

# THE SQUARE

# KNOTS

## **A**NESTHESIA MCGILL - A FIVE YEAR OVERVIEW

The last five years as Chairman of the McGill Department of Anesthesia have been a personally rewarding and challenging experience. I acknowledge the contribution of many colleagues who have assisted in the realization of some of our achievements.

### Anesthesia McGill

By Franco Carli, M.D.

My efforts, during this tenure, have been focused on two major goals; namely, to consolidate the academic environment and to enhance the Department's credibility by aiming towards greater visibility. The goals remain constant in spite of massive budgetary cuts imposed along with the critical and continuing manpower shortage in anesthesia.



Dr. Franco Carli

#### RESEARCH

The research component remains unequivocally a priority of the Department's mission. Efforts continue to maintain and improve our high standards of excellence. This has been achieved despite the hardship imposed due to a 25% budget cut over a five-year period. Financial support for research activities has been made available, to a certain extent, through practice plans and with some help from the Research Institutes. It has been difficult for many researchers to secure adequate time as a result of the tremendous pressure to provide clinical service. The appointment ▶

(please see **Anesthesia**, pg. 5)

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DEPARTMENT OF SURGERY

NEWSLETTER

MCGILL UNIVERSITY

SUMMER 1999



**Dear Editor**

Greetings from Saudi Arabia. I am working in the Armed Forces Hospital, Dhahran, Saudi Arabia and enjoy reading the Square Knot and the latest news of McGill Surgical Division. The number of McGill made Surgeons in Saudi Arabia is expanding over the years.



## Letters to The Editor

I was deeply saddened to read that Dr. J.A.S. Wilson

passed away in December 1998. It was privileged to have been able to work with him during my time at McGill. Dr. Wilson was the first surgeon I scrubbed with at McGill when I joined the program in January 1989 (more than 10 years ago). Thank you and regards.

*Dr. Ibrahim Al Sheneber,  
Dhahran, Saudi Arabia*

**Dear Editor**

I wanted to let you know that thanks to information from the McGill alumni office, we were able to get the address and phone number of Gilberto Lopez and visit him in Spain last May 98.

Gilberto trained at McGill with us initially in General Surgery and then in Paediatric Surgery and then Paediatric Heart Surgery under Tony Dobell.

We did enjoy a nice visit with him in Malaga in the spring of last year but later heard that he died suddenly in September. I am sure all who know him would feel as heartbroken as I did. Perhaps you could pass this information on to Dr. Dobell if you get a chance.

*Dr. T.G. Watts,  
Trenton, Ontario*

**Dear Editor**

My copy of "The Square Knot" arrived the same day as this clipping from the Sunday

New York Times [Editor's note: "New Direction for Transplants Raises Hopes and Questions, New York Times, May 2, 1999. In this article Rollin's opinions are quoted.]

— "This is second only to cloning as an ethical issue," said Dr. Rollin K. Daniel of Newport Beach, Calif., who was part of a team that performed experimental hand transplants on baboons in the 1980's at McGill University in Montreal.

They certainly brought back memories of one of the most challenging and far reaching surgical research projects ever done - hand transplants in primates. The project was extraordinarily complex and demanded all the resources of the Royal Vic's Surgical Research program. Pat Egerszegi did an extraordinary job and well deserved her M.Sc. Degree in Experimental Surgery. Bob Dykes, Ph.D. proved the reinnervation of the transplanted hands with his single recordings. It should be remembered that these were not in-bred strains, but rather totally non-compatible donor/recipients very similar to the clinical cases which it predated by 15 years. I do not think that this project could have been done in a U.S. university.

Well, how is life and plastic surgery after leaving the University Tower? I must say that it has been extraordinarily FUN. The practice is basically aesthetic surgery, yet academic opportunities abound. Since leaving in 1987, I have written 4 books - 2 in Rhinoplasty and 2 on Endoscopic Plastic Surgery. The 30 hour work week and sunny Southern California climate has allowed me to get back down to a single digit golf handicap. I still get back to Canada, but now it is for snowboarding and the even more awesome heliboarding. Still having fun after all these years.

*Rollin Daniel,  
Newport Beach, California*

**Editor's Note:** Rollin and his wife Dr. Beatrice Tirkanitz sent a very generous cheque to us.

**Dear Editor**

Geoffrey Lehman recently sent me his copy of the Spring 1999 issue of The Square Knot. As an Alumnus of the Department of Surgery, I would appreciate being placed on the mailing list. Enclosed is a contribution of US\$ 100. To help offset the costs including mailing to the United States.

It was most enjoyable to read the names of Gavin Miller, D.D. Munro, Martin Entin and others who had been my teachers of surgery when I was a Member of the McGill Surgical Diploma Course in Montreal from July 1953 until June 1957. At that time I went to Boston for my final year 'away' which completed the prescribed five year course and qualified me for the Diploma of Surgery. In November 1957, I received the FRCS(C), having completed the required written and oral examinations. In May 1959, I received my M.Sc. From McGill after having received the Diploma of Surgery at an earlier Commencement in Montreal.

Reading in The Square Knot about Dr. Gavin Miller's Honorary Fellowship from the Royal College of Surgeons of England, immediately recalled to my mind the occasion more than 40 years ago when Dr. Isadore Rosenfeld (now Professor of Cardiology at Cornell Medical School in NYC) and I visited Dr. Miller in his residence on Sherbrooke Street. Dr. Miller proudly showed us the Diploma which he had recently received in England. He delighted in that award and we were duly impressed. Dr. Miller then told us - who were worrying about our own examinations for professional certification - that he had fortunately NEVER taken a final examination for his important surgical career certifications! (So he said, anyway ...)

Dr. Miller told us that he was excused from the Final Medical School Examinations at McGill because he had done so well and was ill with a serious bacterial infection contracted while

(please see **Letters**, pg. 21)



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## HE ROYAL COLLEGE IS COMING..... THE ROYAL COLLEGE IS COMING.....

From April 9<sup>th</sup> to 14<sup>th</sup> 2000, McGill will greet the New Millennium by receiving on-site accreditation visits of its Post-Graduate Training Programs by the Royal College, the Collège des médecins du Québec and the Canadian College of Family Practice. The Royal

## Editorial

By E.D. Monaghan, M.D.

College recognizes 67 (this includes recent recognition of Palliative Care Medicine) Specialties and the Quebec College has 34 plus Family Medicine. Currently, all of McGill's 57 programs are fully accredited including its ten Surgical ones – Cardiothoracic, General, Neurological, Orthopedic, OTL, Pediatric General, Plastic, Urological, Vascular and General Surgical Oncology. Planning for such visits is always very daunting. The Program Directors, Doctors **Ray C.-J. Chiu, Judith Trudel, Jean-Pierre Farmer, Michael Tanzer, Saul Frenkiel, Jean-Martin Laberge, Harvey Brown, Armen Aprikian, Oren Steinmetz and Sarkis Meterissian**, all have a very onerous task in preparing for these "report cards". Amongst other things, they must complete a very detailed *Pre-Survey Report* of about 60 pages. It is in this document that there must be demonstration that the weaknesses identified in the last visit 6 years ago have been corrected.

It is wise to be well prepared and to follow the dictates of the *General Standards of Accreditation* (Blue Book) of the Royal College.

First of all, the Program Training Committee must meet at least four times a year and not only must minutes be kept and shown to the visitors, but the Resident Representatives should be able to demonstrate that their concerns are being addressed. The visitors will inquire about Admissions to the Program, Promotions (including Appeal Process), Inter-hospital Seminars, Didactic Teaching and Career Counseling.

There must be up-to-date objectives, not only overall ones which follow the Royal College's Specific Goals but also those with respect to the knowledge, skills, and attitudes for each rotation. Why is a trainee sent for 3 months to do Vascular Surgery in a designated hospital? It is also most important that both the Faculty and Residents are aware of these objectives.

The Program must be such that maximum advantage is taken of learning opportunities. There must be a good balance between service requirements and education. Residents' responsibilities should increase according to their seniority.

The resources are paramount. Ambulatory Care is important, as is the amount of clinical material. There should be a sufficient number of dedicated Surgical Faculty. The Core Program for Surgery-in-General will be assessed as a complement to the Surgical Specialties. The Program Coordinator is **Dr. Ron Zelt**. Community Experience must be demonstrated. These days there is a particular emphasis on trainees involvement in endoscopy and minimal access surgery. It is gradually becoming apparent, however, that surgery for cancer of the Head and Neck including the major salivary glands, but excluding operations for thyroid and parathyroid is becoming more and more under the aegis of OTL. Also, hospitals must provide office-type spaces for the residents with reference books and computer access. The Academic and Scholarly Aspects of the Program (Standard B.V) will be delved into deeply. The Core Curriculum should include ATLS, Basic Sciences, and Communication Skills. In addition to various types of Rounds and Journal Clubs, there is great emphasis on the following courses:

- ◆ Biostatistics and Epidemiology
- ◆ Ethics
- ◆ Teaching Skills
- ◆ Management Skills
- ◆ Quality Improvement
- ◆ Research and Clinical Analysis
- ◆ Teamwork

There are usually Faculty courses in the above subjects, but it behooves a Specialty Program well that it has its own syllabus on such matters.

Evaluations of trainees must be both punctual and personal. There is no worse "happening" than for a trainee to be asking for his/her evaluation and to be told, 6 weeks after a rotation, to "go to my office and ask my secretary to give it to you from my desk for signing." A Program that is to receive APPROVAL should also have a mechanism for resident feedback ►



"It's got to come out, of course,  
but that doesn't address the deeper Problem."

— The New Yorker

► to the Program Director and to the Program Committee.

The most important part of any Accreditation Visit is the meeting with the Residents. Usually, this is done by the visitors in each participating hospital. The most common complaints of Surgical Residents are:

- ◆ Too much SCUT work
- ◆ Not enough teaching
- ◆ "I don't do enough surgery"

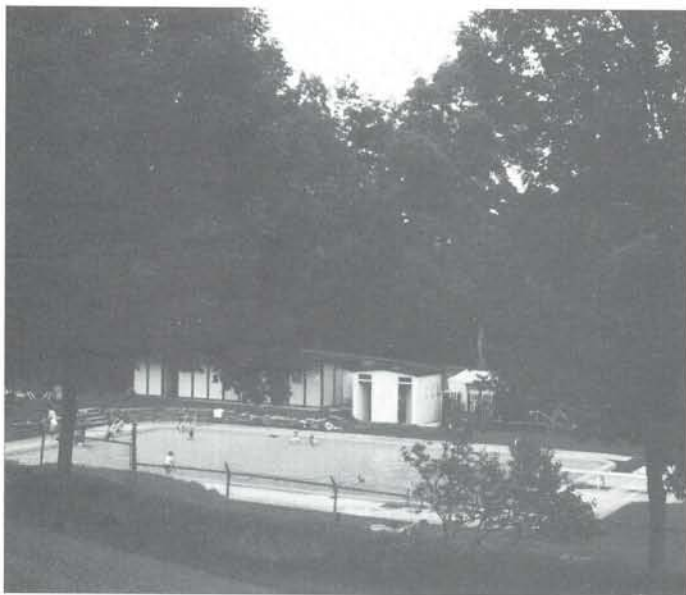
During this meeting, questions will also be asked about abuse, harassment and intimidation. There is zero tolerance for any of these. Reports of a Resident being scolded for calling a Staff Surgeon late at night will be looked upon with extreme disfavour.

Happily, in these days of major problems in the Health System, we have been able to maintain High Quality Training Programs in Surgery, but we must be able to demonstrate this to our inspectors next year. Hopefully, let us plan to manifest many more strengths than weaknesses. ◆

EDM

## Were You There?

RVH SWIMMING POOL - 1990



**Written on the back of a biker's  
windbreaker:**

"If you can read this, my wife fell off!"

## Upcoming Events

**Sept. 6, 1999**

Vascular Surgery Royal College Exams,  
Toronto

**Sept. 23-27, 1999**

Annual Meeting Royal College of Physicians & Surgeons  
of Canada & Canadian Association of General Surgeons,  
Montreal.

**Oct. 12-15, 1999**

16<sup>th</sup> International Conference International  
Society for Quality in Health Care, Crown Towers Hotel,  
Melbourne, Australia.

**Dec. 4-7, 1999**

8<sup>th</sup> International Meeting of Laparoendoscopic Surgeons,  
SLS Annual Meeting, Endo Expo '99,  
Sheraton New York Hotel and Towers, New York.

