

Surgery Newsletter



Department of Surgery
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CHAIR'S COLUMN

WHO PAYS FOR EDUCATION?

About 18 months ago, as an outgrowth of the Urowitz/Whiteside task force on recruitment of clinician teachers in medicine, a new committee known as the Hospital University Education Committee (HUEC) was formed. Its mandate was to serve as a senior management group overseeing issues surrounding our education mission. It is composed of representatives from both the teaching hospitals and the medical school. One of the first jobs HUEC took on was a yearlong study of the financial aspects of the educational enterprise. The report is very comprehensive and spells out, I believe for the first time, just who is paying for what, and how much. Both the Executive Summary and the full report can be found at:

<http://www.library.utoronto.ca/medicine/medUT/huec.html>

I believe the report is a good news story! It delineates that there is a three-way commitment to

funding our educational enterprise; the three partners being the university through its Faculty of Medicine, the teaching hospitals and the physicians. All three parties are making substantial contributions totaling \$82,850,963.

The first step on the HUEC analysis was a cost comparison of educating our 792 undergraduate students and 1018 postgraduate trainees to that of published reports from other institutions. Such comparisons are often difficult because of different reporting mechanisms; but no matter how one looked at the data, the University of Toronto is very efficient in its costs of training. The cost of training an undergraduate student at University of Toronto is likely in the range of \$36,000 to \$58,000 per year depending on how much of the education-wide expenditures are apportioned to undergraduate education versus postgraduate education. This is well within the range of reported costs in the literature varying from a low of \$40,000 per annum to a high of \$80,000 per annum. Similarly the cost of resident education at University of Toronto is estimated to range from \$24,000 to \$45,000 per year and is lower than other reported costs of \$55,000 to \$70,000 per annum.

The table on page two partitions the costs attributed to the three major sectors, the University, The Hospitals and the physicians (largely through practice plans).

As can be seen, the largest contributors to the education expenditures are the physicians, either through direct expenditures or through in kind contributions of time. The proportion of time given by the average teaching doctor to education is estimated at 12%. This figure was arrived at through triangulating several sources from different divisions in different departments. Of the estimated \$38M coming from practice plans, \$31.6M comes from the

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Summary of Educational Expenditures for University of Toronto Faculty of Medicine, Hospitals and Practice Plans

	Category A	Category B	Category C	Category D	<i>Total</i>
Detailed Definitions of these expenditures are found within the report	Portion of academic salaries devoted to the educational endeavour	Faculty, managerial, secretarial or other administrative support to the educational endeavour	50% of salary, 100% of tuition support for non-MOHLTC supported residents	Portion of operating expenses dedicated to the educational endeavour	Total of previous categories
Total University	\$9,646,846*	\$4,910,741*	\$544,073*	\$2,955,288*	\$18,637,266
Practice Plans	\$31,633,715*	\$936,275*	\$4,333,637*	\$482,000*	\$38,087,525
Hospitals	\$8,096,372	\$7,595,871	\$2,924,000	\$7,509,929	\$26,126,172
Total University, Practice Plans and Hospitals Contributions	\$49,376,933*	\$13,442,887*	\$7,801,710*	\$10,947,217*	\$82,850,963
* University and Practice Plan category sub-totals are incomplete, as some organizations reported only totals.					

estimate of 12% of gross income, \$1M from educational salaries; \$4.3M from direct support to fellows and 0.5M for operational expenses.

The second largest contributor is our teaching hospitals. They contribute through subsidies given to academic salaries, through a variety of administrative support, through partial support of non-MOHLTC residents and through general operating expenses.

The University provides \$18.6M in support of education out of its core budget of around \$53M. It is currently providing approximately \$10M in academic salary support. These figures are for support of the MD stream education only and do not take into account expenditures relating to other constituencies within the faculty, including the graduate studentship of over 2,000 trainees.

