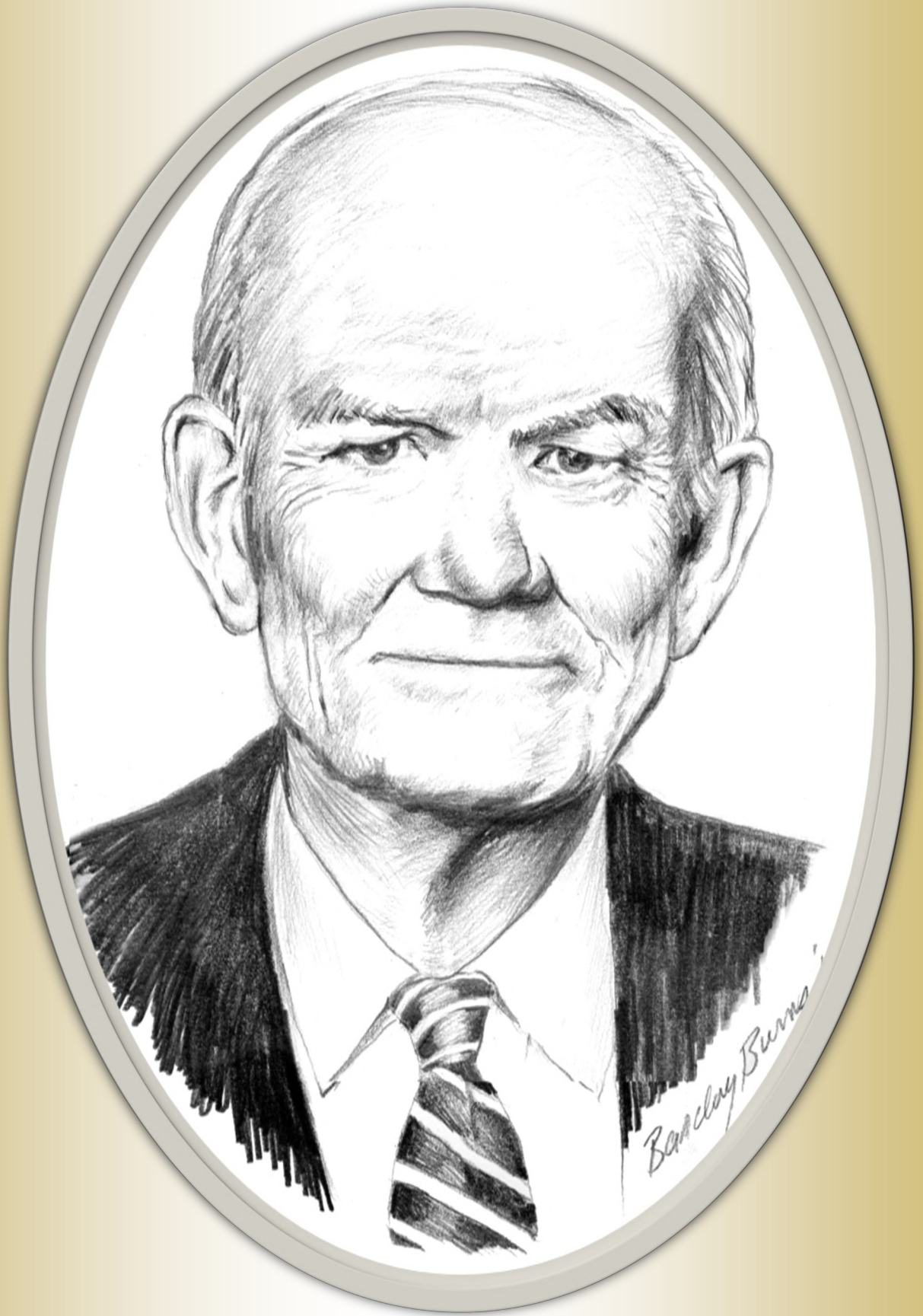


2020 Department of Surgery Annual Report



Will C. Sealy, M.D.
1912-2001

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Message from the Chair



Dennis W. Ashley, MD, FACS
 Will C. Sealy Endowed Chair
 Professor of Surgery
 Mercer University School of Medicine
 Director of Trauma
 Medical Center, Navicent Health

We had a strong start to the 2020 academic year with another exceptional general surgery intern match. The strategic combination with Atrium Health proved to be beneficial for our surgery department in particular the partnership with the Levine Cancer Institute which has provided access to multiple cancer clinical trials for our community. Dr. Martin Dalton's vision of having an endowed chair of surgery named in honor of Dr. Will C. Sealy became a reality, and our residents had an exceptional presence at the Southeastern Surgical Clinical Congress with 3 podium presentations and 11 posters. The year abruptly changed when a relatively unknown virus named COVID-19 resulted in a pandemic that affected healthcare across the world.

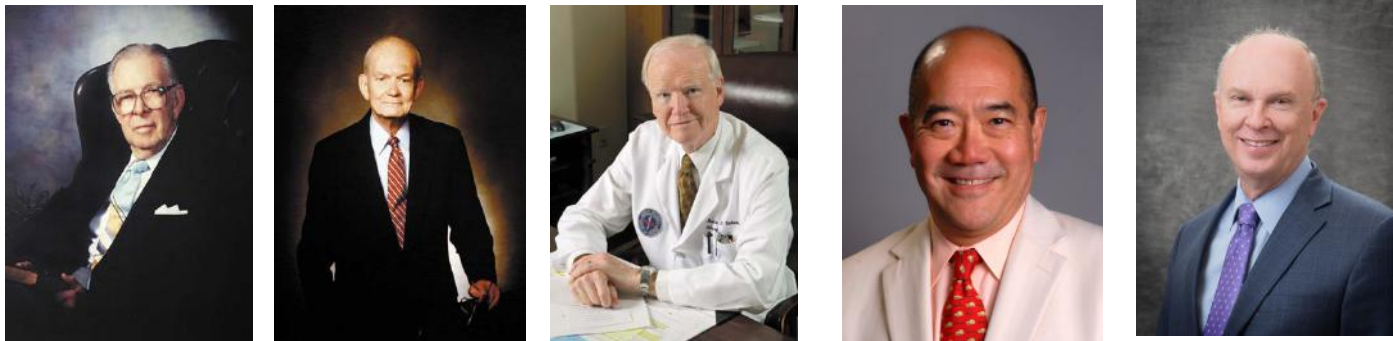
Our surgery department, like all other surgery departments in the country, had to learn to perform in a strange and totally new environment. Elective surgery was canceled as the department pivoted to focus only on emergency surgical care. Personal protective equipment, N-95 masks, quantity of ventilators, and ICU bed capacity became important metrics that were tracked on a daily basis. Not only did we have to learn to perform in this limited environment, we had to make sure that there was no cross contamination of our surgical team's as we had to maintain a full workforce in preparation for a potential surge of patients. Since our elective surgeries were canceled, we were able to develop a disaster plan specifically for COVID-19 and redistribute resources. Our core surgical and critical care faculty along with the general surgery residents were divided into 7 teams with specific responsibilities. This resulted in maximum coverage while maintaining social distancing between teams. The teams not only covered trauma and emergency general surgery call but were also incorporated into the master surge plan for covering nontraditional ICUs if the traditional ICUs were overwhelmed. Dr. Moore, Designated Institutional Official for Graduate Medical Education at our institution, declared a pandemic emergency which allowed us to incorporate our medicine resident colleagues into the multiple ICU teams under the direction of our acute care surgeons. With the addition of our medical intensivists, hospitalists, and this aggressive new model, we were able to double the capacity of our ICU work force in preparation for a potential surge.

Our teams have performed admirably during these difficult times providing aggressive ICU care which has included complex ventilator management, continuous renal replacement therapy, and extracorporeal membrane oxygenation in these critically ill patients. The damage control model or disaster plan has been extremely successful as it has allowed us to provide optimal care, and at the time of this publication going to press, has allowed us to protect ourselves from cross-contamination as no resident or faculty member has contracted the virus.

The residents and faculty have been a big part of our institutional COVID-19 disaster plan. When I informed them of the challenge that was ahead of us, they immediately responded with total commitment and professionalism. It is very fitting that we celebrated the endowed chair of Dr. Sealy this year during these difficult times. This chair honored Dr. Sealy for his commitment to excellence and professionalism in surgery. I am happy to say that this commitment of excellence and professionalism continues in our residents and faculty today. The founding fathers of our department, Drs. Hatcher, Sealy, and Dalton would be proud.

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Department of Surgery



Left to right: Milford B. Hatcher, Will C. Sealy, Martin L. Dalton, Don K. Nakayama, Dennis W. Ashley

The Residency in Surgery had its start under its founding Chair, Milford B. Hatcher, M.D., in 1958. Internationally famous for arrhythmia surgery, Will C. Sealy, M.D. succeeded him in 1984. In 1991, Martin L. Dalton, M.D. followed Dr. Sealy as Professor and Chair. The academic growth of the department continued with important clinical programs in trauma and critical care and surgical research. The Residency grew from two to four graduating chief resident positions. Don K. Nakayama, M.D., a pediatric surgeon, was named the Milford B. Hatcher Professor and Chair of the Department of Surgery in 2007. Dr. Dennis W. Ashley was named the Milford B. Hatcher Professor and Chair of the Department of Surgery July 1, 2014. In 2017, a 5th graduating chief resident position was added. The program is fully accredited by the Residency Review Committee in Surgery of the Accreditation Council for Graduate Medical Education. Residents regularly finish with more than 1,200 operations during the five year training program with extensive experience in all areas of general surgery. Residents enter fellowships in all major surgical specialties. The Surgery Department also supports a third year medical student clerkship program with Mercer University School of Medicine providing a broad experience in trauma, vascular, general and pediatric surgery.

Mercer University School of Medicine



The Mercer University School of Medicine (MUSM) was organized in 1982, part of a thirteen-year effort by city and community groups, the Bibb County Medical Society, and the Georgia State Legislature to educate physicians and other health professionals to meet the primary and ancillary healthcare needs of rural and medically underserved areas of Georgia. A second four-year school was opened in 2008 in Savannah, and another clinical training site in Columbus, Georgia, in 2012. The full four year MD program is offered on the Macon and Savannah campuses. The third and fourth year program are additionally offered on the Columbus campus. The Medical Center, Navicent Health is the primary clinical site at which third and fourth year MUSM students in Macon complete their clinical training.



Other degree programs offered at MUSM include the Master of Science in Biomedical Sciences, Master of Science in Preclinical Sciences and a Master's of Family Practice. The Class of 2022 M.D. Program had 1132 applicants, 281 interviewed with 122 accepted for admission.

More than 60 percent of Mercer M.D. graduates currently practice in the state of Georgia. Of those, more than 80 percent are practicing in rural or medically underserved areas of Georgia.

Medical Center, Navicent Health

The Medical Center, Navicent Health (MCNH) has a 100-year history of serving the central and South Georgia regions. At 637 beds, it is the second largest hospital in the state. MCNH was ranked second in the state in this year's ranking by *Newsweek* and is the only top performer in central Georgia. Nationally, MCNH ranked 110th in the entire U.S. Ten of Navicent's treatments for adult conditions were recognized, including: Cardiology; Diabetes & Endocrinology; Gastroenterology; Gynecology & Obstetrics; Memory Care & Geriatrics; Neurology & Neurosurgery; Pulmonology; Radiation Oncology; Traumatology; Orthopedics & spine surgery; and Urology. It is verified by the American College of Surgeons as a Level I Trauma Center, with more than 3,000 trauma admissions per year. MCNH supports residency training programs in family practice, general surgery, internal medicine, obstetrics and gynecology and pediatrics. Specialty fellowships in surgical critical care, orthopedic traumatology, infectious disease, palliative care, and geriatrics are also available. MCNH's graduate medical education programs have more than 100 trainees.



Navicent Health was incorporated on November 17, 1994, as a nonprofit corporation whose primary purpose is to coordinate MCNH and other affiliated entities in their mission of providing a comprehensive continuum of high quality, reasonably priced healthcare services to the region. Navicent Health has 830 beds for medical, surgical, rehabilitation and hospice purposes. The health system includes The Medical Center, Navicent Health, Beverly Knight Olson Children's Hospital, Navicent Health, Navicent Health Baldwin and Medical Center of Peach County, Navicent Health (both rural critical access hospitals), Rehabilitation Hospital, Navicent Health, Pine Pointe, Navicent Health (provides palliative and hospice care in homes and in its facility), Carlyle Place, Navicent Health (continuing care retirement community), and Navicent Health Foundation, the philanthropic arm of Navicent Health.

On February 8, 2018, it was announced that Navicent Health would merge with healthcare giant Atrium Health. "Navicent Health has a shared mission with Atrium Health to continuously improve healthcare in this region," said Dr. Ninfa M. Saunders, FACHE, president and CEO of Navicent Health. "This is the first major partnership of its type in the Southeast region and ensures a Macon-based institution will continue to be the leading driver of healthcare in central Georgia and beyond, while continuing to elevate the care that is provided locally. This will also give us access to Atrium Health's wide array of award-winning, proven successes and best practices in healthcare delivery that we can deploy in our service areas. Our ability to provide high level services to improve the health of communities is only possible with support from our community, physicians, employees and partners. We are excited to find a partner that shares in our vision for the future of health." In December 2018, Atrium Health and Navicent Health signed a definitive agreement to finalize their strategic combination, which became effective January 1, 2019.

Atrium is one of the nation's leading and most innovative healthcare organizations. Atrium is a not-for-profit providing care across North and South Carolina. MCNH will act as a regional hub of Atrium Health in Central and South Georgia. This strategic combination will not only improve access to services but will expand care and provide an economic benefit to our existing service areas as well as new communities.

Navicent Health will continue its role as a teaching hospital maintaining its partnerships with the Mercer University School of Medicine, Middle Georgia State University, Wesleyan College, Central Georgia Technical College, and Georgia College and State University.



NavicentHealth
Everything about us is all about you.



