

# The Surgical Spotlight

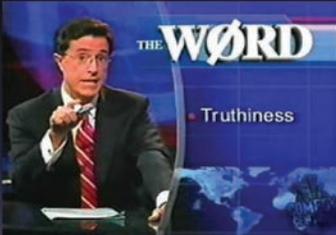
ON ALUMNI, FACULTY, RESIDENTS, STUDENTS & FRIENDS OF THE DEPARTMENT OF SURGERY

EVENTS AND STORIES FROM FALL 2013



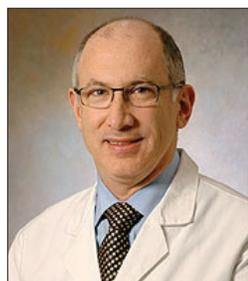
## Truth and Truthiness in Surgery

*“The current practice of surgery is an accumulated wisdom, mixing fact, opinion and magical thinking in unknown proportions.” (Jeff Matthews).*



**What is Truthiness?**

Stephen Colbert, American Philosopher:  
**“Truth that comes from the gut, not books.”**  
 Preference for concepts or facts one wishes to be true rather than concepts or facts *known* to be true.



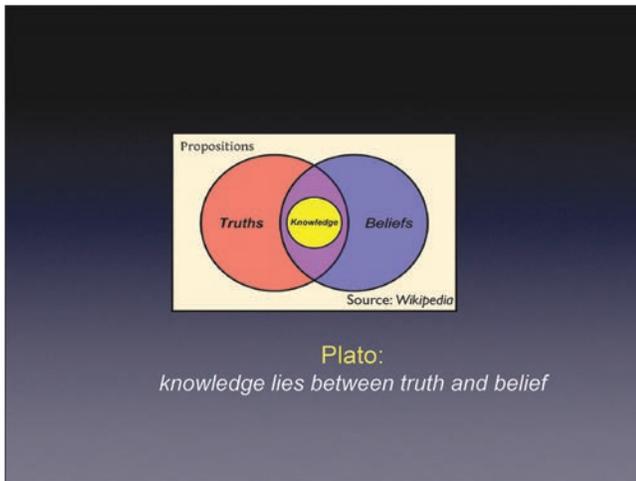
Jeff Matthews

This provocative opening statement and a definition of truthiness from Steven Colbert opened the Crossgrove lecture at UHN by Jeff Matthews. Jeff is a Surgeon Scientist whose background includes medical school and surgical training at Harvard and hepatobiliary surgical training in Bern, Switzerland. He has been Chair of Surgery at the University of Chicago since 2006.

Jeff opened with an interesting Venn diagram of Plato’s notion of knowledge, located at the intersection of truth and belief.

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He cited the evidence we usually rely upon - the textbook that states that 90% of febrile episodes in the first 48 hours after surgery are caused by atelectasis, and the confirmatory ritual of a chest X-ray showing atelectasis followed by a response to chest physiotherapy and incentive spirometry. “The relationship between atelectasis and fever is unsupported by clinical or experimental evidence. Atelectasis does not induce fever in animals. Spontaneous or therapeutic pneumothorax in humans is not associated with fever, and the incidence of postoperative atelectasis is similar with and without postoperative fever. Nevertheless, we are led by thought leaders and tradition to believe in this persistent myth.”<sup>1</sup> This and other very convincing anecdotes set the stage for a rational deconstruction of evidence-based medicine.

**Q: Are antibiotics unequivocally indicated in pancreatitis?**

**A:** Yes, according to some meta-analysis and Cochrane reports. No, according to the same sources at a different time.

**Q: Is mechanical bowel preparation indicated for colorectal surgery?**

**A:** “In three meta-analyses of nine randomized trials in over 1,500 patients, no mechanical prep was better than mechanical prep to prevent anastomotic leak, wound infection and septic and non-septic complications<sup>2</sup>. Despite the evidence, nearly all colorectal surgeons use mechanical bowel prep.”

“John Ioannadis shows convincingly that most published research findings are false<sup>3</sup>. The prevalence of false positives is related to emphasis on P values, flexible trial designs, data manipulation, and large scale data mining. Bias in the medical literature derives from publication bias - favouring publication of positive or hot results; time lag bias - as negative results generally follow considerably after positive ones; citation bias - because the visibility of positive studies is increased by subsequent citation; reporting bias - as authors highlight positive over negative results; and prevailing field bias - supporting entrenched opinion. Highly cited studies showing strong treatment effects are often followed later by reports of smaller effects, or contradictory findings. Only 44% are ever confirmed, 24% are never challenged.

Truth is somewhat subjective as different frames of reference are used by different observers of the same events, and different relative weight assigned to the details of the observation results in selective assembly of information to reconstruct past events. This is the so-called Rashomon effect, illustrated in Kurosawa’s classic motion picture in which four individual witnesses describe a crime in four mutually contradicting ways.

“Knowledge is filtered through the imperfect lens of human perception, resulting in cognitive distortion. Our biases influence our perceptions. Cognitive distortion can be broken into group-think, professional deformation (how members of our own profession would look at the situation without the broader view, focusing too much on one aspect of an event), framing - leading to conclusions that are highly dependent on how the data are presented, and confirmation bias- searching for information in a way that confirms our preconceptions and vested interests. Surgeons are susceptible to cognitive distortion and bias because of our hierarchical organizational structure, the influence of our mentors, the narrative style of our rationalizations, (particularly in the culture of the morbidity and mortality conference), a predilection for linear causality, i.e. what chain of events is decided upon as the cause of an action or decision, and belief in ourselves and our results for economic and reputational reasons.

“Mechanisms to repair or compensate for cognitive distortion include: rules of thumb (heuristics), multi-disciplinary teams to broaden the view of decision makers, and decision support tools such as standardized nomenclature, classifications of clinical presentations, risk stratification, scoring systems, algorithms and decision trees. Many protocols and algorithms, however, can create a false aura of certainty and an illusion of mathematical precision. Though we can quantify the predicted mortality for a particular operation for a particular disease, when it comes to the application in a particular patient, there are multiple qualitative and subjective factors which heavily influence the actual outcome. What are this patient’s comorbidities, anatomic circumstances, family circumstances, value system, local institutional resources, comorbidities? Personalized medicine is a current favourite belief system, promising a path to precise biasfree decision-making. Multidimensional large scale data sets promise early detection, improved prognostic prediction, and the development of precisely tailored therapy. The reality is that scientific reductionism and the acquisition of data is outpacing methodology, and the exaggerated potential for individualized care is leading to a paradoxical depersonalization of medicine.”

Professor Matthews closed with a statement that evidence-based medicine is an important concept, but it is insufficient to encompass all forms of knowledge needed for good care. Tacit knowledge (described by the Hungarian polymath Michael Polanyi, who famously said: “We know more than we can tell”) is the knowledge gained in a local context with traditions and experiences that are not universally shared, and cannot be dissociated from unconscious and subjective elements. “The meaning between words, intuition and judgment are part of the concept of tacit knowledge.”

“In surgical education that puts so much emphasis on facts, there should be a focus on uncertainty. Learning to make decisions with incomplete information, ability to recognize false precision, over simplification, overconfidence and drift toward trying to be the *decisive* surgeon.

“In summary, truth and truthiness inevitably coexist. Evidence is allusive and fluid. Knowledge is inseparable from bias and experience, and evidence-based medicine is an incomplete epistemology that inadequately accounts for the complexity and nuances of clinical decision-making.” This stimulating lecture closed with a delightful quote from Nobel laureate and University of Chicago Professor of Physics Enrico Fermi. After hearing a lecture by Niels Bohr, Fermi said: “Before I came here I was confused about the subject. Having listened to your lecture, I am still confused, but on a higher level.”

Tom Waddell asked if this de-emphasis on the factual and rational basis of surgical practice is a call for a return to the apprentice model. Matthews answered that longer exposure to surgical decision-making, for example during a general surgery residency prior to entering a specialty like plastic surgery has led to better performance. The exact content of what was learned in that preparation is hard to specify.

*M.M.*

1. I have reported the lecture here from my notes. Quotation marks are used to convey a sense of participation to the reader. They should not be taken as evidence of an accurate record of what was said [Ed.]
2. Slin, K. British Journal of Surgery, 2004, vol. 91, pp 1125-30
3. PLOS Medicine 2005, vol. 2, pp 696-701

## Neurosurgical Mission to Ukraine



James Rutka

One of the foci of our Strategic Plan (Transforming Surgery: Beyond the Cutting Edge) is to build upon our international outreach and to strengthen our partnerships regionally, nationally and globally. I am very proud of the fact that so many of our faculty and residents are already embedded in numerous countries around the globe to

support this mission. Last year, I had the good fortune to travel to Ukraine on a neurosurgical mission as part of a Ukrainian Child Health Fellowship partnership between Sick Kids Hospital at the University of Toronto, and neurosurgical centres in Lviv and Kyiv. I was also very fortunate to be accompanied by fellow neurosurgeon Dr. Mark Bernstein, University Health Network, and Dr. Myroslava Romach, Director of this Fellowship.

Ukraine was selected because it continues to develop in technology and innovations in many scientific disciplines including surgery. However, the country still lags quite far behind in this regard, especially since it only gained independence from Russia on August 24th, 1991. As such, we wanted to spend a good amount of time in medical centres where there is considerable need. Our mission took place June 15 – 23, 2013. Our first destination was Lviv, a city of approximately 250,000 inhabitants in western Ukraine near its border with Poland. At the Lviv City Clinical Children's Hospital, Mark and I gave a series of lectures on neurosurgical topics for staff at the Hospital and from several surrounding institutes. These lectures were delivered by us in English, but were simultaneously translated into Ukrainian by one of our host surgeons. We also attended the neurosurgery clinic and saw numerous children in need of expert neurosurgical care that sadly could not be performed at the Lviv City Clinical Children's Hospital because of insufficient access to the required instrumentation and equipment to perform the required procedures safely. Many of these children would need to go to Kyiv, the

capital city, if their families could afford the expense of travel and care at the National Neurosurgical Institute.

The next day, we prepared to assist our colleagues in Lviv with a neurosurgical case they had not done previously, but received permission to do while we were there: An awake craniotomy on a 14 year old girl who had seizures, and a left inferior frontal, language-area cystic tumour. As Mark is one of the leading authorities in the world on awake craniotomy and brain tumour resections, his teachings and instructions were invaluable in giving our host neurosurgeons the confidence to conduct this procedure. Here it is important to point out that the neurosurgeons at this hospital did not have many of the pieces of equipment we take for granted nowadays, such as an image guidance system and an operating microscope. Nonetheless, Mark was able to coach our host neurosurgeons through the craniotomy and tumour removal in a flawless fashion. Thankfully, the teenage girl awakened without any deficits, and her brain tumour turned out to be a ganglioglioma, a benign tumour for which only neurosurgical resection is required.



Surgical Mission to Ukraine - Mark Bernstein and Jim Rutka

As part of this Ukrainian Child Health Fellowship, we have encouraged Ukrainian surgeons to come to the University of Toronto for extended observerships which they have been keen to do. In fact, in the fall of 2013, we welcomed 3 surgeons, 1 pediatric general surgeon, 1 pediatric neurosurgeon and 1 adult neurosurgeon from Lviv and Kyiv to learn from our surgical services at UHN and at Sick Kids. They learned a tremendous

amount while here, and we have built up our relationships with them during this time.

Mark and I plan to return with additional colleagues in May 2014 for another mission. As with so many of our colleagues in the Department of Surgery who have given of their time to reach out to countries and populations in need, our mission to Ukraine will require continuous and consistent communications, repeated visits to Ukraine, and exchange of information and technologies.

International surgery is a critical component of our Strategic Plan. We are in the midst of developing policies by which surgeons who are devoted to International Surgery can receive the necessary and deserved credit for their creative professional activity scores at the time of their annual assessments of productivity, and for their promotion dossiers. In my opinion, these policies and this type of recognition are long overdue.