There are several messages that can be derived from these data. The first, and I believe overarching reality is that all three groups believe that education is part of their core missions, and all three groups are providing substantial dollars in support of that mission. This symbiotic relationship has stood the test of time and no doubt, has been a major factor in making the University of Toronto one of the best places to train and to teach. However, like any symbiotic relationship, there is a delicate balance of ecological factors. And the perturbation of any of these factors can cause difficulties. To a large extent,

the current discussions surrounding AFP's bring into sharp focus just how important the physician contribution to the education balance sheet is. Any AFP will need to tangibly acknowledge our contributions. University of Toronto doctors are the major payer for education through substantial pro bono contributions and large direct contributions through the practice plans.

These data also point to the fact that our teaching hospitals are taking the educational portion of their mission seriously. As a group, TAHSC hospitals contribute \$26M in direct support of education. Given the chronic under funding our hospitals receive from MOHLTC, the continued contributions they make must be highlighted and echoed in the halls of the ministry.

Another important point emerges through an analysis of this data. The Faculty of Medicine is spending a substantial portion of its budget on education. Recognizing that in addition to medical education, the faculty's mandate includes research, support of the rehabilitation sciences, support of the basic sciences and an emerging need for capital investments, the proportion currently being spent on education is substantial.

HUEC is a new group consisting of Deans, Chairs and Vice Presidents of Education of our teaching hospitals. It is significant that HUEC took on, as its first task, an analysis of the finances of education in

our faculty. The results are clear and I believe vitally important as we move forward. We are now armed with data that underscores what we, as surgeons have always known. We know that in addition to the medical school, it's our doctors and our hospitals that are paying to train our future physicians. We have known this for a long time; it will now be important to communicate that message to the public and the political community.

Richard K. Reznick

EDITOR'S COLUMN

In this Newsletter, Earl Bogoch tells us about a surgeon's experience in a formal management course, and Richard Reznick demonstrates a high impact management strategy - clear definition of the dollar value of the contributions of our surgical faculty to education. As Earl reminds us, surgeons are prepared for management responsibilities. They are trained decision makers, irrevocably and personally linked to the outcome of their surgical decisions.

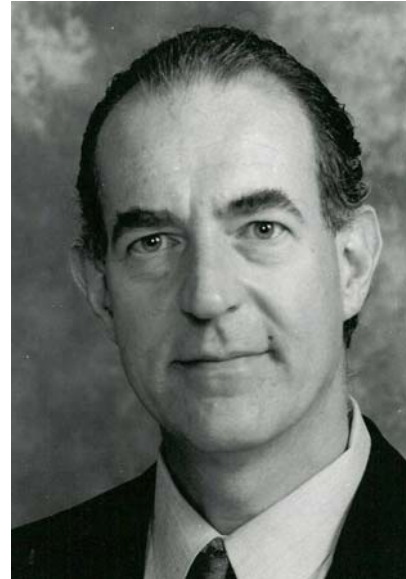
The Surgery Department sponsors a one-day management seminar, "**Senior Residents as Managers**", focused on leadership, teamwork, and health care economics. The seminar has been highly evaluated by our senior residents. It is scheduled this year on Monday, March 24th, in the Banting library. (See General Interest Events in the enclosed blue Surgery Bulletin Board.) The cooperation of staff surgeons and juniors in providing operating room coverage on that day is greatly appreciated by the Department.

Elsewhere in the Newsletter, Stan Hamstra congratulates some of our top teachers of last year, and tells us how to improve our teaching effectiveness. Lee Errett recounts his gratifying experience bringing an economical technique for performing off pump coronary bypass to China. The St. Mike's cardiac stabilizer patent is pending, but the one he brought with him was immediately reproduced in China, fast becoming "the factory to the world".

We look forward to your letters and emails about these issues, and your contributions to inform our Department and its alumni about the activities of its members.

Martin McKneally

A SURGEON AT BUSINESS SCHOOL



Earl Bogoch

Last June, at the request of senior management at St. Michael's Hospital, I attended a course for health care professionals at the University of Toronto Rotman School of Management. I entered with an open mind and a positive attitude to learning, but I considered myself to be embarking on a course of study where I might be a complete novice.