**April 9-14, 2000**

Accreditation of all Programs, McGill Royal College  
Canadian College of Family Practice - CMQ.



## MUHC Division of General Surgery

**Announces a Double Header  
Retirement Dinner for:**

**Dr. E. John Hinchey and Andy Hreno**

**Thursday, Sept. 23rd, 1999  
to coincide with The Royal College Meeting  
in Montreal**

Tickets: \$100.00 each  
Contact Dr. Roger Tabah, MGH (514) 932-4224  
or Carla (514) 937-6011 ext. 4337

► in September 1996 of Dr. Catherine Bushnell as the second Harold Griffith Chair in Anesthesia Research was meant to highlight the importance of basic science in our Department and to illustrate that it was necessary for our clinician scientists to integrate their research activities with basic sci-

## Anesthesia

(continued from pg. 1)

entists. This appointment was made possible with the collaboration of the Faculty of Dentistry and the Department of Physiology. Here we have an excellent example that high quality scientists, such as Dr. Bushnell, can be recruited if Departments work together. I feel very proud of this accomplishment. We have witnessed during the last two years the result of this healthy partnership. Our clinicians, particularly the neuroscience group, have established excellent collaboration with Dr Bushnell leading to important findings. The product of their interaction has resulted in peer-review funding. The appointment of a Director of Research was geared towards enhancing the research training at graduate and postgraduate levels. A strong internationally renowned Director was needed in the Department to prepare the future academic leaders in our discipline. With this in mind, during the celebration of the 50th Anniversary of McGill Anesthesia, the Department launched the Sir Gordon Robson Fellowship. This fellowship will fund the research training of a young anesthetist under the supervision of Dr. Bushnell.

The Department's research funding during the last five years has amounted to approximately \$2,500,000. We have secured peer-review funding from MRC, FRSQ, Canadian and American anesthesia societies and pharmaceutical companies. Unfortunately, MRC and FRSQ submissions have not met with as much success as hoped. Anesthesia has no committee at the MRC and FRSQ levels and, as such, anesthesia-based research might not be prioritized. Dr. Kresimir Krnjevic, Director of the Anesthesia Research Unit at the McIntyre, retired as of June 1, 1999. The Unit has been handed over to the Department of Anesthesia under the direction of Dr. Bushnell with Dr. Krnjevic remaining on site to continue his research projects.

### EDUCATION

#### *Undergraduate Medical Program*

As of February 1996, the link period was renamed "Introduction to Clinical Medicine" and the format changed so that second year medical students do a compulsory rotation at one of the McGill affiliated teaching hospitals. The teaching format is evolving as it is taking on an approach geared more towards perioperative medicine and pain management. The manpower shortage has made it extremely difficult for our staff to deal with the amount of time required to teach our undergraduates. We are looking at ways in which our senior residents may be able to take part in this educational aspect. We are en-

couraging students to consider doing electives in anesthesia since one of our prime goals at the undergraduate level is to expose our upcoming physicians early in their medical training and present anesthesia as a viable career choice.

We need to promote and act as mentors in the practice of anesthesia amongst medical students. Is it sufficient for a medical student to decide to enter such a complex specialty after only one-two week's exposure?

What is the understanding of anesthesia and what are the expectations of medical students with regard to the practice of the discipline? Are they concerned about the quality of life, the long hours, the stressful working conditions?

How do we stand here at McGill in attracting medical students to anesthesia? The results of a survey by CaRMS, presenting the percentage of 1998/99 graduates from Canadian medical schools choosing anesthesia as their first choice, showed that McGill did not fare well in comparison with other universities. McGill took 1.2% of graduates as compared with Toronto (3.1), Manitoba (5.9), Memorial (3.9). Saskatchewan had the highest percentage at 11.1 with only Ottawa trailing McGill at 1.1.

Our medical students are a precious resource. Herein lies one of our greatest hopes for the future of Anesthesia. We must take advantage of the opportunity to revamp the curriculum at a national level.

#### *Postgraduate Medical Program*

During the last four years, several initiatives have been set in motion to consolidate the residency program including:

- ◆ The establishment in September 1996 of the Deirdre M.M. Gillies Award for Excellence in the Teaching of Anesthesia. This is an annual award commending the finest clinical teacher as determined by nominations submitted by our residents.
- ◆ Many staff members have attended various seminars organized on Faculty Development to improve their teaching skills. Our Residency Program Director, Dr. Ruth Covert, obtained a Masters in Education at the University of Chicago in 1994 and Dr. Jane Henderson, our previous Director, completed the Teaching Scholar Diploma at McGill in 1998.
- ◆ A Chief Resident position has been created recently to enhance communication between residents across the hospital departments and the Postgraduate Director.
- ◆ Residents have been encouraged and assisted financially to attend provincial and national society meetings and refresher courses. Assistance provided by the pharmaceutical industry has been centralized to ensure that the support provided is spread throughout the program.



- ▶ ◆ A rural rotation is available at the Centre Hospitalier de l'Outaouais at Hull.
- ◆ A teaching evaluation form was instituted to assess teaching performance by staff either in the operating room setting or during formal lectures.
- ◆ Career planning for residents has been a constant issue as we make every effort to improve our services to the residents. I met with each of the R4s and R5s to discuss their plans and assist where possible. As Chairman, I raised the issue of a "mentor" as a useful method of guiding residents through their training and career.

#### **Teaching within other specialties**

Several residents from Family Medicine, Emergency, Critical Care, and Dentistry join our Department for an elective period. Although this is an opportunity for our Department to pass on specific skills related to anesthesia to our colleagues, the rotations are not structured with specific objectives. At times operating rooms are limited which presents difficulties to satisfy our residents' requirements from other specialties.

Over the last three years, to alleviate some of these problems and as part of our need to be more visible within the Faculty of Medicine, we have initiated specific hands-on courses; namely, Airway management courses for general practitioners, Airway management for the critical care physician and a Pain management course for the primary care physician. These initiatives have been well received and we hope to expand other topics to other specialties. Preliminary contacts have already been made with program directors of other specialties to structure anesthetic teaching in a more formal and constructive manner.

#### **Annual McGill Anesthesia Update**

This course, in its 41st year, is one of the oldest in North America attracting fifty percent of the attendees from the United States. The name of the course changed this year to "The McGill Anesthesia Update" from the "McGill Anesthesia Review Course." To our advantage is the fact that this course is the only comprehensive one being offered in Canada and it will be recognized as part of the certification program to be established by the Royal College in the new millennium.

#### **MCGILL PAIN CENTRE INITIATIVE**

The McGill Pain Centre, under the direction of Dr. Anneli Vainio, is a truly multidisciplinary effort (anesthesia, neurology, neurosurgery, psychology, oncology, surgery, palliative care, nursing, physiotherapy, occupational therapy, physiology, dentistry, CLSC) unique in Canada. The enthusiastic support of a donor has allowed the Centre to expand with staff and research graduates. There is a need to recruit more clinicians to treat patients as the number of referrals has increased.

#### **ENDOWED CHAIR IN PEDIATRIC ANESTHESIA**

In December 1998, we launched an appeal for an Endowed Chair in Pediatric Anesthesia at McGill. The idea to establish a Chair originated from the realization that Canada lacks the availability of training in this area. Also, there are no Chairs in Pediatric Anesthesia in Canada. We have a wonderful legacy at McGill left by our leaders, Drs. Wesley Bourne and Harold Griffith. At present, there is a strong academic milieu in the Department of Anesthesia at the Montreal Children's Hospital but it needs to be cultivated. A Chair would help strengthen the long tradition of excellence in Pediatric Anesthesia at the Children's. Research in pediatric anesthesia must be regarded as a priority. Pediatric anesthesia training must be consolidated and, together with research, complement the strong existing clinical base.

#### **MANPOWER**

The wealth of an academic Department lies in the aspirations of its members. Although recruiting staff with an academic orientation remains a priority, it became clear that major restrictions imposed upon us by the Collège des médecins, the FMSQ and the Ministry of Health, resulted in the need to appoint more clinically oriented anesthesiologists. Nevertheless, we have been able to recruit a few individuals with outstanding academic achievements. Unfortunately, during the last five years, we lost several Faculty members, therefore creating gaps in clinical and research divisions. We have seen seven leave for the United States, two retirements, two early retirements (at age 50), two leaving for other provinces and three moving to other Montreal hospitals. We have been able to retain four residents at the completion of their residency and fellowship. Recruiting from other parts of Canada is very difficult to achieve indeed for several reasons amongst which the requirement to do the specialty exams and the remuneration penalty imposed on new recruits. Americans who wish to work here are very few. Graduates from the francophone universities in Quebec are not attracted to McGill. Therefore, we have begun to look outside Quebec and Canada. Unfortunately the "professeur sélectionné" program was suspended by the government in 1995 making it difficult to bring in the province outstanding candidates from abroad. It was reintroduced in June 1997 and we are in the process of recruiting five outstanding candidates from abroad. Of course, when recruitment is so difficult more pressure is put on those who are here with us. This implies that retention of our academic staff is placed in jeopardy.

#### **CHALLENGES AND VISION FOR THE FUTURE**

One of the most important challenges facing the Department of Anesthesia in the immediate future is recruitment and retention; how to retain the most contributing staff ▶

► and proceed to recruit high calibre anesthesiologists. We must present our Department and our specialty to the medical students and residents whether Canadian or Quebecers highlighting the fact that we work in an environment conducive to academic achievement and faculty development. We have a rich legacy established by our predecessors and it is our duty to continue in their footsteps. Although we have been proactive in

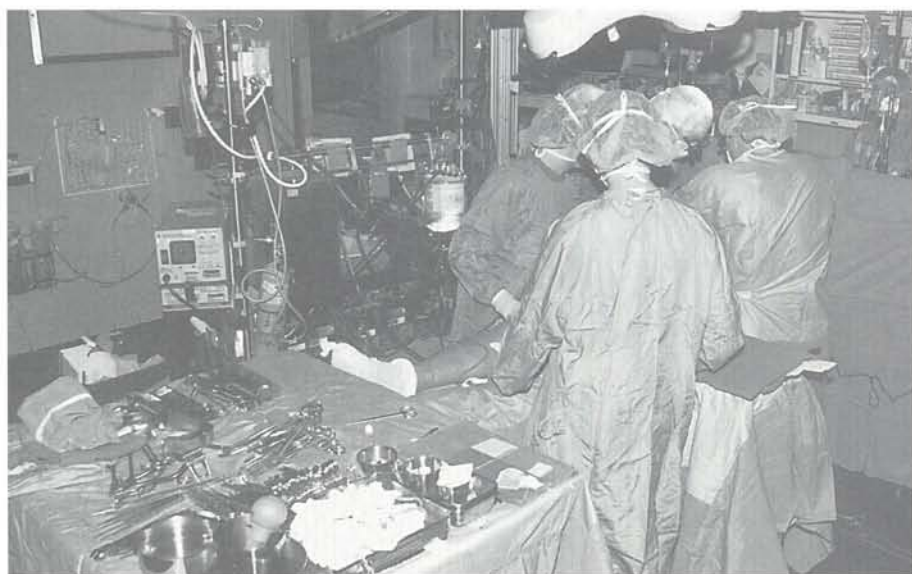
sensitizing our surgical and medical colleagues as to the important of anesthesia in the life of a hospital, we need to be more visible at all levels. It is my strong opinion that we are well equipped and probably more so than any other university in Canada to prepare the future academic leaders in this country. ♦

## McGill Division of Vascular Surgery



*Lt. to Rt.: Sonia Gay RVT, France Singher RVT, Dr. P. Blundell, Julie Dumaine RVT, Dr. R.T. Lewis, Margaret Lacoste RVT, Dr. O.K. Steinmetz, Desiree Saubolle.*

## Were You There? 1996



*Operating Theatre No. 10, Royal Victoria Hospital.*

## Chairman's Message

—By Jonathan L. Meakins, M.D., D.Sc., F.R.C.S.C., F.A.C.S.

In 1979, Professor Donald R. Wilson brought the University of Toronto's Department of Surgery to McGill as part of a sequence of visits he made to major Departments of Surgery in North America. His purpose was to determine what the cultural values and the

### McGill Visits University of Toronto



Dr. Jonathan L. Meakins

sources of strength of these institutions were and how they contributed to their success. I remember the visit well, as at that time as a young member of our Department, I met with the Senior Members of the Department, but more importantly, I also met the young turks who became the core of the leadership over subsequent years.