*James T Rutka, RS McLaughlin Chair*

## RESIDENTS' CORNER

### WELCOME TO THE NEW RESIDENTS



Ron Levine

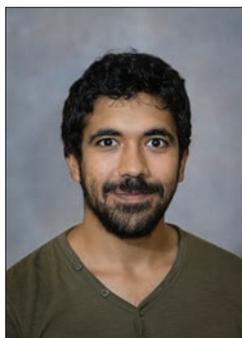
A fantastic cohort of new residents has beaten the competition to enter the Gallie Program in July 2013. They have diverse and interesting backgrounds.

Forty-six residents have entered the department.

Thirty-six have come through the CaRMS match and are Canadian Medical School graduates. Eight have come through the IMG match

and include Canadians who have studied abroad and are returning to Canada for their surgical training as well as permanent residents who have obtained their MD in foreign countries and will be practicing in Ontario. Two are "visa trainees" who will return to their home country following training. What a great gift this diverse group of bright young minds brings to our department. Welcome new residents!

*Ronald H. Levine, MD  
Director, Postgraduate Surgical Education  
Department of Surgery*



Sena Aflaki, GS



Mussad Alhamzah, VS



Ammar Alibrahim, CS



Maryam Saheb Al-Zamani, PRS



Tara Baxter, OS

1 The photo of Jonathan Josse (GenSurg) was not available at the time this issue was going to press.



Amy Behman, OS



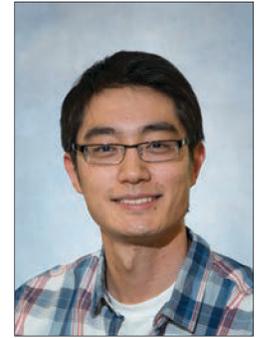
Ramy Behman, GS



Alexandre Boutet, NS



Tyler Chesney, GS



Newton Cho, NS



Sean Crawford, VS



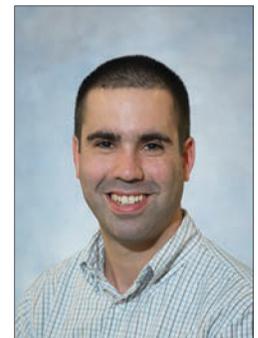
Catherine Conlin, OS



Jana Dengler, PRS



Adina Feinberg, GS



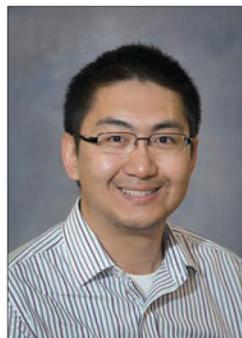
Lior Flor, GS



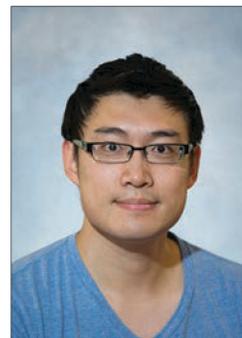
Luis Figueroa Gallaga, VS



Mitchell Goldenberg, US



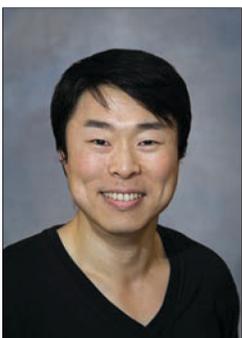
Steven Gu, GS



Dennis Jiang, VS



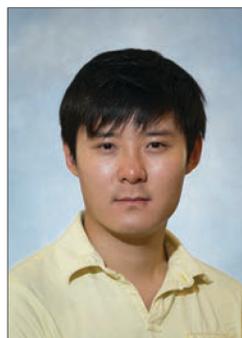
Keith Lawson, US



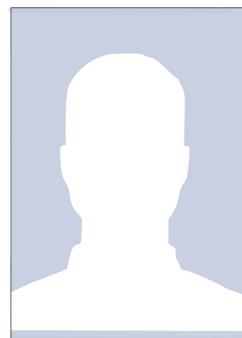
Alvin Lin, GS



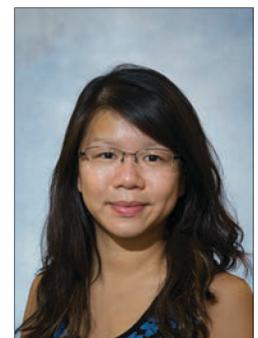
Adrienne Lee, OS



Mike Lee, CS



Jasjit Lochab, OS



Shelly Luu, GS



Rano Matta, US



Norah - Faye Matthies, OS



Ying Meng, NS



Joseph Menna, OS



Miralem Mrkonjic, US



Michael Olsen, OS



Allison Pang, GS



Sarah Peltz, US



Daniel Pincus, OS



Roderick Purzner, GS



Rohit Sheshgiri, OS



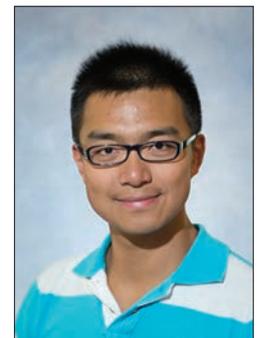
Jessica Shih, PRS



Jonah Shirocky, GS



Suganth Suppiah, NS



Zachary Tan, OS



Shahnoor Ullah, GS



Sebastian Vrouwe, PRS



Ryan Wolek, OS



Andrew Yuen, GS



Natalia Ziolkowski, PRS

## Evaluating IPV in the Fracture Clinic



from left to right- Mo Bhandari, Lesley Gotlib Conn, Aynsley Young, Emil Schemitsch

15 years ago, Emil Schemitsch saw a young business woman in the fracture clinic who had been recently treated for an open tibial fracture. She stated that she had been at a party wearing high heels, then fell over, and fractured her leg. Several years later, a lawyer told him that her leg had actually been hit with a baseball bat by her boyfriend. He had wondered how a fall from high heels could result in an open tibial fracture - it seemed highly improbable, but he had not pursued the true cause at the time in a very busy clinic.

Mohit Bhandari of McMaster University ([http://www.surgicalspotlight.ca/Article.aspx?ver=Fall\\_2010&f=TrialsTribulations](http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2010&f=TrialsTribulations)) has been working with Emil on the Intimate Partner Violence (IPV) problem for the past several years. When Mo was a resident at McMaster, he and his wife, who is a social worker, started thinking about this issue. Mo and Emil subsequently connected and published a survey, which found that 87% of Canadian Orthopaedic surgeons believed IPV victims represented fewer than 1% of patients in their clinics. They subsequently published a study in the *Journal of Bone & Joint Surgery* of 300 women who were interviewed about the incidence of IPV and found that the opposite was true. "There was a 1 in 3 chance of IPV in the past year, especially using the broader definition that includes emotional, sexual, and physical abuse. 9% had been exposed

to physical abuse and 2.5% were in the clinic that day for a fracture or dislocation that was directly the result of physical abuse. "The problem is quite a bit bigger than we had assumed. Orthopaedic surgeons are in a good position to look for and recognize this problem. When women present with traumatic injuries, they are often worried primarily about the injury and it is often only in the follow-up visits that the orthopaedic surgeon has the opportunity to ask about and respond to an abuse disclosure." Mo and Emil have completed an international ten clinic study of 3,000 women that has been published in the *Lancet*. The prevalence was similar in this much larger number of patients.

Nurse Aynsley Young has done independent work on IPV in the Emergency Department at St. Michael's Hospital, where she is promoting universal screening for IPV. Emil and Aynsley have developed a screening program in the MSK clinics. There is a tool kit with binders of articles and protocols, a list of questions to ask, and a list of resources for support in the clinic. When he learned about this project, Ori Rotstein said: "This is a great opportunity for knowledge-translation" and connected Leslie Gotlib Conn, a Knowledge Translation Research Manager at St. Michael's Hospital to join Emil and Aynsley. Through focus groups with residents, the group developed questions to ask, identified barriers, and completed a workshop with new PGY1 orthopaedic residents, supported by a grant from the Dean's Fund for Education.

The group is modeling their approach on Earl Bogoch's osteoporosis studies at St Michael's. "Earl and his colleagues now have an osteoporosis coordinator who makes sure that patients with fractures are on the correct medications for osteoporosis and that they stay on them. The government gave Earl a grant to set up osteoporosis coordinators in fracture clinics across Ontario. The same model is needed for the IPV project. IPV assessment is difficult in the fracture clinic setting: 80- 100 patients in 5 hours in a clinic filled with cast technicians, nurses, and a thin curtain between patient gurnies offers no privacy for the kind of questions that might uncover or illuminate IPV in follow-up visits. It should be possible for the surgeon to ask some simple screening questions and then to say: 'I'd like you to talk to our social worker'. The patient could then go to a private area and be seen by an IPV coordinator who could spend sufficient time

to evaluate the causes and approach to the abuse. In the future, it will be important to do a longitudinal evaluation to see what happens over time to the abused patients and what coordinators and interventions can do. This is a project for the future.”

As past president of the Canadian Orthopaedic Association, Emil is coordinating with the CEO and staff of the association on publicizing and teaching about this problem. The issue has also been described on CBC radio and morning television.

### BARRIERS TO OVERCOMING IPV ARE:

1. The notion that ‘it is not a common problem, or that it isn’t a problem that I should deal with’.
2. The clinic environment lacks privacy, is time constrained and allows no confidential conversation. In the absence of support, surgeons tend to think ‘I should skip that part of the history, since there is nothing I can do about it’. Moral distress affects caregivers “when they know the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action”
3. Lack of resources- whereas the osteoporosis coordinator is there ready to pick up the thread of neglected medication, there is no coordinator for spousal or inter-partner violence or abuse.

“The old model of a clinic with all 7 wrist fractures in the same room near the cast cart means there is no time for anything but moving on to the next fracture. The outcome is that the patient will return with another fracture in the case of osteoporosis, or may be murdered in the case of IPV. It is appropriate to ask the question: ‘Are you safe?’, but doctors cannot ignore the wishes of patients to avoid the police. ‘If they are called, he’ll kill me, or my kids will be taken’. We need the help and intervention of social workers to help make this problem manageable. There is a social worker connected to the entire MSK program, but there is no dedicated IPV coordinator, like the osteoporosis coordinator. The model is there. ‘We need to apply it in IPV. The challenge is to make IPV screening and referral standard operating procedure.’”

A very active clinician and surgical investigator, Emil recently completed his term as Head of Orthopaedic Surgery at St. Michael’s Hospital. He has over 300 publications, and has held many grants. He has four children— one playing in the Ontario Hockey League, and one who will soon enter it.

### TRANSLATIONAL RESEARCH ON IPV

Leslie Gotlib is a knowledge translation specialist in the Department of Surgery at St. Michael’s Hospital, a position created by Ori Rotstein. Her background is in anthropology. She is principally involved in collaborative initiatives, such as the abuse screening project, which requires her to put studies together, train surgeons and residents and respond to questions and problems that arise in these initiatives. In response to the interpartner violence issue, Leslie developed an educational workshop for the orthopaedic residents. This will soon be extended to all entering first year surgery residents. When Aynsley Young served as the research coordinator for surgery, she championed abuse screening in the emergency room. There was some pushback in the emergency room - screening as part of the routine history seemed to some patients and caregivers to be too invasive in the personal affairs of patients. It was up to the surgeon to decide when questions like “Are you safe at home?” might be appropriate. Leaving this issue in the hands of surgeons resulted in spotty coverage, so Leslie brought it into the resident training program. She carried out focus groups with R1,2 R4 residents. “One of the important lessons from these conversations was that residents need to learn about this topic from orthopaedic surgeons, not from anthropologists.”

