



Department of Surgery

Westchester Medical Center

Westchester Medical Center Health Network



Surgical Critical Care Fellowship Training



Westchester Medical Center

Trauma/Surgical Critical Care Fellowship Training

Thank you for your interest in our ACGME accredited Surgical Critical Care Fellowship (SCCF) Program at Westchester Medical Center (WMC) affiliated with New York Medical College, School of Medicine, a 920-bed quaternary care and academic hospital. The SCCF at WMC was established by Dr. Louis R.M. Del Guercio (one of the founders and past presidents of the Society of Critical Care Medicine) and Dr. John Savino. The program has a long tradition and is one of the oldest Surgical Critical Care fellowships in the United States. This rich academic tradition, that we cherish tremendously, has trained a number of Surgical Critical Care leaders in the world and continues to be an ideal Surgical Critical Care training program. Westchester Medical Center is an American College of Surgeons (ACS) and New York State designated Level I Trauma Center, serving the entire Hudson Valley (north of the Bronx, up to Albany, New York) with over 50 ICU beds, a state-of-the-art Telehealth Center, and 24/hours e-ICU coverage of all ICU beds. We are committed to training the best and most talented young surgeons for an academic career in Trauma and Surgical Critical Care. Also, to prepare our graduates for successful careers in future national and international leadership roles by providing a supportive educational environment that fosters the best in patient care and new innovative research.

Each of our faculty is board-certified in both General Surgery and Surgical Critical Care and has years of experience in teaching and training medical students, house staff, and fellows.

As the only ACS Level I Trauma Center in the Hudson Valley Region of New York, we take care of patients with a high degree of complexity and acuity. As a fellow in our training program, you will be exposed to a wide variety of pathology in both critically ill trauma and general surgery patients which will prepare you well for your future careers. The opportunity to care for and operate on critically ill surgical patients will help hone your technical and critical care skills. In addition, with recent advances and ongoing efforts in tele-health and cutting edge research, you will have the opportunity to further advance your academic skills, publish your research in top academic journals, and present at national/ international conferences. Our structured educational program includes didactic lectures, board preparation, a critical care journal club, weekly research meetings, and participation in weekly international tele-grand rounds that will enrich your fellowship experience.

We invite you to explore our fellowship and ask any questions that you may have so that we can share the many strengths of our training program with you.

Thank you for choosing to interview for our fellowship training program.

Sincerely Yours,



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Core Training Faculty



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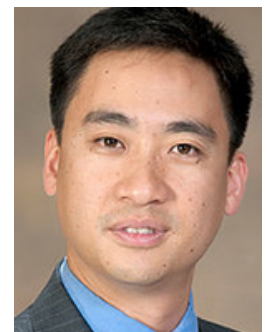
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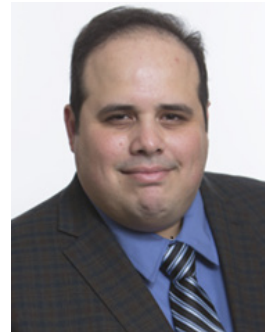
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Training Program Curriculum

1. Rotations

Surgical/Trauma Intensive Care Unit (9 months)

e-ICU (1 month)

Burn Surgery Intensive Care Unit (1 month)

Vacation (4 weeks)

Surgical/Trauma Intensive Care Unit (9 months)

Nine months of the fellowship program will be devoted to rotating in the Trauma Intensive Care Unit (TICU) and the Surgical Intensive Care Unit (SICU)/Surgical Progressive Care Unit, where fellows will become competent in the skills required to function as a surgical intensivist. Fellows are exposed to a wide variety of trauma and general surgical (transplant, bariatric, vascular, and emergency general surgery, plastic and ENT surgery) pathology with patients of high complexity and acuity. Each of these units is staffed by a board certified intensivist on a weekly basis (7 days). Fellows will be supervising a combination of surgical housestaff, rotating housestaff from the Departments of Anesthesiology, Emergency Medicine, Neurosurgery and Orthopedics, as well as physician extenders (physician assistants and nurse practitioners). Fellows are expected to function at the level of a junior attending and will be responsible for leading daily work rounds, creating daily care plans and goals for individual patients, and supervision of housestaff and physician extenders in the performance of all bedside procedures (including but not limited to bedside abdominal explorations, bronchoscopies, tracheostomies, pulmonary artery catheterizations, and central venous catheterizations). In addition, fellows will benefit from our close collaboration with Neurosurgery in the management of severe traumatic brain injuries. Westchester Medical Center is one of a handful of trauma centers across the country that practices multimodality neurophysiologic monitoring and goal directed therapy, including brain oxygen tension, cerebral microdialysis and near infrared spectroscopy.