Twenty years later on June 17th and 18th, in response to our request to visit Toronto, the Department of Surgery at the U of T and the University Health Network hosted a two day visit by 25 members of the McGill Department of Surgery. The U of T and the Toronto system is larger and more complex than

our Department, and over time they have developed significant structures and modified their culture such that they have become one of the major Departments of Surgery in North America and the world. We felt we had much to learn from the way in which the University and Hospital Departments function and indeed that turned out to be the case. During the two days of our visit, incorporating a 350 page document, the University of Toronto led us through their present structures and organization and how they were created. Already we have imported the Surgeon Scientist Program which is the

core of their recruiting strategy. In addition, the Division of Surgical Education with its surgical skills lab, evaluation of students and faculty are in the process of being imported. Other important aspects of recruitment and retention are of note. On the hospital side, we saw precise and fast decision making, defined principles and values which permit the establishment of priorities and resource allocations in a transparent manner. In the fall issue, more details of this two-day program will be provided with documentation and description of the short-term results and the long-term planning strategies which will evolve from this stimulating visit.

The Department of Surgery would like to thank the University of Toronto and the University Health Network for their enormous hospitality and in particular, Alan Hudson, CEO; John Wedge, Chairman of the Department; Bryce Taylor, Head of the Surgical Directorate; and Paul Walker, Vice President of the Toronto General Hospital. ♦



### News From St. Mary's

#### ORTHOPEDIC SURGEONS OPEN NEW FACILITY

Since April 1999, when in-house outpatient clinic facilities terminated, the seven surgeons from the St. Mary's Hospital Orthopedic Division (**Drs. Jack Sutton, Jim Sullivan, Larry Coughlin, Paul Stevenson, Ron Dimentberg, Larry Lincoln and Joyce Johansson**) have attended to clinic and private patients at 5300 Cote des Neiges, an office building owned by the Hospital Foundation which renovations have brought up to state-of-the-art proportions. Facilities include a computerized link-up with the hospital emergency, physiotherapy and orthotic services, as well as a walk-in X-ray laboratory. As an added attraction, an agreeable coffee aroma from STARBUCK'S on the ground floor pervades the premises. ♦

J.M. Sullivan, M.D.



## Were You There?

ROSS II PATIENTS' LOUNGE - 1988



## Welcome Aboard



### Renzo Cecere

On July 1, 1999, Dr. Renzo Cecere joined the Division of Cardiothoracic Surgery at McGill and the MUHC. Dr. Cecere is a graduate of McGill (M.D. 1990). He completed his residency training in General Surgery and Cardiothoracic Surgery at McGill in 1997, and followed this up with one year at Loma Linda Medical Center in pediatric and adult heart transplantation, mechanical circulatory support systems and the management of heart failure patients. He returns to us after an additional year at Stanford under Dr. Bruce Reitz as a cardiopulmonary transplant fellow in heart, heart-lung and lung transplantation. Dr. Cecere will be based at the Royal Victoria Hospital where he will collaborate with cardiologist Dr. Nadia Giannetti in the development of an end-stage heart disease program.

### John Yee

We are pleased to welcome Dr. John Yee who on July 1, 1999 joined the Division of Cardiothoracic Surgery at McGill and the Jewish General Hospital, with cross-appointments at the MUHC. Dr. Yee is a graduate of McGill (M.D. 1988) where he also did his training in General Surgery. He did his residency in Thoracic Surgery with Dr. Mark Orringer at the University of Michigan at Ann Arbor, followed by a fellowship in Thoracic Surgery with Dr. Richard Finley at UBC. Having passed his Royal College exams in both cardiac and thoracic surgery, Dr. Yee will concentrate on general thoracic surgery and participate in esophageal clinics with Drs. Gerry Fried and Serge Mayrand at the Montreal General Hospital. We are optimistic that the recruitment of Dr. Yee marks the beginning of a well-defined Division of Thoracic Surgery at McGill. ♦

## McGill Core Surgery Residency Training Program

July 1, 1999 through June 30, 2000

R 1		R 2		Anesthesia	Diagnostic Radiology	Non-McGill
01. Al-Assiri, Mana	(Uro)	01. Abu-Rezq, Hisham	(PI)	01. Hickey, Chantale	01. Chatha, Deep	01. El-Haddad, Jacques
02. Al-Sabti, Hilal	(Ortho)	02. Al-Hendal, Adnan	(GS)	02. Melancon, Karine	02. Park, Roy	
03. Al-Sayegh, Fayez	(Ortho)	03. Al-Khaldi, Abdulaziz	(CT)		03. Rouleau, Jean-Francois	
04. Al-Taqi, Majeed	(PI)	04. Al-Taweel, Waleed	(Uro)		04. Taylor, Jana	
05. Al-Wahabi, Khalifa	(GS)	05. Bitira, Bindu	(CT)			
06. Belanger, Anais	(GS)	06. Chaudhury, Prosanto	(GS)			
07. Farragos, Anthony	(Ortho)	07. Draxinger, Kevin	(Ortho)	Dermatology	Emergency Medicine	OBS/GYN
08. Fong, Brian	(Uro)	08. Faizer, Rumi	(GS)	01. Al-Khayyat, Hana	01. Gaumont, Francois	01. Al-Faraj, Malikah
09. Fraser, Shannon	(GS)	09. Hagarty, Sarah (till Dec 19/99)	(GS)	02. Al-Sulaili, Nourah	02. Gosselin, Sophie	02. Mechaalani, Nassif
10. Hagr, Abdulrahman	(ENT)	10. Hall, Jeff	(NS)	03. Hakim, Miriam	03. Issley, Steven	
11. Hamilton, Sarah	(Ortho)	11. Homoud, Mohammed	(NS)	04. Wong, Emily	04. Turner, Joel	
12. Khwaja, Kosar	(GS)	12. Irshad, Kashif	(GS)			
13. Latella, Jennifer	(GS)	13. Iyer, Vikram	(NS)			
14. MacDonald, Derek	(CT)	14. Kamal, Dhafar	(GS)		Nuclear Medicine	Oral Maxillofacial Surg
15. McGill, Sandra	(PI)	15. Kassouf, Wassim	(Uro)		01. Al-Kahtani, Abdul	01. Iera, Deborah
16. Nageeb, Mohamed	(GS)	16. Koumanis, Jim (till Sep 26/99)	(GS)			
17. Nehme, John	(Uro)	17. Moola, Farhad	(Ortho)			
18. Nguyen, Ha-Nam	(ENT)	18. Morissette, Annie (till Oct 18/99)	(Ortho)			
19. Sabbagh, Abdulrahman	(NS)	19. Nahhas, Mohammed	(Ortho)			
20. Schipper, Mitchell	(GS)	20. Ordas, Nina	(GS)			
21. Spiess, Philippe	(Uro)	21. Otaky, Naim	(GS)			
22. Squarey, Kyna Jocelyn	(NS)	22. Pickle, Andrew	(GS)			
23. Stoffman, Michael	(NS)	23. Poirier, Madeleine	(GS)			
24. Theodoropoulos, John	(Ortho)	24. Roger, Eric	(NS)			
25. Zakhary, Kristina	(GS)	25. Sen, Milan	(Ortho)			
26. Zerey, Marc	(GS)	26. Steinberg, Jordan	(Uro)			
		27. Ukani, Hanif	(PI)			
		28. Volesky, Monika	(Ortho)			
		29. Wan, Calvin	(GS)			

## McGill General Surgery Residency Training Program

July 1, 1999 through June 30, 2000

R 3	R 4	R 5
01. Al-Jabri, Badr	01. Chattopadhyay, Runi (from Sept 27/99)	01. Al-Qahtani, Aayed
02. Andtbacka, Robert	02. Hayati, Hussein	02. Behzadi, Abdollah
03. Bratu, Ioana	03. Huang, Felicia	03. Chen, Margaret
04. Bui, Paul	04. Linjawi, Ayman (till Sep 26/99)	04. Fridell, Jonathan
05. Chattopadhyay, Runi (till Sept 26/99)	05. Mathew, Jane	05. Jaber, Tariq (till Dec 19/99)
06. Charlebois, Patrick	06. Nikolis, Andreas	06. Kay, Sandra
07. DiCarlo, Antonio	07. Pascual, Jose (from Oct 24/99)	07. Keyser, Eric
08. Ferri, Lorenzo	08. Robinson, Patrick	08. Labelle, Eric
09. Hagarty, Sarah (from Dec 20/99)	09. Seely, Andrew	09. Linjawi, Ayman (from Sept 27/99)
10. Khan, Atif	10. Tan, Michael (from Mar 13/00)	10. Pires, Jose
11. Koumanis, Jim (from Sept 27/99)		11. Ramawamy, Archana
12. Medeiros, Lori		12. Ross, Alison
13. Morin, Nancy		13. Swartz, Dan
14. Pascual, Jose (till Oct 24/99)		
15. Tan, Michael (till Mar 12/00)		

**McGill Orthopedic Surgery Residency Training Program**  
July 1, 1999 through June 30, 2000

R 3	R 4	R 5
01. Al-Jassir, Fawzi	01. Bessette, Benoit	01. Al-Mutairi, Hussein
02. Al-Obaid, Abdulrazzaq	02. Burnett, Stephen	02. Borkowski, John
03. Ehrensperger, Eric	03. Downer, Phil (till Dec 19/99)	03. Downer, Phil (from Dec 20/99)
04. Kantor, Stephen	04. Dickey, Ian	04. Elder, Graham
05. Macelar, Dragos (till May 2/00)	05. Macelar, Dragos (from May 3/00)	
06. Morissette, Annie (from Oct 19/99)		
07. Steinitz, Dan		
Fellow - R 6	Non-McGill	
01. Baslaim, Abdullah	01. Amiot, Louis-Philippe	
	02. Hirahara, Alan	
	03. Lavigne, Martin	
	04. Lemoine, Joseph	
	05. Leroux, Michel	
	06. Long, Ray	
	07. Malo, Michel	
	08. Morelli, Moreno	
	09. Toueg, Jacques	
	10. Tetrault, Patrice	

**McGill Cardiothoracic, Plastic, Urology, Vascular Surgery Residency Training Program**  
July 1, 1999 through June 30, 2000

Cardiothoracic	Plastic Surgery	Urology	Vascular Fellow
R 3	R 3	R 3	
01. Chedwary, Edgar	01. Fitzpatrick, Donald	01. Cohen, Danny	01. Morrison, Laurie
	02. Jamjoom, Hytham	02. Lo, Kirk	
	03. Parker, Wendy	03. Rabah, Danny	
		04. Stephenson, Andrew	
R 4	R 4	R 4	
01. Chughtai, Talat	01. Hussain, Ali	01. Al-Said, Nassar	
02. Korkola, Stephen	02. Edwards, Paul	02. Jacobson, Avi	
	03. Hallak, Antoine	03. Savoie, Marc	
		04. Steinberg, Andrew	
R 5	R 5	R 5	
01. Chu, Victor	01. Khiabani, Kayvan	01. Al-Othman, Khalid	
02. Roy, Nathalie	02. Panthaki, Zubin	02. Lapierre, Sylvain	
	03. Pusic, Andrea	03. Rosenstein, Dan	
		04. Wong, Carson	
R 6			
01. Dorfman, Julia			
02. Pelletier, Marc			

# The Chief Residents

ACADEMIC YEAR 1999-2000

## DIVISION OF CARDIAC SURGERY



**Dr. Julia Dorfman** was born in Moscow and emigrated to Canada when she was eight years old. She graduated from McGill University Faculty of Medicine in 1994, and entered the McGill Core Surgery Program for two years. Julia was then accepted in the Cardiac Surgery Residency Program and did a research year in Dr. Chiu's laboratory, developing techniques to implant myoblasts into the heart to regenerate damaged cardiac muscle. She received a citation at the prestigious Walton Lillehei Resident Research Forum, and presented her work at the American Association of Thoracic Surgery meeting in 1998. She is dedicated to pursuing a career in adult cardiac surgery.



**Dr. Marc Pelletier** was born in New Brunswick, and graduated from Dalhousie University in 1994. He first enrolled in the Core Surgery Program in General Surgery and was then accepted into the Cardiac Surgery Residency Program. Marc did a year of research in Dr. Chiu's laboratory on the physiological mechanisms of transmyocardial revascularization, which eventually earned him the prestigious Resident Research Award from the North American Thoracic Surgery Directors Association in 1998. He is married to Missy and they are the proud parents of a son, William, who is now ten months old.

