

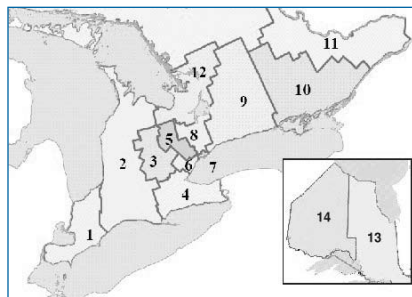
# THE **surgical** spotlight



ON ALUMNI, FACULTY, RESIDENTS & FRIENDS  
OF THE DEPARTMENT OF SURGERY **SPRING 2006**

## Progress Toward Integration of Health Care Subsystems

Like many complex organisms, humans among them, Canadian healthcare comprises a variety of systems that work together. In higher organisms, the central nervous system is integrated with the musculoskeletal system by connections and transmitters that can be trained to achieve a high level of coordination. The integration and coordination of some of the independent healthcare units and subsystems into Local Health Integration Networks (LHINs) is the ambitious project of the current government of Ontario.



Ontario's Local Health Integration Networks

Last fall some of our surgeons participated in a health policy workshop at the Rotman School of Management entitled "Subsystems that Work". Karen Bachynski gave a spectacular presentation of the CritiCall system ("911 for doctors") that links physicians caring for trauma victims and other patients with appropriate consultants and specialists. This communications system, staffed by veteran expert information managers, has been refined over the past fourteen years. Barry Monaghan described the Cardiac Care Network that links patients to facilities and specialists using criteria and pathways that have been developed by experts over the past 15 years. As counterpoint, Alan Hudson described the chaotic state of waiting lists that he has undertaken to organize for the Ministry of Health -- a heroic task. Alan suggested that our surgeons would be interested to learn what is happening in the LHINs project.

In this report I will describe some of the developments related to Ontario's undertaking to create LHINs. These are incomplete and sometimes underinformed observations, but I hope they will start a dialogue among our surgeons that can help model the process and minimize some of the problems encountered in the establishment of regional health authorities in other provinces.

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Barry Monaghan

With the introduction of the LHINs Ontario became the last province in Canada to develop a system of healthcare that is planned and funded on a geographic and population basis. There are fourteen LHINs in the province - depicted on a nearby map. A CEO has been appointed for each of them and trustees are currently being recruited

to their boards. Barry Monaghan, formerly CEO of Toronto's West Park Healthcare Centre and Director of the Cardiac Care Network, has assumed responsibility as CEO of LHIN 7, the Toronto Central network. He has provided much of the background for this article. The 17 hospitals in this small geographic unit account for over 50% of the academic biomedical activity of the province. Because of his commitment to the academic missions of research and teaching, Barry's selection to head the Toronto Central LHIN has been very encouraging to Richard Reznick, who expressed concern in this newsletter last year about the absence of language in Bill 36 to safeguard research and the training of the next generation of practitioners. Under Barry's leadership the Toronto Central LHIN is developing a profile of the research and teaching at representative hospitals in the district in order to define and safeguard this mission. The principal goals of the LHIN programs throughout the province are reduction in waiting times for important procedures, improved access to primary healthcare through the creation of 150 teams, and integration of community care with hospitals and other health services.

The LHINs, unlike the recently disbanded District Health Councils, will be more than advisory. They will be responsible for planning, coordination, integration and funding of healthcare. In an important departure from the regional health authorities in other provinces, the LHINs boards of trustees will not replace the hospital boards. The LHINs will be crown corporations. (Crown corporations, in theory, operate on a day-to-day basis at arm's length from the government. Direct control by government is exerted only over the corporation's budget and the appointment of its chairperson and directors. -- Wikipedia). The budget for the LHINs will

be 22 billion dollars. Barry underlines the importance of distributing the responsibility for an operation of this magnitude: "You can't run a 22 billion dollar operation from a central office." Funding authority for the LHINs will begin on April 1, 2007.

In the interim, boards are being formed and personnel hired. There has been a delay in staff hiring, as roles and responsibilities of personnel in the Ministry of Health and the LHIN are negotiated. A public consultation process with thought leaders will begin shortly. This should save some of the heartaches, headaches and opposition that came from other major shifts in healthcare delivery in the past, e.g. the merger and de-merger of Sunnybrook and Women's College Hospital. The great strength of the LHIN will be the local board members, who understand their constituents. The boards are skill-based; for example, in the Toronto Central LHIN, former chairs of hospital boards, hospital foundations, and major health related non-governmental organizations have been recruited. Barry Monaghan plans to follow the approach used in the Cancer Care Network of "reaching out to experts to solve problems rather than attempting to manage them from an imagined top". Nizar Mahomed's description of the Total Joint Network is an outstanding example of using the expertise of the healthcare team as the receptor to which family doctors can refer patients for care in an integrated system. This approach has been highly successful in Alberta and in demonstrations sites in Europe and the United States under the leadership of Donald Berwick at the Institute for Healthcare Improvement. Centres of excellence in eye care, cardiac surgery, and joint replacement will catalyze acceptance of the LHINs as coordinated components of the integrated systems.

The integration of effective subsystems into a well coordinated healthcare system is an achievable ideal. Like a well trained athlete whose brain, nerves, muscles and bones are coordinated to achieve an ideal performance, the final product will require coaching, training, patience and persistence. Future articles will describe the coaching teams developed by Coach Hudson, and centres of excellence that are developing with substantial leadership from other members of our department.

*Martin McKneally*

## The Vascular Saga: From Chaos to Emerging Calm



Richard Reznick

We have eight great clinical divisions in our Department of Surgery. The smallest in numbers of faculty is Vascular Surgery, with 12 members. But its small size in no way equates to the size of the file I have on this division at the Banting. It is by far the largest! The reason for this paradox is that the last three years have been tumultuous, to say the least. The story, or better put, saga of the last three years provides evidence that there can be opportunity birthed out of chaos.

The difficulties in the specialty of vascular surgery started at least five years ago. The first symptom was difficulty recruiting vascular surgeons to any of our teaching hospitals. The essential reason for that difficulty was that none of our major teaching hospitals was interested in expanding activity in this area; to the contrary, they wanted it diminished. Their reasons were several. First, vascular surgery is a resource intensive specialty. Many of the patients require long and complex operations, many have multiple co-morbidities, and a high percentage of patients require ICU care. Second, the emerging technology of endovascular approaches to vascular disease is in demand by both surgeons and patients. These interventions are expensive and were not completely funded by the ministry at the time. In fact, until recently the government was funding very few such procedures in Toronto; waiting for the results of a study out of London, Ontario. Third, vascular disease does not hold the same cache as many other priority programs.

When many hospitals simultaneously decided to de-emphasize vascular surgery, and were able to do so because of the relative independence of our teaching hospitals, chaos supervened. And chaos it was. We could not recruit. We had several departures. We were not practicing state of the art vascular surgery.

The demands for elective and emergency services were exceeding the capacity of the staff that remained. Academic activities were pushed aside as surgeons were in survival mode. Importantly, applications to our vascular training program plummeted. Morale was terrible.

The situation became essentially intolerable and there were many attempts to lobby government. Government's official posture was sympathetic, but sympathy did not translate to action. Finally, widespread agitation on many fronts emanating from my office, vascular surgeons, and hospital leaders led to the government's commission of the distinguished Vancouver vascular surgeon and health policy advisor Charles Wright to analyze and report on the situation. Charles worked hard and tabled a report that recommended, among other things, the creation of "two vascular centres of excellence".