The duties of the fellow on-call will also include serving as the trauma team leader for trauma activations and performing operative general surgery and trauma cases at the level of a junior attending/teaching assistant.

eHealth Program: Critical Care and Trauma Telemedicine

Westchester Medical Center Health Network has a state-of-the-art eHealth Program that uses the latest technology to monitor critically ill adult patients, regardless of where they are within our network.

The hub of the eHealth center, located in Taylor Pavilion, is staffed 24 hours a day, 7 days a week by board certified intensivists and critical care nurses who provide patient-centered and quality-driven support. The eICU technology is driven by APACHE IV (Phillips) which is a severity-adjusted methodology that predicts outcomes for critically ill adult patients. APACHE IV is widely considered the 'Golden Standard' in ICU acuity scoring and outcome predictions. The Division of Trauma, Acute Care Surgery and Burns and the eICU Team has a close and



collaborative working relationship to foster best practices and provide layers of support to the care of our critically ill patients. Fellows will have the opportunity to provide daily sign-out to the eICU staff and to rotate within the eICU to further their knowledge and skills in telemedicine which will be invaluable in the rapidly evolving field of surgical critical care.

The eHealth Program has taken telemedicine one step further and has created a consultation program for trauma patients across the Westchester Health System and those being transported by our mobile ICU team to our Level I Trauma Center at Westchester Medical Center. The evaluation of trauma patients via Telemedicine allows for our trauma team to guide the management of trauma patients remotely in order to care for patients at their respective facilities, expedite and guide the transfer process and initiate treatment before and during the transfer process.

Furthermore, all fellows will have scheduled shifts over the course of the year in the eICU during which they will be trained in the use of telemedicine to care for critically ill patients across a variety of disciplines.

Burn Surgery Intensive Care Unit (1 month)

One month of the fellowship program will be devoted to rotating in the Burn Center/ICU of Westchester Medical Center. The Westchester Burn Unit is the region's only Burn Center caring for both adult and pediatric burn victims. The unit is staffed by board certified Burn/Critical Care Surgeons specializing in Plastic and Reconstructive surgery in addition to the specialized care of burn victims. Fellows will become familiar in the resuscitation and management of burn patients, wound care (including performance of escharotomies and debridement) and burn prevention. The unit is staffed by highly trained critical care nurses, physician extenders and rotating house staff.

2. Didactic Curriculum

Each week, all fellows, rotating house staff, and allied health professionals will be provided with a one hour didactic lecture, with protected time away from clinical duties, focusing on the essential topics in Trauma and Surgical Critical Care to prepare fellows in the practice of Surgical Critical Care and the American Board of Surgery Certifying Exam in Surgical Critical Care.

The lecture schedule will be distributed at the beginning of the academic year and will be correlated with an assigned reading schedule. Lectures will be given by the core teaching faculty of the Surgical Critical Care fellowship program. A sample schedule for the second half of the year is listed below.

