

# THE **surgical** spotlight



ON ALUMNI, FACULTY, RESIDENTS &amp; FRIENDS

OF THE DEPARTMENT OF SURGERY

WINTER 2004-2005

## Creating an Atmosphere for Surgeons to Succeed at HSC



The Wright Family, James and Veronica with daughters  
(left to right) Samantha, Audrey and Isabelle

Jim Wright describes his recent appointment as Surgeon-in-Chief of the Hospital for Sick Children as the fulfillment of a career-long goal. He is very enthused about the opportunity to work in a wonderful institution with talented surgeons. There is a strong alignment of the surgeons with the institutional aims of outstanding care,

research and teaching, and all of the infrastructure in place. This is an unusual experience for a new chief who is often confronted with challenging structural problems. Paraphrasing James Collins, author of *Good to Great*, he has “the right bus with the right people on it, and they are headed in the right direction”.

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Jim will focus some of his energy on the relationship of the department with Nursing, attempting to strengthen transdisciplinary thinking in working groups that draw on many disciplines. He has had excellent experience with nurse scientists in the Population Health Sciences program. He will build on the success of the advanced practice of Nurse Practitioners in cardiac and neurosurgery and work to strengthen the role of all categories of nursing personnel.

Jim feels that the most fun for leaders is “creating the atmosphere for others to succeed”. The least fun role of the leader is troubleshooting, a small but significant component of leadership.

Jim will continue to perform research and participate in active clinical practice as he increases his administrative responsibility, focusing on the SIC’s responsibilities as his highest priority. He will travel less to lecture and present at meetings, but continue to work with graduate students and colleagues at home.

He describes three formative experiences in the development of his administrative skills. He served as the head of the Alternate Payment Plan for six divisions and two departments at HSC, honing his skills in negotiation, financial management, organization and dispute resolution. A second major educational experience was leading the Population Health Sciences Program. In this role he learned more about strategic planning and human resource management. In both of these earlier positions, he had responsibility without authority. In his new position, authority is added to responsibility and accountability is increased. As Alan Hudson teaches us, this is a much more reasonable and effective alignment. The third component of his administrative training was the intensive Health Leadership course at the Rotman School of Management. This crystallized the lessons from the first two venues and gave a conceptual framework to understand the manager’s role. The Program Director, Professor Joe D’Cruz, describes Jim’s experience in the program as follows: “It was fun to watch Jim transforming his immense potential for leadership into actual leadership ability.” The experience was analogous to his post residency training at Yale with Gairdner

award winner Alvin Feinstein, one of the world’s leaders in the conceptual analysis of health care.

Jim was the eldest of five children, providing him with early training in leadership. His siblings have pursued a broad mix of careers. His mother was a teacher and superintendent of education in Halifax. He and his wife Veronica “share a joint management structure” in their family, which includes 14-year-old Samantha, 12-year-old Audrey and 21-month-old Isabelle. Jim cycles in to work and is at his desk at 6 a.m. in order to assure that he will be home by 6:30 for dinner with the family.

Outside of medicine, Jim most enjoys his family, cycling and reading history and biography. Books on his desk during my interview included *The Doctor’s Tale: Professionalism and Public Trust* by Donald Irvine, *How We Know What Isn’t So: Infallibility of Human Reason* by Thomas Gilovich and *Governance of Teaching Hospitals: Turmoil at Penn & Hopkins* by John A. Kastor.

M.M.



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## Europe Has Gone Crazy

I recently returned from Denmark and the Netherlands. While there I had a terrific opportunity to engage in discussion with a broad array of Europeans on the topic of resident work hours. I spoke at length with medical students, surgical residents, faculty surgeons, medical educators and deans. They spoke to me from their perspective of working in countries where work hour restrictions are currently 37.5 and 48 hours per week, for Denmark and Holland respectively.

Two weeks before, I spoke to the American Board of Medical Specialties, the umbrella organization that oversees specialist training in the U.S. Similarly, we had long discussions about resident work hours. Their perspective comes from being involved in a transition phase of going from 100+ hours per week to a mandated 80 hours per week.

In a talk I gave to all three groups, I have a slide addressing the issue of work hours. The slide I used at the ABMS is entitled "Let's stop the whining". The message I wanted to deliver was that we can certainly train a surgeon in 80 hours per week. For a similar talk I gave in Denmark and Holland, I had to change the title of the slide to "Europe has gone crazy!" (The slide appears on the next page – Ed.)

As a typical Canadian, I believe we currently function in a band of reason, training specialists somewhere between 60-80 hours per week. I am fearful, however, that we may be heading inexorably in the direction of our European colleagues. It frightens me! I am convinced; we cannot train surgeons in a 40-hour per week time frame.

To be sure, we can improve on our current system. There is time wasted in our residencies by the inefficiencies of a hierarchical system. Our residents waste time on non-educational activities. We can improve on time wasted by learning by a model based on available opportunity of operative experiences. And we can make



Richard Reznick

improvements on the learning curves through structured adjunctive experiences, like our surgical skills laboratory.

Nonetheless, we cannot train a surgeon in 40 hours per week any more than one can train a top notch violinist in 40 hours per week, or tremendous lawyer in 40 hours per week, or a dedicated clergyman in 40 hours per week. It just requires more time.

We are all cognizant of the ill effects of over-work. Indeed, for many in our surgical community over-work has led to a myriad of problems. We are also aware of the growing body of literature warning of the potential problems of sleep deprivation in our medical work place.<sup>1,2</sup> Therefore, we must continue to be vigilant in our attention to stress in our workplace, and indeed the environment we create for our trainees. All of this points to a reduction in work-hours from the extreme levels of years gone by.

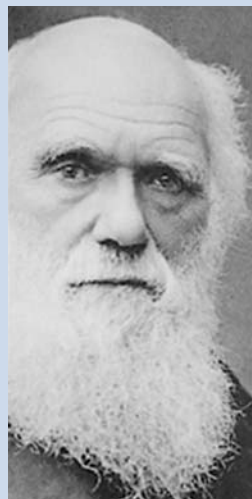
However, we cannot train a surgeon in 40 hours per week. In my opinion, the pendulum in Europe has swung too far. Although their severe form of work hour restrictions has its opponents, the systematic "normalization" of the medical trainee work week in Europe has not only gained traction, it is becoming ingrained in their current medical culture. It does not take much imagination for us to conceive that this European phenomenon might soon be translated into a global reality. We can just envision a smart trial lawyer in a medical error case that involved an "over-worked" resident asking a jury the hypothetical question of why it takes more hours per week to train a Canadian surgeon than a European one.

