

# THE SQUARE

# KNOT

**I**welcome all of you to the Division of Surgical Education at McGill University. I am very fortunate to have been given the opportunity to work and collaborate with all of you and over the next years I hope we can plan and create a bright future for Surgical Education.

## Surgical Education Excellence at McGill



Dr. Kevin Lachapelle

We have a strong tradition of educational excellence at McGill, a fact which we frequently ignore. This tradition continues to support and nurture the present. If we take a global view of the state of Education in general and Surgical Education in particular, we find the following portrait.

Our Medical School continues to be highly ranked nationally and internationally. Our students consistently perform very well on the surgical component of the LMCC exit exam and surgical subspecialties continue to be a popular career choice for McGill medical students. The Postgraduate Surgical Programs and Fellowships attract exceptional candidates with many training programs having many more applicants than positions. We have a unique Academic Enrichment pathway which encompasses clinical,

basic science and educational research; all supported by the Division of Experimental Surgery and the Surgical Scientist Program. We are fortunate to have unique educational tools at our disposal: the [Simulation Centre](#), the [Molson Informatics](#), and the [Henry K.M. de Kuyper Education Centre](#). Most importantly, we have a dedicated teaching Faculty and dedicated, but too few, administrative support staff.

What is new? Well, a lot. There have been many changes to the leadership within the Division and this has sparked renewal, innovation, and a collaborative spirit. There are a number of challenges which lie ahead, but the Division is fortunate to have a (mostly) young and dynamic group who think out of the box and will provide unique solutions for our programs. [See table for list of leaders.](#)

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DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

FALL 2013



**Dear Editor,**

I moved to California in 1978 and now semi-retired in Seal Beach/Los Alamitos California. Proud of my McGill training, it has always been a truly valuable asset here. My colleagues

in the profession have always had a very high regard for my McGill training and have entrusted me with the care of

their patients with confidence because of my McGill University affiliation. I will be forever grateful for the training by the surgeons led by Drs. Dobell and Maclean (1968-1974). I am proud to be a McGillian!

*Guy Lemire, MD*



## Letters to The Editor

I think I underestimated how cold it can get here.

When I was a resident, because of work hour restrictions, increased concerns about patient safety, and not enough exposure to cases, after every case/surgery, I had many questions about the procedure and wanted to discuss with the surgeon how we could have approached it differently. Because some attending are so expert, they couldn't explain to me why they operated in a certain way. I believe that every action in surgery has a reason, and I always searched for that reasoning in order to improve myself. When I was looking for a way to get involved in research, I met [Dr. Yo Kurashima](#) at the SAGES 2011 meeting, who came to McGill to conduct educational research. I learnt great things from him about McGill and the environment he worked in, so I decided to come here for research and observe the residency training. My wife and my daughter always supported me in my decision to come to McGill as a research fellow and they knew that my experience was going to have a great impact on my future career.

I chose to do educational research because I want to share my experiences with others. When I was a resident, I had a sense of discomfort with the classic way of training where the attending surgeons would give



*Dr. Yusuke Watanabe*

ideas to the residents about things that they should do differently. I believe that in the modern era, the way to teach is by letting residents share or discuss their knowledge with the attending surgeons for them to have a better idea of why they did what they did and how they can improve.

Now, I am involved in a couple of projects. I am making a survey to look at the preparedness of fellows for real clinical practice. I am also working on a project to validate two new tasks that will be incorporated into the Fundamentals of Laparoscopy exam. Lastly, I am doing a systematic review about objective assessment tools used to measure surgical skills.

I am looking forward to continuing my research at McGill. I have met great surgeons here who have helped me shape my ideas into something very unique and who gave me the opportunity to make a difference in the area of surgical education. In the future, I want to keep performing advanced MIS surgery in HPB and Bariatric Surgery. From the knowledge I have gained about surgical education, I want to develop a training system in my University to help residents better prepare to become surgeons.

*Yusuke Watanabe, MD*

## Support the McGill Department of Surgery !



**T**he McGill Department of Surgery is recognized nationally and internationally for its excellence in surgical education, research and innovation, and high quality patient care. Graduates of our surgical training programs have become our ambassadors around the world; many have risen to prominent leadership positions in their institutions.

The future of The McGill Department of Surgery as a truly great department depends more than ever on gifts from private sources. Such donations can be made ONLINE by credit card via The Montreal General Hospital Foundation at [www.mghfoundation.com/donate/online-donation](http://www.mghfoundation.com/donate/online-donation). Enter your donation amount and check the box "Other", and type in **McGill Department of Surgery Alumni Fund**. Fill in the "Donor information" as appropriate. Charitable receipts for Canadian tax purposes will be issued by the MGH Foundation. ♦

**Gerald M. Fried, MD**  
*Chairman, McGill Department of Surgery*



## Editor's Note

By Harvey Sigman, MD, PhD

**W**elcome to the first online edition of the *Square Knot*. It has been an exciting experience for me and **Ekaterina Lebedeva**, assistant editor with the expertise of **Ildiko Horvath**, of the MGH Medical Multimedia Services to take on this challenge. The E-edition has provided many opportunities which were not previously available such as

the ease of formatting, the lack of concern for length of articles, the ability of producing clearer photos in colour. In addition we will be able to establish links to other sites. We are fortunate that **Michael Leitman**, who has expertise in proof reading, has graciously volunteered his time to help us. We are confident we will become more imaginative and resourceful with time and look forward to the feedback from our readers to facilitate this process.

The feature article, reflecting the importance of education in the mission of the Department of Surgery, is on Surgical Education by **Dr. Kevin Lachapelle**. Kevin holds the Adair Family Chair in Surgical Education and is Vice-Chair of Surgery (Education). He recently completed his term as Director of the McGill Simulation Centre which he brought from its infancy to the enviable status it enjoys worldwide today. In addition, **Dr. Simon Bergman** who is an Undergraduate Chair of Surgery and Head of Undergraduate Surgery Clerkship in the senior clerkship program, will update us on the proposed changes in the new undergraduate curriculum. The residents are the lifeblood of our department and it was felt that they should have the opportunity to share with us issues that are important to them. With that in mind, a "[Residents' Corner](#)" will become a new feature. **Dr. Jonathan Cools-Lartigue**, PhD candidate in experimental surgery, PGY 3 in general surgery and the [president of the MGSRC](#) (McGill General Surgery Resident Committee) has graciously accepted this responsibility.

**Dr. Lloyd MacLean** was recently feted by the Division of General Surgery on a day named in his honour (described elsewhere in this publication) marking the fiftieth anniversary of his arrival at the RVH. This event gave me cause for reflection since I was his first Chief Resident and the impact he had on my training was immense. I was a product of the McGill Diploma Course in General Surgery which consisted of a five year program following a general internship into which four new residents would be admitted each year by the chiefs of the four teaching hospitals, RVH, MGH, MCH and the Queen Mary Veterans Hospital (no longer exists). The residents would rotate through these hospitals spending the second year doing research and the fourth year in some hospital in the USA or abroad to return as chief resident at two of the McGill



Dr. Harvey Sigman

Hospitals (6 months each). **Dr. Ed Monaghan** and I spent that year in England, he at the London Hospital and I at Hammersmith Hospital - Royal Postgraduate Medical School (now part of the Imperial Medical College). Other residents outside of the Diploma Course except at the MGH would not be offered a chief resident position. Dr. MacLean felt that he preferred to select his own residents and to have several chiefs to cover the different services. This system lasted for a few years until the individual hospital programs were integrated into one McGill General Surgery program as we know it today.

The goal of our team is to produce an informative, professionally designed publication that will maintain the high standard set in the past. The quality will depend to a great extent on what we receive from you – the reader. We look forward to hearing from you as we begin to plan for the next publication. ♦

## Did You Know?

Did you know where one can find the last remains of Sir William Osler? [Follow this link](#) to learn more.





## Words from the Chair

### Department of Surgery, McGill University



Dr. Gerald Fried

By Gerald Fried, MD, FRCS(C), FACS

**W**e have begun a new academic year and, like the weather, it brings a sense of renewal and excitement to the McGill

Department of Surgery. We want to welcome our new resident cohort in all surgical specialties. They come to us from around the world and will leave somewhere between 5 and 8 years from

now as talented surgeons spreading the name of McGill internationally.

We want to thank our graduating residents, who have contributed to outstanding clinical care for our patients and many have made important academic contributions during their training. Each year, Fraser Gurd Day is our opportunity to publically thank our graduating residents and fellows as they embark on the next stage of their careers. Fraser Gurd Day is also our opportunity to recognize the excellent research being done in our department. I want to thank **Dr. Lorenzo Ferri**,

Chief of Thoracic Surgery, for organizing the academic activities of Fraser Gurd Day, highlighted by presentations from each of our surgical divisions. This year we had a combination of long and brief podium presentations. Not only was the science outstanding, but the presentation skills and the poise of the young scientists, in responding to challenging questions from their colleagues, were very impressive.