Date	Topic	Faculty	Assigned Reading
	The management of the patient in the Trauma Bay		ACS Surgery 6th Ed 1502-15; Civetta 4th Ed 155-198
	Cardiovascular Physiology		Modern Surgical Care 3rd Ed Vol 2 649-75; Civetta 4th Ed 682-98
	Hemodynamic Monitoring: arterial blood pressure, CVP, FlowTrac, and PAC.		Civetta 4th Ed :155-197
	Shock States: Identification and treatment. Resuscitation fluids		ACS Surgery 6th Ed 1476-1501; Civetta 4th ED 609-30; 813-948
	Inotropes and vasopressor		Marino The ICU Book 3rd Ed 297-361
	Neck Trauma		Current Therapy Trauma and Surgical Critical Care Pg 197-226
	Blunt and penetrating thoracic injuries		Current Therapy Trauma Pg 227 -340
	O2 derived variables and principles of Early Goal Directed Therapy		Perioperative Fluid Therapy Marini's Chapter
	Pulmonary physiology, ABGs and principles of mechanical ventilation		Civetta 4th Ed 631- 648; 666 – 681; 1907- 1938
	Abdominal Trauma		Current Therapy Trauma and Surgical Critical Care Pg 341- 436
	ALI, ARDS, TRALI.		Civetta 4th Ed 2061 – 2080; ACS Surgery 6th Ed 1532 - 49
	Peripheral vascular injuries		Current Therapy Trauma and Surgical Critical Care Pg 467-496
	Extremity and pelvic fractures		Current Therapy Trauma and Surgical Critical Care pg 497-546
	Trans-thoracic and trans-esophageal echography.		Civetta 4th Ed 237-270
	Advanced Mechanical Ventilation: Dual modes, PAV, Bi-level, APRV, HFJV, Oscillators.		Civetta 4th Ed 1959 – 1973; 2029 – 42; 2081 – 86
	Traumatic Brain Injury		Current Therapy Trauma and Surgical Critical Care Pg 147-174
	Compartment syndromes		Trauma Practice Management Manual
	Acid-base disorders		ACS Surgery 6th Ed 1563 – 75; Civetta 4th Ed 631 – 48; Marino The ICU Book 3rd Ed 531 - 78
	Weaning and withdrawing mechanical ventilator support		Civetta 4th Ed 1991 – 2028; Marino The ICU Book 3rd Ed 511- 530
	Wound ballistics		Handout
	Trauma in Pregnancy		Current Therapy Trauma and Surgical Critical Care pg 559-64
	Endocrine Crisis in the ICU		Marino The ICU Book 3rd Ed 871–84; Civetta 4th Ed 2411 – 64; ACS Surgery 6th Ed 1593 – 99.
	Hematological problems in the critically ill patients. Transfusion practices in trauma. ROTEM		Civetta 4th Ed 2503 – 36;2561 – 74. Marino The ICU Book 3rd Ed 659- 96

3. Journal Club

The Department of Surgery holds a monthly journal club at a local restaurant for all house staff, nursing staff, faculty, fellows and allied health professionals. The surgical critical care fellows are expected to attend and participate. In addition, the Division of Trauma, Burns, Surgical Critical Care and Emergency General Surgery holds a monthly journal club focused on critical care during which fellows are expected to review assigned articles for presentation. The Critical Care journal club is an invaluable component of the fellowship experience because it hones critical reasoning and thinking skills, encourages on-going review of the most current advances in evidenced-based medicine, and fosters a collegial environment amongst all critical care providers.

In addition, our division participates in a weekly International Trauma Tele-Grand Rounds, during which all critical care staff participate via live video feed with trauma centers from around the world as we discuss interesting trauma/surgical critical care cases and review the pertinent literature. Fellows will be expected to participate and present cases on a rotational basis.

4. Research

The Division of Trauma, Burns, Surgical Critical Care and Emergency General Surgery has a robust research program as part of the overall mission of research and innovation of the Department of Surgery, focusing on trauma and general surgery clinical outcomes research, translational research and research in injury prevention. A list of sample recent publications and presentations from national and international meetings can be seen in the last section. A strong research infrastructure in the form of the Department of Surgery Clinical Research Unit (DSCRU) directed by a full-time clinician researcher and supported by epidemiologists, full-time research coordinators and international research scholars to assist the research process beginning with formulation of research questions, grant writing and IRB submissions, and culminating with manuscript preparation. This infrastructure allows fellows, faculty and residents to design and implement clinical studies, and to report the findings in leading trauma and surgical journals, in addition to presenting our findings at national and international meetings.

All fellows will be assigned a research mentor for the duration of the fellowship and will choose a research project with the expectation that research performed will lead to the publication and presentation of innovative research. All fellows will have the opportunity to attend a major national meeting to present their accepted poster or podium presentations.

