Dear Colleagues and Friends,

We are delighted to bring forth the second print edition of our celebrated UC San Diego Department of Surgery Humans of Surgery Instagram series. This book represents a collection of posts intended to both familiarize and honor our diverse community of team members. At its core, the Department of Surgery is singularly focused on elevating the human condition. While new medical technologies and new facilities are helpful in fulfilling our mission of bringing high-quality compassionate care to patients of today and tomorrow, they are insufficient in and of themselves. Wielding these tools must be team members of the highest caliber, who understand and embrace our calling. People are and will remain at the center of this noble pursuit.

The Humans of Surgery Instagram initiative was conceived with a simple, yet fundamental idea: that teammates who appreciate one another’s humanity and unique stories will be more effective in fulfilling our collective calling. Cultivating compassion from within our department creates a positive, supportive, and engaged culture that values and recognizes each person’s unique contributions.

In 2019, we published a print volume of these posts, which brought more attention and focus on our incredible team members and put on display the positive culture we strive to achieve every day. In the four years since publication, we have continued to successfully serve our communities in the midst of a global pandemic and an evolving landscape of societal challenges, locally and globally. Truly magical things happen every day in our clinics, operating rooms, classrooms and laboratories. We bring comfort and care to the sick, we discover better strategies for tomorrow’s patients and we excite and develop the next generation who must do the same.

We do this in an environment of mutual respect and admiration.

As I read through these posts, I cannot be more grateful nor more excited about our teams and our futures.

From the desk of
Bryan Clary, MD, MBA
Marshall J. Orloff Family
Endowed Chair
Professor and Chair,
Department of Surgery
UC San Diego
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Everybody who goes into medicine is a perfectionist to some degree. Residency is the meeting point between our perfectionism, and trying to help real people. The biggest lesson I’ve learned is that it’s important to focus on what the patient needs out of their interaction with you. There are patients who have terminal cancer who say: “I don’t want to talk about complex operations, I just want to be able to eat something.” Or we have someone who comes in with appendicitis and they’re like: “I can’t have surgery. I’m a junior athlete going to the world championships. I’ve been training for this all year.” You can have a plan in mind, but it won’t make any difference if you don’t address the thing they’re most concerned about.

Patients can be funny. I remember walking into work one morning and there was a patient just standing there, by his hospital bed, completely naked, waving. He was like: “Hey Doc, hows it going?” And you think: ok, this is part of my day!

Sometimes you’re a punching bag—that’s part of the job too. Sometimes patients just need to vent or tell you a story about their grandkids. Some people are very sarcastic. Some are very family-oriented and will say: my daughter will make all the decisions. You might wonder if that’s the right thing, but ultimately you have to find a way to work in that setting.

Basic science is important. It’s important to learn the pathology, but you have to know how to apply it to human beings. Surgery is as much an art as anything else. Sometimes I think the clinical decisions are the easiest part of what we do.

Dr. Charissa Lake, General Surgery Resident at UC San Diego.
Since I was five, I knew I would be a doctor. I had a pediatrician that was awesome. I wanted to be just like him. Whenever I saw him, I brought him sand rubies (tiny red crystal rocks from the sandbox). He was always super excited...

I’m from Arizona. I went to medical school in Minnesota. The Minnesota winter was shocking. I didn’t own a coat or closed-toed shoes. When I saw my breath in the air, I freaked out. I felt flat on the ice at least 5 times my first year... in medical school. I was applying to radiation residency. My computer crashed before I submitted and nothing was left, so I started over. I couldn’t re-write a personal statement for radiology, so I wrote one for surgery...

In residency, watching Dr. Andrew Loney and Dr. Jason Sicklick made me realize that I wanted to be a surgical oncologist. They helped me to get a fellowship in that very competitive specialty. Everything was coming together. Then, I did 6 months of colorectal surgery with Dr. Sonia Ramamoorthy. It was amazing. She regularly told me I was a colorectal surgeon. After a few months with her I agreed. I completed fellowships in both surgical oncology and colorectal surgery...

As a colorectal surgeon, you can do challenging cancer cases, but there are also smaller things you can do to improve patient’s quality of life. There’s no glory in treating hemorrhoids, but people use their butt every day, so when there’s a problem with it, you can help them feel a lot better...

I do some crazy things outside of work. I recently went to a drive-in rave with a friend, I play video games with my little sister and I love baking sugar cookies and decorating them—my brother says you should decorate something you’re going to eat... As a medical student, the time commitment of a surgical career scared me and I thought surgeons were scary too, but thankfully, I realized that I loved surgery so much that these things didn’t matter to me and I chose right. Choose to do the things you love to do.

Dr. Nicole Lopez is a colorectal surgeon at UC San Diego. She baked those holiday cookies herself.
Dr. Sean Perez is a PGY-2 Surgery Resident at UC San Diego.

So I’m from Southern California originally. I guess that’s my origin story. I had a few surgeries. I had surgery at like a month old, and then again when I was in eighth grade. Those really got me involved with all my doctors and it was my first exposure to surgery. It was a unique experience. And then growing up in Southern California...

I went to college at UCLA and then moved out to Boston for medical school at BU and then fell in love with surgery.

Getting to help people in the same way that I was helped once was a good experience. And during my third year of medical school, that’s when I realized that’s how I wanted to help people. That’s how I knew I wanted to be a doctor...

One thing that stuck out recently was when my junior called me at 2 in the morning and she was worried about this patient who had an altered mental status. And she was worried that they were getting septic, but I said not to worry since I was looking at their chart and that I’ll be over there in a couple of minutes. I then had a gut feeling — I was like, “I think this guy’s having a stroke.” And then I called the stroke code. It was my first time ever calling a stroke, and I was right. He had a stroke and they mobilized a whole team. My grandpa had a couple of strokes growing up and he was completely changed after that.

There’s some moments where you’re a surgery resident, and then there are some moments where you feel like a doctor. And that was one of the ones where I felt like a doctor... Residency gets a bad rap for having no life, especially surgery, but I haven’t felt that way.

I ran the LA marathon a month ago, and I’m running a half marathon tomorrow! It doesn’t necessarily force you to give up anything you love or you enjoy doing; it just helps you prioritize them. And if you love what you do, then you don’t mind it.
Going to Duke for undergrad, I was exposed to the medicine side of things because the hospital is right next to the undergrad campus. The physicians over there have really been a huge impact in terms of what I wanted to do in the future. There was this general surgeon that I shadowed who demonstrated his impact by the conversations he had with his patients while managing their care. I remember when he was telling me about how sick this one particular patient was, and how he thought this patient wasn’t going to make it. It was really, really interesting because even though he had low confidence in how this patient was going to do, he still worked relentlessly to save him. He said he came in overnight many times just to work on this patient. Several weeks down the road, the patient was sitting up in bed, surrounded by family; he was alive, and thriving. I just remember how grateful that family was, towards me (though I did absolutely nothing), the surgeon, and the surgery team.

I think that made a huge impression on me, and that’s what really attracted me to surgery is just the instant impact that you can make on a patient. Whereas some other specialties, sometimes it takes a while for something to be done, so you don’t really get that gratification—which is funny, because surgery residency is such a long residency, so it’s not really for those who want instant gratification either. You’re putting your hands on a patient, and they’re trusting you with knives and all sorts of instruments so it makes sense.

Outside of the hospital, I really enjoy being in the new city of San Diego since it’s not somewhere I have ever lived before. I really like going to the beach as well; the weather is fantastic, and I really enjoy being outdoors. I actually did the San Diego Rock and Roll half marathon recently! I’ve been trying to do more running since my girlfriend was ran track/cross country in college. She’s been a great support to me, and I’ve come to realize the importance of staying in touch with the people that mean a lot to you, even if they’re not directly around you.

Dr. Alexander Zhu is a PGY-1 Surgery Resident at UC San Diego.
Dr. Michael Bouvet is the Director of Endocrine Surgery in the Division of Surgical Oncology and a Professor of Surgery at UC San Diego.

My research focuses on fluorescence guided surgery and development of novel probes to label tumors.