Atrium Health

FACULTY

**Dennis W. Ashley, M.D., F.A.C.S.**

Will C. Sealy Endowed Chair
 Professor of Surgery
 Director of Trauma
 Residency: The Medical Center, Navicent Health
 Fellowships: Trauma Surgery, Grady Hospital, Atlanta;
 Surgical Critical Care, University of Pittsburgh

**Macram M. Ayoub, M.D., F.A.C.S.**

Professor and Vice-Chair
 Residencies: Medical College of Ohio; The Medical Center, Navicent Health

**Douglas Brewer, M.D.**

Clinical Professor of Surgery
 Residency: University of Louisville
 Fellowships: Research, University of Sydney, Australia
 Colorectal Surgery, Lahey Clinic

**Daniel S. Chan, M.D.**

Assistant Professor
 Chair, Georgia Orthopaedic Trauma Institute
 Residency: University of Texas Southwestern
 Fellowships: AO International Fellowship, Tubingen, Germany;
 Orthopaedic Trauma, Florida Orthopaedic Institute

**Jason Chapman, M.D., F.A.C.S.**

Assistant Professor
 Residency: The Medical Center, Navicent Health
 Fellowship: Vascular Surgery, University of Tennessee, Medical Center in Knoxville, Tennessee

**Amy B. Christie, M.D., F.A.C.S.**

Assistant Professor
 Chair, Adult Critical Care
 Director, Surgical Critical Care Fellowship
 Residency: The Medical Center, Navicent Health
 Fellowship: Surgical Critical Care, The Medical Center, Navicent Health

**D. Benjamin Christie, III, M.D., F.A.C.S.**

Assistant Professor
 Program Director, General Surgery Residency
 Associate Director, Trauma
 Residency: The Medical Center, Navicent Health
 Fellowship: Surgical Critical Care, The Medical Center, Navicent Health

FACULTY

Arnold Conforti, M.D.

Assistant Professor
Residency: Carolinas Medical Center, North Carolina
Fellowship: Surgical Oncology, John Wayne Cancer Institute



Vincent Culpepper, M.D.

Assistant Professor
Residency: Medical Center, Navicent Health



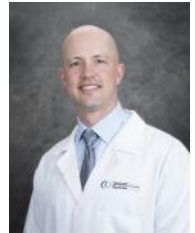
Paul S. Dale, M.D., F.A.C.S.

Professor
Chief of Surgical Oncology
Vice Dean of Translational Research
Residency: The Medical Center, Navicent Health
Fellowship: Surgical Oncology, John Wayne Cancer Institute



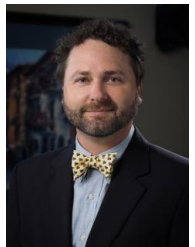
Jarrold E. Dumpe, M.D.

Assistant Professor
Residency: Medical College of Georgia
Fellowship: Trauma, Carolinas Medical Center, North Carolina



Joshua Glenn, M.D., F.A.C.S.

Assistant Professor
Chief, Pediatric Surgery
Residency: Medical University of South Carolina
Fellowship: Pediatric Surgery, Vanderbilt University



Michael D. Honaker, M.D.

Assistant Professor
Residency: Carolinas Medical Center, North Carolina
Fellowship: Colorectal Surgery, William Beaumont Hospital



Ashley J. Jones, M.D.

Assistant Professor
Residency: Greenville Health System, South Carolina
Fellowship: Surgical Critical Care, Medical Center, Navicent Health



FACULTY

**Michael L. Klyachkin, M.D., F.A.C.S.**

Associate Professor

Residency: University of Kentucky Medical Center, Lexington

Fellowship: Vascular Surgery, University of Stony Brook Medical Center

**Eric Long, M.D., F.A.C.S.**

Assistant Professor

Residency: The Medical Center, Navicent Health

Fellowships: NIH Research, Vanderbilt University Medical Center;

Surgical Critical Care, The Medical Center, Navicent Health

**J. William (Billy) Mix, M.D., F.A.C.S.**

Assistant Professor

Residency: The Medical Center, Navicent Health

Fellowship: Vascular Surgery, University of Tennessee, Knoxville

**Robert J. Parel, II, M.D., F.A.C.S.**

Assistant Professor

Residency: Ochsner Clinic

**Alicia Register, M.D.**

Assistant Professor

Residency: The Medical Center, Navicent Health

**Joe Sam Robinson, Jr., M.D., F.A.C.S.**

Professor

Chief, Neurosurgery

Residencies: Emory University and Northwestern University

Fellowship: Neurosurgery, Memorial-Sloan Kettering

**William B. Schroder, M.D., F.A.C.S.**

Associate Professor

Residency: New York University School of Medicine

Fellowship: Vascular Surgery, University of Medicine and Dentistry of New Jersey

FACULTY

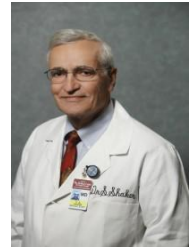
Issam J. Shaker, M.D., F.A.C.S., F.A.A.P.

Professor

Residency: Vanderbilt University Affiliated Hospitals

Fellowship: Cardiothoracic Surgery, Vanderbilt University Affiliated Hospitals

Fellowship: Pediatric Surgery, The Johns Hopkins Hospital



Sara Strebe-Behrens, M.D.

Residency: University of Texas-Southwestern

Fellowship: Orthopedic Trauma, The Shock Trauma Center



William (Kim) Thompson, M.D., F.A.C.S.

Associate Professor

Associate Chair, Clinical Education

Residency: University of Texas Southwestern Medical Center



Joseph M. Van De Water, M.D., F.A.C.S.

Professor (Emeritus); Assistant Dean for Research, MUSM

Residency: UCLA

Fellowships: Critical Care/Surgical Research, Harvard Medical School;

Cardiac Surgery, Children's Hospital of Los Angeles



Danny M. Vaughn, M.D.

Assistant Professor

Medical Director, Bariatric & Metabolic Institute

Associate Director, General Surgery Residency

Residency: The Medical Center, Navicent Health

Fellowship: Minimally Invasive Surgery, St Luke's Hospital, Kansas City, Mo.



Zhongbiao Wang, M.D., Ph.D.

Associate Professor

Director Surgical Laboratories

Residency: Fujian Provincial People's Hospital, China

Fellowships: Huashan Hospital Shanghai Medical University, Cardiology

Ph.D.: Shanghai Medical University, Chinese Academy of Sciences



Lawrence X. Webb, M.D.

Professor (Emeritus) Orthopaedics

Georgia Orthopaedic Trauma Institute

Residency: North Carolina Baptist Hospital

Fellowship: Science of Polytrauma, Harborview Hospital



Inaugural Will C. Sealy Endowed Chair of Surgery

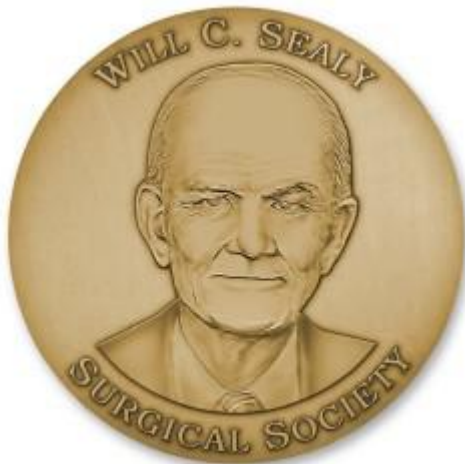


Will C. Sealy, M.D.
1912-2001

Will Camp Sealy, was born in Roberta, Georgia, and grew up in Reynolds, Georgia. His fascination with medicine began at an early age. He spent time with his family physician as a teenager making house calls. He was educated at Emory University and completed his surgical training at Duke University. Near the end of his surgical training, he was drafted into the Army. He was allowed to complete his surgical training and left for England soon after to serve in World War II. He achieved the rank of Lt. Colonel and was awarded the Bronze Star. In 1946, he returned to Duke University and continued with an illustrious career both in surgical research and cardio-thoracic surgery. The pinnacle of his career came on May 2, 1968, when he performed the first successful surgery for severe cardiac arrhythmias. His success sparked extensive studies on heart anatomy, which eventually led to the development of other arrhythmia surgical procedures. For his pioneering research, he was nominated for the Nobel Prize in Medicine. He served as President of the Southern Thoracic Surgical Association, the Society of Thoracic Surgeons and the North Carolina Surgical Society. After gaining emeritus status at Duke in 1982, Dr. Sealy helped to establish arrhythmia surgery in other institutions. Upon completing his tenure at Duke University, he returned to his home state of Georgia, where he joined the Mercer University School of Medicine serving as

Chair of Surgery, Professor of Surgery and Program Director of the general surgery residency program during his tenure. Among his contributions at Mercer, is the research laboratory he established and integrated into the surgical residency.

On June 21, 1991, a tribute to Dr. Sealy was held in conjunction with resident graduation. During this event, the Will C. Sealy Surgical Society was founded. Dr. Randy Brown, incoming Chief Resident, presented the goals and by-laws of the Will Sealy Surgical Society and a special proclamation honoring Dr. Sealy was presented by Macon Mayor Lee Robinson. In 1991, he relinquished the chair but continued to provide invaluable service as Professor of Surgery and Chair Emeritus until his death on January 27, 2001.



A new medallion was commissioned commemorating the life and legacy of Dr. Will C. Sealy.

These medallions will be presented to each guest lecturer of the Will C. Sealy Annual Trauma Symposium.

Dr. Dennis Ashley Named Mercer University School of Medicine's Inaugural Will C. Sealy Endowed Chair of Surgery



Left to Right: Drs. Ed Grimsley, Carl Lane, Dennis Ashley, Jean Sumner, and Bill Underwood

The endowed chair recognizes internationally renowned former MUSM surgery chair and Navicent Health surgeon, Will C. Sealy, M.D. On September 30, 2019, Dr. Dennis W. Ashley was named the first Inaugural Will C. Sealy Endowed Chair of Surgery by the Mercer University School of Medicine. Dr. William Underwood, President, Mercer University, noted the importance of an endowed chair to the university. Dr. Jean Sumner, Dean, and Dr. Edward Grimsley, Senior Associate Dean, Mercer University School of Medicine, Macon Campus, recounted their personal experiences while working with Dr. Sealy, and Dr. Carl Lane provided a history of the life and achievements of Dr. Sealy. Dr. Martin Dalton, a former chair of surgery, was also recognized for his leadership and vision in honoring Dr. Sealy with an endowed chair. Through his tireless efforts, this vision is now a reality.

“I had the honor of being a third-year student on MUSM’s first surgery rotation at Navicent, and Dr. Sealy was the chair,” said Jean Sumner, M.D. “His skill as a surgeon was second only to his integrity and commitment to professionalism. He focused always on what was best for the patient and held everyone, including students, to the very highest standard. He was kind and thoughtful and respectful of all members of the healthcare team. He was an outstanding teacher and took great interest in students both personally and professionally. I always felt honored to have known him and to have worked under his guidance.”

In addition to his chair duties, Dr. Ashley also serves as director of trauma at Navicent Health and a professor of surgery at MUSM. He practices in general surgery and surgical critical care at Navicent Health.

“Dr. Dennis Ashley is the definition of physician leadership,” said Dr. Sumner. “He is an outstanding surgeon and has served his patients, Mercer University School of Medicine and Navicent admirably. His commitment to improving care of the trauma patient and surgical care of all patients in this state has led to deserved national recognition. His unwavering drive toward excellence in patient care and medical education has made Georgia a safer, better place. He is truly a leader whose service we should emulate.”



Pictures left to right:
 Left: Special guest, Lucy Dalton, with Dr. Dennis Ashley
 Middle: Drs. Jean Sumner, Dennis Ashley and Ed Grimsley
 Right: Dr. Carl Lane, guest speaker





Dr. Macram Marcus Ayoub, MD, FACS Retires March 9, 2020



Macram Marcus Ayoub was born in Cairo, Egypt, in 1938 and received his early education at the English Mission College. He received his medical degree from Kasr-El-Medical School in Cairo and his Diploma of Surgery from Cairo University in 1961. He pursued a two-year internship at Kasr-El-Ani Hospital followed by surgical training in Egypt until 1971. After emigrating to the United Kingdom, he served as surgical house officer at the Derby City Hospital, Coventry Hospital, and the Royal Chesterfield Hospital—all in the Midlands. During his time at the Derby City Hospital, he met Sharman Downing, a student nurse, who became his wife in 1982.

In 1976, he moved for additional training in surgery at the Medical College of Ohio in Toledo for 1 1/2 years prior to coming to the Medical Center of Central Georgia (now The Medical Center Navicent Health) in 1978. He completed his surgical training on June 30, 1989, and accepted a position as full-time staff of the Department of Surgery, Medical Center of Central Georgia.



Dr. Ayoub was appointed Associate Professor of Surgery of the Mercer University School of Medicine (MUSM) in 1984 and served with distinction. In 1995, he was promoted to Professor of Surgery. He is well known throughout the surgical, medicine, and education community as a prolific educator. He has won the teaching attending of the year over ten times. As a matter of fact, he won the award so many times the Dept. of Surgery at Navicent named the award after him in his honor. It is now called the Dr. Macram Ayoub Teacher of the Year award. He also received the 2017 Navicent Health Educator of the Year award.



Dr. Ayoub has had a profound effect on surgical education as he has trained over 100 surgical residents and hundreds of medical students. In addition to training multiple residents that practice in Georgia, his impact extends across the United States as his residents are practicing in Texas, Wisconsin, Tennessee, California, Mississippi, Louisiana, Kansas, Alabama, Florida, Missouri, North Carolina, Pennsylvania, Minnesota, New York, South Dakota, and Virginia. He even has one resident, Dr. Heidi Haun, who is practicing as a missionary surgeon in a Baptist Hospital in Ghana.

Dr. Ayoub is board certified by the American Board of Surgery in both general surgery and surgical critical care. He has been a fellow of the American College of Surgeons since 1985 and is a member of the American Medical Association, the Georgia Surgical Society, The Royal College of Surgeons of Edinburgh and The Royal College of Surgeons of England. Other society memberships include the Society of American Gastrointestinal Endoscopic Surgeons, the Society of Critical Care Medicine, the Southeastern Surgical Congress, past-president of the Macon Surgical Society and a founding member of the Will C. Sealy Surgical Society.

Dr. Ayoub will continue to share his wisdom and knowledge with the surgery residents and medical students at our teaching conferences.

Hauns on Furlough



Dr. Heidi Haun and family (Trey, KJ, and William) returned to the United States in 2019 for a year of respite. She and her family have been IMB Missionaries to Ghana since 2014. She visited Navicent Health September 26, 2019, and was our guest speaker at Grand Rounds. She presented “Challenges to Providing Surgical Care in Remote Ghanaian Hospital”. She discussed technical challenges to providing surgical care in a resource-limited setting, challenges to the surgical management of typhoid fever and other interesting diseases in Sub-Saharan Africa, cross-cultural challenges to providing surgical care and opportunities/responsibilities in surgical volunteerism. She was also able to reunite with her general surgery residency graduating class (Dr. Jacob Moremen, Dr. Kristin Collier, and Dr. Homer Keadle). She also spoke to the Global Health interest groups at USF in Tampa and Western Michigan University regarding her work in Ghana.



The Hauns were able to go to Colorado in the middle of March for spring break just before the COVID-19 social distancing rules were put in place. They had originally planned to return to Ghana at the end of June, but Ghana’s international borders are closed at least until the end of May, and they are on a “wait and see” pattern.

Dr. Dennis Ashley, Tina Ashley, and Dr. Haun were able to meet in San Francisco, California, at the American College of Surgeons Clinical Congress held in October of 2019. While riding bikes across the Golden State Bridge, Dr. Ashley and Tina met two surgeons (right) from Ghana and were able to introduce them to Dr. Haun while at the conference. It is a small world.





