

The Surgical Spotlight

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



SUMMER 2010

SHARP MINDS, SKILLED HANDS GALLIE-BATEMAN & MCMURRICH RESEARCH DAY 2010



Ben Alman at the podium with William Gallie on the screen

This year's Gallie Day celebrated the 25th anniversary of the formal establishment of our Surgeon Scientist Program (SSP) which pioneered formal training for residents to participate in graduate level research training.

The celebratory dinner, entitled **"SHARP MINDS, SKILLED HANDS"**, was very successful in raising funds for the Program. Talks by SSP alumni, SSP in the Program now and research graduate students highlighted the day. The Gordon Murray Lecturer, Joseph P. Vacanti (Harvard Medical School, Massachusetts General Hospital, Department of Pediatric Surgery, Boston, MA) gave a fascinating lecture entitled, "Tissue Engineering and Regenerative Medicine: From Science to the Surgical Armamentarium".

continued on page 2

inside

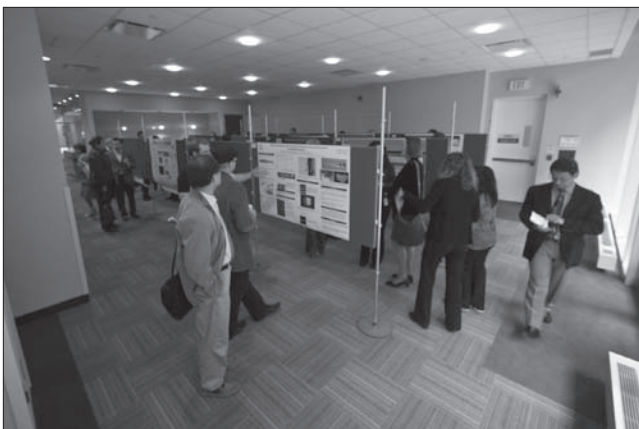
SHARP MINDS, SKILLED HANDS: GALLIE-BATEMAN & MCMURRICH DAY 2010	1
CHAIR'S COLUMN: THE ELEPHANT, THE RIDER AND THE PATH: A TIME OF TRANSITION IN THE DEPARTMENT	4
A NEUROSURGERY AND BIOETHICS PIONEER	6
CLINICAL NAVIGATORS AND A HOTLINE: THE SYSTEM APPROACH TO THORACIC SURGERY IN THE COMMUNITY	7
THE ACUTE CARE SERVICE: A TEAM APPROACH	8
HOW TO EDIT A 19 POUND SURGICAL TEXTBOOK: TIPS FROM WAYNE JOHNSTON	10
ASTELLAS PHARMA SUPPORTS THE DIVISION OF UROLOGY	11
CMA SERVICE MEDALIST HUGH SCULLY	11
RESIDENTS CORNER	
A NEW WAY TO LEARN SURGERY: COMPETENCY BASED CURRICULUM	12
CELEBRATING 50 YEARS OF CONTINUING EDUCATION IN GENERAL SURGERY	14
GALLIE SLAVES	15
DEVELOPING YOUR IKIGAI. CONVOCATION ADDRESS, UNIVERSITY OF TORONTO, JUNE 2010 BY PROFESSOR OF SURGERY ABDALLAH S. DAAR	16
PLEASE BE RESTLESS: CONVOCATION ADDRESS TO THE 2010 GRADUATING CLASS BY RICHARD REZNICK	18
IN MEMORIAM - CLARE BAKER	20
WELCOME TO PRACTICE ONTARIO AT UOFT	20
EDITOR'S COLUMN – CELEBRATION AND THANKSGIVING	21
NEW STAFF	22
HONOURS & AWARDS	25
PROMOTIONS & APPOINTMENTS	27



Joseph V. Vacanti

The theme for the day was decades of surgical research at the University of Toronto. In addition to the oral presentations from our trainees, we invited many of our SSP alumni to speak on how the SSP influenced their lives and to update us on their research. Peter J. Evans, Paul Fedak, John Ikonomidis, Douglas Kondziolka, Joan Lipa, Rajiv Midha, Sheila Singh, Larissa Temple and Dan Theodorescu all spoke. Steven Strasberg, Charles Tator and Richard Weisel, faculty directors of our SSP since its inception, spoke about how the program started, and how it changed over the years.

Barry Rubin was awarded the **Lister Prize**, our highest research award, given to an investigator who has shown outstanding and continuing productivity of international stature as evidenced by research publications, grants held,



Poster Presentations



Barry Rubin

students trained and other evidence of stature of the work produced. **Rebecca Gladdy** received the **Bernard Langer Surgeon Scientist Award**, presented to an outstanding graduate of the Surgeon Scientist Program in the Department, who shows the greatest promise for a career in academic surgery. **Subodh Verma** received the **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. **Richard Reznick** received the **Charles Tator Surgeon Scientist Mentoring Award**, recognizing the individual supervising participants in the SSP who emulates Professor Tator's excellence in research, commitment to SSP mentoring and dedication to promotion of Surgeon-Scientists.



from left to right: Nancy Calabrese-Condo, Val Kim Huynh, Val Cabral, Sylvia Perry



Rebecca Gladdy receives the award from Bernie Langer

The Gallie Bateman Awards (for Surgeon Scientist 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. Thirty of our faculty members helped in the judging of the research presentations. The variety of the topics and types of trainees highlighted the diversity and high quality of the research being conducted in our department. Attendance was larger than usual; for much of the day there was a standing room only crowd.

The Gallie Bateman Award for best work by a trainee in the Surgeon Scientist Program went to **Douglas J. (DJ) Cook** (Michael Tymianski, supervisor): “Neuroprotection in the gyrencephalic brain: Effectiveness of the PSD-95 inhibitor NA-1 in treating experimental stroke in the cynomolgus macaque”, 2nd place to **Mitesh V. Badiwala** (Vivek Rao, supervisor): “Egfl7 suppresses ICAM-1 expression in response to I/R injury”. There was a two way tie for 3rd place: **Vanessa N. Palter** (Teodor P. Grantcharov, supervisor): “Development of an objective evaluation tool to assess technical skill in laparoscopic colorectal surgery: A Delphi methodology”, and **Ali Zahrai** (Valerie Palda, supervisor): “The development of a preliminary preoperative education tool for patients undergoing lumbar microdiscectomy utilizing multiple stakeholder interviews”.



Ben Alman and Gallie- Bateman prizewinner D.J. Cook

McMurrich awardees were tied 1st place: **Francis Si Wai Zih**, Carla O. Rosario, Yosr Haffani, James W. Dennis (Carol J. Swallow, supervisor): “A novel role for the cell cycle regulator polo-like kinase 4 (PLK4) in cell migration and invasion”; **Tatiana K.S. Cypel**, Iona Leong, Cho Pang, Peter Dirks, Christopher R. Forrest: “*In vitro* assessment of osteoblast behavior in craniosynostosis”; 2nd prize: **Krishna K. Singh** (Subodh Verma, supervisor): “BRCA1 improves endothelial function and limits atherosclerosis”; 3rd prize: **Avi D. Vandersluijs**, Natalie A. Venier, Neil E. Fleshner, Alexandra J. Colquhoun, Laurence H. Klotz, Vasundara Venkateswaran: “The effects of physical activity on prostate cancer in the active surveillance cohort”.

The quality, quantity and scope of the 60 research presentations from our trainees, and the tremendous accomplishments of our SSP alumni highlight the significance of the SSP to our department. It has shaped and facilitated our prominence in surgical research over the decades, and increased the size of our “academic footprint” in the world. The work from our trainees demonstrates our ability to generate new surgical knowledge at the highest level – practical knowledge that will ultimately improve the outcome for the patients we treat.

Ben Alman and Val Cabral

See also “Gallie Slaves” on page 15. Ed.

The Elephant, the Rider and the Path: A Time of Transition in the Department



David Latter

Three months ago Richard Reznick announced that he had accepted the position of Dean of Health Sciences at Queen's University. This ended his term as Chair of the Department two years earlier than expected. During Richard's eight year term the Department underwent significant changes. I would like to highlight some of the accomplishments that Richard Reznick championed.

The number of faculty members steadily grew over the last 8 years and now numbers 250 full time surgeons. In particular the number of surgeon scientists grew the most and this is reflected in the increased "footprint" of scientific productivity that Ben Alman, our Vice Chair of Research, has so eloquently described¹. Our rate of successful grant capture continues to be one of the highest of all surgical departments in North America.

The Surgeon Scientist Program is flourishing. A few years ago there were serious concerns about the financial viability of the program. With thoughtful restructuring of the program's method of revenue collection, improved support from the Ministry of Health, effective lobbying for industry support, and the incredibly inspiring 25th Surgeon Scientist Program Gala held this past spring, the SSP financial health is strong.

Surgical education became much more rigorous under Richard's watch. The Department now has over 30 surgeons with Masters of Education degrees. Our residency programs are the strongest in the country and as a result our residency training programs

almost always fill their entry positions completely on the first round of the CaRMS match. An organized, more education - based clinical fellowship program has been implemented across the Department. The results of these changes in our Department's clinical fellowships have been noticed by other departments in the Faculty of Medicine, and many have been copied. The surgical skills lab continues to grow in its scope of student users and teaching activities. Our surgeons significantly outperform in terms of number of teaching awards captured at the university level as well as nationally and internationally. Integrated medical education at partially affiliated community hospitals started in the Department years ago and continues to grow. Competency Based Curriculum, a novel concept in medical education is actually happening here in the Division of Orthopedics. Many have written about competency based medical education, but few had the determination to begin to use it. For sure it is still a concept being explored but indications to date point to success. (See the CBC article on pg 12). The Department (mainly Richard) felt that the recent PAIRO agreement that included a provision of "home by 2 hours post call" would negatively affect the surgical education of our residents. Based on this belief the Department requested and was granted an exemption to this provision. We were the only department in the province that objected and received this exemption.

