

# THE **surgical** spotlight



ON ALUMNI, FACULTY, RESIDENTS & FRIENDS

OF THE DEPARTMENT OF SURGERY FALL 2004

## Welcome New Members of the Department of Surgery! PGYI Trainees 2004



Hussein Al-Ahmadi – N/S



Ahmed Al-Rashdi – O/S



Jamil Asaria – G/S



Mitesh Badiwala – C/S



Anna Bendzsak – N/S



Jonathan Cardella – G/S



Olivia Yue Yue Cheng – O/S



Douglas Cook – N/S



Karen Devon – G/S

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Khaled Elfallah – O/S



Louis Fenkell – G/S



Won Kim – O/S



Pavi Kundhal – G/S



Jason Lee – U/S



Nicole Look Hong – G/S



Anthony Marchie – O/S



Glykeria Martou – P/S



Aaron Nauth – O/S



Rakan Nazer – C/S



Kannin B. Osei-Tutu – P/S



Fahima Osman – G/S



Fayez Qureshi – G/S



Alia Qureshi – G/S



Bill Ristevski – O/S



Rohan Shahani – U/S



Shadi Shihata – O/S



Jensen Tan – G/S



John Townley – O/S



Marie Laurina Turcotte – G/S



Shobhan Vachhrajani – N/S



Bryce Weber – U/S

## Surgeon in Society Symposium, Resident Forum and New Resident Orientation

First and second year residents from all entry level specialties enjoyed the 5th Annual Surgeon in Society and Resident Forum, held at the Vaughan Estate on July 12, 2004. The objective of the Surgeon in Society symposium was for residents to learn to apply concepts of

behaviour change to their practices as trainees, role models and leaders in Surgery. The Resident Forum continued the six-monthly series of meetings between Stan Hamstra, John Bohnen and Core Surgery residents to discuss issues such as work life, PAIRO contract and education.

We extend warm thanks to our outstanding guest faculty: Dr. Anne Matlow (Infection Control, Hospital for Sick Children), Ms. Karen Adams (Staff Development and Organizational Planning, St. Michael's Hospital) and Dr. Claude Martin (CMPA); to Dr. Stan Hamstra, Director, Education Research and Evaluation; to Wyeth Pharmaceuticals for partial support of the event; to Miriam Rotman for help in planning and co-ordination; and mostly, to the residents for their enthusiastic attendance and participation.

Following these sessions, the PGY1 trainees went to the Faculty Club for their Orientation Session. Welcome to our newest additions to the Department of Surgery Housestaff, pictured nearby!

*John M.A. Bohnen, MD*  
*Vice Chair, Education*

## New Staff

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



**Kirk Lo**

Dr. Kirk Lo is a graduate of McGill University Medical School and completed his urology residency at McGill in 2002. He has just finished a 2-year fellowship in Male Reproductive Medicine and Surgery at the Scott Department of Urology, Baylor College of Medicine in

Houston, Texas. He was successful in securing an American Foundation for Urologic Disease research fellowship at Baylor, which allowed him to focus on research.

Kirk was appointed to the Division of Urology at Mount Sinai Hospital and will be concentrating on further

developing the Male Infertility program within the Koffler Men's Urologic Wellness Centre. He will also be focusing on his projects in stem cell research as it applies to male infertility. He will be working closely with the female infertility group.

*Sender Herschorn*  
*Division Chair, Urology*

### Sharon Sharir

Dr. Sharon Sharir is a graduate of the University of Toronto medical school and the Urology Residency Program. During her residency she completed an MPH degree at Columbia University where she spent 2 years in clinical research. She subsequently completed the U of T Uro-oncology Fellowship and spent a year perfecting her laparoscopic surgical skills.

Sharon was appointed as a uro-oncologist in July with a cross appointment to the TSRCC. She will be conducting clinical research in oncology with a specific interest in female pelvic malignancies.

*Sender Herschorn*  
*Division Chair, Urology*



### Frances Wright

Dr. Frances Wright formally joined the Division of General Surgery at Sunnybrook and Women's Health Sciences Centre on July 1, 2004. Frances completed her General Surgery training at Queen's University in 2001. She then completed a 2 year fellowship in Surgical

Oncology at the University of Toronto and a MEd degree at the University of Toronto. Her clinical focus is on breast and colorectal oncology.

Frances is also interested in researching Knowledge Transfer. She is actively involved in studying gaps in the quality of cancer care in Ontario, and in developing innovative approaches to bridging those gaps and strategies to improve practicing surgeons' continuing education. In addition to being an outstanding clinician, Frances

has already established a stellar record of publication and grant capture in her chosen area of research.

*Andrew Smith*  
*Hospital Division Head, General Surgery*

## Tirone David: Passion and Creative Genius in the Pursuit of Technical Perfection

Tirone David, Chief of Cardiovascular Surgery at the University Health Network, has recently been named a "University Professor" and elected President of the American Association for Thoracic Surgery. These represent the highest academic honour of the University of Toronto and the highest international office in academic cardiothoracic surgery.



Tirone David

The designation of "University Professor", reserved for 1% of tenured faculty, is given in recognition of "unusual scholarly achievement and pre-eminence in a particular field of knowledge". In the US the equivalent is Distinguished Professor, a much less ambiguous designation. Many in our university are not aware of the meaning of "University Professor", a designation that must have been invented by a tired academic committee. When he was notified about the honour, Tirone said, "But President Birgeneau, I've been a professor at this university for 19 years!" Tirone is only the second member of the Department of Surgery to receive this honour. The first was Robert Salter. Tirone has also recently been elected to the Order of Canada in recognition of his impact on the nation.

These honours celebrate Tirone's twenty-six years of technical and conceptual creativity in cardiac surgery. He is widely regarded as "the best, or among the best two or three cardiac surgeons in the world".

His mentor and role model in Brazil was Giacondo Artigas, a brilliant technical surgeon who required him

to learn English and then rewrite a paper about bile duct strictures that he had written in Portuguese. Artigas later sent him to America for his surgical training at the Cleveland Clinic under George Crile Jr. Caldwell Ecklestein, Crile's son-in-law, took a strong interest in the gifted young Brazilian surgeon and served as his mentor. Crile, a very conceptual surgeon, taught Tirone to "follow nature's rule: form follows function." This has been a guiding principle of his creative surgical life.