## DIVISION OF UROLOGY

**Dr. Khalid Al-Othman** graduated from the King Abdulaziz University in Jeddah, Saudi Arabia. He entered the McGill Urology Residency Program in 1995. Khalid is married with one child and enjoys swimming. After his residency, he plans to do a fellowship in endourology.



**Dr. Dan Rosenstein** is a native of Montreal West. He has studied at McGill for 11 years, including his undergraduate degree in Anatomy, and graduated from McGill Medicine in 1995. During his residency, Dan was involved with several clinical research projects in the areas of andrology and pediatric urology. After completing his chief year, he hopes to pursue further training in the field of reconstructive urology. Outside of work, Dan enjoys playing guitar and travels widely in his free time.

**Dr. Carson Wong** hails from Manitoba. Carson completed his undergraduate studies at Queen's University and the University of Western Ontario. Upon completion of his residency training, he looks toward fellowship training in endourology.

## DIVISION OF PLASTIC SURGERY



**Dr. Kayvan Khiabani** is a 1993 graduate of McGill's Faculty of Medicine. He has had a distinguished post-graduate career especially performing with distinction basic science research in re-perfusion injury. He has successfully completed the Master of Science program in Experimental Surgery, and will be the first McGill graduate of the recently established Clinical Investigator Program. The fact that he sits on the CIP Steering Committee had no bearing on his success. Kayvan recently married Katy who is a very busy dentist. His future will include a Hand and Micro Fellowship, followed by an academic career in Plastic Surgery.



**Dr. Zubin Panthaki** graduated from McGill's Faculty of Medicine in 1995. He also has pursued a research oriented post-graduate career with a strong emphasis on clinical research starting as a medical student, investigating steroid effects on edema control post-trauma or surgery. During his residency, he has continued that work and also a second clinical research project involving delineation of the transverse cervical artery for use in microvascular head and neck reconstruction. Zubin will start a Hand and Micro Fellowship in California in July 2000. He remains the most senior eligible bachelor in the Plastic Surgery Program; however, his extra-curricular activities involving the ministry and his religion? do not leave a lot of time for socialization. Perhaps in San Francisco ??

**Dr. Andrea Pusic** graduated from the University of Calgary in 1990 and was one of the last students allowed to complete a rotating internship which she did in Ottawa. She then did two years of Core Surgery at Dalhousie, and went on to spend two years successfully obtaining her Master of Science in Epidemiology from Johns Hopkins School of Public Health. She came to McGill last year after doing a third year of General Surgery at Dalhousie. Andrea hopes to pursue a career path with heavy emphasis on Paediatrics and/or breast reconstruction, but it will be a family decision since her husband Martin is pursuing an academic career in Paediatric Emergency Medicine. Their son Michael is too young to have a loud voice in the family deliberations.

## DIVISION OF PEDIATRIC GENERAL SURGERY



**Dr. Sherif Emil** was selected through the Pediatric Surgery Specialty Match and will be joining the Pediatric General Surgery Division for a two-year fellowship beginning July 1999. Dr. Emil is an American citizen and comes to us from Loma Linda University, California. He stud-

► ied Medicine at McGill and graduated in 1991.

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



**Dr. Dawn Anderson** has been in practice for approximately four years since completing her surgical education at the University of British Columbia in 1994. She has had a number of publications in the field of laparoscopic surgery including laparoscopic gastrointestinal anastomoses published in the Canadian Journal of Surgery as well as a paper on laparoscopic cholecystectomy. She is very keen on a career in surgical oncology and we are looking forward to having her for the next two years.

#### **DIVISION OF ORTHOPEDIC SURGERY**

**Hussain Al-Mutairi** was born in Kuwait. He graduated from Kuwait Medical College, Kuwait University in 1993. Hussain worked at the Farwania Hospital and was then accepted into McGill Orthopaedic Program, 1995. He is married with two children.

**John Borkowski** is from Winnipeg, Manitoba. He entered medical school as a mature student after several years of construction work. John ventured to Calgary, Alberta for medical school and fine tuning red neck roots. He will be going to Seattle, Washington next year for a spine fellowship. His hobbies include hockey, scuba diving, golf, mountain biking, and, lastly, French lessons implemented by girlfriend.

**Phil Downer** was born in Portes Aux Basques, Newfoundland. He spent the first 16 years of his life in Newfoundland acquiring several basic life skills. Phil did his undergrad at Queens in Kingston, Ontario and enjoyed 4 years at medical school at Memorial University, Newfoundland, reaffirming Maritime roots. He joined the McGill Orthopedic Residency Program and spent one year 97-98 completing a Masters Degree in Science in the Surgical Scientist Program. His future professional plans include to study hip surgery in Europe during the year 2001 and to complete further training in revision arthroplasty. Activities outside the hospital include sailing, rock climbing and downhill skiing.

**Graham Elder** is married to Andrea Reibmayr and they have a daughter, Emily, born in December 1997. He lives in St. Sauveur and is spending a lot of time doing house renovations. He also has two dogs, Indiana and Honey (pseudo-black Labs). Hobbies: see above.



#### **DIVISION OF GENERAL SURGERY**

**Aayed Alqahtani** graduated from King Saud University College of Medicine in Riyadh with honors. He started his residency training at McGill in 1995. Aayed did 6

months of clinical research with pediatric surgery at McGill and wrote two papers both accepted for presentation and one of them won the Colorectal Research Award at McGill with Dr. Gordon. With his wife, Jamilah, they have three children, Yara, Sultan and Noran. His hobbies include volleyball, skiing, rafting and computer works especially the Internet ([www.asir.net/qahtani](http://www.asir.net/qahtani)) along with multimedia presentation. He will continue his training in Pediatric Surgery, then go back to Riyadh as an Assistant Professor at King Saud University, College of Medicine.

**Abdullah Behzadi** was born in Tehran and was accepted to the McGill pre-Med program 1989. He was a university scholar 1989-90. He received his MDCM in 1995. His hobbies include international politics and sports.



**Margaret Chen** graduated from the University of Toronto in 1995. She is a talented musician who enjoys classical and contemporary music.



**Jonathan Fridell** was born and raised in Montreal. He graduated in Medicine from McGill University, following which he began his residency training in General Surgery. He is currently completing his Master's Degree in Experimental Surgery based on two years of research in the field of xenotransplantation. He will be

going to the University of Pittsburgh in the summer of 2000 to pursue fellowship training in abdominal transplantation. He is married to Jennifer Schwartz, an internal medicine resident at the Jewish General Hospital



**Tariq Jaber** graduated from King Saud University in Saudia Arabia in 1989. He joined the McGill University Surgery Program in 1995. He is married to a dentist and they one daughter.



**Sandra Kay** is a native Montrealer. She entered the McGill General Surgery Program after one year of pediatrics. She will be embarking on a pediatric surgery fellowship at the MCH in July 2000. Her hobbies include ice hockey, scuba diving, handicrafts, and drawing. Passion for travel. Sandra will be married in August.

**Eric Keyser** is currently in the last year of the General Surgery Training Program. Eric received the Best Clinical Re- ►



► search Award, Department of Surgery. His career goal is in the field of Cardiothoracic Surgery. His hobbies include snowboarding and scuba diving.

**Eric Labelle** was born in Kapuskasing, Ontario. He is a graduate of the University of Ottawa and joined the McGill General Surgery Program in 1995. He enjoys hockey (goaltender), skiing, golf, windsurfing, as well as music.



**Ayman Hasan Linjawi** is married with one son. Ayman graduated from King Abdulaziz University, Jeddah, Saudi Arabia. He has a Master's degree in Apoptotic genes. He has an interest in oncology and colorectal surgery as well as genetic research. His future plan is to work as an oncology surgeon and to continue genetic research as academic staff in King Abdulaziz University. Ayman's hobbies are swimming, chess, and soccer.



**Jose Pires** was born in Lourenço Marques, Mozambique. He spent a joyful childhood frolicking the beaches and preparing for rock climbing expeditions. He has lived in England, Western Europe, Vancouver, and Turkey. After a two-year sojourn at a South African boarding school, Jose returned to Vancouver. In 1986, just in time to miss the Vancouver Expo, he moved to Montreal where he finally settled down. Alas, the travel bug was abated. Jose graduated from McGill Medicine 1995. He speaks seven languages. Jose hopes to combine love of travel with medicine perhaps through Les Médecins sans Frontiers.



**Archana Ramaswamy** is a native Montrealer. She did her undergraduate degree at McGill University. She was a faculty scholar and made the Dean's honor list two years in a row. Her hobbies include classical music and Indian classical dance.

**Alison Ross** was born in Toronto and raised in Vancouver. Following receipt of BA/BPHE degrees from Queen's University, she attended UBC Medical and graduated in 1994. She successfully completed the Family Medicine Program at UBC (Victoria site), during which time developed an interest in General Surgery. After deciding to pursue a career in general surgery, she joined the McGill training program in 1997. Alison's fellowship interest is in the area of endocrine oncology. Her hobbies include roller blading, mountain biking and water skiing.

**Daniel Swartz** was born and raised in the wilds of Northern California. He is a graduate of the University of California of Santa Barbara, Biological Sciences. He spent a year studying oceanography at the University Aix-Marseilles, France, and two years doing research at Harvard Medical School in Biomechanics before entering McGill Medical School. Hobbies include scuba diving, skiing, travelling, ice hockey. He completed the Surgical Scientist Program and received a Masters of Science in Experimental Surgery. Dan was the recipient of the 1997 Bayer Fellowship Award in Surgical Infection Research. His aspirations are an academic career specializing in minimally invasive surgery and critical care. ♦

## Thank You Very Much To Our Contributors

Following the solicitation letter from Dr. Joe Meakins and the undersigned in our last "Square Knot", we have received over \$10,000.00. We are sincerely grateful to our Surgical Alumni and Friends who help keep us in business.

The following colleagues donated \$100.00 or more. ►

Dr. Ibrahim F. Al-Shenebr  
Dr. Jeffrey Barkun  
Dr. N. Belliveau  
Dr. Arie Benchetrit  
Dr. Harvey Brown  
Dr. W.B. Callaghan  
Dr. David A. Cherry  
Dr. Francis Coughlin  
Dr. Richard L. Cruess  
Dr. Rollin Daniel  
Dr. K.S. Dhillon  
Dr. John H. Duff  
Dr. L. Duranceau  
Dr. Annie Fecteau  
Dr. Eric D. Foster  
Dr. Jacob Garzon  
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Dr. Andrew B. Hill

Dr. Harry S. Himel  
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Dr. Reza-John Mehran  
Dr. Isabelle Morency  
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Dr. Richard O'Connor  
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Dr. Roger Short  
Dr. Joseph Stratford  
Dr. Alan Turnbull  
Dr. Wallace Watson  
Dr. Patrick & Margaret Wherry  
Dr. J. Derek Wyant



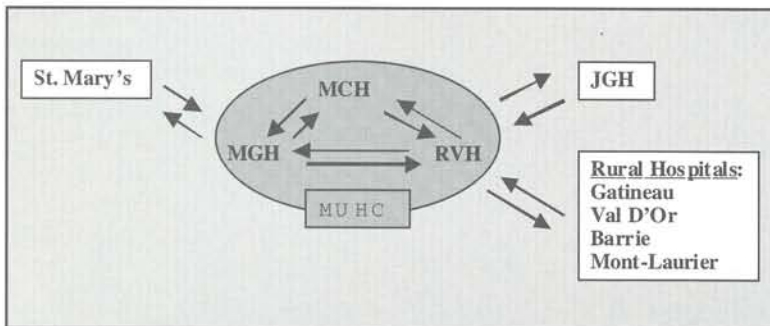
# S

## STRATEGIC PLAN FOR THE DIVISION OF GENERAL SURGERY McGill UNIVERSITY AND THE MUHC

### Strategic Plan

By N.V. Christou, M.D., Ph.D.

The division of general surgery is the largest division within the department of surgery at McGill University. Up to now the surgeon-in-chief at either the MGH or RVH was the "caretaker" of this division. With the creation of the MUHC and single leadership at the department and the division level, the division of general surgery will undergo significant changes. The division of general surgery needs a physical identity with dedicated office space and administrative staff, as well as the financial resources to fulfill its mission. Strategic planning will focus on academic activities at the university level encompassing all resources as outlined in the figure below, as well as academic and clinical activities within the MUHC.