ALASKA



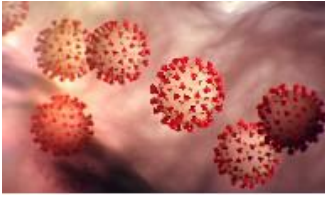
Anita C. Matherley, NP-C, was the first nurse practitioner hired by the trauma service. Through her hard work and organizational skills, we were able to develop a strong foundation and eventually evolve to five full time advanced practice providers. In April of 2019, Anita and her husband, Steve, embarked on a new journey and moved to a small island off the coast of Alaska. They just celebrated their one year anniversary. Even though they have had some challenges related to the weather (which has been colder and produced more snow than there has been in this location in 30 years) they still prefer this to the bumper to bumper traffic that they had in Central Georgia and East Tennessee. “It continues to feel like a perpetual vacation home and spot that we live in. I feel that we have settled down here in this foreign land and feeling like we belong.”



Anita works for the Southeast Alaska Regional Health Consortium on Prince of Wales Island (POW), Alaska, as a nurse practitioner. She is one of a handful of medical professionals providing local medical care on POW and is the sole medical provider in Hydaburg caring for the Haida population. Steve has started a church and serves as the pastor for this rural community.

She and Steve love walking in the beautiful forests on POW. They love gardening, fishing, camping and gaining knowledge about the Alaska native cultural groups and have enjoyed participating in local celebrations.





Life with COVID-19

The worldwide COVID-19 pandemic struck with overwhelming force impacting every aspect of our lives. We saw unprecedented closures of schools (including colleges and universities), businesses, faith-based organizations, large community events, etc. Travel abroad was shut down with advisories for domestic travel. Social gatherings in groups of more than 10 people were avoided. We were unable to visit nursing homes or retirement or long-term care facilities. The cruise ship and airline industries saw disastrous losses. Sheltering in place, quarantine, self-isolation, and social distancing became household words. We have seen the daily lifestyles of Americans shift to an even more technological platform to keep society moving forward through the physical distance. At the time of the outbreak, there were no specific vaccines or treatments; however, there were and are many ongoing clinical trials evaluating potential treatments. Medical experts from around the globe, launched medical trials for treating COVID-19. An all out push to rapidly collect scientific data is underway. Results are being shared “real time” across the world.

COVID-19 ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ ‘D’ for ‘disease’ and ‘19’ for ‘2019.’ Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”. This disease causes respiratory illness (like the flu) with symptoms such as cough, fever, and in more severe cases, difficulty breathing. Reported illnesses ranged from mild symptoms to severe illness and death. It is spread primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Individuals with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer as well as our older population are more likely to develop serious illness.



Navicent Health remained focused in their response to the needs of our teammates as well as our community at large. An employee health hotline became operational on March 26th. The Navicent Wellness Center was converted into a temporary Day Care Center for employees as well as implementing premium pay for those caregivers working directly in the COVID-19 patient areas. We saw new safety measures put in place such as temperature checks for all employees, limited entry locations, and universal masking. In a short amount of time, Navicent broadened their scope from arming teammates with information for their protection and the care of our patients to kicking off the virtual visits platform on April 9th to Feed the Flight to the inaugural Angel Flight used for assistance with transporting

COVID-19 testing kits more quickly to regional testing centers. The Army and National Guard were on site with their civilian medical support teams screening temperatures at our entry points. Navicent, in partnership with GEMA, was requested by Governor Kemp to create a support facility in the event it was needed for an anticipated surge in COVID-19 patients.



On a lighter note, we saw the great “toilet” paper caper where toilet paper became the hottest commodity and literally disappeared off the shelves. We now have surgical masks in every color. Hand sanitizer and hair dye flew off the shelves as well. Some countries are seeing less pollution and clearer water. Here are some interesting thoughts and possibly unintended outcomes. Will we see a baby boom after couples have been living and working from home? Will we see more employees working remotely after gaining a new perspective? Will we see a shift from “traditional” education to more online classes for not only grades K-12 but for higher education?

The hopeful wonder is that this worldwide pandemic, which has crossed all lines of society, will create unity within our families, our communities, our nation, and our world.

GENERAL SURGERY

Message from the General Surgery Residency Program Director



Dudley Benjamin Christie, III, MD, FACS
 Assistant Professor of Surgery
 Mercer University School of Medicine
 General Surgery Program Director
 Associate Director of Trauma
 Medical Center, Navicent Health

Business as Usual.

The Department of Surgery strives each year to improve upon its performance from the year prior. We set goals, we accept challenges, we devise plans to achieve success, we work hard and measure for progress. Effectively, this is our business; to be better care providers, to be better students, to be better teachers, to be better people. To achieve these endeavors, we pull together and make change happen. The teaching curriculum will reset, clinical rotations will adjust, and resources will be directed wherever needed in order to elevate our department and accentuate the impact of our efforts on patient care and education. Throughout the first half of the year, it was indeed business as usual.

Our American Board of Surgery pass rate for our last graduates was flawless. Our yearly presentation and publication quota was as high as its ever been. Our ABSITE program average rose yet again. Our residents had integrated into committee opportunities across our hospital system. Our chiefs saw success in their fellowship pursuits. Our program achieved another high quality match. Our faculty had presented scientific work on a national scale and contributed to leadership initiatives at the highest surgical society levels. In effect, improving upon these clinical, academic and leadership opportunities has been our business trend over the last five years, so, yes, last year was business as usual.

Midway through the academic year of 2019-2020, the world changed.

The planetary introduction of COVID-19 and its threat to human survival forced the world to make quick decisions, adjust life, isolate, distance and abandon nonessential business. We were not spared. But make no mistake, while this was a new threat, at its core it is only a new challenge, and this is our business. In true Department of Surgery fashion, we set goals, we accepted the challenge, we devised a plan to achieve success, and we worked hard.

The Department of Surgery led the initiative for case conservation and resource protection in the operating room and ambulatory settings. We reorganized into micro teams allowing for high quality patient care while protecting our workforce from unnecessary exposure risks. We led the construction of a system wide surge plan and served as the foundation pieces from which our institutions strategy was devised. We staffed COVID intensive care units. We seamlessly converted our teaching conferences into a virtual format. We delivered three presentations for a virtual, international meeting, generated three publications and began construction on a COVID database, all occurring during the height of our COVID case volume.

While the academic year has come to a close, its finish has never seen a comparison. There will be no celebratory gathering of friends and family. Nor will there be tuxedos or gowns. However, as we reflect, we should do so with pride. We should remember our graduates fondly, as they will be missed. We should look toward our tomorrow with optimism as new leaders in the program will rise. As we absorb the happenings of these historic times as a human beings, we simultaneously look towards our future in wonderment as to what will, and what will not, change for us. As for the Department of Surgery, rest assured, regardless of what is coming, we will meet it, and it will be business as usual.

Residents in Surgery

2019-2020



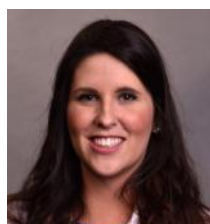
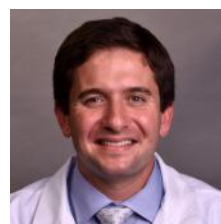
Andrew Drahos

Chris Jean-Louis

Alex Sapp

Tony Scott

PGY 5's



Matthew Barnes

Raviteja Devalla

Hannah Nemec

Timothy Nowack

James Parker

PGY 4's



Blake Bowden

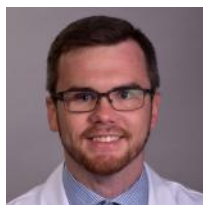
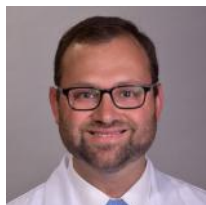
Eric Forney

Casey Hawes

Carmen Lee

Bill Wallace

PGY 3's



Lindsey Bridges

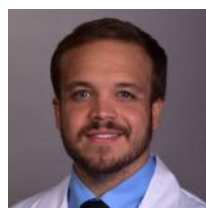
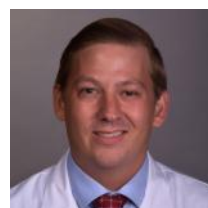
Josh Ferenczy

Albert Kazi

Allison Lord

Tyler Solomon

PGY 2's



Paul Cartwright

Cory Nonnemacher

Philip Shillinglaw

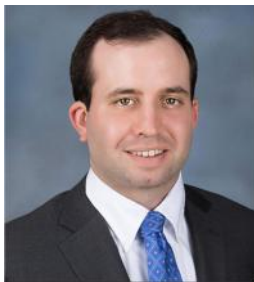
Alex Thomson

PGY 1's

GENERAL SURGERY

RESIDENCY IN GENERAL SURGERY

WELCOMES NEW PGY 1'S



Andrew Barnes, M.D., will graduate from the University of Alabama School of Medicine in June. A native of Alabama, he attended the Birmingham-Southern College where he received his undergraduate degree in biology (*Magnum Cum Laude*), with a minor in chemistry.

During his time on the surgery clerkship, he proved to be a very solid student and earned the NBME Honors grade for his hard work and efforts. He has worked on several research projects most recently on a retrospective study of trauma transfers to University of Alabama hospital—a Level I trauma center.

In 2011, he was awarded the highest honor within the Boy Scouts of America, the Eagle Scout award. On a more personal note, Andrew is also the brother of one of our rising chiefs, Dr. Matthew Barnes.



Nicholas "Nick" Koullas, D.O. A native of Alabama, he attended Auburn University where he received his undergraduate degree in biomedical sciences. He then went on to graduate from the Alabama College of Osteopathic Medicine in June 2019. After graduation, he spent a year at Spartanburg Regional Healthcare Systems, Spartanburg, South Carolina, as a preliminary resident in general surgery.

He has participated in several research projects most recently at the Tennessee Valley Cardiovascular Center where he assisted in a retrospective research project on patients who developed symptomatic heart failure during the course of their hospital admission.

Dr. Koullas' wife, Dr. Elizabeth Koullas, is currently a family medicine resident in Spartanburg, South Carolina.



Rachel Latremouille, M.D., will graduate from the Medical College of Georgia (MCG) at Augusta University in May. She received her undergraduate degree in cell and molecular biology from Augusta University graduating *Magna Cum Laude*.

She is a member of the American Medical Association, Association for Women Surgeons serving as co-president during its first year of inception at MCG. She participated in the Augusta University Medical Scholars Program on a quality improvement study investigating weight adjusted versus standard dose Enoxaparin for VTE prophylaxis in trauma patients. This research led to the current guidelines for VTE prophylaxis in trauma patients at the Augusta University Medical Center.



Brian "Brewton" McCluskey, M.D., will graduate from the Medical College of Georgia at Augusta University in May. He is a graduate of Georgia Southern University in Statesboro where he received his undergraduate degree in biology.

Brewton grew up in Columbus, Georgia, where he was very involved with community volunteering with various charitable organizations. His work in the community attests to his drive and determination to help others.

Brewton is a avid scholar and has been accepted for publication in the *American Surgeon* and has participated in several research projects to enhance the quality of care for breast cancer patients.



Nehal Ninad, M.D., will graduate from the Indiana University School of Medicine in May. He received his undergraduate degree in biochemistry from the University of Southern Indiana.

Nehal is a native of India and has worked remotely with a Non-Governmental Organization in his hometown of Katihar where he helped arrange for screening for abnormal blood glucose and type 2 diabetes for the population in the Semapur village.

While growing up in a small rural town, Nehal witnessed the need for medicine and health care. In response to this need, his grandfather, a naturopathic physician, opened up a free clinic and would often ask him to help with basic patient care. This is where he found his passion for surgery.

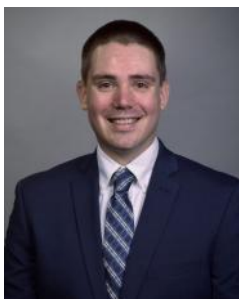
GENERAL SURGERY

RESIDENCY IN GENERAL SURGERY
WELCOMES NEW PGY2

Jacob Lowry, M.D. A native of Texas, he attended the Abilene Christian University where he received his undergraduate degree in the field of biochemistry. He went on to graduate from the McGovern Medical School at the University of Texas Health Science Center at Houston. After graduation, he spent a year at East Carolina University in Greenville, North Carolina, as a preliminary resident in general surgery.

He has been a part of many research projects, resulting in three manuscripts--two pending publications, and three abstracts for oral presentation.

2020 Graduating Chief Residents



Andrew Drahos, M.D., was born in Bloomington, Indiana. He majored in Chemistry and minored in Biology and Sociology at Purdue University graduating *Summa Cum Laude*. He earned his medical degree from Indiana University. Upon completion of residency, he and his wife, Alison, will move to Indianapolis, Indiana, where he will begin a fellowship in Surgical Critical Care at Indiana University.



Christopher Jean-Louis, D.O./MPH, was born in Boston, Massachusetts. He double majored in Biology and Chemistry at Savannah State University. He completed medical school at the University of North Texas Health Science Center. Upon completion of residency, he will begin a one-year fellowship in Breast Surgical Oncology at the University of Arkansas Medical Center. Chris and his wife, Shanelle, have 2 children: Noah, age 6, and Leah, age 4.



Alexander Sapp, M.D., is a native of Cumming, Georgia. He majored in Biology at LaGrange College. This was followed by a medical degree from the Mercer University School of Medicine. After graduation Dr. Sapp, his wife, Brooke, and one year old son, Cason, will be moving to Chattanooga, Tennessee, where he will begin his Vascular Surgery fellowship.



Anthony Scott, M.D., was born in Atlanta, Georgia. He completed his associates degree while in high school at Middle Georgia College in Cochran, Georgia, before completing his undergraduate and medical training at the Mercer University School of Medicine. Upon completion of residency, Tony will join the Surgical Institute and serve as junior faculty with the Department of Surgery for Navicent Health and Mercer University School of Medicine. Tony is excited to remain within the Middle Georgia community serving patients in need in the area he now calls home.



The SPIN program celebrated its sixth year in 2019. This volunteer community-based partnership provides free out-patient surgeries to active Macon Volunteer Clinic patients.

In 2019, a total of 9 surgeries were provided to local patients. Four surgeries were completed in July and 5 surgeries in October. Surgeries included cholecystectomy, ventral hernia repair, pilonidal cyst excision, thyroid FNA, umbilical hernia repair, inguinal hernia repair, lipoma removals and cyst removals.



This collaboration is truly a team effort as it involves volunteers from all areas of surgical services.