Our visiting professor this year was [John G. Hunter](#), Professor and Chairman of the Department of Surgery at Oregon Health & Science University in Portland. Dr. Hunter presented two talks. His Grand Rounds lecture was *Relationships Matter*, a personal reflection on his career and the impact of his mentors and the society relationships on his personal development. His second talk *Academic Surgery: The Scalpel and the Pen* was a fascinating and valuable insight on lessons that he has learned as Editor-in-Chief of World Journal of Surgery. Dr. Hunter also participated actively in the discussion of the scientific presentations; this was greatly appreciated by all the presenters. He then met with our esophageal group to discuss some challenging clinical cases. His visit was a great opportunity for us to develop a new and strong relationship with Dr. Hunter and his department in Portland; no doubt he left McGill with a new respect and understanding of the talent we have here.

We also have a few special awards that we present in front of the entire department during the Fraser Gurd Banquet. The Kathryn Rolph Award is presented to a woman who has made a significant contribution to the success of the Department of Surgery. This year the department recognized **Ms. Louise Fast**. Through the Fast Foundation, Louise has been an incredible supporter of the Department of Surgery's Surgeon-Scientist Program for many years. She supports the salary of approximately 5-8 residents per year who take a leave of absence from their clinical work to pursue an advanced degree during their residency. This program has allowed us to compete for the very best academic-minded residents, many of whom have ultimately joined our faculty.

**Dr. Simon Bergman**, Director of Undergraduate Education at McGill, and a former recipient of a Fast Foundation scholarship, presented data on the impact of this investment on the careers of the recipients. There is probably no program that has contributed more to attracting the very best to McGill and retaining them on our faculty as future academic leaders. Ms. Fast has made a commitment to fund this program in perpetuity by endowing this. In the future, surgeon scientists funded through a Fast Foundation award will be formally known as Fast Foundation Surgical Scholars to reflect the importance of this award to their careers. The Department of Surgery is enormously grateful for the vision and generosity of Louise Fast.

This year we awarded the inaugural Lloyd D. MacLean Distinguished Service Award to a surgeon who, over a career, has made an outstanding contribution to the Department of Surgery at McGill and who has served as an effective ambassador on behalf of McGill to the community and to the profession. This year, **Dr. Jean-Edouard Morin** was selected as the recipient. Dr. Morin has spent his entire career at the Royal Victoria Hospital in many different roles, always selflessly serving the best interests of the Department. He has been a clinical innovator and a champion for quality and safety. In all his service, Dr. Morin was recognized for demonstrating the highest personal and professional standards to which we all aspire. We thank **Dr. MacLean** for his vision in supporting this award, in addition to a travelling award. The MacLean travelling award has allowed us to invite important leaders in the field of surgery to McGill and our surgeons to travel elsewhere and bring back new ideas to the department. This year, the MacLean travelling award allowed us to invite **Dr. Clifford Ko**, Director of the Quality and Outcomes Programs of the American College of Surgeons, to visit and interact with our department. This was an extraordinarily valuable visit and has enabled us to bring innovative quality programs to our department, in partnership with the ACS.

The McGill Department returned to the Ritz Carlton Hotel for our annual Fraser Gurd Day banquet. After being closed for renovations for several years, the Ritz reopened one year ago. ►

► Having been restored to its original magnificence, this was an elegant setting to celebrate our department.

We wish you a great year and ask you to please keep us informed of the highlights of your personal and academic lives so we can put them in future editions of *The Square Knot*. ♦

## Surgical Education Excellence at McGill

*continued from [page 1](#)*

and evaluation of learners, faculty development, and research. Let me explain.

### ASSESSMENT AND EVALUATION

The three primary roles of an academic surgical program are clinical care, research, and education. These three pillars are frequently described as separate and equal legs of a three-legged stool. The reality is that education has been relegated to being the smallest leg and this has created a major imbalance in the stool. It will come to you as no surprise that I believe, as do many others, that education is as important to an academic institution as clinical care and research. The reason for this equality is quite simple. The primary goal of Surgical Education is to improve the quality of patient care and improve surgical outcome; a goal identical to that of clinical care and research.

The impact of clinical care and research on patient outcomes, however, can frequently be measured directly and in a controlled fashion via patient trials and therapeutic follow-up. We know when treatment and surgical interventions work. The problem with an educational intervention is that it is difficult to measure the direct impact of an intervention on patient outcome. We generally measure learning and hope this correlates with outcome. We have focused our measures and assessment of quality on whether a candidate "knows" a topic (multiple choice questions) or "knows how" to perform an intervention (short answer, oral questions). We all recognise that knowledge is but one aspect of quality and

Along with the new faces, the Division will focus its energy over the next years on three important aspects of Surgical Education. These three components are assessment

in fact frequently has little correlation with clinical or surgical ability. Educators therefore need to measure, when feasible and desirable, whether a candidate "shows how" or "does". This would include measures of technical performance, individual behaviour, decision-making, team work, and crisis management. Although not perfect, these components are better surrogates for patient outcome and provide great opportunities for formative feedback. There is some literature to suggest that operating room team training in principles of crisis management has a direct and positive impact on surgical mortality. The key will be to determine which parameters and metrics are important and drive all our training and educational programs to that end. In fact, the end will guide the design of our training programs.

This emphasis on assessment will be felt at many levels. Our Medical School has created a New Curriculum due to start in September 2013 and is based on well defined objectives and performance criteria. Please read [Dr. Bergman's piece](#) on the new curriculum. The Royal College will be instituting the Milestone Project in 2015. Trainees will only be allowed to advance if they have demonstrated competency and achieved predetermined milestones within their programs. We need to take a leadership role in determining which metrics will be used, how they will be evaluated, and what relationship to patient outcome there is. Our own Maintenance of Competency will no doubt

also change and eventually we will need to demonstrate to society that we are competent.

One may have the opinion that this entire assessment piece is a lot of work for little gain. Generations of excellent surgeons were produced without this kind of rigor. True, but the whole training paradigm, working hours, expectations have changed to the point that comparisons are futile. I will venture ►

### LIST OF LEADERS

NAME	TITLE
Dr. Kevin Lachapelle	Adair Chair in Surgical Education
Dr. Simon Bergman	Undergraduate Chair, Surgery Head, Undergraduate Surgery Clerkship
Dr. Sebastian Demyttenaere	Head, Undergraduate Surgery ICM/TCP
Dr. Melina Vassiliou	Director, Surgical Foundations
Dr. Paola Fata	Program Director, General Surgery
Dr. Thierry Benaroch	Program Director, Orthopedics
Dr. Mirko Gilardino	Program Director, Plastic Surgery
Dr. Wassim Kassouf	Program Director, Urology
Dr. Kent MacKenzie	Program Director, Vascular Surgery
Dr. Kenneth Shaw	Program Director Pediatric General
Dr. John Manoukian	Program Director, Otolaryngology
Dr. Jeffrey Atkinson	Program Director, Neurosurgery

► to say that we are not as good as we think and that assessments will tell us where we can improve. Our patients would no doubt approve.

### **FACULTY DEVELOPMENT**

The role of the instructor in surgical education is absolutely paramount. When I was at the Simulation Centre the most constant positive feedback I received was not about the safe environment and the supporting technology. What the learners appreciated most was the time they had with the instructor and the feedback they received so they could improve. The literature also supports this observation and it has been recently demonstrated that the most important component to learning is the feedback and debriefing which occurs before, during, and after a clinical encounter or intervention. As we have yet to create a simulated surgical patient with integrated, automated feedback, the instructor is the key. No instructor, no surgical education, poor patient outcome. As we lean towards assessment, the need and time commitment for instructors will no doubt increase.

Given the central role of the instructor in the surgical education paradigm, we must understand the needs, expectations, and challenges and barriers of our faculty. We need to provide the necessary tools and support so they can perform their essential academic activity.

### **RESEARCH**

The life blood of any academic division is research. The Division of Surgical Education has a strong history of simulation-based research primarily based on skills acquisition with the work of **Drs. Fried, Feldman, Vassiliou**, and others. We need to build on this excellence and expand the nature and scope of the work. Our Division will be recognized not for the excellence of our training programs but for innovation and the quality of the research. Furthermore, education has become a viable career path for surgeons. There is a large demand for qualified and trained individuals throughout North America but a paucity of acceptable candidates. This is a true opportunity to train the educational leaders of tomorrow.

At present, there are a number of potential pathways a candidate may take to acquire educational research knowledge and skills. The Centre for Medical Education offers a month long elective in education which is coupled with a small project. A year long Fellowship in the Health Sciences is also offered and provides for a more in depth study and a formal research project. These are readily available to surgical residents supported by a surgeon co-supervisor. A resident may also wish to pursue a formal Master of Education within the Department of Education, co-supervised by a surgeon. A number of residents and Faculty have completed this degree.

From the Department of Surgery, a well established M.I.S.

fellowship combines clinical and research work. Recently, a year long Fellowship in Surgical Simulation has been created with the primary goal of training a surgeon to be a leader in simulation. The Department, with the Division of Experimental Surgery and Surgical Education, is starting a pilot project, based on a Stanford model, of Surgical Innovation and Simulation. The ultimate goal is to train surgeons to become innovators through a rigorous hands on training approach with engineers and business students, creating novel prototypes which respond to a well identified need. As is always the case, educational projects are viable contenders for a Master in Experimental Surgery.

