

The Surgical Spotlight

ON ALUMNI, FACULTY, RESIDENTS, STUDENTS &
FRIENDS OF THE DEPARTMENT OF SURGERY

EVENTS AND STORIES FROM SPRING 2013



Individualized Care and Outstanding Research Celebrated at Gallie Day



Ben Alman honoured at Gallie Day

The concept of personalized medicine is growing in popularity, as caregivers and researchers are starting to explore tailored therapies for individual cancers, and the use of individual patient genetics to predict disease severity and response to therapy. As surgeons, we are used to the concept of individualized care. Each time we operate, we make modifications to our approaches to take unique aspects of a patient into account. We also individualize decisions about surgical vs. non-surgical approaches to treatment, and the type of surgery we select, based in part on the risks and benefits, and on each patient's values and individual attributes and circumstances. Building on this background, this year's Gallie Day theme was "*Making It Personal: Individualized Care in Surgery*".

INSIDE

Individualized Care And Outstanding	1
Research Celebrated At Gallie Day	2
Chair's Column: Resident Duty	
Hours- Acknowledging the	
Unique Aspects of Surgical Training	5
Ben Alman: Training The	
Next Generation Of	
Academic Surgeons	6
Surgeon's Surgeon Returns	
To Particle Physics	8
How Acute Care Strengthens	
General Surgery	10
A Coordinated City-Wide	
Hand Surgery Program	11
A Brain Tumor Bank For UofT	12
Outpatient Surgery? There's An	
App For That	13
Students' Corner:	
The 5000 Foot View Of Healthcare	15
Advancing Trauma Care	15
Sunnybrook Burn Symposium	
Celebrates Walter Peters	17
Society Of Vascular Surgery	
Annual General Meeting	18
Vascular Surgery Research Day	19
News From Plastic Surgery	20
Newsworthy Items	21
Editor's Column	22
New Staff	23
Announcements	24
Awards	26

Individualized treatment can be thought of in several ways, our symposium, in which several of the University faculty members participated, drew on these broad aspects of individualized surgery. **Donald Redelmeier** (Director, Evaluative Clinical Sciences, Sunnybrook Health Sciences Centre) provided a fascinating and thought provoking talk on how we make decisions in surgery. **Michael Szego** (Clinical Ethicist, Centre for Clinical Ethics, University of Toronto) spoke on the emerging ethical issues associated with whole genome sequencing, which are especially pertinent in the paediatric context. **Steven Gallinger** (Professor, Division of General Surgery, Department of Surgery, University of Toronto, Mount Sinai Hospital & Toronto General Hospital, University Health Network) spoke on a long term quest to identify why some patients are able to survive pancreatic cancer. **Philippe Bedard** (Assistant Professor, Department of Medicine, University of Toronto; Division of Medical Oncology



from left to right - Ben Alman, Rosalind Bradford, John E. Niederhuber

and Hematology, Princess Margaret Cancer Centre – University Health Network) spoke on a large scale effort to use molecular profiling of tumours to develop targeted chemotherapy. The group of speakers illustrated the high quality and broad range of ongoing academic work in Toronto related to Individualized surgery.

This year's Gordon Murray Lecturer was **John E. Niederhuber, MD** (Executive Vice President, Inova Health System; CEO, Inova Translational Medicine Institute; CEO, Inova Comprehensive Cancer & Research Institute; Co-Director, Johns Hopkins Clinical Research Network, Baltimore, MD). Dr Niederhuber is a surgeon who served as the Director of the National Cancer Institute of the NIH from 2006-10, and was one

of the early pioneers formulating the Cancer Genome Atlas. His lecture was on the importance of the tumor microenvironment in cancer progression.

We had a record number of abstracts submitted by trainees working with our faculty. There were 10 platform presentations and 60 poster presentations. The Gallie Bateman Awards (for Surgeon Scientist Training Program participants) and the McMurrich Awards (for any trainee working with a member of the faculty of surgery) were judged for both platform presentations and poster presentations. The array of diverse topics and researchers highlighted the wide-ranging and high quality research being conducted in our Department.

Because of the large number of abstracts, and the close scoring by the judges, there were a record number of awards given. The Gallie Bateman awards are given for work by a trainee in the Surgeon Scientist Training Program (SSTP). There was a tie for first place between



Syba Haykal receiving the Gallie-Batemen Awards 1st prize

Boris Zevin (Nicolas J. Dedy, Esther M. Bonrath, [supervisor: Teodor P. Grantcharov]), poster presentation entitled "Development and validation of a comprehensive simulation-enhanced training curriculum in bariatric surgery: A randomized controlled trial" and **Siba Haykal** (supervisors: Thomas K. Waddell, Stefan O. Hofer), oral presentation, entitled "Advances In tracheal tissue-engineering: Evaluation of the structural integrity, immunogenicity and recellularization of long-segment circumferential decellularized tracheal allografts for airway transplantation" receiving this award. Second place awards went to **Marvin Hsiao** (supervisors: Avery B. Nathens, Prabhat Jha) and **Karineh Kazazian** (Roland Xu, Francis Zih, Carla Rosario, [supervisor: Carol



Avery Nathens receiving the Lister Prize from Ori Rotstein

Swallow]). Third place awards went to **Nir Lipsman** (supervisor: Andres M. Lozano); **Bheeshma Ravi** (Ruth Croxford, Peter C. Austin, Lorraine Lipscombe, Arlene Bierman, Paula Harvey, [supervisor: Gillian Hawker]); and **Jefferson R. Wilson** (supervisor: Michael G. Fehlings).

The McMurrich Awards are presented for research by a trainee who is not in the Surgeon Scientist Training Program). The first place awards went to **Stephen C. Mack**, working under the supervision of Michael D. Taylor, and to **Mushriq Al-Jazrawe**, **Shabana Amanda Ali**, **Gurpreet S. Baht**, and **Saber Ghadakzadeh** working under the supervision of Benjamin Alman. The second place awards went to **Heather Baltzer** (supervisor: Paul Binhammer); **Shahrzad Jalali**, [supervisor: Gelareh Zadeh]; **Chung Ho Leung** (supervisors: Christopher Caldarone, Ori D. Rotstein); **Anton Mihic** (supervisor: Ren-Ke Li); **Kathryn Ottolino-Perry** (supervisor: Andrea McCart); **Jason S. Rockel** (supervisors: Benjamin Alman and Gordon Keller); **Linda Vi** (supervisor: Benjamin Alman); and **Bobby Yanagawa** (supervisor Subodh Verma).

Faculty research awards went to **Carol-anne Moulton** (**Bernard Langer Surgeon Scientist Award**) awarded to an outstanding graduate of the Surgeon Scientist Training Program in the Department, who shows the



Wael Hanna receiving the Shafie Fazel Award from Natalie Fazel

greatest promise for a career in academic surgery; **Marc Jeschke** (**George-Armstrong Peters Prize**) awarded to a young investigator who has shown outstanding productivity during his initial period as an independent investigator as evidenced by research publications in peer reviewed journals, grants held, and students trained; **Michael G. Fehlings** (**Charles Tator Surgeon Scientist Mentoring Award**) recognizing individual supervising participants in the SSTP who emulate Professor Tator's excellence in research, commitment to SSTP mentoring and dedication to promotion of Surgeon-Scientists; **Avery Nathens** (**Lister Prize**) awarded to an investigator who has shown outstanding and continuing productivity of international stature as evidenced by research publications, grants held, students trained and other evidence of stature of the work produced.

The third Shafie Fazel Award was presented to **Wael Hanna**. Zane Cohen Clinical Fellowship was awarded to **David Wasserstein**. **John Hagen** received the Tovee Postgraduate Prize, and **Robert J. (RJ) Cusimano** received the Tovee Undergraduate Prize.

Benjamin Alman was honoured as he transitions from Surgery at U of T to Surgery at Duke University. Ben was awarded the Certificate of Appreciation. James Rutka also presented a painting called Pine Grove by Douglas Edwards, for Ben to remember his time in



John Hagen receiving the Tovee Postgraduate award from Ron Levine

Toronto, and Dr. Rutka announced that the January University Research Rounds will be called the “Ben Alman Research Rounds”.

The 36 judges for the poster competition as well as the 13 timers, who volunteered their time for the



Robert Cusimano receiving the Tovee Undergraduate Prize from George Christakis

poster judging process deserve special thanks, as well at the Research Committee members who reviewed and judged the oral presentations. The day could not have gone as well as it did without everyone’s participation and collaborative efforts. Thanks again this year to Andrea McCart for organizing the poster sessions, Cindi Morshead and Michael Tymianski for moderating the talks, and Sylvia Perry for making sure the day’s and evening’s preparations were complete. A very special thanks goes to Val Cabral (who was surprised with receiving the first STRAW award – representing the Vice Chairs of Research to date [Strasberg, Tator, OD Rotstein, Alman, Weisel]) for her incredible dedication and hard work to organize the Surgeon Scientist Training Program, and the day’s organization of Gallie Day.



Department of Surgery staff- Stephanie Nielson, Sylvia Perry, Nancy Condo, and Val Cabral (front row)

As we were enjoying our meal, the entertainment by Emily Kruspe, violinist, and Emily Rho, pianist, added a great classical tone to the evening.

Val Cabral (with contributions from Ben Alman)

RESIDENT DUTY HOURS – ACKNOWLEDGING THE UNIQUE ASPECTS OF SURGICAL TRAINING



James Rutka

This past June, the National Steering Committee on Resident Duty Hours of the Royal College of Physicians and Surgeons (RCPS) produced their report entitled “Fatigue, Risk, and Excellence: Towards a Pan-Canadian Consensus on Resident Duty Hours. The Committee should be congratulated for the breadth and depth of their investigative inquiry, their review of the literature on resident duty hours (RDHs), and their ultimate recommendations.

I have followed the RDH dialogue over many years, and of course with great interest. I have kept abreast of developments in RDH regulations in the United States as determined by the Accreditation Council for Graduate Medical Education (ACGME), and in Europe by the European Working Time Directive. These jurisdictions have provided rules and regulations that apply to all residents in all residency programs without distinction. As a result, residents in procedural specialties were held to the same standards as those residents in non-procedural specialties, and little, if any discussion took place over the unique needs of a given training program.

Prior to the Royal College Accreditation of our Residency Programs this past April, and before the RCPS published its report, I hosted a dinner event to which I invited the educational directors from some of the procedural disciplines in the Faculty of Medicine. At the table were colleagues from Otolaryngology, Anesthesiology, Obstetrics and Gynecology, Ophthalmology, and members from several of the Divisions in the Department of Surgery. Accordingly, the stated goals of this working group meeting were to review the experience of the current duty hours model across the different procedural disciplines, and to determine what future models would be appropriate to train residents in these disciplines to their maximum potential, and to ensure that resident safety and restfulness, and patient quality of care were upheld.

Interestingly, in Anesthesiology, hand-over of patients at the end of a shift was not considered to be an issue, and

some sites had moved to a 16-hour overnight rotation schedule for residents mimicking what has transpired for all resident trainees in Quebec. In Ophthalmology, all resident call is home-call. Emergency call can be very busy, but calls after midnight are not usually an issue for ophthalmology residents. In Otolaryngology, there are some very challenging and busy rotations such as the Head & Neck service at TGH/PMH, but many of the rotations are set up so the residents can take home-call. In Obstetrics and Gynecology, a new night float system was recently established where residents arrive at 6 pm and leave at 7 am the next day. They do this for a period of 3 weeks, and during that time, they are not expected to attend didactic educational activities.

As most of you know, years ago in the Department of Surgery we applied for and received an exemption from the PAIRO-based duty hour guidelines in that our residents work for 24 hr shifts, and are enabled to stay until 12 noon the next day to hand over ongoing patient care issues, or to stay for their own educational interests. We were the only clinical Department in the Province to request and receive this exemption. In discussion with our colleagues in the different Divisions of Surgery, there is no question that our residents are working very hard, but at the same time, they are advancing in their skills acquisition, and they have tremendous educational opportunities across all Divisions, bar none.