The Wright Report was accepted by a steering committee that then turned over the task of implementation to an operational committee. This led to protracted negotiations about the logistics of the two-centre model and the compensation of physicians through an AFP (Alternate Funding Plan).

Over the last few months we have seen the implementation of the two centres of excellence at University Health Network and St. Michael's Hospital. Four surgeons have relocated to these centres. An AFP has been signed, there has been an infusion of substantial operational dollars into the budgets of the two centres, urgent surgeries are being handled well, and further recruitment is underway.

None of this could have happened without the indefatigable efforts of our new Chair in vascular surgery, Thomas Lindsay. Wayne Tanner helped Tom dramatically in the AFP negotiations and many hospital leaders set the stage for implementation.

However, not all is perfect. One of our fully affiliated teaching hospitals was disadvantaged in the process. This has been a major flaw in the process. Our residency program is starting to bounce back, but slowly. EVAR (endovascular aneurysm repair) is now available, but to a limited degree.

We can draw some lessons from the vascular saga. The first, and I believe foremost, is that our academic hospitals need to be coordinated with regard to the level of

clinical activity each is performing in a particular area. To be sure, none of our teaching hospitals said they would do no vascular surgery; rather, they all started ratcheting down their activity because of the aforementioned pressures. There are two current political realities that may help in this regard. The first is the strengthening of TAHSN, the (Toronto Academic Health Sciences Network), a coordinating body including board chairs, CEO's and the Dean. The second is the advent of the LHIN (Local Health Integration Network), which will have as its mandate, a coordinating role looking at activity across its constituent hospitals.

The second lesson that emerges is that no disease or group of patients is unimportant. Our teaching hospitals are positioning themselves, more and more, to deal with the complex. As well our hospitals are oriented to "follow the funding". But to our patients, their medical problems do not fit into categories; they do not follow budgetary realities. Their health care problems of the moment, whether they are life threatening malignancies or chronically disabling maladies, all deserve our attention and focus.

The third lesson is just how fragile our teaching programs can be, and just how important they are to the teaching hospital enterprise. Our residency program was in danger of immediate shut down, a product of the appropriate perception by our trainees of the chaos around them. Despite our improved situation, it may take years before the training program that Wayne Johnston and others built into the best in the country, recovers to its previous stature.

The fourth lesson was that there cannot be "winners and losers" in academic restructuring. It is critical that we don't push forward with what "looks good on paper", but rather project the political and social costs of any merger or service reconfiguration.

Importantly, we have learned just how vital good leadership is to solving problems. Tom Lindsay took over the helm of vascular surgery at a time when it appeared things were crumbling. Wayne Johnston had built a great division but due to factors beyond any one individual's control, things were chaotic. Tom was able to gather the troops, gain their confidence and work tirelessly, through at times torture-filled negotiations, to arrive at sensible solutions. The file on my desk however remains open.

Finally, it is important to understand that during times of chaos, there are often windows of opportunity. Certainly the vascular surgery saga is an example of this. Of course no one would intentionally try to create the chaotic situation that developed in vascular surgery. However, faced with a challenge of Sisyphean proportions, calm, strategic and relentless efforts can win the day.

*Richard K. Reznick*

*R.S. McLaughlin Professor and Chair*

## ANNOUNCEMENT

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

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

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

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

For questions/comments please contact: Dawn Carpenter at: [carpenterd@smh.toronto.on.ca](mailto:carpenterd@smh.toronto.on.ca) or by telephone at: 416-864-6060 Ext. 6546.



# Hip and Knee Replacement: The Most Cost Effective Surgical Intervention Available Today

## THE TOTAL JOINT NETWORK

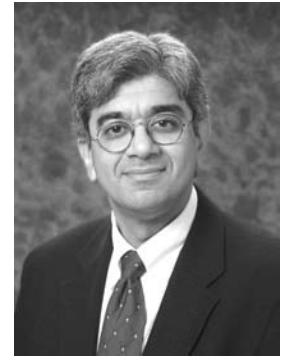
The Total Joint Network is a partnership of 23 health care organizations in the GTA that received funding from the Ministry of Health and Long Term care to implement and evaluate an integrated model of care for primary hip and knee replacement candidates in the GTA. This care model was designed to streamline and standardize the care received in the 10 acute care hospitals, 5 inpatient rehabilitation hospitals and 8 Community Care Access Centres (CCACs). The model requires patients to be streamed prior to their surgery based on 3 criteria: inability to walk a block or 15 minutes, active cardiac disease and lack of social support. Those patients who present with 2 or 3 of these issues are streamed to inpatient rehabilitation. All other patients are streamed home. Following surgery, home streamed patients have 5 days of rehabilitation in the acute care hospital prior to their discharge. Patients who are streamed to inpatient rehab have 3 days in the acute care and 7 days in the inpatient rehabilitation unit for a total of 10 days rehabilitation.

Between April and December 2005 the 10 acute care hospitals that signed on to the partnership implemented the practice changes required to meet the timelines of the integrated model of care. The changes in practice across the city included screening patients pre operatively, streamlined referrals for inpatient rehab candidates, standardization of clinical practice using Care Maps, twice daily and weekend physiotherapy. Results show that hospitals are able to manage the timeframes of the model with over 50% of patients being discharged directly home following their surgery of which over 65% are being discharged within the 5 days.

In order to manage the patients who are streamed home the CCAC provides standardized care with 8 physiotherapy home visits over 90 days, including a pre operative home visit and a post operative visit within 2 days of discharge.

The inpatient rehabilitation hospitals were also required to implement significant changes

to meet the timeframes of the model including the use of standardized care maps, improved discharge planning and improved management of the system for referral and scheduling. The inpatient rehabilitation hospitals also increase their service to provide 7 day a week admissions with Hillcrest, Bridgepoint and St Johns Rehab taking patients on Saturday and St Johns open for Sunday admissions. The inpatient rehabilitation hospitals and units within the GTA now have an average of 11 day length of stay for this patient population; nearly 60% go home by day 7. The average length of stay just a few years ago was 21 days. These changes have reduced OR cancellations related to bed shortage and increased rehabilitation capacity for the treatment of fractures and the care of frail elderly patients in hospitals.



Nizar Mahomed

## EMERGING TRENDS IN TOTAL JOINT REPLACEMENT

Total joint replacement has become a commonly performed procedure for advanced arthritis of the hip and knee. The damaged bone ends are resurfaced with components made from metal alloy (cobalt-chrome or titanium), plastic (polyethylene) or ceramic. The benefits of joint replacement include elimination or reduction of pain, enhanced movement and mobility, and an improved quality of life. Hip and knee replacement is recognized as the most cost effective surgical intervention available today.

Total joint replacement surgery is one of our areas of interest for the MHA (Musculoskeletal Health and Arthritis) program at UHN. We perform a large number of primary and revision total hip (THR) and total knee replacements (TKR) every year. There are several areas where we are focusing our clinical and research activities which include: (i) Minimally Invasive Surgery, (ii)



Rod Davey

Implant Design to Improve Biomechanics, (iii) Alternate Bearing Surfaces, and (iv) Image Guided Surgery.