I got interested in this research when I came back from my fellowship and joined the faculty. There was a professor in the Department of Surgery named Dr. Robert Hoffman, and he was a scientist that had developed mouse models of cancer, and he was able to take tumor cells and make them glow in the dark by adding green fluorescent protein or red fluorescent protein. We then developed a technique whereby we could make patient tumors glow in the dark with fluorophore labelled tumor specific antibodies. This allows the surgeon to better visualize tumor margins and enable more complete surgical resection. It’s all about making the surgery safer and identification of the nearby structures of the tumor itself to help the surgeons make the surgery safer for the patient...

I love surgery because you really have a chance to make a difference in a patient’s life, and the incredible responsibility that goes along with it is that the patients are entrusting you as their surgeon. And that’s a huge responsibility when you think about it.

Ultimately, it comes down to helping people. So that’s probably the most gratifying thing...

I’ve been fortunate that I’ve been able to do all this research all these years, and that a lot of the research is tied in with what I’m doing clinically, which makes it all that much more exciting. And then to be able to do it at UC San Diego and sunny San Diego, where it’s just an incredible place to live and enjoy all the wonderful things we have here...

In my free time, I enjoy hiking and swimming. I also like to play guitar. My wife plays the piano, so we enjoy that time together...

I think at the end of the day, it’s important to stay organized and plan things out as much as you can, but also leave some time for spontaneity. Remember to keep a good balance between work and life.

Dr. Michael Bouvet is the Director of Endocrine Surgery in the Division of Surgical Oncology and a Professor of Surgery at UC San Diego.
Dr. Yuan Chen is the Chief of the Division of Surgical Sciences at UC San Diego and a Professor of Surgery and Affiliate Professor of Bioengineering.
Diwakar Guragain is a postdoctoral researcher in the Sicklick Lab at UC San Diego.

My understanding and journey of science initiated working in a biophama company, where I was producing different biopharmaceuticals, and I knew that everything goes to the patients. So it actually made me think that, okay, there is a big reach for science, what you can do for the community, what you can get from the community, to humanity as a whole.

In the path of exploring science, I happened to be in the north east of Thailand, which has the world’s highest incidence rate of cholangiocarcinoma (CCA), a bile duct cancer. They feed on the fish containing viable larvae of fluke which obstructs the bile ducts in poor farmers. When I was in Thailand, we had the chance to interact with them. Although the language barrier was there, the sense of hope in them, that actually drives you ahead.

Currently in the lab of Dr. Jason Sicklick, we are testing the efficacy of a novel combination therapy for Gastrointestinal Stromal Tumor (GIST). The current work carries the potential for immediate clinical trial design to improve GIST patient outcomes. I would like to always work for improving quality and survival of cancer patients.

In personal space outside of the lab, I love being with two innocent kind souls: my daughter and wife. We all love spending time driving and going different places. My family brings a sense of calmness in me.

My dad invested a lot in me during my childhood. I am the first person in my family to do a Ph.D. and come into this field. I would give 90% of who I am and what I am to my dad because it’s his dream and I am fulfilling his dream. He visited me a few months back, and he was happy, and I could see the pride in him. My whole life, that was the proudest moment I’ve had, when he was happy and satisfied.

Diwakar Guragain is a postdoctoral researcher in the Sicklick Lab at UC San Diego.
I did my post-doctoral training at Scripps Research Institute in Immunology which has allowed me to pursue a career focused on immune mechanisms regulating homeostasis in injury and cancer here in the Department of Surgery at UC San Diego.

The Department of Surgery has a strong reputation for its basic and translational research, and excellence in clinical care. Collaborative research with investigators in the Department of Surgery and other departments fosters a culture of excellence in research. At UC San Diego, I enjoy monitoring trainees to help them realize their academic potential...

Outside of research, I enjoy relaxing with my family, long road trips, overlanding in the mountains and deserts and RV camping in National Parks. For road trips, an important goal being to enjoy the drive and see the sites. For example, in our most recent trip (pre-COVID19 of course), we traveled to Yellowstone, in a three day one-way trip. Along the way side trips included the Grand Tetons, Zion and Bryce Canyon; all must-see sites along the way…As a professor leading a research lab, highlights that stand out include celebrating discoveries with trainees and come in the form of publishing impactful papers and new discoveries. When the path to discoveries has been challenging, it makes these discoveries much more rewarding and shows trainees how important resilience and hard work are in helping you get up and get back into the ring when confronted with challenges.

Brian Eliceiri, PhD, is a Professor in the Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery in the Department of Surgery at UC San Diego.
Dr. Ashwyn Sharma is a general surgery resident at UC San Diego currently in his research years. When I was in college, I was pretty set on becoming an engineer. I loved math, physics and chemistry, and was thinking about pursuing a PhD. But during college someone set me up with an opportunity to shadow surgeons during a night shift, and that experience really pushed me towards medicine—specifically surgery.

Engineers will tell you that by developing a device or new technology you can have a substantial impact on a wide number of people. And that’s true… however, they rarely experience first-hand the impact they have on a specific individual. When I was shadowing surgeons, I remember how they paid attention to each individual patient and catered to each of their unique needs. That’s why I ultimately chose surgery—I could have a very close-knit, personal relationship with my patients, and directly see the value of my work and improve their lives, whether that’s by removing a cancerous tumor or by fixing a hernia.

One thing that has really stuck with me through my training is that there are three pillars of medicine: clinical care, education, and research. It’s important to provide the best care possible but teaching the next generation of physicians and pushing the field forward is just as crucial. At the end of the day, we don’t have the answers to every question or problem in medicine. Research keeps medicine interesting, and more importantly, it gives our patients hope for better treatments and a better life with whatever ailment they may have. It’s what has really pushed me towards academic medicine and becoming a surgeon-scientist.

I have loved living in San Diego. I’ve picked up photography since moving here, and on weekends I try to go to the beach or on a hike to catch the sunset. I try to stay active and enjoy playing tennis with my co-residents. And of course, I will always try to watch the Kansas City Chiefs game whenever I can.
Life as a surgeon and researcher is like white water rafting. You need to maneuver your way through the seemingly opposing currents, calculating and reacting to each, using their energy to make your way down river. If you’re successful, they can become synergistic.

What I see at the bedside informs my research and I often consider my research through a clinical lens. I try not to compartmentalize my practice into clinical or research days, but to do them both simultaneously. Blurring the lines allows us to bring what we are discovering in the lab back to the patients, and concurrently, using real time patient experience to inform our discovery.

Curiosity is what keeps me interested in both the clinical and research sides of surgical oncology. Hypotheses are like puzzles where you get to make up the picture; while I’m not artistically creative, science lets me be creative in that I can come up with crazy ideas and test those hypotheses.

As surgeons, that’s what we’re trained to do: a version of Design Thinking. We go into the operating room with a general idea, but with the creativity and flexibility to solve the problem while maybe improving our methods and our outcomes. We don’t know what the river is going to throw at us until we have paddles in the water. I think that mindset is also helpful in researchers. Curiosity and adaptability allow us to push the limits a bit and think about things in a different way.

Outside of work, I really like being outdoors. Some of these activities include hiking, offshore fishing, and being out on the water with my kids river rafting! I did a 6-day trip in Idaho a couple years ago, and it was amazing being out in nature without any contact to the outside world. I have a 3-day trip in Northern California planned for this summer. I also really enjoy traveling abroad and hope to do more of it now that COVID has subsided (a bit).

Dr. Jason Sicklick is a surgeon-scientist in the Division of Surgical Oncology, Executive Vice Chair of Research in the Department of Surgery, Professor of Surgery, and Adjunct Professor of Pharmacology at UC San Diego School of Medicine.
Dr. Carol Yan is a head and neck surgeon who specializes in treating sinonasal disease and skull base tumors.

I enjoy being subspecialized as a rhinologist because it allows me to continue refining my surgical skills, recommend research-based treatment, and feel more confidence in a specific area of medicine...

I also conduct research in smell and taste loss called chemosensory dysfunction, looking at the mechanisms of smell loss, especially the post-viral etiology. COVID-19 has really brought this issue into the limelight as so many patients suffer from smell and taste loss following infection. Luckily for most, it is temporary, but for others it is a long-term, potentially permanent disorder.