Critical care illness insurance was introduced. The Department holds a policy that covers all of our full time faculty for \$60,000 of critical care insurance, a vital link before disability insurance payments start.

Day care for all of our full time faculty was introduced to help busy surgeons, usually our younger recruits, manage the difficulties and costs of obtaining quality day care for their children.

Perhaps Richard's most significant accomplishment during his eight year term was to be the glue that binds us all together for the greater good. He always tried to promote the feeling that we all have a role to play for the Department. That message was effectively delivered.

When Richard Reznick announced that he was accepting the position of Dean of Health Sciences at Queen's University it was clear that the Department of Surgery was about to undergo a period of transition. This change will be valuable, not because we are deficient, but because it will give us an opportunity to review and enhance our strengths, and improve in any areas of weakness.

This summer I have been reading an interesting book - *Switch. How to Change Things When Change is Hard* by Chip and Dan Heath. It is about the mechanics of change and how to make change work. They use an analogy developed by University of Virginia psychologist Jonathan Haidt. Haidt states that our emotional behaviour is like an Elephant and our rational behaviour is like a Rider that sits atop our Elephant trying to direct decisions and behaviour. For any given task the Rider can do a pretty good job of controlling the Elephant, but over time if the Elephant and the Rider do not agree, there will be a problem. And not surprisingly, the Elephant will win. The Heath brothers add a third element to the analogy called the Path. The Path helps both the Rider and the Elephant to know where they are going. If the Path to effective change is not clear then there is great likelihood that eventually the Rider and the Elephant will get confused at a fork in the road and disagree on their next move. Progress - effective change- will be stopped.

The authors of *Switch* discuss numerous strategies that include: identifying "bright spots", carefully describe the critical steps, clearly define the destination, use many small changes to add up to a large effect, like growing your people, etc. The strength of the book lies in the many real life examples of exactly how effective change was successfully accomplished. Particularly germane to our environment, many of the examples are medical. I recommend this book to anyone who has a vision of how our Department might improve for the future. We should be ready for our next Chair and be ready for some changes in our path. While the path may not yet be entirely clear to anyone, I think we can all agree that our destination ought to be recognition as the best surgical department in the world.

For the next 3-6 months I have the honour as serving as the Interim Chair of the Department. My duty is to make sure that the day to day mechanics of the Department continue without interruption. As in any organization of this size, new issues arise continuously and I will endeavour to make sure they are handled appropriately. In many ways, I can thank Richard Reznick for having developed a departmental culture of including many in the essential dealings of the Department. As a result, as Vice Chair Education for the Department, I was well informed and well prepared to accept the interim position. More importantly, numerous other surgeons play vital roles in the management of the department and all of these able colleagues have stepped up to assist me.

We all look forward to the search committee's selection for our next Chair. This individual will be given an incredible responsibility to continue the legacy of the Department of Surgery at The University of Toronto. We are strong but undoubtedly we can be better. The next Chair will have an opportunity to reflect and build on our status. He or she will likely consult far and wide, inside and outside of the Department. With judgment, knowledge, and input from all members of the Department, the new Chair will begin to determine our new path toward our destination. And then the Riders and the Elephants in all of us will start a trip down this new Path to an even better Department of Surgery.

David Latter

- 1 See also The Surgical Spotlight, 2009, Fall, *Our Department's Global Footprint* or go to: http://www.surgicallspotlight.ca/Article.aspx?ver=Fall_2009&f=GlobalFootprint



A Neurosurgery and Bioethics Pioneer



Mark Bernstein with a grateful patient in Ghana

Mark Bernstein will soon be off again – to Accra in the West African Nation of Ghana on another of his overseas teaching missions. He has gone on about 15 such trips, many of them associated with the Foundation for International Education in Neurological Surgery. He often brings a team - as many as three surgeons, three operating room nurses and one anesthetist.

Peter Yao from Toronto General Hospital is one of his anesthesia colleagues who has organized numerous visits to central China, one in which Mark participated in 2007. Most of Mark's trips involve hands-on operating room teaching. "The chemistry of the operating room is magical and universal." Mark has performed the first awake craniotomy in Indonesia, China, and Ghana. This is one of his many innovative contributions to neurological surgery. Mark loves surgical practice and is particularly passionate about neurological oncology. He has performed over 3000 operations for brain tumors - 3 the day before this interview and 2 scheduled for the following day. He takes pride in the fact that many of the patients go home to their own bed the same day. Mark introduced outpatient brain tumor surgery 13 years ago, in 1997. In the fall he will help set up a system in a Tokyo hospital for awake outpatient brain tumor

surgery. Mark received an innovation grant to support his novel approach to brain tumors. Over his career he progressively shortened the post-operative recovery period from 5 to 4, to 3, to 2, to 1 day and currently sends patients home the same day. He is a true pioneer in this area.

In addition to his surgical work, Mark has been a dynamic teacher, researcher and writer in neurosurgery and in the area of bioethics. He completed a Masters of Health Sciences program at the Joint Centre for Bioethics in 2003 and has published about 20 qualitative research papers on bioethical issues in surgery. Readers will enjoy his study of patients' views on the role of residents¹.

He has developed a very lively teaching program of bioethics within the Neurosurgery Division. Neurosurgery residents have become enthusiastic and reliable participants in the Clinician Investigator Program Research Ethics Day each spring.

Mark finds that the residents have become well-grounded in ethics and less in need of formal teaching than they were earlier. This is a reflection of the successful insertion of the bioethics lens into the informal curriculum of the division. Following his neurosurgery residency, Patrick MacDonald completed the Bioethics MHS program at Mark's suggestion. Patrick is now practicing paediatric neurosurgery in Winnipeg.

Mark is married to Lee, a native Los Angeline, and has three grown daughters, Lauren, Andrea, and Jody and two Labrador retrievers, Penny and Sherman. He describes the dogs engagingly in his prolific sideline of non-medical writing. He loves teaching residents and fellows and has won the Tovee Postgraduate Teaching Award, the Ross Fleming Surgical Educator Award, and many others.

1 Eva Knifed, B.Sc., Julius July, M.D., and Mark Bernstein, M.D., M.H.Sc., F.R.C.S.C. *Neurosurgery patients' feelings about the role of residents in their care: a qualitative case study.* J Neurosurg 108: 287-291, 2008

M.M.

Clinical Navigators and a Hotline: The Systems Approach to Thoracic Surgery in the Community



Robert Zeldin

Rob Zeldin has developed a remarkable network of partner institutions as he builds up the thoracic surgery division at Toronto East General Hospital (TEGH). Working with Carmine Simone and Simon Iu, he is developing a Level 1 Thoracic Surgery Centre at TEGH with affiliations at Sunnybrook, North York General, and the Royal Victoria Hospital (RVH) in Barrie. As the Section Chair for Thoracic Surgery at the Ontario Medical Association, Rob has been able to participate actively in the regionalization of the specialty throughout the province.

There is some active rearrangement going on as the LIHN (Local Integrated Health Network) boundaries don't match the referral patterns. Rob and his partners won the contract for the North Simcoe Muskoka LIHN centered around Barrie. They conduct one thoracic clinic per week in Barrie and admit the patients to Toronto East General for their procedures. Under the direction of the TEGH Thoracic Surgeons, a nurse practitioner interviews, examines and orders appropriate tests on patients

who present to the Barrie site. The TEGH surgeons rotate through the weekly clinics at Barrie, Sunnybrook and their own hospital. In-patients and Emergency Room consults at Sunnybrook are covered by residents on the Acute Care Service. The trauma surgeons cover thoracic trauma very efficiently.

There is seamless computer access to the records within the thoracic service including its partner institutions. The Ministry of Health and Cancer Care Ontario are enthused by the partnership model that Rob and his colleagues have developed and hope it can be duplicated for other high intensity surgical services such as hepatobiliary surgery. The anesthesia department currently rotates its PGY5 residents to Toronto East General for experience in basic thoracic anesthesia. The thoracic unit has one senior and two junior general surgery residents assigned. The unit performs one day endoscopy and 4-5 major cases per week, 20 esophagectomies per year, and a large number of video-assisted thoracic procedures. All of the surgeons perform minimum access lobectomies. The collegiality of the practice is a source of great satisfaction, and the experience of the general surgery residents on the



Carmine Simone

thoracic service serves as a focus for recruiting residents into thoracic training.

Carmine Simone serves as Director of the Intensive Care Unit in addition to his thoracic surgery responsibilities. He has a great five person unit, all part of the University of Toronto critical care training program. The unit

consistently ranks as one of the most popular rotations for junior general surgery residents and critical care fellows and has won awards.

The thoracic surgery unit has won accolades for its “Time to Treat” lung cancer program. It became evident that the waiting time from first suspicion of lung cancer to a treatment decision was as long as three months. Wait number one began in the general practitioners’ office and generally included X-rays, CT scans, endoscopy and other studies. Wait number 2 came from the time of the decision to treat until the patient got to the operating room. The thoracic surgeons set up a hotline with clear instructions to referring doctors, guaranteeing that their patients would be seen within three business days. The access program included respirologists as well as surgeons, and clear guidelines were provided. For example, cough led to a referral to a respirologist, hemoptysis is referred to a surgeon. The wait time dropped from three months to less than one month for a complete work up and start of treatment. A key component of the program is the training role of the Clinical Navigators, Larissa Maxwell in Toronto and Candy Carnahan in Barrie. A 430 patient study on which this program is based was described by Dorothy Lo and Rob Zeldin in the November 2007 *Journal of Thoracic Oncology*¹. The success of this program has led to a province-wide guideline to be published in the fall of 2010 by Cancer Care Ontario. It will assist referring primary care physicians in triaging suspected lung cancer patients to the appropriate specialist.