Traditionally THR was done through incisions 20-30 cm long. MIS (minimally invasive surgery) has recently become popular in a number of surgical specialties including orthopaedics. The potential advantages of MIS through 8-10 cm incisions for THR include fewer blood transfusions, improved cosmesis and overall shortened length of stay and recovery.

Femoral offset is the measurement from the center of rotation of the hip joint to a line bisecting the long axis of the femur. We have shown that reproducing the offset of the hip at the time of THR improves gait, hip stability and decreases long-term plastic wear. There are now hip replacements available that allow the best offset to be reproduced at the time of replacement.

Wear debris particles from polyethylene are the limiting factor in the long-term survival of THR. Metal-on-metal is an alternative to using polyethylene. The advantages include very low wear rates, use of larger femoral heads which improves stability, and ability of metal to heal surface scratches. Young, active patients now often receive a metal-on-metal hip to improve longevity.

New techniques of image guidance in TKR, THR, fractures and spine surgery can help to improve the accuracy of implant placement, optimizing ligament tension and mechanical stress.

*Nizar Mahomed & Rod Davey  
Division of Orthopaedic Surgery*

## Aftershocks: Tending the Wounded after Pakistan's Earthquake



Russian surgeon Valerie Mitish with Talat Chughtai (right)

On October 8th, 2005 at 8:50 a.m. a massive earthquake struck Pakistan. This date will be etched in the minds of the Pakistani people – like September 11th for Americans. It was a six minute period that has changed and continues to profoundly affect the lives of more than three million people living in Northern Pakistan. To date there are more than 80,000 dead, more than 200,000 injured, and more than three million homeless but the numbers continue to rise. Included in the toll were 26 hospitals, 600 clinics and many health-care workers in the area. Many have called it the largest surgical disaster in recent history.

My direct involvement began one night while watching a Pakistani TV channel. During an interview, the Pakistani President, General Pervez Musharraf proclaimed “We need money... and we need surgeons...”. I immediately signed up with the Canadian Relief Foundation's CMAT (Canadian Medical Assist Team). Twenty hours later we were in Islamabad. The Pakistan Institute of Medical Sciences (PIMS) is a tertiary care trauma centre in Islamabad that coordinated the relief effort. The institute's director sent the nurses and paramedics on our team to the mountains of Muzaffarabad where they set up wound care clinics that tended to thousands of patients per week. I and my GP/anaesthe-

tist colleague were told that we would be needed most at the children's hospital that was part of PIMS.

The scene outside the hospital was one of stretcher after stretcher of injured patients being brought in to PIMS. Inside, hallways were overflowing with patients, as were the entranceway and the cafeteria or anywhere they could fit any patients because of the overwhelmed wards. Local doctors took us on a tour and we saw that patients were sometimes two or three to a bed. Some patients were on the floor. Tents had been set up around the hospital for yet more patients. Lucky patients had someone next to them to support them but many patients had no one.



“The lucky ones”

Our last stop was the Children's Hospital's operating theatre where we would be working. Here, surgeons were performing more than 100 operations daily. It was obviously a chaotic situation, essentially a factory of patient after patient arriving for treatment. Local doctors, as well as foreign MDs, were overwhelmed. Children were lined up awaiting any available surgeon and anesthesiologist. However, what I hear echoing in my ears to this day is the reverberating screaming and crying of children calling for their mothers.... They did not know that (for most) they now had no mother, or father or brothers and sisters. These children were the survivors from the mountains—“the lucky ones”.

Over the next week, I was involved in chest, abdominal and some neurosurgical cases, but the majority were orthopedic cases: amputations, revisions of amputations and repair of soft tissue crush injuries (most patients at this point who had suffered crush injuries required

delayed primary closure of wounds as well as skin grafting). One must be flexible in a disaster situation; my formal surgical training is in surgery of the neck, chest and abdomen, yet I spent my week doing orthopedic and plastic surgery. You adapt your skills and learn quickly.



Talat comforting a patient

The rest of the week I performed brain surgery for cerebral herniation secondary to untreated head injuries; chest surgery for congenital abnormalities of the lung; abdominal surgery for injuries not recognized until two weeks after the earthquake; and numerous amputations and skin grafts. Many fractures could only be treated with long-term casting as the resources were not available to fix every injury.

Very light anesthesia was used in most cases because there was no recovery room to monitor patients post-operatively. We established the practice of rotating who would check up on postop patients. Another challenge was how to calm hysterical children before an operation. Sometimes it involved nothing more than holding them down and placing a mask over their nose and mouth until the anesthetic took effect.

After an operation, the order for antibiotics and future surgery instructions was written on the dressing itself since charts were non-existent. When finished with the case, we would wheel the patient into a waiting area outside the operating theatre where a sea of people would be waiting. We would simply shout out, “Who is the family of...?” When someone came forward, we would trust them, as there was no way of identifying them, and allow them to take the patient to a hospital bed. Many times there was no response.

When you go through a time like this, your colleagues become friends—for life. I will also not forget the people of Pakistan. I cannot imagine a people being more appreciative. Despite having gone through so much, and still going through so much, they had the energy and thoughtfulness to stop us on the street and thank us for coming to help. I will also remember the local doctors, who were so genuinely grateful to us; people in the street

whom we did not even know would stop to hug us. This included even the stern-faced antiterrorist squad members who guarded the hospital.

Life goes on. Merchants are still selling goods amid the rubble. People were still trying to celebrate the festivities of Eid, which occurred in the midst of this chaos, but their faces seemed less than festive. These people went from having very little to having nothing. Pakistan is a Third World country and Kashmir is a war-torn area at the best of times. There are three million people homeless; many are living in tents not made for the difficult winter that is now upon them. Scenes of children without socks and shoes freezing to death are now beginning to appear in the news. One local reporter claimed "all we need is \$10 corrugated metal sheets and some clothes and blankets and the people's chances of survival will increase dramatically". So, if you can, donate. Think what a \$10 metal sheet, clothes or a packet of food could do. These people deserve no less than the rest of us who are fortunate enough to have these things (and much more) and take them for granted.

*Talat S. Chughtai is a surgeon at Sunnybrook and Women's College Health Sciences Centre in Toronto.*

*This article is adapted from his report published in The Medical Post March 14, 2006, which can be found online at: [http://www.medicalpost.com/mpcontent/article.jsp?content=20060314\\_184506\\_704](http://www.medicalpost.com/mpcontent/article.jsp?content=20060314_184506_704)*

## ANNOUNCEMENT

### THE 26TH ANNUAL ASSEMBLY OF GENERAL SURGEONS AND RESIDENTS OF THE UNIVERSITY OF TORONTO

**Thursday, June 8, 2006**  
THE GRANITE CLUB,  
2350 BAYVIEW AVENUE

The day will begin at 0800 with podium and poster presentations, and the afternoon will feature a Resident Education Symposium as well as an address from our Divisional Chairman, Zane Cohen. A cocktail reception in the late afternoon will be followed by the Graduation Ceremony, Valedictory Address, and dinner. All General Surgery residents, fellows and faculty are warmly invited to attend.

This year our visiting Tovee Lecturer is Monica Bertagnolli, Associate Professor at Harvard and Surgical Oncologist at Dana Farber.

Residents and fellows are encouraged to submit abstracts of their work for presentation at the Annual Assembly. This year we particularly encourage simultaneous submission of abstracts to the Canadian Surgery Forum, the deadline for which is April 1. Full information on the Canadian Surgical Forum can be found on the Canadian Association of General Surgeons website.

