renovation project, I could not be more happy about the way in which we are able to honor the life and work of a surgical legend. George F. Sheldon, MD, had such a tremendous impact on the Department of Surgery. I hope this permanent tribute is a constant reminder to all of the great impact one can have on the many,” said Dr. Kibbe, Colin G. Thomas Jr., Chair of the UNC Department of Surgery.

In 1984, Dr. Sheldon joined the faculty of the University of North Carolina at Chapel Hill as Chair of the Department of Surgery and became the Zack D. Owens Distinguished Professor of Surgery and Social Medicine. During his 17 years as chair, he made many changes to the department that resulted in substantial program growth and expansion of services. He pushed for extensive recruitment of young surgeons, and was especially proactive in the recruitment of minority and female surgeons.

“I am particularly delighted that the department is honoring Dr. George Sheldon,” says Anthony Charles, MD, Oliver Rowe Distinguished Professor and Chief, Division of Trauma/Critical Care and Acute Care Surgery. “He was a man ahead of his time and a great visionary. He grew the department during his tenure and was a champion for gender diversity among surgical trainees. The greatness of Dr. Sheldon was his mentorship. It brought him joy to promote junior faculty both locally and nationally and he always held mentees accountable. I benefited greatly from his mentorship and friendship.”

Dr. Sheldon was one of fewer than 20 surgeons in the past 100 years to be president of all of the major surgical organizations, including President of the American College of Surgeons, President of the American Surgical Association, President of the American Association for the Surgery of Trauma, and Chair of the American Board of Surgery. He was a Charter Member of the Council on Graduate Medical Education (COGME) when it was founded in 1985 under the Department of Health and Human Services, and was a lifelong champion of graduate medical education.

Anthony Meyer, Chair Emeritus, Department of Surgery worked closely with Dr. Sheldon, “George was one of only a few surgeons who served as president of the most notable surgical and educational organizations in the U.S. In these roles he helped shape surgical care across the country. I am very glad that the Department is honoring Dr. Sheldon’s contributions to UNC and surgical leadership by this display. It is a reminder to all of us of his unique contributions.”
Internationally, Dr. Sheldon held Honorary Fellowships in the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England, the Association of Surgeons of Great Britain and Ireland, the European Surgical Association, the British Columbia Surgical Association, the Colombian Surgical Association, and the Society of Black Academic Surgeons. He received numerous professional awards, including the Kansas University School of Medicine Distinguished Alumna Award, the University of North Carolina Medical Alumni Association’s Distinguished Faculty Award, the Distinguished Alumni Award from the College of Arts and Sciences of The University of Kansas, and was named Distinguished Service Member by the Association of American Medical Colleges. In 2011, he was presented with the prestigious Thomas Jefferson Award by the University of North Carolina (UNC) at Chapel Hill. In 2012, he received the Lifetime Achievement Award from the American College of Surgeons, an honor that had only been bestowed once previously.

At UNC, Dr. Sheldon was a member of the Faculty Council and the Faculty Assembly of the UNC system. He was Director of the American College of Surgeons Health Policy Research Institute and Senior Research Fellow of the Cecil G. Sheps Center for Health Services Research. His interests and expertise included the impact of health care reform on physician shortages, which he was called to testify about before Congress. He was Editor-in-Chief of eFACS.org, the web portal of the American College of Surgeons. He authored over 400 articles and book chapters.

The George F. Sheldon, MD Distinguished Professorship was established in 2018 to recognize the accomplishments of the late Dr. George Sheldon, to honor his legacy of leadership at UNC, and celebrate the impact he had on the lives of others. The professorship was established with generous gifts from Dr. Sheldon’s family, colleagues, and friends to help recruit and retain world-class surgeon leaders and support medical and research advancements in the UNC Department of Surgery for generations to come.

“As a faculty member who was recruited to UNC while Dr. Sheldon was the Chair of the Department of Surgery,” says Dr. David Gerber, Chief of the Division of Abdominal Transplant, “I am moved by the memorial that was established in the lobby outside the administration suite. His academic accomplishments were legendary and the items in the memorial span his professional career from his days at the University of Kansas through his time as Chair at UNC. As the inaugural George F. Sheldon Distinguished Professor it is an inspiration as I walk past the glass cases throughout my day.”

“You don’t make your legacy, the people you inspire do.”

—George F. Sheldon, MD
Academic Surgical Congress: A Virtual Experience

February 2 - 4, 2021

The 16th annual Academic Surgical Congress looked much different this year. Due to the continued pandemic the organizers curated a virtual experience. They felt that it was important to continue their mission and provide a rich and diverse environment for the development of academic surgical leaders in line with their core values: scholarship, leadership, professional development, mentorship, innovation, community, and inclusion.

The UNC Department of Surgery showed up in full force, albeit virtually, to showcase their hard work and continued commitment to research and advancements in medicine. The department had 13 oral and quickshot presentations spaced across the three-day event.

ORAL

**Presenter: Daniel Kindell**

Disparities in Neoadjuvant Treatment Among Patients with Stage IIIA-N2 Lung Cancer in the NCDB. D. G. Kindell, J. Herb, P. Rivera, J. M. Long

**Presenter: Joshua Herb**

Use and Disparities in Parathyroidectomy for Symptomatic Primary Hyperparathyroidism in Older Adult. J. N. Herb, B. S. Staley, M. L. Roberson, P. D. Strassle, L. T. Kim

**Presenter: Xavier Baldwin**

The role of ROR-y t in modulation of the anti-tumor immune response in triple negative breast cancer. X. L. Baldwin, N. Makhanova, S. Downs Canner
QUICK SHOT

Presenter: Anoosh Bahraini
Incidence and Risk Factors for Persistent Gastrostomy Tube Use in Infants. A. Bahraini, L. N. Purcell, R. Koonce, A. Marzinsky, A. Hayes-Jordan, M. Phillips

Presenter: J. T. Bui

Presenter: Jihane Jadi
Treatment and Survival Outcomes for T4a and T4b Esophageal Adenocarcinoma Using the NCDB. J. Jadi, M. Roberson, P. D. Strassle, J. Long