When Bill Bigelow, (formerly Chair of Cardiac Surgery and a former president of the AATS) came to the Cleveland Clinic as visiting professor, he offered Tirone a position in Toronto. Since Canada had "too many doctors", Bill called Pierre Trudeau. He arranged to have Tirone admitted as a person "vital to the national interest and security of Canada". This prescient description was puzzling but highly acceptable to the respectful immigration agents at the border.

All of Tirone's research has been at the organ level, rather than molecular. His first papers were on the role of the mitral valve in ventricular function. These remain the authoritative standard references on the subject today. He introduced Gortex chordae tendinae for reconstruction of the mitral valve, invented the stentless Toronto and Medtronic valves and the David valve-sparing aortic root replacement. He solved the problem of the mitral annulus destroyed by endocarditis. His solution, relying on nature, was applying fresh autologous pericardium to heal and reconstruct the valve ring. His infarct exclusion operation solved the problem of myocyte slippage and cardiac rupture after infarction, lowering the mortality rate from 60% to 12%.

Tirone speaks with his characteristic animation about the fun and satisfaction of the life of a physician, and the thrill he derives from surgery and from the gratitude of patients. He is extremely optimistic about the future of cardiac surgery, though he recognizes that health care in Canada cannot keep up with current advances in technology by relying exclusively on the civic values and beliefs of an earlier era. To achieve and sustain excellence, greater investment is needed beyond what governments can provide. Canadians like Peter Munk, whose foresight and generosity built the Cardiac Centre at Toronto General Hospital, have recognized and responded to Tirone's leadership.

Tirone is most proud of his family. His marriage to Jackie, whom he met when she was a surgical nurse manager at the Cleveland Clinic is "the best thing that has happened to me in my life". He has three "magnificent, caring, compassionate and generous daughters". Adrienne recently graduated with an Honours MBA from the University of Toronto's Rotman School of Management. Caroline recently finished training in physiotherapy and Kristen is studying at Concordia University in Montreal. Tirone exercises vigorously three hours per week, skis and plays golf. He reads voraciously, most recently everything written by Dan Brown and everything that has been published in response to *The DaVinci Code*.

M.M.

## Dick Weisel: "Keeping Your Skis Together" in Surgery and Research

Dick Weisel, our Chairman of Cardiac Surgery, recently received the Scientific Achievement award of the Society of Thoracic Surgeons, the largest international organization of cardiothoracic surgeons in the world. This award recognizes his career contributions to advancement of the specialty through scientific research and discourse.



Richard Weisel

Dick is widely regarded as one of the leading cardiovascular surgical scientists in the world. His laboratory and closely matched clinical studies have provided clear and decisive answers to complex questions about myocardial preservation during cardiac surgery and, more recently, cell transplantation to regenerate damaged myocardium. His current studies, conducted with former laboratory protégés Vivek Rao, Terry Yau and his long-time laboratory colleagues and co-investigators Ren-Ke Li and Don Mickle, are focused on clinical trials

of three agents that protect the myocardium during surgical interventions. Adenosine, the body's natural sedative, puts the heart to sleep; insulin stimulates aerobic metabolism; and arginine serves as a substrate to stimulate nitric oxide production. Working with patients who are proud to be on the leading edge of cardiac surgical research, Dick and his colleagues are conducting clinical trials that synergize the effects of these agents to optimize the benefits of currently available cardiac surgical interventions.

Moving toward the future, working with Ren-Ke Li, Dick's cardiac surgical lab program is perfecting the techniques for performing and evaluating transplantation of stem cells into the injured myocardium. The animal evidence they have generated is exciting and convincing. They are currently collaborating in clinical trials with colleagues in France, as stem cells transplantation into humans has not been approved by Health Canada or the Food and Drug Administration of the United States.

Born in Wisconsin, Dick was a Philosophy major at Yale. He attended medical school in Milwaukee where his father was Chairman of Cardiac Surgery at Marquette University. He began his career in the cardiac surgical lab as a high school student and continued through medical school, a pathway he has continued to foster for young Toronto students. His mentors during residency at Boston University Medical Center included Drs. Richard Egdahl, Herbert Hechman and John Mannick. In the laboratory there he studied with Jameel Ali and Steven Strassberg from Toronto, who influenced his decision to come to our university as senior resident in thoracic and cardiovascular surgery. Bill Bigelow facilitated his transition to the faculty and helped launch his career as a clinician, teacher and researcher.

Dick's father introduced him to many of the leading names in cardiac surgery from an early age. His older brother Thom, a successful investment banker, west coast entrepreneur and avid sportsman, has consistently sponsored Lance Armstrong and the U.S. Postal Cycling Team. Like his father and brother, Dick is an expert skier. He is also an avid cyclist. He is training daily for the Maui bike race, a grueling race up Mt. Pu'u Kukui. One of his goals while he is in Maui is to improve his standing in the race, and master windsurfing. As many

who know him understand, he has taken inspiration from the example of Lance Armstrong. His son Matthew is an engineering student at Queen's University and his daughter Ashley is a pre-medical student at McGill.



Richard Weisel, family & friends

Dick is an enthusiastic supporter of the surgeon scientist program. He emphasizes the importance of becoming a part of the network of investigators throughout the world after a surgeon has become focused on a particular field, enabling career-long discourse and collaboration. He emphasizes how important it is for young surgeons to "keep their skis together" by pulling their scientific research toward their clinical work and pulling their clinical work towards their research. His advice to practicing surgeons is "don't grieve over the rapid advances that are being made in medicine and cell biology; incorporate them into our surgical work and keep moving ahead toward getting patients back to health and work in the shortest possible time."

M.M



"I need another week."

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## Division of Neurosurgery: Five Years of Unmatched Productivity

In a recently completed five-year, comprehensive external review, the Division of Neurosurgery, chaired by Jim Rutka, was described as one of the strongest programs in North America. Critical elements in the successful five year review, according to Jim, were his working relationship with program director Chris Wallace, a dedicated curriculum, excellent faculty and resident teaching, and a web-based “down day” curriculum which follows an orderly sequence of three blocks per year, each followed by an examination.