In my opinion, there are several ingredients to the answer to this conundrum. First and foremost, our residency curriculum should be, by in large, competency-based, not time based. Second, surgeons must be active in defining a reasonable balance, and then become proactive as advocates to define and self-regulate our policies. We must not let this issue be governed by politicians, lawyers, or unions. Finally, we must not shy away from the fact, that disciplines that require a high degree of technical competence are fundamentally different from specialties that don't have that added need. Surgeons are really doctors who also know how to operate. We should not be apologetic about this and we

must resist a “one size fits all” mentality.

For many years, we worked too hard as residents and faculty. We acknowledge this and need to be staunch advocates for change. But change must be reasonable, and what is happening to surgical programs in most European countries, is unreasonable and needs to be resisted.

1. Landrigan CP, Rothschild JM, Cronin JW, et al. Effect of reducing interns' weekly work hours on sleep and attentional failures. *N Engl J Med* 2004;351:1838-48
2. Drazen JM. Awake and informed. *N Engl J Med* 2004;351:1884



Future residents will be substantially older at the completion of training.

### THE 20-30-40-50-HOUR WORK WEEK Europe has gone Crazy!

- We can improve on time wasted-non educational activities.
- We can improve on the inefficiencies of a higher-archical system.
- We can improve on time wasted by learning by a model based on available opportunity.
- But honestly, **Europe has gone too far!**

*A graduating Resident*

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

## Bringing New Technology to Barbados

Leslie Deane, our Barbadian urology resident, started medical school at age 18. He studied at the University of the West Indies, first in Trinidad, later in Cave Hill, Barbados. His decision to specialize in urology had its seeds in summer and Christmas electives when he worked with urologist Dr. Jerry Emtage in Bridgetown, Barbados. Dr. Emtage, (who later became Leslie's father-in-law) enabled Leslie to observe in the operating room and scrub in on open cases. In 1997, his final year of medical school, Leslie emailed several North American centres to inquire about doing an elective; Mike Jewett responded within two hours! He completed a stimulating elective with Mike at Toronto General Hospital and another with Antoine Khoury at Hospital for Sick Children. When the Barbadian government came through with funding, Leslie returned to Toronto for residency training.

Leslie will finish his residency in June 2005, then begin a fellowship at UC Irvine with Ralph Clayman and Elspeth MacDougal, who are pioneers of endourology. He has had excellent preparation for this leading-edge technology while working with John Honey and Ken Pace at St. Mike's.

It will be a stretch for Leslie to acquire the high tech equipment to continue his research when he returns to



Leslie & Aniya Deane

Barbados. He feels he owes it to his country to work toward this goal. With U of T collaborators Robert Nam and Neil Fleshner, Leslie hopes to focus his research on analysis of the cause for the very high prevalence of prostate cancer among black men in Barbados and the Caribbean. He will also introduce endo and laparoscopic Urology to the region.

Several of Leslie's colleagues in University of Toronto residency programs (plastic surgery, radiology and neurosurgery) are from Barbados. They plan to return with a team approach to building and improving postgraduate education and surgical practice. There are currently three urologists, one plastic surgeon and one neurosurgeon on the island; there is little capacity for endo or laparoscopic surgery. Most post graduate training takes place three hours away in Jamaica, where there is some tension surrounding a quota system for admitting Barbadian residents to their programs.

A former British colony, Barbados has been independent since 1966. It has a large middle class. Although living is expensive (since most food must be imported), the island has a relaxed atmosphere and excellent quality of life. Leslie enjoys its national passions: music (calypso and reggae) and especially cricket — despite the fact that the West Indies have now fallen from dominance. Leslie has represented Barbados internationally in tennis, and plays a number of other sports for fun.

Leslie's father manages an insurance company and is a past president of the Caribbean Insurance Association. His mother runs a drapery and upholstery business and his sister Lisa, 21, is at the University of the West Indies studying psychology. Leslie's wife Aniya completed a degree in criminology and anthropology at the University of Toronto this year. Their four-and-a-half month old daughter Ella was born two days before her graduation. Aniya will do a masters degree at UC Irvine. On their return, she hopes to help reform the courts and jail systems in Barbados as Leslie upgrades surgical training practice and research.

*M.M.*



## FROM THE SCRUB SINK Musings on the Surgeon's Retirement Dilemma



Bernard Goldman at art class

Cardiac Surgery is a demanding profession requiring stamina and concentration. Academic and family responsibilities compete with the rigor of emergency cases, society meetings and administrative obligations. It is a busy, hectic life filled with stimulation and immense satisfaction. I began practice over 30 years ago and enjoyed navigating the new procedures and intense politics. Like many other surgeons, I was so focused on the present that I never truly analyzed the future, which arrived very suddenly when I turned 65. Although I had observed the departures from active practice of mentors and colleagues with interest and curiosity, I somehow felt insulated, obviously in some denial.

Retirement at age 65 is mandatory in our University, but each hospital has its own by-laws concerning annual appointments. Most permit surgeons to continue working for a variable duration. The decision whether to continue to operate after 65 and or not, often depends on resources, reputation, respect, relationships, research or teaching requirements. Senior surgeons in Canada do not usually enjoy a protracted role of Consultant, Professor, or Department Head as in Europe; neither is there an opportunity to re-locate to a

private clinic. The issue of retirement merits considerable thought and preparation. Would that we all had the energy, acclaim and accomplishment of famous cardiac surgical icons Alain Carpentier or Denton Cooley, Donald Ross or Carlos Duran who continue to lead, teach and practice in their senior years. The reality is that most of us are ordinary folks who must face retirement decisions before external forces impose a solution.

### Identity and Identification

A few years ago I was interviewed by a friend who was writing a Masters thesis on retirement issues concerning one's identity (as a surgeon, police officer, etc.) vs. the public identification once that career has ended. Clearly one needs a secure ego to avoid disappointment or even depression once the gloves are off. A clear sense of self, accompanied by some other role in the community is invaluable. However, most of us do not have the time for community involvement or business enterprise during the active years as a surgeon. Many develop recreational activities as a diversion from surgery but only the fortunate can fill their day in the ultimate transition from work to pleasure. Lucky is the surgeon who is comfortable with his/her reputation and experience, and valued for contributions and ongoing advice when solicited, whether operating or not. How sad is the individual who needs the trappings of work to feel fulfilled.

### Respect and Resources

Surgeons require scarce resources to continue to operate. There is constant competition for OR time, beds, and income within any department or division. There is also a need in academic centres to recruit young staff with new ideas and energy. A senior surgeon must balance the physical demands of being on call and available vs. the realistic, oft-deferred need to increase leisure time, travel and personal growth. There may be resultant tension within the clinical group due to disparate life styles and earnings. Respect from colleagues and a secure reputation may soften any such conflict, but decreasing resources may change the balance. "When the waterhole gets dry the animals can become vicious." Post-retirement surgical life depends as much on past performance, interpersonal relationships, and professional stature as on available shared facilities.