Presenter: Madison Malfitano
The Use of Grape Juice in the Detection of Esophageal Leaks. M. J. Malfitano, J. T. Bui, R. M. Swier, B. E. Haithcock

Presenter: Kathleen Marulanda

Presenter: Kristina Paré
Family Perceptions of Palliative Care and Communication in the Surgical Intensive Care Unit. K. Paré, J. Grudziak, K. Lavin, M. Sten, A. Huegerich, K. Umble, E. Twer, T. Reid

Presenter: Jaclyn Portelli Tremont

Presenter: Laura Purcell
Appendectomy by Pediatric Surgeons in North Carolina is Associated With Higher Charge Than General. L. N. Purcell, A. Charles, A. Akinkuotu, S. McLean, M. Phillips

Presenter: Sebastian Shu-Yip

Presenter: Jessica Rouan
COVID-19 UPDATE

Since the beginning of the pandemic, there have been over 112 million global coronavirus cases with over 2.5 million deaths. The United States alone has over 28 million cases (~20% of the world’s total) and over 506,000 deaths. It is currently the leading cause of death in the U.S. North Carolina has over 852,000 cases with over 11,000 deaths and cases increased in NC and across the country in January 2021 before falling in mid- to late February 2021.

“UNC has been a leader in research and patient care with regard to COVID-19,” says Dr. David J. Weber, Medical Director, Department of Infection Prevention, UNC Medical Center. “We’ve given out over 175,000 doses of vaccine and we’ve done over 100,000 COVID tests. We have ~15 vaccine centers up and running in 12 counties plus a mobile van providing vaccine. UNC Health has provided ~12.5% of all vaccines administered in the state of North Carolina. Remdesivir, the one approved and most used viral agent, was discovered here. We have been leaders in developing and testing monoclonal antibodies therapy, doing vaccine trials and providing clinical care here on campus.”

On December 11, the Food and Drug Administration (FDA) officially granted Pfizer’s COVID-19 vaccine emergency use authorization (EUA); since then, Moderna received EUA for its COVID-19 vaccine, and on February 27th, the FDA issued EUA for the Johnson & Johnson vaccine.

The Pfizer and Moderna vaccines are both mRNA and are being rolled out across the country. Pfizer’s vaccine will require two doses administered 21 days apart and is expected to be 95% effective at protecting against COVID-19 at least seven days after the second dose. Moderna’s similarly requires two doses and is 95% percent effective after the second dose which is to be administered 28 days apart. They both require refrigeration and stability when mixed up to six hours. UNC Health can get 6 doses out of the Pfizer vial which does impact its availability allowing for 15% more doses than expected. This has been FDA approved but there are still challenges including the six-hour window, no preservatives and the fact that the vials cannot be combined.

With the vaccine roll out the groups currently eligible for the vaccine in North Carolina are healthcare personnel, long- term care staff and residents, older adults 65+, as well as K-12 teachers and school staff.

On February 11th, the U.S. finalized an order for 200 million more doses — 100 million each from Pfizer and Moderna — to be delivered by the end of July 2021. This brings the total to 600 million doses, which would be enough to inoculate 300 million people.

“Our hope is to open the vaccine rollout to the next phase of individuals, our frontline essential workers such grocery store employees, sometime in early to mid- March and then after that to adults at high risk for exposure. By summer I would guess we’ll open it up to everyone,” says Dr. Weber.

Frequently Asked Questions

David J. Weber, MD, MPH, FIDSA, FSHEA, FRSM
Associate Chief Medical Officer, UNC Medical Center; Medical Director, Department of Infection Prevention, UNC Medical Center

Is UNC Health considering its visitor policy?
Visitation decisions belong in the hands of the nursing team. The current UNC policy for visitors says they must be willing to wear a mask in a public area and in patient rooms while healthcare workers are present. If they are unwilling to comply, the healthcare employee is to contact the head nurse who will take the appropriate steps for compliance of visitors or for their removal from the hospital with the help of hospital police.

What do we know about the variants and how the vaccines combat them?

mRNA is a rapid development technology. Pfizer and Moderna have the ability to easily work on another version of their vaccines to help combat the variants that are popping up. However, because there are so few variants currently in the U.S. they will not interrupt their production of the current vaccine.

How long does the vaccine last? Will it be long lasting or will it be more like the flu requiring yearly vaccination?

Previously, vaccines have gone through a three-to-five year trial which provides us data about its effectiveness and answers questions like this. Right now we have four months of data for the Pfizer and Moderna vaccines. We do know that it takes ~2 weeks after the 2nd vaccine dose to develop fully immunity with the vaccines. We don’t know the durability of two doses. We don’t know if antibodies will last eight months, twelve months or longer. There are still lots of unknowns that we are finding out as we go.

What are the considerations around the latest J & J vaccine?
The phase three data for this vaccine has just become available. Currently we know that the vaccine is a single dose as compared to the two dose vaccines of Pfizer and Moderna. We also know it does not have to be refrigerated which could play a role in its helpfulness around the world in locations that do not have refrigeration resources. However, the data shows that it is only 80- 85% effective whereas the Pfizer and Moderna is showing 95% effectiveness.

Is UNC Health considering its visitor policy?
Visitation decisions belong in the hands of the nursing team. The current UNC policy for visitors says they must be willing to wear a mask in a public area and in patient rooms while healthcare workers are present. If they are unwilling to comply, the healthcare employee is to contact the head nurse who will take the appropriate steps for compliance of visitors or for their removal from the hospital with the help of hospital police.

If someone is vaccinated, but gets a possible exposure from family or friends, does he or she still have to follow current quarantine guidelines?
The current vaccine will help healthcare providers from getting sick. However, it may not prevent them from still getting infected or being infectious. Because they could potentially pass the virus on to others, the UNC Health guidelines remain in effect for quarantining. This may change in the future based on CDC guidelines as they continue to review and monitor the virus and its spread. Getting a vaccine does not change any of our mitigation efforts or current testing.
Catherine McDermott, PGY 5 CT resident getting her COVID-19 vaccine.
COVID-19 VACCINE MYTHS AND MISCONCEPTIONS

Even with the great news that the number of COVID-19 cases and deaths across the country are declining, vaccine myths are perpetuating on the internet and are preventing some from choosing to get vaccinated. It’s important you know what information your patients are being exposed to.