Further information about submitting abstracts for the Annual Assembly can be obtained from Andrea McCart at [AMcCart@mtsinai.on.ca](mailto:AMcCart@mtsinai.on.ca).

Questions or suggestions regarding the Annual Assembly can be addressed to Carol Swallow at [CSwallow@mtsinai.on.ca](mailto:CSwallow@mtsinai.on.ca).



## Improving Surgical Training in Ethiopia

In 2003, Miliard Derbew learned about the approach to surgical education at the University of Toronto through the Bethune Round Table sponsored by our International Surgery Program. As an Assistant Professor of Paediatric Surgery at Addis Ababa University in Ethiopia's capital, Miliard decided to replace the old way of teaching with a modern approach through our Department of Surgery. He received a scholarship to spend a year at the Wilson Education Centre at Toronto General. The Centre is named after cardiac surgeon and educator Donald R. Wilson who was Chairman of the Department of Surgery, University of Toronto from 1972 to 1982. Don is still an active contributor to the department, serving on the advisory council.

Miliard attends education classes for Wilson fellows at the Centre, participates in rounds, the Stepping Stones Course in Adult Education at St. Michael's Hospital, the Family Medicine Clinical Teachers Training Program with Helen Batty, and observes operative procedures at the Hospital for Sick Children where Jack Langer is his mentor. He is developing his knowledge and skills in performing and teaching minimally invasive surgery, which comprises over 70% of the operations performed at Sick Kids in the Division of General Surgery. Miliard participates in the Surgical Skills Lab at Mt. Sinai with Helen MacRae, Adam Dubrowski and Lisa Satterthwaite. He intends to start a skills lab in Ethiopia with the help of the Canadian Network for International Surgery (CNIS). The CNIS is a non-profit organization based in Vancouver that helps developing countries reduce injuries and deliver adequate surgical care. The Network will set up three skill labs in Ethiopia.

To facilitate his research, Miliard is using the Ptolemy Ovid link to the University of Toronto library. This service provides full text access to journals to surgeons of East Africa. His article on neonatal surgical emergencies appears on the Surgery in Africa section of the website. ([http://www.utoronto.ca/ois/Neontal\\_Surgical\\_Emergencies.htm](http://www.utoronto.ca/ois/Neontal_Surgical_Emergencies.htm))

There are two paediatric surgeons for 74 million people in Ethiopia (and 10 for 250 million people in the 8 East African sub-Saharan countries.) Miliard has written an article, accepted for publication in PLOS, evaluating the Ptolemy project. The article describes its impact and looks at what is needed to improve it. He will also evaluate Continuing Medical Education in Africa, which is not required, and therefore underutilized.

Richard Reznick has been following his progress very



(back left to right) Yodit, Miliard, Yochabed (front left to right) Bersabeh, Antsochia, Hermon

closely with Brian Hodges, the Director of the Wilson Centre, who has provided excellent day-to-day guidance. Niall Byrne, of the Wilson Centre, and HSC paediatric orthopaedic surgeon Andrew Howard and Massey Beveridge from the Office of International Surgery are his advisors. Miliard is working to improve the new College of Surgeons of East, Central and Southern Africa. Miliard grew up in Southern Ethiopia, took all of his education at the University of Addis Ababa where he completed his medical degree in 1986. He worked in medical school as a graduate assistant then joined residency training in general surgery for four years. He then worked in a district hospital where he dealt with a variety of traumatic injuries such as hyena bites, crush injuries from hippos and road traffic accidents. He was the only surgeon in the district. ([http://www.utoronto.ca/ois/BRT/2005/Derbew\\_2005\\_CME.pdf](http://www.utoronto.ca/ois/BRT/2005/Derbew_2005_CME.pdf)) He took paediatric surgical training through a scholarship to Sackler Medical School in Tel Aviv, where he received excellent hands-on training. To develop his skill in patent ductus arteriosus ligation and other thoracic procedures, he spent six months on the paediatric cardiothoracic service at Driscoll children's Hospital at Corpus Christi under Dr. Mark Morales. As the paediatric surgery program strengthens at Addis Ababa, Miliard no longer does ENT laser surgery, cleft lips or neurosurgery.

He is married to Yodit Taddele, a former Ethiopian Airlines stewardess and has four daughters Hermon (14), Bersabeh (11), Yochabed (5) and Antsochia (2). He is grateful to the Canadian government and the citizens of Canada for the support that allows him to study here and live in Scarborough with his family during this sabbatical year. He likes to travel, is active in the Lions Club of Ethiopia and the Children's Heart Fund Program helping children with heart disease find surgeons who will treat them in various countries. He will keep us informed of his progress when he returns to Ethiopia.

*M.M.*

# IN MEMORY

## A TRIBUTE TO DR. W.R. HARRIS

On Wednesday, Dec.14, 2005 W.R. (Bob) Harris, Orthopaedic Surgeon, one of the leaders in our Department of Surgery during the last half century, died at his home in Toronto of pancreatic cancer. With his passing, we have lost an esteemed friend and surgical colleague, and his family has lost a devoted husband, father and grandfather.

Bob Harris was born on December 19, 1922 into a surgical family; his father, the late R.I. Harris was a surgical giant, locally and internationally in orthopaedic surgery; his mother, the late Beatrice Ferguson, was the bedrock of the family and had a profound effect on young Bob. Young Bob, as he was affectionately called, followed in the family tradition, and entered the University of Toronto Medical School in the midst of World War 2. He graduated in 1945, joined the Royal Canadian Navy as a surgeon-lieutenant, and spent the next year in Halifax, Nova Scotia. During that year on May 02, 1946, he married Barbara Drew-Brook, whom he had known since they were young teens at Go Home, on Georgian Bay. Go Home Bay was to be Bob's favourite place throughout his life.

Barbara had been in the Wren's (Women's Royal Canadian Navy Service), which she left at the end of the war, and after their marriage, she joined Bob in Halifax.

He returned to Toronto and entered the Gallie Course in Surgery in 1946. During his training, the young family lived with his parents in the family home, where their 2 eldest children were born.

After finishing his training, he headed to Boston, where he spent a fellow year with Prof Joe Barr, at the Massachusetts General Hospital.

In 1952, having been offered a staff appointment at the Toronto General Hospital, he did his McLaughlin Fellowship, traveling and visiting orthopaedic centres in Scandinavia, Italy and the U.K. On his return, he was to remain at the TGH for his entire surgical career, except for a short period from 1966-69, when he was Chief of Orthopaedic Surgery at Sunnybrook, which had just been purchased by the University of Toronto. In 1976,



Bob and Barbara Harris sharing a happy moment at their cottage at Go Home Bay.

he became Chief of Orthopaedic Surgery at the TGH, a position he held until 1986.

Bob Harris made many contributions to orthopaedics throughout his academic career. He became one of the giants of orthopaedics, culminating in his election as President of the Canadian Orthopaedic Association in 1976, in the year of the combined meeting of the Associations of the English Speaking World in London, England.

His special interests were many, and diverse. He always had a great curiosity, and was devoted to his research laboratory at Banting Institute during his early years. He contributed, in the lab, to basic knowledge of the epiphyseal plate. This led to his collaboration with Prof. Bob Salter on the classification of epiphyseal plate injuries, a classification, known as the Salter-Harris Classification that is used world wide to this day.

