



Harborview Medical Center ISIS: Institute for Simulation & Interprofessional Studies



Resident instruction in the ISIS Lab

In January of 2010, ISIS continued to expand across UW Medicine by opening its second site at Harborview Medical Center.

This newest facility, housed in the Ninth and Jefferson Building where our offices and clinics are also located, is an 8,000 square foot, state-of-the-art simulation center.

The convertible training areas incorporate a 2,000 square foot wet-lab, 8 cadaveric training stations and a proctor location with video and projection capabilities, tissue storage, and medical equipment.

In addition to the wet-lab, the proctor station itself doubles as a Virtual OR outfitted with a range of surgical towers, booms, lighting, and anesthesia equipment. Trainees also have access to a multifunctional ED/Trauma Bay.

When not in use, this equipment can be moved and made more flexible through reconfigurable walls, thus accommodating a variety of courses and group sizes in the larger classroom.

Because of its technical capacity, the main classroom accommodates didactic sessions, scenario viewing, debriefing exercises, and larger breakout sessions. This space adjoins additional conference areas for training and ISIS operational meetings. Both private and common staff areas complete the facility.

The Harborview lab results from efforts both by ISIS and HMC hospital leadership. Supported by Harborview Medical Center and UW Medicine, this lab provides much needed training space for ISIS, HMC Clinical Education and the Community Training Center. The ISIS HMC simulation training lab is now fully operational.



The Montlake Cut

In This Issue:

- * Harborview Medical Center ISIS: Institute for Simulation & Interprofessional Studies
- * The Bigger Department
- * Greenberg Speaks Russian
- * 3rd Massin Meeting
- * Department Website Gets a Facelift
- * Professor Ellenbogen Leads the Blocking
- * It All Started With Art Ward

Continued on page 2 . . .

Harborview Medical Center ISIS: *Continued . . .*

Following the first neurosurgery course, Professor Laligam Sekhar noted, "We have been awarded educational grants from industry worth about 2.5 million dollars.

Manny Ferreira and Louis Kim did a great job with the first course. I see this as a facility for training our residents, and doing research involving cadavers.

We're hoping that it will evolve into a facility for training surgeons throughout the WWAMI Region as well, especially related to the rapidly evolving technologies now emerging for spine care."



Residents practicing surgical skills in ISIS

The Bigger Department

When the director of one of our labs wins a new grant; when one of our surgeons publishes important new findings; when a resident wins another award, we all share in the credit and all of us benefit. When patients recover, we rejoice.

But in all of its hospitals, clinics and labs, other staff members who in some way populate the UW Department of Neurological Surgery must, for us to continue to fulfill our several missions, also make enormous contributions.

Here are two stories about some of those people:

"I Need a Bedpan, Quick!"

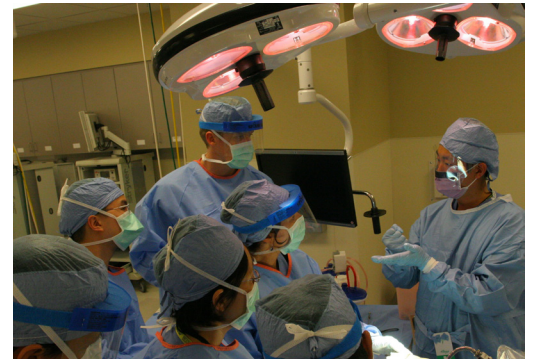
The call light from room 357 had just flashed on. The patient sounded helpless, and I knew that my work would get backed up.

I was born and raised in Taipei, Taiwan, and started my American education after my family immigrated twelve years ago. My father soon died of cancer. Then, my mother survived a transient-ischemic-attack.

Choosing nursing as my profession was an obvious decision for me. I am a true Seattle nurse who went to school at University of Washington, and Seattle University. If you had asked me when I started why, I'd have said, "I want to fix the world and make everyone healthier and happier."

Having worked as a young nurse for the past two years, there have sometimes been struggles. Like on the quiet Sunday afternoon when I admitted a 40 year-old woman with a grand mal seizure from the ER. There were electrodes with attached wires glued all over her head so that she almost looked like an octopus. She stood up and convulsed for 60-seconds, which felt like 60-minutes to me.