My vision is to promote seven programs and three "Resource Centers" of excellence. My approach will be "Integration with Consultation, Collaboration, Co-operation" balancing the need to reach decisions by the ICCC approach vs. making a decision and achieve the division's mandate of Patient Care, Teaching and Research.

Programs	Resource Centers
① Bariatric Surgery	① Videoendoscopic Surgery/ Minimally Invasive Surgery Center
② Head-Neck-Foregut	② Surgical Oncology Center
③ Hepatico-pancreaticobiliary diseases	③ Center for Treatment of Breast Diseases
④ IBD-Colorectal diseases	
⑤ Pediatric Surgical diseases	
⑥ Solid Organ Transplantation	
⑦ Trauma-ICU	

The structure of the Programs and the Resource Centers is shown in appendix 1. Surgeons who do not wish to participate in any of these programs will be able to practice the art of general surgery until completion of their careers at which point they will be replaced by more "differentiated" staff as needed.

### TEACHING

#### ① Combined "Surgical Grand Rounds"

- ◆ Abolish "Grand Rounds" at the individual teaching hospitals in favor of McGill wide combined SURGICAL GRAND ROUNDS.
- ◆ Held on Thursday mornings 7:45 am at the Osler amphitheater MGH.
- ◆ MUST be multidisciplinary - GI, Pathology, Radiology, Anesthesia.
- ◆ Provide adequate resources to achieve mandate
- ◆ Use electronic media for presentations to reduce paper trail and keep permanent record for on-going teaching "after-hours" in the resident teaching rooms.
- ◆ Use thematic approach to select speakers for Grand Rounds. By integrating we can focus on quality rather than quantity. Aim for a minimum of one out of MUHC (or town) speaker per month.
- ◆ Co-ordinate this with LD MacLean, General Surgery, H. Rocke Robertson, Fraser Gurd days.

#### ② Quality Assurance Rounds (M&M rounds)

- ◆ Use quality indicators to "trigger" data collection for completeness and to fulfil Accreditation requirements, BUT, leave interesting case selection to discretion of staff/residents
- ◆ invite specialists to M&M rounds for in depth discussions
- ◆ Use dedicated staff/administrative resident combination for responsibility of preparation with 2 week lead time so as to have all pertinent data
- ◆ Provide adequate resources to achieve mandate

#### ③ Undergraduate

##### Clinical Clerks:

- ◆ Clear outline of objectives on a service and/or rotation by providing handouts and an electronic format (Web page)
- ◆ Encourage participation in OR
- ◆ Weekly meeting with chief resident/service chief to evaluate progress

##### Whole Class Teaching:

- ◆ Key lectures by high profile general surgery staff to whole class on interesting surgical topics
- ◆ Intended to provide role models and stimulate interest in surgery.

#### ④ Junior Residents (R1/R2)

- ◆ Defined objectives and expectations of knowledge levels by end of each year

- ▶
  - ♦ Defined surgical skills and case type/load to be performed by end of each year
  - ♦ Mandatory pass of Surgical Skills Course
  - ♦ Monitor OR experience with mandatory web based electronic OP-LOG
  - ♦ Provide teaching resources to be able to pass and excel at POP exams
  - ♦ Begin "differentiation" at later part of first year - academic vs. community stream
  - ♦ Attend one major surgical meeting during the first 2 years as observer (better still as participant) - ACS or CAGS depending on resources available at time.

#### ⑤ Senior/Chiefs (R4/R5)

- ♦ Defined expectations and knowledge base intended to pass fellowship exams and be excellent surgeons
- ♦ Monitor OR experience with mandatory web based electronic OP-LOG
- ♦ Career planning/financial planning
- ♦ Teach/Learn using case method approach with staff supervision the R1/R2 and clinical clerks once per month
- ♦ Journal Club participation under new format

#### ⑥ Staff

- ♦ Ensure credit for CME
- ♦ One funded "enrichment" meeting per year
- ♦ Encourage participation in the 6 months clinical projects for interested residents

### RESEARCH

#### ① Staff

- ♦ Initially target recruitment to Clinical-Scientist (we have several in the pipeline or raid Toronto, USA)
- ♦ Encourage clinical multidisciplinary research amongst current staff
- ♦ Do not ignore potential of senior staff including those retired from operating (example LD McLean)
- ♦ Offer real resources to do the work
- ♦ Core Clinical Study facility
- ♦ Computer resources/database management
- ♦ Core funding for statistical consultation
- ♦ Fund travel (at least for residents) to present the results
- ♦ Core publications facility (at department level)
- ♦ Tap into new MUHC-RI infrastructure of thematic research, as each theme will make available resources to help promote research in the area. Currently lion's share of this money goes to departments other than surgery

#### ② Residents

- ♦ 6 month projects
- ♦ well defined, prepared early (during differentiation year R2)
- ♦ match with compatible staff/interest
- ♦ provide resources to do work (see above)

- ♦ focus on outcomes research (our current strength)
- ♦ encourage multidisciplinary projects (primarily with GI, radiology)
- ♦ Surgical Scientist Program
- ♦ 2.5 years minimum, at least M.Sc./CIP certificate but prefer Ph.D.
- ♦ select early (possibly during recruitment into program)
- ♦ apply for funding during R2 year
- ♦ limit research to well funded labs with on-going research themes
- ♦ compete at Department level
- ♦ promote excellence in research and measure by output e.g. # surgical
- ♦ forum abstracts per year, local/regional/national presentations, publications in medium/high impact journals
- ♦ give the program Wide Visibility ("Jewel in the Crown")

#### ③ Academic Enrichment Fund

- ♦ Dependant on Chair/Dean/Government actions
- ♦ For now, uniform tax (e.g. 5%) of gross clinical earnings at the MUHC
- ♦ Modify tax on gross earnings based on pre-defined division approved spending budget that is transparent and structured to meet academic needs of division
- ♦ Encourage and expand participation in Industry sponsored drug trials. ♦

## Tempus Fugit

A year contains  
31,556,925 seconds  
or  
525,948 minutes  
or  
21,914 hours!

If you sleep 8 hours per day, by the time that you are 60 years old, you will have slept 20 years.

# CAGS Scientific Program

## — Preliminary Draft

1999 CAGS SCIENTIFIC PROGRAMME		MONTREAL CONVENTION CENTRE	
Thursday, 23 September 1999	Friday, 24 September 1999	Saturday, 25 September 1999	Sunday, 26 September 1999
<p>0800 CAGS Postgraduate Course A.M.</p> <p><b>TRAUMA UPDATE</b></p> <ul style="list-style-type: none"> <li>-ATLS Update</li> <li>-Abdominal Compartment Syndrome</li> <li>-Damage Control Laparotomy</li> <li>-Peripheral Vascular Injuries</li> <li>-Penetrating / Blunt Neck Injuries</li> <li>-Blunt Abdominal Trauma - Ultrasound</li> <li>-Aortic Injuries</li> </ul> <p>CASE PRESENTATIONS &amp; DISCUSSIONS</p> <p>LUNCH</p>	<p>0730 Videos</p> <ul style="list-style-type: none"> <li>Lap Adrenalectomy,</li> <li>Lap Appendectomy,</li> <li>Lap Nissen, Lap Closure Colostomy, Parathyroid Surgery</li> </ul> <p>0730 Preparing for a Career in Academic Surgery</p> <ul style="list-style-type: none"> <li>Academic Structure</li> <li>Basic Research</li> <li>Clinical Research</li> <li>Surgical Education</li> <li>The First 3 Years</li> </ul> <p>0930 Transplantation &amp; The Gen Surgeon</p> <ul style="list-style-type: none"> <li>Hepatitis, Liver Tumours, Bile Duct Surg. Training</li> </ul> <p>1130 CAGS Lecture: The Surgeon As A Leader In Cancer Care</p> <ul style="list-style-type: none"> <li>Dr. Murray Brennan</li> <li>Memorial Sloan-Kettering, New York</li> </ul> <p>LUNCH with POSTER PRESENTATIONS</p> <p>1330 Avoiding The Pitfalls Of Laparoscopic Cholecystectomy</p> <p>1515 Controversies in Surgery</p> <ul style="list-style-type: none"> <li>A) Debates in Endocrine Surgery</li> <li>i. Thyroid Ca</li> <li>ii. Parathyroid Surg</li> <li>B) Sentinel Lymph Node Bx-Breast Ca</li> </ul> <p>1715 CAGS Presidential Address: The Future of Surgery-Santayana or Ford?</p> <p>Dr. William Pollett, St. John's</p> <p>1745 CAGS Business Meeting</p>	<p>0700 Breakfast with the Professor</p> <ul style="list-style-type: none"> <li>Abdominal Trauma, Head &amp; Neck Surg, Oncology Genetics, Bite Duct Injuries, Laparoscopic Surg, Transplantation, Breast Ca, Evidence Based Surg, Sentinel Node Bx</li> </ul> <p>0800 G. Malcolm Brown Lecture: "The Things Mendel Failed To Teach Us" a reflection on where genetics will be taking us"</p> <p>Dr. Judith G. Hall, UBC</p> <p>0900 CAGS Paper Session #2</p> <ul style="list-style-type: none"> <li>"Clinical Surgery"</li> </ul> <p>1045 CAGS Self Assessment Exam</p> <p>1145 Langer Lecture: General Surgeons - Techniques &amp; Technology</p> <p>Dr. Jonathan Meakins, Montreal</p> <p>LUNCH with POSTER PRESENTATIONS</p> <p>1330 Colorectal Guest Lecture: Where Are We Now With The Ileal Pouch?</p> <p>R. J. Nicholls, St. Mark's Hosp., London</p> <p>1430 Unexpected Findings at Surgery (Touch Pads)</p> <p>1545 Evidence Based Surgery (Touch Pads)</p> <p>1715 CAGS Presidential Address: The Future of Surgery-Santayana or Ford?</p> <p>Dr. William Pollett, St. John's</p> <p>1745 CAGS Business Meeting</p>	<p>0800 Gallie Lecture: Industry / Surgery Relations</p> <p>Dr. Augusto Sarmento</p> <p>Arthritis and Joint Replacement Institute</p> <p>Coral Gables, Florida</p> <p>0915 Genetics For The General Surgeon</p> <p>CAGS/CSSO/CSCRS</p> <p>Introduction, Hereditary Breast Ca, Molecular Genetics in Colorectal Ca.</p> <p>0900 CAGS Paper Session #3</p> <p>"Minimally Invasive Surgery"</p> <p>LUNCH</p> <p>1330 Continuing Professional Development for the General Surgeon</p> <p>The role of the Royal College, CAGS &amp; Other Specialty Societies PLUS the Nuts &amp; Bolts of Maintenance of Certification.</p> <p>1430 Videos</p> <ul style="list-style-type: none"> <li>Inguinal Hernia Repair-Anatomy &amp; Technique</li> <li>The Spinal Accessory Nerve</li> <li>Achalasia - Heller Myotomy</li> </ul>

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## UPDATE OF MCGILL PROGRAM IN VIDEO- ENDOSCOPIC SURGERY

The McGill Centre for Video-endoscopic Surgery was established in late 1996 at the Montreal General Hospital site thanks to a generous donation by Mrs. Florenz Steinberg-Bernstein. Additional funding was then provided by Auto Suture Canada and United States Surgical Corporation to develop a centre of excellence in laparoscopic surgery, making McGill, at that time, the ninth such centre funded worldwide. Storz Endoscopy, Canada provided a generous equipment grant and the centre was up and running by January 1997.

## Video-Endoscopic Surgery Update

By Gerald M. Fried, M.D.

The mission of the Steinberg-Bernstein Centre for Video-Endoscopic Surgery was to advance clinical practice in this field, to develop models for training surgeons and residents in basic skills, to develop means to measure technical performance, and to measure outcomes of our procedures through traditional outcome measures, and patient-based quality of life and symptom scores.

Maureen Antoniuk is our nurse-coordinator of the centre. Her work is multifaceted. She manages an excellent print and multimedia library, provides personal training in basic laparoscopic skills, and skill evaluations of residents. She is also involved in nursing education. Furthermore, she manages our computerized patient follow-up database, and coordinates the care and follow-up of all patients undergoing anti-reflux surgery.