Ideally, we would like to have our own Master in Surgical Education. This would require a critical mass of staff and residents in order to be successful but would provide a unique opportunity for the surgical community and a much needed resource, certainly a work in progress.

I have only briefly mentioned the challenges facing the Division of Surgical Education but I realize that they are important. We are spread out on many sites, we are being asked to do more with less, we are not well remunerated for non clinical work, we have few support staff, we are being told to be more efficient, we have less time, no one has any money.

Despite these obvious barriers and challenges we had a good turnout for the Surgical Education retreat on September 12. What is clear is that we have a core of motivated educators trying to provide Surgical Educational Excellence. The retreat allowed an opportunity for the faculty to brainstorm on four themes: engaging faculty, faculty development, technology, and assessment. There were many brilliant ideas and suggestions, many we hope to make concrete over the next few years.

In a closing statement the Dean underlined the central value of Education for the Faculty of Medicine. Education in and of itself is an Academic pursuit worthy of recognition and promotion.

### **MCGILL UNDERGRADUATE SURGICAL EDUCATION**



*Dr. Simon Bergman*

The last year in undergraduate surgical education has seen changes in leadership at all levels. I took over from **Dr. Olivier Court** at the helm of the clerkship program, while **Dr. Carol-Ann Vasilevsky** handed over the ICM directorship to **Dr. Sebastian Demyttenaere**. This summer, **Dr. Melina Vassiliou** and **Dr. Ari Meguerditchian** were replaced as MGH and RVH site directors by **Dr. Roger Tabah** and **Dr. Elliot Mitmaker**. I would like to thank the outgoing individuals, ►

▶ who are all going on to bigger and better things, for the solid foundation that they have left us to build on. That the surgical rotations have been so highly rated by medical students this year is a testament to their hard work and dedication. Throughout all programs, issues of mistreatment, appropriateness of feedback, completeness of procedure logs, and respect of workload policy are closely tracked by the Faculty. We can be proud to say that when we were not amongst the leaders in these categories, we have shown significant and consistent improvements. I believe this speaks to the responsiveness of the Department to changes in processes and policies and the willingness of our staff to curb our deficiencies and improve our programs.

A new curriculum, born from McGill's "Think Dangerously" campaign, is months away. Although the first cohort began in July of this year, it is likely to affect us most only when the new TCP (Transition to Clinical Practice, previously ICM or Introduction to Clinical Medicine) and clerkship begin in January 2015 and July 2015, respectively.

During the latter half of the second year of medical school, TCP will differ in that there will be less time spent in lecture and more time spent in hands-on learning. An intensive surgical skills week at the Simulation Center will expose students to patient safety, casting, management of "lines and drains", anesthesia techniques, knot tying, and suturing. There will be a greater presence of TCP students in the operating rooms as well as on the wards, with less emphasis placed on individual staff tutors.

In the third year, the clerkship blocks (core and subspecialties) will be reunited, which will allow better continuity and integration

of surgical competencies and a greater ability to properly assess student performance. Integration will be a hallmark of the new program. Students in internal medicine and surgery will come together for their teaching sessions. For example, a lecture on hyperthyroidism by an endocrinologist will be followed by a surgical lecture on neck masses. Similarly, an afternoon of oncology will be taught conjointly between medical and surgical oncologists.

As with TCP, Clerkship will make better use of the Simulation Center. In addition to continuing well-established courses on basic surgical skills and orthopedic physical exam skills, we will introduce an ultrasound course, a trauma course, and a primer on chest tube and central line insertion. Finally, surgeons across all disciplines have been working hard developing many of online, "virtual patient", trauma modules with the Molson Medical Informatics team (**Dr. David Fleiszer** and **Dr. Nancy Posel**), which will allow us to meet the Medical Council of Canada requirements for trauma care and to counter the variability of trauma exposure across sites.

From the educator's standpoint, we have made every effort to reduce redundancy in the new program. We recognize that, although many have already spent countless hours teaching students, thereby allowing the present program to excel, your time is valuable. The new curriculum will offer exciting opportunities, but there will also undoubtedly be challenges and hurdles to overcome. I thank you in advance for your help, cooperation, and support in addressing these and I look forward to a bright future in undergraduate surgical education. ♦

## Surgeons Continue to Play Important Leadership Roles in Undergraduate Education



*The following announcement was received as we were going to publication. The Square Knot wishes to congratulate Dr. Sherif Emil on this important appointment and wish him well in this challenging endeavour*

By Robert Primavesi, MD, CM

**D**r. Robert Primavesi, Associate Dean, Medical Education and Student Affairs is pleased to announce the appointment of **Dr. Sherif Emil** as Clerkship Chair for Undergraduate Medical Education, Faculty of Medicine, McGill University, effective September 1, 2013.



Dr. Sherif Emil

Dr. Emil replaces **Dr. Beth Cummings** who has served in this position for the past three years. We wish to thank Dr. Cummings for her dedication in standardizing Clerkship objectives across training sites and for refining the assessment methods for our students.

Dr. Emil is Director of the Division of Pediatric General and Thoracic Surgery at the Montreal Children's Hospital of the MUHC, Associate Chair for Education and

Departmental Citizenship in the Department of Pediatric Surgery, and Associate Professor of Pediatric Surgery, Surgery and Pediatrics at McGill University. Dr. Emil completed his undergraduate studies in chemical engineering at the University of Michigan, Ann Arbor.

He completed his medical degree at McGill University and ▶

► his residency in general surgery at Loma Linda University.

After completing his pediatric surgery fellowship at McGill, he returned to California in 2001 to join the surgical faculty at the University of California, Irvine (UCI), where he was rapidly promoted to the rank of Associate Professor. He led the Division of Pediatric Surgery at UCI from 2005 until 2008, when he was recruited back to McGill as Chief of Pediatric General and Thoracic Surgery.

Dr. Emil has a passion for teaching, and is involved in teaching activities spanning first-year medical students to pediatric surgery fellows. During his time at UCI, he was honoured with five major teaching awards. His work with medical students on the drive for national health insurance earned him the American Medical Student Government Leadership and Service Award in 2008, and the privilege to give the UCI School of Medicine Commencement address in 2010. Dr. Emil's article, *The Quest for Significance*, based on that commencement address was subsequently published in the Bulletin of the American College of Surgeons.

Dr. Emil has an ongoing interest in international surgery and has participated in three missions to east Africa where he operates, teaches and lectures.

Dr. Emil has been active in basic and clinical research, publishing more than 70 manuscripts and several book chapters on many topics in pediatric surgery. He is a fellow of the Royal College of Surgeons of Canada, the American College of Surgeons and the American Academy of Pediatrics. He has served as program Chair for the Surgical Section of the American Academy of Pediatrics and Chair of the workforce committee of the Canadian Association of Pediatric Surgeons.

He was named one of America's Best Doctors in 2007 and, in 2012 was awarded the Queen Elizabeth II Diamond Jubilee Medal by the Governor General of Canada for his service to children around the world and his academic accomplishments in pediatric surgery.

In his role as Clerkship Chair, Dr. Emil will be responsible for aligning the Clerkship curriculum with accreditation guidelines for the next accreditation visit by LCME/CACMS (Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools) scheduled for the spring of 2015, and for operationalizing the new Clerkship curriculum, which will start in July 2015. ♦

**Robert Primavesi, MDCM**

*Associate Dean, Medical Education and Student Affairs*

## Upcoming Event

# H

ave you ever heard of a fire in an endotracheal tube? Have you seen the drapes catch fire, the cautery arc, or a hole in the insulation of an endoscopic instrument? Is it safe to use electrical energy in an unprepped bowel (with methane gas)?

## Special Surgical Grand Rounds: Safe Use of Surgical Energy

I would like to call your attention to a [special Surgical Grand rounds](#), scheduled for **October 3, 2013**.

The use of "surgical" energy (monopolar and bipolar electrosurgical devices, ultrasonic coagulators, lasers, etc) is

widespread in the operating room, endoscopy suites, and cysto rooms. Energy-related mishaps, including fires, burns, etc are one of the leading causes of patient injury and a source for malpractice complaints.



*Dr. Liane Feldman*

**Dr. Liane Feldman** co-chaired a committee of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) to develop an educational program to improve understanding of the safe use of these devices and [published a book](#) on this program. Knowledge about the safe use of energy is essential for all of us working in an environment that aims to promote patient safety.

I invite you to attend and please encourage members of your department or division to come to this special grand rounds on **Thursday, October 3, 2013** (MGH - Osler A6-105, RVH - A1.05, St. Mary - 1501E, Lachine - OJ5, Barrie Memorial - Cart Clinique, JGH - Block). ♦

**Gerald M. Fried, MD**

*Edward W. Archibald Professor and Chairman, Department of Surgery, McGill University Surgeon-in-Chief, McGill University Health Centre*




# Fraser Gurd Day

May 30, 2013



**A**t Fraser Gurd Day, we recognize academic excellence among our faculty and house staff with a number of special prizes for research, teaching and outstanding achievements.