Three staff members, including me, rushed to carry her 180-pound body to the bed so she wouldn't lie seizing on the floor. Her eyes were wide open, pupils dilated, and filmy white secretions came out of her mouth.



Attendings give hands-on instruction



Practicing with state-of-the-art equipment



Didactic sessions in the ISIS lab

A million thoughts rushed through my mind: "Suction, vital signs, call the doctors, get a verbal order for Keppra and Ativan ...gosh what else?!"

Suddenly, the neurologists appeared. I had no room for panic, although my heart raced and sweat dripped off my forehead. I had to sit down to remember what had happened so that I could chart. On days like this, I feel disappointed and ill equipped. I think, "I could never fix this world. I could never make anyone healthier."

But there are also the enormous rewards, like the days that I get solid hugs and kisses from people.

One patient of mine came from an outside hospital with an ischemic stroke that went untreated over four days. When I first walked into the room and introduced myself to him and his wife, I gave them both a firm handshake and told them I would do my best to help him get better.

They trusted me, and the anxiety dissipated. I realize that when I take the time to really connect with the patients and their families, they feel safer.

After he went to rehab, the patient's wife came downstairs and gave me one of his CDs. He sings gospel music at his church, and his music is full of power and joy. He gave me the CD because I asked him to sing one of his songs for me before I left to get hitched. His voice was shaking due to the affects of his stroke. Before I left, he gave me a hug and so did his wife. I think I would work as a nurse anytime just to get those hugs and kisses.

I want to dedicate this article to my mother who has taught me about strokes in many ways. I learned about the vulnerability of a stroke patient: all those issues of physical, mental and emotional disability.

Because of what happened in my family and my life, my nursing career has gotten more interesting and rewarding everyday. I hope you and I can continue to search for the purpose of this profession and enjoy the helicopter ride of the job.

[Tammy Suen is one of the wonderfully capable staff nurses on the 3W NSU at HMC. She was recently married to a lucky man; Ed.]

"This Is Brad on Three West"

In 1997, I was a 19 year-old boy in a coma on 5 North, then the neurosurgery ward at Harborview. I was discharged before I was coherent. Through rehab at different facilities, I eventually recovered enough to return to Harborview for outpatient therapy, and then to volunteer in the hospital. I landed my real first job through that volunteer work when I went to work in the Gift Shop, and then got a position with a law firm in Seattle.

I was laid off after 9-11, and applied for a job in HMC's Admitting Department. I was hired and worked at the Information Desk and Admitting part time before I got my current job as a Patient Service Specialist on 3WH.

I started in 2002, and eight years later I still love it. I especially like to recognize my own ordeal in the stories of patients and families when I overhear them. I don't know how that patient will be affected by the injury, but I can tell them what happened to me, and they can see where I am now, doing this crazy job.

I think at least a few of them somehow get inspired. Knowing that I emerged from coma and now work at my fast-paced job (multi-tasking isn't an adequate term for it) gives some families and patients hope! I'm married now, have a 4-year-old daughter, and my wife and I just had a second child, a son born on November 14th.

I think doing my job well gives something back to Harborview for having been saved.

[Bradford Bill, an extremely capable suppressor of chaos, is the always helpful, pleasant (and often very funny) Patient Service Specialist on the 3W Neurological Surgery Ward at HMC; Ed.]

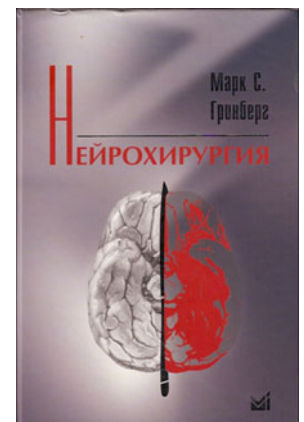
Greenberg Speaks Russian

Assistant Professor Misha Gelfenbeyn, of course, speaks perfect Russian. But, he is also a capable translator.

In what has been a massive effort, Misha translated all of Greenberg's 2001 edition of the Handbook of Neurosurgery into Russian.

While sophisticated neurosurgery exists in Russia, there isn't a book like this one available there, and Misha's new publication will be very useful to them.