This working group concluded that what is right for one specialty in terms of RDHs may be inadequate for another. It was also suggested that residents from the procedural specialties, such as surgery, should serve on the decision-making bodies at PAIRO or CAIR so that optimum training paradigms can be determined for each. Finally, there was acknowledgement that the concept of a graded call responsibility may be a good one in which residents assume more duty hours the farther they are down the road in their PGY-levels.

I am delighted that the Department of Surgery at the University of Toronto was more than adequately represented in the National Steering Committee working groups. Najma Ahmed (Program Director, General Surgery) chaired the “Special Considerations for Procedural Disciplines” work group, and was aided by Stan Feinberg (General Surgery, NYGH), Abhaya Kulkarni (Program Director, Neurosurgery), Nir Lipsman (Resident, Neurosurgery), Todd Mainprize

(Neurosurgery, Sunnybrook), and Jefferson Wilson (Resident, Neurosurgery). These individuals scoured the data with respect to duty hours in surgical disciplines, and provided essential information to the Steering Committee. In the end, with respect to Surgery, the National Steering Committee should be commended for taking into consideration the need for surgical trainees to acquire procedural skills through repetition and practice. As mentioned in the report, “there is evidence to suggest suboptimal patient care and educational outcomes in surgery resulting from the regulation of duty hours”. It was acknowledged that delivering emergency care at unpredictable hours requires technical mastery and judgement that may only be developed effectively through time on task. The National Steering Committee should be lauded for their stance on “a one size does not fit all” approach to resident education and duty hours.

For her diligent and timely work on the RDH debate within the National Steering Committee, Najma received some outstanding publicity in the media appearing on CTV news (1). In Canada, the regulation of duty hours is a provincial matter determined by Provincial Housestaff Organizations. I was very pleased to see the acknowledgement in the Royal College Report of the differences in training requirements based on specialty. To my knowledge, this is the first time that such a distinction in training and education has been made. For those of you interested in reading the full report, please go to: <http://www.residentdutyhours.ca>

There will unquestionably be some changes in how RDH are regulated in each of the provinces going forward. We can, and will do better to aid residents during their night shifts to unburden them from errant and unnecessary calls which disturb sleep, and to facilitate their having some restful periods while on call. We will also continue to use health extenders such as nurse practitioners, physician assistants, and hospitalists to form teams to share the work load. And, we will be pleased to work with any or all provincial or national working groups to develop fatigue mitigation strategies and techniques so that our residents continue to receive the best educational opportunities that they deserve at the University of Toronto.

Reference:

<http://www.ctvnews.ca/health/changes-needed-to-reduce-fatigue-of-canada-s-medical-residents-report-1.1343905>

Ben Alman

TRAINING THE NEXT GENERATION OF ACADEMIC SURGEONS



Ben Alman

Ben Alman, Vice-Chair of the Department of Surgery for Research and a distinguished paediatric orthopaedic surgeon and researcher, will leave the University of Toronto after 16 years of an exemplary career in academic surgery. He will join the faculty at Duke University as Chairman of the Department of Orthopaedic Surgery.

Ben has been a Canadian citizen for the past 5 or more years. He spent 16 years in Canada as a U.S. expatriate and has a deep affection for both countries. He describes the Department of Surgery at the University of Toronto as a “large distinguished cohort of surgeons doing the highest level of surgical science. It is like no other, and despite the flux of science and of science funding, it has grown and continues to grow.

Q: Can you compare academic surgery between Canada and the United States?

A: “Overall, at least in orthopaedic surgery, clinical practice is similar in academic centers. The community practice of orthopaedics is quite different. There is more money in healthcare in the US, but it does not necessarily flow to surgeons. For instance the overhead is higher in the US. Also, because of how money follows procedures, the number of surgeries performed per population is higher. Duke has a very strong clinical orthopaedic department, and several excellent researchers. It just became a separate department, so there are unique opportunities. I will have the mandate and the resources to expand their academic activities and their clinical reach. The system in the United States, at least at Duke, is similar to ours- private practice in groups at the hospital level, integrated at the Chair of Surgery level.”

Regarding the limitation of duty hours, Ben feels that using the CBC framework (the Competency Based Curriculum) “balances this problem out. The CBC,

a major advance in orthopaedic education, has transformed training practice. It has been an incredible success and this educational framework will likely become the standard in North America. The board of orthopaedic surgery is extremely enthusiastic about this model. The Program Directors' meeting in Orthopaedic Surgery this coming year will have a special focus on the CBC, with planned participation of the many of Toronto faculty, including Markku Nousiainen, Richard Reznick, Peter Ferguson, and Ben Alman.

"The Hospital for Sick Children has been a wonderful experience. It is unique in North America. Because of its large referral net, we have the luxury of deciding how to organize practice, how to prioritize the treatments and provide optimal care for patients. My clinical practice was unique. The patients were largely 'rare birds' with unusual syndromes, neuro-muscular syndromes, problems of great complexity. My day to day practice included trauma, paediatric fractures, and scoliosis. The technical aspects have evolved only slightly, but it's the thinking, that challenges the surgeon.

Q: What are your interests other than science and surgery?

A: "I like to read." There is a Chekhov short storybook on his office shelf. He is currently reading *Deception Point* by Dan Brown, and the last book he read was *Thinking Fast and Slow*, by Daniel Kahneman. Ben is interested in backpacking in the Grand Canyon, running, and photography. His family includes his son Joshua, a senior at Massachusetts Institute of Technology, studying combinatorics and looking at graduate schools in Mathematics. His daughter Sophie will be a freshman at Duke this year. She is interested in neurobiology and the law. They heard a fascinating lecture on the biological basis of ethical decision making during a recent visit there. His wife Zena is a University of Penn and Wharton School graduate. She has been a very active volunteer in the Toronto School system, in skating, and other activities centered around their children as they grew up in Toronto.

Ben was a Material Science in Engineering major at Penn, where he graduated *summa cum laude*. He chose that major in part because it had no language requirements. However, he came to dislike engineering practice and went into biomaterials. This eventually led him to take up medicine - to our great advantage. He sees sur-



from left to right: Ben Alman with his wife Zina and their children Joshua and Sophie

gery as evolving toward less and less invasive procedures, and transformation by biologics.

His primary clinical mentor was his partner at Tufts, Michael Goldberg, a dismorphologist who wrote the *Dismorphic Child*. "He encouraged me go to Toronto, although it was bad for him. A true mentor is someone who will do what's good for you, even if it is bad for them. Advisors usually do what's good for both of you. Bill Cole taught me how to integrate clinical work with high quality science. Bob Salter and Mercer Rang taught me how to talk with patients, John Wedge taught me trainee management and leadership, and Richard Reznick taught me to think big. Jim Rutka has been a spectacular chairman, leader, and friend. In more recent years, I've learned the most from the trainees I work with and from my patients. My lessons for readers are summarized in a slide from a recent talk I gave at Hospital for Sick Children" (summarized in a box on page 8).

David Naylor pointed out the importance of training the next generation of academicians and gave Ben the advice to make sure he can do this in his future. That's what Ben has done so spectacularly at the University of Toronto. He has mentored and advised over 100 students at the summer student, Master's degree, and PhD level in addition to his clinical trainees. He will continue in the Research Institute of the Hospital for Sick Children and his laboratory will continue in the Mars building, so that while Duke will be enriched by his joining their faculty, our Department will continue to benefit from his inspiring leadership and scholarship.

M.M.

BEN'S ADVICE TO ACADEMIC SURGEONS

- 1 Ask and answer good questions and don't give up too easily
- 2 Diversify your interests, activities, and education
- 3 Time is your most important commodity – don't waste it on urgent but unimportant activities
- 4 Think outside the protocol – but treat patients using common sense
- 5 The most important thing you can do in academics is teach and train the next generation
- 6 Focus on what is important, Not what is easy or measurable
- 7 Talk to patients (and people) - they will teach you really important things you'll never learn from the literature
- 8 Be amazing and have fun!

Benjamin Alman

Surgeon's Surgeon Returns to Particle Physics



Bob Mustard celebrated at St. Michael's Hospital

Bob Mustard was recognized for his contributions as a surgeon- educator at Gallie Day. He retired on June 30th. Bob was born in Toronto, the son of Robert Mustard senior, the Surgeon-in-Chief at Toronto General Hospital – “a surgeon's surgeon who practiced

General Surgery in the interval immediately following World War II. Physics was my first love. I studied physics as an undergraduate and in graduate school at Stony Brook. I particularly loved elementary particle physics, and worked with the collider, spending one and half years at Czerny and Geneva. There were many Nobel laureate level people working on the collider, which was then the first and hottest, a precedent for the current hadron collider. I realized I would have to stay in the United States to continue in particle physics and decided to go into medicine instead. I applied to the University of Western Ontario and entered in 1977, in part to get away from my medical relatives – Frazer Mustard was the Dean at McMaster and my father was the Chairman of



from left to right- John Bohnen, Bob Mustard, and Marcus Burnstein

Surgery at the University of Toronto. I liked London as a place to live and study. I still have a hobbyist's interest in elementary particle physics, which is now very hot, because of the hadron collider. There won't be another one in my view, because they wear out in 10 years, and the large hadron collider cost over \$2 billion to build.

“I will study particle physics and operate part of the time with friends at North York General. If I continued at St. Mike's I would wind up doing more call, more teaching, and less physics, so when my friend Peter Stotland suggested that I come there and assist part-time, it was a great opportunity. No responsibility, no fighting for beds. I had spent a lifetime helping residents so I'll enjoy assisting fully trained surgeons. It is a common practice to stay on as an assistant after retiring from clinical surgery and it's much more interesting and fun than the retirement activities of some other surgeons

such as medico- legal or workmen's compensation case studies. The OR is always fun.

"I go to PEI for about 3 weeks each summer to a cottage I have shared with friends for the past 25 years. My wife Ade and I also go to Hong Kong each year, staying with her sister in that very interesting former English colony. I have visited the hospitals there with a gynecologist friend. The hospitals are excellent, very well organized with feeders to the teaching hospitals. I have 2 daughters. Laura studied philosophy and information science, and Katherine is finishing in English at the University of Toronto."

Bob loves PEI, the beaches, the day trips, the cottage, and the friends. He reads history, particularly non-fiction. His most recent book was Anne Applebaum's *History of Eastern Europe after World War II*. Another was a *History of the French Vietnamese War*. He also read William Dalrymple's *History of the British Afghanistan War* - an attempt to keep the Russians out, much like recent and recurrent versions. He is also a student of Chinese History.

"My approach to teaching medicine and surgery is the hard science approach- fundamentals and logic rather than memorization of symptoms to make a diagnosis. I like to be physically around for teaching (Bob is a loyal attendant at the Principles of Surgery course, which he coordinates, making up the POS exam during the lectures, an activity for which he deserves great credit). I let the residents progressively do more as I first assist. I stay with the patient to help, but I push the residents to 'do it yourself'. I keep my practice small and underbook the OR time.

"I have no problem with the work ethic of the young surgeons, and the subspecialist trend is also OK with me. Acute care is a good model. It works, the residents like it, and there are lots of consults." He mentors residents for POS exams and takes in-house call at St. Mike's Hospital as an acute care surgeon. "Residents are less stressed when they are not alone at night. They are grateful for staff level coverage to be available in the hospital. The emergency room doctors, and OR nurses occasionally call, - not just the general surgeons. I do general surgery trauma and Trauma Team Leader (TTL). General Surgery is sorting into two large groups, the subspecialists and the acute care surgeons.

Q: What are you most proud of?

A: "My practice as a generalist, like my father who was a surgeon's surgeon. I like looking after other surgeon's problems. I tell them: 'Send them in'. I get lots of calls. I go sometimes to their hospital on the weekend to figure out what we could do with complicated cases. I talk to the patients and their families, then set the patients up at the periphery and bring them in for treatment at St. Mike's. I've been to all these hospitals, including the academic ones.

Q: What is your advice to surgeons nearing retirement?