He also had an interest in the injured worker, especially in amputees. He ran the amputation clinics, as well

as the Special Trauma clinic at the WCB. He helped with the organization of that body, and wrote several classic position papers for them.

I had the privilege of working with Bob as his research fellow in 1962, at his lab in the Banting Institute. He was a wonderful mentor, stimulating me to search for answers to the questions raised, to travel and meet others in the field. My respect for him increased as I joined his staff at Sunnybrook, during his time there as Chief of Orthopaedic Surgery.

I learned quickly that this soft spoken man had a determination of steel.

He was never afraid to speak his mind on issues that he was passionate about, both in and out of medicine, and even after his retirement, I was never surprised to see W.R. Harris at the bottom of a letter to a journal, or newspaper.

This iron will was best seen in the last year of his life. In June of 2005, he felt unwell, and sensed a significant illness. When tests were ordered by his family physician, he chose to postpone them, so that he could spend his summer at Go Home Bay. Barbara told me it was “the best summer”; he was surrounded by his family, and never wished to speak of his health. In September, he was diagnosed with pancreatic cancer and he succumbed to his disease at home on Dec. 14, 2005.

At his memorial service, held at Massey College on Dec. 19, 2005, on what would have been his 83<sup>rd</sup> birthday, his daughter, Nancy, herself a physician, captured the essence of her father perfectly, for his many family, friends and colleagues who attended.

Nancy said “Those of you who knew our Dad will be familiar with his many accomplishments, his habitual self-effacing manner and his self-deprecating humour, his thoughtful opinions on a broad range of topics, his stoicism, his determination and his constant non-judgmental love for his family. You would have had to know him well to recognize that behind all those modest attributes resided an iron will”

Our loving thoughts go out to his wife, Barbara; and to all his children and grandchildren, from all in the Department of Surgery, who remember him with great admiration, love and respect.

*Marvin Tile*  
*Division of Orthopaedic Surgery*

## 32nd Annual Gallie Day

FRIDAY, MAY 5, 2006

The 32nd Gallie Day in the Department of Surgery will have a new and exciting venue and format but will continue the long standing tradition of celebrating scientific achievements. The format has been re-organized to blend the Gallie-Bateman Research Presentations with the Poster Competition and redistribute the lecture sessions throughout the day. All events will be held at the MaRS Discovery District Centre at 101 College Street including the Dinner & Awards Presentation.

The Gordon Murray Lecturer is Dr. Michael J. Apuzzo, Edwin M. Todd/Trent H. Wells, Jr., Professor of Neurological Surgery and Radiation Oncology, Biology and Physics at the University of Southern California at the Keck School of Medicine in Los Angeles. Dr. Apuzzo's presentation is entitled “Nanotechnology and the Emancipation of Surgery”.

The theme of this year's symposium is Size Matters: Nanotechnology in Surgery. Symposium Chairs Karen Davis and Ben Alman have invited Dr. Edward H. Sargent, Canada Research Chair in Emerging Technologies, Professor of the Department of Electrical & Computer Engineering at the University of Toronto and Drs. Warren Chan and Paul Chow, Professors from the Department of Electrical & Computing Engineering at the University of Toronto.

The Research Presentations and Poster Competition will culminate with the announcement of the Gallie Award, McMurrich Award and the Wyeth-Ayerst Award. The Gallie Award is open to members of the Gallie Training Program (Surgeon Scientist Program) while the McMurrich and Wyeth-Ayerst Awards are open to any trainee (residents, graduate students, post-doctoral fellows, undergraduate students, etc) working with a Principal Investigator who is a member of the Department of Surgery.

The Dinner & Awards Ceremony will include presentation of the Bernard Langer Surgeon-Scientist Award, the

University of Toronto Surgical Skills Centre Distinguished Educator Award, the D. R. Wilson Award, the Tovee Awards for Postgraduate and Undergraduate Education, the Charles Tator Award, the George Armstrong-Peters Prize, and the Lister Prize.

Please check the Department of Surgery website at [www.surg.med.utoronto.ca](http://www.surg.med.utoronto.ca) under Events, Gallie Day for details and updates.

### Contacts:

Poster Session, Research Presentations and Poster Judging: Val Cabral  
Telephone: 416-813-2178,  
Email: [val.cabral@sickkids.ca](mailto:val.cabral@sickkids.ca)

Dinner & Awards Presentation: Helen Yarish  
Telephone: 416-978-2552,  
Email: [helen.yarish@utoronto.ca](mailto:helen.yarish@utoronto.ca)

## ANNOUNCEMENT

### SURGICAL LEADERSHIP DAY

The Department of Surgery will sponsor a one day workshop on Leadership on Tuesday, April 25, 2006, at the MaRS conference centre, 101 College Street.

Guest Faculty will include Joseph D’Cruz and Brendan Calder from the U of T Rotman School of Management, and Miles Shore from Harvard’s Kennedy School of Government.

In large and small group sessions, participants will analyze leadership styles, case studies in organizational leadership, getting things done, how leaders lead, and why followers follow. All members of our Department are encouraged to attend.

Contact: Helen Yarish for details at 416-978-2552

## NEW STAFF

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

Dr. Nancy Baxter joined the Department of Surgery as an Assistant Professor in January 2006. She received her M.D. from the University of Toronto in 1990, and after an internship at St. Michael’s Hospital she completed her training in general surgery at University of Toronto in 1999. During her surgical residency, she participated in the Surgeon Scientist Program and received her PhD through the Institute of Medical Science in 1998.



Nancy Baxter

She was one of the first in our Department to receive advanced training in the field of health services research during the context of the SSP. Following her residency, Dr. Baxter trained in colorectal surgery at the Mayo Clinic and then practiced her craft for 4 years at the University of Minnesota – the largest division of colorectal surgery in the world. During this period, Dr. Baxter established herself as an outstanding clinician and scientist. She is a member of the American College of Surgeons GI Oncology site group. For her work in the health services realm, she has been the recipient of grant funding from the National Institutes of Health and received the American Society of Clinical Oncology Career Development Award. She also recently obtained funding from CIHR for work related to colorectal cancer screening.

Her current clinical interest is in the surgical management of colorectal disease, particularly colorectal cancer. Her main academic interest is research in clinical epidemiology and health services research, with a focus on cancer. Her research examines non-oncologic factors that influence cancer care and the long-term consequences of cancer care on survivors. She is also interested in quality of life measurement in surgical patients and determining processes of care that result in the variable outcome of surgical patients.

*Ori Rotstein  
Surgeon-in-Chief  
St. Michael’s Hospital*





**Anna Gagliardi**

Dr. Anna Gagliardi commenced a position as Scientist with the Sunnybrook and Women's Research Institute effective October 1, 2005. Anna's eclectic education includes a BSc in Biology from the University of Waterloo where she graduated with Honours, a Bachelor of Education from the University of Toronto, a

Masters in Biochemistry, and a Master of Library Science. Most recently she successfully defended a Doctor of Philosophy in the Department of Health Policy, Management and Evaluation, supervised by Dr. Vivek Goel and Dr. Louise Lemieux-Charles, and was awarded the Ted Goldberg Scholarship for PhD student in her year with most promise

Anna previously worked for Cancer Care Ontario where she developed clinical practice guidelines and performance indicators, managed the provincial Surgical Oncology Program, and coordinated a randomized trial of cervical screening with reflex HPV testing in the Department of Preventive Oncology. Anna's work experience also includes consulting with Comprehensive Care International and Ontario's Hospital Report Research Collaborative.