“UNC is taking an active role in trying to educate our community about these myths and misconceptions,” says David J. Weber, MD, MPH, FIDSA, FSHEA, FRSM Associate Chief Medical Officer, UNC Medical Center; Medical Director, Department of Infection Prevention, UNC Medical Center. “This includes providing a question and answer sheet that we update weekly on our website. We have done many town halls not just for our students but across the larger community for other groups such as superintendents for public schools, correctional officers and I participated in a general town hall meeting with Congressman David Price. In addition, over the last month we have worked separately with disadvantaged groups to ensure they have fair and equitable access to not only vaccines but healthcare.”

Even with all this effort people have expressed doubts about vaccination because of vaccine misinformation. Anti-vaxers have created rumors and conspiracy theories about the vaccine, from it causing sterility to it being able to track people. “We have more information at our fingertips than ever before in human history, but that means we have more access to nonsense information,” said Dr. David Wohl, UNC Health infectious disease expert. As misinformation about the vaccine looms, we want to separate fact from fiction.

1. An mRNA vaccine does not alter genetic code
One of the biggest misconceptions about the mRNA vaccine, the technology used in the Pfizer and Moderna vaccines (as well as the forthcoming Johnson and Johnson and AstraZeneca vaccines) is that it changes people’s DNA. This is completely false—and a misunderstanding of the science behind the vaccine’s efficacy.

“mRNA vaccines do not alter a person’s DNA,” Wohl said. “mRNA is used by the body to send a quick message instructing the cell to make proteins. By design mRNA is degraded quickly by the cell, otherwise the cell would keep making the protein even when no longer needed. The concerns about the long-term effectiveness of these vaccines speaks to the transient nature of mRNA.”

2. The COVID-19 vaccine does not cause sterility or infertility
Alarming headlines flooded social media in early December about the COVID-19 vaccine causing sterility. The New York Times reported that the infertility rumors originated from an article published by a blog called Health and Money News. The Health and Money News blog falsely claimed that the Pfizer vaccine contained ingredients that could train the female body to attack a protein that aids in the development of the placenta.

Wohl explains that, “These vaccines do not cause infertility. Myths about vaccines and fertility spread early on the internet from sources that are not reputable and experts have refuted any connection between the response to the vaccines and infertility.”

3. The vaccine does not track you
Rumors have been spreading for months that the vaccine would insert microchips with the intention of tracking people. But that is absolutely false.

“I think you give the government too much credit,” Wohl said. “I don’t think they have the ability to actually do that technologically.”

The concerns date from a May 2020 interview with Jay Walker, an executive chairman of Apiject, a pre-filled syringe maker company. During the interview, Walker was asked about the company’s Radio Frequency Identification Chip (RFID). Walker said that the chip works like a bar code and is part of the syringe’s label, not the injectable substance as reported by Reuters. The bar code does not store any personal information—rather, it’s meant to assure the healthcare provider administering the vaccine that it’s authentic and has not expired.

4. Immunity to COVID-19 does not come immediately after taking the vaccine
In clinical trials of the Moderna and Pfizer/BioNTech vaccines, people who got the vaccines and not placebo started to be protected from COVID-19 about 10 days after the first shot. This shows that the immune system was already responding. A second shot likely helps further stimulate the immune system and may help the response last longer. To be on the safe side, people are recommended to consider themselves fully vaccinated 2 weeks after receiving the second shot.

5. Getting the COVID-19 vaccine means you won’t have to wear a mask or take precautions
The vaccines help prevent you from contracting the virus. However, there is not enough data to know if individuals can still get infected and be infectious. This is why it is still recommended to wear masks and follow safety protocols so as not to get others sick.

6. Taking OTC pain medications before getting the COVID-19 vaccine may impact immune response
As with many vaccines, mild side effects such as soreness at the injection site and headaches are common with the Pfizer
and Moderna COVID-19 vaccines. To manage these discomforts, some people (including experts) have recommended taking over-the-counter pain medications such as acetaminophen or ibuprofen immediately before vaccination. However, experts disagree on whether taking these meds right before getting a vaccine can potentially interfere with its efficacy: “It is not completely clear whether taking medications like ibuprofen or acetaminophen have any impact on the immune system’s response to vaccination,” explains Dr. Wohl. “While it is unlikely these medications would have a major impact, it is not recommended for people to take these medicines before or after a vaccination unless necessary.”

The CDC.gov site provides helpful tips on this topic. “If you have pain or discomfort, talk to your doctor about taking over-the-counter medicine, such as ibuprofen, aspirin, antihistamines, or acetaminophen, for any pain and discomfort you may experience after getting vaccinated. You can take these medications to relieve post-vaccination side effects if you have no other medical reasons that prevent you from taking these medications normally. It is not recommended you take these medicines before vaccination for the purpose of trying to prevent side effects, because it is not known how these medications may impact how well the vaccine works.”

GRATEFUL for Your SUPPORT

In early January UNC Health opened dozens of clinics across North Carolina to provide COVID-19 vaccinations. Following CDC guidelines they opened up the vaccines to eligible groups including healthcare workers and adults age 65+.

“UNC Health is committed to be a leader in the fight to conquer this virus and end the pandemic,” said Dr. Wesley Burks, CEO of UNC Health, the state’s largest academic health system.

“I’m incredibly proud of our teams that set up these vaccination clinics so quickly,” Burks added. “Our mission is to improve the health and wellbeing of all North Carolinians, and this is another tool in that effort. Since this pandemic began nearly a year ago, UNC Health co-workers have worked tirelessly to treat patients, save lives, find innovative treatments, and now provide these vaccines.”