On the first day I got to know some of my classmates, who may have felt that the attitudes and skills of a surgeon were as foreign to them, as I assumed theirs were for me. I met hospital managers from large Toronto hospitals and smaller northern ones, from both the academic and community environments. There were nurses who had gone on to rise in management, a senior officer of a medical association, an accountant and CFO from the private sector who had taken on the financial management of a large northern hospital, the executive director of a large private clinic, a director from CIHI, the president of a medical communications company and mid-level executives from drug companies. In addition there were a few physicians and surgeons, who, like me, seemed slightly startled to find themselves becoming involved in hospital management.

We soon became accustomed to the method of instruction. A half-day would be devoted to a particular topic. First we received an introductory lecture from one of the first-class speakers who were brought in for the course. Then we were given a project and our small group of six individuals, chosen for diversity of professional and educational background, broke out to discuss an approach, and

prepare a presentation. Then the whole class met, and each group in turn presented, received the comments of the speaker, and a spirited general discussion ensued.

One afternoon we learned about Quality Improvement through a presentation on The Shouldice Hospital. We were then set the very practical task of redesigning a similar special purpose clinic in our own institutions. The theme of Quality Improvement was carried on the next morning into a very impressive study of medical error by Ross Baker, Chair of Canada's National Patient Safety Institute. Martin Linsky, a brilliant communicator from Harvard's Kennedy School of Government, spent a half-day with us trying to help us understand the media – from the media point of view. He brought in three medical journalists, and various stories were presented to them. They interviewed us. We heard their blunt viewpoints on the stories and how they could and would use them. The discussion on journalistic ethics was a highlight of the day.

Innovation, institutional change and leadership through change were key topics. We learned how new technology breaks through established structures and forces innovation. Miles Shore, a Harvard psychiatrist and Director of the Boston counterpart of the Rotman course, discussed the psychology of leading change in an organization. Our speakers included, among others, leaders in Nursing, Politics, Informatics, Health Economics and International Medical Development. The gifted duo of Martin McKneally and Joseph D'Cruz, Directors of the course, repeatedly challenged us to analyze and conceive of improvements in the health care enterprise, on macro and micro scales. Their knowledge of the health care industry, and very conceptual approach, was engaging and stimulating. Although a sense of realism with respect to the limitations of our system was palpable in the beautiful Rotman conference rooms, there was a minimum of cynical or defeatist commentary. Our particular course in 2002, responsive to the issue of the day, included considerable content regarding the review by the Romanow and Kirby Commissions. The course started with an analysis of the commission reports by Michael Decker, chair of the Canadian Institute for Health information, and culminated in a class presentation of our recommendations for change to the Deputy Commissioner of the Romanow Commission and fellow surgeon Bob McMurtry. I regretted that there was little time to teach finance, but this is to be taught in future courses

There are three observations I can make after my B-School experience:

1. Management studies are not alien to academic surgeons

Going in to the course, I expected that the lectures and the discussions would be *terra incognita* for me, whereas the professional hospital managers would be comfortable with them. It soon became apparent that surgeons have already been introduced, in our surgical and academic work, to classic business practices. We have not written a formal business plan, but we have written a research grant application to a funding agency – which is comparable to a complex business plan with a detailed budget. We have dealt with financial issues in our practice, and our laboratory. We have had to face human resources issues in our clinical programs and our work in specialty societies. Although the surgeon may have no formal training in these subjects, and could not stand up and teach a class about them, we have had useful and relevant experience. I felt comfortable with all the subject matter presented to us, and felt primed to learn more.

2. The hospital as corporation vs. the surgeon as entrepreneur

Even the brief course at Rotman helped me better understand the relationship between the surgeon and the hospital. The surgeon and the hospital clearly need each other, but their cultures are different and tend to come into conflict. The surgeon is an entrepreneur trying to persuade the hospital that a vision for a new clinical program or an expanded research team is feasible, compelling and advantageous, and therefore worthy of scarce space and funding in the hospital. In this model, if the surgeon is the entrepreneur, the hospital is the bank. Hospital managers are forced to work within budgets and have to decide whether to deploy finite resources to the importunate clinician. Usually, it is the surgeon who is pushing, and the hospital has the brakes on. When we take a salaried management job within the hospital hierarchy, read our job description, and accept overall responsibility for the clinical and research activities within our funding envelope, we may have some doubts, and wonder whether we have gone over to “the dark side”.