Five residents or fellows have worked in our centre so far, each with a unique interest. **Anna Derossis** was our first fellow. She was interested in surgical education and used laparoscopic surgery as a model for training and evaluation. She had a very productive year with us, and is currently pursuing her interest at Northwestern University where she is enrolled in a Master's Degree Program in Surgical Education. **Liane Feldman** is our current fellow. She is interested in clinical issues in laparoscopic surgery. Her goal is to increase her expertise in technical aspects of laparoscopic surgery, and to develop her academic career in outcome measurements. She is enrolled in the Master's Program in Clinical Epidemiology at McGill. Her work will be based on patient-centred outcome measurements. It is our expectation that Liane will join our faculty in July, 2000.

**Kent Mackenzie** was a resident working in our centre in 1997. His interest is in vascular surgery, and working with **Drs. Andrew Hill, Oren Steinmetz, and Ron Lewis** from the Division of Vascular Surgery. He developed a novel model of aorto-femoral bypass, published in the *Journal of Vascular Surgery*. Kent is going to do a fellowship in vascular surgery in Chicago, and will then hopefully return to McGill to carry on his work combining vascular and minimal access surgery. **Craig Baldry** worked in our lab from 1998-1999 and his expertise is in computer based databases and computer based learning. He has participated in many educational projects. **Eric Keyser** is a general surgery resident currently completing his research year in our centre. He has emphasized surgical education in his work, and has presented and published on a method to measure technical performance in the operating room. He has also worked on the use of inanimate simulators as a means to acquire basic skills in laparoscopic surgery.

There has been much cooperation and active participation from faculty members. We meet weekly on Friday mornings from 8-9 am in our laparoscopic centre conference room. **Drs. Jonathan Meakins, Harvey Sigman, and Jeffrey Barkun** have been regular participants in these meetings, and have actively developed ideas for study in the lab. In addition, **Drs. David Evans, John Hinchey, Andy Hreno, David Owen, Cathy Milne, Marvin Wexler, Jean-Martin Laberge, Helene Flageole, Phil Gordon, Barry Stein, and Jacob Garzon** have participated in residency training and clinical research studies.

We have had a number of practicing surgeons spend from a week to three months in our centre developing their skills and observing laparoscopic procedures in the operating room. McGill and its surgeons have always welcomed our colleagues warmly. We have also learned much from our interactions with our visitors.

The breadth of clinical practice in laparoscopic surgery at McGill continues to increase. We are currently doing cholecystectomies, appendectomies, hernias (inguinal and incisional), colonic surgery, retroperitoneal lymph node biopsies, fundoplication, Heller myotomies for achalasia, truncal vagotomies with pyloromyotomy or gastro-jejunostomy, small bowel resection, lysis of adhesions, splenectomy, and adrenalectomy. The referral base is strong, but O.R. time remains a limiting factor.

Overall, the McGill Centre for Video-Endoscopic surgery has developed a strong national and international reputation. **Dr. Eric Keyser** was awarded this year's Fraser Gurd Award for Clinical Research at the annual McGill resident



► research day. This was based on his work on evaluation of technical skills during laparoscopic cholecystectomy. **Dr. Liane Feldman** has won the Canadian Association of General Surgeons Resident Research Award (Clinical) for 1999 for her work on Measuring Patient Based Outcomes for Antireflux Surgery. **Dr. Gerald Fried** has been selected as Chairman of the Committee on Laparoscopic and Endoscopic Surgery for the Canadian Association of General Surgeons, Canada's representative to The International Federation for Societies of Endoscopic Surgeons (IFSES), co-chairman of the Education Committee for SAGES, and Canada's representative to the International Society for Digestive Surgery. He was invited to speak at the annual SAGES meeting in 1998 on Training and Evaluation of Laparoscopic Skills, and in 1999 on Ethical Implications of Implementing New Technology into Clinical Practice. He was invited to speak at the Clinical Congress of the American College of Surgeons on "Laparoscopic Surgery: What's Proven", and to Canadian Association of General Surgeons on Prevention of common duct injuries during laparoscopic cholecystectomy. **Dr. Jonathan**

**Meakins, Dr. Jeffrey Barkun, and Dr. Marvin Wexler** have been invited speakers on laparoscopic hernia surgery at various national and international meetings. **Dr. Liane Feldman** will present a video on Laparoscopic Appendectomy at the 1999 CAGS meeting. At least 36 invited or peer reviewed scientific presentations have been made by members of the "laparoscopy group" since 1996, and at least 10 papers have been published in the same time period.

We are looking forward to further growth and productivity as a group. Auto Suture Canada and United States Surgical Corporation have just renewed the educational grant funding for our centre for an additional 4 years. We look forward to an opportunity to show our students, residents, faculty, and alumni our centre and to provide an opportunity for each of them to profit from this excellent resource.

For further information, Maureen Antoniuk can be reached by phone at (514) 937-6011, ext 2745, by FAX at (514) 933-1868, or email her at [czma@musica.mcgill.ca](mailto:czma@musica.mcgill.ca) ♦

## Letters

(continued from pg.2)

► performing an autopsy in his Senior Year. Later - he obtained his FRCS without examination as a Member of the Founder's Group. Finally, he took no examination for the FRCS(E) - which was Honorary. Dr. Miller then concluded his recitation to Dr. Rosenfeld and myself by telling us that "It is better to be born lucky than brainy!" (We knew that he was both: brainy and lucky).

I know that Dr. Isadore Rosenfeld, Dr. Geoff Lehman and I fondly keep the memory of Dr. G. Gavin Miller in our minds and hearts because he was a teacher who taught us, believed in us and inspired us to a lifetime of service in medicine.

Looking forward to seeing future issues of The Square Knot, I am,

**Francis Coughlin, MD, FRCS**  
New Canaan, CT

### Dear Editor

It is a pleasure for me to show my gratitude to McGill University, The McGill Department of Surgery and all my teachers and friends who I met at McGill. As you can see from the letterhead, I am still in New Jersey. I have successfully established a new cardiac transplant program here. Our first transplant was done last week and is doing well. However, I find that life in New Jersey, far away from my family and friends in Toronto and Montreal, is not really what I want for my family, and so will be returning to St. Michael's Hospital in a few months. All things considered, its hard to beat Canada as a place to live and raise a family.

I hope to see you at future McGill events.

**David Latter, MD**  
New Brunswick, NJ

### Dear Editor

Best regards and many thanks for your work.

**Breen Marien, MD,**  
Westmount Medical Building, Montreal.

### Sign in an Irish Pub:

**"You're not here  
for a Long Time,  
you're here for a  
Good Time."**

S

**TIKEMAN VISITING PROFESSOR**  
**JUNE 3-4, 1999**

Dr. Davis C. Drinkwater, Jr., Professor and Chairman of the Department of Cardiac and Thoracic Surgery at Vanderbilt University Medical Center in Nashville, was this year's Stikeman Visiting Professor for Cardiovascular and Thoracic Surgery at McGill University. Dr. Drinkwater at-

tended Harvard University before receiving his M.D. Degree from the University of Vermont Medical School. After graduation, he came to McGill University as a resident in General Surgery followed by a residency in Cardiovascular and Thoracic Surgery. Upon completion of his residency training, he spent a year as Senior Registrar in Thoracic Surgery at The Hospital for Sick Children, Great Ormond Street, London, England; followed by another year of Fellowship at the Children's Hospital Medical Center in Boston. He established his reputation as an academic cardiac surgeon at the University of California at Los Angeles School of Medicine and became Professor of Surgery. In 1997, he was appointed Professor and Chairman of the Department of Cardiac and Thoracic Surgery at Vanderbilt. Dr. Drinkwater is now recognized as one of the young leaders in cardiac surgery, with wide clinical and research achievements. He is a busy clinical surgeon involved in the surgery of congenital heart disease, adult heart disease, and cardiac transplantation. His clinical and experimental research



Dr. Davis C. Drinkwater, Jr.

work are best known in the area of congenital heart disease and myocardial protection, but covers many aspects of cardiac surgery, and has published over 150 peer reviewed papers and 40 book chapters.

Davis Drinkwater is the first alumni of this Residency Program to serve as this prestigious professorship. The Stikeman Visiting Professorship has a history

of more than thirty years and the list of Visiting Professors represent those who in the history of Cardiac and Thoracic Surgery. We are proud and happy to see our own "boy" achieving such excellence.

At the MGH Surgical Grand Rounds on Thursday morning, his topic was *The Management of Left Ventricular Outflow Tract Obstruction: A Broad Spectrum*. In the afternoon at the RVH Rounds, Dr. Drinkwater spoke on *The Surgical Role in the Treatment of Ischemic Coronary Disease: Is It Secure?* His lectures were well received.

The highlight of the Stikeman Visiting Professor Day, in addition to recognizing the graduating residents, is the return of past residents of this Division. Among others, **Dr. Richard Novick** of London, Ontario gave a lecture on *The Learning Curve of An Academic Cardiac Surgeon: Use of the CUSUM Method and Implications for Practise*; and **Dr. Garrett Walsh** from MD ▶



► Anderson Cancer Center in Houston spoke on *Multi-Modality Treatment of Primary Non-Seminoma Tumors of the Mediastinum*. **Dr. Lloyd MacLean**, Professor Emeritus, gave the **Dr. Jim Wilson Memorial Lecture** entitled *Sung and Unsung Heroes*, describing the careers of two McGill pioneers in Thoracic Surgery, Drs. Archibald and Bethune. Dr. Jim Wilson, an outstanding thoracic surgeon and beloved teacher at McGill for four decades, passed away recently following a short illness. Dr. Wilson's close associate, **Dr. Dag Munro**, gave an innovative talk which was entitled *An Early Canadian Experience in the Surgical Treatment of Emphysema: A Simplified Technique to Down-size Lung Volume and Avoid Air Leaks in Selected Patients*.

All participants, including alumni, staff and residents enjoyed this unique occasion of scholarship and friendship, which contributes yearly to the vitality of the Cardiothoracic Surgical Division at McGill University.

A banquet was held on Thursday evening in honor of the Stikeman Visiting Professor and the graduating residents at the University Club. On Friday morning, clinical presentations by alumni, faculty and residents took place at the RVH followed by a luncheon. ♦

EKL

## **T** HE CEDARS CANCER INSTITUTE VISITING PROFESSOR April 14 and 15, 1999

**Dr. Michael Baum** visited the McGill University Health Centre as the 10th **Edward J. Tabah** Visiting Professor in Surgical Oncology. Since 1996, Dr. Baum has been Professor of Surgery at University College London. At present, he is Chairman of the CRC Breast Cancer Trials Collaborative Group and is also the Past President of the British Oncological Association.

A brilliant thinker as well as an innovative teacher, he gave excellent addresses as follows:



Dr. Michael Baum

**RVH** *Arts and Humanities in the Undergraduate Curriculum*

**RVH & Notre Dame Hospital**  
*Is Breast Cancer in a State of Chaos?*

**MGH** *Quack Cancer Cures or Scientific Remedies*

**RVH** *Mammographic Screening for Breast Cancer: A Bubble about to Burst*

Dr. Baum visited the various oncology areas with **Drs. V. Giguere, Ginette Martin, David Fleischer, G. Batist** and **C. Stanners**. They all hosted him for dinner April 15th. ♦

EDM

## THE THIRD ANNUAL FRANK M. GUTTMAN VISITING PROFESSOR

On June 17th and 18th, the Montreal Children's Hospital Division of Pediatric General Surgery, hosted **Professor Lewis Spitz**, Nuffield Professor of Pediatric Surgery, Institute of Child Health, University College and Consultant Pediatric Surgeon, Great Ormond Street Hospital for Sick Children, London. Dr. Spitz is well recognized internationally and has made major contributions in the management of oesophageal atresia, oesophageal replacement particularly gastric transposition, and gastro-oesophageal reflux. He is also a recognized authority on the surgery of conjoined twins. We were honored to have Professor Lewis Spitz as the third Frank M. Guttman Visiting Professor. ♦

Jean-Martin Laberge, M.D.

## Urology

**Dr. Howard Synder, III**, Professor of the Department of Surgery, Division of Urology at the Children's Hospital of Philadelphia, University of Pennsylvania was the Visiting Professor in Urology at McGill University from June 2 to June 7, 1999. During his visit, he gave three lectures at the Montreal Children's, the Jewish General, and the Shriners' Hospital for Children. ♦



Dr. Howard Snyder, III

H. Bruce Williams, M.D.

**T**he 1999 Fraser Gurd Visiting Professor was **Dr. Alden H. Harken**, Professor and Chairman of the Department of Surgery of the University of Colorado Health Sciences Center.

