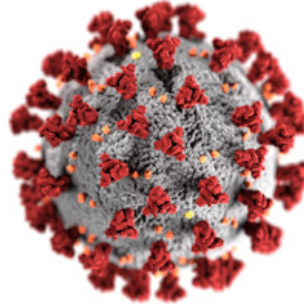


# THE SQUARE

## The COVID-19 Crisis: Challenges and Opportunities for Creativity



**A**s the new Chair and Chief of Surgery, I attended my first MUHC Medical Advisory Committee meeting on January 22, 2020, where the Director of Infection Control

reported on a novel Coronavirus that was first reported in Wuhan, China. We moved on to other agenda items. Less than 6 weeks later, there would be no other agenda items for any meeting, as

### Lessons in Leadership from the COVID-19 Crisis

By Liane Feldman MD, CM, FRCS, FACS

we entered into the uncharted territory of the COVID pandemic full time. Describing this crisis as “unprecedented” became a cliché but correctly described the situation that was marked by unpredictability and a high degree of uncertainty, touching all aspects of practice and life. Some people have expressed sympathy that this was a difficult time to take on this new position and indeed there have been many challenges and stresses. But there have also been important opportunities that have emerged through this crisis that strengthen our clinical and academic missions and our relationships with each other.

In the two months prior to the crisis, I was adapting to my new role and learning the ropes. During the application process, I had the chance to speak to many of our surgeon leaders, scientists, administrators and trainees across the McGill network. Many of our considerable strengths were clear, beginning with our strong academic culture, diversity of practice opportunities and excellent students and trainees. However, without minimizing our considerable blessings, some of the barriers perceived to be keeping us from thriving in our roles as academic surgeons were also highlighted. I planned to focus on optimizing perioperative processes, implementing transparent performance metrics, addressing infrastructure issues at the MGH and strengthening cohesion and engagement throughout the McGill network.

At this point COVID-19 has become a daily reality, but that was not the case yet in the beginning of March when my son Jonah and I went to visit my parents in Florida for his school spring break. We kept a close eye on the news from home *(See continuation on page 3)* ▶



DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

SUMMER/FALL 2020

### Inside

Editor's Note	2	Divisional News	19
On Surgical Education and COVID	5	Cardiac Surgery	19
COVID-19 at the JGH	6	General Surgery	20
Moving Mountains Through Engagement	7	Orthopaedic Surgery	22
LD MacLean Day	8	Plastics and Reconstructive Surgery	26
100 Days of Solitude	11	Thoracic Surgery	27
Perspectives on the Front Line	15	Urologic Surgery	31
		Vascular Surgery	33
		Kudos	34
		Obituaries	35



**T**he *SquareKnot* celebrated its 30th anniversary in the last issue. This now seems like a very long time ago. Who could have anticipated, then, that all our norms for patient care, teaching, and protection of own health, and, that of our colleagues and families, would so quickly, be swept away. The enormity of the effects of the pandemic on our lives and that of our patients and their families, dwarfed any other considerations for a centralizing theme.



## Editor's Note

By Harvey Sigman, CD, MSc, MDCM, FRCS, FACS

Our sensorium, in the past 4 months, has been remodeled to receive daily reports of statistics and new directives. Working from home and social distancing has reduced the normal interaction with our colleagues and the ability to share our feelings, our emotions, our fears and our humor. I am grateful to our colleagues, be they learners, nurses or doctors who have provided us with their personal perspectives. Even more importantly, we have learned, from some of the submissions that we can continue to thrive in spite of the new reality.

The quality and professionalism of *The SquareKnot* has always depended on its contributors, as well as on the dedicated staff who devote so much of their energy to produce a publication that we can all be proud of. I wish to acknowledge the major contribution made by **Ekaterina Lebedeva**, who served as my Assistant Editor, over the past 6 years. She, with **Ildiko Horvath**, brought me into the digital age of publishing. She was also instrumental in archiving digitally the past issues of *The SquareKnot* which are available online for all to read. These issues also provide a history of the McGill Department of Surgery over the past 30 years. Ekaterina is leaving us for other opportunities. I could not have carried out my responsibilities as editor without her. I will miss her and wish her well.

At the same time, I wish to welcome **Derek Delisi**, as the new Assistant Editor. He is well known to many in the Department of Surgery. In the short time that we have worked together in preparation for the new issue, I have quickly come to appreciate his professional expertise and creativity. I look forward to our continued association.

