UNIVERSITY OF TORONTO

The Surgical Spotlight

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

SUMMER 2007

33rd Annual Gallie Day 2007

Benjamin Alman

There has been a tremendous amount of research in trauma and critical care over the past decade that has substantially improved the care of these critically ill patients. This year's Gallie Day was focused on trauma and critical care. Fred Brenneman organized and moderated an exciting symposium entitled "Advances in Trauma Management: Taking the Critical out of Critical Care". Michael Fehlings, Joanne Banfield, Sandro Rizoli, and Avery Nathens discussed new advances in trauma research and management in Toronto, including trauma prevention, a systems approach to organizing trauma care, the use of new resuscitation techniques, and the development of new treatments to improve neural recovery in spinal cord injury. The exciting advances in these areas were complemented by the Gordon Murray Lecturer, Dr. Timothy Buchman, from Washington University in St. Louis, Missouri, who gave a fascinating lecture entitled: "Are There Fundamental Laws of Biology?" He discussed how we tend to view physiologic information about patients as isolated variables, yet it is clear that multiple physiologic variables interact in a coordinated fashion to

Timothy Buchman

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INSIDE

allow for normal function. How these interactions relate to normal physiologic functions is something we usually do not consider. In his talk, Tim showed how seemingly unrelated biologic processes actually work together in a coordinated manner on a micro and macro scale. In the clinical realm, this is best illustrated in the care of critically ill trauma patients, where he presented data showing that coordinated activity of various physiologic systems (e.g., cardiac and pulmonary) are a better predictor of outcome than measurement of the function of individual systems. If you want to learn more about this, there is a recent review article on the topic [Buchman T: Nonlinear dynamics, complex systems, and the pathobiology of critical illness. Current Opinion in Critical Care 2004: 10(5): 378-382]. This series of talks illustrated the incredible progress in trauma and critical care research, and challenged us to think differently about how fundamental biologic principles might affect the outcome of critically ill patients.

Gallie Day was held at the MaRS Collaborative Centre, and included talks by trainees in our Surgeon Scientist Program, as well as 50 poster presentations. The diversity of the topics and types of trainees highlighted the diverse, yet high quality of research being conducted in our department. Attendance was a much higher than usual; for much of the day there was standing room only.

New Venue for Department of Surgery Annual Address

To facilitate faculty attendance at the Canadian Surgical Forum at 8:00 a.m. on the same day, this year's Department of Surgery Annual Address by Richard Reznick will take place **Friday, September 7th, 2007** from 7:00 a.m. to 8:00 a.m. at: **The Fairmount Royal York Hotel, Tudor Room 7-8 on Front Street**. We look forward to seeing you there.

The Gallie Bateman Awards - Oral Research Presentations for best work by a trainee in the Surgeon Scientist Program went to:

1ST PRIZE

Lynn A. Mikula (GenSurg Resident, Supervisor: S. Gallinger)) – "High and low-frequency microsatalellite instability and prognosis in colorectal cancer"

2ND PRIZE – Tied

Patrick S. Tawadros (GenSurg Resident, Supervisor: Ori D. Rotstein) – "Oxidant-induced Akt phosphorylation in murine macrophages involves ceramide generation through the acid sphingomyelinase pathway"

George Zogopoulos (GenSurg Resident, Supervisor: Dr. S. Gallinger) – "Germ-line DNA copy number variation frequencies in a large North American population"

POSTER AWARDS

Phedias Diamandis, Hong-Shuo Sun, Andrea McCart, Louisa Ho and Helan Xiao *(left to right)*

The McMurrich Award is given for the best fundamental science work by any level trainee working with a member of our department.

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Safe Surgery: Gaining momentum and traction, but still a long way to go

Richard Reznick

The health care environment is arguably as complex as any workplace. Contributing to this complexity is the fact that health care professionals generally act independently. Yet as engineer Paul Plsek and Professor of Primary Health Care at University College London Tricia Greenhalgh advise, our actions are often unpredictable but at the same time are interconnected, so that "one agent's actions change the context for other agents". (1) It is no wonder then to find that surgical error is responsible for much morbidity in our workplace. Atul Gawande and his colleagues have reported a staggering estimate of wrong site surgeries in North America - between 1700 and 2700 cases each year. (2)

Leading patient-safety psychologist James Reason has reminded us that most errors can be attributable to a lack of comprehensive systems in our workplaces. (3) As Reason's famous swiss-cheese model illustrates, error is usually the consequence of multiple problems aligning or misaligning in a perfect storm, allowing mistakes to happen. These mistakes might well be mitigated if we had in place robust systems aimed at annihilating the potential for circumstances to "line up" and result in error.

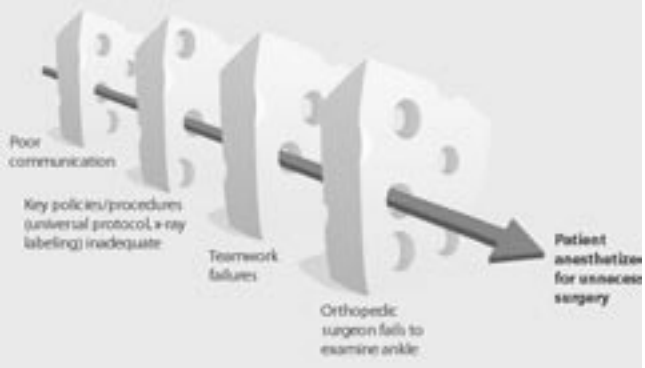


Illustration from the Agency for Healthcare Research and Quality at www.webmm.ahrq.gov/case.aspx?caseID=127

Reason comments that our surgical workplace is fertile soil for human and operational hazards. Error is typically manifest in the following conditions that we see often in surgery: (a) a high workload, (b) inadequate knowledge, (c) variable ability or experience, (d) poor human factor interface design, (e) inadequate supervision or instruction, (f) a stressful environment, (g) mental fatigue or boredom, and (h) frequent change.

YOUR REPORT CARD

There are many issues we can tackle to optimize a safer culture in our workplace. If we did just a few of the following, we would go a long way. Let's all take the following simple test and generate our own report cards.

- In the last month have you been consistent in marking your patient's surgical site prior to an operation?
- Have you routinely been initiating a time out prior to incision to insure basic steps have been taken such as antibiotic administration, DVT prophylaxis, blood availability, equipment needs articulated, and that the entire team is aware of the operative plan?
- Do you actively encourage "speaking out" when a team member has concerns regarding patient safety? And do you specifically encourage this kind of questioning across traditional professional hierarchies?
- When was the last time you did a root cause analysis of a patient safety issue?
- Have you recently used a formal patient safety checklist?

THE WORLD HEALTH ORGANIZATION IS ATTEMPTING TO CREATE A "GLOBAL CHECKLIST"

I recently attended a working group of the World Health Organization, under the banner known as the World Alliance for Patient Safety. They are promoting a movement to create a universal checklist that may become a standard feature in the 237,000,000 operations performed annually. The essence of the movement is to provide a global checklist for mitigating surgical error that can be used in all operations. The challenges are profound; developing a checklist that works in Toronto as well as in rural Nigeria is no easy task. There are several themes that keep emerging from this organization's work.

CHECKLISTS CAN HELP

Other workplaces requiring high reliability such as aviation and the nuclear industry have long realized the benefit of using checklists. Checklists can help to standardize procedures, mitigate errors resulting from inconsistencies in the availability of needed information, and enhance team function. Although checklists are mandatory in the aviation industry, their use in surgery is infrequent. To be fair, although it would appear intuitive that their use will mitigate error, to date, evidence that they do so is lacking. What has been shown by Lorelei Lingard and her research team from our institution is that checklists have the potential to reduce the incidence of communicative failures. (5) Whether this translates into better patient outcomes is yet to be proved.

