Arpana Jain carries with her a photo of her first burn patient. With his blessing, Jain snapped a photo of him on her iPhone the day after he was discharged from the hospital – four months after he was admitted. At the time, she was in the midst of a burn fellowship at the University of California, Davis. Today she's an assistant professor of surgery in the burn program at Banner – University Medical Center Tucson. Lo Que Pasa talked with Jain about readying for the 2019 opening of the Banner – UMC Tucson burn center, its importance to the community, and how burn medicine has changed over the years.

You began your current position here seven months ago, and now you and Gary Vercruysse, your colleague and former mentor, are preparing for the 2019 opening of the Banner – University burn center. What does that mean for Tucson?

Taking care of burn patients is very involved, and Dr. Vercruysse has been doing that by himself for a long time. Tucson once had a place for burn patients to get care, but a few years ago that unit closed. Arizona does have a world-class burn center, but it's in Phoenix, and the distance from Tucson or southwest Arizona is a problem for patients. Since Dr. Vercruysse came to Tucson, more and more patients are staying close to home and not traveling to get the care. Now both of us are working a lot, and it's increasing every day. Burn care doesn't end when you're done with the hospital stay. You need follow-up care and that could be for many years.

Has burn medicine changed over the past 20 years?

Burn care, like any other kind of medicine, is changing fast. Research is adding to our knowledge. Critical care, which is the care that happens when a patient is admitted to the ICU, has improved across the board for all patients. We now know better how to take care of their lungs, their heart and to support them. That's one part. The other part is the wounds. Now we know when to do surgery, how to do surgery, and how to get the best outcome from the surgery. There are new products that help heal the wounds and decrease scarring. Another part: There's a new understanding of rehabilitation. So, overall, the whole spectrum is improving for burn care. People who used to die are now living.

You completed a fellowship at the UA and then went to California to get further training in pediatric and adult burns. How do burns in children differ from those in adults?

Children are unique in that they're growing, and as they grow they develop scars and the scars interfere with what a child would normally do. I was very fortunate to learn how to take care of these kids. I worked at a Shriners hospital for a year. It's very busy, and you see a lot of kids. I saw a full spectrum of children, not only ones that recently got burned but ones that were burned many years ago and were still facing challenges.

There was a little kid who was burned long before I became a fellow. Almost everyone at Shriners knew him because he had been there 20 years. But he's not a kid anymore. He was burned as a baby, was treated there, and after every growth spurt, he would outgrow his scars, and those scars needed a revision. He would come in and get his surgery and go back to school. When I went to Shriners, and I met him for the first time, he said he was there for his 40-something surgery. He's very successful. He's going to college. I'm a really big fan of people who go through something like this but become stronger.

What motivated you to become a surgeon – specifically, a burn surgeon?

I took a long path to complete my training. I did a general surgery residency, which a lot of surgeons do. Then, I added trauma surgery and acute care surgery, which is an additional two years, which few people do. But I didn't stop there. I went on to do burn surgery, which is another year, so it's eight years of training. Some people said, "You're crazy!" But I love what I do. I thought that if I could learn something that could help someone that would fulfill me.

Now, I get to teach residents. Sometimes it's hard for residents to see beyond the moment. I tell them, yes, it takes life out of you when you care for a burn patient. They're very sick. You have to be with them at all times. You have to be on your toes at all times. But I can tell you from my experience that when they get better, you will feel that satisfaction. I've walked this path, and there is light at the end. The patient and the family will thank you, and you'll thank yourself for not giving up on them.