But surgeons in management understand the entrepreneurial culture they come from, and can learn the language of the corporation as well. They can help each group work advantageously with the other. An elementary example is that proposals from clinicians, in order to succeed in the hospital, i.e.

“get the loan from the bank manager,” need to be aligned with the corporate objectives and this year’s priorities of the hospital. Young surgeons may not understand how important this is, and may benefit from assistance in finding common ground and appropriate language that “works” in the hospital. On the other hand, it is also part of the surgeon-manager’s job to help the hospital position its corporate goals in view of the talents of the clinicians who work there, and to gain acceptance of the goals by fellow surgeons. Nevertheless, having proposed the metaphor of surgeon as entrepreneur, I suspect that the current generation of surgeons is more corporate in style than earlier generations, and that our interactions, communication and demeanor in the hospital is less “wild west” than some of our famous predecessors.

3. For the uninitiated surgeon, attending a business school course demystifies business school training

The Rotman course demonstrated to me that there is no great barrier for surgeons to become involved in management studies. One of the most useful aspects of the week was working closely on specific projects with professional hospital managers who have MBA or MHA degrees, getting to know how they think, and gaining understanding into how valuable our clinical experience and understanding is to them in their planning. Even a brief introductory course is useful to demonstrate that surgeons already have a foundation for learning the concepts needed to become engaged in decision making and policy development in the hospital.

My hospital manager colleagues would probably say that it’s typical of a surgeon to think, after one week of B-school, that he knows all about management! Far from it; I simply feel much more comfortable with the issues and plan to learn more. I would encourage academic clinicians to enroll in the high quality courses available at the Rotman School, and to do so early in their careers. It is not necessary to have a management job or the prospects of one, to benefit. You can take away an approach to thinking about the hospital and health care system we work in that will benefit you, your institution, and your patients.

*Earl Bogoch
Medical Director of the Mobility Program,
St. Michael’s Hospital*

OFF-PUMP CORONARY BYPASS IN CHINA



Lee Errett

Lee Errett recently brought the technology of off-pump coronary bypass surgery to China. Zou Rui Song, a former visiting fellow from Shandong Medical University in Jinan, Shandong Province, under the Terrence Donnelly international exchange program, made the arrangements. There are 25 million patients with coronary artery disease who would qualify for surgical treatment by Canadian standards. Although the disposable equipment for this procedure is prohibitively expensive, a non-disposable cardiac stabilizer, designed by Yves LeClerc and colleagues at St. Michael’s Hospital, makes the operation eminently practical. The St. Michael’s team, which has experience with over 1000 off-pump coronary bypass cases, is now comparing angiographic imaging, graft flow and cognitive function in patients randomized to treatment on or off the pump.

The hospital Lee visited performs 4000 heart operations (500 congenital, 3000 valves and misc. aneurysms) per year. Lee placed the first intra-aortic balloon pump and performed their first successful off-pump coronary procedures. The nurses were extremely astute; one of them diagnosed a postoperative pneumothorax on clinical grand rounds and had the chest tube ready without a chest x-ray. The fifteen surgeons on staff perform the surgery and run the pump. When the word got out that Lee had trained at McGill, the mantle of Norman Bethune, the great Canadian missionary thoracic surgeon descended upon him and he was treated with great respect. Lee was moved by the receptivity, thirst for knowledge, generosity and gratitude of his hosts. He

experienced a profound cultural enrichment. Traditional Chinese medicine was mixed with a level of cardiac care reminiscent of Canadian surgery in the late 1950's and early 60's when western technology was less advanced. He learned how traditional Chinese medicine is mixed with superb clinical thoracic surgery from a youthful 87-year-old surgeon whom he interviewed on a mountaintop performing preoperative Tai Chi before going to the operating room to perform an esophagectomy. The doctors live at the hospital or bicycled to work from nearby. They are poorly paid, but extremely adept.