COMMUNICATION IS KEY

In the healthcare domain, there is growing evidence that miscommunication among team members is a common cause of medical errors and adverse events. The sentinel event website of the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) reports that communication is a root cause of nearly 70% of the 3548 events reported to the organization from 1995-2005 (6). As surgeons, nurses and anaesthesiologists we often perform our work in communication silos. Team members themselves recognize this fundamental communication barrier. In one survey study (7) two thirds of nurses and physicians cited better communications among the team as the most necessary element to improve safety and efficiency in the operating room.

WELL FUNCTIONING TEAMS ARE ESSENTIAL

Our operating rooms feel like a merry-go-round of personnel. It is rare that the same group of individuals work together in the same division, let alone the same operating room or on a consistent basis day in day out. This runs counter to the intuitive notion that consistency of teams will help break down traditional hierarchical impediments to effective communication. Consistency of personnel will strengthen team training, and consistency of teams will promote systems of team briefing and de-briefing – factors that are likely to optimize a culture of safety.

"SAFETY" IS HERE TO STAY

The safety movement is gaining steam. Virtually every country in the industrialized world has institutionalized national patient safety organizations. Virtually every hospital has the elaboration of a patient safety culture as part of its mission or organizational agenda. We are starting to embed the teaching of principles of patient safety into our medical schools and residency programs. However, no amount of formalization of structures or institutional mandates will be effective unless we surgeons embrace the concept and lead personal quests to improve the safety of our patients in our uniquely challenging surgical world.

(1) Plsek PE, Greenhalgh T. Complexity science: The challenge of complexity in health care. BMJ 2001; 323(7313):625-628.

(2) Kwaan MR, Studdert DM, Zinner MJ, Gawande AA. Incidence, patterns, and prevention of wrong-site surgery. Arch Surg 2006; 141(4):353-357.

(3) Reason J. Human error: models and management. BMJ 2000; 320(7237):768-770.

(4) Hales BM, Pronovost PJ. The checklist--a tool for error management and performance improvement. J Crit Care 2006; 21(3):231-235.

(5) Lingard L, Espin S, Rubin B, Whyte S, Colmenares M, Baker GR et al. Getting teams to talk: development and pilot implementation of a checklist to promote interprofessional communication in the OR. Qual Saf Health Care 2005; 14(5):340-346.

(6) The Joint Commission. Sentinel Event Statistics - December 31, 2006. http://www.jointcommission.org/SentinelEvents/Statistics . 2006. 5-5-0007.

(7) Sexton JB, Thomas EJ, Helmreich RL. Error, stress, and teamwork in medicine and aviation: cross sectional surveys. BMJ 2000; 320(7237):745-749.

Richard K. Reznick
R.S. McLaughlin Professor and Chair

With contributions from Krishna Moorthy from Imperial College of London and Lorelei Lingard from University of Toronto

Gaillie Day *continued from page 2*

1ST PRIZE - Tie for first place.

Phedias Diamandis, Jan Wildenhain, Ian D. Clarke, Adrian G. Sacher, Jeremy Graham, David S. Bellows, Erick K.M. Ling, Ryan J. Ward, Leanne G. Jamieson, Mike Tyers, Peter B. Dirks - Chemical genetic screening identifies novel chemotherapeutic targets from brain tumour stem cells

Hong-Shuo Sun, Karen Jansen, Lucy Teves, Hong Cui, Michael Jones, Joan Forder, Todd E. Golde, John F. MacDonald, Michael Tymianski - Mediation of delayed hippocampal neuronal death following global cerebral ischemia by TRPM7 channels

2ND PRIZE - This year we had a few second prize awardees (all with the same scores).

Hong Cui, Amy Hayashi, Michelle M. Aarts, Michael P. Belmares, David Garman, Peter S. Lu, Michael Tymianski - Mechanism of neuroprotective action of the PSD-95 inhibitor Tat-NR2B9C

Louisa Ho, Aneta Stojanovski, Heather Whetstone, Benjamin Alman - Genetic events in the progression of enchondroma to chondrosarcoma

William Johnson, Sherwin Nicholson, Barry Rubin, Thomas Lindsay - Time of C5a receptor antagonist administration influences local and remote organ injury in a mouse model of ruptured abdominal aortic aneurysm

Eli Kakiashvili, Katalin Szaszi - Role of Rho kinase-mediated myosin phosphorylation in the tumour necrosis factor-alpha induced disruption of kidney epithelial junctions

Colleen Wu, Qingxia Wei, Velani Utomo, Puviindran Nadesan, Heather Whetstone, Rita Kandel, Jay Wunder, Benjamin Alman - Side population cells isolated from mesenchymal neoplasms have tumour initiating potential

Helan Xiao, Rob Eves, Alan Mak, Christine Yeh, Mingyao Liu - PKC activation induced podosomes formation in normal human lung bronchial epithelial cells

Matthew Zulys, Andras Kapus - Adaptive responses in osmotic stress: Cytoskeleton remodeling, mitochondrial dynamics and their interplay

The Wyeth Award for best clinical epidemiology or education based research poster was awarded to:

1ST PRIZE

Barbara Haas, Avery B. Nathens - The survival advantage in trauma centers: Expeditious intervention or experience?

2ND PRIZE - Three way tie for second place.

Ulrich Guller, Nancy N. Baxter, Calvin H.L. Law, Alex Kiss, Jolie Ringash, Carol J. Swallow, Natalie G. Coburn - Adjuvant therapy for resected gastric cancer – rapid, yet incomplete adoption following the results of the intergroup 0116 trial

Humberto Lara-Guerra, Alexandra Salvarrey, Narinder Paul, Scott Boerner, Natasha Leighl, Frances A. Shepherd, Ming S. Tsao, Thomas Waddell - Preoperative gefitinib (Iressa, AstraZeneca) in clinical stage 1 NSCLC

Mohammed Zamakhshary, J. Guan, Teresa To, Jacob Langer - Optimal timing of inguinal hernia repair in infants: A population-based study

FACULTY AWARDS

Ori Rotstein (GenSurg) presents the **2005 *Bernard Langer Surgeon Scientist Award*** to **Nancy Baxter** (GenSurg).

This award is presented to an outstanding graduate of the Surgeon Scientist Program who shows the greatest promise for a career in academic medicine.

Benjamin Alman (OrthSurg) *(right)* presents the ***George Armstrong-Peters Prize*** to **Vivek Rao** (CardSurg).

First awarded in 1912, the Armstrong-Peters Prize honours younger surgeons who have sustained continued productivity in basic science research.

Charles Tator (NeurSurg) *(right)* presents the ***Charles Tator Surgeon Scientist Mentoring Award*** to **John Marshall** (GenSurg).

The Charles Tator Surgeon Scientist Mentoring Award is intended to honour individuals supervising participants in the SSP who emulate Professor Tator's qualities, namely excellence in research, commitment to SSP mentoring and dedication to promotion of Surgeon Scientists. The intent of the award is to provide recognition for teaching contributions made by supervisors to SSP trainee.

James Rutka (NeurSurg) *(right)* presents the ***Lister Prize*** to **Michael Fehlings** (NeurSurg).

The Lister Prize in surgery is awarded to an investigator who has shown outstanding and continuing productivity of international stature as evidenced by research publications, grants held, students' trained and other evidence of the work produced.

Donald R. Wilson (CardSurg) *(right)* presents the ***Donald R. Wilson Award*** to **Allan Eckhaus** (PlasSurg).

The Donald R. Wilson Award recognizes significant contributions by a resident surgeon for continued instructions of peers and medical students.

John Bohnen (GenSurg) *(right)* presents the ***Surgical Skills Centre Distinguished Education Award 2006-2007*** to **Andrew Pierre** (ThorSurg).

The University of Toronto Surgical Skills Centre Distinguished Education Award for Outstanding Contributions demonstrates the Centre's commitment to surgical skills education. This award recognizes those individuals who have made exemplary, innovative contributions to teaching and learning in the Surgical Skills Centre over the past year.