### Vitality and Vulnerability

A successful experienced surgeon should project an air of vitality and confidence. Reality, however, brings an endless variety of age-related phenomena. To my knowledge there are no objective performance criteria (in our community) that assess continued surgical skills other than obvious poor patient outcomes. Older surgeons may well be subject to fatigue, musculoskeletal discomfort, poor concentration, visual problems or tremor. There is a clear need for personal honesty and integrity regarding physical self-assessment and case selection. There is a time when some surgeons should begin to limit the nature of their practice and not be driven by ego, income, or the need to project vitality. The same is true regarding a younger surgeon faced with family problems, alcoholism, consistently poor results, or inadequate academic output. The senior surgeon, nonetheless, should possess more insight and not wait for gossip among nurses or residents to undermine their status as they attempt to conceal physical problems.

### Hanging In vs. Hanging On

I have felt sorry for those senior surgeons who need to hang on, whose identity is so tied to their status as a surgeon that they cannot let go. They may be seen at Grand Rounds, at committees or working as surgical assistants, confident that their views and experience are wanted and valued. This may indeed be true, but surgeons who garner respect are those invited to continue active participation and whom hospital staff admire and enjoy for their involvement.

Hanging in is a different and more complex subject referring to that surgeon who is indeed respected and welcome but who is trying to achieve some balance in post-retirement years – avoiding unnecessary fatigue, increasing non-surgical activities and trying daily to contribute rather than compete.

Douglas MacArthur's famous remark, "Old soldiers never die, they just fade away", should never apply to a surgeon and certainly not a cardiac surgeon. A more definitive approach and plan is necessary. There is an opportunity for a surgeon approaching retirement age to assess his skills and health, his family needs, personality and income security before agreeing or opting for a post-retirement appointment. For those asked to stay

on, in that wonderful period after age 65, when all the earlier battles have been confronted, there is no more enjoyable feeling than to be part of a vigorous academic group engaged in interesting and exciting clinical activities. Like tribal elders the rewards of sharing experience and judgement and contributing to the growth and skills of the next generation are indeed immense. The major hurdle is to know within oneself when to step back, when to stop operating, and when to shut up.

*Bernard S. Goldman*  
*Division of Cardiac Surgery*

## Continuing a Tradition of Excellence in Surgical Research

Ben Alman has been appointed Vice Chair for Research in the Department of Surgery following the superbly productive tenure of Ori Rotstein in that office. A major responsibility of the position is oversight of the Surgeon



**The Alman Family**  
Benjamin and Zena with Joshua and Sophie

Scientist Program. This involves recruiting and funding surgeon scientists, matching them with the appropriate laboratory and advisors, chairing the research committee responsible for research policy and activity, and keeping the enthusiasm and support of the department focused on this signature program which is largely responsible for the excellent academic reputation of our residency. The other major responsibilities include recruiting, nurturing, and retaining surgical faculty who are research oriented, organizing Gallie Day and giving career advice to surgeon scientists. He also takes responsibility for the administrative aspects of research activities in the department including the funding of the Surgeon Scientist Program.

Planned new initiatives include developing transdisciplinary education and research that links the department of surgery to other departments, exemplified by the recent orthopaedic research day symposium with scholars in the field of tissue engineering. Ben hopes to integrate clinical and research activities in novel ways that will allow surgical residents to start and develop a research career while maintaining and developing their clinical competence. This is well-represented in the surgical staff; but the pathway is not currently available to residents. He plans to improve fund-raising for research by building a virtual research institute for surgeon scientists on the staff; the target funding goal is 40 to 50 million dollars. This would allow surgeons with a major commitment to research to receive significant funds from within the department as well as from external sources.

Ben's clinical focus is on neuromuscular and genetic disorders. His source of inspiration in this field was Michael Goldberg, a world expert on congenital orthopaedic syndromes, who was his mentor at Tufts University. His other focus is on musculoskeletal tumours, particularly the use of biological reconstructions, (for example, vascularized bone grafts instead of devices and prostheses.) Ben does one elective day in the operating room, two large clinics each week, and one week in seven on emergency call. Emergency call may result in five trauma operations per day in the summer, but is substantially less in winter. When I interviewed him, he was bouncing back from a long day in the operating room doing a spinal fusion and a shoulder tumour followed by a late night completing a grant due the fol-

lowing day.

Ben's research explores dysregulation of normal developmental processes in musculoskeletal pathologic conditions. His work identified dysregulation of developmentally important signaling pathways that play crucial role in the development of tumours, arthritis, or problems with healing of bone and skin. Modulation of these pathways, toward normal development, can lead to breakthroughs in treatment.

Ben's administrative and management training came from on the job responsibilities for national and international organizations, such as the American Academy of Orthopaedics, the Shriners' Hospital Foundation and the Paediatric Orthopaedic Society. He has been active in management positions in these organizations for several years. He attended an executive leadership course sponsored by the American Orthopaedic Association. The aim of the American Orthopaedic Association is to train leaders for the orthopaedic community. Ben plans to make time for his new departmental responsibilities by cutting down his participation in external organizations and focusing on the activities of his own division.

Ben's father was a high school physics teacher; his mother is an elementary school teacher in the inner city of Philadelphia. His undergraduate degree from the University of Pennsylvania was in material science engineering. He attended Jefferson Medical School, then completed two years of general surgery at Pennsylvania Hospital and orthopaedic training at Tufts University and the New England Medical Center in Boston. He completed fellowship training at the Hospital for Sick Children. His brother is a PhD engineer in Portland, Oregon. His wife Zena worked with him on the newspaper when both were students at the University of Pennsylvania. She was a top student at The Wharton School, and she received her Masters of Science in Finance. She participates in various volunteer organizations and schools, acting in administrative and fund raising roles. Ben's daughter, nine-year-old Sophie, is an accomplished figure skater and his twelve-year-old son Joshua has just entered the University of Toronto Schools. Ben and his family love the outdoors and recently completed a backpacking trip down the Grand Canyon.