Manuscripts Published in Peer-Reviewed Journals 2016 - 2018

1. Afifi I, Parchani A, Al-Thani H,...Latifi R, et al. Base deficit and serum lactate concentration in patients with post traumatic convulsion. *Asian J Neurosurg.* Jun 2016.
2. Asensio JA, Petrone P, Ogun OA, Perez-Alonso AJ, Wagner W, Bertellotti R, Phillips B, Udekwo AO. Laparotomy: The Conquering of the abdomen and the historical journey of pancreatic and duodenal injuries. *J Trauma Acute Care Surg.* Jun 2016
3. Azim A, Haider AA, Rhee P,...Latifi R, et al. Early feeds not force feeds: enteral nutrition in traumatic brain injury. *J Trauma Acute Care Surg.* Apr. 2016.
4. Azim A, Jehan FS, Rhee P, O'Keeffe T, Tang A, Vercruysse G, Kulvatunyou N, Latifi R, Joseph B. Big for small: Validating brain injury guidelines in pediatric traumatic brain injury. *J Trauma Acute Care Surg.* Nov 2017.
5. Chirumamilla V, Prabhakaran K, Petrone P, Savino JA, Marini CP, Zoha Z. Pericardiocentesis followed by thoracotomy and repair of penetrating cardiac injury caused by nail gun injury to the heart. *Int J Surg Case Rep.* Apr. 2016
6. Coccolini F, Roberts D, Ansaloni L,... Latifi R, et al. The open abdomen in trauma and non-trauma patients: WSES guidelines. *World J Emerg Surg.* Feb 2018.
7. Coccolini F, Montori G, Catena F,... Latifi R, et al. Splenic trauma: WSES classification and guidelines for adult and pediatric patients. *World J Emerg Surg.* Aug 2017
8. Doarn CR, Latifi R, Poropatich RK, Sokolovich N, Kosiak D, Hostiuc F, Zoicas C, Buciu A, Arafat R. Development and Validation of Telemedicine for Disaster Response: The North Atlantic Treaty Organization Multinational System. *Telemed J E health.* Jan 2018.
9. El-Menyar A, Abdelrahman H, Al-Hassani A, Peralta R, AbdelAziz H, Latifi R, Al-Thani H. Single Versus Multiple Solid Organ Injuries Following Blunt Abdominal Trauma. *World J Surg.* Nov 2017.
10. El-Menyar A, Asim M, Mudali IN, Mekkodathil A, Latifi R, Al-Thani H. The laboratory risk indicator for necrotizing fasciitis (LRINEC) scoring: the diagnostic and potential prognostic role. *Scand J Trauma Resusc Emerg Med.* Mar 2017.
11. El-Menyar A, Goyal A, Latifi R, Al-Thani H, Frishman W. Brain-Heart Interactions in Traumatic Brain Injury. *Cardiol Rev.* Nov/Dec 2017
12. El-Menyar A, Goyal P, Tilley E, Latifi R. The clinical utility of shock index to predict the need for blood transfusion and outcomes in trauma. *J Surg Res.* Jul 2018
13. El-Menyar A, Mekkodathil A, Al-Thani H, Consunji R, Latifi R. Incidence, Demographics, and Outcome of Traumatic Brain Injury in The Middle East: A Systematic Review. *World Neurosurg* Nov 2017.
14. El-Menyar A, Muneer M, Samson DJ, Al-Thani H, Alobaidi A, Mussleman P, Latifi R: Early versus late intramedullary nailing for traumatic femur fracture management: meta-analysis. *J Orthop Surg Res.* Jun 2018
15. El-Menyar A, Sathian B, Asim M, Latifi R, Al-Thani H. Efficacy of prehospital administration of tranexamic acid in trauma patients: A meta-analysis of the randomized controlled trials. *Am J Emerg Med.* June 2018
16. El-Menyar A, Asim M, Latifi R, Bangdiwala SI, Al-Thani H. Predictive value of positive high-sensitivity troponin T in intubated traumatic brain injury patients. *J Neurosurg.* Jan 2018
17. El-Menyar A, Consunji R, Abdelrahman H, Latifi R, Wahlen BM, Al-Thani H. Predictors and Time-Based Hospital Mortality in Patients with Isolated and Polytrauma Brain Injuries. *World J Surg.* May 2018.
18. Hadeed GJ, Smith J, O'Keeffe T,...Latifi R, et al. Early surgical intervention and its impact on patients presenting with necrotizing soft tissue infections: A single academic center experience. *J Emerg Trauma Shock.* Mar. 2016
19. Hagler D, Prabhakaran K, Lombardo G, Marini CP. Splenic Abscess Requiring Early Splenectomy Following Angioembolization for Blunt Splenic Injury in an Immunocompromised Host: Implications for Management. *Am Surg.* Nov 2016.
20. He S, Sade I, Lombardo G, Prabhakaran K. Acute presentation of congenital diaphragmatic hernia requiring damage control laparotomy in an adult patient. *J Surg Case Rep.* Jul 2017.
21. Joseph B, Azim A, O'Keeffe T, Ibraheem K, Kulvatunyou N, Tang A, Vercruysse G, Friese R, Latifi R, Rhee P. American College of Surgeons Level I trauma centers outcomes do not correlate with patients' perception of hospital experience. *J Trauma Acute Care Surg.* Apr 2017.
22. Joseph B, Azim A, Haider AA, Kulvatunyou N, O'Keeffe T, Hassan A, Gries L, Tran E, Latifi R, Rhee P. Bicycle helmets work when it matters the most. *Am J Surg.* Feb 2017.
23. Joseph B, Azim A, Zangbar B, Bauman Z, O'Keeffe T, Ibraheem K, Kulvatunyou N, Tang A, Latifi R, Rhee P. Improving mortality in trauma laparotomy through the evolution of damage control resuscitation: Analysis of 1,030 consecutive trauma laparotomies. *J Trauma Acute Care Surg.* Feb 2017.
24. Joseph B, Hadeed S, Haider AA, Ditillo M, Joseph A, Pandit V, Kulvatunyou N, Tang A, Latifi R, Rhee P. Obesity and trauma mortality: Sizing up the risks in motor vehicle crashes. *Obes Res Clin Pract.* Jan-Feb 2017.
25. Joseph B, Hadeed S, Haider AA,...Latifi R, et al. Obesity and trauma mortality: Sizing up the risks in motor vehicle crashes. *Obes Res Clin Pract.* March 2016.
26. Joseph B, Haider AA, Azim A,...Latifi R, et al. The Impact of Patient protection and Affordable Care Act on Trauma Care: A Step in the right direction. *J Trauma Acute Care Surg.* Jun 2016.
27. Joseph B, Ibraheem K, Haider AA,...Latifi R, et al. Identifying potential utility of REBOA: An autopsy study. *J Trauma Acute Care Surg.* Nov 2016.