At UC San Diego, we treated one of the first patients who reported smell and taste loss prior to realizing they had COVID-19 in early March 2020, when there were few reported COVID cases in California. This launched our research characterizing the association between smell loss and COVID-19 early on, and we have joined a community of researchers focused on the scientific advancement of understanding this chemosensory disorder. For many, COVID-associated smell and taste loss causes a distortion of smell called parosmia, which some patients were told was a psychological issue, but it is an unfortunate and common phenomenon of smell loss.

We are currently conducting clinical trials for treatment of COVID-19 smell loss and parosmia. Even if I can’t offer my patients a guaranteed treatment, I think just talking to them, telling them they’re not alone, this disease process is real and not in their head, and describing to them research-based potential treatments gives them hope...

As a wife and a mom to a 2-year-old son and a 3-year-old shiba inu, I mostly spend my free time outside at parks, dog beaches, hiking, and in the water... There is no great balance to juggling family, research, surgery, and an academic career. On any given week, one takes more priority than others, so it’s a happy imbalance of everything...
To be involved in student education is a real honor.

Teaching reinforces the joy of medicine — there’s nothing like having a student watch an operation for the very first time and being able to look inside another person, see the problem, be part of the process of fixing that problem...

One phrase that stuck with me is, ‘sometimes a surgical oncologist’s job is to stand in the way of suffering.’

Sometimes the biggest impact we can have is not to give an extension of life, but to improve the quality of life. You really do have to ask patients what is important to them. Is it to make it to their daughter’s graduation or wedding? Is it being able to spend as much time with their family? Is it not having pain? Is it to do whatever it takes to live as long as possible even if the cost is pretty high? These are the conversations that are painful to have, but good to have early on. You have to be comfortable thinking about mortality for yourself to be able to have that conversation with other people, and that’s uncomfortable.

‘We have such a science-minded understanding of life and death, but sometimes you have to step back and look at it from a bigger perspective.’

I think it’s good to ask the big questions about yourself and about your own life. I think it helps you to have a deeper conversation with patients.

Joel Baumgartner, MD, is an assistant clinical professor in the Department of Surgery with a primary specialty in surgical oncology.
I went to UCLA for my undergraduate education. I didn’t know what I wanted to do. My mom wanted me to be a lawyer.

We have a joke: ‘Lawyers are just Jewish kids that are afraid of the sight of blood.’ But I think I always felt, even since I was a little boy, for people who are suffering. I don’t like to see people suffer. It really bothers me. Even the worst of people, I hate to see suffer. I think that’s what drove me…Mom suggested, ‘Well, you’re at such a great institution and you love children, why don’t you volunteer at the hospital?’ So I did, and I met this pediatric resident who took it upon himself to mentor undergraduates who were interested in medicine. I spent maybe six months with him. There were weeks when I wouldn’t go home because I loved being in the hospital, I loved what he was doing, I loved being in a position to help others.

After beginning my practice, I remember one of my cases was a young guy with neurofibromatosis type two. He had two massive brain tumors. There was a problem, and there was some bleeding and we had to take emergency action. The man was very slow to wake up, very slow to recover and he required rehabilitation. He was deaf but could speak because he was deafened as an adult. He went through a lot, it was a huge recovery, near-death for him. He sent me an email telling me about a nightmare he had when he was in the hospital. He was being chased around the hospital by someone who was trying to kill him. In his dream I was this superhero who defended him and fought off the bad guy.

I’ll never forget that.

Rick Friedman, MD, PhD is a Professor of Surgery with the UC San Diego Department of Otolaryngology and Director of the UC San Diego Acoustic Neuroma Program.
Isabella Guajardo, MD, is a PGY-2 resident in general surgery.

My first year in residency was hard. But, it was also a lot of fun.

A lot of the time you feel small and stupid because there’s so much you don’t know, sometimes something as simple as where the bathroom is. Now, although I know I have a long way to go, I look back at the end of the year and see how much I’ve learned, how much I was able to do. It definitely has helped me feel a lot more confident in my abilities...

One incident that stood out to me was my first trauma patient. He ended up going to the surgery and passed away very young. It made me realize how processing what you’re involved in is so important. As a resident, there’s always more things coming up, more people to help, so you try to set your emotions aside because, well, you’re busy. But that makes it just swell up inside. It’s important to acknowledge how you feel... In residency, it’s harder to do other things because you spend so much time in the hospital. Then outside of the hospital, there’s always studying and preparing you have to do too. But residency has also solidified how much I enjoy using my hands to help someone get better — someone comes to you in pain, you physically do something for them in the operating room, and once they’ve recovered, they’re free to live their lives. It’s a lot more time consuming than medical school, but now you are using your knowledge to make decisions for patients and change the course of their lives: it’s real...

I’d say that being a woman in surgery is empowering. It’s like a secret weapon. I feel like some patients likely opened up to me more as a woman, perhaps because they feel more comfortable sharing more emotional things. And as a patient going into surgery, you’re very vulnerable! But there’s always those times at the VA when the patient confuses you for a nurse, and after I introduce myself to them as their doctor, they respond: “Oooh, a lady doctor!” Cracks me up, every time. I also consider myself lucky because I learned from an all female chief class during my first year as a doctor...

And with everything that I’ve done in my first year as a doctor, I’ve learned that I’ve got guts.
My experience with the UC San Diego Department of Surgery was an amazing opportunity to learn what it means to be a doctor. Interviewing and writing Humans of Surgery posts was gratifying — I learned from so many incredible doctors and staff who have such an impact on patients' lives and on research. Talking to Dr. Geoffroy Noel and hearing about his empathy-based approach to teaching anatomy had a big impact on me continuing my pursuit of medicine.

The Humans of Surgery stories are so valuable and so interesting, and they taught me a lot about how I can better interact with patients. Now, it's really easy for me to get a story out of someone, actively listen to them, make them feel heard and understand where they are in their lives. I also now understand how comprehensive healthcare is — all the many roles that supplement the doctor, like the person doing the chart notes or the nurse taking care of the patient when the doctor isn’t there. Something inspiring in the medical field is the new emphasis on cross-collaboration between different disciplines, particularly medicine and psychology, to provide the best patient care. One neglected patient population, especially in California, is the homeless population.

How would you not have issues with your mental health if you were in a state where people don’t treat you like a human being? Even in medicine, they are sometimes not treated like other patients are… Currently, I'm really interested in working with children with developmental delays, but it's never too early or too late to go into med school thinking I know what I want to do. Every time I write a HOS post or have a new experience, I realize how little I know about the field. I would talk to the Department of Surgery residents and think… "OMG, maybe I want to do surgery!"

Trisha Kholiya is the outgoing communications and writing assistant for the UC San Diego Department of Surgery. She graduated in 2021 from UC San Diego with a bachelor's degree in biology, minor in psychology, and is a member of the Phi Beta Kappa Honor Society. Trisha is currently working as a medical assistant for an oculoplastic surgery clinic while also applying to medical schools.
The world of speech pathology is diverse. And when I was at a young age trying to figure out what I wanted to be when I got older, that was important to me. I can work with different types of patients, and I knew that if I ever wanted a change, or have a different specialty, I could. This field is a great combination of medicine, counseling, and educating.

I get to help people do two of human beings’ favorite things: talk and eat. Not being able to talk and eat can lead to a decreased quality of life. Being able to help patients in these areas is rewarding, and keeps me inspired and motivated.

There’s a small patient population that I work with called total laryngectomees. These are patients who have had their entire voice boxes removed and who have lost their ability to communicate. These patients are very dear to my heart. Giving them a ‘voice’ back, and helping them get back to life is a special part of my job here at Moores Cancer Center.

MD, Kristen Linnemeyer, MA, CCC-SLP, is a certified Speech Language Pathologist with UC San Diego. Her expertise is in assessing and treating patients with complex voice and swallowing disorders resulting from illness, stroke, surgery, injury or head and neck cancer.
Humanities are at the core of the anatomy lab experience. It’s a very emotional, very vivid experience that students remember for years.

One reason I came to UC San Diego was to work with the Sanford Institute for Empathy and Compassion. I got people interested in working with empathy and this untapped dimension of the human body in the Anatomy Lab for more than just knowledge and skill acquisition. Many universities sterilize the body donors so students become completely clinically detached. Students start with a lot of empathy and then that starts to disappear, to the point that they often overlook that they are persons in their hands. This experience is very intense emotionally, so students rely on this coping mechanism to stay on task despite their emotions. But the body donor is also a patient, and we can bring a new dimension of empathy and care to the donor experience.