SPIN Surgery Team:

MD/Surgeons

Scrub Techs

Circulator

Anesthesiologist

CRNAs

Pre-Op RNs

PACU RNs

Student Volunteers



If you would like to volunteer, contact Angela Millett, SPIN Volunteer Coordinator, Macon Volunteer Clinic amilett@maconvolunteerclinic.com or 478-755-1110 x130. The success of this program is dependent upon your willingness to serve.

(Photos are from the 2019 SPIN volunteer team)

GENERAL SURGERY



The American College of Surgeons (ACS) developed a program for new surgeons who have completed residency and are entering into the practice of general surgery. The Mastery in General Surgery Program formerly known as the Transition to Practice program supports the transition to independent practice in general surgery. Goals include:

- ⇒ Building autonomy, decision-making, and clinical skills
- ⇒ Developing experience in practice management, leadership, and quality improvement
- ⇒ Learning the business of medicine
- ⇒ Launching a career in general surgery

In July of 2013, The Medical Center, Navicent Health in conjunction with the Mercer University School of Medicine became only 1 of 11 programs in the nation to offer this program. We partnered with Dr. William Pannell and Dr. Vince Culpepper and Crisp Regional Hospital. Our program along with the University of Tennessee were the only two programs that had transition to practice associates that first year. The program has now transitioned to two new sites with senior teaching associates at each site.

Mercer/Navicent Hawkinsville Campus Taylor Regional Hospital, Hawkinsville, Georgia



Robert C. Campbell, MD, Senior Associate, obtained his undergraduate degree from Emory University in Atlanta receiving his medical degree from the Mercer University School of Medicine. He went on to complete his residency at Memorial University Medical Center in Savannah, Georgia. He remains active in the United States Army Reserve with the rank of Colonel and commands the 3297th U.S. Army Hospital. He has a special interest in breast surgery and breast cancer prevention. He is affiliated with Taylor Regional Hospital.



Jessica Anderson, DO, has been accepted for the Mastery in General Surgery Program 2020 academic year at the Hawkinsville Campus. She received her Doctor of Osteopathic Medicine from Lincoln Memorial University, Debusk College of Osteopathic Medicine and completed her residency in the General Surgery Program at Good Samaritan Regional Medical Center in Western Oregon.

Mercer/Navicent Albany Campus Albany Surgical, Albany, Georgia



J. Price Corr, Jr., MD, FACS, Senior Associate, is a graduate of the University of Georgia and the Medical College of Georgia School of Medicine. He completed a residency in general surgery at the Medical College of Georgia and returned home to Albany, Georgia, to practice in 1982. He was a founding partner of Albany Surgical, P.C. in 1986 and is affiliated with Phoebe Putney Memorial Hospital.



Bariatric & Metabolic Institute

Navicent Health Physician Group

Danny Vaughn, M.D., FACS

Joshua Glenn, M.D. FACS

Robert J. Parel II, M.D. FACS

Michelle Rowell, NP



The last year has been one of big changes for Bariatric & Metabolic Institute, Navicent Health.(BMI, NH). The growth of the practice and the increase in the number of bariatric surgeries performed is a testament not only to the excellent care given, but also to the life changing services we offer. Through the effects of bariatric surgery, our patients have improved health, both physically and mentally, and also enjoy a more active life. Because of the success of our adult bariatric surgery program, we recently developed an adolescent surgery program in conjunction with Dr. Joshua Glenn and the Beverly Knight Olson Children's Hospital, Navicent Health. Slowing the growth of obesity in our community and state in both adolescents and adults will have positive effects on our area for years to come.

Statewide, BMI, NH participated in Obesity Awareness Day at the Capitol in Atlanta, on February 4, 2020. Our surgeons were recognized as being pivotal players in improving the health of Georgians. It was also an opportunity to personally connect with our state representatives. Information was presented regarding the lack of insurance coverage for state workers and how coverage of bariatric surgery could actually reduce the costs of treating comorbidities such as Diabetes and hypertension in our state.

Our participation in the Georgia Chapter of the American College of Surgeons in August 2019 with the first annual Obesity Day was a great success. Surgeons from across the state presented on various topics including treatment of GERD, surgical complications, and state of the art treatments in relation to bariatric surgery. State representatives were also present to take questions and discuss the lack of coverage for state employees in Georgia. Our goals at BMI, NH are to make the patient the center of our care, to keep them happy with our care, and most of all, to improve their lives through our care.

PEDIATRIC SURGERY

*Pediatric Surgical Associates***Joshua Glenn, M.D. FACS****Issam Shaker, M.D.****Roger Pitt, MD**

Pediatric Surgery continues to grow at the new Beverly Knight Olson Children's Hospital. The increase in the complexity of the children that we take care for and the overall increase in the number of families who choose to have their child's surgery with us speaks to the clinical excellence and compassionate care we provide.

This was a year of firsts for our department. We were the first to preform magnetic assisted repair of a tracheoesophageal fistula in the state. The baby had a long gap of her esophagus that was not present and we utilized an FDA compassionate use device to bring the two ends together. This was the first of these procedures preformed in the state of Georgia and the 26th in the world. She had a great outcome and we now have another tool to assist in taking care of these complex patients

Another first for our institution was the development of an Adolescent Bariatric Program. Obesity has as devastating effects in children as it does in adults, and often bariatric surgery is the best method we have to reverse these comorbidities. Obese children become obese adults with the physical and mental health issues that that entails. The success of the adult program under the leadership of Dr Danny Vaughn provided us the framework to develop the adolescent program. Drs. Glenn and Vaughn have partnered to bring this life-changing service to the kids of Central and South Georgia that will serve our community for years to come.



Surgical Institute

Navicent Health Physician Group

<https://www.navicenthealth.org/si>



We have seen tremendous growth over the past year at Surgical Institute, Navicent Health. We are fortunate to have welcomed two physicians to the practice: Dr. Ashley Jones and Dr. Horatio Cabasares. Dr. Jones, who joined the practice in August 2019, is double-boarded in General Surgery and Surgical Critical Care, and has been a great addition to the team. Dr. Cabasares came on board in February 2020, after a long and successful career in private practice where he served Perry and the surrounding communities for over thirty years.



Last May, we established our presence in Warner Robins and in August opened a clinic there, which is staffed by six of our attending's. February was a big month for Surgical Institute as Dr. Long expanded his practice to the Baldwin community and performed his first surgery alongside Dr. Seth Rion, while Dr. Vaughn and Dr. Cabasares brought the LINX procedure to Perry. We now serve the healthcare needs of middle Georgia residents over six convenient locations, and we look forward to continued growth over the years to come.



In March 2020, the Covid-19 pandemic became a reality for middle Georgia. In our quest to uncover what healthcare delivery will look like in a world where everyone must be six feet apart, we launched our telehealth platform allowing patients to receive high-quality care from the comfort of their homes. This will prove to be a launching pad for a new era in healthcare delivery.



The Surgical Institute team specializes in broad based general surgery which includes a wide array of digestive surgeries, complex hernia repair, reflux surgeries, weight loss surgeries, and endocrine surgeries. There is a comprehensive focus on laparoscopic and robotic surgeries as many of these surgeries are performed with a minimally invasive approach.

SURGICAL INSTITUTE OFFICE LOCATIONS

Eatonton
106 Hospital Perimeter Dr

Forsyth
120 N Lee St
Suite C

Macon
840 Pine St
Suite 750

Milledgeville
1201 Columbia Dr

Warner Robins
320 Margie Dr

Message from the Trauma Program Manager



Tracy J. Johns, MSN, RN-BC, CPHQ
Trauma Program Manager

In 2020 our trauma program is “*coming into its own*” as demonstrated by our strong performance improvement and patient safety (PIPS) program, a mature Injury Prevention and Outreach program, a timely and reliable trauma registry, and an expanded research program. Our program accomplishments can be contributed to Dr. Ashley’s strong leadership in addition to our outstanding faculty, residents, advance practice providers (APPs) and administrative team.

Quality: Our trauma PIPS program has been recognized by state and national leaders as ‘mature and effective’. Much of this recognition is due to the outstanding work of our Trauma PI Coordinator, Josephine “Jo C” Fabico-Dulin, RN. She has concentrated on complication prevention rather than just identification. Through daily collaboration with the residents, attendings and APPs, we have realized:

- Decreased incidence of venous thrombotic events (VTE) in trauma patients (fall 2017 2X the national average to spring 2020 at 0.74 the national average). Our abstract on VTE prevention resulted in a podium presentation at the Trauma Quality Improvement Program (TQIP) Annual Scientific Meeting and Training in November 2019. This work also won the abstract competition in the Geriatrics and Performance Improvement category.
- Decreased incidence of ventilator associated pneumonia (VAP) (fall 2017 4X the national average to spring 2020 at 0.64 the national average)
- Prevention of catheter associated urinary tract infection (CAUTI) with no identified case since March 2018
- Creation of a Trauma Care Guideline for Rib Fractures. Early review findings suggest using this guideline is contributing to a decrease in unplanned returns to ICU.

Trauma Registry: We entered over 3,600 trauma patients to our trauma registry (database) in 2019. Each of the patient records have 150-200 data fields entered as required by the National Trauma Data Standard (NTDS), the Georgia trauma system, and our own trauma program. Quarterly, we upload data to the state and National Trauma Data Bank (NTDB). From these uploads and internal reports, we manage the trauma program, assess patient care, and conduct research.

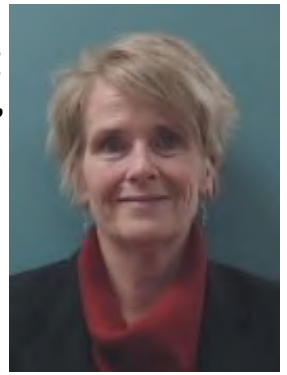
Trauma Registry (continued):



To keep up with the requirements related to trauma data, we have five full time trauma registrars. In November 2019, Inez Jordan (left) was promoted to Trauma Data Coordinator. This position oversees the day-to-day trauma data management including new registrar training, software updates, data uploads, data abstraction for all mortality records, and our registry validation program. Inez has been with Trauma Services since 2007 and has performed her new responsibilities in an exemplary fashion. Congratulation Inez!



Realizing a significant cost savings for the hospital, we decided to discontinue our trauma registry outsourced staffing contract. This allowed us to hire 2 new trauma registrars, Kim Thomas (left) and Patti Judd (right). Both registrars have solid backgrounds in the medical field and are excellent additions to our registry staff. They have both met and exceeded our expectations in learning and adapting to this complex job. With their hire, we also developed a telecommuting program for the trauma registrar positions. In hind-



sight, it's fortunate that we had already worked out this program. In mid-March we transitioned all trauma registrars to work from home to comply with Georgia's shelter-at-home mandate due to the Corona virus pandemic. Although the registrars are working from home, we have seen an increase in productivity while maintaining accuracy and timeliness.

Research: Our Trauma Research Program achieved several important milestones in the past year including:

- ⇒ **Funding** - Both Dr. Ashley and Dr. Benjie Christie were awarded research grants from the Georgia Trauma Foundation.
- ⇒ **Research Coordinator** - We are thrilled to welcome Rajani Adiga to our trauma team as our Trauma Research Coordinator. She is Masters prepared with recent experience related to biomedical device research. Her early work on the job has been invaluable with the early success of our grant funded study evaluating rib plating. Rajani, we look forward to working with you and growing the research program.



Trauma Awareness Day & Injury Prevention Showcase

Representatives of The Medical Center, Navicent Health braved the rain to join trauma professionals from around the state to participate in the 4th Annual Trauma Awareness Day organized by the Georgia Society of the American College of Surgeons and Georgia Trauma Foundation. The goal of the 2020 Georgia Trauma Awareness Day was to raise awareness of the Georgia Trauma System and promote Georgia's injury prevention efforts. This year's event culminated in a very special luncheon that highlighted the stories of Trauma Survivors including Navicent's very own Trauma Survivors Network Coordinator, Kimiko Cheeley.



Left to Right: Kristal Smith, Kimiko Cheeley, Fernandez Cheeley, Tracy Johns and Josephine Fabico-Dulin

TRAUMA

My Story

*The Medical Center, Navicent Health
Trauma Survivors Network Volunteer Coordinator
Kimiko Cheeley*



I do not remember the day of my injury, but I was told that on December 26, 2017, my husband and I were making our normal Christmas rounds. We stopped by my mom's house to help move a tire. When we saw the massive size of the tractor tire, we immediately said, "No". Mom was adamant, and we reluctantly attempted to move it. My husband said we finally stopped from exhaustion and told my mom that we could not move the tire and she would have to wait until someone else could help. She called my younger brothers (ages 7 and 8), but we knew the tire was too heavy for them. We proceeded to attempt to move the tire again. Shortly thereafter, I lost my footing, and the tire fell on both of us. Luckily, my husband managed to wiggle his way from underneath the tire. However, the tire covered my entire body, and, unfortunately, I was not able to do the same. My husband stayed with me to try to keep me calm while my mom went to get something to help pry me from under

the tire. I was told the last thing I said to my husband before passing out was I love you. The ambulance arrived, but the crew were unable to lift the tire off of me. They called the fire department. It took six men to free me from the tire leaving me unconscious for a lengthy amount of time. EMS started CPR with a return of spontaneous circulation after one round of compressions. I was intubated on the scene and transported to The Medical Center, Navicent Health.

I had a Glasgow Coma Scale score of a 3T and a severe anoxic brain injury due to my "out of hospital" cardiac arrest. Upon arrival to the hospital, there was a collaboration between specialists specifically the trauma team and the medical director for the adult Palliative Care service. The decision was made to start the normothermia protocol also known as therapeutic temperature management. My body temperature was only lowered to 36 degrees Celsius due to my shivering versus having seizures. I was posturing and having sympathetic storming, which are signs of severe brain damage. I was in a coma for eight days. I had an intracranial pressure monitor place in my head to measure the pressure in my head. I seized so hard that I broke my dental alveoli, so all my front teeth had to be replaced. They said the first thing I asked when I woke up was, "What did you guys do to my teeth?"

Doctors were unsure of the extent of brain damage and what my new baseline would be. I was told that I would repeat things constantly because my short-term memory was impaired. I was transferred to the Shepherd Center where I stayed for three weeks. I had extensive occupational therapy, physical therapy, speech therapy and mental health therapy six days of the week. I am currently working at The Medical Center, Navicent Health where I am the Palliative Care, Care Coordinator and the volunteer Trauma Survivors Network Coordinator.