A: "My advice to surgeons is to get out before you are past prime; don't hang around and get nudged out for waning competence. Have some other activities to organize your career planning.

Q: Is there a problem for graduating general surgery residents in finding jobs?

A: "General Surgeons have no problem with jobs, though some have had to look for a few months to get an ideal position. They have no complaints.

Q: Who were your role models?

A: "Bernie Langer with his surgical technique and his approach to surgical epidemiology and randomized trials. I went to London to do research with John Duff, a talented excellent surgeon and McGill researcher. We studied sepsis, and multi-organ system failure in animal models, and set up the lab at Wellesley. I shared the lab with John Bohnen for 10 years, and then got into teaching. My other role models were my father, Bryce Taylor, Neil Waters, and Al Harrison at Sunnybrook.

M.M.

How Acute Care Strengthens General Surgery



Najma Ahmed with her daughter Izzi

The University of Toronto General Surgery Program is a flagship program, characterized by clinical excellence, breadth of training opportunities and an outstanding level of scholarship. Najma Ahmed became the Program Director in 2008, taking over from Lorne Rotstein. She is working on strengthening individual attention to residents' experience, creating specific competency - based evaluation, and defining milestones that will assist in promotion of residents. She has also been working with Shady Ashamalla, Teodor Grantcharov and Samir Grover to integrate level - appropriate simulation training in endoscopy and laparoscopy into the formal curricula. She finds working with and teaching the future leaders of surgery very gratifying. "Some of the best ideas for curricular innovation and residency design come from the residents." She feels that she has "the best faculty and the most engaged residents in the largest surgery training program in North America".

Najma has the advantage of interacting with other program directors through the Royal College of Surgeons twice a year and the Specialty Committee twice a year. She also sits on the Examination Board of the Royal College, which offers "excellent interactions with peers and an amazing CME opportunity". She speaks highly of the ICRE (the International Congress on Residency Education) which is a Canadian born, but now interna-

tional organization. It is considered among the best conferences worldwide to disseminate and discuss new ideas and innovation in postgraduate medical education. The ICRE grew out of the Royal College, first as a committee, then as a meeting, and now as an international congress <http://www.royalcollege.ca/portal/page/portal/rc/events/icre>. The American College of Surgeons meetings also have excellent sessions and scholarly work related to undergraduate and postgraduate education.

Najma is involved in the on-going advances related to duty hours for residents. She is the Chair of the Working Group for procedural disciplines, of the National Steering Committee on Resident Duty Hours at the Royal College. Among the topics under discussion is the distinction between continuous wakefulness and continuous duty hours - these are not identical experiences. She will keep us informed as this issue evolves.

Najma spearheaded the effort to have Trauma Surgery recognized as an area of focused competence by the Royal College. Trauma Surgery is now a nationally recognized diploma - bearing fellowship program. There has been a tendency to move away from more formal "fellowships" as these tend to cause greater fragmentation within the specialty of General Surgery. However, there is a need to recognize advanced training and competence and this is why the Areas of Focused Competence Programs were developed at the Royal College. Trauma Surgery is the first diploma program in Surgery. The diplomas have standards for experience, training and will help to develop academic leaders in their respective fields. The Trauma Surgery diploma program will not, for the moment, have Royal College certification examinations, but rather have oversight for completion of requirements by the Trauma Association of Canada. Candidates will have to complete oral examinations, keep a portfolio of cases and provide evidence of scholarship during their trauma surgery training.

Acute Care Surgery and Trauma can in some cases be considered parallel disciplines that share many similarities. However, Acute Care Surgery is not a diploma program. Elective surgery is becoming progressively more specialized, especially in academic centres and this phenomenon has perhaps opened the door for a new breed of surgeons in academic centres: trauma and acute care surgery specialists. Some surgeons in this type of clinical practice combine it with critical care.

Najma loves acute care, “its diagnostic uncertainty, clinical and technical challenges, tempo, and that its practice allows for clear separation of clinical work from academic work. During TACS (Trauma and Acute Care Surgery) weeks, I have no elective clinical activity (ORs, clinics, meetings), I take all the admissions to General Surgery, do lots of emergency cases, and manage, with a house staff team, about 30 patients on a ward and 6-8 patients in the ICU. I can give immediate attention to urgent problems and I am completely immersed in the clinical and learning environment with the medical students, residents and fellows - free from other obligations. All patients are cohorted onto one ward, which allows the nurses and other paraprofessionals to develop an area of expertise, and for the clinical teams to learn about best practices in this unique patient population. Another advantage is that chief residents can focus on their elective cases without interruptions during the day.

“Surgical emergencies used to disrupt elective surgical life and were considered a nuisance. With this model in place, the emergency patient is the central focus of the team’s attention. This has been a very patient focused development. I think that this started in US trauma centers as the trauma volumes decreased (see Avery Nathens’ article http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2012&f=SunnybrookTrauma). As the crack and gun epidemic died down, and as we have developed safer cars and seatbelt and helmet laws, operations for trauma have also decreased. This model of trauma and acute care surgery is well underway at Sunnybrook and St. Michael’s.

“When I leave TACS, I follow a few patients with interest, especially the ones with more complex operations, but otherwise I am free to focus on academic and administrative life and my small elective practice. I am on TACS for approximately 10 weeks per year. During those weeks I am on call every other night. In addition, I am an intensivist and do several weeks in the ICU. The elective surgery component of my practice is usually reconstruction of trauma patients and benign general surgery.

“In some sense, acute care surgery has been a very positive development for General Surgery – it was becoming too specialized without a generalist practice. It is somewhat like being on call for one night, but it is consolidated into one week. Community surgeons might be able to implement a similar model, however it

would require some re-organization of their clinical practice patterns. For instance hospitals that are in proximity might consider a collaborative model in order to create a cohort of interested surgeons.”

Najma travels with her daughter Izza, who is a grade 3 student at Branksome Hall. She most recently read a novel called Beautiful Ruins by Jess Walter. She travels to Mexico each winter and in the summer, she and her family often rent a cottage near Muskoka. She is an active gardener at her home at the Southern end of Leaside in the Governor’s Bridge community.

M.M.

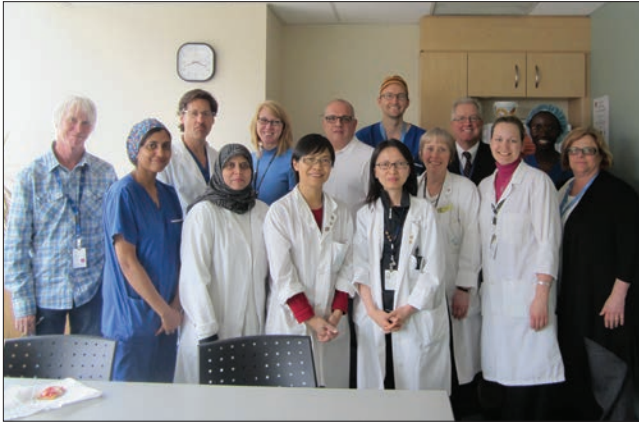
A Coordinated City-wide Hand Surgery Program



Steven McCabe

The new Director of the University Hand Program, Steven McCabe, grew up in Dresden, Ontario. He attended school and played hockey there until he entered Western Ontario University, where he completed two years of a biological sciences honours degree. He graduated from the University of Toronto medical school in 1980.

He was inspired to enter a surgical career because of the technical, visual, and mechanical aspects of the specialty. His leaders and mentors include Dr. Robert McFarlane from London, and Dr’s Ross Douglas, W.R.N. Lindsay, and Joseph Gruss. He worked with Dr. Gruss, Jim Murray, and Susan MacKinnon at Sunnybrook. Ralph Manktelow sent him to McMaster, where he was taught by the renowned epidemiology and statistics team of Sackett, Guyatt, Steiner and Norman. This important experience has had a steering effect on his career, especially his focus on decision analysis, learned in Allan Detsky’s decision class, and at the University of



Hand Program Staff

Back row from left to right: Brent Graham, Herb Von Schroeder, Lorna Aitkens, Dimitri Anastakis, Brett McClelland, Steven McCabe, Tola Afolabi. Front row left to right: Maha Nagarajan, Kauser Tarbhai, Lonita Mak, Mary Chang, Marianne Williams, Andrea Rabiewsky, Maryann Dow.

Louisville in Kentucky, where he subsequently taught a decision analysis course in the School of Public Health.

During 20 years in Louisville he had a thriving practice and an evolving interest in hand transplantation and microsurgery. Recently he spent a semester in Italy teaching research methods in Sienna on a Fulbright scholarship.

He has enjoyed reunion with his friends and surgical colleagues in Toronto. “In a city of 3 million people, it is remarkable to have one hospital called the Hand Centre. A highly desirable plan would be to develop a coordinated system of hand and upper extremity surgery with the many excellent surgeons in the city. There are approximately 23 hand and upper extremity surgeons who may join the program, using telemedicine, city-wide rounds and a collaborative model.”

The second major thrust for the future is to join with David Grant, Ron Zuker, Stefan Hofer, and Ralph Gilbert, the new Chair of ENT Surgery, and the transplant physicians to develop a vascularized composite tissue transplantation program. Gilbert was McCabe’s classmate and goalie for their medical student hockey team. Rod Davey, also a classmate and his current Surgeon-in-Chief at Toronto Western Hospital, was a former roommate and a member of his wedding party.

When he was studying hand transplant surgery in Louisville, he followed Maria Siemionow (http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2010&f=Main) who was working on a laboratory model that allowed in –vivo microscopic examination of the circulation in the

living animal. He participated with Siemionow in the first hand transplant in the United States. His research has focused on decision making, carpal tunnel syndrome, and upper extremity utility analysis. With others, he is working with the Trillium Gift of Life Network to co-ordinate upper extremity transplantation for the province. “The provincial program will bring together the excellent microsurgery resource pioneered by Ralph Manktelow with the expertise that exists in transplantation of organs, and a noble goal. Provincial support gives us a funnel for allocating resources and testing new approaches to care.”

M.M.

A Brain Tumor Bank for the UofT



Amira and Michael Dan

The Department of Surgery has received an unprecedented \$2 million gift to establish a Brain Tumour Bank! Thanks to the generosity and leadership of Michael and Amira Dan, longtime U of T supporters, the University of Toronto Brain Tumour Bank network will enable researchers in our health sciences community to make more rapid progress towards effective treatment for people with brain cancer—progress that will prolong and save tens of thousands of lives in Canada and around the world.

The Department of Surgery shares Michael's commitment to addressing the urgent need for progress in the fight against brain cancer. With the establishment of a Brain Tumour Bank—a permanent resource for researchers and clinicians—we will speed discovery and improve treatment, saving lives.

The number of cases of brain cancer treated at U of T-affiliated hospitals represents an unparalleled opportunity to collect and study tissue samples. The volume of tumour specimens available to Toronto researchers through a single medical school and university exceeds that in other large cities where samples are divided among several schools and institutions.

As you know, we are in an era of advances in genomics, proteomics, diagnostic technologies, surgical techniques and pharmacology, leading toward personalized therapies. The rapid and precise characterization of patient tumour tissue samples and individual patient tumour cells will soon be the new standard of diagnosis. Treatment plans based on this characterization will define the standard of care. With a vision of personalized molecular diagnosis and drug screening of every patient's tumour, based on systematic banking and analysis, the U of T Brain Tumour Bank network will be a momentous step in the development of these personalized therapies for brain cancer.

A philanthropist and active supporter of initiatives in global and aboriginal health, as well as neurosurgery, Michael holds a medical degree from U of T, a PhD in experimental medicine from McGill and an MBA from Louisiana's Tulane University. After five years as an assistant professor of neurosurgery at Louisiana State University, he became the CEO of Novopharm Biotech Inc., a publicly-traded drug discovery company. Today, Michael is president of Gemini Power Corporation, a private hydroelectric power generating business focused on Canada's First Nations. Amira holds an MA from OISE at U of T, a PhD in social and political thought from York University, and is a supporter of the faculty of humanities at the University of Haifa, Israel.