*M.M.*

## “Rectangulating the Life Curve” for Canadians Through Surgical Technology



The Davey Family: Taylor, Roddy, Rod and Darlene

Rod Davey is trying to raise money from private donors to replace outdated power equipment (drills, reamers, saws, etc.) in daily use in the operating room for joint replacement. Such campaigns have less emotional pull than fund raisers for heart disease, cancer, or children and women's health. Yet investment in surgical technology is reducing health care costs and raising Canadian productivity. Interventions like joint replacement and cataract surgery keep the population functioning, a recent development planners call “rectangulation of the life curve”. Economist David Cutler has clarified for us how surgical technology has brought about a steady decline in disability and long-term care in the elderly, moderating health care costs. Instead of a long period of disability from chronic disease, older patients are able to remain in the work force or provide care in the home.<sup>1</sup>

Rod was recently named Associate Director of Surgical Services at University Health Network and Medical Director of the Toronto Western operating rooms. He has been involved in various management positions for the past 17 years. He served as Medical Director of the Orthopaedic Business Unit, then Division Chief of Orthopaedics at UHN and Chair of the UHN Clinical Quality Committee.

I interviewed Rod following a 7 a.m. administrative meeting, just before an 80 patient clinic. In his current position he is responsible to administration, nursing and the physician community for operating room efficiency, budgets and all clinical programs related to

the operating room.

Rod's family is his first priority. The Daveys are all skiers and athletes. He has elected to coach baseball and T-ball, rather than accept travel grants. He grew up in Toronto, and enjoys a close relationship with his extended family here. His father ran the Paul Revere Insurance Company with great success. It seems that he passed on some valuable management genes and skills. Rod has developed a reputation as an outstanding manager. He is described by his colleagues as an excellent physician with an international reputation as a clinical expert on complex lower extremity problems. Close to nurses, colleagues and patients, Rod has been chosen for a leadership role because of the example he sets and the respect he enjoys.

Rod's wife Darlene is a general practitioner in Mississauga who works four days a week while co-managing the family. Son Roddy, a scholar-athlete like his father, finishes at Upper Canada College this year. He is interested in a career in medicine. Their daughter Taylor is a grade eight student at Havergal and was the MVP on both her school baseball and ski teams. Rod is a champion senior snowboarder and inveterate golfer who was out on the links at minus five degrees in mid-November.

1. Cutler DM. Declining disability among the elderly. *Health Affairs*. Nov/Dec 2001;20(6):11-28.

*M.M.*

## New Staff

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



### Howard Ginsberg

Howard Ginsberg has joined the faculty at St. Michael's Hospital. He is a graduate of the University of Toronto Neurosurgery Residency Program and obtained his PhD with Dr. James Drake. He did a fellow-

ship in spinal surgery with Joel Finkelstein in Orthopaedics at the Sunnybrook and Women's College Health Science Centre. His research interests will be in the area of biomechanics of the human spine.

*James Rutka*  
*Division Chair, Neurosurgery*



### Mojgan Hodaie

Mojgan Hodaie has been recruited to the Faculty of Medicine, Division of Neurosurgery at the University of Toronto, Toronto Western Hospital. Moji is a graduate of the university training program in neurosurgery. She has had a

distinguished career as a resident, garnering numerous awards throughout. She has an academic interest in functional neurosurgery, and plans a career in this area under the mentorship of Andres Lozano.

*James Rutka*  
*Division Chair, Neurosurgery*



### Michael Taylor

Michael Taylor has joined the staff at The Hospital for Sick Children as a faculty neurosurgeon in the Department of Surgery and as a Principal Investigator in the Labatt Brain Tumour Research Centre.

Michael is a graduate of the University of Toronto training program in neurosurgery, and has just completed a clinical fellowship in Paediatric Neurosurgery, and a Post-Doctoral Fellowship in the Department of Developmental Neurobiology at St. Jude Children's Research Hospital in Memphis.

*James Rutka*  
*Division Chair, Neurosurgery*



### Alice Wei

We in the Division of General Surgery are happy to welcome Alice Wei to our ranks. Alice obtained her MD degree at McGill University and did her General Surgical Training here at the University of Toronto. This was followed by a Fellowship in

Surgical Oncology and a 6-month stint with Dr. John Wong doing Upper GI Oncologic Surgery.

As of July 1, 2004, Alice has joined the Division of General Surgery at the Toronto General Hospital to do a specialized practice of Surgery in Hepatobiliary and Pancreatic Surgical Oncology. During her first year however, she will be engaged in further graduate training in Clinical Epidemiology with a view to developing and maintaining prospective databases, particularly in Hepatic Surgery and development of participation in hepatobiliary oncologic clinical trials.

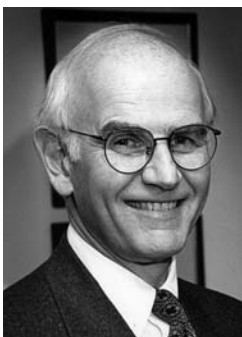
Alice is a very welcomed addition to the Hepatobiliary Pancreatic Program at the Toronto General Hospital and I would ask everyone to make her welcome.

*Zane Cohen*

*Division Chair, General Surgery*

## Surgical Alumni Association

### Dear Colleagues:



Charles H. Tator

December is one of the busiest times of year, but I do enjoy pausing amid the flurry of our busy academic and clinical settings to reflect on the previous twelve months of the department.

What a year it's been! As president of the Surgical Alumni Association, I have made it our

mandate to develop, and in many cases renew, relationships with each and every student, alumna or alumnus

who receives or has received surgical training at the University of Toronto. I am particularly delighted to report that over the past year we've seen more alumni at events and receptions, and have received more letters and calls than ever before with your news of your whereabouts and goings-on. As we try to do through this newsletter and our invitations to department events, I personally encourage all our alumni and former faculty to keep in touch, or better yet, arrange a visit when in town.

Our alumni, current and retired faculty continue to be the main benefactors of the Surgical Alumni Association. Many of you responded to our solicitation earlier this fall – thank you - for the Surgical Scientist Fellowship. This was a marvelous opportunity: your donations were matched and in some cases double-matched by the university and provincial government. The SAA is proud of its ability to support the renowned Surgeon Scientist Program. That program is the future of academic surgery, and the future is exciting. It is also heartening to see your colleagues and mentors honoured by your contributions to the Dr. Bernard and Ryna Langer Chair in General Surgery and the Martin Barkin Chair in Urological Research campaigns. Alumni and former faculty also made special gifts to the divisions in the forms of endowments, bequests and in one case the donation of all the royalties from a new and important book. These special gifts will be featured in articles in this newsletter throughout 2005, so I'll save the announcements until then.

*There is still time to support the Surgical Alumni Association in 2004.* If you haven't made a gift this year, please consider doing so by using the attached gift commitment form, or contact Rebecca Davies at 416-946-0019 regarding your intentions. All faculty and alumni donors from 2003-2004 who supported the Surgical Alumni Association or the Langer Chair and Barkin Chair campaigns will be gratefully recognized in the spring 2005 issue of this newsletter.