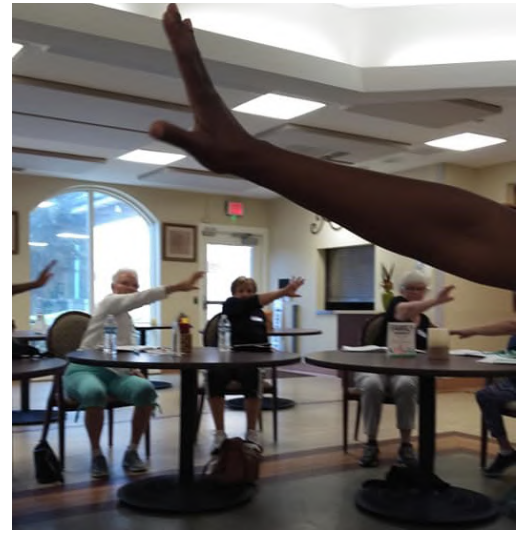


Trauma is the leading cause of death for Americans 1-44 years old.

Injury Prevention

Approximately 5,200 Georgians die from injuries annually. Injuries present a significant burden to Georgians, measured not only in deaths, but also in immediate costs incurred during Emergency Department (ED) visits and hospitalizations; and long term costs associated with extended therapies, disabilities, and lost productivity. Each year, more than 41,000 Georgians are hospitalized and 730,000 are treated solely in the ED.

Navicent Health community outreach and injury prevention initiatives include a wide range of activities aimed at reducing risks or threats to health. Our trauma program has an organized and effective approach to injury prevention and prioritizes our efforts based on local trauma registry and epidemiologic data. The Trauma Injury Prevention and Outreach Program applies evidence-based strategies to reduce and prevent injuries to children and adults. We use partnerships and work in collaboration with community organizations and public safety agencies in an effort to share expertise and advocate for policies to help prevent injuries. We conduct educational activities on a wide-range of injury prevention topics like child passenger safety, distracted driving, helmet use, fall prevention, and violence prevention to name a few.



CARFit



Helping Mature Drivers Find Their Safest Fit



**KIWANIS CLUB OF
MACON'S**
*Kiwanis
Teen Driving
Rodeo*

Stop the Bleed - Georgia

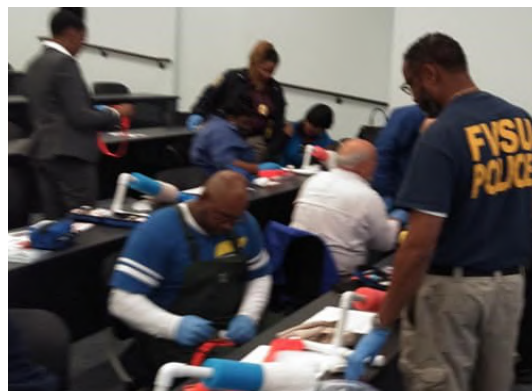
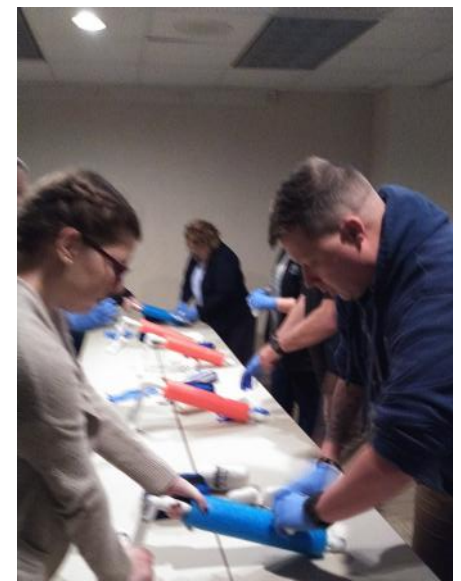
UNCONTROLLED BLEEDING IS THE NUMBER ONE CAUSE OF PREVENTABLE DEATH FROM TRAUMA.

Regardless of the cause of injury, uncontrolled bleeding is the number one cause of preventable death from trauma. Severe bleeding may claim a life within minutes, potentially before trained responders arrive on scene. "Stop the Bleed" is a new nationwide initiative to empower individuals to act quickly and save lives.

Last year, the Georgia Trauma Commission along with the Georgia Trauma Foundation, the Georgia Society of the American College of Surgeons, and the Georgia Committee on Trauma collaboratively launched the nationwide "Stop the Bleed" campaign in Georgia that puts knowledge gained by first responders and our military into the hands of the public to help save lives by stopping uncontrolled bleeding in emergency situations. The first phase of the campaign includes the school response program, which is specifically designed to train and equip school staff on how to control bleeding with the tools provided. Bleeding control kits contain a tourniquet, wound packing materials, and gloves to prevent further exposure.

The Medical Center, Navicent Health is excited to champion "Stop the Bleed" program in our community and beyond. To date, more than 100,000 Georgians have now received this important training. Working with our regional partners, Trauma Services facilitated training events for more than 12,000 central Georgian's. Locally, we continue to present the program to civic groups, emergency responders, law enforcement agencies, churches, and schools. This year we have expanded our focus to include school bus drivers, and area universities. Kristal Smith, Injury Prevention and Outreach Coordinator, coordinates the program on the behalf of Navicent Health, the Region 5 Regional Trauma Advisory Council and the Region F Healthcare Preparedness Coalition.

For more information on these efforts and how you can get involved in the "Stop the Bleed" campaign, please visit <https://www.stopthebleed.org/>.



Education and Outreach

Trauma care knowledge and skills need to be continuously updated, refined, and expanded through targeted trauma care training.

—Region 5 EMS Regional Trauma Advisory Committee, Regional Trauma Plan

Trauma Services at the Medical Center Navicent Health is committed to expanding access and improving outcomes for all patients experiencing trauma. In addition to providing patient care services, Trauma Services, a source of information, expertise, and leadership in the treatment of major injury, working hand in hand with our regional partners to periodically assess the training needs of trauma care providers in the region in order to deliver trauma educational programs.



Emergency Medical Responder Course
Georgia Public Safety Training Center



Regional Pediatric Trauma Symposium
Central Georgia Technical College



Rural Trauma Team Development Course
The Medical Center Peach County NH
Georgia Public Safety Training Center



Hospital Surge Readiness Program
Piedmont Henry Hospital



Hospital Surge Readiness Program
Piedmont Henry Hospital



Patient Handling and Decon Training
Medical Center Navicent Health



Stop the Bleed - Beyond the Basics
GPACS Training Summit



Tactical Emergency Casualty Care
Central Georgia Technical College



Emergency Medical Responder Course
Georgia Public Safety Training Center

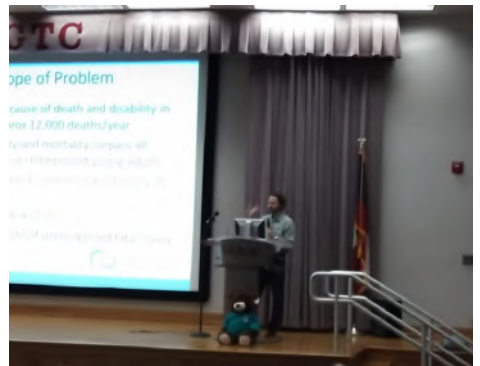
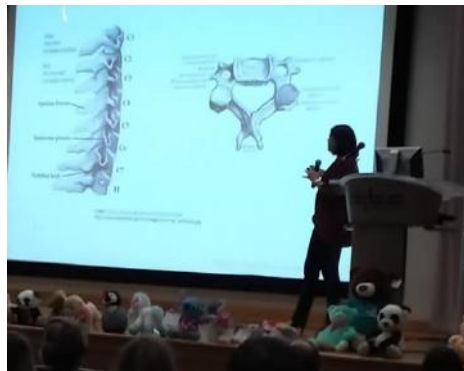
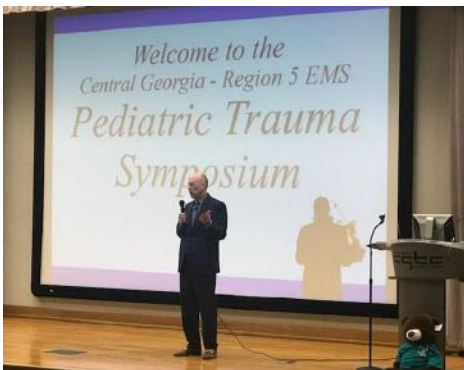


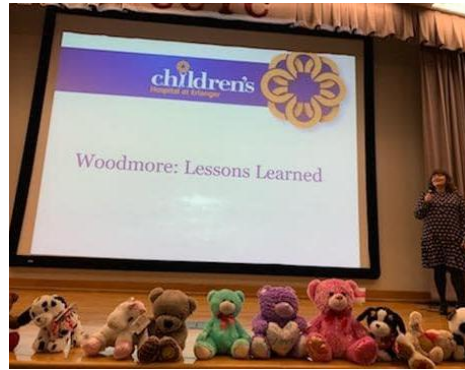
Regional Pediatric Trauma Symposium
Central Georgia Technical College



Central Georgia Region 5 EMS Pediatric Trauma Symposium

The Region 5 Emergency Medical Services (EMS) Advisory Council, the Region 5 Regional Trauma Advisory Committee (RTAC) and Central Georgia Region 5 EMS for Children (EMSC), hosted it's second annual Central Georgia Region 5 EMS Pediatric Trauma Symposium on Friday, January 24th, 2020 at Central Georgia Technical College in Macon. The symposium focus on critical pediatric physiology, injuries, and interventions to help caregivers provide the best treatment for the injured child. Emergency medical responders, EMTs, paramedics, nurses, nurse practitioners, respiratory therapist, physician assistants, physicians and others providing emergent care to children were in attendance. The conference focused on key issues affecting pediatric trauma patients. This year's event was the joint effort of the Region 5 RTAC, the Georgia Trauma Commission, the Central Georgia EMS Director's Association, Central Georgia Technical College, Central Georgia Region 5 EMSC, Air Avac Lifeteam, Trauma Services Navicent Health, Beverly Knight Olson Children's Hospital, Fairview Park Hospital, and many of our regional partners.





FEATURED RESEARCH

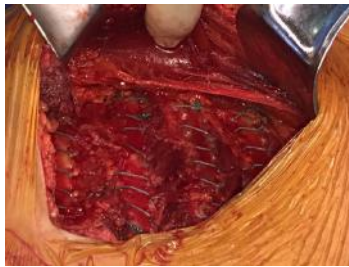
It's All About Ribs



Rib fractures continue to be a very common injury seen at trauma centers. Their morbidity and mortality has been well documented in the literature with an overall mortality ranging from 10% to 20% depending on the number of ribs fractured and the age of the patient. These rates can even be higher with complex injuries such as flail chest and displaced fractures.

In a long-term disability study after flail chest, Landercasper, et al, noted that 63% of the patients had subjective dyspnea and 49% had frequent thoracic cage pain 5 years after injury. Thirty-nine percent were unable to return to work.

Fabricant noted prolonged chest pain in 64% of patients with isolated rib fractures and 66% had prolonged disability at two-month follow up. Marasco evaluated quality of life after multiple rib fractures in 216 thoracic injuries and noted only 71% of patients returned to work in 2 years.



With the advent of new rib plating systems coupled with the significant morbidity and mortality rate due to rib fractures, surgical stabilization of rib fractures has gained popularity. Several series have now been published, mostly in the flail segment population, and have shown a decrease in mortality, duration of mechanical ventilation, ICU length of stay, and hospital length of stay. Researchers continue to identify specific inclusion criteria and the appropriate patient population for management of these injuries. Studies are ongoing to better refine the indications and answer these questions. Most of the rib systems currently used involve placing metal plates across the fracture of the rib with screw fixation to align the ends of the fractured segments and hold them in place until union can occur which is usually complete within 8 to 12 weeks. This provides a permanent fixation. After initial healing, the plates are not needed but are typically left in place as this would require surgery for plate removal. A resorbable plate consisting of 70:30 poly(L-lactide-co-D, L-Latide) has been developed which would provide fixation for approximately 18-24 months and then be reabsorbed. This plate has been used on other bony structures but has had limited use in rib fixation.



Dr. Dennis Ashley received a grant of \$109,000 from the Georgia Trauma Foundation to study rib fixation with metal and resorbable plates.

The purpose of this study is to compare metal plate and resorbable plate rib fracture stabilization to see if resorbable plates will provide comparable rib fracture union rate, control of pain, and quality of life scores as compared to metal fixation.

The study includes recruiting 30 patients for randomization. Each patient will be followed for a period of one year after discharge to assess outcomes.

THROMBOELASTOGRAPHY

Venous thromboembolism (VTE) is a major source of potentially preventable morbidity and mortality in critically ill trauma patients. Deep venous thrombosis (DVT) is estimated to occur in up to 60% of severely injured trauma patients and 13% to 31% of patients in intensive care settings without prophylaxis. Pulmonary embolism occurs in approximately 2% to 22% of trauma patients and is a major cause of preventable death. The incidence of VTE is a measurable quality metric that hospitals, on a national scale, are seeking to improve upon. Modern coagulation assessments do not provide predictive likelihoods for VTE development.

Thromboelastography (TEG) is commonly applied in the management of complex medical and surgical patients to monitor and treat coagulopathies. TEG, as a modality for comprehensive thrombostatic function, is purported to allow for the identification of hypercoagulable states; however, a knowledge gap exists as to whether a change in TEG pattern can identify a heightened risk for VTE development or predict VTE occurrence outright, after high risk events or clinical changes. While TEG has been studied in the trauma population, predictive correlations for TEG and VTEs are weak and no studies have evaluated TEG pattern changes over a continuum of care.

Dr. Benjie Christie received a \$200,000 grant from the Georgia Trauma Foundation to analyze whether TEG parameter changes occur before, or at, the time of VTE diagnosis in the already at risk trauma population, therefore allowing TEG pattern changes to provide predictive value for VTE risk escalation. The hypothesis is that trauma patients will demonstrate a change in TEG parameters over their continuum of care as VTEs develop. This is a multi-centered study with total recruitment of approximately 1,000 patients. At the time this publication is going to press, centers are being recruited and patient enrollment will start soon.

Novel Treatment of COVID-19 Respiratory Failure with Thrombolytic Therapy

Since its earliest presentation in late 2019, the incidence of the novel coronavirus (COVID-19) has dramatically increased in recent months. As COVID-19 has rapidly exhausted human and physical resources; clinicians and researchers strive to better understand the virus and how to combat its clinical manifestations. Most patients present with varying degrees of respiratory insufficiency; many will progress to respiratory failure with a severe version of acute respiratory distress syndrome (ARDS) refractory to traditional supportive strategies. Providers must consider alternative therapies to deter or prevent the cascade of decompensation to fulminant respiratory failure.

The evidence supporting the notion that COVID-19 patients are subject to a prothrombotic state is mounting. The severe hypoxia and ARDS-like picture that these patients demonstrate, coupled with refractoriness to traditional pulmonary supportive measures, adds credence to the theory that microvascular thrombosis may play a role in the gas exchange difficulties that these patients demonstrate.