There are seven hands-on courses in the skills lab for neurosurgery residents, including peripheral nerve surgery, epilepsy surgery, bone dissection, endoscopy and spine stabilization. Fourteen visiting professors come to the division each year. The residency attracts 20-30 candidates per year and accepts four, usually listed in their top five choices. Residents are chosen on the basis of scholarship, clinical excellence and balance in their lives. A background in music, language, wood-working, or other well-developed skills and interests strengthens the application of potential candidates. Hockey proficiency may influence the residents on the selection committee, as the residents play the faculty each year in their custom-made neurosurgery hockey jerseys. They also enjoy an annual three-day canoe trip each September.



(left to right) (back row) Doug Smith, Jim Rutka, Jay Riva-Cambrin, Norm Laperriere, Adrian Laxton & Julian Spears (front row) Jim Drake, Tim Emo & Chris Wallace

With annual grants of \$5-8 million and over 150 peer reviewed publications per year, the academic productivity of the division is unmatched. Residents in the laboratory have earned peer reviewed funding from CIHR, the American Heart Association, the National Cancer Institute and the Heart and Stroke Foundation. The most recent research breakthrough was a first author publication by Mike Tymianski in *Cell*, one of the world's leading scientific journals, describing an agent that cures stroke in animals. This agent blocks a receptor on neurons that prevents activation of the nitric oxide cascade. It will soon be brought to market by a company affiliated with the investigators.

The neurosurgeons perform over seven thousand operations per year, many at the highest level of complexity. This is more than double the volume of surgery of its closest competition in the United States. Centres of excellence have been developed in stereotactic and functional surgery, neuro-oncology, spinal, peripheral nerve, vascular, and paediatric neurosurgery.

Jim Rutka's vision for the next five years of the neurosurgery division will give top priority to securing a stable funding platform for all academic neurosurgeons within the university. He will also attempt to add three more chairs to the seven currently in place. New chairs will support the division's work in trauma, medical publication and illustration.

*M.M.*



(left to right) Peter Dirks, Jim Rutka, Jim Drake

## An Interview with Jim Rutka: Balancing Priorities in Academic Neurosurgery

Jim Rutka attended York Mills Collegiate High School in Toronto. As an undergraduate at Princeton University, he majored in chemical engineering. His medical training was at Queen's University and his internship at the Royal Victoria Hospital at McGill.



James Rutka

After three years of neurosurgery residency under Allan Hudson at the University of Toronto, he traveled to the University of California at San Francisco where he obtained a PhD degree in tumour biology, funded by the Medical Research Council of Canada. During their California sojourn, his wife Mari worked in the film industry with George Lucas on such films as *The Ewok Adventure* and *Star Wars*. Jim developed extensive and valuable contacts in North American neurosurgery during his period of dedicated research.

Following completion of his clinical training in Toronto, he established a brain tumour centre with Mark Bernstein and Ab Guha. This centre is one of a kind, employing 40 people and occupying most of the third floor of the McMaster research building. It is funded in part by contributions from Arthur and Sonia Labatt, the Hospital for Sick Children Foundation, the University Health Network Foundation and over \$1.5 million per year in peer reviewed grants.

Jim spends two dedicated weeks in the laboratory each month, alternating with two dedicated weeks of clinical service. Jim Drake is his alternating partner. This system has proven highly productive academically; it has been very well accepted by referring doctors and patients despite initial fears about the importance of continuity and personal relationships with referring physicians. Currently, Ab Guha and Andreas Lozano use the same system, as do Mike Tymianski and Chris Wallace.

Jim celebrated his 25<sup>th</sup> wedding anniversary with Mari at the Killarney Mountain Lodge on Georgian Bay this summer. His son Daniel is a musician and composer at McGill University. His daughter Hana is a ballerina in the National Ballet School of Canada. Marissa, 13, plays tennis and the saxophone. Jim enjoys music. To celebrate his fifth year as chair, he recently purchased a Kawai grand piano. He plays centre for the neurosurgery hockey team. In an earlier version of his life, he played Triple A hockey in Toronto and was drafted for Junior A with the Peterboro Petes, but elected to pursue neurosurgery instead.

M. M.

## Health Policy and Management at the Resident Level

During his residency in orthopaedic surgery, Christian Veillette has been instrumental in a number of international IT projects and an integral part of the development of a residency management system. The thin client/server based application, available through [www.thinresidency.com](http://www.thinresidency.com), is executed on powerful dedicated servers at the company while the desktop client device only needs to provide the display. The use of central servers with continuous technical assistance and upgrades is widely used in small to medium sized businesses, allowing them to divest themselves of the complex hardware and maintenance problems while maintaining leading edge computer solutions. This approach is familiar to users of the University of Toronto email system. The goal is to provide cost effective technology solutions to reduce the administrative workload and centrally manage communication, schedules, duty hours, evaluations and case logs. The real-time analysis of case log data allows discrepancies in a resident's experience to be identified and provides means to explore the effects of new call and duty hour regulations on residency training. The application is currently used in six orthopaedic programs in Canada and one in the United States. Chairman Jim Waddell says Christian's program



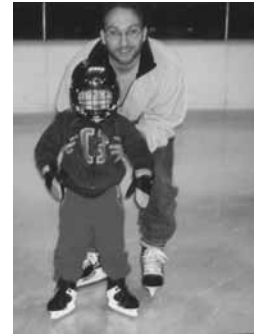
has revolutionized access to educational resources, documentation of clinical experience, and communication within the division.

Christian is an informatics autodidact, a self-taught technophile who runs an internet company as a hobby. Journey Information Technology Inc. ([www.journey-it.net](http://www.journey-it.net)) provides web development and information technology services to healthcare professionals, the medical education community and several small businesses. He is a director of the Internet Society of Orthopaedic Surgery and Trauma and co-developer of the Orthogate Project ([www.orthogate.com](http://www.orthogate.com)), an orthopaedic portal that provides the oldest global orthopaedic mailing lists, the most active orthopaedic surgery education forum, the largest collection of orthopaedic related links on the internet ([www.orthopaedicweblinks.com](http://www.orthopaedicweblinks.com)) and multimedia guides for patient education.

He learned to respect independent small business entrepreneurs from his mother and father who run a demountable partition company and an alternative health management/nutrition counseling business. As an undergraduate biochemistry major at the University of Calgary, Christian was influenced by Cy Frank, an orthopaedic surgeon and mentor who introduced him to laboratory research. On Dr. Frank's advice he came to Toronto to study orthopaedic surgery, attracted by the surgeon scientist program. He recently completed his masters degree studying the influence of endothelin-1 in the regulation of osteoblast differentiation and vascular endothelial growth factor in Herb von Schroeder's laboratory ([www.utoronto.ca/bonelab/](http://www.utoronto.ca/bonelab/)).