**Gerald M. Fried, MD**  
Edward W. Archibald Professor  
and Chairman Department of Surgery


**McGILL UNIVERSITY**  
**DEPARTMENT OF SURGERY**

**24<sup>TH</sup> ANNUAL  
FRASER N. GURD  
VISITING PROFESSOR**

**DR. JOHN G. HUNTER**  
MAY 30, 2013

[www.medicine.mcgill.ca/surgery](http://www.medicine.mcgill.ca/surgery)

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**2013 MCGILL DEPARTMENT OF SURGERY  
AWARD WINNERS PRESENTED AT  
THE 23<sup>RD</sup> ANNUAL FRASER GURD BANQUET**

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HARVEY H. SIGMAN UNDERGRADUATE  
TEACHING EXCELLENCE AWARD (*Post Graduate Education*)  
**Dr. Olivier Court**

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POST GRADUATE EDUCATION TEACHING EXCELLENCE AWARD  
**Dr. Kent MacKenzie**

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THE "EDDY"  
EDMOND D. MONAGHAN PRINCIPLES OF SURGERY AWARD  
**Dr. Fan Jiang**

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KATHRYN ROLPH AWARD  
**Ms. Louise Fast**

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OUTSTANDING RESIDENT / FELLOW TEACHER AWARDS  
Cardiac Surgery:  
**Dr. Muhieldin Mulieldin**

General Surgery (*a tie*):  
**Dr. Amin Andalib, Dr. Mathieu Rousseau**

Orthopaedic Surgery:  
**Dr. Alberto Carli**

Plastic and Reconstructive Surgery:  
**Dr. Youssef Tahiri**

Urology:  
**Dr. Khalid AlRabeeh**

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FRASER GURD DAY RESEARCH AWARDS

**1<sup>st</sup> PRIZE**

**Dr. Jonathan Cools-Lartigue**  
*Neutrophil Extracellular Traps (NETs) Sequester Circulating  
Tumor Cells via B1 Integrin Mediated Interactions*

**2<sup>nd</sup> PRIZE**

**Ms. Yoon Chi**  
*Endoglin Regulates TGF- $\beta$  Signaling and Type II Collagen  
Production in Chondrocytes*

**3<sup>rd</sup> PRIZE**

**Dr. Lawrence Lee**  
*Predicting Lymph Node Metastases Esophageal Adenocarcinoma  
Using a Simple Scoring System*

**BEST SHORT-FORM PRESENTATION**

**Dr. Bassel Bachir**  
*Are Canadian Urology Residency Programs Fulfilling the Royal  
College Expectations: Survey of Graduated Chief Residents*

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## ► Highlights



To see the complete collection of photos visit: <http://flic.kr/s/aHsjJzG2j>

► Highlights



To see the complete collection of photos visit: <http://flic.kr/s/aHsjJCzG2j>

## Divisional News

# T

he McGill Division of General Surgery celebrated the **11th annual LD MacLean Visiting Professor** on April 24-25, 2013. This Visiting Professor Program acknowledges Dr. L.D. MacLean's leadership role in the promotion of excellence

## Division of General Surgery

in academic surgery and this year we also marked the 50-year anniversary of Dr. MacLean's career at McGill. We welcomed [Dr. Philip Schauer](#), Professor of Surgery at the Cleveland Clinic Lerner College of Medicine, Chief of Minimally Invasive General Surgery, and Director of the Cleveland Clinic Bariatric and Metabolic Institute as our visiting professor. Dr. Schauer is a leading clinician, educator and researcher in bariatric and minimally invasive surgery and a fitting guest to help mark the occasion.

This day anchors the academic year in the division of general surgery, providing an opportunity for residents and students to present their research and to celebrate the academic achievements of the division as a whole. We were very pleased that **Dr. MacLean** was able to attend. The day began with a visit to the Osler Library for **Dr. Schauer** and **Dr. Feldman**. After lunch with the residents and the division, Dr. Schauer started the afternoon with an engaging presentation entitled *Metabolic Surgery - Next Big Thing*. Attendance was excellent with the Osler amphitheatre packed with staff surgeons, residents, fellows, and students. **Dr. Christou** then gave an overview of the history of bariatric surgery at McGill. This was followed by 15 research presentations – 5 longer podium presentations and 10 quick-shot presentations - by residents, fellows, and students in the division. These were selected by **Dr. Ferri** and his committee from 29 submitted abstracts. We also enjoyed hearing three case presentations that challenged Dr. Schauer and the audience to manage complicated bariatric and GI surgery cases. The breadth and quality of the presentations were impressive, ranging from cancer cell biology and genetics, health services and outcomes research, transplant immunology and education. Needless to say, the judges had a difficult task selecting the award winners:

### FIRST PRIZE

#### Dr. Jonathan Cools-Lartigue

Dr. Ferri supervisor

*Neutrophil extracellular traps (NETs) sequester circulating tumor cells via  $\beta$ 1 integrin mediated interactions*

### SECOND PRIZE

#### Dr. Alyssa Smith

Dr. Zogopoulos supervisor

*Elucidating the Genetics of Pancreatic Cancer*

### THIRD PRIZE

#### Dr. Amin Andalib

Dr. Court supervisor

*Two-stage Biliopancreatic Diversion: Is the second stage always beneficial?*

### PEOPLE'S CHOICE

#### Dr. Amy Neville

Case presentation

110 people attended the banquet at the Sofitel Hotel. Dr. Feldman welcomed everyone and moderated the evening's festivities. Several guests spoke of Dr. MacLean's contributions, recounting anecdotes and memories of working with him. This included entertaining speeches from **Drs. Harvey Sigman, Jonathan Meakins, Alan Turnbull** and **Marvin Wexler**, and the presence of **Drs. Monaghan** and **APH McLean**. We are grateful to Dr. Wexler who organized this part of the evening, and who read from letters received in Dr. MacLean's honour from **Drs. Carl Nohr** and **Maureen Chung**. Finally, we were all happy to hear from Dr. MacLean who seemed pleased with the day's events.

**Dr. Jonathan Cools-Lartigue** presented several recognitions for teaching. The outstanding General Surgeon Teacher was awarded to **Dr. Goffredo Arena**; The Roger Tabah Resident Teacher Award went to **Dr. Mathieu Rousseau**; the CAGS Resident Teacher Award was given to **Dr. Amin Andalib**; and **Dr. Bader AlBader** was given a new award as Outstanding Fellow Teacher.

**Dr. Simon Bergman**, director of undergraduate education, presented the David Owen Undergraduate Teacher Award to **Dr. Nancy Morin** and the Outstanding Resident Undergraduate Teacher Award to **Dr. Nora Trabulsi**.

Dr. Jonathan Cools-Lartigue then described his experiences with the Julius Gordon travel award, spending time in Calgary developing a collaboration that resulted in an important discovery. This year's award winner was **Dr. Lawrence Lee**.

**Dr. Sarkis Meterissian** introduced **Dr. Paola Fata** by congratulating her on the program receiving full accreditation by the Royal College this year, and being cited as an exemplary program. Dr. Fata began by recognizing Dr. Jonathan Cools-Lartigue with the resident Leadership Award. She then introduced all the graduating residents with gently humorous anecdotes, including **Drs. Nicole Kolozsvari, George Melich** (absent due to illness), **Marilou Vaillancourt, Carlos Chan, Helen Hsieh** and **Mathieu Rousseau**. **Dr. Marc Dakermadjji** and Jonathan Cools-Lartigue ►

## Divisional News

▶ then premiered their video with (less gently) humorous anecdotes from staff and residents about the graduates. Closing remarks from **Dr. Fried** and from **Dr. Schauer** completed the evening. The following morning, Dr. Schauer gave an excellent talk

on *Understanding mechanisms of diabetes surgery - from bedside to bench*, concluding a superb and inspiring LD MacLean Day.

We appreciate **Barbara Guido's** expert organization of the banquet and the entire day. ♦



## Divisional News

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he third Mostafa Elhilali Visiting Professorship in Endourology and Minimally Invasive Urology took place on May 15 and 16, 2013, with **Dr. Inderbir Gill**, Chairman and

Professor - Department of Urology, from The University of Southern California. Dr. Gill gave two lectures, one at McGill Urology

Grand Rounds *Partial Nephrectomy: Contemporary Issues*, and the other at Surgical Grand Rounds *Robotic Surgery for Bladder Cancer: Ready for Prime-Time?* Both lectures were very well attended and appreciated.

## Division of Urology

**Dr. Peter Chan** received the 2013 Outstanding Contribution Award from the Prostate Cancer Award Canada. This award was given to Dr. Chan in recognition of years of his tireless efforts in promoting men's health awareness to the general public.

This year on June 13 of Father's Day week, **Drs. Armen Aprikian** and **Peter Chan** were joined by a large group of MUHC nurses, administrative supporting staff, Urologists, Researchers, Urology residents, medical students and nursing students to host the 8th Annual MUHC Men's Health day at Complexe Les Ailes in downtown Montreal. Various patients support groups including the Quebec Cancer Foundation, the Canadian Cancer Society, the Prostate Cancer of Canada West Island Support Group, the McGill CHIP Diabetes Prevention Program, MUHC Nutrition Department and Procure were at the event to promote various men's health conditions such as prostate cancer, voiding dysfunction, erectile dysfunction, hypogonadisms, male infertility, testis cancer, etc. Local sports media icon **Mr. Ted Bird**, from TSN 990 station, was the spokesperson this year in helping to promote the event with CTV, CJAD, Global TV, *The Montreal Gazette* and *CHOM*. Attendees were invited to have a free health check-up on site including fitness and blood-pressure measurement, blood tests, urine analysis and prostate examination. Hundreds of men lined up on that day to have a health evaluation.