Her research employs both quantitative and qualitative methods to explore factors influencing the effective organization and delivery of cancer services, including surgery, and the design and implementation of strategies to optimize quality of care. We are very pleased with Anna's appointment and are confident that the energy, rigour and unique perspective she offers will result in a successful program of quality improvement research.

*Andrew Smith  
Hospital Division Head, General Surgery  
Sunnybrook Health Sciences Centre*

Dr. Andrew Matthew is a Clinical Psychologist. He is a Clinician-Investigator in the Department of Surgery, Division of Urology, and a member of the Department of Psychosocial Oncology and Palliative Care. Dr. Matthew performs his research and clinical activities through the Prostate Centre at Princess Margaret Hospital, University Health Network.



**Andrew Matthew**

Andrew completed his bachelor degree at McGill University, and his Masters and Doctorate in Clinical Psychology at the University of Toronto. His area of interest is in health psychology, and he has worked as a counsellor and researcher at Toronto General, Mount Sinai, and Princess Margaret Hospitals since 1991. During this time, he has been involved with several projects including: the Cardiovascular Stress and Risk Reduction Program, the Sodium and Hypertension Project, the High Risk Breast Clinic, the Familial Ovarian Cancer Clinic, and the Cancer Healing Journey Program.

As part of a specialized program, Andrew conducts a practice of psychosocial uro-oncology. He is involved in the development of a comprehensive prostate cancer prevention database. The collection of this data will support research examining the influence of molecular genetics and family history on the development of prostate cancer, and the impact of dietary changes and other lifestyle behaviour changes in the prevention of prostate cancer. Dr. Matthew's research also involves prostate cancer treatment decision-making and patient quality of life. He is currently funded by CIHR to investigate sexual dysfunction and adaptation in couples affected by prostate cancer surgery. This research will inform the development of a coordinated biomedically and psychosocially-based couples' intervention addressing physical, cognitive, and emotional problems associated with sexual dysfunction after radical prostatectomy.

Andrew, his wife and young son live in Toronto.

*Neil Fleshner  
Hospital Division Head, Urology  
University Health Network*



Melinda Musgrave

Dr. Melinda Musgrave joined the staff of St. Michael's Hospital in February 2005. Melinda is a native of Nova Scotia and received a BSc in biology from the University of King's College in Halifax before moving to Queen's University in Kingston where she did her MSc and Ph.D. She was subsequently

admitted to medical school at the University of Toronto and following her medical school training joined the Plastic Surgery Training Program, graduating in 2003.

Following her residency, she completed a breast surgery fellowship at Women's College Hospital and subsequently won the Ross Tilley Scholarship sponsored by the Canadian Society of Plastic Surgeons and completed a fellowship at Radcliffe Infirmary in Oxford, England between January 2004 and January 2005. Her fellowship in Oxford was in the area of breast and lower limb reconstruction as well as microsurgery.

Melinda is a wonderful addition to the faculty at St. Michael's Hospital. Her clinical interests include breast reconstruction and her research interest is in the area of outcomes research in breast oncology and reconstruction.

We are delighted to welcome Melinda back to the plastic surgery family at the University of Toronto and we look forward to her active participation as a faculty member.

*Peter Neligan*  
*Division Chair, Plastic Surgery*

Dr. May Lynn Quan is a graduate of the University of Waterloo with a BSc in Kinesiology. She obtained her M.D. at McMaster University medical school and completed her general surgery training at the University of Calgary in Alberta.



May Lynn Quan

May Lynn completed fellowship training in breast surgical oncology at Memorial Sloan-Kettering Cancer Centre in New York, NY in 2003. She returned to Canada where she completed her MSc in epidemiology under the supervision of Dr. Heather Bryant at the University of Calgary with a focus in quality of care in breast cancer.

May Lynn's clinical and research interests are in breast oncology and health services which complements the existing research on the Sunnybrook and Women's General Surgery team.

*Andrew Smith*  
*Hospital Division Head, General Surgery*  
*Sunnybrook Health Sciences Centre*

Dr. Homer Tien received his undergraduate medical degree from McMaster University in 1992, and then finished a rotating internship at Scarborough General Hospital. He worked for the next five years as a physician in the Canadian Forces. During this time, he deployed overseas to Croatia and Bosnia on peacekeeping missions. He also became involved with military special operations, as a member of a Canadian counter terrorist unit, and was deployed to locations around the world, including Southeast Asia and the Middle East.



Homer Tien

The Canadian Forces then sponsored his residency in General Surgery at the University of Toronto, which he finished in 2002. He then completed a trauma surgery fellowship, at Sunnybrook and Women's College Health Sciences Centre in 2003. He remained at Sunnybrook in the position of Clinical Associate with the trauma program, while completing his Master's Degree in Clinical Epidemiology at the University of Toronto. During this time, he also deployed as a general surgeon with the Canadian Forces to Bosnia, and Afghanistan. In 2005, Homer was appointed as Associate Staff at Sunnybrook and Women's College Health Sciences Centre, and as a Lecturer in the Department of Surgery. He expects to finish his Master's degree in the summer of 2006.

Homer's research interests include trauma epidemiology and outcomes, in both the military and civilian setting. Homer and his wife Vivian have two children, Abigail and Julia, and are expecting a third child in July.

*Andrew Smith*

*Hospital Division Head, General Surgery  
Sunnybrook Health Sciences Centre*

## Scientists in Surgery

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

Dr. Katalin Szaszi was born and raised in Budapest, Hungary. She obtained an M.D. at the Semmelweis University in Budapest in 1993. Her research career started when she won a competition in physiology as a second year medical student. In recognition of her work, she was invited to join the Department of Physiology as a student researcher where she subsequently received a number of University and National awards. At her medical school graduation in 1993, her diploma thesis on adhesion molecules in immune cells was awarded the Madzsar award for best thesis of the year. After obtaining her M.D., she was offered a scientist position at the Department of Physiology, Semmelweis University. She finished her Ph.D. in Cellular and Molecular Physiology in 1999 (supervisors Erzsebet Ligeti and Andras Kapus), and moved to Toronto for a post-doctoral fellowship in Sergio Grinstein's lab (Division of Cell Biology, Hospital for Sick Children), where she studied the regulation of the epithelial  $\text{Na}^+/\text{H}^+$  exchanger. From 2002, she did a second fellowship with Ori Rotstein at the Toronto



Katalin Szaszi

General Hospital, studying the mechanism of oxidative stress effects on immune and endothelial cells. In 2005, she was appointed to the Department of Surgery at the University of Toronto as an Assistant Professor and also to St. Michael's Hospital as a scientist.

Her work in Canada has been continuously supported by CIHR: First, she received a post-doctoral fellowship in 1999 and then a CIHR Senior Research Fellowship in 2003. This latter is a highly competitive and prestigious award that was given to approximately 10 people that year. In addition to the 2 years of post-doctoral support (phase I), she received a Phase II award in 2005 that provides salary and research support.