Christian plans to pursue a fellowship in upper extremity reconstruction and trauma with Mike McKee, whom he describes as "one of the most respected experts in the world". Christian plans to focus on soft tissue reconstruction for joint instabilities, arthroscopic surgery and joint replacement in the shoulder and elbow in his future career. He anticipates a proliferation of new nanotechnologies that will keep the leading edge of the specialty moving steadily forward. The development of informatic tools and their application to learning processes and clinical decision making will become increasingly important. His focus on the informatics oversight of the specialty can serve as a model or a building block for other training programs to adapt.

Christian's wife Heather, who co-managed a physiotherapy office in Calgary, provides balance and perspective in his life. His son, five-year-old Keaton, has given him insight into the importance of time management in the life of a resident and surgeon. Christian has tried to play hockey year round every Wednesday night throughout his residency. He plays defense on the Toronto team at the Docs On Ice charity hockey tournament (<http://www.canadian-physician.ca/mdsport/>) and encourages more residents to make the time to come out for the event.



Keaton learning to skate

*M.M.*

## The Culture of Surgery

excerpts from *The Scalpel's Edge: The Culture of Surgeons*, (Boston: Allyn & Bacon, 1999) an anthropological study by Pearl Katz.

### Introduction

"Surgeons were ranked as the most prestigious occupation in a national survey, outranking college presidents, astronauts, big-city mayors, lawyers, and all other physicians (National Opinion Research Center 1991). Indeed, they are often stereotyped as God-like heroes, as the following joke suggests: Question: What is the difference between God and a surgeon? Answer: God knows that he is not a surgeon. Such stereotypes depict surgeons as heroic men who exude confidence and optimism and who are quick to act and too busy to listen. Although the stereotypes derive as much from movies and television as from real life, there also are many surgeons who behave in a caring manner and place importance upon communicating with and informing their patients."

## Operating Room Rituals and Science

"In the operating room rituals occur in four different kinds of situations. In each of these situations there exist indistinct categories and, without exaggerated rituals, appropriate behavior would be confused. The description of the operating room rituals indicates that the situations in which rituals occur include: a) separating sterile from nonsterile objects; b) passing through the three stages of surgery (one, incision; two, excision or repair; and three, closure); c) managing unanticipated events, such as cardiac arrest or sudden hemorrhaging; and, d) matching information, such as blood types, operative sites, or instrument counts. In each of these situations there exists a potential confusion about the appropriate classification of events -- confusion about the location of the boundaries between one category or stage, or in situations in which there is danger of contact of forbidden categories. For example, blood may not be properly matched or non-sterile objects may touch (i.e. contaminate) sterile ones. The major rituals that [occur] in the operating room [take] place during these transitions to make it completely clear to everyone what kind of behavior [is] required, such as transitions from non-sterile to sterile, such as in scrubbing, or during changes in the phases of the operation ...

...The rigid, ritually prescribed tasks of the scrub nurse, who must respond to the precise commands of the surgeon, may first appear to deny her autonomy. However, most operating room nurses stated that they enjoyed the role of scrub nurse at least as much as they enjoy the role of circulating nurse because the role behavior is so ritually prescribed that it bestows considerable freedom. For example, an operating room nurse described the large degree of autonomy the operating room affords her:

*The only place I feel in control in my job is in the OR. The autonomy I get is what makes me love the OR. Rituals give us control, give us power. If we don't have rituals the nurse would not have power. When we are the ones in charge of sterile technique we are in a peer relationship with the surgeon....*

*... I feel the scrub nurse has power; I don't feel it's subordinate. You have tremendous power in your ability to influence what's going on ...*

*... She doesn't just follow the surgeon's orders. She gets things ready ahead. The instrument is in his hand before he thinks about it. The more we know the more we can anticipate.*

[Rituals facilitate] transitions, for example, among the operative stages, or when the scrub nurse moves to the other side of the surgeon. Rituals increase autonomy by controlling motor action so that cognitive functions, such as making decisions, or mentally preparing for unexpected events ... can flourish. The communicative and stress-reducing and conflict-preventing functions of rituals also contribute to increasing the freedom of the participants. Rituals in the operating room give surgeons increased autonomy to make decisions during the operative procedure to use time efficiently, and to coordinate the team's actions. All of these function to minimize trauma to the patient ...

... Rituals, such as those in surgical settings can be highly adaptive for assuring positive clinical outcomes. They help to limit the access of pathological microorganisms to the vulnerable patient. They control the anxieties of the surgical staff. They link them by a common set of symbols and predictable actions, thus giving them a sense of order. Rituals eliminate the need for thought and decision on vital but routine functions. They increase the freedom for participants to carry out their scientific roles more efficaciously".

### Dear Friends:

**There has been a tradition to hold a reception for the Canadian Departments of Surgery at Clinical Congress of the American College of Surgeons. This year's reception will be held on Tuesday, October 12, 2004 from 6:00 pm to 8:00 pm. It will be at the Marriott Hotel, Balcony LMN in New Orleans, Louisiana.**

**I would like to cordially extend this invitation to all faculty, residents, fellows and alumni who will be attending the College meeting.**

**Looking forward to seeing you there!**

**Yours sincerely,  
Richard Reznick**



## HONOURS/AWARDS/ ACCOMPLISHMENTS

### Department of Surgery – 2004 Academic Promotions

Congratulations to the following whose promotions, effective July 1, 2004 have been approved.