Honouring the outstanding past teachings of Professor Bruce Tovee we are pleased to announce the following award winners:

William Tucker (NeurSurg) *(right)* presents the ***E. Bruce Tovee Teaching Award*** for outstanding teaching in Postgraduate Education to **Ronald Levine** (PlasSurg).

David Backstein (OrthSurg) *(left)* presents the ***E. Bruce Tovee Teaching Award*** for outstanding teaching in Undergraduate Education to **Antoine Khoury** (UrolSurg).

Applause filled the room for entertainment by:

The Three Young Tenors *(left to right)* Darrell Hicks, Michael Ciufo and Salvatore Gambino.

Thanks to all the judges for the poster competition as well as the oral presentations.

Andrea McCart

David Urbach

Thanks again this year to Andrea McCart, David Urbach, Sylvia Perry and Val Cabral for their dedicated organization of the Day.

Sylvia Perry, Ben Alman and Val Cabral *(left to right)*

Benjamin Alman
Vice Chair Research

"Gallie Slaves"

William E. 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 – the forerunner of our present Gallie Day. 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. For more, see Gallie Slave Ernest Meyer's correspondence on page 20.

Julie Roorda
Assistant Editor

With notes from Ernest Meyer and Toronto Star columnist Donald Jones

Surgery as a Visual Art Form:

Margot Mackay wins the Ranice W. Crosby Distinguished Achievement Award

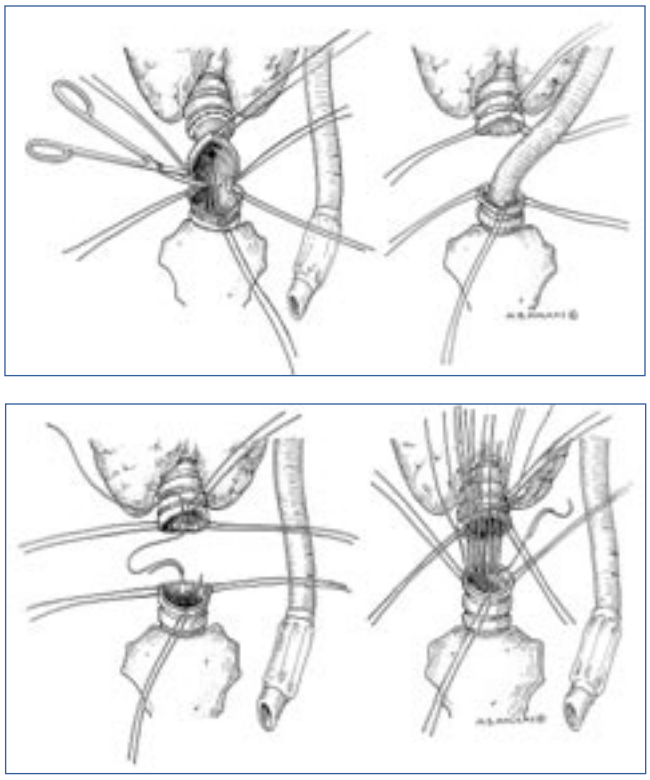
Margot Mackay

Professor Margot Mackay is an extraordinary surgical illustrator and colleague of our Department. Her talent has been recognized with the 2007 Ranice W. Crosby Award for scholarly contributions to the advancement of art as applied to the medical sciences. The award is named for Ranice Crosby, late Professor and Director Emerita, Department of Art as Applied to Medicine at Johns Hopkins University.

The Department of Art as Applied to Medicine at Johns Hopkins was proposed by Thomas Cullen, a medical graduate from the University of Toronto who moved to Baltimore to study pathology and gynaecology. He was an early advocate of using visual arts to enhance biomedical publications. He convinced businessman Henry Walter to endow the new department in 1910. The Hopkins style was unmistakably distinctive. A Hopkins halftone drawing was immediately recognizable by surgeons around the world, based on the carbon dust techniques developed by founding illustrator Max Brodel. The University of Toronto, Department of Art as Applied to Medicine was established in 1945 by Hopkins graduate Maria Wishart, who worked with surgeons W.E. Gallie and K.G. McKenzie.

Margot Mackay graduated from the department in 1966 and joined the faculty the following year. During the chairmanships of Bernie Langer and John Wedge, Art as Applied to Medicine was part of the Department of Surgery. It is now a component of the Institute of Communications and Culture; the teaching program in Biomedical Communications remains in the Medical Sciences Building under the Institute of Medical Science.

Margot's work was always closely tied to surgery. She recalls spending many exhilarating hours in the operating room. She didn't use photographs, but started with OR sketches, then drafts, then developed final drawings with ~~her~~ numerous surgical colleagues including Griff Pearson, Tom Morley, Bill Lougheed, Ron Tasker, Bob Ginsberg, Alex Patterson, Ray Heimbecker, Al Trimble, James Yao, Bob Harris, Pat Gullane, Ralph Manktelow and Bill Mustard, who was the first to ask her to scrub.



Tracheal Resection Repair
Margot Mackay's drawings illustrate with remarkable clarity and surgical insight: stricture resection, distal ventilation, and reconstruction of the trachea. From Pearson et al. Thoracic Surgery

A teacher's success is defined by the success of her students; Margot has taught surgical illustration to over 200. She is, as the medallion she received describes her, "a dedicated educator and an enthusiastic mentor".

The Crosby Award recognizing Margot's artistic skill and tremendous contribution to the profession as a whole, was presented to her in Baltimore in May. She has received several awards from the Association of Medical Illustrators throughout her career.

Margot became interested in medical illustration as a child. Her father was principal of the Nova Scotia College of Art and Design. Her mother was an artist. She enjoys kayaking and cooking. When she retires this summer, she plans to spend time doing photography and non medical art using the less surgical and freer medium of water colour.

M.M.

Vivek Rao named one of Canada's "Top 40 Under 40"

Shawna and Vivek Rao (*family photo at a Bombay wedding with three daughters, twins Grace and Madison, who are six, and Maya, who is four years old)*

The"Top 40 Under 40" is an imaginative enterprise to catalyze the growth of the Canadian economy by identifying and nurturing the seeds of its future growth. The future leaders of Canada are selected by an open process initiated and managed by the Caldwell Partnership. (Brendan Calder, pictured on page 13, is a member of the National Advisory Board.) The emphasis of the search is on executives – 36 of this year's top 40 are from the business community. Artists, musicians and professional athletes are not eligible for this award, but this year's list includes an entertainer for the first time, CTV host Seamus O'Regan.

There have been three surgeons elected over the past several years: Shaf Keshavjee, Director of the Lung Transplant Program and Chair of the Division of Thoracic Surgery; Peter Dirks, Hospital for Sick Children Neurosurgeon and stem cell researcher; and this year's choice Vivek Rao. Vivek is the Surgical Director of the Cardiac Transplant Program and Director of Mechanical Circulatory Assistance.

Like Vivek, members of this year's group asked, "How did I get here?" They were remarkably unfamiliar with the everyday details of cardiac surgical life. "Most thought all that we do are emergency cases. They were surprised to learn about the similarity in triage and management of the surgical enterprise. They recognized the problems encountered in the operating room as analogs of problems on the manufacturing floor. They were astounded to learn that we do not use the strategic guideline of running at 80% capacity to allow flexibility to deal with unexpected problems and emergencies." Our "plants" generally runs at 96-99% capacity, though our conception of managing the limits of capacity are different. Managers from the Top 40 said they would offer incentive pay to nurses to stay long enough to finish the day's schedule rather than move elective cases to the weekend schedule. They would favour rewarding excellent performance over time-in-grade as a basis for paying nurses.