1 Lo, Dorothy S. MD ; Zeldin, Robert A. MD; Skrastins, Roland MD; Fraser, Ian M. MD; Newman, Harold MD; Monavvari, Alan MD; Ung, Yee C. MD; Joseph, Harry MBA; Downton, Teresa; Maxwell, Larissa; Meharchand, Jacinta MD. Time to Treat: A System Redesign Focusing on Decreasing the Time from Suspicion of Lung Cancer to Diagnosis. *Journal of Thoracic Oncology*. 2007; 2 (11): 1001-1006

M.M.

The Acute Care Service- A Team Approach

The Divisions of General Surgery at Sunnybrook and St. Michael’s Hospital have introduced a new organization for the provision of emergency services called “The Acute Care Service” (ACS). It is appropriate that we look closely at this development as it marks a change in our pattern of patient care. In the past a patient was admitted to hospital and cared for by one particular surgeon who looked after the patient for the whole hospitalization and often frequently for re-hospitalizations. The Acute Care Service replaces the single surgeon model with the provision of care by a team. This type of care has been ongoing for some time in the Department of Medicine but I believe this is the first time it has been done within the Department of Surgery here at the University of Toronto.



Robert Mustard

The Acute Care Service consists of a rotating staff surgeon, a senior resident - typically a PGY III, and one or two junior residents along with one or two clinical clerks. The staff surgeon usually changes every week and the senior resident every two to three months. The ACS is responsible for all consultations from the Emergency Department, all in-patient consultations, and some if not all referrals to the General Surgery Service from other hospitals via CritiCall. The staff surgeon is typically also

responsible for the Trauma Team at the same time.

The staff surgeon is on call for emergencies Monday to Friday from 8 until 5. Emergency patients admitted during the night are initially admitted to the surgeon on call that night and then transferred to the Acute Care Service at 8 am the following morning.

Why was this change in organization of the Division of General Surgery carried out?

Acute Care Services were initially started in the United States five to ten years ago and have now moved to Canada for basically the same reasons. General Surgery has become increasingly sub-specialized and a considerable number of academic general surgeons are no longer comfortable with the management of the entire spectrum of general surgical emergencies. A second driver for the emergence of the ACS in the United States was the malpractice system there. Emergency and trauma patients account for a much larger than average proportion of malpractice suites and many surgeons in the United States wished to avoid that liability. On the other hand, there also exist a significant number of general surgeons who prefer to maintain a wide general surgical practice that includes trauma surgery.

What are the advantages of this new system?

The main advantage to my mind is that it frees up all the other general surgeons who are not doing acute care at any particular time so that they may carry on with their elective clinics, operating schedules and so on, without disturbance by emergency consultations. It also facilitates clinical research involving clinical trials of patients with acute problems, as they are all looked after by a single common service. The Acute Care Service may also have some educational benefit particularly for junior residents. A month or two on the service gives them the opportunity of seeing a large number and wide range of urgent general surgical problems. On the other hand, the senior residents on the service often complain that they don't get to do as much operating as residents on other services. The main disadvantage of this service is the sometimes frequent change of most responsible physician. For example, a patient with an adhesive bowel obstruction might be admitted to Dr. A. at 10 pm on Friday night,

transferred to Dr. B. at 8 am on Saturday morning, and then again transferred to Dr. C. at 8 am Monday morning. The patients may have no idea who is actually responsible for their care other than the resident staff. The philosophy of management may also change from day to day as the staff changes, and this is confusing for the patient, the residents, and the nursing staff. Finally, when a patient is admitted with a difficult problem to the Acute Care Service, there can be an unconscious tendency on the part of the staff surgeon to procrastinate knowing that within a few days the patient will be looked after by someone else and hence the surgeon may be able to "dodge the bullet".

In conclusion, there are a number of strong positive features to this system. It certainly benefits academic general surgeons by allowing them the freedom to pursue their specialized interests. It also ensures that emergency patients are cared for expeditiously by surgeons who are specifically interested in their type of problem. To my mind, the main down side is the lack of continuity of care of possibly complex patients. This can be remedied by transferring such patients who will likely be in hospital longer than about a week to the care of one specific surgeon who specializes in their type of problem. This surgeon might be the one who performed the initial emergency surgery or may not. At any rate, it should be very clear to all involved and most importantly to the patient that they are now under the care of one specific surgeon for the rest of their hospital course. This also has the advantage of removing long stay patients from the Acute Care Services and gives the residents better experience of looking after truly emergency situations rather than prolonged convalescence from more drastic emergencies. If managed appropriately, I believe that this system will be an overall benefit for the patients, the residents and the staff.

Robert Mustard

How to Edit a 19 Pound Surgical Textbook

TIPS FROM WAYNE JOHNSTON

The 7th edition of Rutherford's Vascular Surgery arrived in bookstores this spring. Weighing in at 19 pounds, this textbook is the reference standard in the field, comprising 2500 pages in 2 volumes.

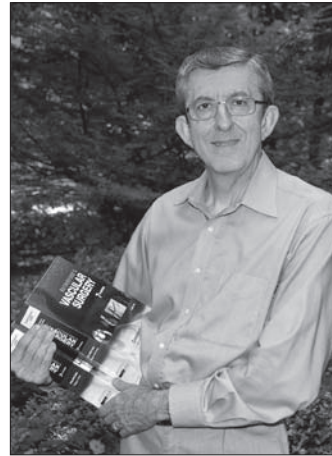
Because of the revolution in the practice of vascular surgery over the past decade, much of the material presented by editors Jack Cronenwett and Wayne Johnston is new. Developing the table of contents was the greatest challenge because of the advances that have occurred in intervention, imaging and medical management. Since both editors have served as editors-in-chief of the Journal of Vascular Surgery, they were well-prepared to reorganize the text based on their close knowledge of new developments in the field.

The publisher emphasized that younger readers (e.g. residents) who have grown up in a world of sound bites and tweets do not like long paragraphs. They prefer boxes of key points and summaries to take away to the examination. As a compromise with their more traditional approach, Wayne and Jack used short segmented sections with disciplined and orderly headings and subheadings.

There are abundant illustrations in color. Instead of traditional medical illustrators, the excellent diagrams were prepared through a company that employs freelance artists under contract to the publisher. These artists often derive their illustrations from the abundant supply of Google images on the web. Many of them start out as drawings from the original Gray's anatomy, now out of copyright. Illustrators can then Photoshop these drawings to give them a contemporary and more uniform look. Permission to copy drawings or to adapt them is readily available in the current era. Copyright clearance is obtained by online permission, usually without cost. Illustrators credit the source as "redrawn from..."

The editors were astounded that the distinguished vascular surgeon Robert Rutherford had been able to produce the first six editions of the text book single-handedly over

the past 30 years. The advances in imaging, interventional radiology and minimal access techniques required radical changes to record the revolution that has occurred in the specialty. The editors lowered the average age of the authors by about a generation. In addition, they



Wayne Johnston

set strict rules. In order to allow mid-career surgeons to participate as authors, they disqualified themselves on the basis of age from writing any chapter. This eased the task of excluding other senior scholars in the field. A second strict rule was that no author could write more than one chapter. Thus each of the 161 chapters has a different senior author.

Authors were provided with templates and examples of outlines. The editors and the eight associate editors gave critical appraisals of the outlines submitted by the authors in order to reduce overlap between chapters and ensure that the topic was completely covered.

Authors were carefully chosen, emphasizing inclusiveness, openness, activity within the society, and wide geographic distribution. Access to the reviewer and author database of the Journal of Vascular Surgery was very helpful in choosing authors since there were data on their contributions. This gave insight into their expertise and timeliness – indeed, the chapters came in on time. All of the references are online, a significant reduction from earlier editions that devoted up to 15% of the pages to references. Instead with each chapter, there are a small number of selected key references with annotations that explain their significance.

This is one of the few textbooks sponsored by a society. The contract to produce the book was signed by The Society of Vascular Surgery with Elsevier. The society was responsible for choosing the editors. The editors chose the eight associate editors and authors. Purchasers of the book get an activation number which gives them password protected access to the electronic version of the text. They

then have access to additional updated references chosen to guide them to advances in the field and 40 vascular videos from the library of the American College of Surgeons.

This textbook brings honor to our Department, and reflects the outstanding scholarship and organizational skills of its editors. See also: http://www.surgicalspotlight.ca/Article.aspx?ver=Summer_2009&f=JohnstonVascular

M.M.

Astellas Pharma Support for the Division of Urology



Left: Dr. Sender Herschorn receives a cheque from Mr. Michael Tremblay, President of Astellas Canada Pharma Inc.

The Division of Urology recently celebrated a generous gift of \$300,000 from Astellas Pharma Canada Inc. in support of a research fellowship in Functional Urology. This involves the study of developmental and acquired disorders and reconstruction of the urinary tract. The tremendous support received from industry partners like Astellas, ensures that U of T leads the way in cultivating and producing the next generation of surgeons and world class researchers. Division and Martin Barkin Chair in Urological Research Dr. Sender Herschorn and Astellas President Michael Tremblay say they look forward to continued cooperation in

urological research and other fields. Headquartered in Markham, Ontario, Astellas is recognized as the first Japanese pharmaceutical company in Canada. Involved in clinical research and development as well as the sales and marketing of products, Astellas focuses on key therapeutic areas such as immunology, infectious disease, cardiology, urology and dermatology.