#### Promoted to the rank of Associate Professor

Lori Burrows – Research  
Robert Cartotto – P/S  
Timothy Daniels – O/S  
Joel Finkelstein – O/S  
Sherif Hanna – G/S  
Andrew Howard – O/S  
Vivek Rao – C/S  
Thomas Waddell - T/S

#### Promoted to the rank of Professor

Benjamin Alman – O/S  
George Christakis – C/S  
Mingyao Liu – Research  
David McCready – G/S  
Glenn Regehr - Research

### Wightman-Berris Academy Teaching Awards

The Wightman-Berris Academy (comprising Mount Sinai Hospital, the Toronto Western Hospital, and the Toronto General Hospital) announced the winners of their 2003/2004 Teaching Excellence Awards and Anderson Awards in the spring. The following individuals from the Department of Surgery received awards:

#### Individual Teaching Excellence Awards – Undergraduate

Sidney Radomski – U/S  
Raja Rampersaud – O/S  
David Urbach – G/S  
Melfort Boulton – N/S Resident  
Gilbert Tang – C/S Resident  
Peter Stotland – G/S Resident

### Peter-Boyd Academy Teaching Awards

The Department of Surgery winner of 2003/2004 Peter-Boyd Academy Teaching Award is:

#### Resident/Fellow Award

Talat Chughtai – G/S Fellow

### FitzGerald Academy Teaching Awards

The Department of Surgery winners of the 2003/2004 FitzGerald Academy Teaching Awards are:

#### Clinical Teacher

John Bohnen – G/S

#### PBL Tutor

Najma Ahmed – G/S

#### ASCM Tutor

Kenneth Pace – U/S

#### Friends of the FitzGerald Academy

Anne Agur – Anatomy  
Mike Wiley - Anatomy

**Najma Ahmed** (GenSurg) is winner of the 2004 Dean's Excellence Fund Competition for his project: "Development of an Academic Centre for Education in Advanced Operative Techniques in Trauma Surgery".

**Lesley Carr** (UrolSurg) won the Division of Urology Postgraduate Teaching Award for Clinical Teaching 2003-2004.

**Michael Cusimano** (NeurSurg) was named to the Nucleus Group Specialty Committee in Neurosurgery at the Royal College of Physicians and Surgeons of Canada.

**Karen Davis** (Research) was appointed to the Editorial Board, *Journal of Neurophysiology*, July, 2004.

**Adam Dubrowski** (Research) is winner of the 2004 Dean's Excellence Fund Competition for his project: "The Benefits of Intermittent Feedback for Immediate and Long Term Learning of Fundamental Surgical Skills".

**Alexandra Easson** (GenSurg) is winner of the 2004 Dean's Excellence Fund Competition for her project: "Disclosure of Surgical Error, Death and Dying, Challenging Situations: Teaching and Evaluating Communications in a Surgical Education Program".

**Michael Fehlings** (NeurSurg) became a Member of: 1) the External Advisory Board for The Miami Project to Cure Paralysis, Program Project in Spinal Cord Injury; 2) the Science Advisory Council, Christopher Reeve Paralysis Foundation (CRPF); 3) the Editorial Board of the *Journal of Neurosurgery*; and 4) the Advisory Group, Medical Technology Innovation Taskforce, University Health Network.

**Michael and Julio Furlan** (Clinical Postdoctoral Fellow, NeurSurg, Supervisor: M. Fehlings) received the Neurocritical Care Prize for the best study in neurocritical care presented at the 39th Canadian Congress of Neurological Sciences Meeting held June 8-12, 2004, Calgary, for their project titled: "Mechanisms Underlying Serum Sodium Control After Acute Spinal Cord Injury: Clinical, Neuroanatomical, and Molecular Evidence for Autonomic Dysfunction and Loss of Descending Renal Inhibitory Control".

**Lawrence Klotz** (UrolSurg) won the Division of Urology Postgraduate Teaching Award for Surgical Teaching 2003-2004.

**Ronald Kodama** (UrolSurg) won the A.W. Bruce Faculty Undergraduate Teaching Award for 2003-2004 for outstanding teaching to medical students.

**Robert Nam** (UrolSurg) book titled: "*So You're Having Prostate Surgery*" published worldwide by Wiley and coauthored by Leah Jamnicky, RN, Urology Nurse Coordinator at the University Health Network, was launched in Toronto on June 10, 2004

**Richard Perrin** (NeurSurg) has been nominated to the position as Secretary of the World Federation of Neurosurgical Societies. This is a four-year term.

**Joao Pippi Sale** (UrolSurg) has won the Information Technology Courseware Development Fund

Competition for his project titled: "Interactive Multimedia CD-Rom for Teaching Operative Pediatric Urology". This work will be included next year in the Innovative Teaching and Technology Showcase which will be presented by the resource Centre for Academic Technology and the office of Teaching Advancement at the University of Toronto.

**Robin Richards** (OrthSurg) received the Medal of the Spine Society of Europe on June 6, 2004 in Porto, Portugal. Dr. Richards' address "Surgeons in Crisis – The Heart or the Mind" was a behind-the-scenes look at the involvement of the Ontario Orthopaedic Association in the 1996 dispute between the Government of Ontario and the Ontario Medical Association.

**James Rutka** (NeurSurg) received the Senior Society's Grass Prize Award for lifetime research achievement at their meeting in New Orleans, Louisiana, May 22-24, 2004. The Senior Society is the oldest neurosurgical society in North America and is essentially comprised of North American program directors. At the meeting, Dr. Rutka gave a presentation summarizing his research and participated in a major panel.

**Karen Cross** (PlasSurg Resident, Supervisor: J. Fish) received the Wound Healing Society's Young Investigator Award for her research project: "Determination of Burn Depth Using Near Infrared Spectroscopy". She received the Award at the Society's annual meeting in Atlanta, Georgia, May 2004.

**Paul Fedak** (CardSurg Resident, Supervisor: V. Rao) was awarded the Dr. Wilfred Bigelow Research Award at the National Cardiac and Vascular Surgery Resident Research Competition held in Toronto, May 2004. This is a second win for Paul, who also won in 2002.

**Paul** was also a finalist for the C. Walton Lillehei Research Award at The International Cardiac Surgery Resident Research Competition held by the American Association for Thoracic Surgery held in Toronto, April 2004.

**Charles Matouk** (NeurSurg Resident) has been awarded the Joseph M. Family West Memorial Fund and the Ellen Epstein Rykov Memorial Prize.

**Mark Peterson** (CardSurg Resident) is this year's recipient of the Phillip Caves Award from the International Society of Heart and Lung Transplantation.

**Jay Riva-Cambrin** (NeurSurg Resident) was awarded the Government of Ontario/Wellesley Surgeons Graduate Scholarship in Science and Technology.

Jay received the Claire Bombardier Award in Clinical Epidemiology awarded to the Masters student with the highest academic average and considered the "most promising Masters student in Clinical Epidemiology".