Vivek was impressed by the impact of the work of many of these executives. For example, one supports an entire town in Nova Scotia with a plant that produces one million perogies per day, another is the sixth largest trader (by volume) on the TSX. The impact of market forces and the emphasis on accountability was another source of new perspectives. Accountability in surgery is predominantly focused on technical performance and obligations to the individual patient. In the business world the emphasis is entirely on performance, but includes and stresses fiscal performance. Increased attention to fiscal accountability will give surgeons greater leverage in management decisions. Executives who visit the operating room during special tours arranged for the Young President's Organization to meet our world only as voyeurs, not as advisors to the operating room. Perhaps a liason with Vivek's Top 40 colleagues could be a refreshing and productive innovation in our operating rooms. The introduction of visiting scholars from other disciplines to the operating room can give

startling perspectives. The distinguished Canadian novelist and poet Michael Ondaatje served as visiting scholar in the operating rooms of the New York Presbyterian Hospital in New York City.

Vivek is married to Shawna, an intensive care nurse who has done research on the heart failure service with cardiologist Heather Ross. They have three daughters, twins Grace and Madison, who are six, and Maya, who is four years old. He is happy to be joined by Terrence Yau and Robert J. Cusimano on the surgical heart failure, LVAD and transplant team. "Now I can make some time to spend with my family."

Vivek sponsors an Olympic athlete, Joe Montgomery, a member of the Canadian bobsled and skeleton team. He was disturbed by learning how poorly Canadian Olympic athletes are supported and resolved to replace their "Wal-Mart jobs" with personal support so they could devote adequate time to preparing for their events. He chose great teams with real promise and less sponsorship (following the Gretzky maxim to "skate to where the puck is going"). Joe Montgomery has won the Canadian championship in his first year and won the men's championship Europa Cup. Viv is fortunate in his association with a top cardiac surgical team and is grateful for mentoring in his career from George Christakis, Bernie Goldman, Dick Weisel and Tirone David. His advice to surgical residents is to look at your field of interest, see where the need and growth will occur and skate toward where the puck will be when you finish your training. The current need has moved from cardiac replacement towards minimal access and catheter based techniques. He is confident that the world will need more surgeons in five years, but their skills should be honed to meet the needs of 2012 and beyond. The last two books Viv read were *Paris 1919: Six Months that Changed the World* by Margaret MacMillan, which describes the peace process that ended World War I and *The World is Flat* by Thomas Friedman.

M.M.

"Forget the ITER; let me tell you the story on this resident"

The John P. Hubbard Award given by the National Board of Medical Examiners recognizes significant contributions to the pursuit of excellence in the field of evaluation in medicine.

Glenn Regehr

The Award Committee selected Glenn Regehr as the 2007 recipient for his remarkable contributions in "performance-based testing, including his role in developing and validating objective structured assessment of technical skills as well as patient assessment and management examinations". They described Glenn as one of the top educational researchers in North America who has helped an entire generation of faculty, especially clinical faculty, develop educational research as a part of a viable academic career path. His techniques have been adopted by many residency programs in Canada and the United States. Glenn was also cited for his superb record as a teacher and mentor. The award is named for the late John P. Hubbard who was Chief Executive of the NBME for 25 years. Previous recipients include Richard Reznick.

Glenn is the Richard and Elizabeth Currie Chair in Health Professions Education Research and Associate Director of the Donald R. Wilson Centre for Research in Education named for cardiac surgeon Donald Wilson, former chair of our Department of Surgery. Glenn received the award at the NBME's annual meeting and gave the keynote address "Representing competencies without scales".

Glenn explains that scaled ITERs, an important core method of our Resident Training Program have significant problems. In brief, faculty flinch at giving low numerical scores. Many people are trying to fix the problems, but their solutions tend to be focused on "forcing the faculty to do it right because they are the problem, or trying to fix the scale because the scale is the problem". Despite a huge investment of energy trying to make ITERs work, none of

MEDICAL EXPERT:

1 - Unsatisfactory
2 - Below Expectations
3 - Meets Expectations
4 - Exceeds Expectations
5 - Outstanding
N/A - Not Applicable

	1	2	3	4	5	N/A
DATA GATHERING Interviewing skills, taking a relevant history, and performing an appropriate physical exam	o	o	o	o	o	o
USE OF APPROPRIATE DIAGNOSTIC TESTS Rational use of laboratory facilities	o	o	o	o	o	o
USE OF APPROPRIATE THERAPEUTIC AGENTS Utilizes EBM and cost/benefit analysis to select therapeutic agents for ethical, effective patient management	o	o	o	o	o	o
CLINICAL JUDGEMENT, PRE AND POSTOP DECISION MAKING	o	o	o	o	o	o
INTRA-OPERATIVE DECISION MAKING	o	o	o	o	o	o
EMERGENCY CARE Functions effectively in emergency situations	o	o	o	o	o	o
BASIC AND CLINICAL KNOWLEDGE	o	o	o	o	o	o
PERFORMANCE OF TECHNICAL PROCEDURES (OVERALL)	o	o	o	o	o	o

This is one of several scales used to assess residents' knowledge, skills and judgement. Everybody tends to be "above average".

it has been successful. With social work colleagues, Glenn has been developing understanding of where the problems lie. Their research shows it has less to do with who is using the scale or how, but the fact that we are using a scale at all. To use the scales, instructors start with a holistic mental construction of the particular trainee, (the one you give on the phone when asked for a reference) then break it down into a series of dimensions, then further break these down into a series of levels. They must then identify the person along each of these levels – a deconstructivist way of thinking about what a person is. The representation that results on paper has little resonance with what the supervisor actually believes about the trainee. Because of this dissociation, many of the factors in the decision-making process, like professional and personal relationships with the student, and the legal and political ramifications of marking someone poorly, are more salient to the supervisor than personal beliefs about the trainee as a potential professional.

Instead of looking at competencies or skills, Glenn looked at metacompetencies – or the ability to coordinate skills in practice. Metacompetencies are the integrated sums of skills that are not measured when deconstructed into scales. To measure these Glenn and his colleagues developed a narrative approach. They collected 57 stories as exemplars, then distilled them into 20 iconic cases described in half-page vignettes. A set of faculty then sorted the descriptions into five categories: (5) I want this person as a colleague; (4) Ready to practice; (3) On the cusp of readiness for practice; (2) Needs more training; (1) Doesn't fit, should never have been accepted. The results of this early sorting were very consistent among the faculty. Further, when vignettes were subdivided to give finer gradations, the rankings were still consistent.

Later, another set of faculty were asked to "find their current student" among the set of 20 vignettes. Results showed that often faculty were willing to match their poorly performing students to the lowest ranking vignettes, though they would not give the same students a bad grade using standard ITERs. When faculty match students to the vignettes, they engage what cognitive psychologists call pattern recognition. "Stories are more compelling than numbers." We often summarize a recommendation by recounting a story about the person. The power of story is not new; McMaster does narrative evaluations of its students, but their method lacks the structure Glenn has developed. He has been invited to speak to the Accreditation Council for Graduate Medical Education and the Medical Council of Canada as he begins to alter the way in which we construct in-training evaluation of performance.

Glenn has worked in medical education for 15 years. Like his role model, statistician John Tukey, he loves the collaborative aspects of his work – "the opportunity to play in everybody else's sandbox" whether it's medicine, surgery, social work or other healthcare specialties. One of those collaborators is Glenn's sister Cheryl Regehr who is Dean of Social Work. Glenn's wife Maja is a social worker at Princess Margaret Hospital and is developing a program to integrate volunteers into healthcare teams. His 16-year-old nephew Dylan Regehr Glancy, Cheryl's son, has his sights set on becoming an orthopaedic surgeon; he volunteers at the Surgical Skills Centre at Mount Sinai Hospital. With Maja, Glenn enjoys canoeing in the backwoods of northern Ontario, gardening and fixing up their 150-year-old home in downtown Toronto.

M.M.