“We developed a description of the knowledge gap. We invited Mo Bhandari, who gave a compelling presentation. Mo said: ‘You will never do anything more meaningful or important than saving a life by asking this question’. Emil Schemitsch gave the profession’s response, describing the actions of the Canadian Orthopaedic Association and others to the challenge. Lesley gave feedback from the focus groups, describing the barriers to success, such as time and space constraints, and the surgeons’ concept of their role. In general, surgeons said ‘we don’t explore the stories of

injuries. We take a very modular view'. Aynsley Young described how to ask, and gave a very effective presentation about indicator based screening. She emphasized that we should not start from bias, looking only at the disadvantaged for evidence of interpartner violence. The workshop also included standardized patients – one male and one female- who were asked about interpartner violence. Fourteen orthopaedic residents attended the workshop at the Mount Sinai Hospital classroom. The session was 2 hours long and there were no 'blackberry moments'. The attention was excellent. Evaluations based on questions like: 'I know; I am comfortable asking; or I'd be prepared to act'. All went up, especially the 'prepared to act' segment. There was with a dramatic improvement from awareness to preparedness. The Journal of Bone and Joint Surgery will be asked to publish a qualitative study on the subject.

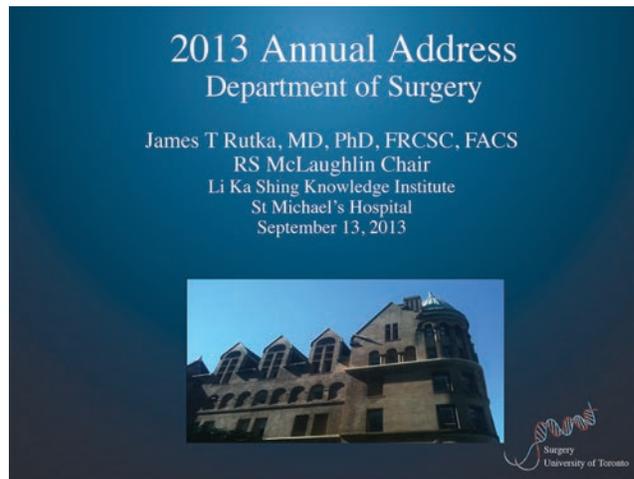
Other initiatives for translation that are being developed are enhanced recovery guidelines, an important project funded by the Canadian Association of Healthcare Organizations. Robin McLeod is the lead on this program, which will be conducted in 15 hospitals. There is an intervention package that includes preoperative education and preparation, and perioperative steps, including anesthesia, the use of epidurals, patient controlled analgesia, intravenous therapy etc. The postoperative segment includes early mobilization, early resumption of regular diet, and pain management. St. Michael's Hospital does something like John Semple's home monitoring, training caregivers to inspect the wound for infection and fill out a yes/no form. Leslie says: "It's is very simple. My 3 year old can do it." She is implementing guidelines and developing an educational program to move the program on enhanced recovery forward.

Leslie studied medical anthropology with a collaborative program in gender studies at the University of Toronto. She is enjoying working "in the unique culture of surgery".

She is the mother of two girls, ages 6 and 3. She runs, reads, and recommends Sheryl Sandberg's "Lean in" as a good leadership book for anyone.

*M.M.*

## Jim Rutka's Annual State of the Department Address



"The top priorities for the academic year 2012-13 were successfully achieved, as all programs passed the Royal College Review, we surpassed last year's record of grant capture and peer reviewed publications, and we successfully promoted many faculty to a higher rank. We implemented the Strategic Plan to reach our year 1 milestones and had a very successful advancement campaign to fund departmental initiatives. We are especially indebted to the excellent work of Ron Levine and David Latter and our Program Directors in getting all of our residency programs accredited. The Royal College commented that there were great strengths and very few weaknesses requiring attention. Excessive service demands continue at four of our hospitals, interfering with the ability of residents to access educational opportunities in some rotations, and providing less than optimal access to procedural experiences in the operating room for the junior residents.

"The pager problem was highlighted. In one institution there were 21,000 pages on the general surgery service over a six month period. That averages out to 115 pages per day. The reasons for these pages are often insignificant, and smart phones are an important part of the solution. In addition, we will benefit from adding more hospitalists to provide full time care to inpatients. Physicians Assistants have become very helpful

at Mount Sinai Hospital, where they logged 113 hours compared to the 256 hours logged on services without physician's assistants. The range of assistants includes physician- assistants, nurse practitioners, hospitalists, and navigators. The conclusions from our review were that consecutive number of hours worked is the important variable. Tired doctors are not necessarily unsafe doctors and restriction of duty hours is not necessary for patient safety. Suboptimal patient care and educational outcomes result in surgery from resident duty hour restrictions. Resident duty hour regulation necessitates reorganization of human resource deployment and care delivery. A Procedural Disciplines Taskforce has been formed by the Royal College of Surgeons of Canada headed by Najma Ahmed, and includes Nir Lipsman, Stan Feinberg, Jefferson Wilson, Todd Mainprize, and Ab Kulkarni. The taskforce has concluded that one size does not fit all specialities.

“We anticipate budgetary constraints in the upcoming academic year as we develop the Department of Surgery Prep Camp, the Surgeon Scientist training program, the Stewart building move and recruitment of a new Chief of Critical Care Medicine within the Department of Surgery. The faculty salaries have been harmonized under the leadership of Robin Richards. The details of this support are described on our website.” Important contributions of our Executive Committee, Division Chairs, Surgeons-in-Chief and research and education team and administrative staff were acknowledged. The promotions are listed in a separate article, as well as new academic appointments and awards. The Queen's Diamond Jubilee medal recipients were presented and the remarkable harvest of external grant support celebrated. Advancement was a highlight of the year with \$4.7 million contributed, nearly double the amount achieved in previous years. The international surgery experience, the welcome party for 1st year residents, and the inauguration of the Prep Camp were reviewed. The top priorities for 2013-14 include expansion of the Competency Based Assessment Programs, support of surgical-scientist trainees, increasing commercialization of surgical inventions, establishing best comprehensive quality and best practice programs across all divisions, development of departmental leaders, and building on our international outreach and global influence.

*M.M.*

## Accelerating the Pace of Surgical Skills Acquisition

### THE DEPARTMENT OF SURGERY PREP CAMP



For the first time in the history of the Department of Surgery, all PGY1 residents in the different Divisions of Surgery participated in the inaugural “Prep Camp” from July 2nd – 12th. While the concept of a preparatory camp for surgical trainees is not necessarily a new one, the Department of Surgery Prep Camp is unique in providing didactic lectures focused on the chief procedural skills required across all Divisions of Surgery, and hands-on training using state-of-the-art simulation models. In previous years, some Divisions such as Orthopaedics and Neurosurgery held their own “Boot Camps” for PGY1 residents. Thankfully, our Post-graduate Medical Education Committee led by Ron Levine as Director, and David Latter as Vice Chair of Education, strongly recommended the development of the Prep Camp to enable PGY1 residents to advance their skills in an expedited fashion within the Surgical Foundations course.

The Prep Camp was organized to provide entry level information and skills training to all PGY1 residents in important surgical areas including the principles of asepsis, knot tying, gowning and gloving, suturing techniques, establishment of surgical airways, chest tube insertion, arterial cut-downs, bladder catheterization, and basic endoscopic skills. At the end of the two week intensive course, all residents took part in an OSATS course for Proficiency Assessment.

All PGY1 surgical residents were on leave during the day from their clinical rotations to attend all aspects of the Prep Camp. Their typical daytime duties at the hospitals were managed by other residents, fellows, nurse practitioners, physician assistants, and hospitalists on the various services.

Needless to say, the orchestration of a resource-intensive course of this magnitude requires tremendous planning and forethought. For this, I would especially like to thank Oleg Safir, Director, Surgical Skills Centre (SSC) at Mount Sinai Hospital, and Lisa Satterthwaite, Manager SSC, and all the staff at the SSC for providing a truly remarkable program and experience to the new residents entering the different surgical programs. All told, there were over 55 residents who participated in the program at the SSC.

An initiative such as the Prep Camp offers exciting new opportunities for us to perform primary research on how residents acquire and maintain procedural skills. To this end, Oleg and colleagues will be longitudinally tracking all the residents who have taken the Prep Camp Course to determine the imprint of what they learned during those two weeks in July on their abilities to perform these skills at a subsequent date.

As a surgeon who learned many procedural skills using a trial by fire method with patients in the 1980's, as many of us did at that time, I strongly believe that the Department of Surgery Prep Camp is a marvelous example of harnessing the power of simulation and skills acquisition in an environment that will positively influence patient safety and quality of care. I am absolutely delighted that we can now offer this course to all new entry level residents in the Department of Surgery.

*JT Rutka*

## ALUMNI'S CORNER

### A. K. PRAKASH EXTENDS THE GLOBAL REACH OF OUR DEPARTMENT

Through the support of one of the Department of Surgery's newest donors, four surgeons from developing countries will be provided with opportunity for surgical training at the University of Toronto. With assistance from the recently established *A. K. Prakash Foundation Fellowship in International Medicine*, surgeons will get a chance to specialize in an area of expertise that is highly demanded in their home countries.



Faith Muchemwa

The most important criterion of the fellowship is that the surgeons return to their home country following completion of the program. This ensures that learning is immediately transferred into the local health care system. In this first year, surgeons from Nigeria and Zimbabwe will take part in the program for a year and six months, respectively. In

the second year, two surgeons from Ethiopia have already been identified for six-month stays.

"This experience will enable me to get exposure to many procedures which are not available for me to learn," says Dr. Faith Muchemwa, a plastic surgeon from Zimbabwe.

Dr. James Balogun, a neurosurgeon from Nigeria says that pursuing this opportunity "was birthed out of a passion to reduce the neurosurgical disease burden and improve survival in children with brain and spine diseases. Children constitute about half of the one hundred and sixty million population of my country."



James Balogun

With Mr. Prakash's \$160,000 gift in support of the Department of Surgery's Boundless campaign, the department is creating substantial and immediate impact

across the globe. “There is great inequity around the world in terms of access to quality health care,” says Mr. Prakash, a Toronto-based philanthropist and art enthusiast. “My hope is that my contribution will widen the scope for quality health education and create long-lasting impact where needed.”

We appreciate the generosity and leadership of Mr. Prakash in helping to create sustainable access to much-needed health care services across the globe.

*Darina Landa,*  
*Senior Development Officer*  
*University of Toronto, Faculty of Medicine*

## Alumni Awards

Congratulations are in order for a former Toronto alumnus, **Susan E. Mackinnon (PlasSurg)** who received the 2013 Jacobson Innovation Award of the American College of Surgeons last June. This award honors living surgeons who have developed original and significant surgical techniques. Dr. MacKinnon received the prestigious awards because of her leadership in the innovative use of nerve transfers. She also performed the first nerve transplant in 1988. Susan joins a list of remarkable individuals including Harry Buncke, Paul Tessier and John Burke who have changed the landscape of surgical practice. After training under Dr. W. K. Lindsay, Dr. Mackinnon was on staff at Sunnybrook Health Science Centre for many years before moving to St. Louis where she is appointed as the Sydney M. Shoenberg Jr. and Robert H. Shoenberg Endowed Chair and Chief of the division of Plastic and Reconstructive Surgery at Washington University School of Medicine.

Former clinical fellow, **Brett McClelland (Australia)** (PlasSurg) won a “Young Investigators Award” from the Transplantation Society at the 11th International Hand and Composite Tissue Allograft Society (IHCTAS) meeting held in Wroclaw, Poland, 2013. The title of his poster was “*Proximal forearm amputation. A privileged site for transplantation?*” with co-authors Ronald Zuker, Steven McCabe, Gregory Borschel.