### NEW RECRUITS

We are pleased to inform you that we have recruited **Dr. Lysanne Campeau** at the Jewish General Hospital as of September 2013. Dr. Campeau's activities will include both clinical and research in female urology.

Another recruit is **Dr. Axel Thomson**, a prostate cancer scientist from the U.K. Dr. Thomson will commence in the fall of 2013 at the Montreal General Hospital.

Please join us in wishing both of these new recruits all the best and in welcoming them in their new role.

### McGILL 23<sup>rd</sup> ANNUAL UROLOGY RESEARCH DAY

The Urology Division held its 23rd Annual McGill Urology Research Day on Wednesday April 24th, 2013 at the Jewish General Hospital. **Dr. Armen Aprikian, MD**, Professor and Head, McGill Division of Urology, provided opening remarks. This was followed by an introduction by **Dr. Simone Chevalier**, McGill Director of Urology Research, who summarized the different topics covered in the 22 scientific presentations given by graduate students, urology residents, research fellows and associates. The central theme this year was Urologic Oncology with emphasis on Bladder Cancer.

Assisted by **Ms. Chrysoula Makris** for the planning, organizing and raising funds for the the event, **Dr. Franck Bladou**, research clinician-in-charge, had the pleasure of welcoming this year's visiting professor, **Dr. Michael A. O'Donnell**, Professor of Urology and Clinician of University of Iowa College Medicine and Director of Urologic Oncology at the University of Iowa, who gave a talk on *Optimizing the Treatment of Non-Muscle-Invasive Bladder Cance*. Research scientist-in-charge, **Dr. Cristian O'Flaherty** collaborated with the scientific program and served as moderator.

A jury composed of **Drs. Michael O'Donnell, Mario Chevrette, Mohammad El-Sherbiny** and **Dr. Teruko Taketo**, selected the three best research presentations. During a well-attended dinner reception, presentation prizes were awarded to **Ms. Krista Zeidan** (McGill graduate student in Experimental Surgery), **Dr. Bassel G. Bachir** (McGill Research Fellow) and **Dr. Talal M. Al-Qaoud** (McGill Urology Resident). The evening concluded with closing remarks by Dr. Franck Bladou congratulating everyone who participated and helped in making the event a success. ▶



## Divisional News

► Congratulations to Dr. Armand Zini who has been promoted to the rank of full professor.

Congratulations to **Dr. Franck Bladou** who has been appointed the Herbert Black Chair in Surgical Oncology at the Jewish General Hospital.

Congratulations to **Dr. Sero Andonian** who was awarded a FRQS Clinicien Chercheur-Boursier Junior I.

This year's Everett C. Reid Award for Excellence in Teaching went to **Dr. Mohamed ElSherbiny**.

### **MUHC: THE HOST OF THE ANNUAL MEETING OF THE PROCURE QUÉBEC PROSTATE CANCER BIOBANK**

This year, **Dr. Armen Aprikian**, chair of the PROCURE Prostate Cancer Biobank and **Dr. Simone Chevalier**, its Scientific Director hosted the Annual Biobank meeting. It was held at the Montreal General Hospital on April 5th 2013. Over 30 members of the Biobank Consortium operating at four university hospitals (CHUM, CHUQ, CHUS and MUHC) across the province since 2007 were present. It was a great occasion to review the tremendous achievements of the Biobank with the PROCURE Head Office representatives (**Dr. Cedric Bisson, Dr. Malvina Klag, Mr. Laurent Proulx**) and envision the future with optimism and enthusiasm. Indeed, over 2,000 men who underwent prostatectomy have generously accepted to provide precious samples



(blood, urine, tissues) for prostate cancer research. This was possible through concerted efforts of urologists, scientists, and pathologists at each site and their teams composed of nurses and lab personnel. MUHC investigators are Drs. Aprikian and Chevalier together with **Dr. Fadi Brimo** (Pathology). The uniqueness and added value of this Biobank is its prospective aspect, with periodic re-sampling and updating of follow up data for over 10 years, as resources will permit. Another unique characteristic is that the project was set up to fulfill needs of the worldwide scientific community at large, rather than one project linking investigators of the four sites.

The bank is now mature enough to start the material allocation process and finally attain its ultimate goal: to enable the best possible research on prostate cancer with patient samples and data. ♦

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On May 9th, 2013, [Dr. James Karl Kirklin](#), Professor and Director of the Division of Cardiothoracic Surgery and John W. Kirklin Chair of Cardiovascular Surgery at the University of Alabama at Birmingham, was the 45th Stikeman Visiting Professor to the **Divisions of Cardiac and Thoracic Surgery**.

## Divisions of Cardiac and Thoracic Surgery

At Surgical Grand Rounds in the Osler Amphitheatre of the Montreal General Hospital, Dr. Kirklin spoke on *Anatomically Uncorrectable Congenital Heart Disease: An Evolving Landscape*. This was followed by laboratory and clinical research presentations by the residents



of both Divisions. After lunch, Dr. Kirklin had an informal meeting with the residents, followed by more presentations by residents and alumni. The alumni from out of town who attended this year's event were **Drs. Lee Errett, Reza Mehran, Salim Ratnani and Garrett Walsh**.

The annual banquet was held at the University Club in honour of the Visiting Professor and our graduating resident – **Dr. Nasser Alkhamees**.

It was a pleasure to welcome Dr. Kirklin as the 2013 Stikeman Visiting Professor to the Divisions of Cardiac and Thoracic Surgery. ♦

## Research News

### The Liver Metastasis Research Network Group Meeting

**T**he Liver Metastasis Research Network (LMRN-[www.lmrn.org](http://www.lmrn.org)) is an international group of scientists (clinical and basic) dedicated to collaboration to advance research in liver metastasis. On June 10th and 11th co-organizers **Dr. Pnina Brodt** and **Dr. Peter Metrakos** hosted the 3rd annual meeting of the LMRN at the Royal Victoria Hospital in Montreal. Scheduled speakers included the following:

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#### GERT VAN DEN EYNDEN, MD

Department of Pathology, Saint Augustine Hospital  
Antwerp, Belgium

- *Colorectal cancer liver metastases: Distinct growth patterns and their prognostic implications*
- *Colorectal cancer liver metastases: First results of medical imaging studies*

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#### ALI MAJEED, MD

Department of Surgery, University of Sheffield, Sheffield, UK

- *Liver metastases from colorectal cancer and ocular melanoma: More questions than answers?*

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#### ANDREW REYNOLDS, MD

The Institute of Cancer Research, London, UK

- *Growth pattern in CRC liver metastases determines response to VEGF-targeted therapy*
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#### FERNANDO VIDAL-VANACLOCHA, MD

Institute of Applied Molecular Medicine (IMMA) CEU-San Pablo University and HM-Hospitals School of Medicine Madrid, Spain  
• *Hepatic metastasis genes of human colon cancer cells*

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#### CAROLYN SAUCIER, MD

University of Sherbrooke, Sherbrooke, Québec

- *Receptor tyrosine kinase signaling in colorectal cancer metastasis*

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#### GUNILLA HØYER-HANSEN, MD

The Finsen Laboratory, Rigshospitalet  
Ole Maaloes Vej 5, 2200 Copenhagen N, Denmark

- *Urokinase plasminogen activator receptor forms in cancer: Biomarker utility and therapeutic targets*

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#### JACQUES HUOT, MD

Universite Laval, Québec

- *Mechanisms of E-selectin-mediated metastasis of colon cancer cells*

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#### NICOLE BEAUCHEMIN, MD

Goodman Cancer Centre, McGill University

- *Tumor and myeloid-derived suppressor cell expression of CEACAM1 regulate liver metastasis of colorectal cancer cells*

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#### PNINA BRODT, MD

Department of Surgery and Medicine,  
McGill University Health Centre

- *Dissecting the role of the microenvironment in liver metastasis*

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#### NIGEL BIRD, MD

University of Sheffield, Sheffield, UK

- *Exploration of cell survival and growth at the tumor margin*

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#### ARIE ARICHE, MD

Department of Surgery, West Galilee Medical Center,  
Nahariyya, Israel

- *Basic research in a department of surgery - goals and challenges*
- 



On the second day, roundtable discussions were held and the agenda and future goals of the network discussed. Please see group photo of the event. The event was very well received, so much so that the group is now planning to meet twice a year so as to keep the momentum and continue to exchange and collaborate.