**Sheila Singh** (NeurSurg Resident) received the Canadian Brain Tumour Consortium Young Investigator Award for Basic Science at the Canadian Neuro-Oncology Meeting, Toronto, May 28-30, 2004.

Sheila has also received the KKG Scholarship for a Canadian woman pursuing PhD studies and the University of Toronto Mitchell Scholarship Award by the Life Sciences Department.

**Subodh Verma** (CardSurg Resident) is the recipient of the 2004 Canadian Society for Clinical Investigation/CIHR Resident Research Prize for project titled: "A Self-fulfilling Prophecy: C-reactive Protein Attenuates Nitric Oxide Production and Inhibits Angiogenesis", published in *Circulation*, 106:913-919. Collaborators: C-H. Wang, S-H. Li, A.S. Dumont, P.W.M. Fedak, M.V. Badiwala, B. Dhillon, R.D. Weisel, R-K. Li, D.A.G. Mickle, D.J. Stewart.

Subodh has been selected as a Young Investigator under the Basic Science Category at the American Heart Association 2004 meeting.

**Robert Jackson** (OrthSurg Alumni) recently received a unique honour; he was inducted into the Spanish Royal Academy of Medicine. This ancient Academy has a limited membership of 121 individuals and Dr. Jackson is only the second orthopaedic surgeon. The honour was bestowed because of Dr. Jackson's major contributions to arthroscopic surgery over the years and also in recognition of his recent contributions as a consultant in the design and development of a new hospital in Madrid

dealing with the treatment of orthopaedic and sports injuries. During the ceremony, he was presented with a golden medallion by Princess Margarita Infanta, the sister to the King of Spain. King Juan Carlos had been scheduled to make the presentation, but due to terrorist activities in Madrid the week before the ceremony, the Spanish Parliament discontinued all public appearances by the King.

**Thomas Morley** (NeuroSurg Alumni) was celebrated at the Faculty Club, June 16, 2004 in honour of the release of Dr. Morley's book: *Kenneth George McKenzie and the Founding of Neurosurgery in Canada*. Dr. Morley is generously donating the proceeds of the book to the Surgical Alumni Found.

**David Williams** (EmergRm Alumni) was awarded an Honorary Doctor of Laws degree from the University of Saskatchewan in recognition for his contribution to the space program and his commitment to research and teaching. The degree was presented in May 2004.



## GRANTS & FELLOWSHIPS

**Mark Bernstein** (NeurSurg) has received a CIHR grant for his project titled: "Innovative Surgical Technologies in Canada: Developing a Balanced Strategy for Integrating New Surgical Procedures into Sustainable Health Care".

**Gideon Cohen** (CardSurg) has received a two-year grant from the Heart and Stroke Foundation Grant-in-Aid Competition for his project: "Left Ventricular Mass Regression Following Aortic Valve Replacement with Stentless Versus Stented Valves: Follow-up of a Randomized Trial".

**Karen Davis** (Research) received a one-year grant for her study titled: "Maladaptive and Adaptive Markers of Pain and Sensorimotor Cortical Plasticity Following Repair of Peripheral Nerve Injuries: A Pilot Study". AstraZeneca/The University of Toronto Centre for Study of Pain.

**Alexandra Easson** (GenSurg) has been successful with her application for an Associated Medical Services, Inc. (AMS) Educational Fellowship in Care at End of Life.

**Walid Farhat** (UrolSurg) received a two-year grant for \$130,000 from the Hospital for Sick Children's Foundation with partnership funding from the CIHR Institute of Human Development, Child, and Youth Care for project titled: "The Search for an Optimal Bladder Substitute".

In combination with the HSC General Surgery, **Walid** has won a \$10,000 grant from the Canadian Association of General Surgeons for work titled: "Small Bowel Acellular Matrix as a Small Intestinal Substitute in a Porcine Model".

**Christopher Feindel** (CardSurg) and co-applicant **Vivek Rao** (CardSurg) have received a two-year grant from the Heart and Stroke Foundation, Grant-in-Aid Competition for their project: "Hypertonic Saline for Cardiac Transplantation".

**Brent Zanke** (Dept. of Medicine) and co-investigators **Tom Hudson** (McGill University) **Michelle Cotterchio** (Dept. of Public Health Sciences), **Steven Gallinger** (GenSurg), **Trudo Lemmens** (Faculty of Law), and **Celia Greenwood** have received a three-year Genome Canada grant for their project: "Assessment of Risk for Colorectal Tumours in Canada (ARCTIC)".

**Joan Ivanov** (CardSurg) has received a one-year grant from the Heart and Stroke Foundation Grant-in-Aid Competition for her project: "A Propensity Score, Pair-matched Study of Late Outcomes for Off-pump Versus On-pump Coronary Artery Bypass Graft Surgery".

**Ren-Ke Li** (Research) has received a three-year grant from the Heart and Stroke Foundation Grant-in-Aid Competition for his project: "Gene-enhanced Cell Transplantation to Reverse Heart Failure".

**Gergely Lukacs** (Research) has received a three-year grant from the Cystic Fibrosis Foundation for his project titled: "Structural Defects of CF Mutations with Impaired Trafficking".

**Paul Marks** (OrthSurg) has received a research grant from the Canadian Arthritis Network (\$130,000) for

project: "Risk Factors That Predict the Progression of Osteoarthritis After Knee Injury".

**Paul** completed his American Orthopaedic Society for Sports Medicine (AOSSM) Traveling Fellowship to Asia, May 3 – 22, 2004. This Pacific rim tour included travel to Bangkok, Thailand, Taipei, Taiwan, Manila, Philippines, Seoul, Korea and Kobe, Japan. The tour included travels with Dr. Brian Crites of Maryland, Dr. James Slauterbeck of Texas and Dr. Carol Teitz of Seattle, Washington. A tremendous experience from an academic point of view, as well as cultural exchange and certainly an honour to represent the American Society and the University of Toronto.

**Paul Wales** (GenSurg) has been awarded the Canadian Surgery Research Fund Operating Grant from the Canadian Association of General Surgeons for his project titled: "Small Bowel Acellular Matrix as a Small Intestinal Substitute in a Porcine Model".