I grew up in Paris and attended various talks at the Collège de France. I was captivated by how those Nobel Prize winners were able to engage with the general public through ‘vulgarisation’ of science (speaking in laymen’s terms). In my last year of my PhD, I designed my own course to teach and I fell in love with teaching.

As the Division Chief of Anatomy, I’m responsible for all of the anatomy education in the medical school.

The energy I get from teaching is unmatchable. The bubbly spirits and minds of the students makes you fall in love again with what you’re teaching. It keeps me motivated and passionate, keeps me learning new things constantly. It also forces me to stay up-to-date with the students to be in sync with them.

My advice is to keep stimulating your brain, change your environment or the way that you’re doing things. For me, if you stay too long in one routine, you start having a hard time understanding what people are doing. We all need to get out of our comfort zone and take risks to connect with our world.

Dr. Geoffrey Noel is the Division Chief of Anatomy for the UC San Diego Department of Surgery.
A grandmother came in and was transferred from an outside hospital with a really bad head bleed... her prognosis was dismal.

The son got there with an advanced directive that clearly stated she didn’t want invasive surgery or to be resuscitated. It turns out her husband had died five days before that and they were in the process of planning the funeral for the husband and here was this son whose dad just died and his mom was essentially comatose and the neurosurgeons were offering him this brain surgery — a life-prolonging surgery, but not necessarily a life-enabling surgery... In that time of stress it was nice to get the family together and ask, ‘So what does your mom like to do?’ Well, she likes to hang out with kids and go for walk and be very active, she cooks for large portions of people, she’s the life of the party and knowing how bad her brain injury was, she’s not ever going to be able to do any of that stuff. But one remark, she wants, ‘It was nice for the family to say, “We’re going to let her die with dignity and celebrate her life instead of prolonging her misery...”’

When I was interviewing for residency, I met an attending surgeon, we were interviewing and he gave me some advice: ‘If you want to have a fulfilling and successful career, find something that pisses you off and work to fix it.’ The thing that makes me mad is just the craziness of the delivery of the health care system and how ridiculously expensive it is and how you can save somebody’s life and ruin them financially. In 17 states, if you die, your medical debts can be passed on to your children.

My ultimate goal is to educate myself and those around me and try to know the economics of medicine so we can better help people. I think everyone should have access to healthcare, and unfortunately, it’s not like that in the U.S.

Jeff Reeves, MD, is a general surgery resident at UC San Diego. He has completed two years of residency and is currently in his research year. He completed his medical education at Dartmouth College.
The first surgery I presided over as an attending was an interesting case.

The first day I was at UC San Diego, the radiologist said, “Anne, I’m so sorry, the wire sprung across the breast and we can’t get it out.” Those days, when we do a lumpectomy for a non-palpable breast cancer, radiology localizes it with a tiny reflector, but in those days it was with a wire. So, the cancer was supposed to be in one place and the wire was 10cm away, stuck to the opposite side of the breast. I decided to make an incision where they thought the cancer was and put my hand inside the breast to see if I could free the wire. It wasn’t that nerve-wracking, because I knew there were many things harder than doing a lumpectomy. I was able to follow the wire with my finger, successfully release it and luckily enough, find the cancer where it was supposed to be… I trained in general surgery in Washington D.C. during the height of the drug-war days. I used to stand on the helipad, see the gun fire and know that I had about three minutes to go and put my protective gear on. We ran three bays and had young residents opening chests, but we always had trauma attendings along with us…

As a resident, my hours were ridiculous. I worked 120 hours a week. We had years of every-other-night call, and sometimes back-to-back nights. We’re so much better off now with the way we run residency; the favorite part of my job from the clinical standpoint is that every day, we make a difference to our cancer patients, and newer to my practice for the past few years, to my transgender chest reconstruction patients. I can do the smallest case and someone is absolutely thrilled. Or I can take the extra time to explain something, and the patient feels it made such a difference.

The impact that surgery has on people as well as the way in which we deliver surgical care, is huge. Everything that we do in medicine, from the ground up, is important. Running a team that “gets that” makes my job so much more fun.

Anne M. Wallace, MD, is a breast surgeon at UC San Diego, the director of the UC San Diego Comprehensive Breast Health Center.
I was in the Navy for 11 years. I used to track submarines; I was a sonar tech. You hear about the sacrifices that people make, but it’s harder than it sounds, meaning, you sacrifice a lot of anniversaries, a lot of birthdays with the kids, a lot of time with the family. Me, for instance, my daughter, when she was born, I wasn’t even allowed to come home to see that. The sacrifices are harder than people realize, but you do it for other people, just like in this role.

I think this picture is a good reminder of why I work hard and go above and beyond for patients. This is the last time I spent with my sister before she passed of stomach cancer. Remembering her journey reminds me how tough the journey can be for patients. Now I really know what these people are going through and what kind of support and care it takes to get them the care they need, and what they’re going to need.

If I can make someone smile, give the patient and their family assistance and reassurance, that is a successful day. The system can be confusing to navigate when they are seeing 3-4 new doctors and their staff and having to schedule and coordinate appointments. If I can ease some of the stress and anxiety, I will. Although the outcome for patients is not always favorable, hearing them or their family say I made a difference is worth more than any accolade. The look in their eyes and tone in their voice of gratitude gives you a special feeling.

The doctors, APPs, nurses, and admin staff of GI surgical oncology are top-notch. Seeing them provide a high level of care pushed me to be better and made me want to provide that same high level of care. This department is really close. So whenever I have a chance to coordinate something, I like to be inclusive. Last year we actually rented a cabin at Big Bear, and people liked it so much that we’re going to do it again this year. We sing, do karaoke, eat good, watch comedy shows, snowboard, hang out... we’ve done kayaking, rock climbing, bowling... I learned that a lot of people want to do things, they just don’t have anyone to do it with.

Kendric Robinson is a former LVN with the Division of Surgical Oncology at UC San Diego.
My mom was diagnosed with breast cancer when I was in medical school in Saudi Arabia. We were searching for a female surgeon and we couldn’t find any at that time, and some of the surgeons she saw told her “You don’t need surgery,” which of course wasn’t the right treatment for her. Being on the other side was an eye-opening experience for me, so I’ve decided to go into surgery to help as many patients as I can so they won’t have to go through the same experience as my mom.

It can be challenging when coworkers and patients treat you differently than male physicians — I’ve had patients refuse to call me doctor or only address my male juniors instead of me. I do think it’s a positive thing that our class is all female. There are studies that indicate patients of female internists and surgeons may actually have better outcomes than those of their male counterparts. However, I think the fact that this is the biggest talking point of our class in the year 2020 is a bit of a sad reflection on lack of social progress in our society. I wish the focus was on the fact that our class is very clinically strong, or that we have had many fewer interpersonal conflicts and are felt to be better leaders than previous classes, or how we matched in excellent fellowships.

My hope for the next generation of residents and humans in general is that we move faster and stronger towards treating everyone with respect and having evaluation and advancement on merit rather than whatever demographic category you belong to.

It’s challenging but incredibly rewarding being surrounded by like-minded women and men who are working hard every day for the care of others.
Samantha Gambles Farr, MSN FNP-C CCRN RNFA DNP/AGACNP(c), is a trauma/surgical ICU nurse practitioner. She currently serves as the president of the San Diego Black Nurses Association Inc and Health Chairperson, North San Diego NAACP. She has also received the 2018 National Black Nurses Association Inc. Advance Practice Nurse of the Year and 2017 Recipient of the Distinguished Woman Award for community service: North San Diego NAACP. She is the immediate past president of the California Association for Nurse Practitioners, North San Diego Chapter.

I feel like I’m exactly where I’m supposed to be.