## A Collective Vision of Arthritis Research



Nizar Mohamed

Nizar Mohamed, Arthritis Program Director and Head of the Division of Orthopaedic Surgery at UHN, and his colleagues have put together a vision which is bringing them together in a cohesive research and fund-raising effort. The Orthopaedic surgeons at Toronto Western Hospital came

to a critical decision in 2010. They decided to lead the charge in offering arthritis patients more than pain management and joint replacement. Their vision is to create a world-leading centre for research and treatment of arthritis. Arthritis research lags behind other diseases, yet it affects an immense number of people worldwide and has a staggering effect of their quality of life and productivity. The surgeons’ goal is to find a way to diagnose arthritis early, develop novel treatments that halt the progress of arthritis, and create personalized treatment plans to prevent the onset of the disease.

In collaboration with the Toronto General and Western Hospital Foundation, they launched the Campaign to Cure Arthritis in 2011. The \$35M campaign will fund the research and needed infrastructure. To show their commitment to their cause, they decided to put their own skin in the game and made a ground breaking personal gift – a collective gift of \$1.25M. The Surgeons’ commitment has, in two short years, inspired hundreds of their grateful patients to join them in their quest to make joint replacements obsolete. At this time, \$31.3M has been raised towards the \$35M goal. “This shows the power of a collective vision and the power of investing your own funds in research, a very persuasive factor”.

The surgeons created a strategic business plan that has now been validated by an international Academic Advisory Board (AAB). The programme is multidisciplinary academic/business model hybrid that involves strong collaborations with key researchers both within

and outside of UHN. Significant funding from private donors has enabled more rapid implementation of research studies compared to the time frame anticipated through traditional resources such as peer reviewed government and NGO funding.

A key initiative was the establishment of an Academic Advisory Board comprising surgeons and researchers with international stature. The members are Robin Poole, Professor Emeritus at McGill University, Montreal; Stefan Lohmander, Senior Professor at the Department of Orthopedics at Lund University, Sweden and Editor-in-Chief of the journal *Osteoarthritis and Cartilage*; Eng Lee, Professor of Orthopaedic Surgery and the Program Leader of the NUS Tissue Engineering Program (NUSTEP) in Singapore; Frank Berry, Professor of Cellular Therapy at the National University of Ireland, Galway and Director of the University's National Centre for Biomedical Engineering Science (NCBES); and Jeff Katz, Professor of Medicine and Orthopaedic Surgery at Harvard Medical School and Professor of Epidemiology and Environmental Health at HSPH. The AAB meets annually in person and at their first meeting in 2012, they reviewed the proposed research programme presented by the Divisional surgeons. They supported three major priorities for research: These were 1. to continue with the development of the informatics platform being spearheaded by Christian Veillette and focused on Clinical and Health outcomes. This encompasses many research studies including the Longitudinal Evaluation of Arthritis Patients (LEAP); 2) the project spearheaded by Rajiv Gandhi involving the collection of tissue from various parts of the joint during total joint replacement

surgery and investigation of the connection between Osteoarthritis and the Metabolic Syndrome. Rajiv's study of fat pad leptins and adipo-leptin and their correlation with pain and disability has been reported in an earlier issue of the Spotlight [http://www.surgicalspotlight.ca/Article.aspx?ver=Spring-Summer\\_2012&f=OsteoarthritisMetabolic](http://www.surgicalspotlight.ca/Article.aspx?ver=Spring-Summer_2012&f=OsteoarthritisMetabolic)); 3) the ability of stem cells to provide symptomatic relief and other innovative applications. Collaborations in this area include local UHN research groups as well as with a company in Korea. It is anticipated that clinical trials will be initiated within 2 years.

The first Arthritis Industry Forum was held in May, including representatives from pharma, informatics, imaging, new technology and medical device companies. The Forum showcased research being conducted within the Division as well as presentations by the industry attendees, seeking areas of mutual interest and opportunities for sustainability.

The Division continues to expand with the recent addition of two surgeons, one with a specialty in sports medicine and the other focusing on ankle and lower extremity surgery. "Since the basic research component of the programme is critical, we are currently conducting searches for three scientists. One will work with TECHNA on innovative imaging techniques. One will be a cartilage biologist with an interest in metabolic syndrome and its relation to osteoarthritis, and the third will focus on the translational research on stem cells in osteoarthritis.

*M.M.*

## FELLOWS' CORNER

### TAKING ST. MICHAEL'S SURGERY TO ECUADOR



from left to right: James Waddell and Santiago Ponce

Santiago Ponce was a medical student in Ecuador in 2006 when he met Jim Waddell at the Orthopaedic Congress in Ecuador (Sociedad Ecuatoriana De Ortopedia Y Traumatologia). The Congress originated as a course started by University of Toronto graduate and Sunnybrook physician Paul Roberts, who made heroic contributions during and following 11 years as a medical missionary to Ecuador from 1949 to 1960. Recognizing the need for orthopaedic training, the Toronto orthopaedic surgeons elected to teach 100 surgeons rather than perform 10 operations, a very productive management decision. Canadian doctors pay for their own transportation and the Ecuadorian doctors provide housing. The teaching program is presented every 2 years.

**Santiago:** “An orthopaedic doctor on the faculty told me to attend the congress, but the fee was \$80, a very large expense for a medical student. My mother, who has been my constant advocate, told me to attend and paid the registration fee. I met Drs. Jim Waddell, Dave Backstein, and Tim Daniels. I contacted Dr. Waddell via e-mail to ask for a chance to come to Toronto as a medical student observer. I spent 6 weeks at St. Michael’s in 2006. It was an amazing experience. Later in 2007, I took the MCCQE1 (Medical Council of Canada Qualifying Examination) and came again to work with Tim Daniels on a foot and ankle surgery observership.

I hoped to get in to the Orthopaedic Surgery residency program in Toronto, but the paperwork was obstructive, so in 2008 I went to Madrid, settled there, and I did my residency in Orthopaedic Surgery in a 5 year program. I kept in touch with Dr. Waddell by regular e-mail and in March 2012 I asked for a fellowship post. I arrived in July of 2013 for a fellowship position in Lower Limb Reconstruction and Trauma at St. Michael’s Hospital. This has been an amazing experience. When I was here in 2006, I spent time in the operating room, the clinic and the office. I was impressed with how well organized and how well resourced the service was, and how personal the relationship was to the patient. The doctors cared for the patient as a person, and the efficiency was astonishing.”

Santiago attended the Faculty of Medicine in Quito, at the Pontificia Universidad Católica del Ecuador. His mother is the Director of the Language Department at Universidad San Francisco de Quito. His father is an agronomical engineer. “I studied medicine in Quito, at the Pontificia Universidad Católica del Ecuador. I have always been close to my family. I got married in 2010 to Danitza, who is currently doing her residency in Geriatrics in Madrid, and will finish next May. She is currently on an observer rotation at St. Michael’s Hospital. My mother has been an important pillar of my support, and inspiration in everything that I have done. She pushed me to approach Dr. Waddell and he put me in touch with St. Michael’s Hospital, and now serves as my mentor and preceptor. This fellowship has been the best thing that happened to me in my career. It is the “cereza del pastel that perfects my training”.

**Jim Waddell:** “We have a very good observership program at St. Michael’s, facilitated by Medical Staff Liaison Officer Narisha Jiwa, who does the coordination for observers. It has been great to watch Santiago develop and then take his skills back to Ecuador - that’s what it’s all about. He is well trained and has done good academic work, including a review on hip fractures. The most important part of the educational experience in my view is the life experience living in Toronto, to see the country, the city and meet other fellows.”

*M.M.*

## Big Surgery

### Developing an *Ars Moriendi* for High Risk Surgical Patients



Martin McKneally

The 15th century Latin text *Ars Moriendi* provided guidance toward a good death. In that era there was no risk of dying intubated, unable to speak, and separated by institutional rules from family and friends. Technological advances in our century have allowed surgical teams to cross the boundary that once protected the frail elderly and irremediably

ill from operative treatment and intensive care.

As advances in technology and intensive care allow us to push the surgical boundary further into the elderly population, we risk entering a zone in which life sustaining treatment becomes the last rite of passage for our patients. Those in the emergency room slip through its porous boundaries into the hospital, the operating room and the intensive care unit with little discussion of the limits of complex care that is possible in the modern era. This results in conflict and moral distress that can lead to burnout among caregivers. We are not well prepared by our training for reflective discussion on the limits to be placed on our interventions.

Public education of the populace about the *Ars Moriendi* has been effective in some communities. Atul Gawande describes the very low incidence of terminal intensive care in Southern Wisconsin, in contrast to jurisdictions where patients commonly die separated from their family, intubated, unable to communicate, and degraded by a medicalized last rite of passage from life.<sup>1</sup> Agonizing conflicts develop in the intensive care setting, sometimes requiring judicial rulings on terminal sedation, transfer to hospice or the substitution of comfort care for futile efforts to cure. Intensive care nurses assigned to these rituals suffer moral anguish; they are left with the moral residue of feelings that they are not treating their patients in a way that they would wish for themselves or their family members.

In interviews and focus groups, 46 surgeons expressed profound feelings of responsibility and commitment to

the survival of their patients.<sup>2</sup> Trained in a warrior culture that pits them against death and disease, and complicit in the complications they struggle to overcome, surgeons are disabled to withdraw life sustaining treatment (LST) from the patients they committed to rescue. If complications result in irretrievable loss of function and quality of residual life, conflicts arise when intensive caregivers and family members request withdrawal of LST. A preoperative *Ars Moriendi* directive could help all concerned.

Surgeons in Toronto and their collaborators in Wisconsin and Boston recently completed a study of preoperative conversations about the boundaries of postoperative life-sustaining therapy in the rare instances when it becomes required<sup>3</sup>. Because conflicts arise when families, nurses, intensivists, and surgeons confront these issues in the absence of any advance directive, we asked surgeons and their patients to allow us to record their preoperative conversations. The transcripts reveal that surgeons in all locations tended to encrypt the experience in phrases such as “it’s big surgery”, or “it’s not day surgery”. While they clearly list the risks of death and life threatening complications, when they raise the possibilities of prolonged intubation, feeding tubes, and dialysis, patients derailed the conversations, changing the topic to discussion of logistical and other issues, such as “sutures, or staples?”, or “Can my husband be in the room?”. Even though the issue of their potential mortality is more proximate, and there is time to talk about it, patients and to some extent their surgeons have difficulty confronting the *ars moriendi* in explicit language. We are currently extending our qualitative research with our surgeons and their patients to answer the question “How would patients and their families prefer to address LST preoperatively, rather than waiting until the emotionally charged time when decisions have to be made in a crisis mode, when the patient may be incapable of participating?”.

In a different setting, ethicist Susan Tolle, a palliative physician in Portland, Oregon, has developed a set of questions about life-sustaining treatment that are routinely asked as part of the process of admission to long term care facilities in Oregon<sup>4</sup>. POLST (Physician Orders for LST) or similar policies have spread to 18 states and are developing in several more. It preempts many trips to the emergency room when frail elderly patients develop cough and fever, putting them at risk

of slipping into the intensive care unit, the zone of often unwanted and inappropriate LST at the end of life.

When I have discussed this issue informally with the Cardiothoracic Ethics Forum, a group of surgeons who are past and present members of the ethics committees of the Society of Thoracic Surgeons and the American Association for Thoracic Surgery, some recount that they are quite explicit and directive. “I tell them that I want them to give me 30 days to get them through the procedure.” Others assume permission to initiate LST is implicit in consent. In 40 years of practice, I have found that patients and families are rarely comfortable with attempts to conflate the discussion of life saving surgery with a discussion of termination of LST should complications lead to an irretrievably degraded state. We are currently embarking on the next phase of our research: asking patients and families for advice on how best to introduce this important topic – sort of a “crowd-sourced *ars moriendi*”.

An extended conversation with multiple caregivers has become the standard in securing consent for organ donation from living donors. That may be a useful model for us to follow. Separating the discussion of patient and family preferences for delineating the boundaries on LST seems reasonable and less overwhelming. Anesthesiologists, who administer life sustaining interventions in the operating room and participate in or direct intensive care units, may be more appropriate agents for discussion of postoperative LST and obtaining informed consent for its conduct and limits. Intensive care nurses, who have a critical role and keen interest in reducing ambiguity about the limits of LST are also appropriate candidates.