With such a massive effort to vaccinate the people of North Carolina, UNC Health put out a call for help to staff their vaccination clinics. On top of those efforts, physicians from across the hospital are stepping in to support each other, especially those that have been working massive hours caring for COVID-19 patients.

In the Department of Surgery, our surgeons are doing their part to help in the Medical Intensive Care Unit (MICU) to give some rest to the physicians and advanced practice providers who needed some time away from the unit.

We would like to give a big thank you to the surgeons stepping out of their specialties and onto the front lines to support the NC community and their fellow healthcare workers. We would also like to thank the APPs, residents, and staff during this very difficult time who are freely giving their time. UNC Surgery has clocked over 1600 hours, as of this publication, to the vaccination efforts. Our clinic volunteers included:

**Staff:**
- Joellen Buckio, Associate Chair for Administration
- Julie Crimmins, Director of Clinical Operations
- Deb Hepp, Program Coordinator
- Julie Kahn, Nurse, Gastrointestinal

**APPs:**
- Molly Marsh, PA-C, Burn ICU
- Eli Maxwell, PA, Burn ICU
- Megan McAlister, NP, General and Acute Care
- Tatjana Misunina, PA, Cardiothoracic
- Alyse Moses-Lebron, PA, General and Acute Care
- Brian Shanahan, PA, General and Acute Care
- Andrea Ward, PA, Cardiothoracic

**Resident:**
- Brittney Williams, PGY4 Resident
**HIGHLIGHTS & HONORS**

**FACULTY & RESIDENTS**

- **Assistant Professor, Division of Surgical Oncology,** received a Junior Faculty Development Award in the amount of $10,000 for his project titled, “Defining the role of mesenchymal stem cells in thoracic aortic aneurysm disease.” and a NC TraCS $2K Pilot Grant for his project titled “Development of a method for targeted gene delivery to the murine thoracic aorta.”

- **Assistant Professor, Division of Vascular Surgery,** was elected to the Southern Association for Vascular Surgery Membership Committee, Society for Vascular Surgery Public Health Taskforce, and the Editorial Board for the journal *Surgery*.

- **Assistant Professor, Division of Cardiothoracic Surgery,** received a Junior Faculty Development Award in the amount of $10,000 for his project titled, “Defining the role of mesenchymal stem cells in thoracic aortic aneurysm disease.” and a NC TraCS $2K Pilot Grant for his project titled “Development of a method for targeted gene delivery to the murine thoracic aorta.”

- **Assistant Professor, Division of Vascular Surgery,** was appointed inaugural Diversity, Equity and Inclusion Chair for the Society for Redox Biology and Medicine and was appointed by Provost Blouin as Interim Chair of the Provost’s Committee on LGBTQ Life.

- **Ugwuji Maduekwe, MD**
  Assistant Professor, Division of Surgical Oncology, was elected Association for Academic Surgery Councilor for Class of 2013.

- **Stephanie Lumpkin, MD**
  General Surgery Resident, PGY4, has been selected to receive one of 2020’s prestigious Pope Clinical Trainee Awards.

- **Jason Long, MD**
  Associate Professor, Division of Cardiothoracic Surgery, was nominated to be part of the Society of Thoracic Surgeons Online Curriculum Editorial Board.

- **Katharine McGinigle, MD, MPH**
  Assistant Professor, Division of Vascular Surgery, was elected to the Southern Association for Vascular Surgery Membership Committee, Society for Vascular Surgery Public Health Taskforce, and the Editorial Board for the journal *Surgery*.

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**CELEBRATING OUR 2020 PROVIDERS’ CAROLINA CARE EXCELLENCE**

- Shannelle Campbell, MD
- Mark Farber, MD
- Timothy Farrell, MD
- Krystalyn Gallagher, MD
- Katherine Harrell, MD
- Lawrence Kim, MD
- Jason Long, MD
- Patricia Long, MD
- Michael Meyers, MD
- Wayne Overby, MD
- Ariel Perez, MD
- Karyn Stitzenberg, MD
- Tara Zychowicz, MD
Thomas Egan, MD
Professor, Division of Cardiothoracic Surgery, was awarded a NIH/NHLBI R21 grant for his project titled, “Novel Ultrasonic Methods for Assessment of Pulmonary Edema,” in the amount of $190,070. He is a Co-Investigator on the grant in collaboration with NCSU.

Katharine McGinigle, MD, MPH
Assistant Professor, Division of Vascular Surgery, was awarded a TraCS $5K – $50K Translational Research Matched Pilot Grant in the amount of $39,000 for the project titled, “Using Precision Medicine to Define Adaptive Treatment Strategies for Patients with Chronic Limb-Threatening Ischemia.”

Sophia Maiocchi, MD
Post-Doctoral Research Fellow, Bahnson Lab was awarded the Leon and Bertha Golberg Postdoctoral Fellowship for her work on pollution-accelerated atherosclerosis and a $2,000 TraCS grant for her work on drug delivery to clots.

Xianwen Yi, MD, PhD
Assistant Professor, Division of Abdominal Transplant, received a TraCS $5K – $50K Translational Research Matched Pilot Grant in the amount of $50,000 for his project titled, “The development of mouse models for obesity.”

Robert Maile, PhD
Associate Professor, Division of Burn Surgery, received a grant as the Principal Investigator on the project titled, “Serological Interactions with the Mucosal Innate Immune System Regulates COVID-19 Associated Tissue Damage,” in the amount of $1,200,000. In addition, the UNC Office of Undergraduate Research awarded $10,000 for a second period of support for the Burn Lab Undergraduate Research Consultant Team (URCT) investigating the impact of sex hormones on epithelial cell immune responses and wound repair. Dr Maile is also a Co-Investigator on a newly funded NIH NIDDK R01 investigating the “Role of diabetes and nitric oxide release duration on analytical performance of in vivo glucose biosensors” in the amount of $2,355,948.