Lee and his colleagues have developed a very active international fellows program with the help of Terrence Donnelly who will be the subject of a subsequent column. The focus of the St. Michael's cardiac surgery fellows program is international education for surgeons from less enfranchised countries. They are currently developing a surgeons exchange program with Cuba.

Martin McKneally

THE TEACHING EFFECTIVENESS SCORE (TES) - PART II



Stanley Hamstra

HOW TO IMPROVE YOUR TES RATINGS

By now, all surgeons should have received Teaching Effectiveness Scores (TES) for the past academic year based on the ratings of clerks and residents. Based on their comments and my informal interactions with students and residents in a variety of contexts, I continue to be impressed by the dedication and effort provided by faculty surgeons to undergraduate and postgraduate teaching. The scope of teaching activities range from simple descriptions

of operative rationale and basic techniques to a clerk in the OR, to the establishment of regular formal sessions on technical skills such as suturing, or advanced skills training for residents in the Surgical Skills Centre.

From the recent data, it appears that clerks seem to learn most during ambulatory clinic sessions where they are given the opportunity to workup patients on their own first. This can be an outstanding learning experience, especially when their workup is then reviewed by the attending staff surgeon. For clerks already committed to a career in surgery, or for junior residents in surgery, there is an additional emphasis on gaining experience in technical skills.

Here are some tips distilled from interviews and written comments for improving your TES:

Clerks:

1. Provide clear orientation re: Clinic, OR schedules and routines.
2. Communicate goals, objectives & expectations.
3. Provide a list of basic procedures for your specialty.
4. Provide feedback on their workups in the clinic.
5. Describe what you are doing in the OR.

Residents:

1. Spend time early on getting to know the junior residents. Establishing lines of communication will allow you to discuss their skills and provide feedback.
2. Provide appropriate independence in the OR.
3. Provide technical skills instruction and feedback wherever feasible.
4. Discuss decision-making rationales and encourage independent management plan.
5. Communicate your enthusiasm for your specialty.

Congratulations to those with the Top 10 TES ratings in the Department:

Postgraduate Ratings:

Rank	Name	Div	Hosp	Number of Raters	TES
1	Peniston, Charles	C/S	UHN-TGH	3	20.00
2	Kodama, Ronald	U/S	S&W-SC	4	19.57
3	Rutka, James	N/S	HSC	5	19.20
4	Bernstein, Mark	N/S	UHN-TWH	14	19.18
5	Klotz, Lawrence	U/S	S&W-SC	5	19.09
6	Coles, John	C/S	HSC	3	19.05
7	Gentili, Fred	N/S	UHN-TWH	13	19.03
8	Clarke, Howard	P/S	HSC	3	18.86
9	Binhammer, Paul	P/S	S&W-SC	8	18.79
10	Wunder, Jay	O/S	MSH	14	18.78

Clerkship Ratings:

Rank	Name	Div	Hosp	Number of Raters	TES
1	Wunder, Jay	O/S	MSH	5	19.80
2	Wallace, Chris	N/S	UHN-TWH	7	19.71
3	Bernstein, Mark	N/S	UHN-TWH	8	19.63
4	Law, Calvin	G/S	S&W-SC	7	19.57
5	Kodama, Ron	U/S	S&W-SC	19	19.53
6	Hiraki, George	G/S	S&W-WC	17	19.29
7	Tator, Charles	N/S	UHN-TWH	10	19.20
8	Herschorn, Sender	U/S	S&W-SC	17	19.18
9	Goldberg, Michael	T/S	MSH	9	19.00
9	Cusimano, Michael	N/S	SMH	8	19.00
9	Darling, Gail	T/S	UHN-TGH	7	19.00

Next time we will report on: EVALUATION OF SURGICAL ROTATIONS

*S.J. Hamstra,
Director, Office of Surgical Education.*

NEW STAFF



Gideon Cohen

Gideon Cohen joined the Division of Cardiac Surgery at Sunnybrook and Women's College Health Sciences Centre on July 1, 2002. Gideon completed cardiovascular surgical training in Toronto, June 30, 2001, and spent the ensuing year at the Cleveland Clinic. He has been honoured as Fellow of the Year at the Cleveland Clinic. This prestigious and internationally recognized Cardiac Centre attracts superb fellows from around the world for advanced training and experience. Gideon's honour is thus highlighted by the fact there were 30 other cardiac fellows, all from top centres around the world.