It is with sadness, and on a personal note, that I note the passing of four good friends who made major contributions to our department and to the faculty. **Ed Monaghan** was a friend from residency days and a past editor of *The SquareKnot*. He made major contributions to our surgical education program, as well as nationally. **Andy Hreno** and I spent many hours together over many years on the residency program committee. **Anna Derossis**, was one of my



Dr. Harvey Sigman

colleagues, with whom I shared so many interests, from her residency days to the recent past, through the best of times to the very worst. Most recently, the passing of **Frank Guttman**, a close friend for more than 60 years, brought back many memories. After retirement, he developed a new career as a historian, but was always future oriented as a surgeon. I recall him asking me to demonstrate the technique of laparoscopic cholecystectomy at the MCH because he wished to develop the

program there. **Dr. Jean-Martin Laberge**, Fellows, **Dr. D Croitoru**, and **Dr. A Hong** and I successfully, carried out the operation on a 7 year old boy and a 13 year old girl. This was published in the *Journal of Pediatric Surgery* as one of the first reported pediatric laparoscopic cholecystectomies in the literature.

I wish to acknowledge, in closing, the constant support of **Gerry Fried**, who invited me to take on the editorship of *The SquareKnot*. He provided the human and material resources to preserve the quality of this publication ♦

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**“A doctor, like anyone else who has to deal with human beings, each of them unique, cannot be a scientist; he is either, like the surgeon, a craftsman, or, like the physician and the psychologist, an artist.**

**This means that in order to be a good doctor a man must also have a good character, that is to say, whatever weaknesses and foibles he may have, he must love his fellow human beings in the concrete and desire their good before his own”.**



—W. H. Auden (1907-1973)

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► and around the world. The JGH was a designated COVID centre and began admitting patients (see article by Dr Ruth Chaytor). The March 9 week proceeded relatively normally at the MUHC with the usual ORs, clinics and the Tabah visiting professor in surgical oncology. However, the shocking stories we were hearing from colleagues in Italy were never far from our minds. The 2-week quarantine for returning travelers was imposed on March 12 and some surgeons and anesthesiologists were affected.

## Lessons

*Continued from page 1*

On March 13 we had a scheduled meeting of the MUHC Surgical Services Executive Committee and reading the minutes reveals how new this was to everyone. We were focused on trying to look ahead and plan for what was coming as it was clear the crisis was unfolding on a massive scale and would touch all aspects of practice and life. It was decided to cancel all elective cases “for the next 2 weeks”, continuing only with P0 and P1 priority cases (i.e., those surgeries with  $\leq 1$  month acceptable wait time) to create institutional capacity. Communication became a key priority and I sent the first of many lengthy emails describing our decisions to the MUHC surgical mission later that day. We created a WhatsApp group to facilitate information sharing for the mission leads and administration. We initiated a weekly Thursday morning Town Hall meeting using the novel platform (to us), “Zoom”; there were often >200 people connected, using the chat function for questions and discussion. These allowed for information about the OR, in-patient units, clinics and teaching activities to be disseminated throughout the McGill network. We established a daily Zoom meeting on March 20 for the MUHC division chiefs, surgery and anesthesia site directors and nursing leads. This was critical in exchanging information in the early days and has remained as a weekly meeting. I also participated in daily hospital leadership calls and Ministry calls, as well as frequent McGill faculty meetings to stay on top of all the changes and be able to relay information accurately.

The main preoccupation in the first months was to create a safe environment for everyone in the OR while being able to provide urgent and emergency care for our patients. Simulations helped with familiarity with donning and doffing personal protective equipment and Dr Kevin Lachapelle worked with Dr Lily Nguyen and resident Dr Marco Mascarella to create excellent training videos. The trauma group worked on protocols and created an easily accessible repository of documents and educational material. “Code blue” airway teams including anesthesiologists and RTs were established to maximize safety and expertise 24/7. Multiple COVID ORs with negative pressure antechambers at both the RVH and MGH were set-up at impressive speed.