Dr. Michael Phillips performing surgery on a pediatric patient.
NEW TEAM MEMBERS

Kerri Ohrnberger  
Clinic Manager  
General and Acute Care / Plastic Surgery

Kerri graduated from the University of Rhode Island in 2016 with a Bachelor of Science in Nursing. She spent four years as an RN on a surgical oncology step-down inpatient unit at Duke University Hospital Services which included plastics, urology, gynecology, ear, nose and throat, and ophthalmology. Her hobbies include hiking, spending time with family and friends, watching hockey, traveling, and playing with her dog.

Chris Agala, PhD  
Epidemiologist/Biostatistician  
UNC Surgery

Chris has substantial experience with health services research. Chris received his undergraduate degree in finance from Kenyatta University in Nairobi, Kenya in 2004. From 2008 to 2012, he served as the Africa Regional Coordinator for the Center for Health Policy and Inequities Research at the Duke Global Health Institute in Moshi, Tanzania. He then obtained his PhD in Public Health Policy and Management from Gillings in 2017. After he served as a Research Analyst Specialist at the Carolina Population Center for project MEASURE Evaluation. He was then a Statistical Analyst for Palladium International, followed by serving as a Statistical Analyst and Researcher in the Department of Emergency Medicine from 2018 to 2020.

Derek Miller  
Outreach Coordinator  
Burn Aftercare

Derek graduated from North Carolina State University in 1997 with a BS and returned to school in 2006 to get his BSN at The University of North Carolina. He then went back for his MSN in Nursing Administration from UNC in 2016. He has experience as a Clinical Nurses Education Specialist and a Nurse Educator for critical care. He worked as a Nurse for the UNC Medical Center as well as a Nurse aid for the NC Jaycee Burn Center.

Jeneal Leone, MS  
Research Administrator  
UNC Surgery

Jeneal received her Bachelor’s degree in Business Administration from UNC in 1984 and a Master of Science Management from NC State in 1990. She is a Certified Research Administrator who specializes in both pre- and post-award administration. Since 2006, she served as the Director of Research Administration at the NCSU College of Veterinary Medicine, providing oversight for state, federal, foundation, and international grants. She is adept at budget development, and is extremely knowledgeable about regulatory compliance and sub-awards for collaborative projects. Before NCSU, Jeneal worked as an Assistant Vice President and Loan Operations Manager for Wachovia Mortgage Corporation.

Kerri Ohrnberger  
Clinic Manager  
General and Acute Care / Plastic Surgery

Marshane McCollum  
Division of Vascular Surgery, was promoted to Administrative Coordinator

Melainie Bolick  
UNC Surgery Education, was promoted to Program Coordinator
The UNC Medical Center Heart Valve Clinic is the first TAVR center in North Carolina to become an American College of Cardiology (ACC) Certified TAVR Center of Excellence.

TAVR (transcatheter aortic valve replacement) is a procedure to treat aortic stenosis, a type of heart valve disease, that does not require open-heart surgery. In 2019, the ACC began to offer TAVR certification to help hospitals implement best practices and identify quality improvement opportunities. The certification pairs with established national clinical databases to monitor patient safety, real-world outcomes related to transcatheter valve replacement and repair procedures.

“This is a wonderful accomplishment for the UNC TAVR team, and national recognition for successfully treating patients with aortic stenosis,” said Rick Stouffer, MD, chief of the division of cardiology and Ernest and Hazel Craige Distinguished Professor of Cardiovascular Medicine.

The ACC’s external review and certification process assists hospitals in meeting standards for multidisciplinary teams, formalized training, and shared decision-making, incorporating recent guidelines and expert consensus regarding the care of patients requiring transcatheter valve therapies.

By connecting current sources of data to opportunities for improvement, the ACC’s Transcatheter Valve Certification promotes consistent processes and places emphasis on the commitment to providing evidence-based, patient-centered care and coordination post-procedure, resulting in better patient outcomes.

John Vavalle, MD, medical director of the UNC Structural Heart Disease Program and associate professor of medicine in the division of cardiology, says the future of the heart valve program is bright.

“Being recognized by the ACC as North Carolina’s first Certified TAVR Center of Excellence is a testament to the tremendous effort so many individuals across numerous disciplines have poured into making this a program that we are all very proud of,” said Vavalle. “The people of North Carolina and beyond have access to the highest level of care for their complex heart valve disease, and I couldn’t be luckier to work with an amazing group of talented and dedicated individuals.”

The first TAVR procedure was successfully performed in 2014. Now, more than 600 TAVR procedures later, UNC’s program is recognized as one of the leading programs in the country.

Tommy Caranasos, MD, surgical director of the UNC TAVR Program, says the certification reflects UNC’s commitment to delivering the highest level of care to patients across North Carolina.

“We all work to care for our patients as we would our family,” said Caranasos, assistant professor of surgery. “This program allows us to deliver exceptional patient care, and it’s fantastic to see it recognized as the first TAVR Center of Excellence in the state.”

Learn more about the ACC’s Transcatheter Valve Certification.
Discernment between candidate mechanisms for KRAS G13D colorectal cancer sensitivity to EGFR inhibitors. 

The Demise of Islet Allotransplantation in the US: A Call for an Urgent Regulatory Update The “ISLETS FOR US” Collaborative. 


Commentary: Axillary versus innominate artery cannulation for proximal aortic arch surgery. 

Multidisciplinary Management of an Aorto-esophageal Injury Caused by Foreign Body Ingestion. 
The real number of organs from uncontrolled donation after circulatory determination of death donors.

Traumatic Tracheal Disruption Requiring Venovenous Extracorporeal Membranous Oxygenation.

Impact of the COVID-19 pandemic on volumes and disparities in lung cancer screening.


Increased Colonic Expression of ACE2 Associates with Poor Prognosis in Crohn's disease.

Teaching and Mentoring Early in Surgical Practice.

Impact of routine mismatch repair screening on genetic counseling and surgical management in colorectal cancer patients.

Halfway Home.

Primary Tumor-Related Complications and Salvage Outcomes in Patients with Metastatic Rectal Cancer and an Untreated Primary Tumor.

The Endoscopic Management of Achalasia: Less May Lead to More.