HONOURS/AWARDS/ ACCOMPLISHMENTS

Forrest, Christopher (PlasSurg) has been selected as the American College of Surgeons Australia/New Zealand Chapter Travelling Fellow for 2003.

Hassouna, Magdy (UrolSurg) was a guest speaker at the International Society for Pelvic Neuromodulation held in Phoenix Arizona, January 9 – 12, 2003. The title of his lecture: “Standardization for Parameters of Stimulation in Patients with Voiding Dysfunction”.

Herschorn, Sender (UrolSurg) was a guest speaker at the Urogynecology Meeting in Montreal organized by the Department of Urology, McGill University, December 12 –13, 2002. He gave talks on: (1) Conservative Management of Incontinence; (2) Investigation and New Avenues of Pharmacotherapy for Refractory Overactive Bladder; and (3) Surgery for Refractory Overactive Bladder.

Jewett, Michael (UrolSurg) was a guest speaker at the Mexican Society of Urology Guadalajara and spoke about: “Small Renal Masses: Treatment Options” and “T1 Bladder Tumor: Cystectomy or TUR”. He was also Visiting Professor at the University of Washington, Department of Urology Seattle and spoke about: “Strategies to Minimize Morbidity of Treatment Options for Bladder Cancer”.

Khoury, Antoine (UrolSurg) was Visiting Professor at the University of Monufia, Egypt in December 2002. He was also the external member of the discussion committee that previewed the thesis of one of the international fellows from the Hospital for Sick Children, Hamdy Abou Taleb. Dr. Taleb completed his PhD under Dr. Khoury’s supervision in Toronto. The title of his thesis was: “Outcome Analysis of Interventions for Vesicoureteral Reflux in Children. Dr. Khoury also gave a talk entitled: “Current Reconstructive Techniques in Hypospadias Surgery”. (Martin Friedlich, University of Ottawa, co-author)

Martin Friedlich, University of Ottawa, co-author
Glenn Regehr (Research) presented project titled: “Structured Assessment of Minor Surgical Skills (SAMSS) for Clinical Clerks” at RIME Research Paper Presentations, at the Association of American Medical Colleges/Research in Medical Education (AAMC/RIME) meeting in San Francisco, California, November 2002. Faculty from the U of T were involved in five poster presentations and eight podium presentations (four papers and four abstracts). This level of involvement placed the

U of T as the number one institution represented at the RIME conference.

Rutka, James (NeurSurg) was appointed to the AANS Board of Directors at the recent interim meeting of the AANS in Chicago, November 23rd, 2002. The appointment is for three years beginning April 2003.

Tator, Charles (NeurSurg) recipient of a Salute to the City Award. This award is sponsored by Cadillac Fairview and recognizes those people who have made Toronto a better place to live.

Wedge, John (OrthSurg) appointed as Associate Dean, Clinical Affairs, for a three-year term from January 1, 2003 to December 31, 2005.

Finelli, Antonio (UrolSurg Resident) has won the A.W. Harrison Clinical Clerk Teaching Award for his six months at Sunnybrook and Women’s College Health Sciences Centre, SS.

Tsai, Eve (NeurSurg Resident, Supervisor: C. Tator) has been chosen to represent Eastern Canada (Region XII, American College of Surgeons) in the Annual Trauma Resident Papers Competition for residents in Canada, USA and abroad. Eve will present her paper: “Novel Synthetic Grafts That Promote Axonal Regeneration and Functional Recovery After Spinal Cord Injury” at the Annual Committee on Trauma Meeting of the American College of Surgeons in Chicago, March 2003.

Verma, Subodh (CardSurg Resident) has been selected to serve on the Canadian Multicenter Fetal and Maternal Risk Trial, to evaluate the role of endothelial dysfunction and inflammatory mediators towards the prediction of pregnancy induced hypertension (preeclampsia).