On behalf of the Surgical Alumni Association, I hope you all get some deserved rest and family time over the holiday season, and have a safe and fulfilling New Year.

Respectfully yours,  
Charles H. Tator

# University of Toronto Surgical Alumni Fund

Yes, I would like to make a donation to the Surgical Alumni Fund!

Please complete both sides of this form:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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## GIFT PAYMENT SCHEDULE

Amount to be paid in 2004 \$ \_\_\_\_\_

Future installments/pledges to be paid as follows:

\_\_\_\_\_ / \_\_\_\_\_ / 2005 \$ \_\_\_\_\_  
day month year amount

\_\_\_\_\_ / \_\_\_\_\_ / 2006 \$ \_\_\_\_\_  
day month year amount

## GIFT PAYMENT OPTIONS

1) **Cheque:**  Attached – Please make cheque payable to the University of Toronto

2) **Credit Card:** My donation will be paid by:  VISA  Mastercard  AMEX

Card #: \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
month / year

\_\_\_\_\_  
(Name of Cardholder – Please print)

\_\_\_\_\_  
(Signature of Cardholder)

**Alumni News:** Please let us know what's new with you!

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## GIFT ALLOCATION OPTIONS

	General Academic Purposes 0560002869	Provan Education Fellowship (Fund #301905) 0560001048	Surgical Scientist Fellowship (Fund #302415) 0560001382	Other: (Please specify name of the Fund)
My gift in 2004	\$	\$	\$	\$
My gift in 2005	\$	\$	\$	\$
My gift in 2006	\$	\$	\$	\$

**A receipt for income tax purposes will be issued for all donations.**

Solicitation code: **0570033704**; Charitable registration BN 108162330-RR0001.

Please direct any enquiries regarding this form to Rebecca Davies at 416-946-0019 or [rebecca.davies@utoronto.ca](mailto:rebecca.davies@utoronto.ca). If you are donating via credit card, please fax your signed and completed form to Rebecca at 416-946-7722. If you prefer to send a cheque, please mail this form along with your cheque(s) to:

**Attn: Rebecca Davies**  
**U of T Office of Advancement**  
**Faculty of Medicine**  
**Room 2306**  
**One King's College Circle**  
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### FOR OUR AMERICAN FRIENDS ONLY:

#### U OF T ALUMNI

U of T alumni and their families may make donations directly to U of T and use the University of Toronto charitable receipt for their U.S. income tax returns under the Canada-United Income Tax Convention. See [www.donations.utoronto.ca](http://www.donations.utoronto.ca)

#### AMERICAN CITIZENS AND RESIDENTS

American citizens (or residents) who are not alumni or related to alumni of U of T, as well as corporations and foundations requiring a U.S. tax receipt, can contribute to the university through The Associates of the University of Toronto, Inc. U.S. Internal Revenue Code, Section 501 (c)(3).

These donations may be sent to: The Associates of the University of Toronto, Inc., 810 Seventh Ave., 10th Floor, New York, New York, 100919. For more information on giving to U of T through The Associates, please call 1-800-699-1736 or e-mail [associates.ut@utoronto.ca](mailto:associates.ut@utoronto.ca).

## IN MEMORY

### Celebrating the Life of Dr. Harold J. Hoffman, 1932 – 2004



Harold Hoffman

In his day, Dr. Harold J. Hoffman was arguably the most famous paediatric neurosurgeon in the world. He set the standards for the treatment of numerous paediatric neurosurgical disorders by virtue of his understanding of the diseases that afflict children, his unparalleled neurosurgical skills, and his many publications in the sci-

entific literature.

Harold graduated from the University of Toronto Medical School in 1956. In 1957, he married the lovely JoAnn Shulman. In the ensuing years, Harold and JoAnn became the proud parents of Richard, Andrew and Katie.

Harold joined the Neurosurgical Staff at the Hospital for Sick Children in 1964. His major publications in the scientific literature began to appear around 1976, after he had worked hard in the field for about a dozen years. By that time, he had amassed a huge clinical experience at Sick Kids which enabled him to become an authority on virtually every topic in paediatric neurosurgery. He was tireless in his documentation of clinical case materials, and amassing of slides and photographs of the hundreds and thousands of children who were successfully treated by him.

Harold forged important clinical collaborations at Sick Kids with his colleagues in neurosurgery. It is almost impossible to describe the impact of the dynasty that was created at Sick Kids by the union of the first three full-time paediatric neurosurgeons. Bruce Hendrick, the first paediatric neurosurgeon in all of Canada began his practice at Sick Kids in 1954. Harold joined Bruce a decade later. And then Robin Humphreys joined Bruce and Harold in 1970. As all three neurosurgeons' last names began with the letter "H", they became known endearingly as the "3H's".

Collectively, they co-authored most of the definitive works on paediatric neurosurgery, and Sick Kids became a magnet for the attraction of foreign fellows to train in neurosurgery. Over the years, more than 120 international fellows and 200 University of Toronto residents have trained in paediatric neurosurgery at Sick Kids under Harold's tutelage.

Harold received numerous honours, including the Lister Prize in the Department of Surgery, and held several major offices during his career. He was President of the American Society of Paediatric Neurosurgery, President of the International Society of Paediatric Neurosurgery, Chairman of the Paediatric Section of the AANS/CNS, President of the Canadian Congress of Neurological Sciences, Vice President for North America of the World Federation of Neurosurgical Societies. In 1986, he was appointed Neurosurgeon-in-Chief at the Hospital for Sick Children for a ten-year term.

He was indefatigable in his desire to learn from his patients, and to teach others what he had learned. In total, Harold accumulated over 40,000 slides for the benefit of present and future generations of residents and fellows. Recognizing this huge educational resource, upon Harold's retirement, we digitized his best slides, and have placed this incredible educational resource on the University of Toronto Neurosurgery website as a permanent reminder of his major contributions to paediatric neurosurgery.

Hugh Thompson, Emeritus Plastic Surgeon at Sick Kids, recounted the time when Harold and his sons went on canoe trips with the Thompsons. In those days, Harold smoked a pipe incessantly. It went basically everywhere he went. However, on one canoe trip, in rough waters, the canoe capsized, Harold, pipe in mouth, was submerged under the canoe, then popped up on the other side, right side up, pipe still in mouth, and continued smoking away. Harold was simply unflappable.