This event was co-sponsored by the Cancer Axis of the MUHC RI and by Roche Canada. ♦



## Welcome to the New Surgery Chief Residents 2013-2014



### *DIVISION OF GENERAL SURGERY*

PROGRAM DIRECTOR: **DR. PAOLA FATA**



Originally from Kuwait, **Dr. Ahmad Ameer** graduated from the Royal College of Surgeons in Ireland in 2007 and joined the General Surgery program at McGill University in 2009. Before leaving for Ireland, he won many national and international medals in Judo for Kuwait and was awarded in 1999 by the Amir of Kuwait for his achievements in Judo.

After finishing residency he will join the Vascular Surgery Department at Ottawa University for a two year fellowship, after which he will return to Kuwait to establish an endovascular department in Adan Hospital.

Dr. Ameer enjoys traveling in his free time and shares this with his beautiful wife Mariam and his only son Sulaiman.



**Dr. Amin Andalib** is a graduate of McGill University. After finishing his Bachelor's degree in physiology and Medical degree at McGill, he started his residency in 2008. He managed to complete a Master's degree in epidemiology once again in McGill during his general surgery training under the supervision of Dr. Lorenzo Ferri. His Master's project involved a province-wide study in lung cancer outcomes, which was awarded an FRSQ scholarship. In his leisure time, Amin takes pleasure in sculpting and sailing.

Upon graduation, he will be pursuing a fellowship in bariatric and minimally invasive surgery.



**Dr. Janet Kwan** graduated from McGill University in 2005 and joined the General Surgery Program in 2008 to work with some of the brightest surgical teaching staff in the country and to receive her training from one of the most vigorous General Surgery programs. During her research year, Dr. Kwan completed her Master's Degree of Science, and became the proud mother of Avery ("Chucks"). She owes her achievements to the tremendous support of her husband Howard Lang, and her loving family and friends.



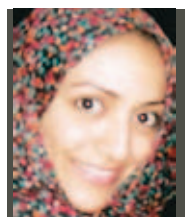
**Dr. Josée Trebichavsky** I wanted to thank everybody who was involved with the fantastic training that I received during my surgical residency in General Surgery at McGill. It has been an honour to be working alongside the excellent



**Dr. Maher Mohammad Matar** is an Ottawa native; having completed his Bachelor of Science with Honours in Human Kinetics, he went on to complete his medical training at the University of Ottawa. He moved to Montreal to join the McGill General Surgery residency program and became an integral team member, being elected twice as

the President of the MGSRC by his peers. Maher completed a year of research where he investigated the field of renal transplant, and aspires to become a Hepatopancreaticobiliary surgeon.

During his residency, he was blessed to get married to his wife Loyal, and was further blessed with a daughter Leya. Maher is devoted to his patients and strives to provide them with the best care, for life.



**Dr. Nora Trabulsi** comes from Jeddah, Saudi Arabia where she completed her medical degree at King Abdul-Aziz University. She has been with the General Surgery Training Program since 2008. During her research year she completed a Master's in Epidemiology at McGill University. Nora plans to pursue a career in surgical oncology and wants to implement national cancer screening programs back home.

Nora is the proud mother of her two sons and owes all her success to her supportive husband and family.



**Dr. Reza Tavana** was born and raised in the beautiful city of Shiraz in Iran where he completed his Medical Education at Shiraz University of Medical Sciences. He moved to Canada in 2006 for higher education, practiced in Calgary and completed a year of residency at McMaster University before joining the General Surgery residency program at McGill. Dr. Tavana has a

Master of Science in Experimental Surgery; his award winning research at the MUHC, focused on transplant immunology, has led him to research scholarships and their team to a grant. Reza takes Montreal as his home. In his spare time, he enjoys the study of Persian fine arts and modern literature. He is a big

► traveller, and puts part of this time into photography and collecting the works of Persian ethnopolitical artists abroad. Dr. Tavana will be pursuing a fellowship in Minimal Invasive and Robotic Surgery.



**Dr. Saud Alzaid** Originally from Kuwait, Dr. Saud Alzaid is a graduate of the School of Medicine of the Royal College of Surgeons in Ireland where he was awarded the degrees Bachelor of Surgery, Bachelor of Medicine and Bachelor of Obstetrics from the National University of Ireland. He was also awarded the Association of Graduate Medal while in Ireland. Dr. Alzaid began his General Surgery residency at McGill in 2009 and more recently began a combined residency in General Surgery and Critical Care Medicine. Saud looks forward to finishing his resident training and subsequently retiring.



**Dr. Simon Chow** is originally from Beautiful British Columbia, and moved east for medical school, his residency and poutine. The water in Vancouver has made him an avid skier, basketball player, runner, gardener, mushroom forager, car enthusiast, traveller, and Texas Hold'em player. He enjoyed his time immensely in Dr. Ferri's lab working on cancer metastasis and inflammation, through which he obtained a Master of Science degree. Simon is interested in pursuing a career in laparoscopic/bariatric surgery and is currently busy inputting the above interests into his application.

#### ***DIVISION OF SURGICAL ONCOLOGY***

PROGRAM DIRECTOR: **DR. ARI MEGUERDITCHIAN**



**Dr. Josef E. Braun** was born in Israel and grew up in the Boston area. He completed his Bachelor's degrees in mathematics and economics at the University of Rochester (NY). He then completed his doctorate in medicine at the University of Massachusetts School of Medicine. He recently completed his general surgery residency at The University of Florida (Gainesville) where he served as chief resident at Shands Hospital. His research interests include endocrine and upper GI surgery. He is currently the General Surgical Oncology Fellow.

Outside of the hospital, Josef enjoys skiing, playing tennis, scuba diving, salsa dancing and playing soccer.

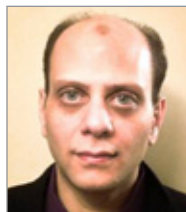
#### ***DIVISION OF PLASTIC SURGERY***

PROGRAM DIRECTOR: **DR. MIRKO GILARDINO**



**Dr. Ali Izadpanah** completed his medical school training as well as his plastic surgery residency at McGill University. Alongside his residency, he started pursuing a Master of Business Administration at John Molson School of Business. He also holds a Masters of Experimental Surgery from

McGill's Faculty of Medicine. Dr. Izadpanah is an avid scholar and a prolific academic. He is the author of 30 publications and a reviewer in 7 scientific journals including *Annals of Plastics and Pediatric Surgery Journal*. Dr. Izadpanah frequently has attended and presented at many Plastic Surgery Conferences with over 60 international and national talks and numerous awards for his academic and scientific works. He will be pursuing a Hand and Upper Extremity Fellowship at the Mayo Clinic in Rochester. During his spare time, Dr. Izadpanah enjoys traveling with his favorite vacation destination being Marbella, Spain.



**Dr. Abdul-Wahab H. Shararah** started his career as a clinical pharmacist. He graduated with a doctor of pharmacy degree from Purdue University, West Lafayette, Indiana USA. He quickly saw the light and realized that his true passion was in surgery.

In 2008 he obtained his M.D. degree from the University of Calgary. Following medical school, Abdul decided to further enhance his educational experience and pursued graduate studies in the department of neuroscience at the University of Calgary, under the direct supervision of Dr. Rajiv Midha. The focus of his research was the study of skin derived stem cells in peripheral nerve repair and regeneration.

Subsequently, Abdul joined the McGill Plastic Surgery family in 2009. Upon graduation, Abdul will pursue further training in hand and microsurgery. His motto in life is "be sincere, respect everyone, and wish for every one what you would desire for yourself. Take the good with the bad and if there is a will there is a way!"

Outside medicine, Abdul likes to travel, spends valuable time with his family and savors coffee in any way, shape or form.



**Dr. Hattan Aljaaly** graduated from King Abdulaziz university in Jeddah with honours in 2007. He was awarded the University president scholarship in plastic surgery. He moved to Montreal in 2008 to join the McGill plastic surgery family and fell in love with the city.

He completed a year of research and enrolled in a master of science program in at McGill. His research was focused on modulation of molecular pathways in distraction osteogenesis.

He will complete a fellowship in craniofacial and microsurgery. Outside the field of medicine, he is a scuba diver and he enjoys various sports and travelling around the world. He attributes his achievements to the endless support of his parents. He is the proud father of Taly. ►



▶ **Dr. Stephanie Thibaudeau** graduated from McGill Medical School in 2009. As part of the joined program, she completed two years of core surgery training at Sherbrooke University prior to returning to McGill to complete her plastic surgery residency. Stephanie had the opportunity to participate in clinical utility projects during her residency which she presented at provincial and national meetings. Stephanie has a strong interest in hand/wrist reconstruction and upon completion of her residency will complete a Hand Fellowship at University of Pennsylvania in Philadelphia.

#### **DIVISION OF UROLOGY**

PROGRAM DIRECTOR: **DR. WASSIM KASSOUF**



**Dr. Sophie Ramsay** was born and raised in Quebec City. She received her medical degree from Sherbrooke University in 2009. She was transferred to McGill University last summer, following the standard pathway of the combined Sherbrooke-McGill urology residency program. Her arrival in the program was much anticipated. At first, many were afraid of this strong headed lady walking down hospitals' hallways with Foleys in her pockets. However, all her man colleagues eventually accepted her as one of their own, and her feminine presence is now deemed essential to the harmony and peace of the program. During residency, Sophie was involved in clinical research in the field of female urology, and had the chance to present her work at many national and international meetings. She has been fortunate to have exceptional support from her friends and family in the last few years. Upon completion of residency, Sophie plans to pursue a 2-year fellowship in pediatric urology. Her future goals are to work as a pediatric urologist in an academic center and to be involved in medical education. She also secretly wishes to have children of her own, but first to find a husband even blonder than she is.