Dr. Harken's lecture at Surgical Grand Rounds at the MGH was *Anyone Can Treat Cardiac Arrhythmias*. At the RVH Grand Rounds, his talk was *Surgical Investigation*.

**Fraser Gurd Day  
May 27, 1999**

A delightful dinner was held at the Omni Hotel that evening. ♦

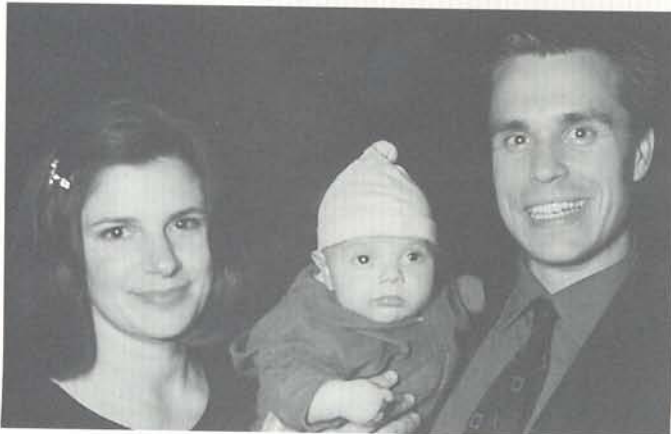
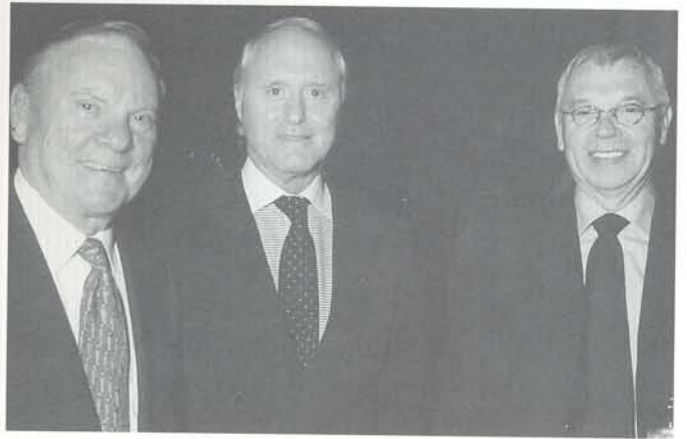
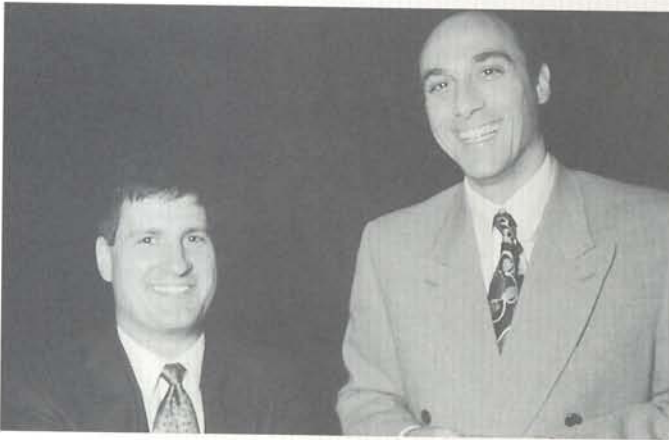


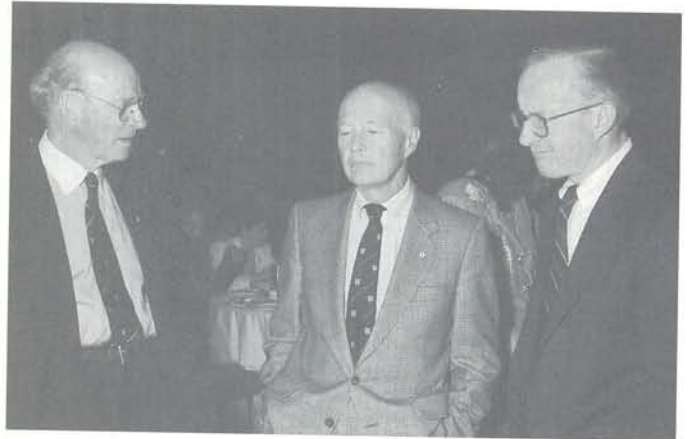
AWARDS	
<b>Teaching Excellence Award (Staff)</b>	Dr. Ed Harvey
<b>Teaching Excellence Award (Resident)</b>	Dr. Mohammed Al-Sowaidi Dr. Andrew Seely
<b>Excellence in Research</b>	<i>Basic Science:</i> Christina LeBedis <i>Clinical:</i> Dr. Eric J. Keyser
<b>The Kathryn Rolph Award</b>	Dr. Liane Feldman











# D

r. **Jeffrey Barkun** has been appointed Associate Professor of Surgery at McGill. Jeff, along with **Dr.**

## KUDOS !!

**Réal Lapointe** of Hôpital Saint-Luc performed admirably as co-moderators of a symposium on Transplantation at the meeting of the Quebec Association of General Surgeons on May 28, 29 and 30 in Mont Ste Anne, Quebec.

**Dr. Paul Belliveau** was elected to the Board of Directors of the Quebec Medical Association as representative of the four Faculties of Medicine of Quebec. Paul also continues to sit as a Counselor on the executive of the Quebec Association of General Surgeons. As President of the committee on Continuing Medical Education, he and his committee organized the very successful 30th Convention of the Quebec Association of General Surgeons in Mont Ste Anne at the end of May. There were 30 speakers and moderators and over 170 participants.

**Dr. Ray Chiu** was invited to deliver the prestigious National Heart Hospital Surgical Lecture for 1999 in London, England on May 11th, 1999. The lecture was entitled *Bench to Beside in Cardiac Surgery at the Dawn of the New Millennium*. He was an invited speaker at the University of Alberta's Cardiac Sciences Research Day in Edmonton on May 28th, 1999, and spoke on *Emerging Surgical Therapies for Heart Failure*. Dr. Chiu received a new peer reviewed grant from the Heart and Stroke Foundation for research in transmyocardial revascularization; and has been invited to join a Special Emphasis Panel of the National Institute of Health in the United States to review tissue engineering projects. On July 10th to 11th, he will speak at the Heart Failure Symposium at the International Heart Institute of Mon-

tana, USA on cardiomyoplasty, and on cell transplant therapy for heart failure.

**Dr. Martin A. Entin** was invited by Dr. Ed Nalebuff, Professor of Orthopaedic and Hand Surgery at Tuft University, Boston, to give the Third Annual Lecture in Hand Surgery at the New England Baptist Hospital on May 19. The title of his lecture was *The Contributions of European Hand Surgeons to the Development of Hand Surgery*. Further, on June 10th, Martin presented the History of Medicine at the RVH: *A Century of Change to the Surgical Grand Rounds*. Since McGill University is now going through the process of amalgamation of its teaching hospitals, Dr. Entin thought it timely to review the importance of the history of McGill and its hospitals since there are important lessons to be learned.

**Dr. William W. Fish** and his wife **Elizabeth Ryley** live in Vancouver where Bill is the Program Director for Spinal Cord Injury at the G.F. Strong Rehab Centre.

**Dr. David Fleiszer** of the MGH is being honored by induction to the McGill Sports Hall of Fame this fall. David, who was a running-back for the McGill Redmen over five seasons from 1966 to 1970, won his second conference rushing title in 1969 and was the first McGill player to win the Hec Crighton Trophy as the outstanding football player in Canada. He and his wife, child psychiatrist, **Ruth Russell**, have a son **Tim** who is a linebacker with the CFL Hamilton Tiger Cats. Tim also distinguished himself by playing football for Harvard.

**Dr. Philip H. Gordon** of the JGH has recently received a number of meritorious awards. First of all, he received an Award of Appreciation from the American Society of Colon and Rectal Surgeons in recognition of his dedication, perseverance and outstanding contribution to the 100th Anniversary of the ASCRS in early May in Washington, D.C. Further, the

Royal Society of Medicine of England, in recognition of distinguished services has elected Philip an Honorary Member of the Section of Coloproctology. Also, the Association of Coloproctology of Great Britain and Ireland has awarded Dr. Gordon Honorary Fellowship for distinguished contribution in coloproctology. In mid May in Orlando, Florida, Philip and his colleagues, **Miller G, Bowman J, Shrier I** gave and paper entitled *Etiology and Outcome of Small Bowel Obstruction - an 11 year audit* for the Society for Surgery of the Alimentary Tract.

**Dr. Jean-Martin Laberge** has been asked by the American College of Surgeon's Pediatric Surgery Motion Picture Committee to produce a video on *The Anterior Sagittal Pull-through for Imperforate Anus*, which will be presented at the ACS meeting in October 1999. Dr. Laberge has also been re-appointed for a second term (1999-2002) as representative of the Canadian Association of Pediatric Surgeons to the Advisory Council for Pediatric Surgery.

**Dr. Maurice Slapak**, M.Chir, FACS, was awarded the C.B.E. in the New Years Honours list by Her Majesty, the Queen. "Taffy" was a resident at the RVH in General Surgery in 1996-97 and is an ex-member of the McGill Department of Surgery. He is the President of the World Transplant Games Federation. This award implies a recognition of the clearly documented positive effect the Transplant Games have had, nationally and internationally, on organ donation, transplantation and the well being of people with organ transplants. Mr. Slapak is currently in Portsmouth, Hampshire, England.

**Dr. Oren Steinmetz** has been appointed Associate Professor of Surgery with tenure effective June 1st, 1999. ♦

EDM

## Achievements Residents and Fellows

**C**ongratulations to **Dr. Janet Mary Booth** who has recently been certified by the Collège des Médecins du Québec and who has joined the Quebec Association of General Surgeons.

**Dr. Ioana Bratu** and **Pascale Prasil** both presented at the 30th Annual Meeting of the American Pediatric Surgical Association. **Dr. Ioana Bratu** (R3 – Research in Pediatric Surgery) presented a video entitled *Ultrasound-Guided Percutaneous Needle Deflation of Fetal Intra-Tracheal Balloon Occlusion* co-authored by Drs. Kay, Laberge and Flageole. **Dr. Pascale Prasil** (R5 – Pediatric General Surgery) presented a poster entitled *A Modification of the Laparoscopic-Assisted Transanal Pull-Through for Hirschsprung's Disease* co-authored by **Drs. Youssef, Laberge** and **Gallucci** (past chief resident). Both these presentations

were supported by the McGill Center for Video-Endoscopic Surgery.

Congratulations to **Dr. Ioana Bratu** who was awarded the CAGS Canadian Surgical Research Fund Grant and an FRSQ fellowship for her work with **Drs. Hélène Flageole** and **Jean-Martin Laberge** on the in-utero treatment of congenital diaphragmatic hernia. The latter will allow her to spend a second year in research and complete her M.Sc. She should be commended for her excellent work and her constant dedication and devotion.

In November in Toronto, **Dr. Lorenzo Ferri** was awarded the PMAC/MRC/CIDS Infectious Disease Research Fellowship. This is a combined award from the Pharmaceutical Manufacturers Association of Canada, the Medical Research Council, and the Canadian Infectious Disease Society which was given to Lorenzo for his work on *Mechanism for Reduced Polymorphonuclear Neutrophil Education in Septic Patients*.

**Dr. Liane Sari Feldman** is to be congratulated for having been certified by

the Collège des Médecins du Québec. She has joined the Quebec Association of General Surgeons.

At the annual spring meeting in early June in Washington, D.C. of the Peripheral Vascular Surgery Society, **Dr. Louis-Philippe Palerme** presented an abstract entitled *Quality of Life in Survivors of Ruptured Aortic Aneurysm Repair*. The co-authors are **Drs. A.B. Hill, T. Brandys, R. Lewis, and O.K. Steinmetz**.

**Dr. Jose Pires**, R-IV in General Surgery, wrote an article in the Publi-Reportage section of the newspaper *Ledroit* for Ottawa-Hull on the 22nd of May. This was about the "proud team" of the Vascular Laboratory of the Centre Hospitalier des Vallées de L'Outaouais who won the Prix Fierté de la Fondation for 1999.