In a career that spanned over 30 years and thousands of neurosurgical cases, perhaps the most celebrated was the separation of the Jamal twins in 1995. At this stage in his career, Harold had seen and done almost everything in the field of paediatric neurosurgery. However, the separation of Siamese twins joined at the head, so

called craniopagus, was a procedure which he had only read about. It was truly remarkable to see how Harold prepared for the operation to save these twins, including the involvement of interventional neuro-radiologists, plastic surgeons, and anesthesiologists among many more. Harold somehow knew that this case would capture the attention of the world, but he was never distracted by any of this. As many of you know, the story of the separation of the Jamal twins was captured on film and has been shown subsequently on the equivalent of the Discovery Channel on many occasions. The work up and investigation of the Jamal twins took weeks; the actual surgery to separate the twins took over 12 hours. This operation is among the most difficult known to man, and there were certainly some critical moments during this case that, as Harold's assistant, I can recall. At one critical juncture in the case, a blood vessel which joined the twins had let loose and was bleeding profusely. Harold quickly hooked the vessel with his index finger and clipped it with his other hand. In answering questions about this Harold simply stated: "One doesn't think about what one is going to do, one just does it". Of course, both twins survived the procedure, which in itself was miraculous, and to celebrate that evening after the lengthy procedure, in the early morning hours, Harold cracked open a bottle of champagne and we ordered take-out. You may be interested to know that Harold's last scientific manuscript as senior author was published in August 2004, in *Child's Nervous System*, in which his incredible surgery on the Jamal twins is chronicled.

Harold's role in forming the ASPN must be acknowledged here. He and a small group of neurosurgeons from the US and Canada decided to form a separate specialty section in neurosurgery much to the dismay of the adult parent organizations. Their efforts brought instant recognition to paediatric neurosurgeons in North America, and paved the way to improving outcomes in children undergoing neurosurgical procedures.

Harold had his foibles and eccentricities. For example, he was the only man I knew who wore a monocle, and, on formal occasions, pince-nez. I will never forget his arguing with the voice recognition system on his computer: "What do you mean, you don't recognize that word?!"

In the Hoffman home, there is a plaque given to Harold upon his retirement from neurosurgery at Sick Kids by Dr. Koreaki Mori, from Kochi Japan. On the plaque is inscribed a beautiful poem attributed to Samuel Ullman. "You are as young as your faith, as old as your doubt, as young as your self-confidence, as old as your fear, as young as your hope, and as old as your despair". Harold was never in doubt, had no fear, and showed no despair at any time. Harold was always a young man at heart.

His vision for the future of paediatric neurosurgery lives on at the Hospital for Sick Children. The famed British statesman Benjamin Disraeli once said that "A great man is one who affects his generation". Harold can truly be considered a great man, arguably the most famous paediatric neurosurgeon in the world of his generation, and perhaps of all time.

*James T. Rutka*

*Dan Family Chair of Neurosurgery*

*Editor's Note: The complete eulogy, beautifully written and delivered by Jim Rutka at Harold Hoffman's memorial service, and adapted here for the Newsletter, is available online at the Department of Surgery website, [www.surg.med.utoronto.ca/neuro/hoffmanTribute.html](http://www.surg.med.utoronto.ca/neuro/hoffmanTribute.html)*

## Looking Back at Harold Hoffman

Harold was a most successful educational product of the 50's and 60's. With his FRCSC in tow, he travelled to London in 1963 to complete a McLaughlin Fellowship, before returning to the Hospital for Sick Children where he joined Bruce Hendrick on the neurosurgery team, in mid-1964. The neurosurgeon's day at that time was occupied primarily with traumatic and neoplastic insults of the patient's nervous system. Thus the treatment of children's brain tumours became Harold's primary focus in his professional activity. It would appear that he was at least in part stimulated by the Harvey Cushing reports on the management of these lesions. He would from time to time refer to follow-up material of patients upon whom Dr. Cushing had operated most successfully years earlier, during the nascent days of neurosurgery in North America. One suspects that Harold was determined not only to match Cushing, but to exceed him.

At the beginning, such was not easy. Harold was a *BC surgeon* – Before CAT Scan! Consider the plan for a child presenting in that era with symptoms suggesting an intracranial tumour. After a period of observation, a procedure was performed in which air was instilled directly into the patient's lateral ventricle that presumably was expanded from the tumour's blockade downstream. Eventually the air capped the front edge of a mass residing partly (or maybe completely) within the fourth ventricle. An operation was scheduled – one about which any surgeon would often feel at a disadvantage. What were the actual dimensions of the tumour and into what critical structures had it become insinuated? Was it surgical skill alone that would be the major determinant of the child's outcome? Was there any other reasonable postoperative treatment option?

Yet in the end the surgeon's treatment path appeared straightforward. Relying upon Bruce Hendrick's innovative experience to first relieve the child's accompanying hydrocephalus, one hoped that there would follow improvements in the patient's clinical symptoms that had been present for as long as 9 – 12 months. If such was realized, major tumour surgery took place days or weeks later.

Harold loved gadgets. In his extramural life these extended from wrist watches through to quaint automobiles. Naturally he would insist that the Hospital for Sick Children would be on the acquisition front edge for CT and MRI, various magnified visual devices, ultrasonic tissue aspirators, stereotactic guidance systems, and so on.

Most of all Harold critiqued our management strategies, including his own, and in doing so, enjoyed being controversial. He didn't mind being the centre of debate, as long as in the end you agreed with him! A flurry of reports were published in the premier neurosurgical journals on topics such as the prevention of tumour spread through implanted CSF shunt devices, and certain children's brainstem tumours that are benign and can be operated upon successfully and most of all, the goal of surgery for the craniopharyngioma, arguably the most challenging of all paediatric brain tumours.

Harold had a variety of clinical interests. It was the management of children's tumours, in brain or spinal

cord, which stirred him the most. If he was unaware of Immanuel Kant's quotation – "What can I know? What ought I to do? What may I hope?" - these questions were the force behind Harold's neurosurgical career.

*Robin Humphreys*

*Division of Neurosurgery, Alumni*

## Announcements

### Stepping Stones - CFD

The Centre for Faculty Development is pleased to announce that we are accepting registrations for the Fall 2004 Instructional Development Workshops. Beginning in October 2004, we will be offering an array of new and exciting topics!

These workshops are offered to all members of the Faculty of Medicine, at the University of Toronto free of charge. Please visit us online at: <http://www.cfd.med.utoronto.ca/workshops.htm> to register or for information on other faculty development initiatives. You may also contact Dawn Carpenter at: [carpenterd@smh.toronto.on.ca](mailto:carpenterd@smh.toronto.on.ca) or by telephone at: 416-864-6060 Ext. 6546 for questions/comments.

For details regarding the Stepping Stones Teacher Training Certificate Program, please visit: <http://www.cfd.med.utoronto.ca/steepingstones.htm>

Thanks to all who participated in the 2003/2004 Stepping Stones Program; we are looking forward to another riveting academic year

The shortest days of the year are upon us. Virtually every segment of our rich cultural mosaic pushes back the night with festivities. We celebrate our community and our common humanity with lights, feasts, music, and expressions of happiness and generosity.