Training and continuing education of surgeons and their operating teams can help address the *ars moriendi* of post-operative life sustaining treatment. I would be grateful for advice from our surgical readers on how they approach this important issue.

*M.M.*

1. Gawande A. *Letting go*. New Yorker, August 2, 2010.
2. McKneally MF, et al. *Responding to trust: Surgeons' Perspective on informed consent*. World J Surg 2009; 33:1341-7.
3. Pecanac K, et al. *It's big surgery*. Ann Surg 2013;00:1-6.
4. “Oregon's path in eliciting, recording and respecting wishes across settings of care.” Susan Tolle MD, May 29, 2013, <http://www.iom.edu/-/media/files/activity%20files/aging/transformingendoflife/susan%20tolle.pdf>.

## Managing Progress in the Strategic Plan



Joanna Giddens

The strategic plan of the Department of Surgery was created by a planning committee of interested volunteers in the fall in 2012. It is being realized by a group of team leaders working with project manager Joanna Giddens, a recently recruited member of the Department of Surgery staff.

The leadership team of the Strategic Plan included David Latter - education, Ben Alman - research, Shaf Keshavjee- innovation, Robin McLeod- quality improvement, Ori Rotstein - faculty development, and Avery Nathens- integration of international surgery. I will touch on a few of these pillars of the plan in this article and return to some of the others in subsequent issues. The plan is available on our website at <http://surgery.utoronto.ca/about/strategic-plan.htm>.

The **faculty development** pillar led by Ori Rotstein will focus on the use of mentorship for faculty development. It will include assessing stress levels of faculty members, using a special SF36 designed for academic surgery (<http://www.qualitymetric.com/WhatWeDo/GenericHealthSurveys/tabid/184/Default.aspx?gclid=CIOw-YC1pbkCFelAMgodWm0AQg>). The survey asks interesting questions, such as: How do you feel about surgical errors, about the stress of your work, about life outside of your job? The Maslach inventory to evaluate stress and burnout will also be included. The survey will be targeted at all members of the fac-

ulty. Nancy Condo will assist in this component of the program. The intention is to provide a transparent path to career goals with clear criteria for promotion. By one year, the team will have completed orientation sessions, job descriptions, and a survey of problem areas.

The **innovation** pillar developed by Shaf Keshavjee will be described in a later issue. Shaf will do what he has done in his own career, teaching faculty members how to take laboratory advances to a level that has an impact on the world.

The **quality** pillar, headed by Robin McLeod will build on the progress reported in a previous issue [http://www.surgicalspotlight.ca/Article.aspx?ver=Fall\\_2011&f=ChairColumn](http://www.surgicalspotlight.ca/Article.aspx?ver=Fall_2011&f=ChairColumn).

The **research** pillar will be headed by the new Vice-Chair for Research, when recruited. **Integration of international surgery** will be led by Avery Nathens. Our current international program is wide-ranging with many disparate components in many countries. Andrew Howard, Mark Bernstein, George Azzie, and others have led these admirably in the absence of a core academic program and infrastructure. In the future, the academic track in international surgery will include mentors, teachers, courses, and a website focused on global surgery. The **education** pillar headed by David Latter will develop the competency based curriculum beyond orthopaedic surgery ([http://www.surgicalspotlight.ca/Article.aspx?ver=Summer\\_2010&f=ResidentsCorner](http://www.surgicalspotlight.ca/Article.aspx?ver=Summer_2010&f=ResidentsCorner)) and focus on bringing all of our simulation resources into a unified program. More tech- savvy educational methods will be introduced, including smart phone apps, more practice time for students and residents in the Skills Lab, and home exercises to expand their experience. Lisa Satterthwaite will be an important leader along with Oleg Safir. Currently, students can't get the amount of lab time that they want to develop their skills. Joanna is working with Darina Landa and others on this project. "We are now in the apps and website phase." She will also work with information technology expert James Wilson from Discovery Commons.

Joanna completed her undergraduate degree at Queen's University and an MBA at Cook University in Brisbane, Australia. She earned a certificate in Project Management which provided excellent background for her current role in our Department. The elements of project management include gap analysis, the develop-

ment of realistic resources, the use of logic, and monitored progression to accomplish a goal. She is constantly using Excel programs, contact lists, spreadsheets, and deadline checks to keep the project moving. "The most fun of the project is meeting the various surgeons."

Joanna lives with her parents in Richmond Hill, is active in gymnastics and dance, and is an avid reader of science fiction, historical fiction, and biography - recently including the biography of Warren Buffet. She brings a high level of enthusiasm and energy to this important phase of our department's growth.

The overall theme of the Strategic Plan will be taking an already well-recognized department up to an even higher lever, nurturing the faculty and attracting the best and brightest recruits. "If more tech is wanted, or if more overseas experience is appropriate, the plan is to provide what the faculty and students need." In Joanna's view, the Department is moving, the leads are meeting, and the changes in how we learn are already underway in the classroom and in the laboratory.

*M.M.*



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## NEW STAFF



Mohammed Al-Omran

**Mohammed Al-Omran** is Professor of Surgery at the University of Toronto and King Saud University and Chief of Vascular Surgery Division at St Michael's Hospital. He obtained his medical degree from King Saud University and completed general and vascular surgery training at

University of Toronto. During his surgical training he completed a Master of Science (MSc) in Clinical Epidemiology and Health Outcomes research. Dr Al-Omran returned to Saudi Arabia and worked at King Saud University and its affiliated hospitals for 8 years where in addition to his clinical and academic duties, he was involved in the major project of restructuring King Saud University. He held many leading positions and was involved in establishing many educational and research programs such as the Medical Research Chair Program, International Twinning Program and Clinician Investigator Program. Dr. Al-Omran was recruited by St Michael's hospital to return to Toronto in 2013 as the head of Vascular Surgery Division.

Dr. Al-Omran is a clinician investigator and is currently appointed as a Scientist at the Li Ka Shing Knowledge Institute of St. Michael's Hospital. His research interests are focused on atherosclerosis bench to bedside with special interest in peripheral arterial disease. Dr. Al-Omran has published widely in peer-reviewed journals such as the New England Journal of Medicine, Circulation and the Journal of Vascular Surgery. He has been the recipient of several teaching and research awards.

Clinical interests include carotid surgery, open and endovascular intervention for peripheral arterial disease, vascular thoracic outlet syndrome, open and endovascular aneurysm repair. His current research interests are atherosclerosis bench to bedside with special interest in peripheral arterial disease, health services research and knowledge translation.

Accompanying Mohammed in his move to Toronto are his wife Reem and their two children Leen (9) and Abdul (3).

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



Aaron Nauth and his wife Rhonda

It is with great pleasure that I announce the addition of **Aaron Nauth** to the Division of Orthopaedics at St. Michael's Hospital as an associate scientist and surgeon.

Aaron completed his orthopaedic residency at the University of Toronto, followed by two fellowships: Sports Medicine and Arthroscopy at the University of British Columbia and Trauma and Upper Extremity at the University of Toronto. Aaron's clinical focus is orthopaedic trauma, soft tissue reconstruction and arthroscopy. He is an active member of the University of Toronto Sports Medicine (UTOSM) program and works as a trauma team leader at St. Michael's hospital in addition to his orthopaedic practice. His research focus is on the basic science of fracture and tendon healing with stem cell therapy in addition to conducting randomized clinical trials in orthopaedic trauma.

To date, he is the recipient of several prestigious awards and grants: (1) the Canadian Orthopaedic Research Society Founders Medal Award for Best Basic Science Paper in 2012 at the Canadian Orthopaedic Association Annual Meeting in Ottawa, and (2) peer-reviewed grants from the Physician Services Incorporated Fund and the Orthopaedic Trauma Association in 2013 in both basic science and clinical research. Already an invaluable member of our Division, we look forward to his contribution in our pursuit of clinical excellence, groundbreaking research and commitment to teaching.

Aaron enjoys spending his free time outdoors with his wife Rhonda and their dog Watson.

*Timothy Daniels,  
Chief of the Division of Orthopaedic Surgery,  
St. Michael's Hospital*



Nicole Look Hong

We are delighted to introduce **Nicole Look Hong**, the newest member of Sunnybrook's surgical oncology division.

Nicole grew up in Owen Sound, Ontario, and completed her undergraduate education at Queen's University with a concentration in life sciences and a minor in music. She attended

the University of Toronto medical school and remained here for her residency in general surgery. While a resident, Nicole completed a Master of Science in clinical epidemiology through the surgical scientist program. Her Master's thesis was instrumental in the establishment of multidisciplinary cancer conferences in Ontario. After finishing her general surgery residency in 2010, Nicole completed a surgical oncology fellowship at Massachusetts General Hospital, Brigham & Women's Hospital, and Dana Farber Cancer Institute in Boston, Massachusetts. Over the course of this fellowship, she also spent several months furthering her education at the Harvard School of Public Health.

Nicole joins the division of surgical oncology as an assistant professor and focuses her clinical practice on breast cancer and melanoma. She balances this clinical work with her academic research interests in health economics and improvement in cancer care efficiency. Nicole is currently involved in the development of new ablative techniques in early breast cancer and the use of novel methods for accurate intraoperative breast cancer localization.

In her spare time, Nicole can be found at the opera, at dance class, or scuba diving off the coast of her native homeland, Jamaica.

Please help us in warmly welcoming Nicole back to Toronto and to the surgical oncology family at Sunnybrook. We look forward to working with her for many productive years to come.

*Avery Nathens, Surgeon-in-Chief  
Sunnybrook Health Sciences Centre*



Maral Ouzounian

I am delighted to announce the appointment of **Maral Ouzounian** as active staff in the Peter Munk Cardiac Centre's Division of Cardiovascular Surgery, UHN.

Maral received her MD from McGill University and did her residency in the division of cardiac surgery at Dalhousie University. Maral did a fellowship at the Texas Heart Institute and her PhD in the laboratory of our own Dr. Peter Liu, while working on gene expression in diabetes and hypertension-induced diastolic dysfunction.

Maral is appointed as a Surgeon Scientist and Assistant Professor in the Division of Cardiac Surgery, University of Toronto. Her area of clinical focus will be catheter-based and open surgical repair of thoraco-abdominal aneurysms. Maral will be based at Toronto General Hospital and can be reached through her assistant, Joanna Blackman, at extension 14-4218.

Please join me in welcoming Maral to the Peter Munk Cardiac Centre.

*Vivek Rao,  
Chief of Cardiovascular Surgery, University Health  
Network*

I am thrilled to welcome back one of our own and announce the appointment of **Karen Wong** to the Division of Plastic & Reconstructive Plastic Surgery at the Hospital for Sick Children. With a background in human physiology (BSc, Trinity College, UofT, 2000), Karen received her MD degree from the University of Toronto in 2006 before entering into the training program in Plastic & Reconstructive Surgery in Toronto. After successfully passing her fellowship exams in 2011, Karen completed a research fellowship at the Hospital for Sick Children and has just returned home from a 6-month clinical fellowship at Chang Gung Hospital in Taipei, under the supervision



Karen Wong

of former UofT fellows Professors Fu Chan Wei and Yu Ray Chen.

Appointed as a Surgeon-Scientist, Karen is completing her PhD. on Qualitative Outcomes in the area of cleft lip and palate surgery. She has assembled a remarkable interdisciplinary multi-national team focused upon developing the Cleft-Q; a patient reported outcome measure (PROM) that will allow improved understanding of the impact of cleft surgery. Karen's clinical focus will be cleft lip and palate and microsurgery. On behalf of the Division of Plastic & Reconstructive Surgery at the University of Toronto, welcome back Karen!