**Dr. Jordan Steinberg**, R-I in Urology, became engaged to Nathalie Toledano on Feb. 13th and plan to be married on Aug. 12th. We wish both of them much happiness. ♦

EDM

## Royal College Fellowship Exams



Congratulations to the following five graduating general surgery residents who have just passed the final qualifying fellowship examination of the Royal College:

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**Dr. Kent MacKenzie**

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**Dr. Laurie Morrison**

---

**Dr. Louis-Philippe Palerme**

---

**Dr. Steven Paraskevas**

---

**Dr. Mohammed Al-Sowaidi**

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Also congratulations to **Dr. John Yee** who passed the Royal College Thoracic Exam

EDM

## Madeleine Beaulne and Maria Bikas

**Dr. Jonathan Meakins'** administrative assistants, **Madeleine Beaulne** and **Maria Bikas**, attended a conference on June 3rd and 4th in Saskatoon for Administrative Assistants of Medicine, Surgery and Pediatrics from across Canada.

About 20 participants were present and the major topics covered included:

- a) Alternative funding plans
- b) Fundraising
- c) Hospital mergers and regionalization
- d) Conflict between academic and support staff
- e) Faculty appointments and job descriptions.

EDM

## Division of Surgical Research

—By Lawrence Rosenberg, Director

**S**ummer is upon us and traditionally this is the time of year that things slow down, as the heat and humidity descend to envelope the city. It is therefore an appropriate time to take stock of where we've been, and where we plan on going in the coming academic year.

In this context, I would first like to congratulate the following members of the Department of Surgery who were successful in the recent MRC grants competition: **Pnina Brodt, Dennis Bobyne, Claude Gagnon, Anie Philip, Lawrence Rosenberg** and **Peter Roughley**. In an era when peer-reviewed operat-

ing funds are increasingly difficult to come by, the Department should be proud that we have been able to remain competitive.

Next, I would like to recognize those residents accepted into the Surgeon-Scientist Program: **Robert Antbacka, Iona Bratu, Tony DiCarlo, Steven Paraskevas, Wendy Parker, Nancy Morin** and **Andrew Seely**. This highly competitive program is supported by a generous donation from the Fast Foundation. We anticipate that graduates of this program will be highly sought after as the next generation of clinician-researchers following completion of their residencies.

Finally, let me remind you that the Division's website will be up in the Fall, and therefore those of you who have yet to send in your biographical sketches (personal and for your lab) are encouraged to do so now. Submissions can be sent to the secretariat of the Division: Irene Sidorenko, University Surgical Clinic, Room C9.160, The Montreal General Hospital. ♦

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# McGillReporter

FRONT PAGE

Thursday, May 6, 1999

**A**n ongoing research project may hold out hope for a cure for diabetes, according to surgery professor Dr. Lawrence Rosenberg.

## Can Diabetes Be Defeated?

By Sylvain Comen

Rosenberg, along with McGill and U.S. collaborators, discovered and cloned a gene, called the INGAP (Islet neogenesis associated protein) gene, which addresses one of the underlying causes of certain types of diabetes.

"This is a gene found in the pancreas which produces a protein that appears to be responsible for the formation of new insulin-producing beta-cells."

Animal studies have been more than promising.



Dr. Lawrence Rosenberg

"We've been able to reverse — cure — the disease in diabetic animals by giving them an injection of this protein. We've been able to double the number of islets. We've also seen an increase in insulin-producing cells in normal animals, and none of the animals have suffered any side effects."

Rosenberg cautions, however, that the lab breakthrough won't necessarily translate into a cure for humans.

"Often, something will work perfectly in the lab, but when you try it on people, you get unexpected complications, such as side effects."

► He is also quick to point out that drugs emerging from this discovery, if any, will take several years to materialize.

"We will still have to take the drug through a regulatory process, to get it approved by the U.S. Food and Drug Administration, which will probably take five years. We may be able to get it into clinical (human) trials in 18 months, but getting it to market could mean another three to five years."

Rosenberg, the director of McGill's Division of Surgical Research, says that the gene is not an abnormal mutation; it is a normal gene, which may be defective in diabetic individuals.

"The INGAP protein is probably important in normal pancreatic development. We're still looking at why the INGAP gene would not automatically prevent the onset of diabetes. One possibility is that it requires a stimulus to be turned on, which is true of a lot of genes. Another is that the INGAP protein itself could be altered. Part of the human trials could be to examine the gene and the protein in diabetic patients."

The discovery could yield two different kinds of drugs.

"We may be able to administer the INGAP protein as a drug, without dealing with the gene. Alternatively, we also could come up with a strategy for turning on the gene, without having to administer the protein."

In addition, the animal models suggest that patients would only have to have one course of treatment, in contrast to most other drugs designed for chronic diseases.

"So far, it looks like the animals in our lab tests don't have to continue taking it. Once you've repopulated the pancreas with new insulin producing cells, [the cells] don't disappear."

However, even if an effective drug is developed, Rosenberg is not sure that it would be effective in all types of diabetes.

"There are two types of diabetes; there is Type I, in which people lack insulin, and Type II, in which people are resistant to the effects of insulin, because they lack a receptor on the appropriate cell to recognize it. INGAP is more likely to help the Type I diabetics, who don't have any insulin because their immune system mistakenly wiped it out."

Thus, for Type I diabetics, whose disease is based on an autoimmune dysfunction, the drug would have to be combined with immune therapy.

"Their own bodies destroyed their insulin producing cells in

childhood, and the INGAP protein could replace an insulin producing cell mass. The problem is that their immune systems may destroy the cells again. So our therapy would have to be combined with a treatment which suppresses that aspect of their immune response. We are conducting an animal study to test this strategy.

"We're very excited about this," Rosenberg adds, "because of the animal model results. As far as I know, no one else has discovered anything which induces the formation of new islets. Our molecule seems to be very potent, even compared to ones already in clinical trials."

Rosenberg's collaborators are pathology professor **Dr. William Duguid**, and **Dr. Arthur Vinik** of Eastern Virginia Medical School. Eli Lilly, which had previously licensed the team's work, has let the license expire as it focuses its attention on other shorter-term projects. The company had no qualms with the strength of the team's scientific approach, though Rosenberg believes he is close to securing an agreement with another corporate partner, to license the technology and bring it to market. ♦

## Attention! All Graduating Residents and Fellows

From McGill Post-Graduate Training Programs in General Surgery, Orthopedic Surgery, Cardiac Surgery, Vascular Surgery, Plastic Surgery, Pediatric General Surgery, General Surgical Oncology, Neurosurgery and Urology.

Please leave us your forwarding address. We would like you to join the Alumni (\$50.00) and we will send you "The Square Knot".

### Address

Ms. Maria Bikas

McGill Surgery Alumni & Friends  
The Montreal General Hospital  
1650 Cedar Avenue, Room D6.136  
Montreal, Quebec, Canada H3G 1A4.  
Tel.: (514) 937-6011 ext. 2028  
Fax: (514) 934-8418

## Review of Undergraduate Education

By Paul Belliveau, M.D.

**T**he McGill department of surgery continues to provide undergraduate medical students with an excellent and broad exposure to surgical diseases. We have a program of

structured seminars, tutoring and active participation by the students in the management of surgical services. Our students are recognized internationally as being one of the best. The undergraduate education committee monitors in an ongoing fashion the delivery of the curriculum at the various hospital sites which include the Jewish General Hospital, Montreal General Hospital, Royal Victoria Hospital and St Mary's Hospital. We are particularly proud of the involvement of the attending staff and residents who actively participate in the undergraduate program.

A gradual shift to problem based learning has taken place, where clinical problems are given priority at the seminars and students are asked to actively participate in the discussion. A fairly high number of students are complimented at the end

of their rotation by receiving evaluations which are often above expectation and these students should be proud.

As rotation specific objectives are being developed for each service, it has now become clear that the medical student objectives have to be known by the resident staff who have close working relationships with the student and these objectives will be circulated to the incoming residents as of July 1999.

In ICMC, the students are evaluated by their tutor and at the POM or clerkship level, they receive an assessment of their performance on the clinical services as well as an evaluation using a modified OSCE examiner where they are asked to demonstrate some technical skills, as well as problem management.

We look forward to a new group of residents in July who will add to the teaching of our undergraduate students in a very positive manner. ♦

## Hingston Award to Dr. Pat Madore

By Jim Sullivan, M.D.

On May 12th, St. Mary's Hospital bestowed the Dr. Donald Hingston Award, so-called in honour of the Founder of the Hospital and emblematic of the year's most deserving physician, to Dr. Pat Madore, associated with St. Mary's for over 40 years as a thoracic surgeon and more recently as a surgical assistant for a variety of disciplines. **Dr. Jack Sutton** hosted the event at the St. James Club, **Dr. Nick Petrella** sang some tender Italian ballads and in a lighter vein, **Dr. Jim Sullivan** pre-

sented Dr. Madore with a unique surgical assistant's helper: a back brace fitted with arms and neck brace and lectern to be used during particularly long and tedious procedures. ♦

### Irish Humour:

"Love thy neighbour, but don't get caught!"



Lt. to Rt.: Dr. Jim Sullivan, Dr. Pat Madore, Hingston Award Recipient



## Montreal Children's Hospital Expands Dental Facilities

By H. Bruce Williams, M.D.

Services and Project Management, at the Children's.

The ribbon cutting represents an important expansion of the Emergency Dental Facilities at the Montreal Children's Hospital which will provide a state of the art treatment area for acute dental injuries. The planning process has taken considerable time for its fruition, but the advantages gained from this new expanded center will improve overall surgical care at the Children's and the happy smiles in the picture clearly indicates their pleasure at this development. ♦

The photograph shows **Dr. Stephane Schwartz**, Dental Surgeon-in-Chief at the Montreal Children's Hospital and **Mr. François Lanctôt**, Architectural



## So You Think You Work Hard?

It is generally well known and accepted that Surgical Residents are amongst the House Staff who work the longest hours as the essential ground troops in the running of Canada's hospitals. Last year at McGill, there were 705 post-graduate trainees of whom 212 were in the Surgical Specialties. Things have improved somewhat in Quebec since the imposition of Article 12 of the

collective agreement in 1992, but it is not uncommon for some of our junior colleagues to put in as much as 60 hours per week (particularly senior residents). In the U.S.A., some may clock as many as 120 hours per week which amounts to doing three weeks in one.

Concern about these onerous working condition and the impact on patient care has been well documented over the years, but little progress has been made.

A survey has been carried out in the European Union and reported in "The Irish Independent" on May 26, 1999.

The Irish junior doctors work the longest in the E.U. (see chart). There is a voluntary agreement in place, like we have, to limit their work to a 65 hour week, but this is continuously breached. ♦

### Reference

Buckley RE, Harasym PH: Level, Symptoms, and Causes of Surgical Residents' Stress. Ann. CRMCC 32:216-224, 1999.

EDM



There are only 168 hours in one week!

# Obituaries

## DR. ALLEN SPANIER

McGill mourns the death of Allen at the age of 52 on April 27th. Almost 2,000 grieving family, friends, colleagues and patients gathered at Paperman & Sons on Jean Talon to hear moving eulogies from his two sons, Michael and Robert. In a personal communication, his wife, Esther Lamoureux (a pathologist at the JGH) emphasized his humour and compassion when dealing with patients.



*Dr. Allen Spanier*

A devoted, hardworking surgeon, Allen will also be fondly remembered nationally and internationally for his pioneering work in Intensive Care. He was Associate Professor in Surgery at McGill and will be missed not only by the Jewish community, but by all us, his colleagues. ♦

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## MR. HEWARD STIKEMAN

passed away at the age of 85. He was described by The Gazette as a visionary and renaissance man. Indeed he was.

In 1965, upon the untimely death of his brother Richard from thoracic malignancy, Richard's wife Shirley McCall, Heward and their families established the Stikeman Foundation for Cardiothoracic Surgery at McGill University. This fund, managed by Heward for over thirty years until his death, was mandated to be "people oriented", to sharpen the minds of those engaged in the practice, teaching and research in Cardiothoracic Surgery. Each year, it enabled McGill to invite pioneers and international luminaries in Cardiothoracic surgery, people like Norman Shumway, Denton Cooley and Sir Magdi Yacoub, to come, teach and interact with our faculty members, alumni, and residents. Many of these residents would later become national and international leaders in their own right. Mr. Heward Stikeman had been a beloved and inspiring figure yearly at these occasions. He will be deeply missed by generations of cardiothoracic surgeons trained at McGill. ♦

*Ray C.-J. Chiu, M.D., Ph.D.  
Professor and Chairman,*

*McGill Division of Cardiothoracic Surgery*

## Were You There, Before Medicare?



*Doctor's Dining Room, Royal Victoria Hospital*