28. Joseph B, Jokar TO, Khalil M...Latifi R, et al. Identifying the broken heart: predictors of mortality and morbidity in suspected blunt cardiac injury. *Am J Surg.* Jun 2016.
29. Joseph B, Parvaneh S, Swartz T...Latifi R, et al. Stress among surgical attendings and trainees: A quantitative assessment during trauma activation and emergency surgeries. *J Trauma Acute Care Surg.* Jul 2016.
30. Latifi R. Practical Approaches to Definitive Reconstruction of Complex Abdominal Wall Defects. *World J Surg.* Apr. 2016.
31. Latifi R, Gunn JKL, Bakiu E, et al. Access to Specialized Care Through Telemedicine in Limited-Resource Country: Initial 1,065 Teleconsultations in Albania. *Telemed J E-Health Off J Am Telemed Assoc.* Dec. 2016.
32. Latifi R, Oлдashi F, Dogjani A, Dasho E, Boci A, El-Menyar A. Telemedicine for Neurotrauma in Albania: Initial Results from Case Series of 146 Patients. *World Neurosurg* Apr. 2018.
33. Latifi R, Patel AS, Samson DJ, Tilley EH, Gashi S, Bergamaschi R, El-Menyar A. The roles of early surgery and comorbid conditions on outcomes of severe necrotizing soft-tissue infections. *Eur J Trauma Emerg Surg.* May 2018
34. Latifi R, Samson DJ, Haider A, Azim A, Iftikhar H, Joseph B, Tilley E, Con J, Gashi S, El-Menyar A: Risk-adjusted adverse outcomes in complex abdominal wall hernia repair with biologic mesh: A case series of 140 patients. *Int J Surg.* Jul 2017.
35. Lombardo G, Petrone P, Prabhakaran K, Marini CP. Isolated transverse process fractures: insignificant injury or marker of complex injury pattern? *Eur J Trauma Emerg Surg.* Oct 2017.
36. Mahmood I, El-Menyar A, Dabdoob W,...Latifi R, et al. Troponin T in Patients with Traumatic Chest Injuries with and without Cardiac Involvement: Insights from an Observational Study. *North Am J Med Sci.* Jan 2016.
37. Maxwell J, Gwardschaladse C, Lombardo G, Petrone P, Policastro A, Karev D, Prabhakaran K, Betancourt A, Marini CP. The impact of measurement of respiratory quotient by indirect calorimetry on the achievement of nitrogen balance in patients with severe traumatic brain injury. *Eur J Trauma Emerg Surg.* Dec. 2017
38. Peralta R, Vijay A, El-Menyar A, Consunji R, Affi I, Mahmood I, Asim M, Latifi R, Al-Thani H. Early high ratio platelet transfusion in trauma resuscitation and its outcomes. *Int J Crit Illn Inj Sci.* Oct 2016.
39. Pérez-Alonso AJ, Olmo-Rivas C, Machado-Romero I, Petrone P. Aortoenteric fistula secondary to dacronprosthesis. [Panamerican Journal of Trauma, Critical Care & Emergency Surgery] *Panam J Trauma Critical Care Emerg Surg.* 2016.
40. Petrone P, Prabhakaran K, Hagler D, Vitale D, Betancourt A, Marini CP. High-Frequency Oscillatory Ventilation (HFOV) as Primary Ventilator Strategy in the Management of Severe Acute Respiratory Distress Syndrome (ARDS) with Pneumothorax in the Setting of Trauma. *Am Surg.* May 2017
41. Petrone P, Rodríguez-Velandia W, Dziaková J, Marini CP. Treatment of complex perineal trauma. A review of the literature. [Cirugía Española] *Cir Esp.* 2016.