Leadership Day 2007: How to "Get It Done"

Miles Shore

On Friday, April 20th, the Department hosted its annual Leadership Day at the MaRS Collaboration Centre. Miles Shore, Visiting Scholar at Harvard's John F. Kennedy School of Government and Bullard Professor of Psychiatry, started the program with a stimulating talk on "Taking Responsibility: Leading from the middle". Much of the literature on leadership focuses on heroes and great accomplishments; Miles pointed out that leadership isn't always transformational; it is more often translational – making sure that things get done. "Leaders in medicine tend to believe in choosing the right people and getting out of their way – neglecting oversight of the implementation process. We are reluctant to take responsibility for other professionals. While allowing a lot of professional freedom, our disengagement makes it difficult to evaluate those for whom we are responsible, and neglects goals of the organization as a whole."

Joe D'Cruz

Joe D'Cruz, Professor of Strategic Management at the Rotman School, gave an informative analysis of "LHINs: Transforming health care in Ontario". He demystified the process by which political decisions about health care are currently made in Ontario, critically examining the respective roles of the Ministry of Health and Long Term Care, and the Transformation Team appointed by the government and other advisors to the Premier and the Minister of Health. In response to participants' questions about what to expect with implementation of the LHINs, Joe identified six areas of change: (1) Local integration, which will mean hospital restructuring; (2) Accountability, balancing access to care with efficiency; (3) Cost control; (4) LHINs as purchasers of services; (5) Refocusing a smaller MOH; and (6) Elimination of district health councils and regional offices – a change which has already occurred. The pace of change will depend on the results of October's provincial election. The results of the wait times initiative will be influential in the voters' decision.

Bryce Taylor

After lunch, UHN Surgeon-in-Chief, Bryce Taylor presented ten tips to get things done in surgery. His surgical examples were used collaboratively in the next session by Brendan Calder, Scholar in Residence at the Rotman School of Management and leader of the popular course called "Getting it Done". Brendan introduced participants to the Responsibility Matrix. This management tool, summarized in a nearby table, identifies for each management decision: (1) who is **Responsible** for getting it done; (2) whose **Consensus** is required; (3) whose **Input** is required; (4) who does the **Work**; (5) who must be **Advised Before**; and (6) who must be **Advised Later**. Brendan led the group in a dynamic and humorous exercise using the Responsibility Matrix to deconstruct specific surgical policy decisions (e.g. marking the surgical site) and create action plans for getting them done. Participants had fun with this exercise; it clearly demonstrated how the failure to assign and articulate individual responsibility when a decision is made can delay

Brendan Calder with his 1954 Chevrolet Deluxe Cab ¼ ton truck, a replica of one from his father Bob Calder's Esso station.

A CALDER "GET-IT-DONE" MATRIX FOR SURGERY LEADERSHIP DAY

	McKneally	Reznick	Advisory Committee	D'Cruz	Shore	Calder	Roorda	Condo
Location	R	I	I	AB	AL	AL	W	AB
Agenda	R	AB	I	I	I	I	W	
Catering							R, W	
Budget		C					R	C
Audio-visual and layout				C			R, W	

RESPONSIBILITY MATRIX DEFINITIONS

R	Is RESPONSIBLE
C	This person's CONSENSUS is required
I	This person's INPUT is required
W	This person does the WORK
AB	This person must be ADVISED BEFORE
AL	This person must be ADVISED LATER
	This person not involved (left blank)

and/or prevent its implementation. In the example of marking the surgical site, the "get it done" solution is to assign the R to one person, the Surgeon-in-Chief. The group's initial, less than effective answer "every surgeon gets the 'R' leaves the responsibility too diffusely distributed. The SIC can guarantee compliance through control of OR time. Brendan also introduced participants to the Monday Morning Action Plan which maps out five key elements of each item: (1) **Item** number for ease of reference; (2) **What**, which should always be a noun; (3) **Action**, which must include a verb that does something; (4) **Who**, a person who has the "R" – "Every surgeon" is an ineffective answer to "who gets the R for marking the surgical site?"; (5) **When**, which should be a date that never changes. It must be completed or cancelled. Three rules for the Action Plan are that the tasks listed should be important, the meeting chair is also the secretary, and the action plan serves as the agenda and the minutes for all meetings until the project is done.

Here are some key recommendations that are not typical of our decisional policymaking processes: "assign only one R"; "minimize the number of Cs"; "define consensus clearly – consensus means parties may still like their own differing opinions but are **willing to commit to and support the proposed decision**".

The audience comprised a full spectrum of surgeons, ranging from residents to division chiefs, as well as nursing and administrative personnel. Arrangements are underway for next year's Surgical Leadership Day to be held on April 4, 2008. Further details will be made available through our Division Chairs and Surgeons-in-Chief. Contact them to secure a place in the program.

M.M.

"By the way, I'm taking off the first two weeks in August.

Canadian General Surgery Review 2007

TORONTO, APRIL 14-15

http://www.generalsurgeryreview.ca

Jaime Escallon, who organized the review

The second General Surgery Review course for graduating General Surgery Residents was completed with great success April 14-15, 2007 in Toronto. The goal of this course is to help Canadian residents and IMGs prepare for the upcoming Royal College specialty examinations.

The course is conducted in two days with an overview of topics based on a needs assessment done among residents. Lectures are interactive with question and answer imbedded in the presentations using touch pad technology. After each session participants have the opportunity to spend time with the speakers to further clarify any outstanding uncertainties.

CONFIRMED	
Alberta	15
BC	2
Manitoba	4
NB	2
NL	4
NS	5
Ontario	29
PEI	-
Quebec	21
Sask	5
TOTAL	87

The course was a great success, the quality of the presentations was excellent and the active participation of the attendees helped achieve the objectives.

LECTURES

A total of 87 participants registered for the course representing all of the Canadian medical schools.

SATURDAY APRIL 14

Rectal Cancer
Dr. Patrick Colquhoun
University of Western Ontario

Endocrine
Dr. David Urbach
University of Toronto

Thyroid Cancer
Dr. Sam Wiseman
University of British Columbia

Benign Breast Disease
Dr. Kelly Dabbs
University of Alberta

Intra-abdominal Infections
Dr. Ori Rotstein
University of Toronto

Colon Cancer
Dr. P. Bernard McIntyre
Dalhousie University
Dr. Kelly Dabbs

SUNDAY APRIL 15

Skin Lesions - Melanoma
Dr. Barbara Heller
McMaster University

Esophagus
Dr. Andrew Pierre
University of Toronto

Abdominal Trauma
Dr. Frank Baillie
McMaster University

Sarcomas
Dr. Carol Swallow
University of Toronto

Breast Cancer
Dr. May Lynn Quan
University of Toronto

Liver Masses
Dr. Paul Greig
University of Toronto

Pancreatic Masses
Dr. Leyo Ruo
McMaster University

Here are some comments made by attendees:

"I'd just like to thank you all again for a great course. It was so well organized, and the content was superb."

"It was certainly superb...every detail thought of and planned...every lecture interesting and appropriate."

"I thoroughly enjoyed the entire affair and will remember it fondly."

"Awesome! As much as I'd like to, I hope I won't have to come next year… if you know what I mean!"

Our intent is to continue organizing the course in the years to come with the support of the Surgical Chairs of the University of Toronto and of McMaster University.

Please note: This course has been possible thanks to an unrestricted grant from Wyeth.

Jaime Escallon
Division of General Surgery

Honouring the Educational Legacy of the Lawson Family:

A $1.1M GIFT TO THE DIVISION OF ORTHOPAEDIC SURGERY

It was the beginning of the Great War. The year in which the first blood transfusion was performed and the world's first airline was launched. It was 1914 and Russia, France and Britain had recently declared war on the Ottoman Empire when Anne May Lawson was born.