**Dr. Abdulaziz Althunayan** graduated from King Saud University, Riyadh, Saudi Arabia. He joined the urology residency program at McGill University in 2009. He has been actively involved in urological basic science as well as clinical research throughout his residency. He presented at a number of national and international meetings. He has several publications in peer reviewed journals. Upon completion of his residency, he plans to pursue a 3 year fellowship in Endourology/MIS. Following his training he will start his academic career at King Saud University. He enjoys long runs, swimming, cycling and hanging out with Faisal Yafi.



**Dr. Evan Kovac** was born and raised in Montreal. After completing his undergraduate degree in Physiology at McGill University, he attended Medical School at McGill and was later accepted into McGill's urology residency program in 2009. During residency, he has been involved in urologic basic science and clinical research. He has been published in several journals, with a focus in urologic oncology and technology/simulation, and has presented at national and international conferences. Evan is currently the external chief resident for the urology residency program. In his spare time, he enjoys strumming the guitar, travelling and playing hockey. Following residency, Evan hopes to pursue a fellowship in urologic oncology and has been accepted to the uro-oncology fellowship program at the Cleveland Clinic in Cleveland, Ohio. He is thankful to his parents, brother, sister and friends for their exceptional support during his residency.



**Dr. Faysal Yafi** obtained his BSc and MD from the American University of Beirut. He then completed two years of general surgery at both his Alma Mater and at the Mayo Clinic in Rochester, Minnesota. He subsequently completed a two-year research fellowship in bladder oncology at McGill University prior to joining the urology program in 2009. During his residency, he has been involved in a wide variety of research projects which have led to multiple publications. His work has been presented at numerous national and international urological conferences. He has also served as the chairman of the Northeastern Section of the American Urological Association (AUA) Residents Committee as well as serving as both sectional representative and translational research delegate to the AUA Residents Committee. Aside from work, he enjoys soccer, running, boxing and hanging out with Dr. Abdulaziz Althunayan. Upon completion of his residency, he will be pursuing a two-year fellowship in male-factor infertility and sexual medicine in the United States. ♦

## Resident's Corner

# R

### ESIDENT WORK HOUR RESTRICTIONS

#### IN QUEBEC – 2 YEARS IN

Following a grievance from a resident at McGill University, the Quebec arbitration ruled that 24-hour in-house call is essentially a violation of the Charter of Rights and Freedoms. This claim was supported by evidence showing the precipitous decline in physician performance after 24 hours without sleep. After the ruling, institutions in Quebec were given 6 months to comply.



Dr. Jonathan Cools-Lartigue

In the name of improving patient safety and resident well being, McGill was pro-active in implementing this legislation prior to its formal adoption. Briefly, current in-house duties cannot exceed 16 consecutive hours more than once every 3 days. This has had profound effects with respect to how patient care is delivered by residents, particularly in general surgery.

In order to meet the restrictions, call schedules have become increasingly complex, relying on residents working in day and night shifts. Examples of typical call schedules are highlighted in the accompanying link ([Click here to view tables](#)). In particular, they demonstrate a heavy reliance on large numbers of junior and off-service residents.

A study conducted in the McGill Division of General Surgery assessed the perspectives of General Surgical trainees on several domains of surgical education, quality of life, and quality of care delivered to patients. The [study](#), recently published in the American College of Surgeon's Journal of Surgical Education (*Fadi T. Hamadani, Dan Deckelbaum, Alexandre Sauve, Kosar Khwaja, Tarek Razek, Paola Fata: Abolishment of 24-Hour Continuous Medical Call Duty in Quebec: A Quality of Life Survey of General Surgical Residents Following Implementation of the New Work-Hour Restrictions. Journal of Surgical Education 2013, 70(3):296-303*), administered a quality of life questionnaire with an integrated education quality assessment tool to all General Surgery residents training at McGill 6 months after the work hour restrictions took effect. Four major areas were assessed: sleep assessment; perception of work hours and effect on future competency; relationship to attending surgeons; and perception of ability to provide safe and continuous care to patients.

Across several strata, respondents revealed a decreased sense of educational quality and quality of life. Since the implementation of the restrictions, residents felt that they knew their patients less, had decreased exposure to the OR and to staff surgeons, and were, on average, more fatigued due to fragmented sleep patterns and working for a long series of nights each period.

The arbitration argued that work-hour restrictions would be necessary to improve quality of life for trainees and hence improve patient safety. Results from the McGill experience with work hour restrictions demonstrated the exact opposite in a large majority of respondents, who report a poorer quality of life and a self-reported inability on their part to provide continuous and safe patient care.

The study authors have recently completed a national survey of all general surgery programs in Canada and early results indicate that Residents across the country have similar fears to the Residents at McGill. Results of the new study will be presented at this year's Canadian Surgical Forum, where the national debate on work hour restrictions in surgery will continue.

Proponents of work hour restrictions argue that resident fatigue has adverse consequences on physician performance and by extension, patient safety. However, the deleterious effects of resident fatigue are not up for debate in the authors opinion. Prolonged periods without sleep are deleterious for anyone. Because this is an easy narrative for people of all disciplines to get behind, sweeping legislation has been instituted without considering its impact on training competent expert physicians and surgeons. The question is not "Is performance affected adversely after 24 or more hours of continuous work". The question is, "Does eliminating 24 hour call solve these problems? Is there a quick fix?"

For surgical trainees the answer appears to be no. In addition to the Quebec experience presented above, a decade of evidence from the U.S. since the implementation of a maximum 80-hour workweek in 2003 has failed to demonstrate any improvement in patient safety. In fact, deleterious outcomes in surgical patients after the implementation of work hour restrictions have been documented, particularly in orthopedic, cardiothoracic and neurosurgical patient cohorts ([1-3](#)).

In addition to patient safety, the purported improvements in education and resident well being touted by proponents of work hour restrictions have not been clearly and uniformly demonstrated. With regard to surgical trainees, the fear that restrictions in duty hours may lead to inadequate surgical exposure appear to have been well founded. A [study](#) published this year in JAMA (*Schwartz SI, Galante J, Kaji A, Dolich M, Easter D, Melcher ML, Patel K, Reeves ME, Salim A, Senagore AJ et al: Effect of the 16-Hour* ▶

By Jonathan Cools-Lartigue, MD

► *Work Limit on General Surgery Intern Operative Case Volume: A Multi-institutional Study. JAMA Surg 2013*), demonstrated a significant reduction in surgical caseloads for interns in general surgery subject to 16-hour shift limitations. The authors go on to conclude that should these work-hour limitations be extended to all 5 years of surgical residency, additional training will be a requisite to maintain current case volumes.

Despite these often disturbing observations, the focus of the debate has continued to be “work-hours” instead of how fatigue can be minimized or its consequences mitigated in the context of ones job requirements. Furthermore, the question as to what residents are doing on call has seldom been asked. In specialties, where in-house duties require a constant state of attention, such as emergency medicine, the shift-work model has already been embraced. The converse is true for many surgical specialties, where “in house” is synonymous with readily available. Tackling the real issue of fatigue requires broad, systemic changes in hospitals, not punitive legislation directed at one part of a huge machine. In response to the arbitration in Quebec, residency programs in other provinces have been exploring alternate call models in the hopes of avoiding similar sweeping legislation. Thankfully, the notion that a “one size fits all” approach may not be appropriate for resident training has begun to emerge. A position statement from the Royal College of Physicians and Surgeons of Canada

National Steering Committee on Resident Work Hours will be released later this year. The statement will be accompanied by a meta-analysis reviewing all the literature to date on the effects of work hour restrictions on all strata of resident life, from well being to patient safety. Hopefully, the conclusions will help the rest of Canada avoid making the same mistakes as Quebec, helping individual programs to strike a critical balance between avoiding excessive fatigue while providing excellent training for their residents. ♦

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# D

id you know that William Osler received his M.D.,C.M. from McGill University in 1872? Can you locate the Osler Niche at McGill?

of Sir William Osler in the Osler Library of the History of Medicine, McGill University. Standing behind Dr. Sigman are students (left to right), **T. Glavinovic, C. El-Haddad, M. Marano, Z. Weinstein, C. Belanger**. The bronze plaque was designed by F. Vernon, (Paris) 1905. The ashes of Sir William and Lady Osler are stored behind the plaque. The plaque is framed by his own as well as his favorite publications. ♦

## Did You Know?

Did you know that Sir William Osler began his career at McGill (1874-84), moved to University of Pennsylvania (1884-1888), was recruited as first Professor of Medicine at the new Johns Hopkins Hospital (1888-1905) together with Welch (pathology), Halsted (surgery) and Kelly (gynecology), was invited to Oxford University as Regius Professor of Medicine (1905-1919) and following his death in 1919 he was returned to his Alma Mater.

Read below to learn what was probably not known to most members of the faculty including your editor.