Artur Cane with notes from Sender Herschorn

CMA Service Medalist Hugh Scully

The Canadian Medical Association's Medal of Service is awarded based on excellence in service to the profession; service to the people of Canada in raising the standards of medical practice in Canada; and personal contributions to the advancement of the art and science of medicine. Hugh Scully (Division of Cardiac Surgery) was the 2010 CMA Medal of Service winner. The announcement praises Hugh's outstanding leadership in a remarkable range of activities. (See also http://www.surgicalspotlight.ca/Article.aspx?ver=Summer_2009&f=VehicularTrauma)



Hugh Scully

“In making this award, the CMA Board of Directors recognizes your service to the physicians of Canada and the citizens of our country. You have advanced the art and science of medicine on a global scale. You have demonstrated tireless commitment to your patients, colleagues and the profession and have influenced health policy direction at the provincial, national and international levels. Your work personifies excellence; whether in the operating room, boardroom, halls of government and academia, or at trackside”.

M.M.

RESIDENTS CORNER

A NEW WAY TO LEARN SURGERY: THE COMPETENCY BASED CURRICULUM

Sebastian Tomescu

learned about the CBC (The Competency Based Curriculum) curriculum on the CARMS website and during his interview. When the program director Bill Kraemer asked for volunteers, half of the residents applied. Sebastian liked the module idea. He thought that it seemed more orderly than programs where residents rotate seemingly at random through psychiatry, then surgery etc. He preferred a more ordinal approach and likes setting the pace for his education. He was not looking for a shorter residency, but for the self-study aspect that he had experienced as an undergrad at MacMaster.



Sebastian Tomescu

THE BASIC SKILLS MODULE

The basic skills module in the Mount Sinai skills laboratory was excellent. CBC residents learned to use power tools, working with bones and cadaver models. They learned how to gown, how to position patients on the table and other fundamentals. Senior residents, fellows and cast technicians taught the basic skills. The senior residents who were involved in teaching said “I wish I had had this at the beginning”.

HIP FRACTURE MODULE

For this module, Sebastian was registered at five or six hospitals. He was called to the trauma rooms for fractures, received instructions like “go to Mount Sinai hospital tomorrow, there are two hip replacements in the operating room”. He did one month of medical consults in the middle of the rotation. This was the only off-service experience besides the ICU. Doing the actual medical consult was quite different from following a medical team around as his colleagues in the standard

curriculum probably were doing. “The medical residents were impressed that the orthopaedic surgeons could do the consults. That used to be off limits to surgeons, but we had the time and energy and enthusiasm to do them well. We learned how our medical colleagues think and we learned the value of a preoperative medical consultation. This was a better off - service rotation than the vascular ward or the emergency room where some of this content material is ordinarily learned. We went to two or three hip operations per day, each of us got 20 or 30 hip operations in two or three hospitals. We covered call that day.”

Q: Was the perception that you were “stealing cases from the other residents as a visitor” a problem?

A: “This was solved by always working with a senior resident and carrying the pager that day. We also did regular call. When we went to Mount Sinai or Toronto East General for a surgical case, but we were not asking where the operating room is, etc. That had been solved during orientation in module one. We had spent three days at each of the hospitals and knew our way around.”

“We were tested midway and at the end of the module. The exams were oral and written. There were also procedural exams – we were given a hip case, and we had to know the imaging, how to bring them into the operating room, how to do the checklist, how to do the history and physical and how to dictate the note – it was not just a skin to skin operation. We were also required to know how to direct helpers and focus on evidence. We were very busy - we were forced to read and be able to do and explain hip fracture like in a thesis. This kind of examination gives you confidence. We have had more orthopaedic surgery – 10 months in one year - than the 6 months we would have in 2 years of standard curriculum. We have met more staff and been in more hospitals than the control group. We had the best teachers: Hans Kreder- where the strategy cards were really good; Oleg Safir, Peter Ferguson, and William Kraemer were very involved.”

Q: Will this become the new method of training residents?

A: “Timing is tighter, safety is tighter these days, but I think it will. We’ll pioneer it.”

ARTHROPLASTY

“We did ‘100 Steps to Arthroplasty’ in the skills lab on cadavers. The staff pushed me to be able to do the whole case. It may help to put arthroplasty with the hip fracture module.”

Q: Isn't there evidence that over time people forget skills they learned in concentrated periods of study?

A: “We will get recall stimulation when on call and also do the advanced versions, so we won't forget what we learned in this intensive training.”

Sebastian came to Kitchener, Waterloo from Romania in '96, when he was in grade 7. His parents are family doctors. He did premed, then kinesiology at Waterloo. After 2 years of research, he was accepted at Queen's medical school. When he had to decide between neuroscience vs. surgery, “the surgical rotation did it”. Sebastian feels students need more exposure to surgeons early in their education. He plans to study for an MSc in the Surgeon Scientist Program.



Jeremy LaRouche

Jeremy LaRouche is currently in the paediatric trauma module of the Competency Based Curriculum, because in summer there are lots of fractures in children to be treated. There are 21 modules in the CBC. All of them are experience – based, except ICU and the medical consult rotation.

Jeremy has a very positive impression of the CBC so far. He was given the objectives of the program at day 1 and he has been assessed in each module by oral and written examination and assessment of his skills at performing a history – taking, physical examination and performing surgery. The CBC gives more education at the front end than the standard Halsted model of residency. In the early training period there is a focus on how to use the instruments and other fundamentals. These sessions are open to his classmates who are not in the CBC - “they come as often as possible”. His Hospital for Sick Children orthopaedic rotation isn't a simple orthopaedic time-based rotation. His focus is on trauma; he does occasional clinics and helps in the operating room, but his main responsibility is to carry

the trauma pager. He works in the Emergency room as a member of the trauma team.

“Regulars” that is those in the standard curriculum tend to fear CBC residents as potential “case thieves”, but Jeremy was accused only one time in the entire year. The senior residents seem to enjoy teaching the CBC residents. It's easy to resolve this problem on scheduled or elective surgery, but harder to manage on the unscheduled cases. In the present module, he is not having much OR experience as most paediatric fractures are treated non-surgically. He attends the fracture clinic four days, carries the trauma pager three days, sees emergency cases and might sneak into the OR, particularly at night or on the weekend. In contrast, when he was on the arthroplasty service, he was in the operating room four days a week.

“This has been a great rotation, the pager is the important link. It pulls us to our module goal”. To meet the experience-based goals of the program, CBC residents are often required to go to where the specified procedures (e.g. arthroplasty or fracture plating) are being performed. They are registered and familiar with all ten hospitals. He cross-covers in many of them where needed, “earning points for help rather than theft”. He is not just filling the ranks of the time-based resident complement. Members of the “control group” don't do rotations at Sunnybrook, St. Michael's or Hospital for Sick Children in the first year, so he is not competing with them. He is treated at these hospitals like a member of the team after the first several months. He has been in as many as five hospitals in five days. Sometimes his pager goes off and he is asked to respond to extension 3631. The question is at which hospital?

Jeremy has worked with 90% of the senior residents and feels he will be better recognized next year, when he joins them on other services. There is necessarily a tension between case experience and “the help that is needed”, i.e. time –based notion of a resident's role. Working out the best resolution to this is an important evolving issue. In answer to questions, Jeremy says “I feel that I am way ahead my PGY 1 contemporaries in experience and more satisfied and confident. In some ways, in 11 months of orthopaedic surgery, I feel like a PGY3 in the standard residency group. That's because they have 24 months of experience, but only 12 months of Orthopedic Surgery, the other time is on

required non-orthopaedic electives.” The two experiences are not the same, as the CBC resident has a less linear picture of the evolution of a surgical problem in an orthopaedic patient. If he were filling out a report card, it would say “this year has been excellent, resource-intensive and A+ for education. There is less ambiguity, and more focus, more independent responsibility, but it is less broad.”

Jeremy likes being in an experimental group. He was in the charter class at the Northern Ontario School of Medicine where his experiences were analogous to his current educational modules. He is a fourth year navigation officer in the navy with a total of 10 years naval experience. He enjoys decision-making. His undergraduate degree at the University of Toronto was in Economics and Finance. This background helped him get into the CBC program. Some of his colleagues said “no, thanks” because they disliked the fact that there would be an exam every 6 weeks. He is now on the selection committee for the next class of CBC residents. They look for characteristics of an independent learner.

Q:What are the problems?

A: “More effort is required in the CBC program. On the other hand, it is nice that you could extend your rotation - for example to become a spine whiz. I want community orthopaedic surgery rather than an academic program. There is a research module, I suspect I will do clinical research within my own practice, mostly at nights and weekends.”

Jeremy’s parents are geologists. They moved with him to Ontario from Quebec at age 8. In his naval program he trains in navigation two nights per week from 6.30 to 11 PM. He likes serving his country and would like to serve in Afghanistan. He does martial arts, rock climbing and some guitar. He taught karate and emotional intelligence to school children. This has been very beneficial to the children in strengthening their responses, understanding their feelings and managing fear. Jeremy has recently become engaged. He gives great credit to Bill Kraemer and Peter Ferguson who “have anticipated all the problems and worked hard to make this program work for us”.

M.M.

Celebrating 50 Years of Continuing Education In General Surgery

The 50th Update in General Surgery in 2010 achieved its goal of attracting over 500 participants. This continuing education course is the largest general surgery course of its kind in Canada.



It was attended by surgeons from coast to coast. There were 19 surgeons from British Columbia and others from many countries - including John

Najarian who has chaired the largest similar course in the US at the University of Minnesota

Many practicing surgeons throughout our region consider this one of the most important educational experiences of their year. They also enjoy reconnecting with colleagues at the course. A large contingent of finishing residents from across Canada use the course to prepare them for the Royal College Certifying Examination.

This year was the first year that a paperless meeting was held. The guidelines for the course, directed by Chair Andy Smith, are that it should be practical, pragmatic and emphasize state of the art treatment – what’s happening now, rather than the science of the future. The speakers were highly evaluated; the program is available online at <http://sites.cepdtoronto.ca/generalsurgery/>.