Anne recently made a generous charitable bequest of $1.1 million to the Division of Orthopaedic Surgery to establish two endowments: (1) the Lawson Family Post-Graduate and Graduate Fellowships, and (2) the Lawson Family Post-Graduate Fellowships. Why was she inspired to make this gift? World traveller, teacher, and historian, Anne decided to build a legacy of excellence based on a lifetime of intellectual curiosity and a thirst for knowledge.

Anne grew up in an era when young women often had limited education. Her father William, a veterinarian, was adamant that his daughters obtain higher education. With his support, they all graduated with honours from the University of Toronto. Anne later completed her Master of Science Degree at Iowa State College after teaching secondary school in Fort Frances and serving as a section officer and chief dietician in the Second World War. Anne stayed close to UofT and in time became a welcome regular at the University Women's Club.

Anne and her friends explored the world, travelling to Japan, Norway, Paris, and Prague. It helped satisfy her intellectual appetite and seemingly endless curiosity. From those travels she wove fantastic stories to share with friends and family over the years. A voracious reader of history and art, Anne's family remembers her passion for excellence in herself and those about her.

Years of painful arthritis led her to many consultations with orthopaedic surgeons. It appeared that it was too late in life for surgery to help Anne but her frustration was tempered when she realized there was an opportunity to fight back.

Confident her family was well looked after, Anne looked to U of T as a means for her estate to assist with the training of top orthopaedic surgeons – thereby helping countless patients who would turn to them in need of care.

With a $1.1 million gift from her estate, Anne was able to establish two endowed family fellowships in loving memory of her parents and sisters, and honouring the educational legacy of her father. The fellowships will assist post-graduate fellows who have specialized or plan to specialize in orthopaedic surgery. For this important student support the University will provide matching funds.

We are tremendously grateful to Anne and her family for this legacy of excellence. Anne's leadership in recognizing and supporting the world class work of this Department significantly enhances our critical role in advancing patient care.

Nancy Collett
Senior Development Officer

To find out more about how you might leave a bequest or other planned gift to the Department of Surgery, please contact Nancy Collett, Senior Development Officer at 416 946-0019 or nancy.collett@utoronto.ca.

Scientists in Surgery

Approximately 15% of our surgical faculty are individuals who are non-clinicians who work as full time scientists. These individuals are significant contributors to the research effort of our Department. This section will endeavour to profile excellence in research among the scientists in our Department.

James Eubanks

James Eubanks completed his Bachelor's Degree in Arts and Agricultural Sciences at the University of California, Davis in 1985. Between episodic experimental cow tipping and viticulture excursions, he conducted a research project under the tutelage of Dr. Mark McNamee, where his project: "Investigating the functional properties of nicotinic acetylcholine receptors" first spawned his interest in neurobiology. From there, he conducted his PhD studies at the University of California San

Diego in which he provided the first detailed map of a region of human chromosome 11 known to house the causal genes for several neurological conditions. Upon completion of his Doctoral Degree, during a period of beach combing and deep sea fishing, he worked for a brief time in Dr. Steven Heinemann's lab at the Salk Institute examining glutamate receptor expression patterns. He then conducted a postdoctoral fellowship at Duke University under the tutelage of Dr. James McNamara, investigating molecular genetic aspects of glutamate receptors in models of epilepsy. This led to his relocation to Toronto for a second postdoc position, where he worked with Dr. Owen Jones on structure-function relations of glutamate receptors.

James became a scientist at the Toronto Western Research Institute in 1994, where he has continued to investigate aspects of glutamate receptor physiology. He is currently a Senior Scientist in the Genetics and Development Division. He met his wife Kathleen in Toronto, and together they have two children – Julia and James. They participate in a host of outdoor activities throughout the year, although rumour has it that his six-year old daughter (and possibly his three-year old son) skates far better than he does. His group is currently investigating how epigenetics influence neuronal development and the sensitivity of neurons to degenerative insults. His group employs a host of models, which include generating novel lines of transgenic mice and comparing their behavioural properties to cell culture and biochemical purification and characterization of specific proteins. He is currently funded by operating grants from the Canadian Institutes of Health Research and the Heart and Stroke Foundation of Ontario.

James T. Rutka
University Division Chair, Neurosurgery

SURGERY LEADERSHIP DAY

Leadership Day will take place Friday, April 4, 2008 at the MaRS Collaboration Centre. Please contact your University Division Chair or Surgeon-in-Chief to apply. For a description of this year's program, see article on page 13.

NEW STAFF

The Department of Surgery warmly welcomes the following individuals who have joined our Department.

Nancy Collett

Jennifer Peng, Interim Executive Director of Advancement at the Faculty and I are pleased to announce the appointment of **Nancy Collett** as Senior Development Officer for the Department of Surgery. Nancy joins us from the Canadian Cancer Society, Ontario Division. There she developed and managed a gift planning program engaging estate and financial planning advisors. In total Nancy has 10 years of gift planning and marketing communications experience. Prior to the Canadian Cancer Society, Nancy was the Vice President, Planned Giving Business Development for Strategic Ink Communications, responsible for growing consulting support and services to the not-for-profit sector.

Please join me in welcoming Nancy to our team in the Department of Surgery.

Richard K. Reznick
R.S. McLaughlin Professor and Chair

Rajiv Gandhi

Rajiv Gandhi joined the Division of Orthopaedic Surgery at Toronto Western Hospital July 1st, 2007 as a Surgeon-Investigator. His practice will focus on total joint arthroplasty and hip disease in the young adult.

Rajiv grew up in Whitby, Ontario and obtained his Bachelor of Science Degree and Doctor of Medicine Degree at McMaster University in Hamilton, Ontario. He completed a Fellowship at Toronto Western Hospital in the Hip and Knee Arthroplasty Program with me and Nizar Mahomed.

Rajiv has been academically productive with peer reviewed publications and several presentations. He received the McMaster University Orthopaedic Prize for the Best Clinical Paper in 2004 and 2005. He has also written two book chapters.

Rajiv is beginning his Masters Degree in Epidemiology at the Harvard School of Public Health in Boston, Massachusetts this summer.

He enjoys cycling, running and outdoor activities. We welcome Rajiv to our team.

Rod Davey
Hospital Division Head, Orthopaedic Surgery
UHN-Toronto Western Hospital


Ethan D. Grober

Ethan Grober is a native of Toronto, Canada. He has just joined the Division of Urology at the University of Toronto as an Assistant Professor and is a staff urologist at the Mount Sinai Hospital and the New Women's College Hospital.

Ethan is a fellowship trained specialist in Male Reproductive Medicine and Surgery. He completed his medical school training at McMaster University in Ontario and his residency training in Urologic Surgery at the University of Toronto. During his residency, Ethan participated in the Surgeon Scientist Program and obtained a Master's Degree in Surgical Education. He completed his fellowship training in Male Reproductive Medicine and Surgery at the Baylor College of Medicine, supervised by Dr. Larry Lipshultz – a world leader in male infertility and sexual medicine.

We are happy to have Ethan join Kirk Lo and me in the Male Reproductive Medicine Program at the University of Toronto. This internationally recognized program was originally centered at the Murray Koffler Urologic Wellness Centre at the Mount Sinai Hospital, but will now be based at both Mount Sinai Hospital and the New Women's College Hospital.

Ethan's research activities are directed towards the achievement of excellence in surgical education. His specific interests include: i) the objective assessment of technical competence and operative judgement; ii) the integration and evaluation of new technologies in surgery; and iii) the validation of surgical simulation and laboratory-based surgical skills training.