Building Rapport and Earning the Surgical Patient’s Trust in the Era of Social Distancing: Teaching Patient-Centered Communication During Video Conference Encounters to Medical Students.


The role of endoscopy after upper gastrointestinal bleeding in sub-Saharan Africa: A prospective observational cohort study.


Venous thromboembolism prevention compliance: A multidisciplinary educational approach utilizing NSQIP best practice guidelines.


Improved outcomes utilizing a novel pectin-based pleural sealant following acute lung injury.


Veno-Venous Extracorporeal Membrane Oxygenation for Acute Respiratory Distress Syndrome During Hemorrhagic Shock.


CD38 ecto-enzyme in immune cells is induced during aging and regulates NAD+ and NMN levels.


State Medical Board Policy and Opioid Prescribing: A Controlled Interrupted Time Series.


Targeting CD38-dependent NAD+ metabolism to mitigate multiple organ fibrosis.


Measuring malnutrition and its impact on pediatric surgery outcomes: A NSQIP-P analysis.


The APSA Board of Governors enthusiastically endorses the position paper “Diversity, Equity, and Inclusion: A Strategic Priority for the American Pediatric Surgical Association”.


Omental Flap Provides Definitive Management for Pediatric Patient With Multiple Tracheoesophageal Fistula Recurrences.


Laparoscopic Double Cholecystectomy in a Pediatric Patient for Gallbladder Duplication: An Unusual Case of Biliary Anatomy.


The Slow Death of President Garfield: America’s First Live Media Event.


Surgical Peculiarities of the American Negro by Rudolph

Dates: November and December 2020, January 2021

PUBLICATIONS | GENERAL & ACUTE CARE

PUBLICATIONS | PEDIATRIC
Matas (1896).

Nissen Fundoplication: An Operation Created in Exile.

Case Reports in Surgery.

The history of surgery in disorders of sexual development.

Metabolic response as assessed by 18 F-fluorodeoxyglucose positron emission tomography-computed tomography does not predict outcome in patients with intermediate- or high-risk rhabdomyosarcoma: A report from the Children’s Oncology Group Soft Tissue Sarcoma Committee.

Keyhole Umbilicoplasty to Reconstruct the Umbilicus After Repair of Proksconsul Umbilical Hernia.

Analysis of a Modified Two-Stage Approach to Ileal Pouch-Anal Anastomosis Without Fecal Diversion in Pediatric Patients.

Extracorporeal Membrane Oxygenation for COVID-19-Associated Multisystem Inflammatory Syndrome in a 5-year-old.

Trends and outcomes following intentional injuries in pediatric patients in a resource-limited setting.

Sex-Based Differences in Diverticulitis Deaths: The Need for Context.
Ellis CT, Stitzenberg KB. Dis Colon Rectum. 2020 Sep;63(9):1175-1176. PMID: 33216487.

Early Follow-up After Colorectal Surgery Reduces Postdischarge Emergency Department Visits.

Malignant Melanoma Arising From a Giant Congenital Melanocytic Nevus in a 3-Year Old: Review of Diagnosis and Management.

Characterization of Sentinel Lymph Node Immune Signatures and Implications for Risk Stratification for Adjuvant Therapy in Melanoma.

Pleomorphic Invasive Lobular Carcinoma of the Breast With Extracellular Mucin and HER2 Amplification.

Direct Comparison of In-Person Versus Virtual Interviews for Complex General Surgical Oncology Fellowship in the COVID-19 Era.

Does acral lentiginous melanoma subtype account for differences in patterns of care in Black patients?

Gender Bias in Surgical Oncology Fellowship Recommendation Letters: Gaining Progress.

Toward Quantification of Geographic Disparity in Access to Surgical Care-Betwixt and Between.
PUBLICATIONS | SURGICAL ONCOLOGY continued


Allyship in Surgical Residents: Evidence for LGBTQ Competency Training in Surgical Education.

Impact of Cavity Shave Margins on Margin Status in Patients with Pure Ductal Carcinoma In Situ.

Isoforms of MUC16 activate oncogenic signaling through EGF receptors to enhance the progression of pancreatic cancer.

Training in Surgery-Reply.

PUBLICATIONS | VASCULAR

Deep Peroneal Neuropathy for Midfoot Arthritis.

Cannabis sativa extracts protect LDL from Cu2+-mediated oxidation.


Reply.

Sex Related Disparities in Intervention Rates and Type of Intervention in Patients with Aortic and Peripheral Arterial Diseases in the National Inpatient Sample

Pharmacokinetics and biodistribution of a collagen-targeted peptide amphiphile for cardiovascular applications.


Data analysis of vascular surgery instrument trays yield large cost and efficiency savings.

Letters of Correspondence: COVID-19 and Student Advocacy, Medical Education, Surge Response, and Testing.

Ultrasound-guided Intraluminal Injection of Talimogene laherparepvec (Imlygic) for Advanced Melanoma: Technical Note on a Preliminary Experience.


Chronic Fatigue After Thyroidectomy: A Patient-Centered Survey.
**PUBLICATIONS | VASCULAR continued**

*Effect of length of surgery on the incidence of venous thromboembolism after benign hysterectomy.*

*Women Representation Among Surgeon Scientists.*

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**Effect of length of surgery on the incidence of venous thromboembolism after benign hysterectomy.**

**Trends in Costs and Risk Factors of 30-Day Readmissions for Transcatheter Aortic Valve Implantation.**

**Practice Characteristics and Job Satisfaction of Private Practice and Academic Surgeons.**

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**Light sheet fluorescence microscopy as a new method for unbiased three-dimensional analysis of vascular injury.**

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**Association of Fluoroquinolone Use With Short-term Risk of Development of Aortic Aneurysm.**
PROPOSAL DEVELOPMENT
Our research team provides support for all areas of proposal development including clinical trials and will be your main contact. They will help you with developing your budget, compiling the appropriate documentation for your proposal, routing your grant for submission and coordinating with the Office of Clinical Trials, the sponsor, and administration. Please notify Grace or Jeneal as early as possible, but at least 6 weeks before the due date, as external grants must be routed and submitted to the university 7-days before the due date!