Bryce Taylor was the lead-off speaker, describing the highly influential checklist project. Outstanding speakers recognized by the audience for their skills were Marcus Burnstein - *What’s new in diverticulitis?* and Susan Abbey - *All in their head? How to talk to patients whose symptoms can’t be explained.*

The course faculty came from a deep bench of University of Toronto surgeons as well as world class outside speakers. Michael Rosen of Chicago spoke on Components Separation for Repairing Abdominal Wall Defects. He emphasized the use of biological meshes that can work in infected fields. Charles Edmiston of Wisconsin, an expert on infectious disease and nosocomial infections described

the fables and fantasies of aseptic technique, particularly the problems related to gloves and masks.

In addition to the main program, there was a variety of early morning and evening courses all of which were well attended. For example, Ori Rotstein's course on perioperative issues, *Improving Postsurgical Recovery: What's the Evidence?*, was packed with participants at 6.15 am.

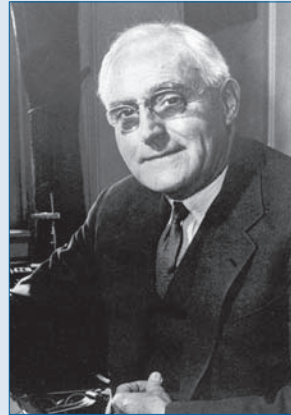
The update course began 50 years ago as a "refresher course" organized by surgeons at the Toronto General Hospital. It has matured progressively to include a larger and larger participant group, particularly under the enthusiastic chairmanship of Zane Cohen, for whom the course was a labor of love. Zane mentored Andy Smith in the management of the course. Importantly, the chair of General Surgery is always the course director, working with an outstanding committee.

Previous General Surgery chairs Bernie Langer, Zane Cohen, Neil Watters and Bryce Taylor met with Andy at Centro to reflect on the history of the course and other aspects of the evolution of General Surgery at the University of Toronto. The lively senior chair, 88 year old Neil Watters provided interesting historical information packets to all of his successors.

General Surgery manager Linda Last was the driving and organizing force behind this year's highly successful iteration. (see http://www.surgicalspotlight.ca/Article.aspx?ver=Summer_2009&cf=GeneralSurgery). Randy Smith of VisuallySound provided world class audio-visual support, and university continuing education specialist Nathalie Halsband added the strength of our remarkable continuing education department. There are additional successful CE courses within the general surgery division including surgical oncology, trauma and others. The Update in General Surgery is the "granddaddy of them all". "Hands on" sessions on a variety of topics including sentinel nodes and how to run an office were featured on Saturday morning. Ontario Association of General Surgeons president Jeff Kolbasnik served on the faculty this year – a testament to the increasingly integrated nature of the General Surgery community in Ontario. Novel features of the course include the paperless format and the always popular use of touch pads for audience participation. Next year's course may include the introduction of "Google Moderator" (for more information see also: <http://www.google.com/moderator/>) or the increasingly popular "Twitter" applications.

M.M.

Gallie Slaves



W B Gallie

Gallie Day celebrates the memory and accomplishments of William Edward Gallie who developed our Department of Surgery into the first fully-coordinated training program for young surgeons in Canada. Gallie was born in Barrie,

Ontario in 1882, the son of a building contractor. He graduated from the University of Toronto and trained at Toronto General Hospital and the Hospital for Sick Children. He pioneered the use of "living sutures" while serving in World War I and was recognized for his success treating fractures of spinal vertebrae. Although he received many offers to work in the United States, Gallie remained in Toronto, committed to his goal of creating a systematic course here so that Canadians no longer had to travel abroad to complete their training. His devotion was not lost on his students who happily called themselves "the Gallie slaves". In 1937 they formed the Gallie Club, meeting annually to present major papers. For his birthday every January, Dr. Gallie and his wife entertained his students and former students, who would return from all over the world for a reception in their home on Teddington Park Blvd, overlooking the York Mills ravine.

Julie Roorda

Assistant Editor 2004 - 2009

(with notes from Ernest Meyer and Toronto Star columnist Donald Jones)

Developing your Ikigai

CONVOCATION ADDRESS, UNIVERSITY OF TORONTO, JUNE 7, 2010 BY PROFESSOR OF SURGERY ABDALLAH S. DAAR



Abdallah S. Daar

On this important day why do I wish I were in your place instead of mine? Because there is more uncertainty in your lives, and that means more promise, a greater flutter of the heart, more likelihood of more silos being shattered, a more equal and just world. Among you are those so privileged you came to this great university almost by birth-

right; others have struggled and sacrificed greatly to get here. Your individual stories are fascinating, yet you share many wonderful values. Your generation is less inclined to judge others by wealth or background, religion, sexual orientation or skin color. Let me tell you a story. When I was a surgeon in Oman, I had a wonderful Canadian colleague called McDonald, who had strong, healthy daughters and sons, one of whom had a new girlfriend. He called home to say he was bringing Jane for dinner and when they arrived, the parents had a slightly puzzled look, and calling the son aside, Dr. McDonald said: "Why didn't you tell us on the phone Jane was black?" The son replied: "Dad, I just hadn't noticed!" That is one reason why I came to Canada and why Canada is such a great country.

Today is a day of many transitions: from the womb of university to the world of work; from the loving embrace of parents to the world of outside freedom; from dependency to independence; from youth to adulthood. But what will you make of that growing up? Adults are not all that smart after all. One of my favorite books is "The Little Prince" by Antoine de St. Exupery, in which the Little Prince says "Grown-ups never understand anything by themselves, and it is tiresome for children to be always and forever explaining things to them". I learnt from the Little Prince to see everything with childlike wonder. So what else do incipient grown-ups need to know?

Humanity has never had so many tools with which to build a more perfect life. Cheap travel, computers, cell phones, the Internet, social networks, the ability with one click to donate a mosquito bed net that might save an African child from dying of malaria. But in these times of transition, all this may seem confusing and you may think you are alone in this confusion. But you are not. None of you knows where you will be or what you will be doing in 5 years. So relax. Be excited and challenged by the uncertainty, knowing it will all work out well in the end.

The very meaning of life is change, and all change, even at the DNA level, is risky. You could spend much time worrying, trying to mitigate risk. You will not always succeed, and if you try to mitigate every risk, you will mitigate the very joy out of life. There will always be black swans. Learn early what's important and what's not, and don't sweat the small stuff. Learn to listen to your inner voice, and if it says take that fork in the road, take it, and if that turns out to be wrong, learn from the experience and move on. That inner voice in time will help you distinguish calculated risks from recklessness.

But first you need to foster that inner voice through sincere reflection. Don't sleep without reflecting on your day's actions and their motives. That inner voice will become your best friend. It may not always seem rational or logical at first, for some of what it says comes from the heart. But it will help to chart your own road in life, allowing you to grow naturally, alone internally, but outside in comradeship, working with others in groups yet avoiding groupthink. It will become the seat of your passion, your idealism, the font of all your innovations. Without that inner voice there is no real "you". So if it means taking a year or two to backpack in the Andes or the Himalayas to discover it that will be time well spent.

But if you discover it early here at University Avenue, that's great too, for it will leave you more time to travel, and travel allows you to listen to the stories of other people. As Athol Fugard observed, "The only safe place is inside a story." You can have no empathy, no full human life if you don't learn to listen to other people's stories, and let them touch you.

When I was a medical student in Uganda and violence and madness broke out around me, there were times when death was very close. That sense of vulnerability shaped my approach to life. I learnt to value all life

immensely, and to realize that others have needs and sufferings that I may be able to alleviate through my work. Later, as a transplant surgeon, I learnt in a very practical way what life and death actually mean. So, when is it that you die? It is not when the heart stops, for the heart can be restarted. It is when the brain dies that a person really dies. This is why the human brain with its mind is the greatest, most important, most evolved gift in the whole of creation. To waste it, to let it lie fallow, not to use it to reduce life's inequities, is a huge crime. To misuse it, to reduce the sum of goodness in creation, is an even bigger crime.

Brain death has thus become the basis of organ donation for transplantation, a direct form of altruism. I believe that altruism is hard-wired in us, ultimately an expression of our common humanity, of thinking of ourselves as members of one species, with not just rights but duties and obligations to one another and with stewardship responsibilities to Nature. The African philosophy of Ubuntu says that "I am because *we* are." And no one has expressed this sentiment better than Martin Luther King when he said "It really boils down to this: that all life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affects one directly, affects all indirectly."

As you go out into the world you will interact with many people. How will you know them? You could ask them what books they read. What is their most memorable or moving moment? Or what is their greatest mistake. My most memorable moment was when an incredibly sad mother approached to ask me to remove the tiny kidneys of her prematurely born baby with brain abnormalities that resulted in his death. She wanted me to transplant them into another child who would otherwise die without functioning kidneys. I am sure that bereaving mother would gladly have given up her own life to save her child. But she could not. And here she was, thinking of how she could help save the life of another child through that singular act of generosity.

And my biggest mistake? It was to have spent so little time with my children when they were growing up. One of them is in the audience today. I was too busy studying and working and doing research. I wish I had learned then how important it is to lead a balanced life.

In the end, you will ask yourselves if you have led a good life. How will you know? Did you sleep easily

at night? Did you make a difference? Were you part of a community? Healthy food, exercise, not smoking will increase your life expectancy to some extent. What will make a bigger difference, though, is having close friends, a loving family, being part of a caring, mutually supportive community that hugs and kisses and creates healthy interdependencies. I love the saying "A stranger is a friend I haven't met yet." These are the things that will give you your own "*ikigai*" as the Japanese call it- the reason to wake up in the morning; the reason for being.