Keith Jarvi
Hospital Division Head, Urology Surgery
Mount Sinai Hospital


Shahriar Shahrokhi

The Ross Tilley Burn Centre and the Division of Plastic Surgery at Sunnybrook Health Sciences Centre are pleased to announce the appointment of **Shahriar ("Shar") Shahrokhi** as an attending staff surgeon in the burn unit. Shar is a graduate of the General Surgery Program at McGill, and has just completed a one year burn fellowship here at the RTBC. He is board certified in General Surgery by both the Royal College of Physicians and Surgeons of Canada, and the American Board of Surgery. He received his Medical Degree from the University of Ottawa. In addition to his duties in the burn centre, Shar has also been cross-appointed to the Division of General Surgery at Sunnybrook, and will be helping to provide emergency general surgery coverage.

Shar became interested in the care of thermally injured patients during an elective rotation here at the Ross Tilley Burn Unit, while he was a resident in General Surgery. His main research interest is in the area of development, standardization, and evaluation of various burn treatment protocols. We are delighted to have Shar join the burn centre and we welcome him to the Department of Surgery.

Robert Cartotto
Division of Plastic Surgery
Sunnybrook Health Sciences Centre

Surgeons' Consent


Martin McKneally

On June 4 of this year, shortly after takeoff, the University of Michigan Survival Flight Beechcraft twinjet air ambulance crashed into Lake Michigan in the early morning hours. Four university transplant team members and two pilots died. David Ashburn, a cardiothoracic resident who completed a fellowship at the Hospital for Sick Children, and staff surgeon Martinus Spoor, an Alberta native who completed his medical and surgical training in Alberta, had retrieved the organs for a double lung transplant to be performed that morning in Ann Arbor. This tragic story turned the world's attention to their heroic role in the warrior culture of surgery.

The burdens and risks of surgery are generally considered to be entirely on the patient's side. Lay and professional observers commonly envision the surgeon's role as almost analogous to that of a hair-dresser who provides the cut specified by the customer. Surgical teaching about informed consent focuses discussion narrowly on explanation to the patient about the benefits and burdens of treatment. Ethicist Edmund Erde suggests that many of these burdens should not be presented using the language of risk, as much of the surgical experience involves discomfort, dislocation and indignities that are unavoidable. (1)

There are inevitable burdens as well as risks for the surgeon that are rarely discussed. The inherent strain of performing operations on patients who are seriously ill takes a toll that is generally underemphasized or dissembled. Surgeons worry, usually constructively. They have regrets and bad dreams about choices and interventions that they have made. The responsibility for decisions as well as incisions is uniquely intensified in the surgeon-patient relationship. Surgeons give their informed consent to take on these burdens and risks. When they share their concerns – "Here's what I'll be worried about," and give realistic assurance – "Here's what we'll do to manage it," they are managing their own as well as their patients' expectations and fears. They make a decision to trust their patients to do all that is required for both to come through the ordeal of surgery successfully.

Besides these burdens, surgeons risk loss of reputation, loss of privileges to operate when they make errors in judgement or technique. The silent grief that passes over the room at the time of an intraoperative death is uniquely focused on the operating surgeon. Norman Bethune and other surgeons have contracted lethal or career ending illness in the course of operating on infected patients.

Surgeon Martin Spoor was a hockey player and violinist. He was the father of three, as was resident surgeon David Ashburn. Transplant donation specialist Richard Chenault II was a high school coach and father of two. Specialist Rick Lapensee was an emergency medical technician and firefighter. Pilot Bill Serra received the US Air medal for his support as a civilian pilot during Operation Desert Storm. Pilot Dennis Hoyes leaves five children behind. Mechanical problems were thought to be the cause of the crash according to the National Transportation safety board. The recipient patient, whose chest was already open when the plane crashed, was moved to the top of the priority list and was successfully transplanted two days later. Those who would like to express their condolences or contribute to the education funds for the children of these lost heroes can do so through the following website: http://www.med.umich.edu/survival_flight/update/

(1) Erde EL. Indecency / Decency in Cardiac Surgery: A Memoir of My Education at a Super-Esteemed Medical Place. *Journal of Cardiac Surgery.* January 2007;22:43-50.

Martin McKneally
Editor

CORRESPONDENCE

Letters to the Editor are welcomed to keep the community informed of opinions, events and the activities of our surgeons, friends and alumni.

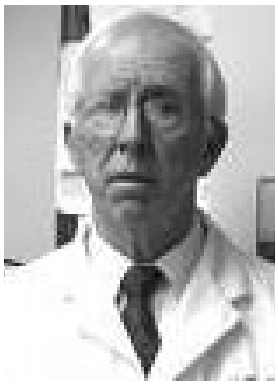
Ernest Meyer

"At 93 years of age I am getting my house in order and I came across the enclosed article which I thought might be of interest to you (a Toronto Star account of Dr. Gallie's career and contributions.) I was in the second tier of Gallie Slaves when I was asked to join the Gallie Surgical Training Group in early 1939. This was the first time the course was extended beyond the Toronto General Hospital to other hospitals, St. Michael's and the Toronto Western.

In those early years the annual meeting was held at the Toronto General and Dr. Gallie invited the fellows to a reception at his residence at 181 Teddington Park Blvd. in Toronto.

It was the memorial night of the year to be hosted by the 'Chief' in thanking the fellows for their year's work. The gracious warmth and fellowship of Dr. Gallie and his charming wife would never be forgotten."

Ernest Meyer



David Rowed

David Rowed (NeurSurg) retires from active practice in neurosurgery at Sunnybrook Medical Centre. Dave received his BA and MD from the University of Western Ontario (UWO). He did his neurosurgical training at UWO before embarking on fellowships with Sean Mullan at the University of Chicago in 1972, and with Brian Jennett in Glasgow in 1974. Dave was Head of Neurosurgery at Sunnybrook from 1986-1997, and became Professor of Neurosurgery in the Department of Surgery in 2006. Dave's clinical interests have been in the fields of cerebrovascular surgery, acoustic neuromas, and neurophysiological monitoring. He has had over 60 publications and 20 book chapters. He has been a consistently outstanding teacher in the Division of Neurosurgery. His career in neurosurgery was recognized and highlighted at the Academic Year End Celebration June 9th, 2007.

James T. Rutka
University Division Chair, Neurosurgery

HONOURS/AWARDS/ ACCOMPLISHMENTS

Earl Bogoch (OrthSurg) has been appointed as a member of the Board of Directors of IMHA (CIHR Institute of Musculoskeletal Health and Arthritis). This appointment is a reflection of the high esteem in which Earl is held by his orthopaedic research colleagues.

Timothy Daniels (OrthSurg)**,** Alistair Younger and Mark Glazebrook are the recipients of the first Canadian Orthopaedic Research and Legacy (CORL) Award presented by the Canadian Orthopaedic Association (COA) in 2007. The prestigious 2007 CORL Award ($20,000.00) was offered by the Canadian Orthopaedic Foundation (COF) for a multicentred randomized control trial comparing ankle fusion with arthroplasty. It was announced on June 2, 2007 by Dr. Paul H. Wright, Chairman of COF, in his opening remarks at the Annual COA meeting in Halifax. This research project boasts an impressive databank on patients who have undergone surgery for ankle arthritis. The role of total ankle arthroplasty is controversial and, University of Toronto - St. Michael's Hospital is one of the few institutions in the world where preoperative and postoperative gait analysis data are being obtained for both ankle fusion and ankle arthroplasty. This work has already garnered national and international awards.

Gail Darling (ThorSurg) was presented with the Robert J. Ginsberg Award for Excellence in Postgraduate Teaching 2006-2007 as voted by residents/fellows.

Adam Dubrowski (Research), **David Backstein** (OrthSurg), Allison Kurahashi (graduate students OISE/UT; Fellow, Wilson Centre for Research in Education) are recipients of the 2006-2007 Education Development Fund for Innovation in Education for project: "Educational value of pre-training fundamental skills in surgical clerkship rotations".

Linda Dvali (PlasSurg) is this year's recipient of a Wightman-Berris Academy Individual Teaching Excellence Award. Linda has had consistently high postgraduate and undergraduate teaching effectiveness scores (TES).