This retrospective review conducted by Dr. Benjie Christie and team identified COVID-19 positive patients with severe hypoxia who were either on the ventilator or requiring non-invasive oxygenation, had an elevated D-dimer value greater than 1.5ug/mL, and who underwent thrombolytic therapy as a rescue measure. It appears that tissue plasminogen activator (tPA) administration may have improved this patient populations ability to oxygenate from PaO₂ values generally considered prognostically poor to a more survivable range. In the effort to liberate patients from the need for mechanical ventilation, early application of tPA in the respiratory deteriorating COVID-19 patient may be beneficial. Additionally, consideration of increasing the bolus dose or the infusion dose of tPA deserves evaluation if more formal studies are to be conducted.

“Early Outcomes with Utilization of Tissue Plasminogen Activator (tPA) in COVID-19 Associated Respiratory Distress: A Series of Five Cases” has been accepted for publication by the *Journal of Trauma and Acute Care Surgery*.

ADDITIONAL CURRENT STUDIES:

- A second rib study “Surgical Stabilization of Rib Fractures in Octogenarians and Beyond—What are the outcomes?” was recently approved by the Navicent Health Institutional Review Board. Dr. D. Benjamin Christie, III, MD is the principal investigator for this new study.
- A joint study with Emory University (Grady Hospital) was approved by the Navicent Health Institutional Review Board. The objective of this study “Identifying Knowledge Gaps in Tourniquet Application in the State of Georgia: A Multi-Institutional Study in Two Level I Trauma Centers”, is to assess the current effectiveness of tourniquet placement in both a rural and an urban Georgia trauma center. The study is a prospective analysis of the adequacy of tourniquet application by prehospital personnel (non-medical and medical). Drs. Dennis Ashley and Christopher Dente are co-principal investigators for this study.
- Trauma hospitals that submit data to the American College of Surgeons - Committee on Trauma (ACS COT) Trauma Quality Improvement Program (TQIP sites) have been invited to participate in an NIH grant application to conduct a multi-site, pragmatic clinical trial investigating the optimal timing for resumption of anticoagulation after a traumatic intracranial hemorrhage (RESTART). Navicent Health has been invited to participate because it is a high volume center for potentially eligible patients.

Foundation Spotlight Research and Education Grant Recipient May 2020 Navicent Health Navigator

I would like to thank the Navicent Health Foundation for their grant support of research for the Department of Surgery for over two decades. The collaboration between the Dept. of Surgery and the Foundation has resulted in significant advancement in knowledge and care of our surgical patients. One of my areas of interest has been the study of vena cava filters both placement techniques and effects of the filter on the vena cava. These filters are an effective method for preventing pulmonary embolism when medical therapy fails or the patient is not a candidate for anticoagulation. One of our first grants from the Foundation was used to study the technique of using intravascular ultrasound to place the filters at the bedside without having to transport the patient to the operating room or interventional radiology suite. This technique had been described briefly in the literature but had not been well studied for safety and accuracy of placement of the filters. Through a three-phase study, we were able to show that the filters could be placed safely in the ICU with intravascular ultrasound without transporting the patient elsewhere. We also found that the accuracy for hitting the target zone when placing the filter with intravascular ultrasound was equal to contrast cavography which is the gold standard.

In the late 90's to early 2000's, retrievable vena cava filters were approved in the US. Until this time, all filters were permanent which meant that the patient was committed to a filter for the rest of their life when they may have only needed it for a few months. The data on the retrievability and how long these filters could stay in place was not well defined. Through another Foundation grant, we studied the retrievability of the OptEase filter in a swine model and found that removal of the retrievable vena cava filter may be successfully performed up to 14 days after insertion. Strut protrusion through the vena cava wall prohibited successful and safe removal at extended time intervals. This significantly changed our practice as it was not safe to attempt retrieval after longer periods of time. We also changed filters due to the extensive strut protrusion.

A recent grant was used to further study the effect of the filter on the inner lining of the vena cava. These filters can cause inflammation and intimal hyperplasia in the vena cava wall. This can result in scarring and difficulty in retrieving the filter without causing damage to the vena cava. The transcription factor nuclear factor-KappaB (NF-κB) plays an important role in regulation of numerous genes participating in the inflammatory and proliferative responses of cells. The present study was to determine whether vena cava filter implantation resulted in activation of NF-κB in the venous neointima. Dr. Wang from Mercer University, working with our surgery department, noted that vena cava filter implantation caused NF-κB activation in neointima. We further demonstrated the activation is at least partly due to phosphorylation of IκB-α. Our data suggest that NF-κB activation would significantly contribute to the development of intimal hyperplasia and inflammation in filter-inserted vena cava walls. NF-κB might be a therapeutic target for inhibiting filter induced neointima and improving filter retrieval.

We would like to thank the Foundation for their continued support of our research efforts which we hope will have a significant impact on our patients. -*Dennis W. Ashley, MD*



Paul S. Dale, MD, FACS
 Chief of Surgical Oncology
 The Medical Center Navicent Health
 Vice Dean of Translations Research
 Mercer University School of Medicine

The past year has been one of growth and change for the division of Colo-rectal surgery and Surgical Oncology. The merger of Navicent and Atrium Health has allowed our cancer services to align and develop an Oncology Service Line which will provide a platform for us to significantly impact cancer services throughout Middle Georgia. The Flagship of this affiliation is the Levine Cancer Institute (LCI) located in Charlotte, North Carolina. LCI, led by Dr. Derek Raghavan, has initiated programs reaching throughout the Carolinas which eliminate barriers to care such as culture, distance, and access to research. As we partner with LCI, we hope to achieve our goal of providing top-quality cancer care through an organized and efficient delivery system for all our patients in Central Georgia. Indeed, we strive to provide world class cancer care right here in your own backyard. In the past year, our affiliation with LCI has continued to strengthen as we each visit the other's campus, and share goals and ideas for the future. During these visits, the LCI leadership has been most impressed with the quality of care and scope of services currently offered at the Peyton Anderson Cancer Center (PACC).

One of the most exciting areas of growth for us as a Division, as well as an Oncology service line, is in the area of clinical trials. Clinical trials allow us to advance our knowledge and treatment options for patients with cancer. In many cases, they allow our patients to receive tomorrow's cancer treatments today, without having to travel to other cancer institute's miles and miles away. By expanding the number and type of clinical trials available locally, middle Georgians will gain access to therapies they may not have been able to receive due to financial or other restraints. The LCI Clinical Trials program has two Phase I trial facilities where they are able to offer patients novel cancer treatments not available outside of these unique units. With our affiliation, we hope to expand these novel cancer treatments to our patients here at the PACC. Our division continues to be leaders in cancer innovation in middle Georgia. The Intraoperative Radiation Therapy program introduced last year is the only program of its type in central Georgia, offering certain breast cancer patients to undergo their cancer surgery and receive 6 weeks-worth of radiation in one dose, delivered during the same operation the tumor is removed. Patient's satisfaction and overall results of this program are very positive, and being followed as a clinical trial. Additionally, under Dr. Drew Honaker's leadership, our team is completing our application to the newly developed American College of Surgeons CoC National Accreditation Program for Rectal Cancer showing our commitment to the multidiscipline approach to treating patients with rectal cancer. We have most recently introduced a Cancer Survivorship clinic to offer long-term follow up and screening for our cancer patients. Our APN, Nikki Gibbs, is spearheading this survivorship clinic. We are also pleased to acknowledge Dr. Douglas Brewer, who recently became a Certified Physician Executive through the American Association for Physician Leadership. Subsequently Navicent/Atrium has recognized his outstanding leadership and administrative skills by appointing him as the Chief Medical Officer of Navicent Health Baldwin. In Addition, Dr. Brewer serves as the CoC surgeon representative and Chair of the Finance Committee for NHPG.

In closing, certainly, the unexpected COVID19 pandemic introduced unexpected challenges for all of our Navicent teammates. During this difficult times like these, our cancer care team is committed to providing our patients with safe and effective cancer treatment, allowing them to receive the care they need to win their battle with cancer and live long into the future. Our division has been proactive in establishing what will be a "new normal" for delivery of care by introducing "virtual visits". This platform allows patients to visit with our cancer care team from the comfort of their own home. These types of patient-caregiver interactions are allowing us to deliver world class care even closer to home, and actually in the comfort of our patients living room. As you can see, we remain dedicated to the treatment of cancer today, and to the search for better cancer treatment for tomorrow.

SURGICAL CRITICAL CARE



Amy B. Christie, M.D.
 Chair of Adult Critical Care
 Program Director, SCC Fellowship
 The Medical Center, Navicent Health

Surgical Critical Care Services at Navicent Health continues its commitment to clinical outcomes research, quality improvement initiatives for ICU protocol development, and providing administrative leadership for transitioning to dedicated intensivist staffing in Navicent's Adult Critical Care Units. We continue to onboard excellent intensivist faculty to support this multidisciplinary department.

In the academic year of 2019-2020, the Navicent Critical Care Department faced the coronavirus disease 2019 (COVID-19) pandemic, as did hospitals across our nation. Our department worked collaboratively with our partners across the enterprise system to provide high level care to patients admitted to the ICU. Our team participated in Institutional Grand Rounds regarding our critical care experience with COVID-19 patients. Similarly, our faculty is scheduled to participate in a COVID-19 panel discussion for the Georgia Chapter of the American College of Surgeons Annual Meeting. Additionally, our Critical Care team published in the *Journal of Trauma and Acute Care Surgery* a case series of our early outcomes with utilization of tissue plasminogen activator in COVID-19 associated respiratory distress. We also look forward to participating in the multisite Society of Critical Care Medicine VIRUS COVID-19 Registry.

CONGRATULATIONS

Danny Vaughn, MD, FACS, Director of Minimally Invasive and Bariatric Surgery was appointed as the Director of Robotic Surgery. Dr. Vaughn will oversee the quality and continued growth of the Robotics Program at Navicent.

Ashley Jones, MD, was appointed as the Associate Director of Mercer University's Surgery Clerkship (Macon Campus).

2019 Chief Resident and Fellow Graduation

Key Note Speaker



Amy B. Christie, M.D., FACS, was born in Taiwan and spent most of her childhood in Egypt and Maryland.

Dr. Christie graduated from the Mercer University School of Medicine where she earned her medical degree. After completing her surgical residency training at The Medical Center of Central Georgia (Navicent Health), she went on to complete a one year fellowship in surgical critical care.

Dr. Christie joined the faculty at The Medical Center Navicent Health where she currently serves as Director and Chair of Adult Critical Care, Assistant Professor in the Department of Surgery and Director of the Surgical Critical Care fellowship. She received the Dr. Macram Ayoub Resident Teaching award by the Navicent Health general surgery residents in 2016.

2019 Chief Residents



Trine Linn Engebretsen M.D., was born in Miami, Florida. She majored in Biology at University of Miami. She then earned a Master's Degree in Biomedical Sciences at Barry University. She completed medical school at FIU Herbert Wertheim College of Medicine. Upon completion of residency, Trine will begin a one year fellowship in Abdominal Transplant Surgery at Ochsner Medical Center in New Orleans, Louisiana. Trine and her husband, Ryan, have been married for 10 years and have two children: Andersen, age 7, and Owen, age 3.



Crystal Elizabeth Fancher, M.D., was born and raised in Los Angeles, CA. She attended the University of California, Davis where she majored in Genetics and graduated with honors. She then received a Masters Degree in Physiology from the University of Cincinnati. She went on to earn her Medical Degree from the Medical University of South Carolina. Upon completion of residency, Crystal will begin a one year Breast Surgical Oncology Fellowship at the University of Southern California.



Madison Guest Griffin Lashley, M.D., Madison Lashley was born in Bellaire, Texas. She graduated from the University of Texas at Austin with a Bachelor of Arts in Plan II Honors and a Bachelor of Science in Kinesiology. She earned her medical degree from the University of Texas at Houston. Upon completion of residency, Madison and her husband Dexter will move to Hampton, Virginia, where she will join the 633d Medical Group at Langley Air Force Base as a general surgeon.

2019 Chief Residents



Alicia R. Register, M.D., is a native of Fayetteville, Georgia. She received a B.S. degree in Biology and Psychology from the University of Georgia and then attended the Medical College of Georgia for her Doctor of Medicine. There she participated in research with the neurosurgical department and worked as a teaching assistant in the anatomy lab. Dr. Register then began her residency at Navicent in 2013, where she has volunteered with the Macon Volunteer Clinic SPIN program as well as participated in the Stop The Bleed campaign. Upon completion of residency, Dr. Register, her husband Jeremy, and their son Candler will move to Cordele, Georgia, to practice general surgery at Crisp Regional.



Justin G. Vaughan, M.D., is from Fordyce, Arkansas. He obtained his B.S. in Biology from Southern Methodist University, and then went on to medical school at the University of Arkansas for Medical Sciences. Following graduation, he will begin a one year fellowship in Surgical Critical Care at Duke University.

2019 SCC Fellows



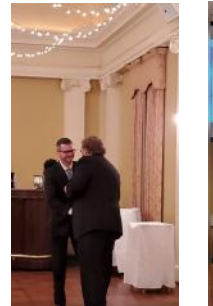
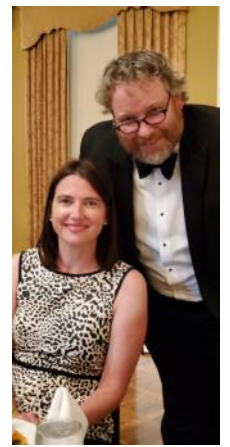
Ashley J Jones, M.D., received her undergraduate degree in biochemistry from Mercer University and her medical degree from the Mercer University School of Medicine. She completed her general surgery residency at the Greenville Health System/University of South Carolina School of Medicine in June of 2018. She completed her surgical critical care fellowship with us in July of 2019 and joined Navicent as a full-time surgery attending in August. We welcome her, her husband Brian, and sons, Jaxon and Colton, to our team.



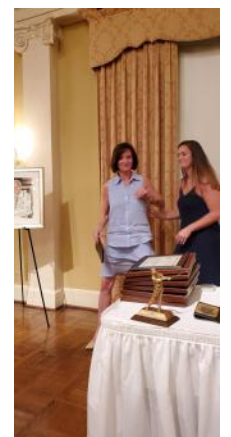
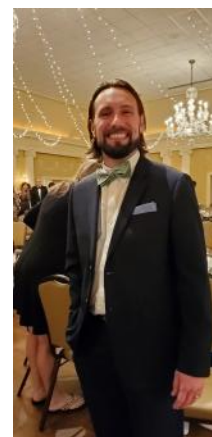
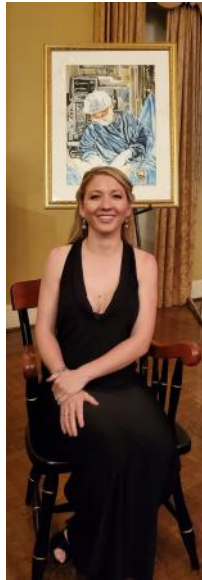
Andrew D. Kastello, M.D., FACS, will complete his surgical critical care fellowship in July. He received his Bachelor's degree from St. Mary's College of Maryland and his medical degree from St. George's University School of Medicine. He completed his residency at the St. Joseph Mercy-Oakland Medical center/Wayne State University in 2010. He began general surgical practice in 2010 in rural Tennessee. He made the move to Augusta in 2015 and was invited to join the burn surgery group at Joseph M. Still Burn Center in 2015. He completed his surgical critical care fellowship in July of 2019. Andy plans to do acute care surgery.