Today the sun rose at 5:38:06 in Toronto. So let me read this little poem I wrote for you. I have called it:

05:38:06

Beguiling, mysterious, searching as a 5 year old granddaughter's smile

Today's first rays peeked from the edge of darkness, seemed to ask:

Will you journey with me, mile after mile

Until I am commanded back across the horizon at dusk?

Choiceless, will my essence reveal your trampling, iron-tipped leather boots

Hurting, humiliating, adding more ice water to that sac around your cœur

Or show you sandaled, sapiential, stopping to smell those frangipani shoots

On your way out to listen to the story of the other?

That flame in the belly, what is it to achieve?

Perchance to illumine those dark spaces where silent tears flow,

Adding another strand to Martin Luther's weave?

For when you call, there is never an answer, only an echo, an echo

Congratulations again. Go in confidence. The world is waiting!

Abdallah Daar

A video of Abdallah's talk is available at <http://www.vimeo.com/12492922> and http://www.youtube.com/watch?v=7V5EIO_ZdYc. [Ed.]

Please be Restless:

CONVOCATION ADDRESS TO THE 2010
GRADUATING CLASS AT THE UNIVERSITY
OF TORONTO BY RICHARD REZNICK



Richard Reznick

Every one of you graduating here today should know that this place, University of Toronto, is special. I will always admire the fertile soil that this institution provides to all of us. Soil that is rich in nutrients for ideas to grow, soil that is dark and luxurious, so that innovation can thrive, and soil that covers our seeds of wisdom in the cold, so they can rest; only to awaken in

the spring with blossoming beauty. You should forever be proud that you are graduating today from one of the world's finest universities.

I am truly hopeful that all of our graduating class will embrace restlessness, and have an intense desire to do something special. Be a family doctor whose passion for patient advocacy results in system changes for a city, a province or a country. Become a clinician scientist and define discoveries that will alter the diseases that are currently afflicting our patients. Develop a passion for teaching so that you can be identified by one student or by a multitude of trainees as someone who has helped chart their life course. As Dan Rather put it, perhaps your students will comment that you were the teacher who believed in them, who tugged and pushed and lead them to the next plateau, sometimes poking them with a sharp stick called "truth."

Please be restless.

Twenty-five years ago, I drove down to Springfield Illinois, the home of a medical school situated in the middle of a cornfield that had become well known for its work in medical education.

Why, you may ask, was a surgeon pursuing a master's degree in education? I must admit, that I really had no concrete idea of what I was doing. I had never heard of Piaget (I thought it was some kind of watch) let alone his theories on how and when we truly learn. All I knew about B.F. Skinner, was that he worked with rats. A master's degree in educational psychology? Courses on social cognition and constructivist epistemology? A surgeon. Go figure.

As I think back to those times, I realize that my trip to Springfield was my way of taking a path less travelled by. And as I think back, as if I were on some kind of Freudian psychoanalytic couch, in many respects that decision was fashioned by influential people and events in my life. And so too, will it be with all of you. For it goes both ways. As doctors, you will exert a profound influence on your patients. Words that you use that to you may seem simple or trivial may have long-lasting effects for your patients.

So let me tell you about four individuals; the tiny Miss Graham with a beautiful voice, the famous Leo Buscaglia, my friend Bob Stone, and finally Bernie Langer, one of Canada's best surgeons.

Of course, you would not have known Miss Graham. A diminutive woman, she taught music at Gardenvue Elementary for over twenty years. She infused the gifted and the tone deaf alike, with a love of music. She was always happy, and she spread that joy to her students. And joy was the operative word; her own version of Mr. Holland's Opus, she was the paragon of the smile at Gardenvue.

Leo Buscaglia was truly a love child from the sixties. I remember listening to his lectures, as he traversed North America preaching about the value of love. That was when I was young, impressionable, had hair down to my shoulders and went to Woodstock. Leo once said that the opposite of love is not hate; it's apathy. He said that "too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around." My favourite

Buscagliaism was when he was talking about strife and war in this world and he suggested that “the further away you are from me, the easier it is for me to dislike you, the closer you get, the harder it is, and when you are in my arms, I cannot be angry with you”. Leo taught a generation about life and love.

Bob Stone is a great friend, a great surgeon and a wonderful teacher. To be sure, he taught me how to take out a colon, to diagnose a perforated ulcer and treat septic shock. But these were secondary lessons. He also taught me how to dream. As his young partner of a few months, he told me one day that I was to take the next month off; I’ll take care of your patients, he said. I looked at him as if he was from Mars. What on earth am I going to do for a month? His answer was profound in its simplicity. You need to go to the library, spend a month collecting your thoughts, dream the big dream, and write it down. Well, surprised as you may be, and flabbergasted as I was, I did exactly that. I wrote a document about the creation of a center for medical education. That document became the focus of my academic life for the next ten years. That spark, which changed my life came from a crazy surgeon who dared to challenge his junior partner and then took care of his patients.

I was Bernie Langer’s student, I was Bernie’s intern, I was his resident, I was his research fellow and I was his partner. And it’s absolutely amazing to me, that each and every time I get into a surgical jam, or have a tough political problem to work through, I pause and think, now how would he have handled this situation? And the answer is always simple – make the tough decisions, don’t be afraid of a bumpy road, and hard work trumps simple solutions; each and every time.

So there you have it. A surgeon’s message to a graduating class. I am sure you are thinking what was he smoking in the sixties? What was he talking about; joy, love, self worth, iconoclasm, and following the tough path? Well, in a sense, I was echoing the messages we have heard from world famous educators throughout the centuries. Spinoza, Rousseau, Bandura, Thoreau and Knowles have sent similar and enduring messages to all of us. They argued that we should challenge our students, they

reminded us of the profound influence we have on others and they wrote that we must all make sure we keep our eyes focused on core values, such as comfort and well-being. And that the parents in this audience, themselves love - children from the sixties, had it right... and love really does conquer all.

Finally, we need to constantly remind ourselves that real change and real progress comes when we challenge our current theories to their very core, when we are not afraid to defy conventional doctrine, and when we are willing to risk it all to follow a dream, to pursue a passion. And above all we need to be reminded that the currency of happiness, Miss Graham’s unabashed happiness, is our most precious commodity.

Graduating class of 2010, as the poet of my generation, Bob Dylan said, “May your hands always be busy, may your feet always be swift. May you have a strong foundation when the winds of changes shift. May your heart always be joyful, may your song always be sung and may you stay forever young.

Thank you very much for the honour of addressing your class.

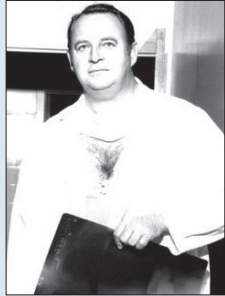
Richard Reznick



IN MEMORIAM - CLARE BAKER

Dear Colleagues,

I report with sadness the death of Dr. Clare Baker on August 10, 2010. Dr Baker joined the staff of St Michael's Hospital in 1953 where he pioneered the introduction and development of cardiac surgery.



Clare Baker

Clare was considered a master surgeon by all who were fortunate enough to work with him. Thousands of patients benefited from his knowledge, judgment, skill, and compassion until his retirement from active practice in 1990. Clare had much to be proud of from his career as a cardiac surgeon

including receiving the Order of Canada and being listed as one of the 100 Alumni of Influence at the University of Saskatchewan.

Colleagues, fellow health care professionals, and all who benefitted from knowing Clare will undoubtedly miss this fine man.

Our thoughts go out to his family during this time of mourning.

David Latter

Clare Baker performed the first heart transplant in Canada that resulted in long term success. It was performed during the epidemic of premature heart transplants in 1968, but unlike most others, his patient survived 6 and a half years. Clare was also one of the earliest proponents of open heart surgery done without transfusion. 147 Jehovah's Witnesses benefited from his meticulous surgical technique. In addition to his training at the University of Toronto, he completed studies in the Hague, Utrecht and at Johns Hopkins University where he studied with Alfred Blalock and Henry Bahnson. He served as chief of cardiac surgery at St. Michael's Hospital for 37 years.

*M. M. based on reporting from
Patricia Holtz in the Globe and Mail. Aug 24, 2010.*

Welcome to Practice Ontario at UofT

Since 2005, our resident exit surveys consistently show that insufficient attention is given to career planning during residency. In response, the PGME Office began last year to work with HealthForceOntario to respond to this need and have entered into a partnership called **Practice Ontario at UofT**.

This service puts residents in touch with a personal career advisor, who will work with our residents to explore practice openings in Ontario, both permanent and locum. The advisor can help with CV preparation, mock interviews, arrange community visits, offer suggestions on spousal employment and much more.

Practice Ontario is a free and flexible service. The career advisor is situated at the PGME Office at 500 University Avenue one day per week, but consultations can also be arranged at the resident's hospital/training site, or by phone. This service and advice is not limited to senior or soon-to-be-exiting residents - junior residents are also invited to establish contact with an advisor and stay in touch through his/her residency. Contact details are:

Tel: 416-945-3697

Toll-free: 1-800-596-4046 Ext. 3697

E-mail: n.oentoro@healthforceontario.ca

Salvatore M. Spadafora

Vice Dean, Postgraduate Medical Education



Celebration and Thanksgiving



Martin McKneally

Over 1500 “friends for life”, admirers and family filled Saint Paul’s Anglican Church on Bloor St. on May 14th. Everyone was talking, smiling and clearly proud to be at the aptly named “Celebration and Thanksgiving” for the life of Dr. Robert Bruce Salter. We celebrated his heroic vision of life, his courtly manners and generous spirit. John

Wedge recalled Bob’s missionary work, his remarkable scientific contributions that helped millions, and his rebellion against the rigid dogma of strict immobilization of fractures. We learned that Bob wore the machine that he invented to bed himself, as the first participant in the many studies of continuous passive motion he conducted to develop this remarkable treatment. He spent hours writing letters to advance the careers of his 390 fellows. In the words of his former student, Alvin Lin, he couldn’t help himself from striving to do more. His last day of work at the Hospital for Sick Children was on March, 30th, six weeks before he died at the age of 83. See also *The Surgical Spotlight*, Spring 2010, p. 15 or at http://www.surgicalspotlight.ca/Article.aspx?ver=Spring_2010&f=Memoriam.