Nursing was definitely the best choice I made for myself and my family and second best choice I made was going back to school to become a nurse practitioner. 2020 is the year of the nurse … The birth of my daughter was the biggest thing in my life. It really changed the trajectory of my life. She’s my why. A piece of advice I’d give her is that the setback isn’t as strong as the comeback. Don’t let the failures keep you from pushing through. I failed my way to success…

There’s not many people like me — nurse practitioners who work in the ICU who are black women. I’m in a scarce, rare position and I would be neglectful if I didn’t recognize that so that people who see me who maybe look like me and want to do the same things as me. I feel like it’s really important that once you get to where you’re going or where you think you’re going, you have to reach back and help other people up and mentor and help people make that step as well. Once you’re my student, I’m your mentor for life.

Samantha Gambles Farr, MSN FNP-C CCRN RNFA DNP/AGACNP(c), is a trauma/surgical ICU nurse practitioner. She currently serves as the president of the San Diego Black Nurses Association Inc and Health Chairperson, North San Diego NAACP. She has also received the 2018 National Black Nurses Association Inc. Advance Practice Nurse of the Year and 2017 Recipient of the Distinguished Woman Award for community service: North San Diego NAACP. She is the immediate past president of the California Association for Nurse Practitioners, North San Diego Chapter.
I became interested in cancer care when a close family friend developed esophageal cancer back when I was in college. When he was receiving treatment, I learned all about cancer treatments and that’s when I became interested in oncology in the first place...

Patients with cancer are regular people that have this diagnosis given to them and it changes their life. They work with you through all of the treatments and they want to get better. We have treatment teams when it comes to cancer care and even when the surgery is done, I still get to see the patients and follow them long-term, which I love...

As any surgeon, I love operating, but I also really enjoy the research side of my field. You learn from your own patients, and through research you can advance your field and hopefully improve treatments and outcomes for patients to come...

Having a busy family life with young children makes things a bit more difficult because it forces you to be more efficient with your time. You can’t just stay at work until you finish things in a leisurely fashion and you definitely need a strong support network at home, which I am very fortunate to have. My husband is a radiologist and we didn’t settle down and live in the same place until our mid-30’s. Right now, my son is 4 years old and I have 2 daughters, one is 2-years-old and the other is 5 months. There are demands on women that aren’t quite the same for men, in terms of domestic and childcare responsibilities, not to mention nursing and pumping! And while women in surgery have come a long way, we still face increased scrutiny of our decisions and skills by colleagues... not so much by other surgeons, but by providers in other disciplines...

One piece of advice I have is to do things for the right reasons. Especially after being a surgical oncologist and seeing how quickly people can get sick or something unexpected can happen to you, I don’t think it’s good to live your life looking forward to something in the future. Do what makes you happy now.

Dr. Kaitlyn Kelly is a former surgical oncologist at UC San Diego and the San Diego VA.
Tamara Wahlin is an Otolaryngology Physician Assistant at UC San Diego Perlman Medical Clinic.

As a little girl, I remember my mom always telling others that I was a humanitarian by nature and that someday I would choose a career that would involve helping others. This is likely one of the reasons I enjoy my job as a PA with the UC San Diego Acoustic Neuroma Program so much!

Acoustic Neuromas are benign tumors that originate from the hearing and balance nerve and can cause debilitating symptoms such as hearing loss, imbalance, and more. If they become large enough, they can potentially be life-threatening. I am honored to be part of the Acoustic Neuroma team which is headed by Dr. Rick Friedman and Dr. Marc Schwartz; two of the best surgeons in this field. Our patients travel from all over the world to be treated at UC San Diego. It humbles me that they choose to travel for distances to have surgery with us and so I strive to provide them with the best possible care.

We are fortunate to have such amazing patients and each one has their own unique journey and story to tell. One of the many patients who has inspired me was a young man who had lost his hearing over time due to the growth of tumors on both hearing nerves. He found himself suddenly dependent on speech-to-text transcription apps to communicate. He elected to receive an auditory brainstem implant (ABI); a device that can be placed for patients who have profound hearing loss that cannot be helped with a hearing aid or a cochlear implant. Just one month after surgery, he was already hearing sounds again and able to understand some spoken words with the aid of lip reading. He was even able to hear his nephew’s child cry and soon thereafter no longer even needed his phone app to communicate. It is really rewarding to see that the care our team provides can really make a profound impact on the lives of our patients!

Outside of the clinic, I spend my free time with my husband and 3 children. When not at science competitions or softball tournaments, we love hiking, going to the beach and exploring the National Parks. My daughter and I also enjoy baking and we try to make something special for each of my co-worker’s birthdays.
COVID started in 2020, and at the time I was connected to a friend of mine in HR who did step challenges with people at her work. I thought that was super cool since our unit was really active; so when we were closed off, I thought it would be fun to have a challenge with our unit so I asked my manager in May 2020 if we could do a small step challenge where everyone donated $20 to participate.

We did another challenge in June, and it was continually successful. For the third one, I was talking to my manager and thinking about how much money was involved. We then considered donating the proceeds to a patient population that was special to us, so I immediately thought of Debra Melikian, who was Merak’s mom. Merak was a patient we cared for who was diagnosed with a rare cancer called GIST. Merak passed at the young age of 25. We also took care of his father, Keith, a few years prior, and he passed of a similar cancer. Since we cared for Keith and Merak, we came to know Debra, who was always at their bedside.

Debra was really special. She had a special connection with the nurses and was a very strong advocate for her family. So I immediately thought of Debra and I reached out asking if we could contribute funds from our step challenge to GIST research in Merak’s name. She immediately said yes, being a mother on a mission.

We started out with only the 4th and 5th floor units, but as we expanded onto crowd-funding platforms, we decided to open it up to more units. We realized we didn’t have to stop there; we could make it into a competition and even extend it into the community, like Hillcrest and Moore’s Cancer Center. So we agreed and decided to see where it went.

As the effort continuously grew, more people pitched in their efforts and gave donations. In 2020, our goal was $20,000, and we actually surpassed it to raise over $30,000. The next year, we set the goal as $50,000 and raised over $70,000. In a span of 2 years, we received over $100,000 which went directly to Dr. Sicklick’s lab for GIST research. Our goal this year is $100,000, so we are excited to see how that turns out!

Maura Caffrey is an RN on the Surgical Oncology unit at Jacobs Medical Center.
I come from a family of nurses, but I was stubbornly intent on being a radio DJ, so I studied Communications and ended up working in marketing and promotions in Hawai’i.

I moved to San Diego so I could afford to be home with my son, and changed my career path again - this time to home child care provider and that’s when the caregiver in me came out. I realized being a nurse is in my DNA, so instead of fighting it, I gave in and went back to school - with three kids! I didn’t know how I did it. I worked at night, but I was with my kids during the day. It was tough but I had peace within myself. And when something gives you peace, it makes the sacrifices bearable.

When I was in nursing school, I thought I was going to be a labor and delivery nurse. But just one day in the trauma unit at UC San Diego changed everything. I realized I wanted to be a trauma nurse and I never looked back... There’s something very intimate and sacred about taking care of other people when they are at their most vulnerable and it is a gift that our patients allow us to do that for them. Sometimes, we can help fix patients and that’s really amazing. Other times, patients don’t get better and those can really stick with you... About 8 years ago, I moved away from patient care into trauma administration at our Level I Trauma Center at UC San Diego. Recently, trauma injury prevention was added to my role here. We are so fortunate to have specialized trauma care for when traumatic injuries happen. But if I could make wishes come true, I would wish to eliminate traumatic injuries altogether. May is Trauma Awareness Month and I would want everyone to know that traumatic injuries can be prevented – you can do things to become stronger and aware of fall risks, you can avoid distracted, dangerous, and impaired driving, you can learn how to Stop the Bleed and save a life.

You can donate blood to help save someone who needs it now. You can make the choice to be safe for yourself and others.

Lori Herman is the assistant trauma program manager at UC San Diego.
Alice Jimenez is the Division Administrator for the Department of Surgery.

I was born and raised in Honduras, the oldest of three children. I was 9 years old when my parents moved our family to the United States. I remember the language barrier made me feel terrified and hopeless. I learned early on that if I wanted to be successful I needed to put in the effort. I had to work twice as hard to do well in school while trying to adapt to a new culture. I thought those were difficult years but looking back, I am so grateful that my parents made this life-altering move because it taught me important life lessons at an early age.

“I was convinced I wanted to do something in the law enforcement field.”