[Right: Photo of the Russian version of Greenberg's Handbook of Neurosurgery.]



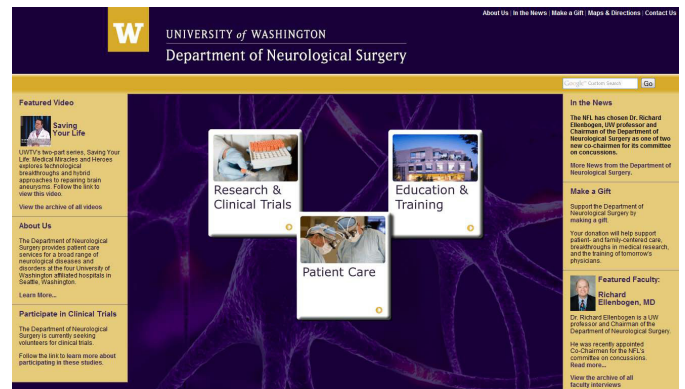
Department of Neurological Surgery Website Gets a Facelift

Early in 2011, the UW Department of Neurological Surgery will unveil a brand new website.

This facelift will more closely align the look and feel of our department website with the recently launched University of Washington website (www.washington.edu) and UW Medicine website (www.washington.medical.edu).

The new department website will provide useful, timely information for patients and their families; inform current and potential medical students, residents and fellows about our education & training programs; and keep colleagues and fellow researchers apprised of our groundbreaking research studies and clinical trials.

Watch for the official launch of the new website in February, 2011, and come explore the



new face of the UW Department of Neurological Surgery at:

<http://neurosurg.washington.edu>

Madjid Samii Society of International Neurological Surgeons: 3rd MASSIN Meeting

July 13-15, 2011

The meeting will be held at the W Seattle Hotel located in downtown Seattle. On behalf of the Madjid Samii Society of International Neurosurgeons and the Washington State Association of Neurological Surgeons, it is our pleasure to welcome the 3rd MASSIN Congress.

The meeting this year is being held in conjunction with WSANS' Annual Meeting in Seattle. The first 35 members of the WSANS to register (whose dues are current) will have their registration fee paid for them by the society.

This joint meeting affords WWAMI specialists an opportunity to meet internationally respected neurological surgeons from around the world. The Madjid Samii Society of International Neurosurgeons was established during the last meeting of the group in Curitiba, Brazil.

The society consists of students, students of students, and friends of Madjid Samii, who are interested in neurosurgery and frank discussion of the various advances which are taking place in the field. The theme of this year's meeting will be "Advances in Neurosurgery and Applied Neurosciences".

The Washington State Association of Neurological Surgeons was organized almost 50 years ago and meets yearly, next year in concert with the MASSIN Meeting. Due to economic difficulties experienced in all countries at present, we are unable to provide for the expenses of our visitors. However, we have kept the meeting registration low and the W Hotel has a great room rate for our visitors. Please plan to accept our invitation to attend this great meeting in Seattle.

Key Dates:

- March 1 - deadline for early registration at discounted fee
- March 3 - abstract submission deadline
- June 1 - final registration deadline
- June 1 - deadline for discounted rate at meeting hotel

For more information please email us at: thorpr@u.washington.edu

Professor Ellenbogen Leads the Blocking

When NFL Commissioner Roger Goodell announced recently that Drs. Ellenbogen and Hunt Batjer (Chairman of Neurosurgery at Northwestern University Feinberg School of Medicine) had been named to lead the NFL Head, Neck and Spine (HNS) Medical Committee, he got real players.

Rich Ellenbogen is long a supporter of the Brain Injury Association of Washington (BIA-WA).



Zach Lystedt with Roger Goodell, Richard Ellengoen and others at an NFL sponsored concussion conference

Along with Association President Richard H. Adler, and a broad range of community, business, sports, and health care professionals, they've helped to enact the "Zackery Lystedt Law." This legislation requires medical clearance before a young athlete who has suffered a concussion may return to play. Now this influence has

extended into professional athletics.

NFL Notifies Teams and Players of Increased Discipline for Illegal Hits to Head or Neck

Commissioner Goodell recently notified teams that more significant discipline, including suspensions, will be imposed on players that strike an opponent in the head or neck area in violation of the rules.