2019 Chief Resident and Fellow Graduation



2019 Chief Resident and Fellow Graduation



The Navicent Health Graduate Medical Education Department Hosts the U.S. Surgeon General



Jerome M. Adams, MD, MPH. Dr. Adams is an anesthesiologist and a Vice Admiral in the U.S. Public Health Service Commissioned Corps and currently serves as the 20th Surgeon General of the United States. He presented “The State of the Opioid Epidemic: Better Health Through Better Partnerships” at the Medical Center, Navicent Health on Tuesday, October 15, 2019. He spoke with physicians, healthcare workers and the community members on how we have formed partnerships with community organizations to educate and treat people battling opioid addiction. Mayor Robert Reichert presented him with a key to the city.

Dr. Adams spoke from his heart having a personal connection to the addiction crisis, one that links him to the millions of Americans who share the same worries about loved ones.



10th Annual Quality and Patient Experience Sharing Day

Wednesday, August 7, 2019
Charlotte, North Carolina



The Quality and Patient Experience Sharing Day is an annual opportunity for Atrium Health to recognize individual and group efforts exhibiting exceptional performance in the areas of clinical outcomes, clinical efficiency, patient safety and service excellence. Applications are submitted and reviewed by a group of more than 50 internal judges. Touchstone Award winners are recognized at the Quality and Patient Experience Sharing Day. William Thompson, MD, and Michelle Wyrick, RN, won a Silver Touchstone award for the abstract “Reduction of Colon SSI with Implementation of Enhanced Recovery After Surgery Pathways”. The Colon SSI task force members are: Reg Gilbreath, Doug Brewer, Rob Parel, Roberta Permenter, Julie Chandler, Felicia Simmons, Nancy Osborn, Millie Smith, Libby Fuqua, Litha Hamilton and Aime Clance.

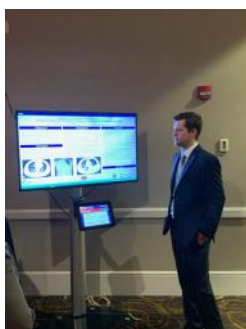
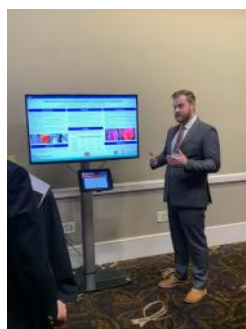


Southeastern Surgical Congress 2020 Annual Scientific Meeting

February 8 - 11, 2020 | New Orleans, LA
Sheraton New Orleans Hotel

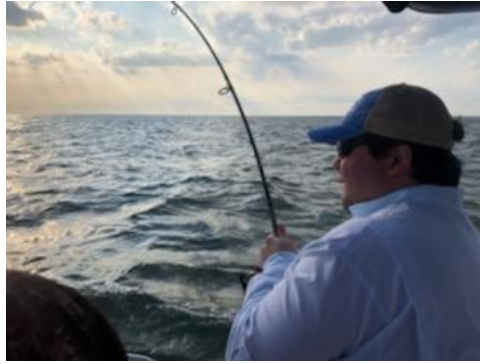
Incredible Showing by Our Residents at the 2020 SESC 3 Podium Presentations and 11 Poster Presentations

- AL Drahos, AM Scott, DW Ashley.** Multimodal Analgesia and Decreased Opioid Use in Adult Trauma Patients. [Podium Presentation](#)
- H Nemec, DB Christie, A Montgomery, D Vaughn.** The Wittmann Patch: Superior Closure for the Open Abdomen. [Podium Presentation](#)
- A Scott, A Powell, A Drahos, L Bridges, M Honaker.** Management Strategies for Rectal Prolapse. [Podium Presentation](#)
- J Ferenczy, H Nemec, M Ayoub.** Traumatic Evisceration and Incarceration of Small Bowel Through Vaginal Cuff: A Rare Surgical Emergency. [Poster Presentation](#)
- H Nemec, H Atalah, M Kling, L Nichols, B Powers, DW Ashley.** Does Human Amnion Membrane Prevent Post-Operative Abdominal Adhesions? [Poster Presentation](#)
- L Bridges, MD Honaker, BE Smith, A Montgomery.** Insurance Status in Rectal Cancer is Associated with Age at Diagnosis and May Be Associated with Overall Survival. [Poster Presentation](#)
- C Lee, M Honaker.** Presacral Mass with Isolated Colon Adenocarcinoma. [Poster Presentation](#)
- T Nowack, C Nonnemacher, DB Christie.** Video-Assisted Thoracoscopic Surgery as an Adjunct to Rib Fixation. [Poster Presentation](#)
- E Forney, N Stokes, D Ashley, An Montgomery, DB Christie III.** A Review of Pre-Hospital Intubations by EMS After Transition of Medical Directors. [Poster Presentation](#)
- W Wallace, DB Christie III.** Bilateral Chylothoraces After Blunt Trauma: A Report of a Case and Discussion of Conservative and Operative Management Strategies. [Poster Presentation](#)
- A Scott, P Dale, A. Conforti, J. Gibbs.** Gene Expression Profile and Clinical Decision Making in the Treatment of Melanoma. [Poster Presentation](#)
- H Nemec, A Smith, DB Christie III.** Largest Gist to Date: A Case Report. [Poster Presentation](#)
- A Sapp, D Vaughn, DB Christie.** Transdiaphragmatic Intercostal Hernia After Trauma: A Case Report, Literature Review, and Discussion of a Challenging Clinical Scenario. [Poster Presentation](#)
- C Jean-Louis, R Parel, C Brown.** Treatment & Management of Abdominal Impalement Injury. [Poster Presentation](#)



2019 Chief's Retreat at Amelia Island

Near the end of each academic year usually in May, the Program Director and Associate Program Director and the incoming chief residents get together outside of Macon for a Department of Surgery medical education retreat. Through this weekend retreat, input is taken from the chief residents and modifications to the teaching conference and rotations are developed. This retreat has become a vital part of our educational program as feed back from the chief residents is invaluable for continued education success. After a lot of hard work, there is always time reserved for a little fun.



GRAND ROUNDS



Yameika Head, M.D., Assistant Professor, Mercer University School of Medicine, Medical Director, Crescent House, and Program Director, Pediatric Residency, The Medical Center Navicent Health presented “Does it take all that? Differentials for abusive head trauma” at the Thursday Grand Rounds July 11, 2019.



Dennis W. Ashley, M.D., Professor of Surgery, Mercer University School of Medicine, The Medical Center, Navicent Health presented the lecture “Update on Prophylactic IVC Filter Placement and Indications” at the Thursday Grand Rounds July 25, 2019.



Brian H. Childs, Ph.D., HEC-C, Professor of Bioethics and Professionalism, Mercer University School of Medicine, presented the lecture “Issues for Organ Transplantation: 2019 and Beyond” at the Thursday Grand Rounds August 8, 2019.



Danny Vaughn, M.D., Assistant Professor, Mercer University School of Medicine, Navicent Health presented the lecture “Surgical Management of GERD” at the Thursday Grand Rounds August 15, 2019.



John William Mix, M.D., Associate Professor, Mercer University School of Medicine and Vascular Surgeon at The Medical Center, Navicent Health presented the lecture “Current Management of Type B Descending Thoracic Aortic Dissection” at the Thursday Grand Rounds August 22, 2019.



Erskine James M.D., Clinical Assistant Professor of Medicine and Cardiology, Mercer University School of Medicine and Medical Director of the Cardiovascular Intensive Care Unit at The Medical Center, Navicent Health presented the lecture “Cardiac Perioperative Evaluation and Management in Non-cardiac Surgery: A Review of the Guidelines” at the Thursday Grand Rounds September 12, 2019.



David A. Iannitti, M.D., Adjunct Professor of Surgery, University of North Carolina, Chapel Hill, presented the lecture “Review of Advance Minimally Invasive HPB Surgery” at the Thursday Grand Rounds July 26, 2018

GRAND ROUNDS



Heidi Haun, M.D., International Medical Missionary, Baptist Medical Center, Naleigu, Ghana, presented the lecture “Challenges to Providing Surgical Care in Remote Ghanaian Hospital” at the Thursday Grand Rounds September 26, 2019.



Frederick L. Greene, M.D., Adjunct Professor of Surgery, University of North Carolina School of Medicine presented the lecture “Staging Strategies for the Treatment of Cancer 2019 and Beyond” at the Thursday Grand Rounds October 10, 2019.



Matthew T. Santore, M.D., Assistant Professor of Surgery, Emory University School of Medicine presented the lecture “Radiation in Pediatric Trauma: What’s the Big Concern?” at the Thursday Grand Rounds October 24, 2019.



Matthias B. Donelan, M.D., Associate Clinical Professor of Surgery, Harvard Medical School, and Chief of Staff, Shriners Hospitals for Children, Boston, Massachusetts, presented the lecture “100 Years of Burn Reconstruction: What Went Wrong?” at the Thursday Grand Rounds November 14, 2019.



Marcus Evans, M.D., Medical Director of Radiology at The Medical Center, Navicent Health presented the lecture “Radiographic Assessment of Common Indwelling Medical Support Devices” at the Thursday Grand Rounds November 21, 2019.



Joe Sam Robinson, M.D., Professor of Neurosurgery, Mercer University School of Medicine and Clinical Professor, Georgia Regents University presented the lecture “The Role of Compromised Cerebrospinal Fluid Circulation in Sleep Apnea and Use of a Porcine Animal Model” at the Thursday Grand Rounds December 12, 2019.



Andrew Honaker, M.D., Associate Professor of Surgery, Mercer University School of Medicine, The Medical Center, Navicent Health presented the lecture “Transversus Abdominis Plate (TAP) Blocks in Laparoscopic Colorectal Surgery” at the Thursday Grand Rounds December 19, 2019.

GRAND ROUNDS



Richard Ackermann, M.D., Professor of Family Medicine, Mercer University School of Medicine, Director of Geriatrics at The Medical Center, Navicent Health presented the lecture “Surgery in the Older Adult” at the Thursday Grand Rounds January 9, 2020.



Shawn Patrick Fagan, M.D., Chief Medical Officer, Joseph M. Still Burn Center at Doctor’s Hospital presented the lecture “Current Trends in Burn Care” at the Thursday Grand Rounds January 23, 2020.



Dudley B. Christie, III, M.D., Assistant Professor of Surgery, Mercer University School of Medicine, The Medical Center, Navicent Health presented the lecture “Procedures for Surgical Aptitude Assessment; The Anatomy of an Unexpected Event” at the Thursday Grand Rounds February 13, 2020.



Mani A. Daneshmand, M.D., Associate Professor of Surgery, Emory University, presented the lecture “Advanced Therapies for Lung Failure: From Recovery to Transplant” at the Thursday Grand Rounds February 20, 2020.



William Thompson, M.D., Associate Professor of Surgery, Associate Chair, Clinical Education, Mercer University School of Medicine, The Medical Center, Navicent Health presented the lecture “Quality Improvement Potpourri” at the Thursday Grand Rounds February 27, 2020.



Jacob Moremen, M.D., Professor, Chief, Georgia Orthopaedic Trauma Institute, presented the lecture “There’s a Hole in the Esophagus. Now What?” at the Thursday Grand Rounds March 12, 2020.

Honors and Awards



Tracy J. Johns, MSN, RN-BC, CPHQ; Dennis W. Ashley, MD; Josephine Fabico-Dulin, RN-BC, CEN. “Driving Down Venous Thromboembolism (VTE).” Geriatrics & Performance Improvement Abstract Award. The American College of Surgeons Trauma Quality Improvement Program. Dallas, Texas. November 17, 2019.



Josephine Fabico-Dulin, BSN, RN-BC, CEN, TCRN, successfully joined the elite group of nurses across the globe who hold a specialty nursing certification becoming a Trauma Certified Registered Nurse (TCRN). The Board of Certification for Emergency Nursing is the benchmark for nursing certifications across the emergency spectrum.



Anna Broadnax, Med Ed Surgery, was honored for completing a two-year term (2018-19) as a member of the Chief Executive Officer Advisory Council.



Trine Engebretsen, MD, received the Physician Warrior Poet Award 2018-2019 at the Annual Graduation Banquet June 15, 2019.



Christopher Jean-Louis, MD, received the 2018-19 Trauma Resident of the Year Award at the Annual Graduation Banquet June 15, 2019.



Madison Griffin Lashley, MD, received the Resident of the Year Award 2018-19 at the Annual Graduation Banquet June 15, 2019.



Lindsey Bridges, MD, received the 2018-19 Intern of the Year Award at the Annual Graduation Banquet June 15, 2019.

Honors and Awards



Alexander Sapp, MD, received the Scholastic Achievement Award for the Highest In-Training Exam Score for the 2018-19 academic year at the Annual Graduation Banquet June 15, 2019.



Christopher Jean-Louis, MD, received the Sealy-Dalton Award for the Most Improved In-Training Exam Score 2019 at the Annual Graduation Banquet June 15, 2019.



Crystal Fancher, MD, received the 2019 Robotic & Minimally Invasive Award at the Annual Graduation Banquet June 15, 2019.



William M. Thompson, MD, FACS, received the Dr. Macram M. Ayoub Resident Teaching Award Faculty of the Year 2018-19 at the Annual Graduation Banquet June 15, 2019.



Benjie Christie, MD, FACS, received the “Outstanding Surgery Faculty” award at the 2019 Mercer University School of Medicine Honors Banquet April 25, 2019. He was selected by the Mercer University School of Medicine Class of 2019.

2020 Top Doctors

Georgia Trend's inaugural list of the state's top physicians

April 30, 2020 by Mary Ann DeMuth



Both Dr. Dennis W. Ashley and D. Benjamin Christie, III, were named by Georgia Trend's inaugural list of the state's top physicians for 2020. This list was created in partnership with DataJoe Research which included peer voting and reviewing government sources. Georgia Trend is a monthly business magazine covering business, politics, health care, education, finance, etc. in Georgia.

Publications

Publications

Z Wang, DW Ashley, L Kong, J Kang, DK Nakayama, PS Dale. Nuclear Factor-kB is Activated in Filter-Implanted Vena Cava. *Cardiovasc Intervent Radiol.* 2019 Apr;43(4):601-607.