*Darina Landa, Senior Development Officer,
University of Toronto*

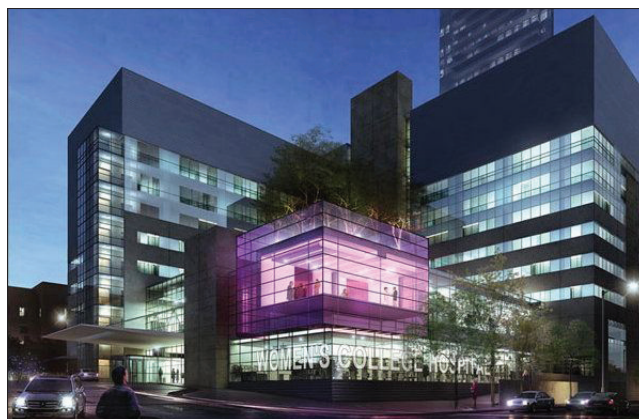
Outpatient Surgery? There's an App for That



John Semple

The hospital of the future, as Surgeon-in-Chief John Semple (see also http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2007) describes the new Women's College Hospital, opened June 13, 2013, marking a "milestone in the Province's plan to shift health care out of hospitals and into home and community settings. This new state of the art facility has no in-patient beds and is designed to streamline patient care to totally ambulatory.

"Currently, 70% of all surgical cases in North America are done on an outpatient basis. Complex cases, such as TRAM flaps (transversus rectus abdominis myocutaneous flaps) a common form of breast reconstruction, are listed in the CIHI database as having an average length of stay up to 6.2 days. At Women's College Hospital we are sending these patients home in just 18 hours. We know, however, that these patients may find self-care at



Women's College Hospital's new building

home somewhat daunting, so we have designed a smart-phone technology platform which allows us to monitor the patient's quality of recovery while they are at home."

The patient-centered innovations that John and his colleagues at QoC Health Inc (Quality of Care) have developed will be a great advance in postoperative home monitoring. "The quality of recovery is quantified using a modified QoR 40 scale which is adapted for a touch screen interface. Patients make daily entries, e.g. the volume in their surgical drainage and their level of pain, quantified on a Likert visual analogue scale. The data is then relayed to an encrypted and secure cloud server and made available for viewing by the surgeon on a tablet in dashboard format. During this past year we performed a pilot at Women's College Hospital where Samsung supplied the devices and Rogers supplied the airtime free of charge. In this study, 30 breast reconstructions and 30 ACL (anterior cruciate ligament) orthopaedic reconstructions were carefully evaluated. There was an unexpected finding of the study. After we reviewed the daily pictures that the patient took, we realized that we have never seen the surgical site quite like this before. Even when patients were in hospital we were never able to look at the appearance of the wound in sequence and compare it this accurately to yesterday's picture. The continuity is far superior to human memory. Another unexpected finding was that we could eliminate some of the patients' early post op visits to the clinic. Patients who live in Owen Sound do not need to travel to Toronto just to have us look at the wound if we can observe remotely that they are doing well. This opens up slots in the clinic schedule for new patients to be seen and shortens wait times.

"A patient whose wound site looked slightly pinker than yesterday was found to have stopped her antibiotics. She was advised to go back on, and her wound regained its normal colour. The first 30 days at home are part of our surgical domain. Patients are pleased with the system and Samsung, who gave the telephones for the study, was also pleased. None of the phones were lost and none were misused. The patients felt cared for. Abnormal values are flagged in the telephone system, so they go to the top of my patient list to review each day."

John and his colleagues are writing this experience up for publication. They have given presentations at numerous conferences, at the Hospital for Sick Children and at General Surgery Inter-hospital Rounds. They are explor-

ing the suitability of this application for other types of surgical procedures including thyroid cancer surgery. As part of an initiative with the Change Foundation at the Northumberland Hills Hospital, near Cobourg, they are adapting the technology for overseeing the transition of elderly patients from the hospital to their homes.

"We feel that this technology may be of value to NSQUIP (American College of Surgeons National Surgical Quality Improvement Program). NSQUIP gathers patient recovery data after the first 30 days post op, whereas we gather up to 500 points of data on each patient during that same period of time.

"Overall patients found the smartphone interface easy to use and reported high satisfaction in post pilot interviews. Surgeons and other care providers found the data easy to access and useful for understanding patient recovery. Cost and efficiency benefits were identified although the accurate assessment of savings in the application of innovation in Canadian Health Care is complex. This study allowed us to extrapolate the cost benefits based on obvious parameters such as reduced length of stay, fewer follow up visits, and reductions in readmission rates. The use of smart phone technology for monitoring the quality of recovery in post-operative patients at home is a feasible concept. The technology platform supports the ambulatory model with expedited discharge but allows for continuous monitoring and a high degree of patient satisfaction. The enthusiasm for outpatient surgery is very high and the new building is an ideal setting for advancing the practice of ambulatory surgery at the University of Toronto.

"Anesthesiologist Pam Morgan at Women's College is very active in the Simulation and Checklist research area. She recently received a SIM 1 Innovation Grant, looking at the use of the simulation lab and checklists to cope with catastrophic events in the operating room¹. The majority of our anesthesia is provided through the UHN Anesthesia Program, under Gerry O'Leary and his colleagues."

MM

- 1 Arriaga, AF, Bader, AM, Wong JM, Lipsitz SR, Berry WR, Ziewacz JE, Hepner DL, Boorman DJ, Pozner CN, Smink DS, Gawande AA. *Simulation-Based Trial of Surgical-Crisis Checklists*, N Engl J Med: 368:246-53, 2013.

STUDENTS' CORNER

THE 5000 FOOT VIEW OF HEALTHCARE



Jesse Kancir in London

Jesse Kancir is a third-year medical student with a background in health economics. He was a biotechnology and economics major at the University of Waterloo, after which he spent “the best year of my life at the London School of Economics” doing graduate work in health policy and economics. At LSE, there

was an emphasis on the role of expensive innovations in healthcare and the ethical issue of how to value health. The school was very social-policy oriented with considerable discussion of health professionalism.

“Health economics has allowed me to think and work on a broader level than I might otherwise as a medical student. I have recently been elected to serve as the 2013-2014 President of the Canadian Federation of Medical Students and my work with this and other large organizations has allowed me to apply the health policy lens to addressing issues such as the job market for newly graduated physicians. This gives me a 5,000 foot view of medicine and health care that I would not otherwise have had.”

“I became very interested in the curative aspects of surgery following a hand injury I sustained as an undergraduate student. It eventually led to my switch from economics into healthcare.” The injury led him to explore plastic surgery. He has worked with Steve McCabe at Toronto Western on hand surgery and with Toni Zhong at Toronto General Hospital on breast reconstruction.

Another interest of Jesse’s is the arts and humanities. “I am very interested in the writing of Richard Selzer, Pauline Chen, Atul Gawande, and Anton Chekhov”. All are hybrid writer-doctors; he considers Chekhov to be one of his significant literary role-models. For 2011-2012, Jesse was one of the 10 students of the University of Toronto selected to receive a Student Engagement in the Arts award. He was cited for creating a literary companion to the medical curriculum, advocating for the formation of a student editorial position on *Ars Medica*

(a bi-annual literary journal), a student curatorial position with the Faculty of Medicine’s Docs for Docs series, and the creation of a literature and medicine reading group with the Department of English. Jesse was also a torch bearer in the 2010 Vancouver Olympics.

M.M

1 Ed. Note: Jesse won the LSE Abel - Smith Prize for the best performance in their MSc program.

Advancing Trauma Care



from left to right: Avery Nathens, Russell Gruen, and Sandro Rizoli

Russell Gruen, Director of the National Trauma Research Institute and Professor of Surgery and Public Health at the Alfred and Monash University, in Melbourne, Australia presented University Trauma Rounds on Friday, June 7th.

Russell is a general and trauma surgeon with a keen interest in public health. When he was still in training in General Surgery at the University of Melbourne, he completed a PhD on the effectiveness of specialist outreach clinics for remote indigenous communities in Northern Australia. He received a Harkness Fellowship in Healthcare Policy, during which he focused on international health policy, healthcare systems research, and medical professionalism. The fellowship took him to Harvard University where he was also a Fellow in the medical ethics program. He helped to formulate the

American College of Surgeon's code of professional conduct. Russ received his trauma training at Harborview Hospital in Seattle, where he studied under Avery Nathens, as the Fellowship Program Director. Russ told us that Melbourne is similar to Toronto in population, and in having two major trauma centers. He demonstrated the effect of various legislative interventions on reducing the mortality from vehicular trauma (Fig. 1). In recent years, much of this progress is due to the Victorian State Trauma System.

He then discussed the perioperative management of the anti-coagulated patient. Patients taking Warfarin are commonly encountered in surgical practice, and the management of their anti-coagulation during surgery can be suboptimal. In his study of 108 hernia patients

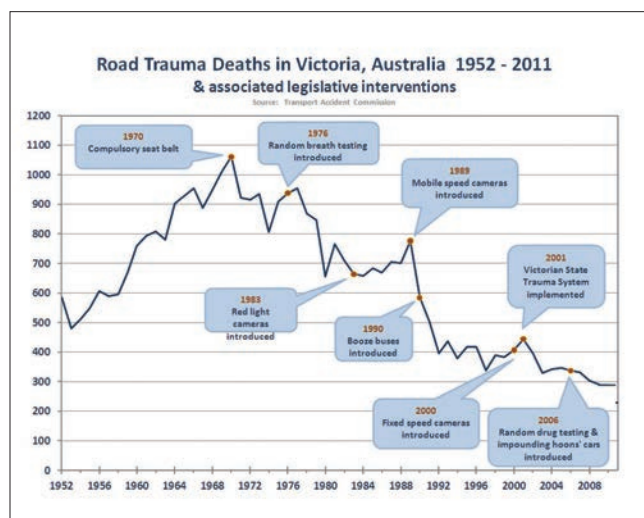


Figure 1

at his own hospital, 30% of those who were “bridged with low-molecular weight heparin” had significant bleeding events in the postoperative interval. Bridging as currently practiced with low molecular weight heparin is clearly problematical. Many surgeons, particularly vascular surgeons, now operate without interrupting anticoagulation. Alternative protocols for Warfarin reversal, using Vitamin K, or Prothrombinex, also exist, and there is a need now to evaluate the safety and efficacy of these in comparison to current guidelines that use LMWH.

The protocol that he recommends includes vitamin K, given the night before to get the INR to 1.5. He presented an excellent summary of the coagulation and fibrinolysis mechanisms, and the pro-coagulants - hemo-

static adjuncts for the surgeon in current use, including the recently introduced topical dressings which deliver thrombin and fibrinogen to the site of bleeding. Newer preparations include the fibrin pad which can locally control a 4 mm hole in the aorta in animal models. He discussed the coagulopathy induced by the combination of trauma, acidosis, and hypothermia, and the interaction with the fibrinolytic mechanism. Systemic treatment for trauma-induced coagulopathy includes fresh frozen plasma, cryoprecipitate, fibrinogen, Prothrombin Complex, factor 7A and antifibrinolytics like Tranexamic acid, and aminocaproic acid.

“In the Crash 2 study of 20,000 patients (www.thelancet.com/crash-2), tranexamic acid reduced bleeding deaths in a multi-country study. From our perspective, the study was limited in that only 2% of the patients came from countries with advanced trauma care that included treatments for coagulopathy with blood products, rapid control of bleeding, and advanced prehospital and critical care. The remainder came from countries with less well developed systems, most of which didn't have advanced prehospital care and or a reliable blood supply. Given that the mortality rate of severely injured patients in Toronto is about half that of the centres in CRASH-2, it is unlikely that significant mortality benefit will be achieved in Toronto with tranexamic acid. The high incidence of bleeding in both arms of the study probably account for the observation that tranexamic acid reduced bleeding deaths. From an observational study in the military, we learned that tranexamic acid was associated with much higher (9 to 12 times) the incidence of pulmonary embolism and deep venous thrombosis compared to control patients. Therefore, there is a need to investigate effectiveness and safety concerns in advanced systems, such as the Toronto trauma system.” The PATCH-Trauma trial is planned to evaluate the pre-hospital administration of tranexamic acid vs. placebo at the scene of injury in similar systems.