(left) Honourable Carl DeFaria, Minister of Citizenship for Ontario, *(right)* Awardee, Michael Belanger (Senior Technician, Department of Surgery & Physiology)

Belanger, Michael (Senior Technician, Department of Surgery & Physiology) was recently awarded the 2002 Outstanding Achievement Award for Voluntarism from the Ontario Ministry of Citizenship. This award recognizes “extraordinary leadership, innovation and creativity in a select group of individuals that have made superlative contributions to their communities and the province through voluntary action”. Michael received this award for his environmental initiatives with the Oceanographic Environmental Research Society, a Canadian charity founded by Michael. Mike has also promoted the U of T through organizing and hosting volunteer nights, as well as participating in television videos for the Heart and Stroke Foundation and scientific displays for the Faculty’s Departments of Surgery and Physiology at the U of T open house.

GRANTS & FELLOWSHIPS

Bohnen, John (GenSurg) and co-applicant Lorelei Lingard, Dept. of Paediatrics have received a Physician’s Services Incorporated (PSI) Foundation Grant for their project: “Team Talk: An Intervention to Structure Information Sharing and Promote Patient Safety in the Operating Room”. (Shared funding with CIHR)

Lorelei Lingard, Dept. of Paediatric and co-applicants Ross Baker, Dept. of Health Policy, Management and Evaluation, Beverley Orser, Dept. of Anaesthesia, **John Bohnen** (GenSurg) **Glen Regehr** (Research) and **Richard Reznick** (GenSurg) have received a two-year CIHR Operating Grant for their project titled: “Team Talk: An Intervention to Structure Information Sharing and Promote Patient Safety in the Operating Room”.

Duncan Stewart, Dept. of Medicine and co-applicant **David Courtman** (Research) have received a three-year CIHR Operating Grant for their project titled: “Microvascular Endothelial Cell Loss in Pulmonary Hypertension”.

Eubanks, James (Research) and co-applicant, Willets Burnham, Dept. of Pharmacology have received a two-year CIHR Operating Grant for their project: “Correction of Rett-like Behaviour in meCP2-deficient Mice by Exogenous Gene Transfer”.

Fehlings, Michael (NeurSurg) and co-applicant, Phil Barker, McGill University have received a one-year CIHR Operating Grant for their project: “Apoptosis After Spinal Cord Injury: The Role of FAS, p75NTR and NF-kappaB”.

Fernie, Geoffrey (Research) and co-applicants Cheryl Cott, Dept. of Physical Therapy and Nathan

Herrmann, Dept. of Psychiatry have received a three-year CIHR Operating Grant for their project titled: “Enabling Safe Independent Powered Wheelchair Mobility in Long Term Care Residents with Cognitive and Other Impairments That Currently Limit Powered Mobility Use”.

Fleshner, Neil (UrolSurg) has been awarded a Canadian Prostate Cancer Research Initiative Grant titled: “Incidence and Characteristics of Prostate Cancers in Men with PSA Levels <2.5ng/ml”.

Jewett, Michael (UrolSurg) and Laurie Klotz, along with Principle Investigator Ricardo Rendon, former urology fellow at the UHN and currently in the department of Urology at Dalhousie University, Halifax, received a grant for “Identification of Preoperative Prognostic Factors for Small Renal Cell Carcinoma” from Capital Health Centre for Clinical Research.

Michael Jewett and **John Trachtenberg** (UrolSurg) have received a grant from the Change Foundation titled: “Development and Evaluation of Internet Training Courses for Cancer Patients” with Gunter Eysenbach as principle investigator.

Kim, Peter (GenSurg) and co-applicant Chi-Chung Hui, Dept. of Medical Genetics and Microbiology have received a three-year CIHR Operating Grant for their project titled: “Developmental Pathways in Embryogenesis of Hindgut”.

Hans-Michael Dosch, Dept. of Paediatrics and co-investigators, James Ellis, Dept of Medical Genetics and Microbiology and **Peter Kim** (GenSurg) have received a five-year CIHR Hepatitis C Operating Grant for their project titled: “Genetic Strategies to Understand Autoimmunity”.