Shortly after graduating High School, I took a part time student position in Surgery while I attended Community College. I never imagined that this part time position would make me rethink my future career plans and eventually lead to a career path at UC San Diego. Throughout the years, I gained ample UC San Diego experience and made my way from research finance to clinical finance.

In my current role, I am responsible for the day-to-day fiscal operations in Surgery. I serve as an advisor to the Surgery Divisions to help minimize financial risks and maintain the good integrity of the department and institution. The past few years have been chaotic with the impact of a worldwide pandemic. It has made me reflect on the things that truly matter and that we need to be compassionate with one another.

Outside of my career, I enjoy spending time with family, reading, listening to music and dancing. COVID has shifted how we live and function as a family, but change is something I have grown to embrace.”

Alice Jimenez is the Division Administrator for the Department of Surgery.
My interest started in the medical field when I was very young. My aunt was an administrator in the medical field and offered me my first job in her office as a file clerk when I was 14 years old. Back then we didn’t have electronic medical records which meant filing a lot of paper into charts. When I was 18, I got my medical assistant certificate. My aunt proctored me, which was enjoyable. I did my first blood draw in the clinic, and it was on my grandmother, who had volunteered to be my guinea pig. I was extremely nervous, and my grandmother is extremely tough. When I was finishing the draw, I pulled the needle from her arm and had a cotton ball over the top of the needle just as I had been taught, but due to being nervous I forgot to take off the tourniquet. My grandmother started bleeding, and I freaked out. I ran out of the room, but my aunt fixed my error and came after me. She told me I had to get back in there and do it again. At that point I learned that even though you go through some tough times when you’re in your learning process, there’s always room to learn from our mistakes, which only makes us grow. No matter where you are, whether you’re at the front desk, nurse, physician, or a leader, we all have the same mission, and that’s to take care of our patients.

My first job at UC San Diego was as a clinical coordinator and surgery scheduler for abdominal transplant. I remember we had an abdominal liver cancer patient and her insurance did not authorize her to come to UC San Diego for surgery. Her insurance company wanted her to try other medical options before surgery at in-network provider, but the patient cashed in her retirement so she could have her surgery with us. Nothing was more amazing than when she would stop by our office to tell us she was cancer-free, year after year. She had no regrets. I still have some of the gifts she would give me every year. She even made me a blanket!”

Stephanie Loague is Manager for the Department of Otolaryngology/Head and Neck Surgery and the Clinic Manager for the Audiology and Head & Neck Surgery Clinic, which was recently named Clinic of the Month by UC San Diego.
After volunteering at a local homeless clinic while receiving my Masters in Public Health, I met a lot of health professionals, which piqued my interest in wanting to combine what I’ve learned from my masters degree and apply it to medicine. I was part of the first Masters of PA class at the University of Utah...

I still remember the first prescription I wrote and handing it to a patient. When I first got out of PA School, I was ready to get going, but I was a bit scared. Now that I wasn’t a student anymore, it was just me and I had the responsibility and had to take charge. Over my career, there was a lot of learning about how to feel confident in my education, confident in my training and confident that I can apply my experience to take care of people...

As a PA in surgery, my job is to be a liaison between the surgeon and the patient. The surgeon makes treatment recommendations and my job is to implement that treatment plan. With experience and ongoing medical education I have gained more responsibilities and practice independence. I try to know as much as possible about the surgical condition the patient is being seen for so that I can effectively care for them...

When I left private practice, I knew that I would be sacrificing going into the OR during surgeries, but the surgeons at UC-San Diego are great and they work in a very narrow niche. My knowledge of diseases that we treat has become a lot more specialized...

Before my COVID lifestyle, I played Pickleball, played with a community orchestra and traveled a lot. My favorite place I visited was Brazil, but I’m biased since I lived there for a bit. COVID hit a week before my planned trip to Hawaii, so we did a Hawaii weekend at home instead. We made Hawaiian food, wore Hawaiian shirts and made Mai Tais to pretend we were in Hawaii...

My life advice is: Take it as it comes. I think this is even more important now with the unpredictability of everything, but all you can do is take things as they come.

Bob Mallory, PA-C, MSPH, MPAS is a Senior Physician Assistant at Moores Cancer Center, Division of Surgical Oncology and Hepatobiliary Surgery, UC San Diego.
I really just wanted to take care of doctors. I worked at the Medical School as an undergraduate at Georgetown. The med students would stop by and it was clear they were simply exhausted. I really loved being a resource to them. When I returned to San Diego after spending a few years at UCLA, my interest remained in academic medicine—again, my goal was to take care of doctors. Starting as med students, they get tired and distracted by the system; they need knowledgeable, reliable people to help them navigate the process and to get their research funded. That’s the role I really enjoy, just taking care of doctors. It’s especially wonderful working with junior members of the faculty. Their eyes sometimes light up when you can help them. There is a genuine sense of gratitude and it makes some of the challenges much easier to overlook.

Outside of work, I’ve been cooking and baking a lot. I make amazing chocolate chip cookies that I share with my neighbors. “I don’t need 3 dozen cookies to myself!”. I started making sourdough bread before COVID so I was well ahead of the game before lockdowns.

Angelica Robles is the former Research Administrative Manager for the Department of Surgery.
If you could describe me in one word, bridge would be it... My favorite thing is being able to provide support to the leadership, pretty much between working with Dr. Clary as well as being able to interact with all the faculty members and create a connection to the staff for the department of surgery...

I tend to always try to do conflict resolution and I always treat everyone with respect and grace and always with a smile, even on my bad days. So even if the world may be crumbling, I always try to bring in a little bit of joy. Having the right attitude has helped my transition into the new role (because I previously hadn’t done patient care, this is actually my first experience); remaining optimistic has helped a lot to ease out the anxiety that patients may have because the patients that we treat are mostly diagnosed with cancer...

In the future, I would like to take on a project where most of the admins can come together to share knowledge within our teams to kind of make better processes. So that’s my long-term focus: to find ways that the teams can share their knowledge so that we can continuously improve the service we provide to our patients...

Outside of work, I enjoy dancing and south Latin music. I am originally Dominican, so I have my roots in Afro Latina music. I really enjoy that, as well as I like to spend time with my family. We have seven daughters, ages 29 to the youngest is now 16! And whenever we’re not working, I actually try to spend time with them and I’d love to visit my family on the east coast...

At the end of the day, there is always a continued pattern of growth, a continued pursuit for growth and knowledge; you know? Learning it and then sharing it.

Dulce Knight is the executive assistant for the Chair of the Department of Surgery, Dr. Clary, and serves as the clinical scheduler for surgical oncology.
Ann Truong is the former Communications Intern for the UC San Diego Department of Surgery. She graduated in 2023 with a major in Human Biology and a Psychology minor.

In the past couple of years working with the UC San Diego Department of Surgery, I experienced a sense of growth and wonder when it came to learning more about the people and the logistics behind the department. As a current Communications intern, I have had the privilege of interviewing people within the department who have shared their experiences and life stories to this very Humans of Surgery page. Listening to everyone’s individual accounts really opened my eyes to the incredible people who are on the staff, allowing me to learn perspectives about healthcare and medicine that I think are truly unseen elsewhere. I remember the very first time I interviewed someone (I believe it was Dr. Sean Perez), and I could feel the compassion and dedication he had to healthcare radiating from him when speaking about his experiences; that moment really stuck out to me and remains a source of inspiration until today.

As a whole, I believe that my unique position allowed me to both see the internal and external activities of the department, which I was not aware of before. From supporting my supervisor with the Annual Report, taking headshots for new graduating residency classes, compiling publications every week, and in speaking with wonderful surgeon-scientists who strive to break barriers in their fields, my journey has been anything but dull and I have learned more than I ever could have thought possible coming into this opportunity.

Interestingly enough, being with the Department of Surgery for such an extended time piqued my interest in surgery (and research) as well! As a recent graduate, I am hoping to attend medical school in the future to become a physican who really models the characteristics that I saw of the staff here: passionate, caring, and truly driven to make a difference, whether that be through administrative care, patient interaction, or research discovery. Everyone here has made an amazing impact on myself and others, whether or not they realize it… And for that, I am deeply grateful.
At the beginning, I was pretty sad that they had to make do with inadequate resources and training. It seemed pretty unfair and as though anything I did wouldn't make a big difference. But, the physicians appreciated support and the nurses that were there in the beginning noticed a positive change in the hospital...