In contrast, the July issue of the *Journal of the American Medical Association* contains an editorial by UCLA geriatrician David Rubin, describing an increasingly common tragedy. His functionally impaired 89-year old patient had required a 24-hour per day caregiver - before suffering a massive stroke. She was subsequently tortured to life with intensive care. Her son insisted on this course of treatment, confusing his hopes with his filial duty, and ignoring the cost of this degrading array of medical services. “For her, it was the age of hopelessness, the worst of times. Because of her son’s decisions she was maintained in a state that most would not want.”

In the August 2nd issue of the *New Yorker* magazine, the able surgeon scientist and author Atul Gawande chronicled the last days of other tragic patients, many of them from his own practice. He dissects the language that he, like all of us use to encourage and reassure our patients. “85% of patients respond, some of these responses can be long term”. His vivid language is arresting. “I am running a warehouse for the dying”, says a grieving intensivist. Dying is no longer a brief process and “last words hardly seem to exist anymore”. Atul describes his own mistakes in discussing terminal illness. “When asked ‘Is she dying?’ I didn’t know how to answer the question”. Available at <http://www.vimeo.com/12492922>, this excellent exposition ends on a positive note, describing his surprising and enlightening experience visiting patients on rounds with a home hospice nurse, and an optimistic account of how the enlightened residents of LaCrosse, Wisconsin manage the issue of terminal illness - 85% of them have written advance directives.

Our medical system is excellent at trying to stave off death with eight –thousand-dollar-a-month chemotherapy, three-thousand-a-dollar-a-day intensive care, five-thousand-dollar-an hour surgery. But, ultimately, death comes, and no one is good at knowing when to stop.

As for the last words, they hardly seem to exist anymore. Technology sustains our organs until we are well past the point of awareness and coherence.

Atul Gawande

Demographers describe the “rectangulation of the life curve” by advances in medicine. Arthroplasty, stents, pacemakers, pharmaceutical science and other advances all help to preserve the quality of our lives, and spare us the slow declining curve of disability and discomfort associated with chronic illness in an earlier era. As fortunate beneficiaries of these medical advances, we should be grateful, and apply them wisely.

When death comes to call, the interview should be brief. Paraphrasing Dylan Thomas, we should then “go gently into that good night”, without prolonging “the dying of the light”. Bob Salter set an example for us all, living a full and productive life, that ended shortly before a joyous funeral of thanksgiving. I plan to celebrate and give thanks for my life at an Irish wake while I am still alive to enjoy it, followed by a grateful and willing departure.



© Harry Bliss/The New Yorker Collection/www.cartoonbank.com



NEW STAFF

New Medical Director of the Ross Tilley Burn Centre

The Division of Plastic and Reconstructive Surgery is very pleased to welcome **Dr. Marc Jeschke** as the new Medical Director of the Ross Tilley Burn Centre at the Sunnybrook Health Sciences Centre. In addition to his clinical role, Dr. Jeschke will also join the Sunnybrook Research Institute as a Senior Scientist. His appointment at the University of Toronto will be as an Associate Professor in the Department of Surgery.



Marc Jeschke

Dr. Jeschke is an internationally renowned leader in burn care and research who comes to us from the University of Texas Medical Branch at Galveston, where he was an Associate Professor of Surgery and held the Annie Laurie Howard Chair in Burn Surgery. His clinical work in Texas was with the University of Texas Medical Branch at Galveston Shriners' Hospital for Children where he was a staff burn surgeon and scientist.

He has been caring for burn patients and conducting breakthrough research in the field for nearly 20 years. In that time has published more than 180 peer-reviewed articles and has authored several books and chapters on burn care. Dr. Jeschke is a highly respected educator. He has mentored and trained more than 40 Ph.D., MD, and other graduate students in the field of burn care and burn-related research. He is a sought after speaker who has lectured around the world.

Dr. Jeschke was born in Germany. He received his medical degree from Eberhard-Karls-University in Tübingen, Germany and his Master of Medical Science from the

University of Texas and his Ph.D. from the University of Regensburg, Germany.

In his role as Medical Director, Dr. Jeschke will be leading Canada's largest burn centre and will be an integral member of the Trauma Emergency and Critical Care program. We would like to take this opportunity to thank Dr. Robert Cartotto for his strong leadership of the Burn Centre as Interim Medical Director.

Paul Binhammer

The Division of Orthopaedic Surgery is pleased to announce the appointment of **Dr. Simon Kelley** to its staff and to warmly welcome his wife, Suzanne and their daughters, Maia and Saphia back to Toronto.

Simon received his undergraduate medical degree from the University of Birmingham in the UK in 1997, and after completing a year of internship, having an ill-defined career path and a bad case of wanderlust, felt compelled to experience life outside the UK medical system and went overseas to work in Queensland, Australia. There he spent a busy year working in orthopaedics, trauma and emergency medicine. It was also there that he developed a love for power tools and realised that he had an inability to recall any antibiotic that didn't begin with a "C". It was at this point that he realised that he was destined to become an orthopaedic surgeon. During this year he also worked as an aeromedical physician for the Royal Flying Doctor Service and Capricorn-9 helicopter retrieval team as well as occasionally serving as medical superintendent at the local aboriginal community. Sensing that his trip back to the UK might be his last chance to quench his thirst for travel before joining the surgical career path, he took the rather indirect route of touring China, Southeast Asia, India and Southern Africa over a 6 month period.

Simon undertook his basic surgical training at the Yorkshire School of Surgery to become a Member of the Royal College of Surgeons in 2003, dropped the Dr. in favour of Mr., as is the tradition in the UK, and soon after moved to Bristol in the south west to join the

higher surgical training scheme in trauma and orthopaedics. During this 6-year training program Simon's orthopaedic career began to take shape. He developed a passion for children's orthopaedics, more specifically limb lengthening, deformity correction and hip surgery. In 2007 he was awarded the Sir Walter Mercer Gold Medal for the most outstanding performance in the Fellowship of the Royal College of Surgeons (FRCS) examination in trauma and orthopaedic surgery. This was the largest surgical specialty examination to have ever been held in the UK.

Not satisfied with a routine one year fellowship, Simon spent 2 years in 4 different cities around the world. Not such a hardship when you consider that they often regularly place in the top 10 cities in which to live! The first 6 months was spent as the



Simon Kelley with his wife Suzanne, and their daughters, Maia and Saphia

limb reconstruction fellow at the Royal Children's Hospital in Melbourne, Australia. In July 2008 Simon was honoured to be selected as the first trans-Canada paediatric orthopaedic fellow. In this pioneering fellowship he spent 6 months at the Hospital for Sick Children in Toronto. He then travelled to Shriners' Hospital for Children in Montreal for 6 months, and finally, after driving across Canada in his long suffering minivan, with his wife and 2 daughters, he spent 6 months at BC Children's Hospital in Vancouver, studying hip surgery and limb reconstruction and trying to remember everything that he had learnt in his 3 previous fellowships.

Throughout his training Simon has won awards for clinical excellence, teaching and research, has presented his research at national and international meetings in North America, Europe and Asia. Furthermore he has 14 articles accepted for publication and has written 7 book chapters. Simon also pioneered 2 large educational website projects, developing a unique core regional educational website for orthopaedic trainees in Bristol and a large national educational website project named ArgO for orthopaedic trainees across the UK. Simon was selected as the British Orthopaedic Association Young Ambassador in 2008.

In his spare time Simon enjoys his family, personal fitness, cycling, triathlon, snowboarding, playing golf and photography. He is an avid supporter of Bath rugby but is unsure of which Hockey team he is to support now that he has moved to Canada.

Simon's clinical practice will be at the Hospital for Sick Children, focused on paediatric limb reconstruction, limb lengthening and hip surgery, with a patient population consisting of rare syndromes, congenital limb deficiencies, hip dysplasia and those injured in severe musculoskeletal trauma. He is also embarking on a research programme by way of a PhD to investigate the mechanisms and pathways controlling limb regeneration, specifically the process of distraction osteogenesis and its characteristics in different disease models.

Benjamin Alman

The Division of Neurosurgery at St Michael's Hospital is delighted to announce the appointment of **Dr. Sunit Das** to its staff, and to welcome his wife, Dr Pavani Reddy Das, and their daughter, Lakshmi, to Toronto.

Dr Das received his undergraduate degree in Literature and Literary Studies with Highest Honors from the University of Michigan in 1995. He studied Philosophy at Harvard University before matriculating to Northwestern University Medical School in Chicago, Illinois, where he was awarded his medical degree in 2001. He then pursued a Ph.D. in neurobiology at the

National Institutes of Health in Bethesda, Maryland, during which time he studied the biology of neural stem cells under Zuhang Sheng and Ron McKay. His research work was supported by the Howard Hughes Medical Institute and by a National Research Service Award from the NIH. Following the completion of his doctoral studies, he entered the neurosurgical training program at Northwestern University.



Sunit Das

During his residency, Dr Das was recognized with multiple awards for his clinical, scientific and teaching skills, including the Goldberg Family Trust Resident Award and Congress of Neurological Surgeons Resident Award. He also received the Northwestern University Auxillary Board and Dixon

Translational Research Awards in support of his continued research on neural and cancer stem cell biology in the lab of his mentor, Dr John Kessler. He has been recruited to St Michael's Hospital and the University of Toronto as a surgeon-scientist.