One of our main concerns was to develop protocols for management of patients in the OR. The JGH shared their algorithm for operating on

patients with known COVID and this was very helpful. But there was a lack of information about how to treat all the other patients whose COVID status was unknown, especially with the knowledge that asymptomatic patients were a potential transmission risk. Working closely with the anesthesia leads across all sites, including the MCH and MNH, we drafted algorithms based on symptoms and exposure history to classify patients along a COVID risk spectrum as “green”, “yellow” or “red”. We adapted procedures from various specialty societies and from other institutions; The Society of Surgical Chairs Women’s Committee was especially helpful in sharing protocols. We were also influenced by the University of Toronto’s UHN protocol, which was informed by their previous experience with SARS. As a group, based on evidence from Asia, Europe and the UHN algorithm, we were united in strongly advocating for universal testing for all patients coming to the OR as a lynchpin of safety for our patients and staff. While testing asymptomatic patients was not a Ministry priority at that time, and testing capacity was limited, we were nonetheless able to begin testing patients undergoing procedures at high risk for aerosolization. After discovering several asymptomatic positive patients, we instituted universal testing as of May 1. As knowledge of the disease and community prevalence changed, the OR algorithms changed too, with version 12 presented at the town hall on June 25. The engagement, resilience and adaptability of our teams has been remarkable.

Another key concern was to maintain access to the OR for urgent cases when our capacity was extremely low. At the nadir, in early April, we were at 10-15% of our usual scheduled surgical volume as the COVID patient volume began to rise exponentially. The availability of multiple hospital sites allowed us to favour the RVH for transfers at first, both because of the modern infrastructure there as well to make sure we maintained capacity for regional programs like trauma and thoracic surgery at the MGH. Cardiac surgery was closed as per ministry directive, with the patients redirected to the Institut de Cardiologie. At the peak, at the end of April and early May, we had 123 COVID patients admitted at the MUHC. To enable flexible, transparent and equitable distribution of the very limited elective OR time, we established an OR oversight committee, chaired by Dr Michael Tanzer (see his article) that included all the division chiefs, anesthesia leads, the Centralized OR Booking (CORB) staff, and a clinical ethicist. The cases were all discussed by the committee. These were often very difficult discussions and there was enormous concern about the collateral damage of the crisis. However, as we began to ramp-up activity in June, we were gratified that our cancer waitlists were stable compared to baseline. These discussions also enabled us to update the booking policies, look at inconsistencies in booking and waitlist management and create consensus-based definitions of urgent cases across all divisions. The CORB team led by Stella Racaniello worked tirelessly to implement multiple new screening policies, book, cancel and re-book patients, and develop the mechanisms for preoperative testing. ►

▶ Another aspect of safety was to ensure reliable access to appropriate personal protective equipment. The ENT group led by Dr Nader Sadeghi with Dr Yolene Lacroix took the lead on ensuring we would not be caught when shortages of n95 respirators arose. We were able to purchase a large number of elastomeric respirators with n95 cartridges for the entire MUHC OR personnel to be available when other options became limited. The funding for this initially was from Dr Lorenzo Ferri's research program but was later approved and reimbursed by the MUHC. The perioperative team led by Cristina Nagy were quickly and efficiently able to put cleaning and storage protocols in place as well as update the OR timeout protocols to include COVID items.

We are now into the recovery phase, with low community transmission and declining need for hospital and ICU beds. We re-started some elective surgery cases at the end of May and are at close to 70% volumes as we enter the summer season. The COVID units are closing and the surgical beds and personnel are being repatriated, although we remain on alert for any uptick in transmission. It became very clear that there was a need to create single patient rooms throughout the MUHC as well as increase the number of monitored beds through the development of intermediate care units, projects that are proceeding under the able direction of Nathalie Brière, the Associate Director of Nursing for the surgical mission.

We are faced with the very significant backlog of cases, which the Ministry defines as the difference in cases this year compared to the average of the same period in the last 2 years; on May 14, 2020, this was close to 69 000 cases in the province, with 21 000 in Montreal. We are seeing patients presenting with more advanced disease and expect that as radiology and endoscopy re-open, the real backlog will become more apparent. The true impact of these delays on the population level will only be quantified in the years to come. We are also very concerned with the impact on our academic activities. Undergraduate clinical teaching was halted completely. The sharp decline in case volumes affected residents at all levels, as did the redeployment of residents to COVID units and ICUs. This may be most relevant to fellows in one-year programs who lost several months of training. Subsequent waves may impact attainment of competency benchmarks on a wider scale. Our research missions also came to a standstill and are only now cautiously re-starting.