**Richard Weisel** (CardSurg) has received a two-year grant from the Heart and Stroke Foundation Grant-in-Aid Competition for his project: "Cardiac Regeneration by Cell Transplantation".

**Carin Wittnich** (Research) has received a three-year grant from the Heart and Stroke Foundation, Grant-in-Aid Competition for her project: "Impact of Gender and Sex Hormones on Myocardial Pathology and Responses to Ischemia/Reperfusion".

**Terrence Yau** (CardSurg) has received a two-year grant from the Heart and Stroke Foundation, Grant-in-Aid Competition for his project: "Myocardial Transgene Expression in Transplanted Cells".

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**Paul Fedak** (CardSurg Resident) & **Ren-Ke Li** (Research) co-principal investigators were successful in their grant application to the Heart and Stroke Foundation of Canada for their project: "Gene-Enhanced Cell Transplantation to Reverse Heart Failure" (three years, \$260,000). This grant application was ranked 1st out of 47 other grant applications in the same category.

**Paul Kongkham** (NeurSurg Resident, Supervisors: J. Rutka & J. Squire) received a two-year McLaughlin Training Fellowship from the McLaughlin Centre for Molecular Medicine.

**Charles Matouk** (NeurSurg Resident) received a three-year joint HSF of Canada/Pharma Research Postdoctoral Fellowship for his project titled: "Role of Epigenetic Gene Regulation in the Definition of Atherosclerosis-specific Endothelium".

**Lynn Mikula** (GenSurg Resident, Supervisor: S. Gallinger) received a two-year McLaughlin Training Fellowship from the McLaughlin Centre for Molecular Medicine.

**Karim Mukhida** (NeurSurg Resident) is the recipient of the CNS Margot Anderson Foundation Fellowship in Brain Restoration Research from the Congress of Neurological Surgery.

**Sheila Singh** (NeurSurg Resident) was awarded a two-year MD-PhD Fellowship from the American Brain Tumour Association for her project titled: "Identification of a Cancer Stem Cell in Human Brain Tumours".



Geoffrey Fernie

Geoff Fernie, Vice President, Research at Toronto Rehab and a member of our department recently received The Canada Foundation for Innovation Award of \$7,358,556 for the project "Intelligent Design for Adaptation, Participation and Technology: Innovative Rehabilitation for People in Challenging Environments". His research into the prevention of falls and fractures was described in the winter 2003-04 issue of the Surgical Spotlight.

<http://www.surg.med.utoronto.ca/newsletter/winter03-04.pdf>

## Local Health Integration Networks: Cautious Optimism Versus Concerning Early Signals

Our new provincial Liberal government has made health care a top political priority. Recently, the Minister of Health and Long Term Care announced his intention to reform the health care system through a series of new initiatives. In the next few paragraphs I will review some of the essential features of the plan as well as add a personal commentary. These initiatives are aimed at achieving eight goals:



Richard Reznick

1. **Reduced wait times for important procedures**
2. **Improved access to family physicians and other members of the primary health care team through the creation of 150 Family Health Teams**
3. **Enhanced long-term care and home care**
4. **Accessible community-based mental health**
5. **A revitalized public health system**
6. **A comprehensive child vaccination program**
7. **Reduced rates of tobacco use and childhood obesity**
8. **A health care system that lives within Ontario's means**

To achieve this, the Minister is proposing a series of system-wide strategies. The most important is the creation of Local Health Integration Networks (LHIN's). The ministry purports that this will be a "Made-in-Ontario solution" that reflects the needs of communities and health professionals of the province. LHIN's will be predicated on the following principles:

- **Equitable access for people and communities based on need, not ability to pay**
- **Person-centred and community-based**
- **Integrated services and integrated health care teams**
- **Shared accountability for providers, government, community, consumers**
- **Results-driven**
- **Dedication to continual improvement**

It is the intent to decentralize resources into 14 communities “fostering innovation at the local level”. It is further intended to maintain voluntary boards and local governance.

LHIN’s are not expected to be the direct providers of service. Rather, it is the intent that LHIN’s will plan, coordinate and fund the delivery of health services locally (breaking down silos between providers and regions). They will organize health services along set geographic boundaries that reflect patient referral and health care patterns and they will address local bottlenecks and identify key local wait time priorities.

Although the full plan has yet to be rolled out, it is expected that LHIN’s will radically alter the way hospitals are funded. Rather than direct funding through the Ministry, hospitals, community agencies and long-term facilities will be funded by the LHIN.

## Commentary

There are many features of Minister Smitherman’s plan that are attractive, including decentralization of authority, potential efficiencies through “regionalization”, and the potential for the creation of Centres of Excellence.

Although the details are not yet in, an analysis of actions to date raises major concerns for academic surgery. While it is absolutely appropriate to augment health promotion, primary care and home care, this WILL NOT help with severe problems such as wait times for cancer care, over-crowding of our emergency rooms, and surgical cancellations caused by anaesthesia and nursing shortages.

It does not take too much reading between the lines to realize that hospitals are in for a rough time. Recent funding announcements (for 04-05) have left most of our major teaching hospitals scrambling to find ways to cope with greater than anticipated deficits. Management has been asked to freeze wages, a signal of tougher times to follow.

Finally, hospitals have been instructed to improve efficiencies, when all of us who are on the front lines know that the fat has been trimmed a long time ago, we have

already taken a few bites out of valuable muscle, and we are perilously close to infringing upon structural bone.

Most important to date, is the omission of any details regarding the preservation of our academic mission. While the Minister states that the details of the plan will be forthcoming, the failure to mention in any way our teaching hospitals’ tripartite mission of teaching, research and clinical care, is not a detail; it is a major concern. Nowhere, in all of the principles espoused for a new system, was there a single word about training the next generation of practitioners, quaternary care surgery, or the discovery of new knowledge.

It is our job as academic surgeons to advocate for a system that will be equitable for all Ontarians. And to be sure, we all understand that spiraling health care costs need to come under control. It is our special job however, to be as vocal as possible about the need to preserve our academic mission. Hopefully the introduction of LHIN’s will be more than a “shuffling of the deck” and without a doubt, we must make sure that in the shuffling, we don’t find that some critical cards have fallen from the deck.