Martin McKneally

Channukah, Christmas, Kwanzaa, Eid and Diwali all convene us to celebrate, in distinctive but harmonious ways, our appreciation and joy in the company of our friends.

In this spirit, the Department's holiday party at Acqua welcomes our surgical family to enjoy the company of respected colleagues, friends and their families. This December issue of the Spotlight tells some of their stories: The resident who will bring new surgical technology back to Barbados; The surgeons who will assume leadership roles managing operating rooms, our departmental research program, and the surgical services of Canada's greatest children's hospital. Bernie Goldman reflects thoughtfully on the transition from the scrub sink to the next version of our careers after surgery. We celebrate the life work and contributions of Harold Hoffman. Richard Reznick challenges us to think about the mathematics of surgical training. External forces are pressing us to change our commitment to the belief that time is the constant, and experience and skill the variables in surgical education. It is a good time to reflect on how fortunate we are to have these interesting issues to resolve.

In closing, I must correct an error in the last issue in my commentary on Tirone David's elevation to University Professor. I was incorrect to claim that this title is replaced by "Distinguished Professor" in the United States. Many American universities bestow the University Professor title as well; I guess there are tired, unimaginative academic committees on both sides of the border. On a cheerier but related note, I recently heard Professor of Medicine Michael Baker delight an audience of industry leaders by telling them that Wayne Gretzky was "the Tirone David of hockey".

I wish you warm, bright and companionable holidays. Celebrate and enjoy them!

*Martin McKneally*  
Editor

## The Irritating Intern

A story (which I heard from several independent sources, so it may be true) concerns a patient who was attended by an emergency room intern. The intern had the patient all worked up, and recorded a mass of information that was not needed for a person with a minor head laceration. He then called up the first neurosurgeon on call and explained to him in laborious, pointless detail what was going on. This was in the middle of the night, and the gruff voice on the other end of the line queried, "Do you know to whom you are speaking?"

The student: "No."

The voice: "You are talking to Dr. Morley, Professor Morley, head of the neurosurgical service at the Toronto General Hospital."

Pause.

The student: "Do you know to whom you are speaking?"

Professor Morley: "No."

The student: "Good." He hung up.

Quoted from "Seldom Come By: A Surgeon's Stories" by Clement A. Hiebert, 2003, Blue Publications, Portland, Maine.

*(Clem Hiebert was a visiting staff surgeon on the thoracic service at TGH 1969-1971 — Ed.)*

"Breaking Through the Boundaries: 2004-2009 Strategic Plan for the Department of Surgery, University of Toronto" is now available online at [http://www.surg.med.utoronto.ca/strategic\\_plan.html](http://www.surg.med.utoronto.ca/strategic_plan.html)



## HONOURS/AWARDS/ ACCOMPLISHMENTS

**Tirone David** (CardSurg) was installed as the President of the American Association for Thoracic Surgery during the annual meeting of the AATS in Toronto in April 2004. The AATS is the pre-eminent world organizations of thoracic and cardiovascular surgeons.

**Rod Davey** (OrthSurg) has accepted the positions of Associate Director of Surgical Services, University Health Network (UHN) and Medical Director of the Toronto Western Hospital (TWH) Operating Rooms.

**Joel Fish** (PlasSurg) is winner of the 2003-2004 POS Best Lecturer Award.

**Douglas Hedden** (OrthSurg) has been appointed as Chair of the Specialty Committee in Orthopaedic Surgery.

**Michael Johnston** (ThorSurg) was awarded the Robert J. Ginsberg Award for Excellence in Postgraduate Teaching for his exemplary skill and dedication to resident teaching.

**Stephen Lewis** (OrthSurg) was presented with the R.B. Salter Award for Excellence in Teaching at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 as voted by the orthopaedic residents.

**John Marshall** (GenSurg) has been awarded the Institute of Medical Science (IMS), Graduate Course Lecturer Award on Scientific Day, May 2004, for his contributions to MSC1040H "Physiologic Basis of Disease".

**James Rutka** (NeurSurg) was appointed to the position of Treasurer of the Academy of Neurological Surgery.

**Ian Taylor** (Anatomy) was presented with the Dr. E. Mary Hollington Award, which recognizes excellence in pre-clinical or basic science teaching.

**Richard Weisel** (CardSurg) was presented the 2004 Wilfred Bigelow Lectureship Award by the Canadian Society of Cardiac Surgeons at the Canadian Cardiovascular Congress in Calgary, October 2004.

**Richard** was also presented with the Distinguished Achievement Award by the American Heart Association Council on Cardiovascular Surgery and Anesthesia at the 2004 Scientific Sessions in New Orleans in November 2004.

**Uosife Alfahd** (OrthSurg Resident) was presented with the 2004 Hospital for Sick Children Award at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 for best paediatric paper presented at Kennedy Day titled: "Outcomes of Open Reduction and Reconstructive Surgery of Dislocated Hips in Children with Spastic Quadriplegia".

**Eric Bedard** (ThorSurg Resident) **Carmine Simone** (ThorSurg Alumni) have been jointly awarded The F. Griffith Pearson Award for Best Resident/Fellow Teacher for 2003-2004. Both have demonstrated outstanding leadership and enthusiasm in teaching our junior residents and medical students.

**Karen Cross** (PlasSurg Resident, Supervisor: Joel Fish) was awarded the 2004 PSI Resident Research Award for her research paper titled: "Near Infrared Point Spectroscopy and Imaging in Burn Wound Assessment".

**Kurt Droll** (O/S Resident) was presented with one of two 2004 Organon Sanofi-Synthelabo Resident Research Awards at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 for presentation: "Functional Outcome and Strength Following Plate Fixation of Fractures of Both Bones of the Forearm in Adults".

**Shafie Fazel** (CardSurg Resident) was granted the 2004

PSI Resident Research Award for his paper titled: "The Role of Stem Factor Receptor in Cardiac Remodeling After Myocardial Infarction".

**Veena Guru** (GenSurg Resident) has been awarded the CCS 2004 Student Presentation Award for project titled: "Trends in the Demographics and Outcomes of CABG Surgery During an Era of Institutional Performance Reports in Ontario".

**Veena** has also been awarded the PSI 2004 Resident Research Award for project titled: "The Real World Utilization and Results of Off-pump Coronary Artery Bypass (OPCAB) Surgery in a Public Healthcare System".

**Markku Nousiainen** (OrthSurg Resident) was presented with the R.I. Harris Postgraduate Award at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 for best graduating resident as voted by the faculty.