DB Christie III, T Nowack, A Drahos, DW Ashley. Geriatric Chest Wall Injury: Is It Time for a New Sense of Urgency? *J Thoracic Dis.* 2019 May;11(Suppl 8):S1029-S1033.

DW Ashley, A Drahos, M Fitzgerald, DB Christie III. Chest Wall Stabilization and Rib Plating in 15-year-old Male Adolescent After Blunt Thoracic Trauma. *J Thoracic Dis.* 2019 May;11(Suppl 8):S1100-S1102.

A Drahos, M Fitzgerald, D Ashley, DB Christie III. Chest Wall Stabilization with Rib Plating After Cardiopulmonary Resuscitation. *J Thoracic Dis.* 2019 May;11(Suppl 8):S1103-S1105.

DW Ashley, RF Mullins, CJ Dente, TJ Johns, LE Garlow, RS Medeiros, EV Atkins, G Solomon, D Abston, CH Ferdinand. How Much Green Does It Take to Be Orange? Determining the Cost Associated with Trauma Center Readiness. *J Trauma and Acute Care Surg.* 2019 May;86(5):765-773.

T Nowack, DB Christie III. Ultrasound in Trauma Resuscitation and Critical Care with Hemodynamic Transesophageal Echocardiography Guidance. *J Trauma Acute Care Surg.* 2019 Jul;87(1):234-239.

LC Bridges, AB Christie, HH Awad, EJ Sigman, DB Christie, RJ Ackermann. Geriatric Trauma Screening Tool: Preinjury Functional Status Dictates Intensive Care Unit Discharge Disposition. *Am Surg.* 2019 Aug;85(8):800-805.

AM Scott, MG Lashley, NB Drury, PS Dale. Comparison of Call-Back Rates Between Digital Mammography and Digital Breast Tomosynthesis. *Am Surg.* August 2019;85(8):855-857.

RW Colbrunn, JE Dumpe, TF Nagle, JD Kolmodin, WK Barsoum, OM Saluan. Robotically Simulated Pivot Shift That Represents the Clinical Exam. *J Orthop Res.* December 2019;37(12):2601-2608.

A Sapp, M Lashley, A Christie, DB Christie. The Impact of Hemodynamic Transesophageal Echocardiography on Acute Kidney Injury Management and Use of Continuous Renal Replacement Therapy in Trauma. *Am Surg.* 2019. *Accepted.*

AL Drahos, AM Scott, DW Ashley. Multimodal Analgesia and Decreased Opioid Use in Adult Trauma Patients. *Am Surg.* *Accepted.*

J Ferenczy, H Nemec, M Ayoub. Traumatic Evisceration and Incarceration of Small Bowel Through Vaginal Cuff: A Rare Surgical Emergency. *Am Surg.* *Accepted.*

H Nemec, H Atalah, M Kling, L Nichols, B Powers, DW Ashley. Does Human Amnion Membrane Prevent Post-Operative Abdominal Adhesions? *Am Surg.* *Accepted.*

Publications

Publications continued

L Bridges, MD Honaker, BE Smith, A Montgomery. Insurance Status in Rectal Cancer is Associated with Age at Diagnosis and May Be Associated with Overall Survival. *Am Surg. Accepted.*

A Scott, A Powell, A Drahos, L Bridges, M Honaker. Management Strategies for Rectal Prolapse. *Am Surg. Accepted.*

C Lee, M Honaker. Presacral Mass with Isolated Colon Adenocarcinoma. *Am Surg. Accepted.*

T Nowack, C Nonnemacher, DB Christie. Video-Assisted Thoracoscopic Surgery as an Adjunct to Rib Fixation. *Am Surg. Accepted.*

E Forney, N Stokes, D Ashley, An Montgomery, DB Christie III. A Review of Pre-Hospital Intubations by EMS After Transition of Medical Directors. *Am Surg. Accepted.*

W Wallace, DB Christie III. Bilateral Chylothoraces After Blunt Trauma: A Report of a Case and Discussion of Conservative and Operative Management Strategies. *Am Surg. Accepted.*

A Scott, P Dale, A. Conforti, J. Gibbs. Gene Expression Profile and Clinical Decision Making in the Treatment of Melanoma. *Am Surg. Accepted.*

H Nemec, A Smith, DB Christie III. Largest Gist to Date: A Case Report. *Am Surg. Accepted.*

H Nemec, DB Christie, A Montgomery, D Vaughn. The Wittmann Patch: Superior Closure for the Open Abdomen. *Am Surg. Accepted.*

A Sapp, D Vaughn, DB Christie. Transdiaphragmatic Intercostal Hernia After Trauma: A Case Report, Literature Review, and Discussion of a Challenging Clinical Scenario. *Am Surg. Accepted.*

C Jean-Louis, R Parel, C Brown. Treatment & Management of Abdominal Impalement Injury. *Am Surg. Accepted.*

DB Christie, HM Nemec, AM Scott, JT Buchanan, CM Franklin, A Ahmed, MS Khan, CW Callender, EA James, AB Christie, DW Ashley. Early Outcomes with Utilization of Tissue Plasminogen Activator in COVID-19 Associated Respiratory Distress: A Series of Five Cases. *J Trauma and Acute Care Surg. Accepted.*

Presentations

Presentations

- DW Ashley, MD.** Update on Prophylactic IVC Filter Placement and Indications. Grand Rounds. Medical Center, Navicent Health. Macon, Georgia. July 25, 2019.
- W Thompson, MD.** Reduction of Colon SSI with Implementation of Enhanced Recovery After Surgery Pathways. Poster Presentation. 10th Annual Quality and Patient Experience Sharing Day. Charlotte, NC. August 7, 2019.
- H Nemec., MD.** The Wittman Patch: Closure, Not Coverage for the Open. Podium Presentation. M. Gage Ochsner Resident Abstract Competition. Day of Trauma and Georgia Society of the American College of Surgeons. St. Simons Island, Georgia. August 16, 2019.
- TJ Johns, MSN, RN-BC, CPHQ.** Data Use in Trauma: Driving Down Trauma VTE. Webinar. Georgia College & State University, Nursing Informatics invited speaker. September 26, 2019.
- TJ Johns, MSN, RN-BS, CPHQ.** Geriatrics & Performance Improvement Award “Driving Down Venous Thromboembolism (VTE). Oral Presentation. 2019 Abstract Competition TQIP. Dallas, TX. November 17, 2019.
- DM Vaughn, MD.** Surgical Management of GERD. Family Practice Grand Rounds. Medical Center, Navicent Health. Macon, Georgia. November 22, 2019.
- TJ Johns, MSN, RN-BC, CPHQ.** Driving Down the Incidence of Trauma Patient Venous Thromboembolism (VTE). Medical Center, Navicent Health. VTE Committee. Macon, Georgia. January 24, 2020.
- DM Vaughn, MD.** Bariatric Surgery. Family Practice Grand Rounds. Medical Center, Navicent Health. Macon, Georgia. January 24, 2020.
- C Lee, MD.** Presacral Mass with Isolated Colon Adenocarcinoma. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 9, 2020.
- H Nemec, MD.** Does Amnion-Derived Matrix Prevent Post-Operative Abdominal Adhesions. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 9, 2020.
- L Bridges, MD.** Insurance Status in Rectal Cancer is Associated with Age at Diagnosis and May be Associated with Overall Survival. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 9, 2020.
- T Scott, MD.** Management Strategies for Rectal Prolapse. Podium Presentation. Southeastern Surgical Congress. New Orleans, LA. February 9, 2020.
- A Drahos, MD.** Multimodal Pain Therapy and Decreased Opioid Use in Adult Trauma Patients. Podium Presentation. Southeastern Surgical Congress. New Orleans, LA. February 9, 2020.
- A Scott, MD.** Gene Expression Profile and Clinical Decision Making in the Treatment of Melanoma. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.
- A Sapp, MD.** Transdiaphragmatic Intercostal Hernia After Trauma: A Case Report, Literature Review, and Discussion of a Challenging Clinical Scenario. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.

Presentations

Presentations continued

E Forney, MD. A Review of Pre-Hospital Intubations by EMS After Transition of Medical Directors. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.

J Ferenczy, MD. Traumatic Evisceration and Incarceration of Small Bowel Through Vaginal Cuff: A Rare Surgical Emergency. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.

C Jean-Louis, MD. Treatment and Management of Abdominal Impalement Injury. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.

H Nemec, MD. The Wittmann Patch: Superior Closure for the Open Abdomen. Podium Presentation. Southeastern Surgical Congress. New Orleans, LA. February 10, 2020.

T Nowack, MD. “VIDEO-Assisted Thoracoscopic Surgery as an Adjunct to Rib Fixation. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 11, 2020.

H Nemec, MD. Largest Gist to Date: A Case Report. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 11, 2020.

W Wallace, MD. Bilateral Chylothoraces After Blunt Trauma: A Report of a Case and Discussion of Conservative and Operative Management Strategies. Poster Presentation. Southeastern Surgical Congress. New Orleans, LA. February 11, 2020.

AB Christie, MD. Understand the Critical Care Needs and Complications of COVID-19 Patients. Institutional Grand Rounds. Medical Center, Navicent Health. Macon, GA. April 20, 2020.

DB Christie, III, MD. Management of Multiple Rib Fractures in the University Hospital of Cucuta, Colombia. Moderator. Chest Wall Injury Summit Virtual. April 24, 2020.

DB Christie, III, MD. Surgical Stabilization of Rib Fractures Improves Outcomes in the Geriatric Patient Population. Oral Presentation. Chest Wall Injury Summit Virtual. April 24, 2020.

DB Christie, III, MD. How Many Screws to Use: A report of outcomes after surgical stabilization of rib fractures where less than the manufacturer recommended screw number were applied. Oral Presentation. Chest Wall Injury Summit Virtual. April 25, 2020.



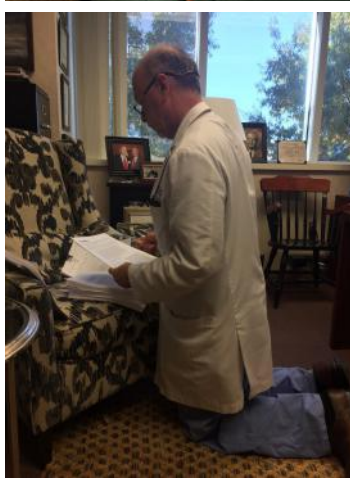
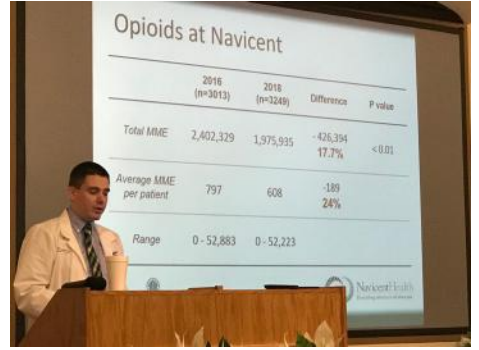
J. Fabico-Dulin, BSN, RN-BC, CEN, TCRN, presented “Driving Down the Incidence of VTE Prophylaxis in Trauma Patients” at the Quest for New Knowledge, Innovation & Improvement Healthcare held at the Medical Center, Navicent Health August 14, 2019. This Lunch & Learn event was sponsored by the Friends of Nursing and Research Council.



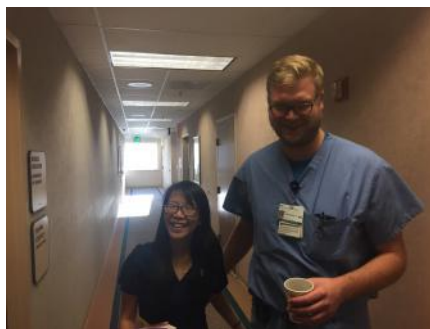
#infographicsteam

Our team of two, **Barclay Burns, NP,** and **Josephine Fabico-Dulin, BSN, RN-BC,** have created an info graphics team to create educational flyers, posters, etc. Their first collaboration was a flyer “Rib Fracture Incentive Spirometry Guidelines”.

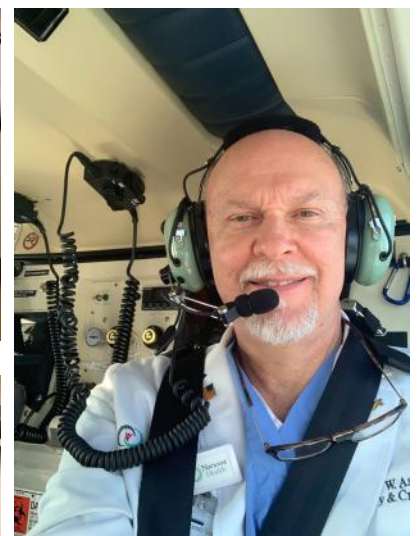
Work, Fun and Family



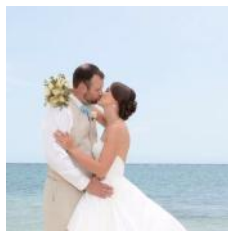
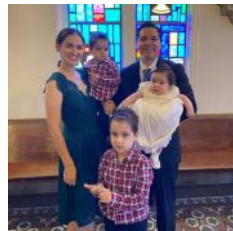
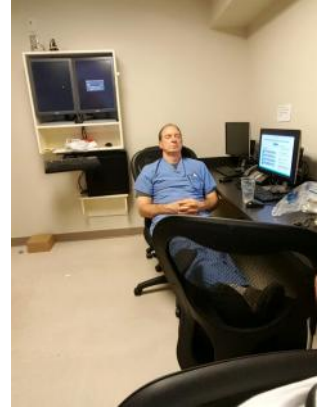
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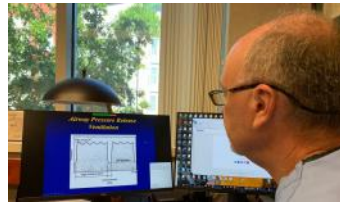
Work, Fun and Family



Work, Fun and Family



Work, Fun and Family





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Acknowledgements

Virginia Land, Editor for the Annual Report and Administrative Coordinator for the Department of Surgery and Trauma Services, **Irma Miranda**, Residency Coordinator, and **Anna Broadnax**, Department Secretary provide invaluable administrative support.



Medical Center Navicent Health Executive Team:

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Dr. Dennis Ashley, Academic Affairs Co-Chair
Lori Cassidy, Chief Administrative Officer



Dr. Dean Kindler, Senior Vice President, Physician-in-Chief, Navicent Health Physicians Group



NHPG Surgery Faculty

Front Row: Drs. Robert Parel, Macram Ayoub, Eric Long, and Ashley Jones

Back Row: Drs. Amy Christie, Benjie Christie, Dennis Ashley, Danny Vaughn, and William Thompson



Mercer University School of Medicine:

Jean Sumner, M.D., Dean

Edwin Grimsley, MD, Senior Associate Dean, Macon Campus