M.M.

Sunnybrook Burn Symposium Celebrates Walter Peters



Sunnybrook Burn Care Symposium

On June 4, 2013, the first Burn Day Symposium was held at the Sunnybrook Vaughan Estates.



Walter Peters

Most of the faculty and house-staff may not realize that the Ross Tilley Burn Centre (RTBC) had its inception at the Wellesley Hospital located at the corner of Wellesley and Sherbourne Street. The Centre was established in 1984 and was under the directorship of Dr. Wally

Peters. Wally did a phenomenal job of providing state of the art burn care for almost 2 decades and was instrumental in shaping the careers of several people who have gone on to bigger things (Dr. Peter Neligan, Dr. Dimitri Anastakis, Dr. Joel Fish and Dr. Rob Cartotto to mention a few).

*Christopher Forrest,
Chair, Division of Plastic Surgery*

The opening remarks by Barry McLellan, President and CEO of Sunnybrook, were followed by the introduction of the first inaugural Walter J. Peters Honorary Lecture. Christopher Forrest, Chair of the Division of Plastic Surgery, introduced the Dr. Peters. The first



Richard Gamelli

inaugural lecture was given by Richard Gamelli, Senior Vice President and Provost of Health Sciences at Loyola University of Chicago.

Dr. Gamelli, a world-renowned burn surgeon, is currently the President of the International Society for Burn Injuries, past President of the American Burn Association, and Editor-in-Chief of the Journal of Burn Care and Research. His talk focused on Clinical Translational Science, demonstrating how changes in the bone marrow in an in-vitro model as well as a clinical model change clinical practice.

Dr. Gordon Rubinfeld, Chief of the Trauma, Emergency and Critical Care program at Sunnybrook and a world expert in respiratory distress syndrome, gave an overview of current diagnoses, an update on ARDS, and the implications for management of burn patients.

Avery Nathens, Surgeon-in-Chief Sunnybrook Health Sciences Centre, spoke about quality improvement in trauma. His unique role in transforming the care of trauma patients in the province of Ontario was delineated and demonstrated how this could potentially become a Provincial Burn Program.

Sarvesh Logsetty, the Burn Unit Director at the Manitoba Health Sciences Centre, spoke about novel data that his team collected on significant, long term cognitive impairment in burn patients. This unrecognized and underestimated finding shows that a burn is

not over when the skin has healed, as the psyche is significantly affected for several years post-burn.

Anthony Papp, the Medical Director of the BC Professional Firefighters' Burn Unit and Clinical Associate Professor at the University of British Columbia, spoke about the differences in post-burn responses related to Ethnicity and Etiologies. In his study of over 5,000 patients, different etiologies and ethnicities, resulted in different outcomes, suggesting that new treatment approaches can be focused on particular patient populations.

The New Developments session featured Critical Care and Pain Management by Shar Shahrokhi, Advances in the Therapy of Severe Facial Burns by Robert Cartotto, Rehabilitation by Manuel Gomez, Change in Outpatient Care Small Burns by Joel Fish. Lastly, Robert Jaunkalns presented on Delirium in the ICU. Burn ICU patients have one of the highest incidences of delirium. Robert beautifully demonstrated how burn trauma can be linked to the Delirium associated with drugs and injuries.

The afternoon concluded with Pro and Con Debates on the use of antioxidants, use of sedation interruption as well as the use of pressure garments.

The message of the day was: "We will drive towards a Provincial Burn Program in Ontario. The Mission is to create a Canadian Burn initiative and database in order to improve care in the country."

The response to this inaugural event attended by over 200 participants was overwhelmingly positive. Plans are currently being made for a Second Annual Sunnybrook Burn Symposium.

Marc Jeschke

Director, Ross Tilley Burn Centre

Society of Vascular Surgery Annual General Meeting

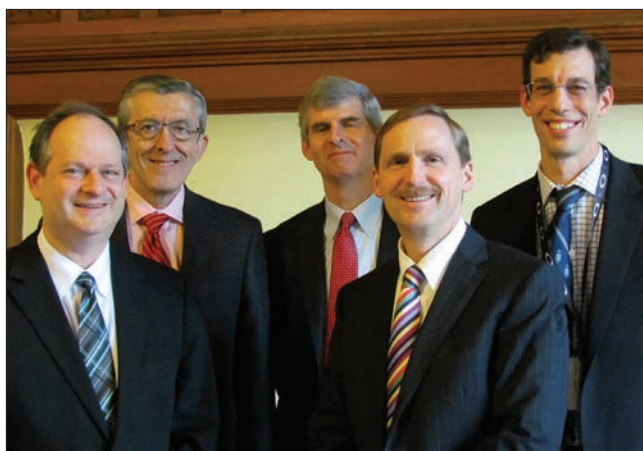


Caleb Zavitz in Sausalito, across the San Francisco Golden Bridge

The Society of Vascular Surgery (SVS) Annual General Meeting is the largest meeting of vascular surgeons in the world. In May, the Division of Vascular Surgery supported Cale Zavitz, a second year medical student who had won an SVS travel scholarship, to attend the 2013 SVS Annual General Meeting in San Francisco, California. There, he participated in a Residents' and Students program, which featured mentorship from a staff vascular surgeon and networking opportunities, as well as numerous sessions specifically geared to junior trainees. The student program included a training session which taught basic surgical skills like knot-tying, then students had the opportunity to learn how to perform catheter-based endovascular interventions including angioplasty and stenting using high-fidelity simulators. He was able to attend the plenary sessions and see the most current vascular surgery research, before participating in a vascular surgical skills competition to finish the weekend. Cale found that the best part of the conference was the hands-on practice that students were given. "This was my first opportunity to learn and practice open or endovascular techniques, and the challenge really reinforced my interest in surgery," he said. Cale thanks Thomas Lindsay and the Division of Vascular Surgery for supporting him in this opportunity.

Division of Vascular Surgery

Vascular Surgery Research Day



from left to right- Bradley Strauss, K. Wayne Johnston, Lewis Schwartz, Thomas Lindsay, and George Oreopoulos

Vascular Surgery Research Day was held at Hart House on June 21 2013. The theme was innovation, clinical applications and basic research. There were seven presentations by residents from both general surgery and vascular surgery programmes.

Lewis Schwartz spoke on “The Development of Bioresorbable Intravascular Scaffolds” and “Medical Innovation”. Dr. Schwartz is a Vascular Surgeon at The University of Chicago where for ten years he maintained an academic practice in vascular surgery as well as conducted federally-funded research in the fields of vascular biology, rheology and gene therapy. In 2003, he joined Abbott Laboratories as Global Medical Director for Thrombolysis, Global Pharmaceutical Research and Development, then was named Divisional Vice President of the fledgling vascular device division in 2004. Dr. Schwartz’ most recent position is Vice President, Global Device Development for Hospira, Inc., the world’s leading manufacturer of generic injectable pharmaceuticals and infusion pumps. He remains associated with the University of Chicago’s Division of Vascular Surgery.

The second guest lecturer was Bradley Strauss who spoke on “Crossing Innovation Barriers: The Collagenase Journey through Chronic Total Occlusions. He is Chief of the Schulich Heart Program and Head of the Division of Cardiology at Sunnybrook Health Sciences Centre.

He holds the Reichmann Chair in Cardiovascular Research, and is a Professor of Medicine and Professor of Laboratory Medicine and Pathobiology at the University of Toronto.

The judges, Thomas Lindsay, George Oreopoulos, Lewis Schwartz and Bradley Strauss, chose Ahmed Kayssi and Sydney Wong as the first and second prize winners.

Following the research day, the graduating residents and fellows were given their certificates by George Oreopoulos and Thomas Lindsay. This included Varun Kapila who graduated from the Royal College 5+2 Vascular Surgery Programme and Luis Figueroa-Gallaga who has completed two years’ as a foreign fellow and will be joining the Royal College stream in July 2013. Michael Delbridge completed a one year fellowship programme and is returning to the UK to take up a staff position in the National Health Service.



from left to right- Ahmed Kayssi, Luis Figueroa-Gallaga, Varun Kapila

George Oreopoulos awarded K. Wayne Johnston the Best Lecturer in the resident research seminar series, as voted by the trainees.

Thomas Lindsay
Chair, Vascular Surgery Division

News from Plastic Surgery



Photo: Meeting of the WK Lindsay Club (photo by Steve Morris, MD)

It has been a great period for the Division of Plastic and Reconstructive Surgery. On the tail end of 100% pass rate for our senior resident group, many of the division members travelled to Calgary for the 67th Annual Meeting of the Canadian Society of Plastic Surgeons. I love the Canadian Meeting – there is something about the camaraderie and feeling of family as well as the high quality of the papers and the unique social atmosphere of the Canadian Society that makes me feel honored to be a part of this group. Despite the rain, the meeting was a great success thanks to the efforts of Doug Ross, Bryan Callaghan, Gorman Louie, Lucie Lessard, Earl Campbell and of course, Karyn Wagner.



Steve McCabe, Heather Baltzer, John Semple, Jennica Platt, Toni Zhong and Olivia Ho

Our Division of Plastic & Reconstructive Surgery had a fantastic showing in Calgary, Alberta this past week. John Phillips and Paul Binhammer represented the division at this year's Educational Symposium with talks on Computer Assisted Surgery and Digital Planning. Of the 80 abstracts accepted, our division had 28 presentations and 6 posters. At the concurrent Canadian Plastic Surgery Nurses Symposium, Sick Kids nurses Shannon Ross and Christina Hughey from our 8C unit presented our protocol for leech therapy. Tom Bell and Frank Lista represented us on the Canadian Expert Panels on Facial Aesthetic Surgery and Aesthetic Breast Surgery.

Olivia Ho had a very busy time in Calgary with 3 papers and won the best scientific paper presentation at the 33rd Annual GAM meeting for her paper "Incidentalomas associated with abdominal and pelvic CT angiograms for



Girl Power: Olivia Ho, Heather Baltzer and Jennica Platt

abdominal based breast free flap reconstruction" with co-authors Stefan Hofer and Toni Zhong.

The Educational Foundation Award for the best Epidemiology & Biostatistics Presentation was awarded to Jennica Platt for her paper "Regional variation in rates of immediate breast reconstruction: It matters where you live in Ontario" with co-authors T Zhong, AM Easson, G Booth, R Moineddin and NN Baxter. Congratulations to Jennica's supervisors Toni Zhong and Nancy Baxter. Apart from the obvious quality of her research, this type of work has the ability to influence health care policy and Jennica is to be congratulated on a superb job of increasing the important profile of our specialty.

The FM Woolhouse Award for the best presentation of a clinical study by a resident was awarded to Heather Baltzer for her presentation “MRI volumetric analysis of breast fibroglandular tissue to assess risk of the spared nipple in BRCA 1/2 patients who are considering prophylactic nipple sparing mastectomy” with co –authors O Alonzo, M Yaffe, K Metcalfe, E Warner and J Semple. Heather is on a roll with this important piece of research and left the meeting early to present at the American Society of Clinical Oncology in Chicago (see Announcements).

Residents Mike Hendry, Dale Podolsky, Kathryn Isaac, Matt Plant, Shaikhan Al-Hashmi, Matt McRae, and Katie Armstrong as well as fellows Amy Chesney, Guy Watts, Marc Swan, Sally Hynes, Mahsa Bigdoli Moghaddam, William Townley, Sami Alissa, Udi Eradand our very own Kristen Davidge representing St. Louis rounded out a great effort from our division!

Christopher R. Forrest

Chair, Division of Plastic and Reconstructive Surgery

NEWSWORTHY ITEMS

ASSOCIATION FOR SURGICAL EDUCATION

Dimitri Anastakis, Vice Dean of Continuing Education and Professional Development, completed his term as President of the Association for Surgical Education. His Presidential Address entitled “The Anatomy of Reputation” will be published in the American Journal of Surgery.