*Richard K. Reznick*

*R.S. McLaughlin Professor and Chair*



*“While you were on vacation, Zooker, a motion was made and seconded to saw five and a half inches off your chair legs.”*

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In this autumn issue of our Department's Newsletter, we welcome our new resident surgeons. We look forward to reporting on your progress and hearing your views. Quoting Hans Troidl, one of our visiting professors, "You are the future of Canada!"



Martin McKneally

We also celebrate several outstanding role models for our new residents to emulate, surgeons who excel in clinical care, surgical research, and management of our residency programs.

Chairman Richard Reznick introduces us to the latest provincial government prescription to manage the funding of healthcare - the Local Health Integration Network (LHIN). The issue he raises is whether a system that will narrow the scope of health policy makers and planners to local needs will lead to underfunding of research and education of surgeons for the future.

As I understand the plan, the province will yield its responsibility for funding, planning and coordinating the delivery of health services to a local authority that can be more attentive to the needs and interdependencies of local facilities. As in the provincial funding model, the local authority will not take responsibility for direct provision of services. I hope that this will strengthen the signal and reduce the noise introduced by politicians who come and go, responding to and blowing political winds.

I have no doubt that the public, through its political representatives, should have an important voice in how healthcare dollars are spent and how publicly owned healthcare facilities are funded, built, and maintained. Nevertheless, the political view is "a mile wide and ¼ inch deep". The ministries, though capable of deeper study and analysis, are still spread too thin over the entire province. As funding agencies, the record shows that they set limits and targets that were locally unrealistic. "Do 3,000 hearts, because the papers are killing us with publicity about the waiting list, even if it crushes

other programs." This error and trial approach has been remediated, wisely but far too slowly, by moving some cardiac surgical care out into the community.

Perhaps the LHIN can help resolve the competition between facilities within the region, and encourage CEOs to solve regional problems based on regional needs, rather than the need to protect their own institutional budgets. Interesting changes are developing as some health services are devolved to community sites (such as follow-up chemotherapy in family doctors' offices.) The current Chair of the Health Council of Canada, Michael Decter, tells me that this initiative is working well.

Another funding mechanism, the Regional Health Authority, combines responsibility for delivery of health care services as well as planning, coordinating and funding. Some have proven their effectiveness; others are less successful. Ontario has uniquely resisted this approach. Surgeons are respected for their judgment and decision making even when clinical information is incomplete. Readers of our Newsletter would be grateful for opinions from our surgical alumni and other readers who are practicing under these agencies. A sound, empirical, scientific approach to their impact on surgical services, education and research could provide enlightening and productive recommendations to answer our Chairman's concerns.

Though Christian Vielle's work on organizing orthopaedic residencies is an encouraging first light, the dawn of health policy and management as a basic science field for surgeon scientists has not yet occurred. Some outstanding members of our department (like Hugh Scully, David Naylor, Robert McMurtry, David Wesson, Alan Hudson, and others) have pioneered efforts in this area, developing subsystems that work, like the Cardiac Care Network, the Trauma Network, and the Cancer Care Network.

These surgeons developed their policy and management knowledge and skills experientially, like surgical apprentices in the era before the development of the surgical residency and the surgical scientist program. No

memorandum of agreement for faculty recruits has ever specified or rewarded productive activity for surgeons at this interface. Surgeon-scientists, who often develop a store of knowledge that is a mile deep and ¼ inch wide about how cells and molecules talk to each other, could help our specialty and our country by looking more broadly into health care policy as a new career-enhancing option in surgical science. I hope that Christian's contribution and example in this area will stimulate interest and support for health policy and management as a basic science option for surgeon-scientists.

Alan Hudson and Bernie Langer have brought surgical relentlessness and commitment to Cancer Care Ontario. Their surgical management approach is a wonderful example of what DeBono describes as Water Thinking - the water goes around the tree, under the tree or through the tree, but it knows where it is going and it reaches the stream. The surgeon thinks the same way about completing the operation and closing the wound; "if you don't have prolene, give me nylon; if you don't have nylon, give me wire; if you don't have it, go to Canadian Tire, buy a spool of wire and autoclave it". Surgical thinking can get us past the chronic, paralyzing conflicts between governments and between institutions that debilitate what is still arguably the best health care system in the world.

New residents, please think about these issues, and prepare yourselves to do something significant about them. You are the future of Canada.

*Martin McKneally*  
*Editor*



## 1<sup>st</sup> ANNUAL ROSEN-RASCH LECTURE IN ENDOCRINE SURGERY



Mr. B. Rasch (left), Dr. Norman Thompson (centre), Dr. Irv Rosen (right)

Norman Thompson, Professor Emeritus of Surgery, University of Michigan, recently gave the 1st annual Rosen-Rasch lecture in endocrine surgery at combined MSH-UHN general surgical rounds. The lecture series is supported by Mr. Bernard Rasch, a Toronto architect, director of the Rasch family foundation, and a grateful patient of Dr. Irv Rosen of MSH Dept. of General Surgery. Lorne Rotstein, Acting Head of the Division of General Surgery, UHN, chaired the lecture and arranged the resident sessions. Lorne described Norm Thompson as the foremost Endocrine Surgical expert in the world today. His lecture on Multiple Endocrine Adenomas, his area of special interest, was outstanding. Following the presentation, Dr. Thompson spent a half day with the General Surgery residents and Surgical Oncology fellows in a memorable case-based informal educational session.

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## 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

### Building the Next World of Health Care

The University of Toronto's Rotman School of Management, in partnership with the University's Department of Health Policy, Management & Evaluation, the Joint Centre for Bioethics, and Harvard's Division of Health Policy Research & Education has developed *Building the Next World of Health Care*, a three-day program (November 4-6, 2004) for health care leaders. It will focus on a variety of health care delivery systems and allow participants to reflect on changes that need to occur in their own systems. Participants will include leaders and innovators in health care from across Canada.

For more information or to apply to the program, please visit [www.rotman.utoronto.ca/execprog/healthcare/](http://www.rotman.utoronto.ca/execprog/healthcare/) or contact:

Michele Milan, Manager, Health Care Executive Programs  
Rotman School of Management

Telephone: 416.946.8093

E-mail: [health@rotman.utoronto.ca](mailto:health@rotman.utoronto.ca)

The deadline for the Winter 2004 - 2005 Surgery Newsletter is November 1, 2004.  
All members of the Department are invited to submit news items, articles,  
pictures, ideas or announcements. You may reach us at:

***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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