*Christopher R. Forrest,  
Chair, Division of Plastic and Reconstructive Surgery  
Faculty of Medicine*

## ANNOUNCEMENTS

### IN MEMORIAM - DR. WILLIAM R. N. LINDSAY



William R. N. Lindsay

Dr. William R. N. Lindsay (Division of Plastic and Reconstructive Surgery) passed away on November 3, 2013 at the age of 87. Dr. Lindsay graduated from the University of Alberta and pursued his post-graduate training in Toronto and the UK. Dr. Lindsay became the first Chief of the Division of

Plastic Surgery at the Wellesley Hospital in 1966 and was one of the first to develop the Rosedale Medical Clinic, a free-standing Surgi-Centre with Dr. Leith Douglas. The Wellesley rotation was one of the best opportunities for surgical residents to access great pathology and fascinating cases. He was also one of the pioneers in trans-gender surgery and had a busy aesthetic practice. He was one of the founding members of MANUS Canada and under his direction developed the Wellesley Hospital Aesthetic Surgery Symposium. This event continues as the UofT Annual Aesthetic Plastic Surgery Symposium which held its 43rd event earlier this year. A lecture is named in honor of Dr. Lindsay and delivered yearly.

### MAURICE BLITZ APPOINTED THE DIRECTOR OF THE SURGICAL FOUNDATIONS SEMINARS



Maurice Blitz

I would like to take this opportunity to inform you that **Maurice Blitz** has taken over as the Director of the Surgical Foundations Seminars. Dr. Blitz is a thoracic surgeon at St. Joseph's Health Centre and he will be bringing many new initiatives to these seminars.

*Ronald Levine, Director, Postgraduate Education  
Department of Surgery, University of Toronto*

### LLOYD C. SMITH APPOINTED CHIEF OF SURGERY AT NORTH YORK GENERAL

Lloyd C. Smith has been appointed as Chief of Surgery at North York General Hospital effective September 16, 2013. Dr. Smith attended Medical School at the University of Saskatchewan and then did his general surgery residency at the University of Toronto. He then did fellowship training in



Lloyd Smith

Toronto, Pennsylvania, and London, England. Following completion of his training, Dr. Smith joined the staff at St. Joseph's Health Centre. Ten years later, he was recruited to the University Health Network to be Head of Minimally Invasive Surgery and Head of General Surgery at Toronto Western Hospital. He returned to St Joseph's Health Centre to become Surgeon-in-Chief and Medical Director of the Surgical Program. He is an Associate Professor in the Dept of Surgery. Dr. Smith's clinical interests are in Minimally Invasive Surgery and more recently Bariatric Surgery.

## APPOINTMENT OF DIVISION HEAD, GENERAL SURGERY AT UHN



Allan Okrainec

Dr. Allan Okrainec has been appointed as the new Head of General Surgery at UHN effective December 1, 2013. He is following Dr. Lorne Rotstein in this leadership position. Lorne held the position from November 2005. Special thanks are given to Lorne for his superb leadership in this role over the past 8 years.

Dr. Okrainec went to medical school at McGill University and then did his general surgery training at McMaster University followed by a fellowship at McGill University. He then became a staff member at the Toronto Western Hospital where he is presently Deputy Head of General Surgery. His research interest is in the use of simulation for the teaching and assessment of laparoscopic skills. His educational research lab at the Toronto Western Hospital is primarily dedicated to the development and use of telesimulation, teaching surgical skills in remote areas and resource-restricted countries ([http://www.surgicalspotlight.ca/Article.aspx?ver=Winter\\_2009&f=AfricaSurgerySkype](http://www.surgicalspotlight.ca/Article.aspx?ver=Winter_2009&f=AfricaSurgerySkype)). His work is supported by numerous research grants, including the Colon Cancer Canada Foundation, the Royal College of Physicians and Surgeons of Canada, and the Ministry of Health Innovation Fund.

## JARLEY KOO RETIRES FROM ST. MICHAEL'S HOSPITAL

Jarley Koo retired from St. Michael's Hospital on Oct 1, 2013 after 22 years on faculty at St. Michael's Hospital and the University of Toronto. Jarley completed his medical school training at the University of Sheffield in England and then his surgical training at the University of Alberta. He was



Jarley Koo

briefly at the University of Hong Kong as an Assistant Professor before being recruited back to the University of Alberta as a faculty member from 1982 to 1991. Dr. Koo joined St. Michael's Hospital as the Division Head of General Surgery in 1991. In 1996, he took over as the Director of the Breast Centre. Since that time, he has dedicated his efforts on improving breast cancer care at St. Michael's Hospital. He did this in a number of ways. He was the primary author of the business plan in 2000 that led to the expansion of the Breast Centre and its current naming as the CIBC Breast Centre. He attracted the Ontario Breast Screening Program to the hospital where it was the first academic hospital in Toronto to house this program. Jarley also was pivotal in securing and sustaining our involvement as a clinical research of the international renowned NSABP. Over the years, he has always advocated for state-of-the-art care for our breast cancer patients. He initiated our sentinel node biopsy program and has been an advocate for the use of diagnostic ultrasound in the breast centre. At a recent Retirement Celebration hosted by Dr. Nancy Baxter and the Division of General Surgery, Dr. Ralph George, our current Director of the CIBC Breast Centre, commented on Dr. Koo's excellence as a surgeon and his compassion as a physician. We will all miss Jarley and wish him the best as he embarks his second career as the Manager of his family catering company.

*Ori Rotstein,  
Surgeon-in-Chief, St Michael's Hospital*

## PEDIATRIC BURN PROGRAM RECEIVES FULL ACCREDITATION BY THE AMERICAN BURN ASSOCIATION

The Pediatric Burn Program at the Hospital for Sick Children is the first Canadian pediatric program to receive full accreditation by the American Burn Association. Congratulations to Dr. Joel Fish and the entire Pediatric Burn Program team at the Hospital for Sick Children!



Joel Fish



## SPINE PROGRAM UNDERGOES SUCCESSFUL REVIEW

As many of you know, the Department of Surgery houses several programs that are typically multi-disciplinary groups that may cross different Divisions and Departments. Some of these include the Hand Program, the Trauma Program, the Orthopaedics Sports Medicine Program, the Bariatric Surgery Program, and the Spine Program.

I am pleased to inform you that the Spine Program recently underwent a review at approximately 5 years since its inception. The Reviewers were Drs Allan Levi, Professor in the Department of Neurosurgery at the University of Miami, and Gunnar Andersson, Professor and Chair Emeritus, Orthopedic Surgery, Rush University Medical Center. They concentrated their review efforts on the three key areas of the Spine Program: 1) Education and training; 2) Clinical Care; and 3) Research.

On the whole, the reviewers were very complimentary of the leadership of Co-Directors Albert Yee and Michael Fehlings in the Spine Program. In the past 5 years, numerous accomplishments are attributed to the newly formed Spine Program including an internationally recognized fellowship program within four hospitals; visiting professorships by known experts in spine surgery and research; the initiation of clinical trials with shared patients from different hospitals; and the creation of SpineFEST, the annual Spine Surgery Symposium which



from left to right- Michael Fehlings and Albert Yee

showcases the breadth and talent of clinical and basic science research in spine surgery. The Reviewers did have some recommendations for the Spine Program. These included the creation of spine focused fellowships in neuro-oncology, trauma and deformity; the streamlining of research ethics board (REB) approvals across different institutions; the development of a central registry for spine cases for all diagnostic spine groups; and the bolstering of support for spine surgery at each institution given resource allocations and restrictions that affect the operating rooms.

Please join me in congratulating Albert and Michael for the very successful review of the Spine Program. I have met with both of them following this review to ensure that we address the recommendations of the reviewers going forward.

*JTR*

## ANDRES LOZANO DELIVERS TED TALK ON THE NEW FRONTIER OF DEEP BRAIN STIMULATION



Andres Lozano

Andres Lozano, Chair of the Division of Neurosurgery, was honoured by giving a TED (Technology, Entertainment, Design) Talk on June 27th, 2013. In his talk, Andres shares the fascinating ways in which deep brain stimulation can correct the effects of Parkinson's and Alzheimer's disease.

From the video's description:

*"Deep brain stimulation is becoming very precise. This technique allows surgeons to place electrodes in almost any area of the brain, and turn them up or down — like a radio dial or thermostat — to correct dysfunction. Andres Lozano offers a dramatic look at emerging techniques, in which a woman with Parkinson's instantly stops shaking and brain areas eroded by Alzheimer's are brought back to life."*

<http://www.aansneurosurgeon.org/2013/06/21/ted-talk-andres-lozano-on-parkinsons-depression-and-the-switch-that-might-turn-them-off/>

As of May 2013, more than 1,500 TED talks are available free online. As of June 2011, more than 500 million viewers have accessed the library of informative talks. I should like to extend my most sincere congratulations to Andres for bringing such great credit and exposure to the Department of Surgery.

*James T. Rutka*

## TORONTO ORTHOPAEDIC SURGEON TIMOTHY DANIELS TO SERVE LEADING FOOT AND ANKLE SOCIETY

Timothy Daniels of St. Michael's Hospital has been named board member-at-large for the 2,027-member American Orthopaedic Foot & Ankle Society (AOFAS). Timothy will focus his two-year term on supporting the global research and educational efforts of the Society, whose members specialize in the diagnosis and treatment of disorders of the musculoskeletal system of the foot and ankle.

"As a world-leading organization, the AOFAS will continue to educate and foster essential advancements in foot and ankle care, as well as wield a significant influence on the science and care of foot and ankle pathology," said Daniels. "I welcome the opportunity to contribute my utmost toward cutting-edge research and education on a world stage."

Tim earned his medical degree from the University of Saskatchewan in Saskatoon, Saskatchewan. He performed his residency in orthopaedic surgery at the Royal University Hospital, also in Saskatoon, and completed an orthopaedic foot and ankle surgery fellowship at the Emory University School of Medicine in Atlanta. In addition, Daniels completed a research fellowship in

foot and ankle biomechanics at the Milwaukee County Medical Complex in Milwaukee.

In addition to serving on and chairing AOFAS committees, Daniels is a founding member of the Orthopaedic Foot & Ankle Outcomes Research (OFAR) Network. He has received the distinguished AOFAS Roger A. Mann Award for Best Clinical Paper twice, in 2007 and 2012.

*Jennifer Hicks*

*Public Education Manager, AOFAS*

## 1ST ANNUAL CANADIAN BURN SYMPOSIUM

Marc Jeschke and his team at the University of Toronto and the Ross Tilley Burn Centre at Sunnybrook Health Sciences Centre will be holding the 1st Annual Canadian Burn Symposium on May 26th & 27th, 2014 at the Westin Harbour Castle in Toronto. This will be a fully accredited event.

Keynote speakers include Dr. David N Herndon, University of Texas Medical Branch and Shriners Hospital for Children, Galveston Texas USA.

Please register now at: <http://www.cepd.utoronto.ca/cdnburnsymposium/>

For more information: <http://www.cepd.utoronto.ca/cdnburnsymposium/>

Continuing Education & Professional Development,  
Faculty of Medicine, University of Toronto  
Phone: 416.978.2719/1.888.512.8173  
Email: [info-SUR1401@cepdutoronto.ca](mailto:info-SUR1401@cepdutoronto.ca)

## PUMPKIN CARVING CONTEST



Pumpkin Carving Contest 1



Pumpkin Carving Contest 2



Pumpkin Carving Contest 3

The Division of Plastic and Reconstructive Surgery came top of the heap in a highly competitive Pumpkin Carving Contest held at the Hospital for Sick Children as part of SickKids Halloween celebrations. Congratulations to Dr. Matt Plant (PGY-5) for his interpretation of a Le Fort III midface advancement, SickKids fellow Mark Fisher for channeling John Phillips as inspiration, SickKids fellow Sammi Alisa and Emily Ho for the cleft lip pumpkin as well as Karen Cross and Sandy Davies for the burn-inspired montage. Great work everyone.