She has 26 published or accepted peer-reviewed papers and 2 book chapters. Her publications have appeared in such high impact journals as the *Journal of Biological Chemistry* (8), *American Journal of Physiology* (5), *Biochemical Journal* (2), *Journal of General Physiology* and the *Proceedings of the National Academy of Science*. The impact of her work is shown by the almost 500 citations these papers have received. In the past year, she has made rapid progress in establishing her own independent line of research. Her interest is in the role of cell contractility and the cytoskeleton on epithelial cell function. This area has potential implications for understanding the mechanism of disease in a number of organ systems including the kidney (tubular), lung and the intestines. She has recently received a Dean's Fund New Staff Grant and has a number of grant proposals under consideration.

*Ori Rotstein*

*Surgeon-in-Chief  
St. Michael's Hospital*





Martin McKneally

## It's Time for Integrated Systems and Centres of Excellence

In this issue, we direct the Surgical Spotlight to some important disruptions in the delivery of surgical care in Ontario – the development of the Local Healthcare Integrated Networks (LHINs), and the Hip and Knee Replacement program. Subsequent issues will report on progress toward centres of excellence in joint replacement, cataract surgery, and cardiac care within the LHINs.

### INTEGRATED NETWORKS

UHN CEO Bob Bell is enthusiastic about the prospects for successful integration in the Toronto Central LHIN because of the acceptance of shared information management as its central nervous system. UHN CIO Matt Anderson will serve as Chief Information Officer for the 17 hospitals in the network. Electronic referral and availability of diagnostic information across hospitals will catalyze the development of community. The information system was the key factor in the success of FedEx, as Rotman Strategy Professor Joe D'Cruz teaches us. Information about their package is constantly updated and available to customers. This brilliant idea, and the plan to hire and uniform the disconnected array of shipping clerks, taxi drivers, and cooperative commercial pilots who strung together the loose and unpredictable nonsystem that preceded FedEx was described in a term paper by founder Fred Smith when he was an undergraduate student. His Princeton economics professor gave him a C! Healthcare is still in its pre-integration phase, and naysayers may be equally shortsighted. I am encouraged by the foresight and enthusiasm for change shown by our leaders.

Bob is planning to strengthen the bonds between UHN and the agencies and hospitals in the network. "To have the privilege of doing the highly technical work in transplantation, neurosurgery, and cardiac care, we

have to provide service to our community." The UHN will become more closely allied with healthcare planning in the community. The continuum of care exemplified by the Total Joint Network will become the model for seamless transfer of care. He praised Barry Monaghan's cataloging the academic activity and defining the commercial value to the province of the care and research provided by the Toronto Central LHIN. He had high praise for the experience and skill of the board members, and the evolving centres of excellence. Looking outside the city of Toronto, Bob described the success of general surgeon Barry Anderson in Kenora and orthopedic surgeon John Porter in Thunder Bay. Both are delivering high volume, high quality surgery in a more dispersed model of team based care at several hospitals.

Rene LaFreniere, Chairman of the Department of Surgery at the University of Calgary, described uneven but encouraging experience with regionalization. He's had 3 CEO's in 10 years – "good people who start off thinking of surgeons as clinically excellent specialized production line workers. They don't understand the dimensions of training and research. Once these essentials were recognized, the Calgary system became stable and academically productive." The regional authority now employs physicians with an academic background who are focused on evidence and new knowledge as well as clinical productivity. He strongly recommends early integration of academic goals and personnel into the LHINs project. In contrast, the University of Alberta Chair of Surgery lacks authority in the Edmonton Regional Health Authority. As a consequence, this chair remains unfilled.

### CENTRES OF EXCELLENCE

The "focused factory in healthcare", dates back over 50 years to the time when Toronto General surgeon Earle Shouldice decided to improve the treatment and outcomes of inguinal hernia, a problem he had encountered frequently as a Canadian Army surgeon in World War II. Because he had trouble securing operating room time, Shouldice worked out a way to perform the surgery under local anesthesia in the TGH Emergency Room, taking advantage of the quiet period in the morning hours. Suturing was a standard procedure in the ER, and the nurses were skilled in sterile technique. Lacking beds for his patients, he took them



in his car to the medical students' fraternity house. He taught the students and patients about his approach to postoperative care - early ambulation and self care remain the hallmarks of the Shouldice method. When the program outgrew its innovative but makeshift conditions, Shouldice purchased a farm, and converted the farmhouse into a clinic with operating and postoperative care facilities. The Clinic remains today at 7750 Bayview Avenue, where 7,500 repairs are performed each year. The recurrence rate is 0.5% (less than one tenth the rate reported in most modern series) and the level of patient satisfaction is unparalleled.

The Harvard Business School uses the Shouldice Clinic as a reference standard for efficiency and high quality in healthcare. Their analysis of the Clinic is among their best selling case studies, used in management courses around the world. We look forward to the development of our new focused factories as similar reference standards of outstanding performance in future years.

*Martin McKneally*  
Editor

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



*"Are these just guidelines, or are they actual new policies?"*

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## HONOURS/AWARDS/ ACCOMPLISHMENTS

**John Bohnen** (GenSurg) is recipient of the 2005 Canadian Association of Medical Education (CAME) Certificate of Merit Award for the University of Toronto. The aim of the award is to promote medical education in Canadian medical schools and to recognize and reward faculty's commitment to medical education.

**Zane Cohen** (GenSurg) named as a recipient of the 2004-2005 Colin R. Woolf Continuing Education Award, created to recognize outstanding contributions to continuing education courses. Dr. Cohen won for course co-ordination of Update in General Surgery 2005. This award, the highest in the faculty in the continuing education field, will be presented in the Spring.

**Peter Dirks** (NeurSurg) has become a member of the American Society of Pediatric Neurosurgeons.

**Peter** was quoted in *The New York Times*, February 21, 2006 in an article titled: "Stem Cells may be Key to Cancer".

**Michael Fehlings** (NeurSurg) and Wenru Yu received a Cervical Spine Research Society Award for their project titled: "Promotion of Spinal Cord Repair and Regeneration in Cervical Spondylotic Myelopathy by Targeting the Fas Pathway".

**Michael** received an AO Spine North America award for a multi-centre study on: "The Outcomes of Surgical Management of Cervical Spondylotic Myelopathy". Michael will serve as principle investigator for this multi-centre trial.

**Michael** has also been appointed as Chair-Elect for the Section on Neurotrauma and Critical Care of the American Association of Neurological Surgeons/Congress of Neurological Surgeons.

**Andrew Howard** (OrthSurg) and Population Health Sciences was recently the inaugural recipient of the John Sharrard Memorial Medal presented by the British Society

for Children's Orthopaedic Surgery. This medal is presented to recognize academic contributions to children's orthopaedics. Dr. Howard was recently the keynote speaker at the British Society for Children's Orthopaedic Surgery in Milton Keynes, UK. He presented work on the epidemiology and biomechanics of child occupant injury in motor vehicle crashes, and on injury prevention in sports and leisure. Dr John Sharrard (Sheffield, England, 1921 to 2001) for whom the medal was named was one of the outstanding orthopaedic surgeons of his generation. He studied cell destruction in the spinal cord to understand the pattern of paralysis in polio, and made many clinical advances in the care of children with orthopaedic and neuromuscular diseases, including the hip abductor and extensor transfer which he described in 1958 and which continues to bear his name.