Dr. Das's clinical interest is in the surgical management of malignant brain tumors and tumors involving the skull base. His laboratory in the Brain Tumor Research Center will continue to investigate the biology of stem cells in the normal brain and in primary brain tumors. He will hold an adjunct appointment at the Research Institute at The Hospital for Sick Children. He remains deeply interested in education in the clinical and basic sciences.

R. Loch Macdonald

AWARDS/ ACHIEVEMENTS/ HONOURS

Subodh Verma (CardSurg) was selected by the fourth year class as this year's Silver Shovel Chute Award winner - an award presented annually to the undergraduate teacher who is deemed to have demonstrated excellence in overall clinical teaching in the undergraduate medical program. Subodh is also the recipient of the 2010 University of Toronto George-Armstrong Peters Prize.

Bobby Yanagawa (CardSurg) won the 13th Annual C. Walton Lillehei Resident Forum Award at the 2010 American Association for Thoracic Surgery annual meeting in Toronto, Ontario for his paper "BRCA1 is a novel regulator of cardiac function via altering myocardial substrate utilization and mitochondrial bioenergetics" (Supervisor: Subodh Verma).

Gilbert Tang (CardSurg) was selected as the 2009 Edward B. Diethrich Vascular Surgical Society North American travelling fellow. Gilbert spent 3 weeks at the University of Leipzig Heart Center in January 2010 studying transcatheter valves and minimally invasive valve surgery. He was invited to present his fellowship experience at the International Congress on Endovascular Interventions in Scottsdale, Arizona in February 2010.

Gilbert also received the inaugural 2009 UofT Postgraduate Trainee Award for Leadership and Teaching Excellence.

Gilbert is the recipient of the 2010 Canadian Cardiovascular Society (CCS) Trainee Excellence in Education Award. It acknowledges a CCS Member-in-Training for extraordinary accomplishment in all aspects of medical education in any of the cardiovascular fields.

He has also been awarded a Physician Services Incorporated (PSI) research grant (\$20,000) for the project entitled: *Neuregulin and Endothelial Dysfunction* (supervisor: Subodh Verma). This is Gilbert's third PSI grant award.

Eisar Al Sukhni (GenSurg) received a General Surgery Resident Research Initiation Grant from the American Society of Colon and Rectal Surgeons (value \$20,000).

Luke Szobota (GenSurg) achieved 2nd place on the 2010 Resident in Training Examination for 2nd year residents from the Examinations Committee and the Board of the Canadian Association of General Surgeons. He will receive a cheque and a recognition plaque at the Canadian Surgery Forum in Quebec City during the Surgical Jeopardy portion of the Program on Friday, September 3, 2010.

James Rutka (NeurSurg) delivered the Penfield Lecture at the Canadian Neurological Science Federation Congress on June 9th, 2010 in Quebec City.

Charles H. Tator (NeurSurg) was awarded the Canadian Neurosurgical Society's Lifetime Achievement Award at the Canadian Neurological Science Federation Congress meeting on June 10, 2010.

Scellig Stone (NeurSurg) won the KG McKenzie Memorial Prize for Basic Science Research at the 2010 CNSF Annual Meeting June 8-11, Halifax, Nova Scotia.

D.J. Cook (NeurSurg) won the first prize in the Gallie-Bateman Competition for best resident research paper and presentation at the Annual Gallie Day on May 7th.

Farhad Pirouzmand (NeurSurg) won the AR Hudson Annual Teaching Award for the Faculty, Ryan DeMarchi for the residents and David Cadotte won the Warren Ho Memorial Scholarship.

Betty Kim (NeurSurg) received the 2010 Sopman Humanitarian Award.

Clement Hamani (NeurSurg) was elected as a board member of the American Society for Stereotactic and Functional Neurosurgery

Michael G. Fehlings (NeurSurg) has been awarded a Hansjörg Wyss Foundation Award from AOSpine International for the project “A cellular and molecular strategy to unlock the regenerative reservoir of the notochordal cell: A novel approach to treat intervertebral disc degeneration”.

Michael has also been awarded a 2-year grant from the Physicians’ Services Incorporated Foundation for a research project entitled, “A bioengineered approach to enhance recovery following severe traumatic spinal cord injury”.

Michael Taylor (NeurSurg) received a 3 year renewal from the Canadian Institutes of Health, Clinician Scientist Phase II Award.

Peter Ferguson (OrthoSurg) won the 2010 Aikins award. This award is one of the most prestigious awards in our entire Faculty for sustained commitment to excellence in undergraduate teaching. This teaching award is given serious consideration in the academic promotions process.

Ali Zahrai - PGY 5 orthopaedic resident received the JA Nutter award for best paper presentation at the 2010 Canadian Orthopaedic Residents Association meeting in Edmonton His paper was titled “Quality Of Life And Educational Benefit Among Orthopedic Surgery Residents: A Prospective, Multi-Centre Comparison Of The Night Float And The Standard Call Systems”

Tatiana Cypel (PlasSurg) won this year’s McMurrich Award presented at Gallie Day held on May 7th, 2010 (supervisor Christopher Forrest and Co-Supervisors Cho Pang, Peter Dirks and Iona Leong). Her study “In Vitro Assessment of Osteoblast Behavior in Craniosynostosis” enhanced the excellent research in Cho Pang and Chris Forrest’s laboratories.

Darius Bagli (UrolSurg) with Co-PIs **Conny Tolg**, and **Armando Lorenzo** received a grant from the PSI Foundation (2010-2012) for a clinical study entitled: “Uropathogenic E.coli infection-induced alterations of the uroepithelial cell epigenome as a marker for urinary tract infection risk”.

Urology resident **Ahmed Haddad** and **Darius Bagli** (Division of Urology) were awarded a Society for Pediatric Urology grant (2010-2011) for their study entitled: “*Establishing Biological Rationale for Preoperative Androgens in Hypospadias Surgery – Initial Human Studies in Vitro*”

Barry Rubin (VascSurg) was awarded the Lister Prize in Surgery, the Department’s highest research award given to a senior investigator. He has also received three independent molecular biology operating grants from CIHR: *Role of Group V and Group X secretory phospholipases A2 in myocardial infarction* (\$428,342); *Role of Group V and Group X secretory phospholipase A2 in the innate immune responses to pulmonary bacterial infection* (\$388,520) and *Role of microsomal prostaglandin E2 synthase in ventricular remodeling after myocardial infarction* (\$368,820)

CORRECTION FROM THE LAST ISSUE

We apologize for the error in the John Edward de Toro Scholarship award announcement from last issue which should read:

Siba Haykal (Division of Plastic and Reconstructive Surgery) was awarded the John Edward De Toro Scholarship”, University of Toronto.

PROMOTIONS & APPOINTMENTS

Dear Colleagues,

As you know, Professor **James Rutka** has served our Department as the Dan Family Professor and Chair of the Division of Neurosurgery for the last eleven years. To capture Jim's accomplishments in a few sentences is impossible. Suffice it to say that Jim has been an incredible leader of what may just be the best Division of Neurosurgery in the world. Our Department is indebted to Jim for his great gifts to the Department over the last decade; the gift of his time, the gift of his talents, and the gift of his commitment.

We are extremely pleased to announce that Professor **Andres Lozano** has accepted the position of Chair of the Division of Neurosurgery for a five-year term starting September 1, 2010. Andres is a functional neurosurgeon at the Toronto Western Hospital of University Health Network. Andres is married to Marie and they have two boys, Alexander, age 16 and Christopher, age 14. Andres is a world-renowned neurosurgeon, having made seminal contributions throughout his career. He holds the Tasker Chair in functional neurosurgery and is a Canada Research Chair.

Andres went to medical school at the University of Ottawa and then did his neurosurgery residency and PhD at McGill. He then came to Toronto as a fellow in functional neurosurgery under Ron Tasker.

Since his appointment to our Department, Andres' accomplishments have been tremendous. To mention a few, Andres is a Fellow of the Royal Society of Canada, a member of the Order of Spain, the recipient of the Royal College of Physicians and Surgeons Medal in Surgery, the recipient of the Penfield award from the Canadian Neurosurgical Society and he will deliver the Winn Prize lecture, an honour bestowed upon him by the Society of Neurological Surgeons.

Andres work in neurosurgery has focused on the use of brain stimulation to treat Parkinson's disease. More recently this pioneering work has been extended to treat patients with depression and with Alzheimer's disease.

Andres has published in excess of three hundred papers, holds multiple peer reviewed grants and has delivered 400 lectures to universities and learned societies worldwide.

Please join us in thanking Jim Rutka for eleven fabulous years and welcoming Andres as the new Chair in Neurosurgery.

David Latter and Richard Reznick

Darius Bagli was promoted to Full Professor in the Division of Urology

David Fisher was promoted to Associate Professor in the Division of Plastic Surgery

William Tucker was promoted to Professor in the Division of Neurosurgery

Eric Massicotte was promoted to Associate Professor in the Division of Neurosurgery

Michael Taylor was promoted to Associate Professor in the Division of Neurosurgery.

Michael was also appointed as Chair, Young Investigators Committee, Society for Neuro-Oncology.

Barry Rubin has been appointed as Program Medical Director of the Peter Munk Cardiac Center.

Gideon Cohen, Sunnybrook has been appointed as the new Program Director for the Division of Cardiac Surgery.

Chris Wallace (Division of Neurosurgery) has been appointed as President of the Canadian Neurosurgical Society for a term of 2 years.

The Deadline for the Fall 2010 Surgery Newsletter is November, 30, 2010. All members 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

Banting Institute
100 College Street
Room 211
Toronto, Ontario, Canada
M5G 1L5

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.