Lukacs, Gergely (Research) has received a three-year CIHR Operating Grant for project titled: “Regulation of DNA Degradation of Apoptosis”.

Marshall, John (GenSurg) and co-applicant **Mary-Anne Aarts** (GenSurg Resident, Supervisors: J. Marshall & R. McLeod) have received a Physician’s Services Incorporated (PSI) Foundation Grant for their project titled: “The AATICC Trail – Appropriate Antimicrobial Therapy in Critical Care: A Pilot Study”.

Angela Colantonio, Department of Occupational Therapy, co-PI Michael Escobar, Department of Public Health Sciences and co-investigators Mary Chipman, Department of Public Health Sciences, **Barry McLellan** (Emergency), and Peter Austin, Department of Public Health Sciences have received a two-year Ontario Neurotrauma Foundation grant

for their project: “Predictors of Post-acute Survival in a High-risk Traumatic Brain Injured Population”.

Greg Stanisz, Dept of Medical Biophysics and co-applicant **Rajiv Midha** (NeuroSurg) have received a three-year CIHR Operating Grant for their project titled: “Quantitative Magnetic Resonance of Neuronal Tissue Following Trauma”.

Pang, Cho (Research) and co-investigator **Peter Neligan** (PlasSurg) have received a five-year CIHR Hepatitis C Operating Grant for their project titled: “Skin Flap Ischemia: Pathophysiology and Pharmacological Intervention”.

Rutka, James (NeurSurg) with co-investigators Laurence Becker and Catherine McGlade, both with the Department of Laboratory Medicine and Pathobiology, have received a three-year CIHR Hepatitis C Operating Grant for their project titled: “Astrocytomas”.

Susan Bondy, Dept. of Public Health Sciences and co-applicants Veronique Benk, Eva Grunfeld, David Hodgson, Larry Paszat, Yee Chung Ung, Rebecca Wong, all in the Dept. of Radiation Oncology, Eric Holowaty, Dept. of Public Health Sciences, Neill Iscoe, Dept. of Medicine, and **Andrew Smith** (GenSurg) have received a three-year CIHR Operating Grant for their project titled: “A Prospective Study of Intervals and Delays in the Diagnosis of Cancer”.

Dueck, Andrew (GenSurg Resident, Supervisors: D.S. Kucey, K.W. Johnston & A. Laupacis) has received a Physician’s Services Incorporated (PSI) Foundation Grant for project titled: “Ruptured

Aortic Aneurysms in Ontario: Delays in Treatment and their Effect on Outcome”.

O’Blenes, Catherine (PlasSurg Resident, Supervisor: J. Lipa) received a Physician’s Services Incorporated (PSI) Foundation Grant for project: “Ischemic Preconditioning of Human Skeletal Muscle”.

Sidhu, Ravinder (VascSurg Resident, Supervisors: S.J. Hamstra & K.W. Johnston) has been awarded the RCPSC Fellowship for Studies in Medical Education (\$67,500).

Dr. Sidhu has received a Physician’s Services Incorporated (PSI) Foundation Grant for his project: “Perception of Three-dimensional Structure from Two-dimensional Images in Endovascular Training”.

Dr. Sidhu, H. MacRae (GenSurg), **G. Regehr** (Research), J. Herold-McIlroy (Centre for Research in Education), **L. Rotstein** (GenSurg), **R. Reznick** (GenSurg) have received a grant from the RCPSC (\$25,000) for project titled: “Standard-Setting in a Multiple-Competency Assessment of Senior General Surgery Residents”.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS DEADLINES

A list of deadlines is available on the Royal College website, <http://rcpsc.medical.org> to help residents avoid delays and the consequences of missing the earliest opportunity of appearing at the College examination. For application forms and information contact the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, K1S 5N8 or call 1-800-668-3740.

The deadline for the April/May issue of the Surgery Newsletter is **March 15, 2003**. All members of the Department are invited to submit news items, ideas or announcements. You may reach us

voice mail: 978-8177, fax: 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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