There is a lack of resources there, a lot of their PPE is a hodge podge of miscellaneous things donated by the community and they're running out of basic things like pain medication and norepinephrine (to maintain blood pressure)... The biggest thing, I would want people in San Diego to understand is that this disease does not just affect elderly and sick people. The disease is killing young healthy people and even people that get over COVID are critically malnourished... I definitely learned a lot from the physicians and nurses there.

The commitment of the physicians and nurses in Tijuana is remarkable. Physicians are volunteering their weekend to take care of COVID-19 patients that they're not trained to take care of because no one else could...

The second day I was there, three patients died, and one died as we were talking about his health...

You can make a big dent in this by doing simple things like social distancing, wearing a mask and washing your hands.

I know everyone is bored and tired and wants to get back to their normal life, but this can have a huge impact on our community and ability to get through this with a lot more death.

Jennifer Weaver
MD, PhD
I love what I do. I love taking care of the patients. This is a rewarding place to work because most people do well. They might have some scars or they might have lost an arm or leg but they still go back to work, they still go back to society, they still get married, they still have kids.

Ten years or so ago, we had a patient who was 20 years old. He suffered at 90 percent-plus burn and we gave him a 10 percent chance of survival. He was with us for 13 months in the ICU, his 21st birthday was in the ICU and we brought him a beer. And he lived. He still comes to visit.

When I lived in Mexico, my mom would take us to an orphanage every Tuesday during the summer. It’s where I actually met my first burn patient. Her name was Maru and she didn’t have a nose, she didn’t have ears, she had two holes for her eyes and she had been doused in hot oil by a family member and she was now an orphan because she had been dumped in a trash can when she was 4. And she was the funniest little girl, she was really mischievous and liked to mess around and used to hide behind doors to scare us. She had the coolest personality because she had grown up not knowing anything different about herself.

Once my kids get older, I’m going back to do medical missions because you get to see other parts of the world where people don’t have the resources that we do. Just to be able to help them and see how grateful they truly are because you took out a gallbladder when they’ve been in pain forever, or you released a burn contracture that has been preventing them from walking for most of their lives and all of a sudden they can walk. So you truly make a difference in peoples’ lives for free, which is better than getting paid for it.

I always tell my family that I love them multiple times a day. The kids grow up so fast and you never know what’s going to happen, so it’s important to show and tell your loved ones how you feel.

Catherine Ridgway, PA-C is a Senior Physician Assistant at the UC San Diego Regional Burn Center. She is a primary provider in the Outpatient Burn Clinic and in the Laser treatment of burn scars.
Following my pediatric surgery fellowship, I spent two and a half years working as a pediatric surgeon in The Gambia, in West Africa. It influenced my career in so many ways.

A family gave me a live chicken to thank me for operating on their child. One of my most memorable patients was a child that I operated on for a caustic ingestion with a destroyed esophagus. Got him through a tough operation only to have him die of measles...his neck, chest and abdominal wounds all came apart. Most of the research I have done as an academic pediatric surgeon started in Africa...

Our research group recently estimated that 1.7 billion children and adolescents worldwide do not have access to surgical care.

I always tell people “taking care of kids is much better than taking care of adults because they don’t whine like adults.”

Bonus quote: “If I wasn’t a surgeon, I’d like to drive a Zamboni machine.”

Stephen W. Bickler, MD, is a pediatric surgeon who has advanced fellowship training in pediatric surgery. Dr. Stephen W. Bickler, has served as a consult to WHD on surgical care of children in low- and middle-income countries, edited two textbooks for children’s surgical care in Africa, and is a founding member of the Global Initiative for Children’s Surgery.
In the picture Dr. Golts stands next to a hand-painted heart on cloth done by a former patient. His patient stitched the part of the heart that Dr. Golts operated on.

I was born in the former Soviet Union and my family, for various reasons, was blacklisted. My parents didn’t think that I would be able to go directly into the University. So, I had to separate myself as a social unit from my parents. There were only a few careers that were available to folks like me in Soviet Union at the time. I chose to go to the Nursing School and became a Nurse Anesthetist.

Once I immigrated to the U.S., I had to repeat my undergraduate education and start from scratch. The only class that Santa Clara University would accept was Geography.

The rest of my education—Medical School, General Surgery and Thoracic Surgery residencies—were done in America. My life, my career choice was determined, for better or worse, by my nationality. So I promised myself that my kids can do whatever they want and their career choices are going to be only determined by two things— their interests and their abilities.

In my training, we did a lot of lung transplants. Unlike a regular surgery where there is only one life at stake, it’s four lives dependent on one operation. It’s the life of the donor who has to pass for the lungs to be available. It’s the life of the recipient. It’s the lives of two other people who are not getting the lungs because someone else is getting the lungs, so it’s quadruple the responsibilities.

Cardiac surgery, like any surgery, has an emotional burden dealing with the human being... The key to being a good cardiac surgeon is making sure that the emotional part is taking care of the patient—not just in the Operating Room.

Eugene Golts, MD, is a cardiothoracic surgeon, surgical director of the Lung Transplant Program and associate professor in the Department of Surgery. He serves on the editorial board for the Journal of Thoracic and Cardiovascular Anesthesiology and is a member of the Society of Thoracic Surgeons.
I grew up in Coeur d’Alene, Idaho, a small town on a beautiful lake nestled in the mountains. I was always interested in doing things with my hands, so I did a lot of construction work for summer jobs prior to college. I then went to college at Gonzaga University, studied biology and philosophy, and then I decided I wanted to be a doctor or surgeon. I went on to the University of Washington for medical school, did my residency in surgery at University of Illinois Chicago and ultimately went on to do a minimally invasive fellowship at UC San Diego, where I then stayed on faculty.

The people and the trainees I work with inspire me the most when it comes to what I do.

As a residency program director over the last decade it’s been great seeing residents come into the program and not know how to operate only to finish as very accomplished surgeons and go on to do great things, and then sometimes even circle back and join our faculty. Looking back, I am most proud of taking the good general surgery residency program we started with and turning it into a great one. I think that we build teams here, and that helps us be outstanding educators. Our program is phenomenal and I’ve been very proud to be a part of the team along with Dr. Clary and my associate program directors and coordinators, making it a top-notch residency program. I look forward to continuing its improvement.

In my free time, I generally like outdoor activities of all kinds. My lovely wife Vanessa and I have 13 and 14 year old boys, and we spend a lot of time at the beach and in the mountains doing outdoor activities. In addition, my kids are very active athletes in lacrosse, and we spend a lot of time on the East Coast at lacrosse tournaments. We’re always kind of on the move...

Moving forward, I’d like to see continued improvement of our residency program, the expansion of our hernia center and continued success with my family and kids. Also, at the end of the day, I’d suggest people chase things that they are passionate about and enjoy doing so, recognizing consistent hard work and dedication will always prevail.

Dr. Garth Jacobsen is a professor and director of the General Surgery Residency Program at UC San Diego.
I've grown a greater appreciation for body donation programs. I knew what they were coming into this job, but I didn't really fully understand how they were used and the value of those donations, so that's one really cool aspect of the Center for the Future of Surgery – seeing all of that in action...

My background is almost all finance-related. In finance, you're always acting as more of a consultant. You have very little decision-making capabilities with regard to the business. I wanted to get to a place where I had more control over the organization and where I could be a decision-maker. I also really like the multifaceted aspect of operations, where finance is still part of my role, but I also get to do other things...

I tell my kids that whatever you do, do meaningful work. When I was in corporate finance, I didn't really feel fulfilled. And that's why I wanted to work at a university and do something that I felt was more meaningful. As operational manager of CFS, some days I focus on marketing, other days I'm working on building morale with the team and other days I'm crunching the numbers on finance, and I really like it...

I'm also really into gardening, and my favorite fruit tree that we have is the nectarine tree. I have a love-hate relationship with it because all of the nectarines ripen all at the same time. And I have to be creative about how to use up all of our nectarines – nectarine pie, nectarine parfait, nectarine jam, nectarine whatever. I even put it on that app, next-door: ‘We have nectarines, who wants to trade?’ People traded their backyard eggs, avocados and other various fruits, so that was really cool.