Wayne Johnston (VascSurg) was installed as the President of the Society for Vascular Surgery. This magnificent accomplishment recognizes Wayne's extraordinary devotion to academic vascular surgery and the esteem in which he is held by his international colleagues.

Andrew Pierre (ThorSurg) was presented with the Gail E. Darling Award for Excellence in Undergraduate Teaching 2006-2007 as voted by students.

Raja Rampersaud (OrthSurg) won the Ross Fleming Teaching Award, May 10, 2007.

Michael Wiley (Anatomy) has been named the recipient of the Faculty of Medicine's Harry Whittaker Memorial Teaching Award for the second straight year. This award is a student-nominated honour, decided upon annually by the first year class. It is awarded to a teacher who gave encouragement and displayed genuine concern for student well-being and, through personal commitment to quality teaching, provided practical and clear insights in the basic sciences during the first year of the Undergraduate Medical Program.

Nicole Woods (Surgery/Wilson Centre for Research in Education) PI, Maria Mylopoulos (CHSRF/CIHR Postdoctoral Fellow, Wilson Centre for Research in Education), **Glenn Regehr** (Surgery/Wilson Centre for Research in Education) are recipients of the 2006-2007 Education Development Fund for Innovation in Education for project: "Documenting and disseminating the daily educational innovations of clerks: A pilot project in surgery".

Stefan Fischer (ThorSurg Fellow) was presented with the F. Griffith Pearson Award for Best Resident/Fellow Teacher 2006-2007 as voted by students.

Stefan was also awarded Best Clinical Research Paper at Pearson Day on June 8, 2007.

Marcelo Cypel (ThorSurg Fellow) was awarded Best Basic Science Research Paper at Pearson Day on June 8, 2007.

Ratan Bhardwaj (NeurSurg Resident) received an AANS Synthes Award for his research on: "Brain and Craniofacial Injury".

Alex Mihailovic (GenSurg Resident) is the recipient of this year's Donald MacRae Peace Award given by the Rotary Club. The award is given to someone who represents the rotary philosophy of advancement of international understanding, goodwill and peace through a world fellowship of business and professional people united in the ideal of service.

Gregory Hawryluk (NeurSurg Resident) has been awarded a NeuroRenew/MBF Bioscience Graduate Student Scholarship.

Adrian Laxton (NeurSurg Resident) was awarded 1st place in the Alan Wlu Poster Competition at IMS Day for his research on: "Single neuron recordings from the subgenual cingulated".

Karim Mukhida (NeurSurg Resident) is the recipient of the KG McKenzie First Prize Award for best Basic Science Research Paper, 2007.

Cian O'Kelly (NeurSurg Resident) was the recipient of the KG McKenzie First Prize Award for best Clinical Research Paper, 2007.

Patrick Tawadros (GenSurg Resident) has been awarded by the Postgraduate Medicine Awards Committee of the Faculty of Medicine: the Miriam Neveren Memorial Award and the Joseph M. West Family Memorial Fund ($9,250.00).

Sarah Woodrow (NeurSurg Resident) has received the 2007 AANS Young Neurosurgeons Committee Public Service Citation.

GRANTS / FELLOWSHIPS

Dimitrios Anastakis (PlasSurg) has been awarded a Physician's Services Incorporated Foundation Grant ($142,500) for project: "The role of somatosensory activity on cortical plasticity and functional motor outcomes following upper extremity peripheral nerve lesions".

Heather Carnahan (Research) has been awarded a NSERC Operating Grant ($173,725) for project: "Touch perception and the control of movement".

Heather has also been awarded a NSERC Equipment Grant ($76,000) for project: "Motion analysis system to quantify manual skills".

Michael Fehlings (NeurSurg) was awarded a 5-year grant from the Canadian Institutes of Health Research for his project, "Investigation and treatment of traumatic axonal dysfunction after spinal cord injury".

Ab Guha (NeurSurg) is the recipient of an Operating Grant from CIHR for his project on: "Microenvironment induced molecular heterogeneity in glioblastoma multiforme (GEM)".

Ab also received a grant from the National Brain Tumour Foundation for his work on: "Regional variation in Inhibitors of Apoptosis (IAPs) in GBMs and their role in apoptosis and therapeutic resistance" and has received a grant from Schering-Plough Virtual National Bank.

Sevan Hopyan (OrthSurg) has received a Dean's Fund New Staff Grant, May 2007 ($10,000) for project titled: "Embryonic mammalian limb development".

Soheila Karimi (Research) has received a Dean's Fund New Staff Grant, May 2007 ($10.000) for project titled: "Therapeutic strategies to optimize the repair of chronic spinal cord injury: Combined effects of neural precursor cells, inhibition of glial scar and active rehabilitation".

Soheila also received a Young Investigator Research Grant Award from the AOSpine North America (AOSNA) for her project: "Translating the promise of cellular-based strategies for repair of spinal cord injury: Impact of combined therapy with neural precursor cells, inhibition of glial scar formation and exercise induced placticity".

Paulo Koeberle (Anatomy) has received a Dean's Fund New Staff Grant, May 2007 ($10,000) for project titled: "The role of extracellular matrix in adult CNS regeneration".

John Semple (PlasSurg) co-applicant for a grant received from the Canadian Breast Cancer Foundation (Ontario Chapter) for a study entitled: "Investigation of lymph node transplantation as therapy for breast cancer related lymphedema".

Frank Farhadi (NeurSurg Resident) received Research Fellowships Awards from the American College of Surgeons and the Neurosurgery Research and Education Foundation of the AANS.

Betty Kim (NeurSurg Resident) received an NSERC Research Fellowship Award for her research on: "Nanotechnology" in the laboratory of Dr Warren Chan.

Paul Kongkham (NeurSurg Resident) has received research fellowship awards from the National Cancer Institute of Canada and the Neurosurgery Research and Education Foundation of the AANS for his work on: "SPINT2 as a novel tumour suppressor gene in medulloblastoma".

Patrick Tawadros (GenSurg Resident) has been awarded by the Postgraduate Medicine Awards Committee of the Faculty of Medicine: the Chisholm Memorial Fellowship, the Elizabeth Arbuthnot Dayson Fellowship, the Nellie L. Farthing Fellowship and the William S. Fenwick Fellowship.

ANNOUNCEMENT

The Centre for Faculty Development (CDF) is pleased to announce registration schedule is now posted online at the following URL address: http://www.cfd.med.utoronto.ca/workshops.htm.

These workshops are devoted to the enhancement of teaching skills and are offered throughout the academic year. Each workshop is free to faculty in the Faculty of Medicine. Registration is required.

If you are not a faculty member, but are active in the teaching of health professionals at the University of Toronto, please feel free to register for workshops. Your name will be placed on the waiting list. Within three weeks of the course date you will be notified if there is space available. If at that time you are still interested in attending, you will be fully registered for the session. A $50 registration will apply to all non Faculty of Medicine participants.

Workshops meet the accreditation criteria of the College of Family Physicians of Canada and have been accredited for 3.5 MAINPRO-M1 credits per each workshop (unless otherwise noted). Workshops have also been approved as an Accredited Group Learning Activity under Section 1 of the Framework of CPD options for the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada - 3.5 hours per workshop (unless otherwise noted).

For questions/comments please contact: Hailey Garcia-Gonzalez at: garciah@smh.toronto.on.ca at: 416-864-6060 Ext. 3524.

...MORE FROM GALLIE DAY

Dinner and Awards presentation at Liberty Grand Entertainment Complex, The Renaissance Room, Exhibition Place

Poster Presentations at MaRS Centre

The deadline for the Fall 2007 Surgery Newsletter is September 14, 2007. All members of the Department are invited to submit news items, articles, pictures, ideas or announcements. You may reach us by:

voice mail: **416-978-8177, fax: 416-978-3928 or**
e-mail: **jean.defazio@utoronto.ca**.

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

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