UNIVERSITY OF TORONTO REPRESENTED AT THE 2013 ASSOCIATION OF SURGICAL EDUCATION MEETING, FLORIDA

President –Dimitri Anastakis

Program Chair – Carol-Anne Moulton

Excellence in Innovation in Surgical Education

Award. Toronto Orthopaedic Boot Camp – Sonnadara, Safir, Nousiainen, Alman, Ferguson, Kraemer, Reznick

Paper of Distinction – Priyanka Patel, Carween Mui, Maria Athina Martimianakis, Drs. Kitto, Murnaghan, & Moulton

Podium Talks:

1. Priyanka Patel, Carween Mui, Maria Athina Martimianakis, Simon Kitto, Lucas Murnaghan, and Carol-Anne Moulton. “*Pressures to Measure Up in Surgical Training*”.
2. Sandra De Montbrun, Lucas Murnaghan, Carol – Anne Moulton, Lisa Mark, Priyanka Patel, Laurent St-Martin. “*Am I cut out for this – transitioning from trainee to attending surgeon*”.
3. Oleg Safir, Adam Dubrowski. “*Evaluating the Effectiveness of a Novel Approach to Surgical Teaching: The Briefing, Intraoperative Teaching, Debriefing (BID) Method*”.
4. Nathan Zilbert, Helen MacRae, John Hagen, Steven Gallinger, Carol – Anne Moulton, Laurent St-Martin. “*Identifying the Intraoperative ‘Slowing Down’ Moments of Surgical Judgment: Are Experts Consistent?*”

2013 AMERICAN COLLEGE OF SURGEONS, SURGEONS AS EDUCATORS COURSE, SEPTEMBER 7 – 13, 2013

This six-day intensive course is designed to provide surgeons with the knowledge and skills to enhance their abilities as teachers and administrators of surgical education programs. Full-time faculty members who are interested in acquiring or honing skills in curriculum development, teaching, performance and program evaluation, and program administration, as well as faculty who have direct teaching responsibilities for medical students or residents are encouraged to attend. If you have any questions, please contact Ms. Krashina Hudson at (312) 202-5335 or khudson@facs.org.

Surgical Wisdom



Martin McKneally

Russell Gruen, Professor of Surgery and Public Health at The Alfred and Monash University and Director of the National Trauma Research Institute, Melbourne, Australia, and our Peter Crossgrove lecturer, gave a stimulating review of practical problems in the control of bleeding. Russ had spent

a year in the Harvard Bioethics Program, while studying Health Policy in Boston. His essay on Surgical Wisdom¹ prompted me to look back at my formulation of the normal process of linear thinking that leads from observation to decision-making.

We ordinarily simplify our observations of the universe to a manageable set of observed data and look for relationships. Validating these relationships leads to information. We can make more sense of our observation - in patients or experiments or life, if we next place them in a conceptual framework, such as the framework of neuroscience or biology or other scholarly disciplines. When we succeed in organizing our information within these frameworks, we come up with knowledge. The final step in the linear pattern of thinking is trying to make judgments to predict or evaluate the importance and consequences of our knowledge - of a particular case or a particular biologic phenomenon. Those who make reliable and sound predictive or retrospective judgments develop a reputation for wisdom.

Russ describes wisdom as "a complex human trait that embodies rational decision - making, general knowledge of life, empathy, compassion, altruism, comprehension of diverse values, emotional stability, insight, self-reflection, and the ability to proceed in the face of uncertainty." This definition is based on his study of Aristotle's description. Aristotle "had a particular practical view of wisdom. He proposed that being wise required the ability to see on which occasion which course of action was best supported by reason." "The wise surgeon consistently (chooses) the best course of action, based on superior judgment, rich understanding, few unjustified beliefs, and a strong moral compass." "In our own moments of indecision we are likely to wonder 'What a wise surgeon would do in this

situation?'. The wise surgeon also has a rich understanding of the extreme nature of patients' experience when undergoing surgery. Miles Little (his thoughtful Melbourne surgical colleague) characterized this as an ordeal, a need for rescue, a sense of proximity and privileged knowledge inherent in the surgical encounter and its physical and emotional aftermath.

"Completion of training signifies competence, sufficient to enter clinical practice... Wisdom, however, is not just the accretion of layers of experience upon a core of taught competencies... Superior judgment requires the deliberative emotional and social skills that are refined by solving problems many times over."

This thoughtful essay is incompletely represented here, but will reward careful reading. How we balance our judgments, what frames of reference we use to make surgical decisions is generally based on frameworks we learn from our mentors and role models. Reflective thinking about our experience and careful evaluation of our previous judgments leads to a level of wisdom - of reliability of judgment that characterizes the wise surgeon. On the basis of these assessments, surgeons are better able to handle the complex issues that confront us, like the hotly debated current issue of organ donation after cardiac death. How long should the hands-off time be before we initiate restoration of circulation to salvage transplantable organs? How should we think about terminal sedation of suffering patients? When is it reasonable to try a new and unproven treatment on someone's parent or child? What is the fair distribution of our ability to work hour after hour, or of society's expensive healthcare resources? Information is accumulating at a staggering rate. There is a pressing need for managing it using thoughtful assessment and surgical wisdom. Jeffery Matthews, our recent Peter Crossgrove Lecturer² told us that "current surgical practice is an accumulated wisdom, mixing fact, opinion, and magical thinking in unknown proportions." More on this in our next issue.

M.M.

- 1 Gruen RL, Watters DAK, Hollands, M J. Surgical Wisdom, British Journal of Surgery, 2012; 99: 3-5
- 2 Matthews, J. Truth and truthiness. Peter Crossgrove Lecture, UHN Surgical Grand Rounds, June 14, 2013 (to be featured in the next issue of the Spotlight)

NEW STAFF



Agostino Pierro

It is with great pleasure to announce the appointment of **Agostino Pierro MD, FRCS (Eng), FRCS(Ed), FAAP** as Head of The Division of General and Thoracic Surgery at the Hospital for Sick Children, Robert M. Filler Chair in Pediatric Surgery, Professor of Surgery at the University of Toronto, and

Senior Associate Scientist at The Research Institute, effective April 1, 2013.

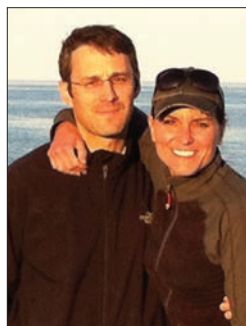
Agostino obtained his MD (Honours) from University of Rome "La Sapienza", Rome, Italy. He obtained General Surgery and Postgraduate, Pediatric Surgery, University of Rome and Fellowship, Pediatric General Surgery, Hospital for Sick Children, Toronto, Canada. Dr. Pierro was a research fellow under the supervision of Dr Robert Filler in 1988.

Dr. Pierro is previously Nuffield Professor of Paediatric Surgery and Head of Surgery Unit at Great Ormond Street Hospital and University College London Institute of Child Health, London, UK. His clinical interests are neonatal, pancreatic, minimally invasive and neuroblastoma surgery. He has introduced a new operation: the laparoscopic pancreatectomy for congenital hyperinsulinism of infancy. He conducted several high profile randomised controlled trials in Paediatric Surgery, that have been published in various journals: Lancet, Ann Surg, Br J Surg and J Pediatr Surg. Agostino, as Chair of the EUPSA - European Pediatric Surgery Association Network is developing a scientific network for Europe-wide collaboration. He also has investigated the pathogenesis of surgical gastro-intestinal diseases associated with high morbidity and mortality (necrotizing enterocolitis, intestinal failure, abdominal wall and diaphragmatic defects). His laboratory team in collaboration with the Nutrition Unit makes use of extensive analytical techniques, including isotope ratio mass spectrometry which enables in vivo measures of body composition and substrate utilisation. Agostino has major editorial involvement in many journals including Pediatric Surgery International, Journal of Pediatric Surgery, European Journal of Pediatric Surgery and Seminars in Paediatric Surgery.

Thanks to Dr Annie Fecteau who has served as interim head since Dr Langer stepped down after 12 distinguished years as Division head. Agostino is married to Dominique who previously served on the Foundation of Great Ormond Street Hospital in London, United Kingdom. Agostino and Dominique have come to Canada with their 3 children, Leon, Lauryn and Lia, ages 18, 16 and 15.

Please join me in welcoming Agostino back to SickKids

*James Wright,
Surgeon-in-Chief, Hospital for Sick Children*



Andrea Veljkovic with her husband Peter

Andrea Veljkovic is a foot and ankle orthopaedic surgeon recently appointed to the University Health Network. She is interested in for alignment restoration in complex foot and ankle deformities, arthroplasty, and advanced arthroscopic reconstruction.

Andie was born in Edmonton, Alberta where she completed medical school and became involved in spine research under Dr. Marc Moreau, who inspired her to enter orthopaedics. After orthopaedics residency training in Halifax and Edmonton, she completed a sports fellowship at UBC under Dr. McCormack, and then trained in foot and ankle and lower extremity reconstruction under Dr. Amendola at the University of Iowa.

During her second fellowship at the University of Iowa, she developed her skills for minimally invasive foot and ankle surgery as it pertains to foot and ankle reconstruction and joint preservation. After completing her fellowship training, she had a community Orthopaedic practice in Nova Scotia before moving to Toronto.

Her research interests are in clinical epidemiology of ankle arthritis, minimally invasive reconstructive techniques, foot and ankle alignment, and joint preservation. She will be attending Harvard to complete an MSc Epidemiology degree over the next two years.

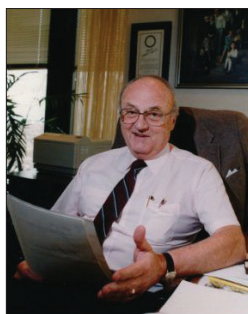
Andie enjoys outdoor activities with her husband and her dogs. She also enjoys art, music and ballet.

Nizar Mahomed, Orthopaedics Division Head, UHN

ANNOUNCEMENTS

IN MEMORIAM- DR. ROBERT ELGIE,

January 22, 1929 - April 3, 2013



Dr. Robert Elgie

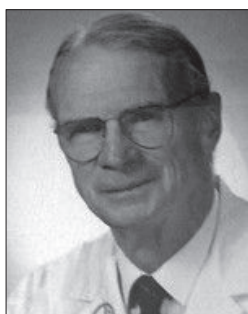
With sadness we reflect on the passing away on Apr. 3 of Dr. Robert (Bob) Elgie, CM, LL.B, MD, FRCSC, LL.D (Hon.), past Professor Emeritus in our Division, at the age of 84. Dr. Elgie was a neurosurgeon and lawyer, who received his BA from the University of Western Ontario in 1950, his LL.B. from

Osgoode Hall Law School and his medical degree from the University of Ottawa. He completed his neurosurgical residency in Toronto. Dr. Elgie taught at the medical schools of Queen's University and the University of Toronto and was Chief of Medical Staff at Scarborough General Hospital prior to entering a distinguished career in politics (MPP, 1977-85) and public service. Dr. Elgie is survived by his wife, Nancy, and his children, Peter, Stewart, Allyson, Bill and Catherine. Please join me in extending condolences to the Elgie family at this time.

*Andres Lozano,
Chair, Division of Neurosurgery*

IN MEMORIAM- DR. WALTER WADDELL

At his residence Perth, Ontario on Thursday, July 4, 2013 Dr. Walter G. Waddell passed away at the age of 85. An accomplished athlete at Glebe Collegiate and Queens University, where he attended Medical School while also on the football team, Dr. Waddell completed surgical training in the Gallie program at the University of Toronto, including a period of research in the lab of Dr. Wilfred Bigelow. He estab-



Dr. Walter Waddell

lished an academic general and vascular surgery practice at the University of Ottawa, with a research interest in venous diseases. He was also very proud of his role as Team Physician for the University of Ottawa football team for 15 years.