In this photo are **Dr. Harvey Sigman** (Osler Fellow) with Physician Apprentice Group in front of the Vernon Plaque



## KUDOS !!

**D**r. **Henry Shibata** has recently received two awards. One was an Award from McGill on June 21st 2013 at the Faculty Club honouring the exchanges that he had fostered between Japan and McGill University by forming the Montreal Academy Club in 1963.

So this year marks the 50th Anniversary of the initiation of this organization by Dr. Shibata as the long term President and the late Lucas Yamamoto of the MNI to assist researchers and students coming for postgraduate studies in a foreign environment in Montreal. The present members and the Consul General of Japan held a special BBQ party at Dr. Shibata's home on August 25th to celebrate this auspicious event. The second was as an avid golfer being designated as a Pioneer of Golf among 18 awardees at the 35th anniversary of the annual Cedars Golf Tournament held at the Elmridge Golf Club on Monday, July 8th. This also was to commemorate his 47 years of service to the Cedars Cancer Institute since it's inception in 1966.



**Dr. Jeffrey Barkun** is full professor of Surgery at McGill and is completing his 3rd year as Chief Clinical Officer for Information Services at the MUHC. He was the 2013 Odette Oncology Center visiting professor at the University of Toronto and has been named to the editorial board of the Annals of Surgery. He has proudly supervised Amy Neville and Sinziana Dumitra who have both submitted their thesis towards a MSc in Epidemiology at McGill.



**Dr. Frank Guttman**, retired Professor of Surgery, McGill University, and former chief of general pediatric surgery at the Montreal Children's Hospital, is pursuing his second career in Quebec history. The English version of his book, was published in 2007. The French version, "Le Diable de Saint-Hyacinthe", has just been published, (Les Éditions Hurtubise), with a preface by Jean Chretien. It has been [recently favourably reviewed in Le Devoir](#). His second book, about Honoré Beaugrand, has been submitted for publication.

**Dr. Kosar Khwaja** has been promoted to Associate Professor, effective July 1, 2013. Kosar joined our faculty in 2006 as a Trauma/ Acute care surgeon and Critical Care physician.

He then obtained an MBA degree in the McGill-HEC Executive Program in 2010 and has put these skills to good use to the advantage of our hospital and university communities.

Kosar was instrumental in the creation and implementation of the ACS service at the MGH, which has improved resident teaching and patient care as well as allowed the development of a research program evaluating the impact of this approach. As a member of the prominent Canadian Critical Care Trials Group, he has led our participation in major national trials. Locally, Kosar acts as the Surgical representative to the MUHC redevelopment committee, playing an important role in the use of simulation modelling to drive decision making.

Kosar has also served the federal government's Public Health Agency in a variety of capacities for national emergency preparedness planning and on committees in diverse organizations, including EAST, CAGS and SAGES.

**Dr. Ari Meguerditchian** is happy to announce the Surgical Oncology Fellowship program has received full accreditation from the Royal College this year.

**Dr. Talat Chughtai** (Attending Trauma/Acute Care Surgeon at the Montreal General Hospital, and chief of Thoracic Surgery at Hull Hospital in Gatineau) was recently married to Samman Saeed, in the city of Lahore, Pakistan. ♦



**O**ne of the remaining items on my personal "Bucket List" was to visit the "Great Wall of China". On April 10th 2013, this quest was finally realized!

## Dr. Henry Shibata Describes His Trip to China and Japan

My wife Nachiko and I travelled to China on a two week lectures and pleasure tour on April 8th. Our guided itinerary began in Beijing where we saw the famous Tiananmen Square, the

exotic Forbidden City, the modern technological accomplishments of the Olympic Games, the Ice Cube (Swimming Pool), and the Bird's Nest (main Olympic Stadium). However, the greatest thrill of all was standing on one small section of the mind-boggling centuries-old replica of the ingenuity and perseverance of the Chinese rulers in building this long military barrier that stretches thousands of miles over innumerable mountains and valleys. C'est magnifique! Mission accomplished!

On our lecture tour, I was joined by Dr. Paul Barre from the MUHC Nephrology Division and together we gave lectures at three thoroughly modernized University Hospitals in the cities of Hangzhou, Chongqing and Pingdingshan. My lecture was on "Clinical Trials: Changing the Treatment of Breast Cancer" and his was on "Chronic Kidney Diseases".

We were also honoured with a plaque designating us as Visiting Professors from McGill University at the University of Changzou. One of the highlights of this trip was placing bouquets of flowers and paying homage at the foot of the giant statue of Norman Bethune, a Canadian hero of the people of China at the First People's Hospital of Pingdingshan.

One fascinating aspect of Medicine in China that became clear was their adherence to Traditional Chinese Medicine (TCM).



It is reputedly included in the curriculum of all Medical Schools as one way to deal with chronic diseases.

This trip culminated with a visit to the huge metropolis of Shanghai, the business capital of China with a population of 23 million people! I was totally amazed by the dynamism of this city... the scope of the building boom in the past 30 years as witnessed by tall skyscrapers and hundreds of building cranes, the thousands of new apartments and condominiums, name brand international hotels, the numerous huge bustling marketplaces, the orderly yet immense glut of motor vehicles from all over the world on newly created well-maintained highways and roads where bicycle travel used to be the norm!

Yes, I could see firsthand the reason for the astounding progress that China has made in recent years to become the financial capital of the world. In my humble opinion, it seems to be based on a benevolent but dictatorial Communist Government led by capable, selected, not elected, well-educated leaders who have allowed a capitalistic society to develop and flourish in accordance with present global trends.

Following this hugely impressive journey to one of the oldest civilizations in the world, on our return trip we stopped over in Japan a totally different society and ancient culture to visit our family and friends and to pay homage at our ancestor's



► graves in Hiroshima. We have relatives as well as many friends in Tokyo, Yokohama, Osaka and Hiroshima so our two weeks there was a frantic scheduling of appointments to meet and enjoy time with as many people as possible. The most memorable and enjoyable event was the Class Reunion organized by my medical school classmates in Hiroshima. There are about 25 survivors of the 55 who graduated with me from the Hiroshima University School of Medicine in 1955, and thirteen of my octogenarian classmates with eight wives gathered one evening to honour my wife and me at a party with colourful reminiscences of days gone by and a delicious formal Japanese dinner.

Well, it felt good to be able to return home after a truly memorable month long trip! Life must go on and we are just travellers on a journey in which all things must eventually come to an end.

Since arriving at the Royal Victoria Hospital in 1961 as a surgical resident, I consider myself extremely fortunate to having achieved so many dreamed and undreamed of goals and to having experienced a truly remarkable life over the past many years as part of the marvellous McGill family here in Montreal! ♦

## Tie one on for McGill!

**The McGill Department of Surgery invites you to tie one on for the old school! The McGill red silk tie and scarf with CREST, SQUARE KNOT and FLEAM are available for purchase from the Alumni Office as follows:**

McGill Dept. of Surgery Alumni, Montreal General Hospital  
1650 Cedar Avenue, Room L9.420, Montreal (QC) H3G 1A4  
Telephone: 514 934-1934, ext. 42028 Fax: 514 934-8418



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**T**he McGill Department of Surgery is recognized nationally and internationally for its excellence in surgical education, research and innovation, and high quality patient care. Graduates of our surgical training programs in General Surgery, Cardiac Surgery, Orthopaedic Surgery, Urology, Plastic Surgery, Thoracic Surgery and Vascular Surgery have become our ambassadors around the world; many have risen to prominent leadership positions in their institutions.

As an alumnus of the McGill Department of Surgery, we hope that you look back on your time at McGill with appreciation for the training you received, with fondness on the friends that you made, and that you continue to be proud of your connection to McGill. Many of you have expressed the feeling that your professional relationship with the McGill Department of Surgery has enhanced your reputation with colleagues and patients.

We invite you to express your appreciation by supporting the academic mission of the Department of Surgery. Your help will ensure that McGill will continue to be at the forefront of patient care, education and research. Your support will help the Department to flourish and grow, and to prepare for the future.

Funds donated to the Department of Surgery will support research and teaching initiatives, provide resources for students, residents and fellows, and will enhance our ability to keep you informed about McGill Surgery through *The Square Knot*.

The future of The McGill Department of Surgery as a truly great department depends more than ever on gifts from private sources. We sincerely hope that you will become a McGill Department of Surgery supporter and, by doing so, help us to continue our tradition of leadership and extraordinary accomplishment.



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Should you prefer, your donation may be made by CHEQUE payable to **The Montreal General Hospital Foundation – McGill Department of Surgery Alumni Fund**, and sent to: Montreal General Hospital Foundation  
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On behalf of the Department of Surgery, I thank you for your support.

**Gerald M. Fried, MD**

*Edward W. Archibald Professor and Chairman, Department of Surgery, McGill University  
Surgeon-in-Chief, McGill University Health Centre*

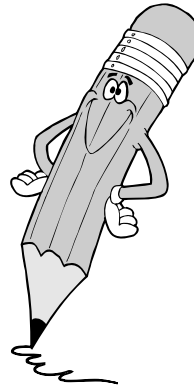
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