**Disclaimer:** No flexor tendons were harmed in the creation of these works of art

*Christopher R. Forrest,*  
*Chair, Division of Plastic and Reconstructive Surgery*

## PAPER IN SCIENCE TRANSLATIONAL MEDICINE

Keith Jarvi's paper on semen markers for the detection of sperm was published November 20th in Science Translational Medicine. It was reported on CTV, Winnipeg Free Press, BBC, German Public Radio.

## 54TH ANNUAL UPDATE IN GENERAL SURGERY



The 53rd Annual Update in General Surgery was held April 18th to 20th, 2013 at the Hilton Hotel in Toronto.

8 Plenary sessions were held on topics including The Robot and other technology, Wound care and complex stomas, Billing Corner, Laparoscopic Video, ERAS: In depth discussion and practical tips - Top Papers, Breast Cases, Thyroid and other Head and Neck. Additionally, the Saturday workshops continue to be favourites for the attendees. The course has served as a great opportunity for staff to interact with practising surgeons from around the Province.

This course remains the largest General Surgery course in Canada and is garnering international attention. A number of very exciting ideas were introduced such as an Internet Café and "Speakers Corner" to allow attendees to provide immediate



from left to right- Andy Smith, Dr. Zane Cohen and Paul E. Bernick

feedback. In addition, Twitter was abuzz with feeds before during and after each presentation. This course continues to have the very strong record of excellence that has been characteristic of it for so many years. The evaluations received from the 2013 event indicate it was, once again, a huge success in terms of both attendance and quality of presentations. The move to the Hilton afforded the course a more updated venue as well as increased and better space for both the attendees and exhibitors.

The Planning Committee is eagerly planning a very interesting, educational and enlightening program for the 54th Annual Update in General Surgery which will be held April 10th to 12th, 2014 once again at the Hilton. Dr. Pat Borgen, a renowned expert in breast cancer from Maimonides Cancer Centre in New York, will be one of our keynote speakers. Additionally, Dr. Brian Jacobs, also from New York, will discuss Social Media in General Surgery and will also present on “Undiagnosed Groin Pain”.

We look forward to seeing everyone there!

*Andy Smith*  
*Chair, Division of General Surgery,*  
*University of Toronto*

## Hand and Upper Extremity Update

**February 8, 2014**

Toronto, Ontario, Canada

For more information: <http://www.cepd.utoronto.ca/upperextremity/>

Continuing Education & Professional Development,  
 Faculty of Medicine, University of Toronto

Phone: 416.978.2719/1.888.512.8173

Email: [info-SUR1403@cepdutoronto.ca](mailto:info-SUR1403@cepdutoronto.ca)

## 14th Annual Breast Surgery Symposium

**April 3, 2014**

Toronto Hilton

Toronto, Ontario, Canada

For more information: <http://www.torontoaesthetic-meeting.ca/>

Continuing Education & Professional Development,  
 Faculty of Medicine

University of Toronto

Phone: 416.978.2719/1.888.512.8173

Email: [info-sur1402@cepdutoronto.ca](mailto:info-sur1402@cepdutoronto.ca)

## 44th Annual Aesthetic Plastic Surgery Symposium

**April 4-5, 2014**

Toronto Hilton

Toronto, Ontario, Canada

For more information: <http://www.torontoaesthetic-meeting.ca/>

Continuing Education & Professional Development,  
 Faculty of Medicine

University of Toronto

Phone: 416.978.2719/1.888.512.8173

Email: [info-sur1413@cepdutoronto.ca](mailto:info-sur1413@cepdutoronto.ca)

## 11th Biennial Canadian Orthopaedic Foot and Ankle Symposium

**April 11-12, 2014**

Eaton Chelsea, Toronto

Toronto, Ontario, Canada

For more information: <http://www.cepd.utoronto.ca/footankle/>

Continuing Education & Professional Development,  
 Faculty of Medicine, University of Toronto

Phone: 416.978.2719/1.888.512.8173

Email: [info-SUR1405@cepdutoronto.ca](mailto:info-SUR1405@cepdutoronto.ca)

## Competency Based Training Program Workshop

April 25, 2014

MaRS Discovery District  
Toronto, Ontario, Canada

For more information: <http://www.competency-based-training.com/>

Continuing Education & Professional Development,  
Faculty of Medicine, University of Toronto  
Phone: 416.978.2719/1.888.512.8173  
Email: [info-SUR1406@cepdtoronto.ca](mailto:info-SUR1406@cepdtoronto.ca)

## 1st Annual Canadian Burn Symposium

May 26-27, 2014

Toronto Westin Harbour Castle  
Toronto, Ontario, Canada

For more information: <http://www.cepd.utoronto.ca/cdnburnsymposium/>

Continuing Education & Professional Development,  
Faculty of Medicine, University of Toronto  
Phone: 416.978.2719/1.888.512.8173  
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# MASTER OF HEALTH SCIENCE (MHSc) IN BIOETHICS

 Joint Centre for Bioethics  
UNIVERSITY OF TORONTO  
Improving Health Through Bioethics

This professional degree program is designed to help students address a variety of real-world ethical challenges in health, healthcare and research. The program's interactive, problem-based learning approach emphasizes interprofessional exchange and practical experience informed by theory. The two-year, course-based program is offered in a modular format allowing high achieving professionals to earn a master's degree without interrupting their careers.

### CLASSES AT U OF T MHSc in Bioethics Program

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- Equip students with a solid interdisciplinary grounding in the philosophical, legal, cultural and educational aspects of bioethics;
- Expose students to the breadth of clinical, organizational, and research ethics issues facing our health system today;
- Build students' ethics awareness, ethical decision-making skills, and problem-solving abilities to become leaders in bioethics;
- Provide practical knowledge about ethics program development, ethical decision-making frameworks, research ethics review, ethics consultation, ethics policy development, and ethics education planning and delivery.

### Apply Now

The University of Toronto Joint Centre for Bioethics is recruiting now for September 2014. The deadline for applications is **March 1, 2014** for both domestic and international applicants.

### Who should apply?

- Health Practitioners
- Health Administrators or Research Ethics Administrators
- Ethics Committee Members or Research Ethics Board Members
- Lawyers, Journalists, Policy Analysts, Privacy Officers, Regulators, Educators, and Researchers focusing on health

### Questions?

For more information, please visit [www.utoronto.ca/jcb](http://www.utoronto.ca/jcb) or contact Carmen Alfred, Academic Secretary at [carmen.alfred@utoronto.ca](mailto:carmen.alfred@utoronto.ca), (416) 978-0871.

[www.utoronto.ca/jcb](http://www.utoronto.ca/jcb)

# AWARDS/HONOURS/ACCOMPLISHMENTS

**Mike Wiley** (Anatomy) received the Pre-clinical Dr. Hollington Teaching Award from the Mississauga Academy of Medicine (MAM). This award recognizes a teacher who has taught with distinction in the pre-clinical or basic science portion of the curriculum.

**Hong-Shuo Sun** (Anatomy) received a 3 year CIHR-China-Canada Joint Health Research Initiative Grant for his work entitled "*The Role of Chloride Channel CIC-3 in Cerebral Ischemia and Its Therapeutic Potential in Stroke*".

**George Christakis** (CardSurg) received the Silver Shovel -Dean A. L. Chute Award from the Mississauga Academy of Medicine (MAM). This award celebrates excellent lecturing in clinical years of the medical school program.

**Subodh Verma** (CardSurg) received two awards from the Heart & Stroke Foundation of Canada for his projects "*Elucidating the Role of BRCA1 as a target to improve endothelial function, promote angiogenesis and attenuate atherosclerosis*" and "*The Role of Autophagy in Cardiovascular Disease: A Bench to Bedside Translational Approach*".



Jameel Ali

**Jameel Ali** (GenSurg) received the honorary fellowship in College of P&S of Pakistan, Nov 2012.

**Nancy Baxter** (GenSurg) was awarded a 2 year grant from Childhood Cancer Canada Foundation and the Kids with Cancer Society for her project "Initiative to Maximize Progress in Adolescent Cancer Therapy (IMPACT)".

**Ramy Behman** (GenSurg) and her team won Best Poster for the Canadian Hepato-Pancreato-Biliary Association for the project: *Impact of epidural analgesia and fluid resuscitation on major adverse events following pancreaticoduodenectomy.*

**Andrea Covelli** (GenSurg Resident, PhD Candidate) received the Novartis Oncology Young Clinical Investigators Award (NOYCIA) for her abstract entitled “Taking control of cancer: Why Women Are Choosing Mastectomy” presented at American Society of Clinical Oncology (ASCO) Annual Meeting, 2013 in Chicago, IL

**Charles de Mestral** (GenSurg) was the recipient of the 2012 Chikai and Sawa Hiraki Award in Surgery.

**Steven Gallinger** (GenSurg) has been appointed as Leader of the PanCuRx Translational Research Initiative with the Ontario Institute for Cancer Research. He will receive an OICR Investigator Award as Senior Clinician-Scientist

**Julie Hallet** (Surg Onc Fellow, GenSurg) received the best poster award from the Canadian Society of Colon and Rectum Surgeons during CAGS (Canadian hepato-pancreatic-biliary association) for her poster presentation entitled Multimodality treatment of locally recurrent adherent colon cancer with neo-adjuvant chemoradiotherapy to optimize the achievement of R0 resection. *J. Hallet, M. Cukier, H. Soliman, A.J. Smith, C.S. Wong.*

**Sherif Hanna** (GenSurg) is one of four recipients of the Sixth Annual Leo N. Steven Excellence in Leadership Awards from Sunnybrook Health Sciences Centre.

**Daniel Kagedan and Josh Ng** (PGY1, Gen Surg) achieved the second-highest mark nationally on the 2013 Resident in Training CAGS (Canadian Hepato-Pancreatic-Biliary Association) Examination for first-year residents.

**Ahmed Kayssi** (GenSurg) received the 2012-2013 CAGS Resident Award for Teaching Excellence, University of Toronto.

**John Marshall** (GenSurg) was inducted as a Fellow of the Canadian Academy of Health Sciences. This is one of the highest honours in Canadian health sciences. Those elected are recognized for their leadership, creativity and commitment of advancing academic health science.

John was also elected this past August as the Secretary-General of the World Federation of Societies of Intensive and Critical Care Medicine, a body representing 74 intensive care societies from around the world.

John is also the inaugural chair of the International Forum for Acute Care Trialists, an umbrella group representing 20 investigator-led acute care clinical trials groups from around the world.

**Avery Nathens** (GenSurg) was inducted as a Fellow of the Canadian Academy of Health Sciences. This is one of the highest honours in Canadian health sciences. Those elected are recognized for their leadership, creativity and commitment of advancing academic health science.

**Catherine O’Brien** (GenSurg) received a 3 year Terry Fox New Investigator Award for her project “*Understanding Cancer Stem Cell Heterogeneity and Dynamics: Implications for Therapy in Human Colorectal Cancer*”.

**Michael Reedjik** (GenSurg) received a 3 year grant from the Canadian Breast Cancer Foundation, Ontario Region for his work on “Establishing TRB3 as a therapeutic target in breast cancer.” Michael also received a 4 year grant from the Susan G. Komen for the Cure for his project “The role of Notch in breast cancer microenvironment crosstalk”.

**Chethan Sathya** (GenSurg) received the CIHR Master’s award (Frederick Banting and Charles Best Canada Graduate Scholarship).

**Matt Strickland** (PGY2, Gen Surg) achieved the second-highest mark nationally on the 2013 Resident in Training CAGS Examination for second-year residents. A special shout out to Matt for winning the national laparoscopic suturing competition this year at CAGS.