Beloved husband of Liz (nee Stephenson) Waddell, predeceased by his parents Ken and Jean Waddell, loved and respected father of Tom (Lisa), Alexander and Jonathan (Elizabeth), predeceased by son Stevie, cherished grandfather of Alexandra, Harrison, Nathaniel, Campbell 'Ellie', Bea and Josephine, and brother of Joan Beavis and Elizabeth Short.

In remembrance, contributions to the Canadian Cancer Society or the Great War Memorial Hospital Foundation would be appreciated.

DONATION HELPS CREATE THE LOUISE TEMERTY BREAST CANCER CENTRE

Congratulations to Joan Lipa and Laura Snell for their important role in the formation of Canada's largest breast cancer centre, thanks to a transformational \$10-million gift from Jim and Louise Temerty. The gift establishes the Louise Temerty Breast Cancer Centre, at Sunnybrook Health Sciences Centre, which will offer patients everything from next-day diagnosis to participation in innovative clinical trials to immediate post-operative breast reconstruction. Laura told me she got some important face time with Ontario Premier Kathleen Wynne at the opening event.

*Christopher Forrest,
Chair, Division of Plastic Surgery*

SUCCESSFUL ACCREDITATION OF ALL UOFT SURGICAL PROGRAMS

After more than a year of intense preparation for the accreditation of our surgical programs by the Royal College of Physicians and Surgeons, I am pleased to report to you that all programs were accredited. As you may recall, Orthopaedics, Vascular Surgery, Thoracic Surgery and Colorectal Surgery were not reviewed on this occasion. However, site-reviewers came to examine in detail the following programs: Surgical Foundations, General Surgery, Neurosurgery, Pediatric General Surgery, Plastic and Reconstructive Surgery, Urology, Cardiac Surgery, and Surgical Oncology. During the debriefing by Lead Reviewers, I heard many outstanding comments, and highly laudatory praise for the education we provide for our residents, and the training they all receive on their various rotations. The reports for each program will go back to the Specialty Committees, and then to the Royal College before they are finalized in the fall. I want to take this opportunity to thank David Latter, Vice Chair Education, and Ron Levine, Director of Postgraduate Education, for their tremendous and tireless efforts in preparing all of us for this review. Also, a very special thanks to all the Program Directors who helped make this accreditation so successful.

*James T. Rutka,
RS McLaughlin Chair*

LIFE IN SURGERY



On Tuesday, April 16, 2013, surgical faculty hosted the spring meeting of the “Life in Surgery” event at the Faculty Club. Medical students had an opportunity to learn from surgeons and their families about various aspects of the professional and personal lives of surgeons. Special thanks to Carol-Anne Moulton and Ron Levine for organizing the event.

*James T. Rutka,
RS McLaughlin Chair*

CHRISTOPHER CALDARONE PROMOTED TO ASSOCIATE EDITOR JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY



Chris Caldarone

It is with great pleasure that I inform you that Dr. Chris Caldarone, Chair, Division of Cardiac Surgery, has been promoted to Associate Editor of *The Journal of Thoracic and Cardiovascular Surgery*. The official publication of the American Association for Thoracic Surgery and the Western Thoracic Surgical Association, the journal focuses on techniques and developments in cardiac surgery, pacemaker insertion/removal, lung and esophageal surgeries, and heart and lung transplantation. The Journal ranks in the top 3.4% of the 5,684 scientific journals most frequently cited, and is the top journal in the fields of thoracic and cardiovascular surgery.

Please join me in congratulating Chris on becoming the Associate Editor of the *Journal of Thoracic and Cardiovascular Surgery*.

*James Rutka,
RS McLaughlin Chair*

ROBIN RICHARDS NAMED 2ND PRESIDENT ELECT OF THE CANADIAN ORTHOPAEDIC ASSOCIATION



Robin Richards

Robin Richards was named 2nd President Elect of the Canadian Orthopaedic Association (COA) at the Association's Business Meeting held on June 21 in Winnipeg. Robin is Professor in the Department of Surgery at the University of Toronto, and Surgeon-in-Chief Emeritus at Sunnybrook Health Sciences Centre. He is a past Secretary

of the Association and has been chair and member of numerous COA committees throughout his career. Dr. Richards will become President in 2015 at the Vancouver Annual Meeting.

Please join us in congratulating him on his nomination.

Canadian Orthopaedic Association

IN THE MEDIA

Michael Cusimano's work examining how children suffer brain injuries while playing sports was featured by the Toronto Star. The video and story entitled "*Childhood brain injuries from sports in Canada avoidable*" can be viewed at:

http://www.thestar.com/life/health_wellness/2013/03/28/childhood_brain_injuries_from_sports_in_canada_avoidable.html

Julian Spears appeared on Global TV, Thursday, April 11, 2013, to discuss the use of advanced neurointerventional radiology techniques in treating patients with arterio-venous fistulae. To see the entire story, please go to: <http://shar.es/JXfL0>

HONOURS/ AWARDS/ ACHIEVEMENTS

Ian Taylor (Anatomy) received the Dr. Mary Hollington Teaching Award - Excellence in Pre-clinical Teaching

Robert Cusimano (CardSurg) received the Bruce Tovee Undergraduate Teaching Award.

Hugh Scully (CardSurg) was awarded the Queen's Diamond Jubilee Commemorative Medal for outstanding contributions to health and health care.

Hugh has also been re-appointed to the Health Policy and Advocacy Group of the American College of Surgeons in Washington for another three years.

Subodh Verma (CardSurg) has been awarded two 3-year operating grants from the Heart & Stroke Foundation for the projects entitled "*Elucidating the Role of BRCA1 as a Target to Improve Endothelial Function, Promote Angiogenesis and Attenuate Atherosclerosis*" and "*The Role of Autophagy in Cardiovascular Disease: A Bench to Bedside Translational Approach*".

Subodh has also been named this year's winner of the annual St Michael's Hospital Jameel Ali Award for Excellence in Continuing Education in Surgery.

Nancy Baxter (GenSurg) was elected to membership of the American Surgical Association (ASA)

Marcus Burnstein (GenSurg) received the 2013 Surgical Skills Centre Distinguished Educator Award.

Charles deMestral (GenSurg) took 1st place, oral presentation on "*Comparative Operative Outcomes of Early and Delayed Cholecystectomy for Acute Cholecystitis: A Population-Based Propensity Score Analysis*" at the 36th Annual Assembly of General Surgeons on May 30th, 2013.

Ralph George (GenSug) received the Nicholas Colapinto Teaching Award.

John Hagen (GenSurg) received the Bruce Tovee Teaching Award for Postgraduate Education.

Saima Hassan (fellow, GenSurg) was also the inaugural recipient of the 2013 Conquer Cancer Foundation of ASCO (American Society of Clinical Oncology) Young Investigator Award in Memory of Evelyn H. Lauder, supported by The Breast Cancer Research Foundation. Her research is entitled the “*Genomic prediction of response to PARP inhibition in breast cancer patients guided by a tumor-microenvironment high-throughput model*” (supervisors Frances Wright (Sunnybrook Health Sciences Centre, Toronto) and Joe Gray (Oregon Health and Science University, Portland)).



Saima Hassan

Rebecca Gladdy (GenSurg) has been re-appointed to IMS graduate faculty as an Associate Member, May 1, 2013 to April 30, 2018.

Paul Greig (GenSurg) is the recipient of a 2013 Award for Excellence in Postgraduate Medical Education.

Robin McLeod (GenSurg) has been elected as President of The Society for Surgery of the Alimentary Tract (SSAT) for a 1 year term, 2013-2014.

Carol-Anne Moulton (GenSurg) received the Bernard Langer Surgeon Scientist Award.

Avery Nathens (GenSurg) received the 2013 Lister Prize.

Vanessa Palter (GenSurg) took 2nd place, poster presentation for “*Development of an evidence-based technical skills and cognitive knowledge curriculum for colorectal*

surgery: Lessons learned from implementation” at the 36th Annual Assembly of General Surgeons on May 30th, 2013.

Dylan Pannell (GenSurg) was one of the 12 Canadian Armed Forces (CAF) members recognized by Canadian Armed Forces in the House of Commons for their valuable contributions to the CAF. Each member chosen for the Program was presented with a Chief of the Defence Staff Commendation for deeds or activities beyond the demand of normal duty.

Peter Stotland (GenSurg) has been awarded the Integrated Medical Education Award. This new award acknowledges the significant contribution of an increasing number of community-based teachers.

Sara Temple (GenSurg) took 1st place, poster presentation for her work on “*Combined Pancreaticoduodenectomy and Colon Resection for Locally Advanced Tumors of the Pancreatic Head: Analysis of Post-Operative Morbidity and Mortality*” at the 36th Annual Assembly of General Surgeons on May 30th, 2013.

Homer Tien (GenSurg) received the Robert Mustard Mentorship Award.

PGY1 **Naif Alotaibi** (NeurSurg) served on the organizing team (as social media coordinator) of TEDxUofT, which took place on May 18, 2013 at University of Toronto. TEDx is a program of local, self-organized events that bring people together to share “Ideas Worth Spreading”.

Mark Bernstein (NeurSurg) was honoured by The American Association of Neurological Surgeons (AANS) with the 2013 Humanitarian Award. Mark has worked tirelessly to advance neurosurgical care in developing countries by introducing innovative and life-changing techniques.

James Drake (NeurSurg) received a CIHR CHRP grant for his project on bone High-Intensity Focused Ultrasound. (\$450K over 3 years)

Michael Fehlings (NeurSurg) was the recipient of the Charles H. Tator Surgeon Scientist Mentoring Award, presented at the Department of Surgery's 39th Gallie Day on May 10, 2013.

Michael has also received renewal funding in the amount of \$93,500 for 2013-14 for the NeuroDevNet Demonstration Project "Cerebral Palsy: Causes to Prevention".

Clement Hamani (NeurSurg) received the 2013 Ohye Award, given by the World Society for Stereotactic and Functional Neurosurgery (WSSFN) to promote and initialize basic or clinical research projects in the field. The Award was bestowed during the closing ceremony of the 2013 WSSFN Congress on May 30 in Tokyo.

Abhaya Kulkarni (NeurSurg) was appointed to the Editorial Board of *Journal of Neurosurgery: Pediatrics*.

Andres Lozano (NeurSurg) was selected to receive the Tasker Award from the WSSFN for outstanding contributions to the field of stereotactic and functional neurosurgery. He is the inaugural recipient of this quadrennial award, which was given at the 2013 WSSFN Congress in Tokyo.

Todd Mainprize (NeurSurg) was selected to receive the Peters-Boyd Academy Mentorship Award for 2012-13 for demonstrating exceptional commitment within the Mentoring Program for medical students.

Jim Rutka (NeurSurg) has been elected to membership of the American Surgical Association.

Jim is also the recipient of the Charles B. Wilson Award from the AANS/CNS Section on Tumors. This award recognizes outstanding contributions of a clinician to the field of neuro-oncology and has been presented to only three recipients since 2004.

Mohammed Shamji (NeurSurg) received the best paper award from the Lumbar Spine Research Society for his research on "Treatment of Gait and Sensory Changes in Experimental Disc Herniation Radiculopathy By Local and Sustained Anticytokine Delivery".

Ido Strauss (fellow; supervisor: Andres Lozano) (NeurSurg) has been awarded a 2013 Spark Award from the Alzheimer Society Research Program.

Taufik A Valiante (NeurSurg) was senior author of two oral presentations at the Toronto Western Research Day held May 15, 2013. The 1st place prize was awarded to his MSc student **Ryan McGinn** for his talk entitled "Low frequency coherence in human temporal neocortical microcircuits".

Jeff Wilson's (PGY4; supervisor: Michael Fehlings) (NeurSurg) review paper entitled "Emerging therapies for acute traumatic spinal cord injury" was featured on the cover of the *Canadian Medical Association Journal* (CMAJ April 2, 2013 185:485-492).