42. Petrone P, Moral Álvarez S, González Pérez M, Ceballos Esparragón J, Marini CP. Pancreatic trauma: Management and literature review. [Cirugía Española] *Cir Esp.* Aug 2016
43. Prabhakaran K, Hagler D, Vitale D, Betancourt A, Petrone P, Marini CP. High-Frequency Oscillatory Ventilation (HFOV) as Primary Ventilator Strategy in the Management of Severe Acute Respiratory Distress Syndrome (ARDS) with Pneumothorax in the Setting of Trauma. *Am Surg.* Mar 2017
44. Prabhakaran K, Lombardo G, Latifi R. Telemedicine for trauma and emergency management: An overview. *Curr Trauma Rep.* 2016.
45. Prabhakaran K, Petrone P, Lombardo G, Stoller C, Policastro A, Marini CP. Mortality rates of severe traumatic brain injury patients: impact of direct versus nondirect transfers. *J Surg Res.* Nov 2017
46. Safaya A, Elzaine A, Xu ML, Con J, Prabhakaran K, Lombardo G. Delayed Acute Subdural Hematoma in a Young Patient in the Setting of Trauma with No Head Injury. *Am Surg.* Apr 2018.
47. Sartelli M, Catena F, Ansaloni L,...Latifi R, et al. WSES Guidelines for the management of acute left sided colonic diverticulitis in the emergency setting. *World J Emerg Surg WJES.* Jul 2016.
48. Sartelli M, Kluger Y, Ansaloni L, Latifi R, et al. Raising concerns about the Sepsis-3 definitions. *World J Emerg Surg.* Jan 2018.
49. Sartelli M, Labricciosa FM, Barbadoro P,Latifi R, et al. The Global Alliance for Infections in Surgery: defining a model for antimicrobial stewardship-results from an international cross-sectional survey. *World J Emerg Surg.* Aug 2017.
50. Sartelli M, Weber DG, Ruppé E,...Latifi R, et al. Antimicrobials: a global alliance for optimizing their rational use in intra-abdominal infections (AGORA). *World J Emerg Surg WJES.* Aug 2017.
51. Ten Broek RPG, Krielen P, Di Saverio Latifi R, et al. Bologna guidelines for diagnosis and management of adhesive small bowel obstruction (ASBO): 2017 update of the evidence-based guidelines from the world society of emergency surgery ASBO working group. *World J Emerg Surg.* Jun 2018.
52. Zangbar B, Khalil M, Gruessner A,...Latifi R, et al. Levetiracetam Prophylaxis for Post-traumatic Brain Injury Seizures is Ineffective: A Propensity Score Analysis. *World J Surg.* Jun 2016.

5. On Going Research:

The Department of Surgery Clinical Research Unit (DSCRU) will be a catalyst to enhance the research activity of the Department. It provides the forum for research support for attending staff, residents, and fellows through a number of initiatives and programs that utilize hospital databases, the institutional trauma registry and national databases such as the National Trauma Data

Current Projects include:

- Retrospective and Prospective Studies on Complex Abdominal Wall Reconstruction
- Necrotizing Soft Tissue Infections
- Complications associated with Massive Transfusion Protocol
- Emergency Department Dwell Time for Trauma Patients
- Multimodality Neurophysiologic Monitoring in Severe Traumatic Brain Injury
- Utility of Shock Index in Geriatric Trauma: Falls Prevention and Recidivism
- Frailty versus Age in Trauma and Emergency General Surgery



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