Yet as we reflect on these past 3 months, and the many losses experienced in the health system and society as a whole, we also recognize the potential for several positive side effects of the COVID reset. Our large institutions were able to react, reorganize and make decisions. We strengthened collaborations between surgery, anesthesia and nursing as we all pulled together in a unified mission. New teams were created. We opened, closed and displaced entire units and clinics in a matter of days. We were able

to surge and add significant monitored bed capacity and single patient rooms. We quickly created and adopted new policies. We had open discussions about institutional priorities. We learned about each other's patients. There was an important focus on health care workers and safety. Clinician expertise was sought and appreciated. Telehealth applications were introduced in ambulatory clinics. Online platforms facilitated engagement in teaching activities and attendance was higher than ever. New research groups and projects were established.

The COVID pandemic initiated a complete reboot. While I certainly did not envision beginning my term as chair under these conditions, it forced us to address many of the issues that have been longstanding challenges and provided the time and in some cases the budget to be able to start to make progress. I am grateful for the stronger collaborations and many of the positive changes that have resulted and hope we can build on these in the years to come. ♦

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**"In these days when science is clearly  
 in the saddle and when our knowledge  
 of disease is advancing  
 at a breathless pace,**



**we are apt to forget  
 that not all can ride  
 and that he also serves  
 who waits and who applies  
 what the horseman discovers."**

—Harvey Cushing (1869-1939)  
 American Neurosurgeon

.....  
**"Everybody is a genius.  
 But if you judge a fish by its ability  
 to climb a tree,  
 it will live its whole life  
 believing that it is stupid."**



—Albert Einstein (1897-1955)



On March 16, 2020 the regular operating room activities of the Department were essentially shut down only to reopen slowly eight weeks later. The OR is the life blood of Surgery Students, Residents, Fellows and Staff. It is the source of our learning

## Surgical Education During the COVID-19 Pandemic: Leadership, Innovation, and Solidarity

By Dr. Lachapelle, MD

and defines our professional identity. It cannot be replaced. But the lack of OR and the COVID crisis did provide a grudging opportunity to develop unique educational strategies (ZOOM !), to lead and to learn from our colleagues, and to become more cohesive as a Department. I would like to highlight **four pillars** which supported the educational mission of the Department during this crisis and which enabled positive educational change which I believe will be long-lasting.

The driver and one of the essential educational components which allowed the Department to maintain itself and focus on priorities has been the Surgical Mission Town Hall under the leadership of our Department Chair, **Dr. Liane Feldman**. These weekly sessions provided timely, accurate information while also providing a forum for questions and concerns. Delivered online via the web, these sessions were able to reach an audience pool which would have left the Osler overflowing. No doubt the uniqueness of the crisis heightened our mode for self-preservation, but I also think we liked and appreciated being “together” and learning from each other either as talking heads or in the chat room. As a result, we have instituted Department-wide monthly Surgical Rounds on general topics of interest to all Divisions. It is at these Rounds where we learned of the leadership, sacrifice, and professionalism of our resident staff during the COVID-19 Crisis. We are lucky to have them as colleagues.

**THE SECOND PILLAR** of the Department has been the Divisional Program Directors. **Dr Thierry Benaroch**, Orthopedics PD, summed up accurately three major challenges presented by COVID-19: “During this time we had to continue education for all residents, keep up resident and staff morale, and most importantly keep our residents safe”. It is safe to say that COVID brought about an immediate and major change in the delivery of formal surgical education and the use of Zoom has gone viral. In fact, for many programs, the number of hours dedicated to teaching dramatically increased. No doubt staff were more available but suddenly all teaching activities became available. As **Dr. Meterissian**, PD for

General Surgery, points out “residents have been able to attend Colorectal Rounds as well as Surgical Oncology teaching. . . .”this has never been done in the past and we may continue after”. The increase in teaching activities has also helped create libraries of cases and shared resources. Program Directors have noted a better cohesion and collegiality among residents and staff. Dr. Meterissian suggests that “the program’s unity has never been better”. Given the reduction in clinical activity, it has been no easy task to keep residents busy and ensure they progress with limited surgical cases. Alternating teams were created to work in spurts of clinical activity followed by “REST” days dedicated to case preparation and ZOOM teaching. This division of labour also minimized unnecessary exposure of resident staff to potential COVID patients and kept a pool of residents available in case members did contract COVID. Although the number of surgical cases dropped, each individual case became a blessed opportunity for teaching and learning. Making the most out of every case should be our mantra during and after the COVID Crisis.