**Leo da Costa** (NeurSurg) received the Marvin Tile Distinguished Service Award at Sunnybrook Hospital.

**Leo also** received a 1 year grant from the AFP Innovation Fund at Sunnybrook Health Sciences Centre.

**Michael Cusimano** (NeurSurg) received the 2013 Dr. Tom Pashby Sports Safety Fund Award. The award recognizes efforts to prevent major sports and recreation-related injuries. Michael is the founder and director of the Injury Prevention Research Office at St. Michael’s Hospital.

**Karen Davis** (NeurSurg) was named a 2013-4 Fellow of the Mayday Pain & Society Fellowship Program by the Mayday Fund. The Mayday Fund is dedicated to alleviating the incidence, degree and consequence of human physical pain. The Fellowship provides pain care leaders with skills to advocate and communicate on many of the issues they deal with, including the under-treatment of pain, pain research and treatment, pain education and policies to improve pain care.

**James Eubanks** (NeurSurg) received a three-year operating grant from the Pro Rett Ricerca Foundation (Italy, EU) for the project entitled *“Pre-Clinical Investigations Towards Gene Therapy Treatment For Rett Syndrome”*. (Co-PI: Nicoletta Landsberger, University of Insubria, Italy).

**Michael Fehlings** (NeurSurgery) has been appointed as Chairman of AOSpine North America (AOSNA). This appointment is for 3 years.

Michael also received the 2013 Henry Farfan Award from the North American Spine Society for his outstanding contributions to spine-related basic science research.

Michael received renewed funding (for Year 3) from the Wings for Life Spinal Cord Research Foundation for the project entitled *“Investigation of Human Piggybac Induced Pluripotent Stem Cells for Repair and Regeneration of the Injured Cervical Spinal Cord”*.

Michael was awarded a one-year grant from the Stem Cell Network for the project entitled *“Intravenous infusion of human umbilical cord matrix cells to treat spinal cord injury”*.

Michael was awarded a 1-year bridge funding grant from the Heart and Stroke Foundation for the project, *“Myelin-axon interactions in ischemia: the role of unmasked K channels in axonal dysfunction”*.

Michael was selected for a 21<sup>st</sup> Century Grant from the Cervical Spine Research Society for his project *“Therapeutic Approaches To Protect Against Ischemial Reperfusion Injury Following Surgical Decompression For Cervical Spondylotic Myelopathy: A Potential Solution To Attenuate Perioperative Neurological Complications Following Decompressive Surgery”*.

Michael et al were awarded a 5-year, \$7.5M grant from the Ontario Brain Institute for the continued collaboration of the Childhood Cerebral Palsy Integrated Discovery Network “CP-NET”.

**Clement Hamani** (NeurSurg) received the Scientific Award from the World Society for Stereotactic and Functional Neurosurgery at the WSSFN’s 16th Quadrennial Meeting, Tokyo, Japan

**Mojgan Hodaie** (Neurosurgery) was awarded a 5 year grant from the Canadian Institutes of Health Research (CIHR) for the project entitled *“Diffusion Tensor Imaging as an in Vivo Technique to Study the Effects of Chronic Pain and Its Impact on the Brain”*.

**Andres Lozano** (NeurSurg) was elected to 100 Españoles, a group of 100 distinguished individuals of Spanish origin.

Andres is the inaugural recipient of the World Society for Stereotactic and Functional Neurosurgery’s quadrennial Tasker Award. The society recognized Andres his outstanding contributions to the field of stereotactic and functional neurosurgery, at the 2013 WSSFN Congress in Tokyo

Andres Lozano has won the University of British Columbia’s Margolese National Brain Disorders Prize for his outstanding contributions to the treatment, improvement or cure of brain disorders. He is a pioneer in deep brain stimulation, and has pioneered novel surgical approaches to Parkinson’s disease, depression, anorexia and Alzheimer’s disease treatments.

**Loch Macdonald** (NeurSurg) was awarded as PI a three year, \$175,848 grant entitled *“TNF signaling in subarachnoid hemorrhage”* from the Heart and Stroke Foundation of Canada.

**James Rutka** (NeurSurg) received the American Association of Neurological Surgeons/Congress of Neurological Surgeons Section on Tumors’ Dr. Charles B. Wilson Award. This award recognizes outstanding contributions in the field of neuro-oncology, and has been presented to only three recipients since 2004.

**Mohammed Shamji** (NeurSurg) has been advanced to the Editorial Board of PLOS ONE.

**Michael Taylor** (NeurSurg) has been selected as the Garron Family Chair in Childhood Cancer Research.

**Charles Tator** (NeurSurg) was featured in the CBC News (Online) July 22, 2013 regarding a concussion guide for doctors. [http://www.cbc.ca/news/health/concussion-guide-for-doctors-provides-6-step-recovery-plan-1.1314696?cmp=rss#utm\\_source=Bulletin&utm\\_medium=Email&utm\\_content=UTNews](http://www.cbc.ca/news/health/concussion-guide-for-doctors-provides-6-step-recovery-plan-1.1314696?cmp=rss#utm_source=Bulletin&utm_medium=Email&utm_content=UTNews)

**Taufik Valiante** (NeurSurg) has been awarded two 5 year grants from the Ontario Brain Institute.

**Earl Bogoch** (OrthoSurg) won the Osteoporosis Canada's Lindy Fraser Memorial Award. The accolade recognizes individuals who have conducted exemplary research in osteoporosis, and have helped increase awareness and knowledge of the condition. Professor Bogoch is an expert in the surgical management of inflammatory arthritis, and hip and knee reconstructions.

Earl was also an inaugural recipient of the Merck Canada – Patient First Award. This award celebrates and recognizes doctors whose academic and/or clinical work have had a significant impact on the health of Canadians. He was nominated and selected for leadership in developing and implementing The Exemplary Care Program.

**Diane Nam, Cari Whyne, Benjamin Alman** (OrthoSurg) received a 5 year grant from the AO Foundation (Switzerland) for their work *“Preclinical assessment of lithium to enhance fracture repair.”*

**Behzad Taromi** (OrthoSurg) received the Excellence in Problem Based Learning award from the Mississauga Academy of Medicine (MAM) at its second annual MAM Excellence Awards to honour outstanding teaching and exceptional contributions by faculty, students and administrative staff.

**James Wright** (OrthoSurg) was inducted as a Fellow of the Canadian Academy of Health Sciences. This is one of the highest honours in Canadian health sciences. Those elected are recognized for their leadership, creativity and commitment of advancing academic health science.

**Niloofer Dehghan** (OrthoSurg Fellow) was winner of best paper for 2013 Trauma Association of Canada and Committee on Trauma Resident Paper Competition for Region XII. Her paper was entitled *“Ankle*

*Weightbearing and Mobilization vs Non-weightbearing and Immobilization after Surgical Fixation of Unstable Ankle Fractures, a Randomized Controlled Trial”*.

**Diane Nam, Michele Anderson, Cari Whyne** (Orthopaedics) received 1 year of Bridge Funding from IMHA for their project on “The novel characterization of IL-17F in fracture repair”.



from left to right: Scott Saint, ;The Honourable Tracy MacCharles, Minister of Consumer Services; Manuel Gomez; John Wiersma, Chair, Board of Directors, Electrical Safety Authority

**Manuel Gomez** (PlasSurg), Director, St. John's Rehab Research, Sunnybrook Research Institute, received the **“Chief Public Safety Officer's Special Recognition Award”** from the Electrical Safety Authority (ESA) during the ESA's 2013 Ontario Electrical Safety Awards Ceremony at the Living Arts Centre in Mississauga. The award recognizes Professor Gomez' work with Sunnybrook Health Sciences Centre's Electrical Injury Program. 2013

**Manuel Gomez** and co-authors were also congratulated by Elsevier Science & Technology Journals for their article “Use of Nintendo Wii Fit (TM) in the rehabilitation of outpatients following total knee replacement: a preliminary randomised controlled trial”. It was 6th of the top 25 papers published in Physiotherapy in 2012.

**Ronald Zuker** (PlasSurg) was honored with a “Triple Crown” of awards recently during a visit to Durban, South Africa at the invitation of The Colleges of Medicine of South Africa. Ron received an Honorary Fellowship of the College of Plastic Surgeons of South Africa, an Honorary Membership in the Association of Plastic Surgeons of South Africa and also received the Humanitarian Award from The Smile Foundation of South Africa. Ron ended the trip with a visit to Johannesburg to operate. Congratulations Ron!



Ron Zuker receiving the Humanitarian Award from the Smile Foundation of South Africa presented by Marc Lubmer and George Psaras.

**Abdallah Daar** (Surg) has been invited to become a member of a new Scientific Advisory Board under the United Nations Secretary-General. This prestigious UN board will strengthen global partnerships for sustainable development to provide political leadership grounded in science.

**Dafydd Rhys (Dave) William** (Surg), President and CEO of Southlake Regional Health Centre, will be inducted into the Order of Canada, the country's highest civilian honour that recognizes outstanding achievement, dedication to community and service to the nation.

**Ranil Sonnadara** (Surgical Skills Lab) received the 2013 ASE Award for Excellence in Innovation from the Awards Committee of the Association for Surgical Education for the *Toronto Orthopaedic Boot Camp (TOBC)* project. This award is given annually to a group of individuals who have demonstrated exemplary performance in surgical education with the intent to recognize novel ideas and/or methods for improving teaching and learning.

**Marcelo Cypel** (ThorSurg) was awarded a Canada Research Chair in Lung Transplantation.

**Shaf Keshavjee** (ThorSurg) received a Queen Elizabeth II Diamond Jubilee Award and was named to the Order of Ontario recognizing his many contributions in lung transplantation, thoracic surgery, and surgical leadership.

**Kazuhiro Yasufuku** (ThorSurg) received the Geoffrey McLennan Memorial Award from the American Association of Bronchology and Interventional Pulmonology.

**Darius Bagli** (UrolSurg) and colleagues were successful in receiving a CIHR Catalyst Grant for New Teams and Research into Environments, Genes, and Chronic Diseases for his project entitled *“Environmental Microbe-Gene Interactions: Role Of Host Epigenetics In Chronic Urinary Tract Infection”*.

**Tony Finelli** (UrolSurg) received a Prostate Cancer Canada grant award for his project *“Active surveillance for low-risk prostate cancer: a population-level analysis of uptake, practice patterns and barriers to adoption”*.

**Robert Hamilton** (UrolSurg) received a grant from Prostate Cancer Canada for his work entitled *“The Influence Of Genetic Variation On The Association Between Statin And Metformin Use And Prostate Cancer Risk: Towards Discovering Personalized Chemoprevention”*.

Robert also received a CUASF scholarship for his project *“Molecular Characterization of Tumors Arising in Men On 5-Alpha Reductase Inhibitors”*.

Finally, Rob received a Career Development Award in Prevention from the Canadian Cancer Society.

**Robert Hamilton, Linda Penn, and Neil Fleshner** (UrolSurg) received a grant from Princess Margaret Hospital for their work *“Window of Opportunity Study of Statins Prior to Radical Prostatectomy”*.

**Keith Jarvi, Kirk Lo, and Ethan Grober** (UrolSurg) received a CIHR grant for their work on *“Prediction Of Successful Sperm Retrieval In Patients With Non-Obstructive Azoospermia Using A Panel Of Protein Biomarkers Measured In Seminal Plasma”*.

**Keith Jarvi and Darius Bagli** (UrolSurg) have been appointed to the Decanal Promotions Committee for a 3 year term.

**Kirk C. Lo** (UrolSurg) has been awarded a research grant by the Canadian Male Sexual Health Council (CMSHC) for his project *“Premature Hypogonadism and Cancer Survivorship – Exploring the Mechanism”*.

**Andrew Matthew** (UrolSurg) received a grant from Prostate Cancer Canada for his work *“A multicenter, pilot randomized controlled trial to examine the effects of prehabilitation on functional outcomes after radical prostatectomy”*.

The Deadline for the next Surgery Newsletter is February 28, 2014. All members and friends of the Department are invited to submit items, articles, pictures, ideas or announcements.

You may reach us by:

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

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