PGY4 residents Jeff Wilson (supervisor: Michael Fehlings) and **Nir Lipsman** (supervisor: Andres Lozano) (NeurSurg) were awarded the 2013 Gallie-Bateman Prize (third place) in a three-way tie with Bheeshma Ravi (Division of Orthopedic Surgery). The Prize was awarded at the 39th Gallie Day at which Jeff presented his work entitled "A Clinical Prediction Model For Long-Term Functional Outcome After Traumatic Spinal Cord Injury Based On Acute Clinical And Imaging Factors" and Nir presented his work entitled "Magnetic Resonance Guided Focused Ultrasound (Mrgfus) For Thalamotomy In Treatment-Refractory Essential Tremor".

Gelareh Zedeh (NeurSurg) was awarded a 1-year, \$50,000 Adam Coules Research Grant for the project "Therapeutic Target of Tumor Metabolism Using Azoles in Glioblastome".

Gelareh was also selected to serve on the Guidelines Committee of the American Association of Neurological Surgeons (AANS).

Brian Ostrow (Office of International Surgery) was awarded the 2013 Best Research from a Developing Country Award from the Journal of Wound Care <http://www.jwcawards.com> on behalf of the Guyana Diabetes and Footcare Project which has been working in Guyana, South America since 2008 and has reduced by 50% the number of diabetes-related major amputations at the national referral hospital.

Benjamin Alman, and **Diane Nam** (OrthoSurg) received a 5year grant (\$930,804) for their study *Molecular mechanisms in fracture and wound healing*.

David Wasserstein (OrthoSurg) was honoured with the Zane Cohen Clinical Fellowship Achievement Award. This award is given for the most significant achievement made by a clinical fellow.

Cari M. Whyne, **Albert J. Yee**, and **Thomas Willett** (OrthoSurg) received a 5 year grant (\$720,465) to study the *Implications of pathologic changes to bone material properties on the skeletal stability of the metastatic spine*.

Heather Baltzer (PlasSurg) received the second place in the McMurrich Poster Competition award at Gallie Day 2013(supervisor Paul Binhammer).

Heather has also been awarded one of ten Novartis Oncology Young Canadian Investigator Awards (NOYCIA) by the NOYCIA Program Committee for her work entitled “*MRI volumetric analysis of fibroglandular tissue to assess risk of the spared nipple in BRCA 1/2patients who are considering prophylactic nipple-sparing mastectomy*” (supervisor John Semple). Heather has been chosen to give a podium presentation of this work at the upcoming American Society of Clinical Oncology (ASCO).

Heather also received the FM Woolhouse Award at the 67th Annual Meeting of the Canadian Society of Plastic Surgeons for the best presentation of a clinical study by a resident. Her presentation was entitled “*MRI volumetric analysis of breast fibroglandular tissue to assess risk of the spared nipple in BRCA 1/2 patients who are considering prophylactic nipple sparing mastectomy*” (co –authors O. Alonzo, M Yaffe, K Metcalfe, E Warner and J Semple).

Greg Borschel (PlasSurg) with co-PIs **Tessa Gordon** and **Molly Shoichet** received a CIHR - NSERC grant to study “*Enhancement of nerve regeneration with controlled release of neurotrophic factors.*” (\$540K over 3 years). The goal of the project is to enhance nerve regeneration by local controlled release of glial derived neurotrophic factor (GDNF) to rescue neurons from degenerating after injury.

Siba Haykal (PlasSurg) received the First Place for the Gallie Bateman Award in Surgical Research for her research on tracheal allotransplantation. This is the highest academic award that is given to our surgeon scientist trainees (supervisors- Tom Waddell and Stefan Hofer).

Marc Jeschke (PlasSurg) has been awarded the Chair in Burn Research at Sunnybrook Health Sciences Centre/ University of Toronto. Marc has made major contributions to burn care, particularly our understanding of the host response to thermal injury. He has also demonstrated significant leadership through his efforts to increase the profile of the University of Toronto Burn Program.



Marc Jeschke receiving the George-Armstrong Peters Prize from Christopher Forrest

Marc is also the winner of this year's George Armstrong Peters Award, given to a young investigator who has shown outstanding productivity during their initial period as an independent investigator as evidenced by research publications in peer reviewed journals, grants held, and students trained.

Marc has also been elected to membership in the American Surgical Association.

Ron Levine (PlasSurg) was honored at Gallie Day 2013 as the Director of the PGME Office in his recent efforts with his second Royal College Review and recognition of 15 years of service in Post-Graduate Education.



Ron Levine receiving recognition from James Rutka

Jennical Platt (PlasSurg) received the Educational Foundation Award at the 67th Annual Meeting of the Canadian Society of Plastic Surgeons for the best Epidemiology & Biostatistics Presentation . Her paper is entitled “*Regional variation in rates of immediate breast reconstruction: It matters where you live in Ontario*” (co-authors T Zhong, AM Easson, G Booth, R Moineddin and NN Baxter).

Ron Somogyi (PlasSurg) is this year's recipient of the D. R. Wilson Teaching Award, given in recognition of outstanding effort in education.

Simon Kitto (Research in Education) received the Helen P. Batty Faculty Development Award - Innovation in Program Development and Design, Wilson Centre Qualitative Research Atelier Series, Team Member

Nikki Woods (Research in Education) has received an Education Development Fund Award to work on her project entitled "From passive to active: Using peer assessment to improve vicarious learning of surgical skills".

Gail Darling (ThorSurg) has been elected to membership in the American Surgical Association as well as of the European Society of Thoracic Surgeons.

Christian Finley (ThorSurg) received a 2 years grant (\$177,000) from the Hamilton Academic Health Sciences Organization (HAHSO) to study the *Evaluation of a Patient-Focused, Nurse Navigated Esophageal Cancer Program*.

Wael Hanna (ThorSurg) received the Shafie S. Fazel Outstanding Resident Award

Colin Schiemann (ThorSurg) was awarded the 2013 McMaster Surgical Associates Education Grant funding (\$15,000, 1 year) for the *Collaborative Development and Implementation of a Thoracic Surgery Specific CanMEDS Education Program*.

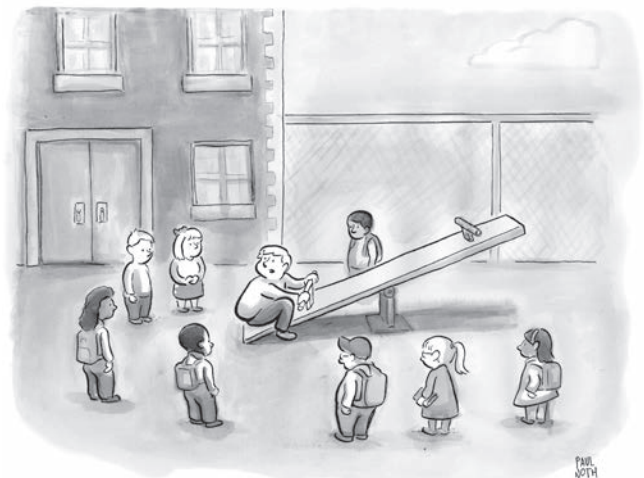
Yaron Shargall (ThorSurg) (co-PI with Ranjan Sur and Rosalyn Juergens) was awarded a one year grant (\$100,000) from the Hamilton Health Sciences Foundation for *A phase II randomized study of neoadjuvant brachytherapy followed by chemotherapy with cisplatin and 5FU compared to neoadjuvant chemoradiation with external beam radiation concurrent with cisplatin and 5FU for patients with adenocarcinoma of the esophagus*.

Yaron also received a 2 year grant (May 2013-Apr 2015; \$141,631) from the Heart and Stroke Foundation for his study *Extended out-of-hospital low-molecular-weight heparin prophylaxis against deep venous thrombosis and pulmonary embolus in patients undergoing major lung resection for thoracic malignancies: A prospective, randomized study*.

Tom Waddell (PI) (ThorSurg) and his co-applicants **Shaf Keshavjee, Andras Nagy, Tonja Gonska, Christine Bear** received funding for two years (150,000/year) from the Centre for Commercialization of Regenerative Medicine (July 2013-July 2015) for their study *Expansion of patient-specific Cystic Fibrosis epithelial cells for drug screening through transient partial reprogramming*.

Tom was also elected to membership in the American Surgical Association (ASA)

Rajiv Singal (UrolSurg) has won Prostate Cancer Canada's Mark Dailey Local Hero Award. He is the head of the urology division at Toronto East General Hospital.



"O.K., now, when a teacher comes out, everybody look straight up."

© The New Yorker Collection / www.cartoonbank.com

39th Annual Gallie Day Awards Presentations:

This year's recipients of awards at Gallie Day are as follows:

Bernard Langer Surgeon Scientist Award – Carol-Anne Moulton

Bruce Tovee Award – Post-graduate – John Hagen

Bruce Tovee Undergraduate Award – Robert Cusimano

Charles H. Tator Surgeon Scientist Mentoring Award – Michael Fehlings

D.R. Wilson Award – Ron Somogyl

George Armstrong-Peters Prize – Marc Jeschke

Lister Prize – Avery Nathens

The Shafie S. Fazel Outstanding Resident Award – Wael Hanna

Surgical Skills Centre Distinguished Educator Award – Marcus Burnstein

The Zane Cohen Clinical Fellow Achievement Award – David Wasserstein

MCMURRICH RESEARCH AWARDS:

1st Prize

1/ Mushriq Al-Jazrawe (Supervisor Ben Alman)

2/ Shabana Amanda Ali (Supervisor Ben Alman)

3/ Gurpreet Baht (Supervisor Ben Alman)

4/ Saber Ghadakzadeh (Supervisor Ben Alman)

5/ Stephen Mack (Supervisor Michael Taylor)

2nd Prize

1/ Heather Baltzer (Supervisor Paul Binhammer)

2/ Shahrzad Jalali (Supervisor Gelareh Zadeh)

3/ Chung Ho Leung (Supervisors Christopher Caldarone, Ori Rotstein)

4/ Anton Mihic (Supervisors Richard Weisel, Ren-Ke Li)

5/ Kathryn Ottolino-Perry (Supervisor Andrea McCart)

6/ Jason Rockel (Supervisor Ben Alman)

7/ Linda Vi (Supervisor Ben Alman)

8/ Bobby Yanagawa (Supervisor Subodh Verma)

GALLIE-BATEMEN AWARDS:

1st Prize

1/ Boris Zevin (Supervisor Teodor Grantcharov)

2/ Siba haykal (Supervisors Thomas Waddell, Stefan Hofer)

2nd Prize

1/ Marvin Hsiao (Supervisor Avery Nathens)

2/ Karineh Kazazian (Supervisor Carol Swallow)

3rd Prize

1/ Nir Lipsman (Supervisor Andres Lozano)

2/ Bheeshma Ravi (Supervisor Gillian Hawker)

3/ Jeff Wilson (Supervisor Michael Fehlings)

PROMOTIONS

Lecturer to Assistant Professor

Abdollah Behzadi (CVH, T/S)

Anand Ghankar (UHN, G/S)

Raj Singal (TEGH, U/S)

The Deadline for the next Surgery Newsletter is August 30, 2013. All members and friends of the Department are invited to submit items, articles, pictures, ideas or announcements.

You may reach us by:

voice mail: 416-978-8909

e-mail: alina.gaspar@utoronto.ca.

Please provide your name and telephone number so that we may contact you if we have any questions.

The Department of Surgery

149 College St. 5th floor, Rm. 503
Toronto, Ontario
M5T 1P5

Editor: Martin McKneally

Phone: 416-978-8909

E-Mail: martin.mckneally@utoronto.ca

Assistant Editor: Alina Gaspar

Phone: 416-978-8909

E-Mail: alina.gaspar@utoronto.ca

PRIVACY STATEMENT

The University of Toronto respects your privacy. We do not rent, trade or sell our mailing lists. If you do not wish to receive this publication, please contact us at 416-978-8909 or at alina.gaspar@utoronto.ca.

SUBSCRIBE ONLINE

The surgery newsletter is available electronically. To receive this convenient and colorful version of the Spotlight on your computer, register either online at <http://www.surgicalspotlight.ca/> or contact Alina at alina.gaspar@utoronto.ca.