To request grant submission assistance or clinical trial contract submission, please complete the online service request form found under Research on the UNC Surgery website. To request clinical trial contract submission, please complete the online service request form.

DATABASE MANAGEMENT
Dr. Chris Agala is the Database Manager. Links to below can be found here and also on the Department of Surgery Research Resources webpage.

Creation of a consult request form [https://www.med.unc.edu/surgery/research/resident-research/available-databases/consult-request-form/](https://www.med.unc.edu/surgery/research/resident-research/available-databases/consult-request-form/). This online request form will take the place of directly emailing anyone in the database manager group and will be for: feedback about project ideas, answer database questions, comment on article methods, etc.

Email correspondence will occur through the Database Manager email and portal ([surgerydataman@med.unc.edu](mailto:surgerydataman@med.unc.edu); [https://www.med.unc.edu/surgery/research/resident-research/available-databases/database-manager-request-form/](https://www.med.unc.edu/surgery/research/resident-research/available-databases/database-manager-request-form/)). Proposal requests (including spin off/secondary projects) sent via email to an analyst will not be accepted.

All requests must be submitted at least 4–6 weeks before any deadlines. Projects which utilize administrative claims data (MarketScan, Medicare) will require substantially more notice, as they are much more labor intensive. For projects which require chart review or data abstraction from EMR, the data must be complete and ready for analysis at least 4 weeks before the deadline. If you have questions about how long your project may take, please submit a consult request.

The Database Management team will provide assistance for data collection, database set-up, and chart reviews. They will help you organize and think about your data so that you will be able to analyze it when you are ready. Still have questions? Check out the FAQs. They are in charge of the NIS, NSQIP, and SEER databases and can also point you to other databases that may be of assistance. Please contact them BEFORE you start any project involving data. To request their assistance, please complete the online service request form found under Research on the UNC Surgery website.

BIOSTATISTICS
The Department of Surgery is collaborating with the North Carolina Translational and Clinical Sciences Institute (NC TraCS) to provide biostatistical consultations and support to our faculty members and residents. Biostatistics support can be requested through the NC TRaCS website. If you are using a database, creating a database or have questions as to whether you need a biostatistician, please continue to contact Charley Gaber through the online service request form found under Research on the UNC Surgery website.

EVIDENCE BASED PRACTICE AND RESEARCH
A clinical librarian and liaison from the Health Sciences Library provides support for evidence-based practice and research, including:

- Focused or comprehensive literature searching
- Critically appraising evidence
- Collaborating on systematic reviews
- Advice on presenting/publishing results
- Education on research tools and resources, including searching PubMed and other literature databases, SPIN for finding funding sources, Covidence for systematic reviews, and citation management software.

To request systematic review assistance, please complete the online request form. For any other requests, contact Rebecca at rcarlson@unc.edu.
ABSTRACT DEADLINES

20th Congress of the International Society for Burn Injuries
Meeting Date: June 14-17, 2021 | Location: Birmingham, UK
Abstract Deadline: March 1st, 2021
More information available here

2021 American Association for the Surgery of Trauma
Meeting Date: Sept 29 – Oct. 2, 2021 | Location: Atlanta, GA
Abstract Deadline: March 1st, 2021
More information available here

ACS Clinical Congress 2021
Meeting Date: October 24-28, 2021 Location: Washington, DC
Abstract Deadline: March 1st, 2021
More information available here

2021 Annual Meeting of the American Pancreatic Association
Meeting Date: November 3-6, 2021 | Location: Miami Beach, FL
Abstract Deadline: Open in early spring 2021
More information available here

2021 Academy Health’s Annual Research Meeting (ARM)
Meeting Date: June 14-17, 2021 | Location: Online
Abstract Deadline: March 31, 2021 5pm ET
More information available here

GRANT OPPORTUNITIES

FACULTY

NC TraCS Pilot Awards for Translational Research
Application Deadline: July, and November 2021 are the next deadlines for three NC TraCS Pilot award programs:
• $5-50K Translational Research Matched Pilot Grants
• FastTraCS Funding: Special emphasis on drugs, devices and diagnostics development
• Translational Science Methods and Process Awards (TSMPA)
For more information about these pilot grant mechanisms please email nctracs@unc.edu or call 919-966-6022 or 866-705-4931.

FACULTY & RESIDENTS

NC TraCS $2K Grant Awards
Application Deadlines: March 16, April 20, May 18, June 15, July 20, August 17, September 21, and October 19, 2021
Award Amount: $2,000
More information available here.

RESEARCH RESOURCES

Carolina Data Warehouse for Health (CDW-H) is a central data repository containing clinical, research, and administrative data sourced from the UNC Health Care System.

In response to the COVID-19 situation, they will be following the university’s lead and adjusting their event scheduling as needed. They have suspended all on-site office hours until further notice. CDW staff are still available to answer research questions: just request a consult and they will be in touch. Please visit UNC-Chapel Hill’s dedicated coronavirus updates webpage for Carolina’s most recent announcements regarding COVID-19.
Next Date: 1st Wednesday and 3rd Thursday of every month
Time: 1:00 PM – 5:00 PM
Location: Brinkhous-Bullitt Building, Room 218 (Please see website for current virtual trainings)

SPIN Plus is a comprehensive funding opportunities database that gives UNC researchers access to over 40,000 funding opportunities from more than 10,000 federal and non-federal sponsors. Additional information about SPIN is available here: https://research.unc.edu/research-development/funding/spin-plus-funding-database/

RESEARCH TRAININGS AND EVENTS

Research Electronic Data Capture (REDCap) Training
REDCap is a secure web application that can be used to build and manage case report forms, surveys and other data capture mechanisms for clinical research. NC TraCS offers training classes to assist researchers in getting started with building REDCap data collection forms for their research projects. For more information about REDCap or to sign-up for future trainings, please visit the https://tracs.unc.edu/index.php/services/biomedical-informatics/redcap.