The memo was accompanied by a message and video to NFL players and coaches. The head coach of each club has been instructed to show the video and read the message to his players and coaching staff as soon as possible. The video includes examples of illegal hits and legal hits under NFL rules.

"One of our most important priorities is protecting our players from needless injury," Commissioner Goodell said. "In recent years, we have emphasized minimizing contact to the head and neck, especially where a defenseless player is involved."

It is clear to me that further action is required to emphasize the importance of teaching safe and controlled techniques, and of playing within the rules. It is incumbent on all of us to support the rules we have in place to protect players."

The enhanced discipline will be imposed even in cases of a first offense, including the possibility of suspension for first-time offenders, the clubs were told.

To NFL Players and Coaches from Roger Goodell:

"One of our highest priorities is player safety. We all know that football is a tough game that includes hard contact. But that carries with it an obligation to do all that

Tim Lucas Graduates

Tim Lucas came to UW from the University of Florida in 2000.

While completing his training in neurological surgery, he also earned a PhD in neurophysiology, got married and had a baby.

Tim has been a stand out in the department, and is now starting a brain tumor fellowship at the University of California.

He is a credit to our training program, and is sure to be a leader in academic neurosurgery in years to come.

Last Issue's Brain Teaser:

Answer: In July of 1938, Thomas Wolfe (the real one, not the pretender in the white suit) traveled to see the west, and to visit his brother Fred in Seattle.

There he became ill with what was diagnosed as pneumonia, and was hospitalized when he developed neurological findings.

Wolfe was then taken by train to Baltimore where, as a last resort, Walter Dandy operated upon him but found advanced TB meningitis and closed.

Thomas Wolfe died two weeks before his 38th birthday, having produced four of the greatest novels of his era.

New Brain Teaser:

Question: Descartes located the soul of man in the pineal. The great Arabian physicians of the Middle Ages placed man's essence somewhere else. Where?



Rich Ellenbogen



Art Ward

we can to protect all players from unnecessary injury caused by dangerous techniques from those who play outside the rules.

Violations of the playing rules that unreasonably put the safety of another player in jeopardy have no place in the game, and that is especially true in the case of hits to the head and neck. Accordingly, from this point forward, you should be clear on the following points:

1. Players are expected to play within the rules. Those who do not will face increased discipline, including suspensions, starting with the first offense.
2. Coaches are expected to teach playing within the rules. Failure to do so will subject both the coach and the employing club to discipline.
3. Game officials have been directed to emphasize protecting players from illegal and dangerous hits, and particularly from hits to the head and neck. In appropriate cases, they have the authority to eject players from a game.

It All Started With Art Ward

At a recent Grand Rounds, Professor George Ojemann found us all. That is to say, he found what has become of all those residents who trained here: what sort of practice attracted them, what they published, where they went. The three permanent Chairmen of the Department of Neurological Surgery at UW, as well as Bill Kelly when he was the Interim Chair for several years, all set out to produce academics. George wondered how they had succeeded.

Decade	#graduated	Academic Positions:	
		Initial	Last
1957-69	18	9(50%)	6(33%)
1970-79	21	14(67%)	4(19%)
1980-89	10	5(50%)	3(30%)
1990-99	17	14(82%)	10(59%)
2000-09	18	11(61%)	10(56%)
TOTAL	84	53(63%)	33(39%)

During these 52 years, a total of 73 graduates published, and the majority of these were, of course, those who stayed in academic medicine. It seems significant that 31 people in practice also published. Perhaps the most interesting conclusion from this data was that having obtained a PhD prior to finishing the residency decreased the chances of that graduate staying in an academic career.

The editor hopes that our readership will continue to expand, and that the newsletter will become a vehicle for reporting on the activities of our colleagues. Please contact me. Let me know the memories of your time here, what you are up to now, and ways in which you think we might find further common ground. Please contact us at the addresses below.

If you do not wish to receive the Montlake Cut, please let us know and we'll remove your name from the distribution list.

Editor:	Richard Rapport	rappor@u.washington.edu
Associate Editors:	Carly Daines	carlyd@u.washington.edu
	James Pridgeon	pridgeon@u.washington.edu