**Michael McKee** (OrthSurg) is this year's recipient of the Edwin Bovill Award; for best paper titled: A Multicenter Randomized Controlled Trial of Non-operative and Operative Treatment of Displaced Clavicle Fractures. This is the most prestigious award granted by the Orthopaedic Trauma Association for outstanding research.

**James Rutka** (NeurSurg) was named Secretary of the American Association of Neurological Surgeons (AANS) for the first year of a three-year term, at the AANS Annual Meeting in San Francisco, April 22-27, 2006. An active member of the AANS since 1983, he has served on the AANS Board of Directors since 2003. He is a member of the following committees: Executive, Finance, Long-Range Planning, the Neurosurgery Research and Education Foundation (NREF) Executive Council, and Publications. He is Chair of this year's Annual Meeting and served as Chair of the Scientific Program Committee in 2005.

Founded in 1931 as the Harvey Cushing Society, the American Association of Neurological Surgeons (AANS) is a scientific and educational association with more than 6,800 members worldwide. The AANS is dedicated to advancing the specialty of neurological surgery in order to provide the highest quality of neurosurgical care to the public. All active members of the AANS are certified by the American Board of Neurological Surgery, the Royal College of Physicians and Surgeons (Neurosurgery) of Canada or the Mexican Council of Neurological Surgery, AC. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system including the spinal column, spinal cord, brain and peripheral nerves.

**James** has also received the 2006 Royal College Janes Visiting Professorship. This will enable Jim to travel to several universities across Canada to teach medical students and residents about neurosurgery.

**Michael Taylor** (NeurSurg) was awarded a Neurosurgical Research and Education Foundation / Medtronic Research Fellowship from the American Association of Neurological Surgeons.

**William Tucker** (NeurSurg) has been elected as a neurosurgery specialist for the Canadian Medical Protective Association.

**Michael Tymianski** (NeurSurg) received an Early Research Award from the Ministry of Research and Innovation.

**John Wedge** (OrthSurg) has been elected as an Officer of the Order of Canada. John has served this Department and our University in so many ways: as an orthopaedic surgeon, as Chair of Surgery, as Surgeon-in-Chief at the Hospital for Sick Children, and as Associate Vice-Provost Relations with Health Care Institutions. The Order of Canada is the centrepiece of Canada's Honours System and recognizes people in all sectors of Canadian society. This prestigious honour is in recognition of his outstanding achievement as a clinical orthopaedic surgeon, a clinician-teacher, a clinician-scientist and an academic administrator.

**Nimesh Desai** (CardSurg Resident) has been awarded the 2005 Heart and Stroke Foundation, Canadian Cardiovascular Society Young Investigator Award. The award was presented at the Canadian Cardiovascular Congress in Montreal, October 2005.

**Paul Fedak** (CardSurg Resident) has received a PSI Foundation Resident Research Award for manuscript titled: "Altered Expression of Disintegrin Metalloproteinases and Inhibitor in Human Dilated Cardiomyopathy".

**Paul** has also received the C. Walton Lillehei Research Award (American Association of Thoracic Surgery).

**Bradley Jacobs** (NeurSurg Resident) won this year's K.G. McKenzie Memorial Prize for Basic Neuroscience Research for his paper entitled: "p63 is an Essential Proapoptotic Protein During Neural Development". His paper will be presented on the occasion of the Canadian Congress of Neurological Sciences meeting in Montreal, June 2006.

**Cian O'Kelly** (NeurSurg Resident) won first prize at the 2005 Horsey Clinical Research competition, December 5, 2005, on the occasion of the Annual Botterell Lectureship.

**Mandeep Tamber** (NeurSurg Resident) won second prize at the 2005 Horsey Clinical Research competition, December 5, 2005, on the occasion of the Annual Botterell Lectureship.

**Sarah Woodrow** (NeurSurg Resident) won this year's K.G. McKenzie Memorial Prize for the best submitted clinical neuroscience paper titled: "Validation of Objective Performance Measures During a Pedicle Cannulation Task".

**Gelareh Zadeh** (NeurSurg Resident) has been awarded the 2006 PAIRO Trust Fund Resident Teaching Award.

## GRANTS / FELLOWSHIPS

**Michael Cusimano** (NeurSurg) is a co-applicant on a CIHR Grant for work titled: "The Fractionation and Localization of Attentional and Language Processing in the Cerebellum".

**Michael Fehlings** (NeurSurg) received a Heart and Stroke Grant for his project titled: "The Ischemic Axon: Cross-talk with Myelin in K<sup>+</sup> Channel Terms".

**Paul Marks** (OrthSurg) received a grant from Biosyntech (\$240,000) for project titled: "A Randomized Comparative Clinical Trial Evaluating BST-CarGel (Chitosan-Glycerol Phosphate/Blood Implants) and Microfracture in Repair of Focal Articular Cartilage Lesions on the Femoral Condyle".

**Michael Reedijk** (GenSurg) has been awarded the Society of University Surgeons Junior Faculty Grand Award.

**James Rutka** (NeurSurg), **Michael Taylor** (NeurSurgery) and **Peter Dirks** (NeurSurg) were awarded one of three grants provided by the Pediatric Brain Tumour Foundation (PETF) of the United States worth \$125,000/year for a maximum of 5 years. The other two grants went to the University of California, San Francisco, and the Children's Hospital in Los Angeles. With these new grants the researchers at UCSF, CHLA, and Sick Kids

will collaborate to generate scientific knowledge of pediatric brain tumours that will bring about innovative and less invasive clinical treatments.

**Michael Taylor** (NeurSurg) received grants from Brainchild for projects titled: "Identification of Novel Tumour Suppressor Genes in Medulloblastoma Through Inhibition of Nonsense Mediated mRNA Decay" and for "Ultrahigh Resolution Genotyping of Medulloblastoma".

**Michael** was also awarded a Neurosurgical Research and Education Foundation / Medtronic Research Fellowship from the American Association of Neurological Surgeons.

**Michael Tymianski** (NeurSurg) received a new 5 year CIHR Grant for his work entitled: "Protein Nitration in Ischemic and Traumatic Brain Damage".

**Paul Fedak** (CardSurg Resident) has been awarded the Detweiler Traveling Fellowship 2006 (Royal College of Physicians and Surgeons).

**Gregory Hawryluk** (NeurSurg Resident, Supervisor: M. Fehlings) received a \$5,000 AO North America Resident Trauma Research Grant for his project titled: "Balancing the Risk of Hemorrhage with Thromboembolism in Traumatic and Non-traumatic Patients with CNS Hemorrhage and High Tromboembolic Risk.

**Gregory** is also the recipient of this year's Codman Fellowship in Neurotrauma and Critical Care.

**Paul Kongkham** (NeurSurg Resident) is the recipient of the 2005-2006 Dr. Thomas Friedlich Fellowship Award in Neuro-oncology Research.

**Subodh Verma** (CardSurg Resident) received a grant-in-aid (\$150,000) from the Heart and Stoke Foundation of Canada for project titled: "RasGRP3: A Molecular Target for Endothelial Progenitor Mediated Vascular Repair".

**Subodh** has also received a PSI Foundation Grant (\$20,000) for project titled: "Nocturnal Hemodialysis and EPC Kinetics".

**Gelareh Zadeh** (NeurSurg Resident) was awarded a fellowship salary support from Cancer Care Ontario (\$80,000).

The deadline for the Summer 2006 Surgery Newsletter is May 15, 2006. 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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