Introduction to EMERSE
EMERSE (Electronic Medical Record Search Engine) allows users to search free text (unstructured) clinical notes from the electronic health record. This training will cover what EMERSE is, how it works, and how to use it appropriately. For more information about EMERSE or to sign-up for future trainings, please visit the https://tracs.unc.edu/index.php/services/biomedical-informatics/emerase.
GRAND ROUNDS

Wednesdays 7:15 am - 8:15 am in the Education Center, 4th Floor Burnett-Womack

3/3/2021
Professional Speaker
Jeff Polish, Producer and Host of the Monti and consultant and professional speaker on the topic of storytelling

3/10/2021
Chief Resident Presentations: Staci Aubry, UNC General Surgery PGY5, and Stephanie Gray, UNC General Surgery PGY5

3/17/2021
Visiting Professor
Steven Frank, MD, Medical Director: Bloodless Medicine and Surgery Program, Professor of Anesthesiology and Critical Care Medicine, Johns Hopkins Baltimore, MD

3/24/2021
Quality Quarterly
Jin Ra, Vice-Chair of Quality and Safety

3/31/2021
Colin G. Thomas, Jr. Distinguished Visiting Professor
Julie Ann Sosa, MD, MA, FACS, Chair, Department of Surgery, Leon Goldman, MD Distinguished Professor of Surgery
University of California, San Francisco

4/7/2021
Faculty Talk
David Gerber, MD Chief, Division of Abdominal Transplant

4/14/2021
Career Corner
John Ikonomidis, MD Chief, Division of Cardiathoracic Surgery

4/21/2021
Luther H. Hodges Sr. Lecturer
Vaughn A. Starnes, MD, Chair of the Department of Surgery, Surgeon-in-Chief at USC Norris Cancer and Keck Hospital, University of Southern California, Los Angeles

4/28/2021
Faculty Talk
David Ollila, MD, James and Jesse Millis Distinguished Professor, Division of Surgical Oncology

5/5/2021
Visiting Professor Diversity and Inclusion Lecture
Rhea W. Boyd, MD, MPH, Pediatrician and Child Advocate, San Francisco Bay Area, San Francisco, CA; Director of Equity and Justice for The California Children’s Trust; Chief Medical Officer, San Diego

5/12/2021
Chief Resident Presentations: Lauren Daugherty, UNC General Surgery PGY5, and Anna Pavlov, UNC Plastic Surgery PGY6

5/19/2021
Faculty Meeting (6:30-8:15am)

IN THE LOOP

The PGY 4 and PGY 5 General Surgery residents will have virtual Mock Orals on March 15, 2021. Thanks in advance to all the faculty, examinees and administrative staff who will help ensure a successful event. Please let Crystal Boney know if you can participate as an examiner.

Dr. Kyla Terhune from Vanderbilt has agreed to be our visiting professor for the annual Resident as Teacher workshop on 9/28/2021. Her topic “Personal Development during Residency and Fellowship” is likely to be well received by learners across the department. In addition, she will also give Grand Rounds on “Equity in Mentorship” on 9/29/21.

Other Career Development and Educational Grand Rounds this past quarter included Dr. Annamarie Connolly who spoke on “We Can Agree: Nobody Starts the Day Wanting to Do a Bad Job: Getting to Our Best Days Through Critical Thinking, Effective Feedback and Innovation” on 11/4/20, and Dr. Melina Kibbe who taught us about “Writing and Reviewing a Manuscript” on 1/6/2021. Dr. John Ikonomidis will tackle the topic of “Time Management” on 4/14/2021.

We are excited to be receiving an XI Robot for the Simulation center this Spring. Please work with Neal Murty to schedule any classes or personal educational time on the robot.

Academy of Educators Applications are due March 18, 2021. Information can be found at Academy of Educators | Academy of Educators (unc.edu).

Thank you for your dedication to the teaching mission at UNC.

Sincerely,

Timothy Farrell, MD
Vice Chair of Education

Muneera Kapadia, MD, MME
Associate Vice Chair of Education
COMMUNICATIONS

TOP YOUTUBE VIDEOS (November - December 2020 and January 2021)

UNC Pediatric Surgery - A Guide to Day Surgery
Views: 18,490  Avg view duration: 1:47

UNC Cardiothoracic Surgery Residency Program
Views: 1,380  Avg view duration: 2:13

General Surgery Residency Program Virtual Tour
Views: 458  Avg view duration: 3:10

TOP FACULTY VIDEOS (November - December 2020 and January 2021)

Jared Gallaher, MD (Offers Patients Authenticity, Honesty, and Empathy)
Views: 248  Avg view duration: 1:50

Yemi Ogunleye, MD (No Higher Calling than Treating Sick Patients)
Views: 159  Avg view duration: 1:58

SOCIAL

FACEBOOK

640k Impressions
72 Engagements

Congratulations to 2020 UNC Awardees for Carolina Care Excellence!

TWITTER

45.6k Impressions
1,4k Engagements

Hayes-Jordan featured in USA Today Article

YOUTUBE

504 Watch Time (hours)
18.5k Views

Day of Surgery Pediatric Video

INSTAGRAM

300 Reach
532 Followers

Congratulations to Grant award winners

Published patient story, Linda Kelly

Published patient story, Maria Frangella
MAKE A GIFT
Philanthropy inspires innovation and paves the way for healthier futures for our patients. Gifts to the Department of Surgery advance surgical care in the operating room and the clinic, enable us to pursue bold ideas in the research arena, and provide a rigorous training experience for tomorrow’s surgical leaders. For information about ways to support the UNC Department of Surgery or to make a gift, please contact Erin Kinney, Director of Development with the UNC Health Foundation, at (585) 622-7425, erin_kinney@med.unc.edu, or visit go.unc.edu/uncsurgery.

MISSION
The Department of Surgery’s mission is to provide the highest quality patient care to all people through innovation, world-class research, and training the next generation of surgical health care professionals and scientists.

VISION
To be the nation’s leading public academic Department of Surgery.