**Christian Veillette** (OrthSurg Resident) was presented with one of two 2004 Organon Sanofi-Synthelabo Resident Research Awards at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 for presentation: "Are Auditory Cues Used to Control Hand Motion and Force Application During Bone Drilling".

**Subodh Verma** (CardSurg Resident) was awarded the Melvin Marcus Young Investigator Award at the 2004 Scientific Sessions of the American Heart Association in New Orleans in November 2004.

**Daniel Yoo** (OrthSurg Resident) was presented with the T.R. Sullivan Award for Excellence in Basic Science Research at the 2004 Kennedy Visiting Professorship Awards, Thursday, November 4, 2004 for paper titled: "Methods of Operative Fixation of the Acromioclavicular Joint: A Biomechanical Comparison".

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**Michael Moses** (PlasSurg Research Fellow, Supervisors: Cho Pang and Peter Neligan) won the Shenq Award at

the Plastic Surgery Research Council Meeting in Ann Arbor, Michigan in June 2004. The Award is presented to a graduate (who is currently performing plastic surgery research) of a non-US or Canadian medical school giving the best oral presentation at the meeting. Toronto trainees have won this Award two of the five times that it has been awarded by the Council.

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**Griff Pearson** (ThorSurg Alumni) has received the inaugural Lifetime Achievement Award of the American Association for Thoracic Surgery for his significant contributions to the specialty of thoracic surgery in the areas of patient care, teaching, research and community service.



## GRANTS & FELLOWSHIPS

**Anne Agur** (Anatomy) is the recipient of the 2004 Faculty of Medicine Dean's Fund New Staff Grant for her project: "Development of an in Situ 3D Computer Model and Architectural Database to Investigate the Movement/Stability Characteristics of the Lumbar Back Muscles".

**David Backstein** (OrthSurg) and **Adam Dubrowski** (Research) received a Physicians' Services Incorporated (PSI) Foundation Grant in the June 2004 grants announcement for their project: "The Effects of Part-whole Practice on the Acquisition and Retention of Bone Plating Orthopedic Procedures".

**Peter Dirks** (NeurSurg) has received a three-year Canadian Cancer Society Research Grant for his project: "A Study of Cancer Stem Cells in Human Brain Tumours".

**Michael Fehlings** (NeurSurg) received a Physicians' Services Incorporated (PSI) Foundation Grant in the June 2004 grants announcement for his project:

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“Neuroprotection After Spinal Cord Injury by Targeting the Fas Receptor”.

**Abhijit Guha** (NeurSurg) has received a three-year Canadian Cancer Society Research Grant for his project: “Role of Angiopoietins and Tie2 Receptor in Astrocytoma Angiogenesis and Malignant Growth”.

**Robert Nam** (UrolSurg) and co-principal investigators Eleftherios Diamandis (Dept. of Laboratory Medicine and Pathobiology), **Neil Fleshner** (UrolSurg), **Michael Jewett** (UrolSurg), **Lawrence Klotz** (UrolSurg), Steven Narod (Dept. of Public Health Sciences), Linda Sugar (Dept. of Laboratory Medicine and Pathobiology), Ants Toi (Dept. of Medical Imaging), and **John Trachtenberg** (UrolSurg) have received a three-year Terry Fox Foundation Research Grant for New Investigators for their project: “Prospective Evaluation of Prostate Biopsies for Prostate Cancer Detection”.

**Robert** has received a one-year Terry Fox Foundation Equipment Grant for New Investigators for his project: “Prospective Evaluation of Prostate Biopsies for Prostate Cancer Detection”.

Arthur Slutsky (Dept. of Medicine), and co-principal investigators Paul Dorian (Dept. of Medicine) and Laurie Morrison (Dept. of Medicine), and co-investigators Sandra Black (Dept. of Medicine), Dave Davis (Dept. of Health Policy, Management and Evaluation), James Hutchinson (Memorial University, St. John’s Newfoundland), James Lavery (Dept. of Public Health Sciences), Don Redelmeier (Dept. of Medicine), and **Ori Rotstein** (GenSurg) have received a five-year US National Institutes of Health (NIH) Consortium Grant (Clinical Research Consortium to improve resuscitation outcomes) for their project: “From Bench to Bedside to Curbside”. The University of Toronto will be one of ten centres across Canada and the US that will carry out large scale clinical trials on out-of-hospital resuscitation.

**Alexander Velumian** (NeurSurg) is the recipient of the 2004 Faculty of Medicine Dean’s Fund New Staff Grant for his project titled: “Pathophysiology of Oligodendroglial-axonal Interactions in Spinal Cord White Matter Injury”.

**Shafie Fazel** (CardSurg Resident, Supervisor: Terrence Yau) received a Physicians’ Services Incorporated (PSI) Foundation Grant in the June 2004 grants announcement for his project: “Cardiac Regeneration by Cell Transplantation: Role of Recruited Stem Cells”.

**Charles Matouk** (NeurSurg Resident) was awarded a five-year CIHR Postdoctoral Fellowship

**Charles** has also received a three-year Heart and Stroke Foundation of Canada Fellowship.

**Sarah Woodrow** (NeurSurg Resident), J. Park, **Richard Reznick** (GenSurg) and **Helen MacRae** (GenSurg) have received a Royal College of Physicians and Surgeons of Canada 2004-2005 Medical Education Grant for their project: “Perceptions of Professionalism Among Faculty and Trainees in Academy Surgery”.

**Sarah**, V.R. LeBlanc, **Adam Dubrowski** (Research) and **Ravindar Sidhu** (VasSurg) have received a Royal College of Physicians and Surgeons of Canada 2004-2005 Medical Education Grant for their project: “Effects of Evaluation Stress on Surgical Skills”.

**George Zogopoulos** (GenSurg Resident) has been selected for a two-year 2005-2007 Society of University Surgeons-Ethicon Scholarship Grant Award (\$60,000).

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**Artur Gevorgyan** (PlasSurg Research Fellow, Supervisor: C. Forrest) has been awarded the 2004 Bernd Spiessl Research Grant Award, Maxillofacial Surgeons Foundation of the American Society of Maxillofacial Surgeons, for research project titled: “Radiation-induced Craniofacial Bone Growth Retardation: Relationship Between p53 Expression, Apoptosis and Cell Cycle Arrest Following Radiation and Cytoprotection in Vitro”.

**Artur** has also been awarded the 2004 Basic Research Grant Award, Plastic Surgery Educational Foundation, for research project titled: “Apoptosis in Cultured Calvarial Cells Following Radiation”.

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The deadline for the Spring 2005 Surgery Newsletter is February 1, 2005.  
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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