Michael Stroud, MBA, is the Administrative Director for CFS.
I was born in Jackson, Mississippi and was raised there pretty much all of my life. I was fortunate to have a full academic scholarship for my undergraduate degree at the University of Mississippi, also known as “Ole Miss.” I also served as an Ole Miss cheerleader and graduated from the Honors College. After undergrad, I got a scholarship to medical school, so I decided to stay in Mississippi and went to the University of Mississippi Medical Center.

As I was in medical school, I knew that I wanted to do some type of surgery early on, so I shadowed various surgical fields and was led into the direction of head and neck surgery. I think that it was the detail in the anatomy, as well as the ability to restore vital senses such as hearing, speaking, breathing, and smell that made it an easy decision for me. Since Head and Neck surgery is such a competitive field, when I was applying for residency, I ended up doing three sub-internships. During the month-long sub-internship at UC San Diego, I felt like I was already a part of the department—there were lots of great residents and attendings whom I connected with and the opportunity to have a dedicated year of research that helped me decide to come to here for my six year residency.

One of the most memorable moments throughout my journey in medicine was with a cancer patient who underwent a total laryngectomy. Even though he was in the hospital for over a month, he was the most jolly, loving, and humble patient ever. Instead of turning his experiences into misery, he decided to keep a journal with him and took notes every day of his hospital stay. After he was discharged, he wrote a book about his cancer journey, which was eventually published. When he went to the clinic for his follow-up, he brought me a copy of his book and signed it specifically for me, Dr. Davis, because I was one of the residents who helped take care of him during his hospital stay and had made a significant impact on his road to recovery. Patients like him give me this really warm, heartfelt feeling and remind me why I chose to go into such a demanding field.

Dr. Morgan Davis is a PGY-4 Resident in the Department of Head and Neck Surgery.
Immediately after graduating from med school, I did community service in a clinic in a rural, underserved area in the outskirts of Mexicali, Mexico. I was essentially the only doctor in a primary role. That was very challenging, because a lot of times you’re alone with your insecurities.

We had a case of a kid who came in in a critical situation, very disoriented, severe problems breathing. During my rotation with the Trauma division in the Bridge program at UC San Diego, we were taught the proper screening — we actually did it too many times that month, which is a good way to memorize what you need to know. That day, I coordinated all the staff, activated the emergency system, got the nurses to interrogate the family, pulled one of the other doctors to help with a physical exam, started a couple of pre-emptive treatments, and eventually started CPR.

Unfortunately, it was a case of child abuse and the contusions had caused cerebral edema. After four or five days in the hospital, he passed. Obviously, the team struggled with that, but we were glad that we had run things the proper way. It makes you appreciate the things you’ve learned, and the things you struggle to learn. One of the things I do for positive feedback is think about a Reward Meal. It’s basically the biggest meal I can find. That way if something doesn’t go my way I still have that waiting for me. Late night, post-surgery, I’ll finish a pizza on my bed and then fall asleep, maybe with the box on top of me.

The other side of the coin is it helps me if I want to wake up and do a crazy workout. I have something to burn through.

Jorge de la Torre is a member of the UC San Diego Department of Surgery’s 2019 Intern Class and a UC San Diego Bridge to Residency Program alumnus.
Dr. Shanglei “Shawn” Liu completed his bachelor of science, medical degree, and master’s degree at UC San Diego. He completed his General Surgery Residency and Minimally Invasive Surgery Research Fellowship at UC San Diego in 2019. He then completed a Fellowship in Colon and Rectal Surgery at the Mayo Clinic in 2020. He is now an Assistant Professor of Surgery at UC San Diego.

I’m a huge physics and engineering nerd. I thought for the longest time I was going to be a bioengineer, work for a device company, and invent medical technology. However in college, I both interned at a pharmaceutical company and volunteered in the hospital where I got to interact with surgeons. Comparing the two experiences, I felt my time in the hospital felt a more fulfilling career, which led me scrambling to add prerequisites for medical school while obtaining my bioengineering degree. Twelve years of training later, I am a colorectal surgeon… I have both the opportunity to save lives by curing colon cancer or perform major abdominal surgery, and I also get to make a huge difference in people’s lives by solving the inevitable day to day anorectal problems that can feel so alienating due to social stigma. For example, a lot of women who gave birth suffer from a multitude of anorectal problems from fecal incontinence to lifestyle altering hemorrhoids. Their physical suffering is only exacerbated by embarrassment and social stigmas, which causes psychological inflation and internalized stress. It’s often surprisingly rewarding when I solve these seemingly simple problems that allows an otherwise healthy person lead a normal life again.

I think it’s so important to dispel the myth that a good operation must make you feel good. I think people think surgery is magical. A surgeon can solve a lot of problems, but surgery is the last option for a lot of people. At its core, surgery is trauma to the body and comes with consequences. I constantly weigh the surgery I CAN do to the surgery I SHOULD do, because exercising restraint is a huge factor to not only saving the life but also improving the quality of life of my patients.
Meera Reghunathan is a PGY-2 Plastic Surgery Resident at UC San Diego.

To be honest, I almost always knew I wanted to be a doctor. I was really inspired by my mom. She was very present in my life as a kid and she is a pediatrician. It was really interesting because my family is from southern India and culturally a lot of women didn’t get a lot of educational opportunities. But, my mom went to medical school in India, residency in America, and then had four kids. She’s an amazing doctor and an amazing mom. She showed me that you don’t have to set a limit on yourself. My mom is a trailblazer amongst my family and it never felt like it wasn’t a possibility for me to become a doctor.

If you want to be a doctor, you have to dispel any notions you have about medicine being perfect or that being a doctor is being someone who always knows the answers. That’s just not true. The biggest thing about being a doctor is that you are in a unique position to see society. You’re seeing real people. You’re helping drug addicts, abusers, people without a home and more. At the end of the day, medicine is just humans treating humans.

Healthcare disparities have always been something that has been pretty obvious to me. The more voices you have representing a minority, the more issues will be addressed. One of my main goals is to support students who are underrepresented and don’t have role models, to show that surgery can be a field to help the underserved as well. The people from poor communities are the ones that are going to go back to support poor communities and this progresses forward access to care.

I love dancing. In college, I was the captain of the hip-hop Bollywood dance team. My roommate from medical school and residency program was my co-captain, and we have dance parties and we do TikToks. I love to show up and dance with my best friend. And I post them on my personal Instagram, where my faculty and other co-residents support me so much.

I think that the division of plastic surgery is very special here because everyone is real and knows each other’s families, we’re all just real humans struggling and we all talk about it.
When I took on the role of Director of Communications for the Department of Surgery at UC San Diego, I carried with me a belief I think many of us share: That surgeons are somehow superhuman. Anyone who can work those long hours doing that kind of painstaking work under that kind of immense pressure must have some kind of magical grace and grit the rest of us simply lack.

I was surprised, then, when I was asked to oversee the Department’s Humans of Surgery Instagram feed and discovered a profound side of these medical professionals, research scientists, and intrepid support staff. Through photos and interviews, this platform presents an unfiltered glimpse into the personal and professional lives of our team, reminding us that beneath their surgical masks and white coats, they are deeply human. They are cookie bakers and surfers and immigrants and parents and people who like to garden and people who like to dance—and they also happen to be people who know how to heal.

These stories make it clear that the members of our Department face challenges and uncertainties just like anyone, yet they also showcase remarkable fortitude and single-minded focus. Perhaps if surgical staff do indeed possess a superhuman ability, it’s their gift for transcending their humanity, not by escaping it, but by embracing it. Their extraordinary quality lies in their unwavering commitment to saving lives, advancing medical knowledge, and offering hope to those in need.

In the face of a pandemic and mental health crisis among healthcare workers, these individuals—who have, despite it all, managed to thrive—emerge as beacons of hope. By openly discussing their lives and sharing their sometimes difficult journeys, they pave the way for a healthier, more compassionate approach to healthcare.

I now know it’s not that these remarkable people possess something unattainable—instead, they demonstrate we all have the potential to aspire to meaningful work. These stories, stripped of any pretense, show us that even the most extraordinary individuals are fundamentally human, and within that humanity lies the power to heal, inspire, and make a difference.