**THE THIRD PILLAR** of the Department have been the surgical residents. Despite the obvious significant impact on surgical exposure and hands-on training (even simulation was shut down) the residents have approached this crisis with leadership, a sense of duty, and the highest standard of professionalism. From the beginning of the crisis residents, such as Marco Mascarella ENT were involved with the creation and implementation of unique training material on the use of Personal Protective Equipment (PPE). Residents from all programs participated in and led teaching rounds. Surgical residents were part of an important contingent of Residents from the entire Faculty who were redeployed during the Crisis. For 11 weeks, resident staff would provide coverage on the COVID wards and in the ICU ensuring 24-hour care and support. Some had three “Tours of Duty”. In all my discussions with residents and staff, not once did I hear a complaint or derogatory remark. The residents recognized the nature of the problem and responded with a sense of duty and work ethic. Their experience and suggestions should inform us on how to handle a potential second wave. The work and care the residents provide is what allows the McGill Teaching Hospitals to be Centres of Excellence. We are lucky to have them.

**THE FOURTH PILLAR** of the Department during this crisis has been all those who have worked and stuck together to get through these last 12 weeks. Dr Jason Harley, Assistant Professor, Surgical Education providing community outreach for emotion regulation and anxiety. Sonia Nardini providing the much-needed ZOOM support and organization. Terry Ng Wan providing the technical support and cataloguing all which we have done as a Department during the crisis. All the administrators, surgeons, and nurses who pulled as one and got things done which were once thought to be unimaginable. Now, all that is left is to get more OR time! ♦



## COVID-19 Journey at the Jewish General Hospital

By R. Chaytor, MD

Our COVID journey at the Jewish began in late January when the Ministry of Health named the Jewish General Hospital the primary (first line) hospital for Montreal. We have no inkling why we received this dubious honor but after a period of trepidation and reflection, we did what we do best; we started to plan.

For the department of surgery, that meant many hours discussing the resources needed, developing protocols, and anticipating the needs for the coming onslaught. Before March break, we had already built a negative pressure SAS outside of room 4 in the operating room. We had selected this room as it was closest to the trauma elevators where patients from either ICU or the emergency room would be transported. We also had established protocols for every scenario we could anticipate for surgical procedures and patients, and shared these with other institutions when asked.

We also decided that we would use a negative pressure room in the ICU as a mini operating room. This room was out fitted with an OR table and equipment. We initially felt that we could perform most procedures in this room. As luck would have it, **Simon Bergman** and I performed the first case in this room in early March on a suspected necrotizing fasciitis patient who was also suspected to have COVID. The limitations of the room size and trying to operate in the middle of an ICU setting became quickly apparent and as our ICU filled up with COVID patients, we abandoned this and decided to continue all surgical cases in the operating room. Subsequently, we built 4 SAS ante-chambers outside 4 of our operating room suites. These rooms were used almost exclusively during the peak of the pandemic.

The experience with the ICU mini-OR was one of many situations we learned to adapt to throughout the months of the pandemic. Initially, in the operating room after the intubation and again after the extubation of a patient, we waited 30 minutes to allow droplets to settle and to decrease the need for valued N95 masks. This slowed our operating rooms down and was inefficient. We learned that the time for droplets to settle depended on the air exchange in the room. In our operating rooms the air is exchanged 22 times per hour. That meant the time for droplets to settle was only 15 minutes. This helped us to perform more cases and still be protective of our staff.

As the number of hospitalized patients grew, more and more

of our nursing units became COVID units. At the peak, we had reached a total of 165 hospitalized patients and a total of 7 COVID units including K8 and K9, two of our surgical units, and our Post Anesthesia Care Unit. When our PACU became a COVID unit, numerous issues arose. The experienced PACU nurses became COVID nurses. Only a few of the PACU nurses were not deployed to the unit. The few remaining were not enough to run our PACU adequately. OR nurses then had to be trained as PACU nurses. At that point, at least we were only running 1-2 rooms per day of mostly urgent cases and cancer cases that could not be delayed further.

The Surgical Oversight Committee was established as per the Ministry guidelines and met every day for ten weeks. This committee would evaluate the urgent cases submitted by each service and decide which cases would be done every day. **Mark Basik** was our liaison with the oncology service and aided us tremendously in ensuring that cancer patients were cared for in a timely manner. Our determination to treat these patients as quickly as possible was revealed by the recent Ministry data that shows our 28 day and 56 day completion rate for cancer cases was even better in periods 12 and 13 in 2019/2020 compared with 2018/2019 (50% vs 64% at 28 days; 95% vs 99% at 56 days).

Finally, it would be impossible to discuss how this pandemic affected the Jewish General Hospital without describing the human aspect. Our nursing colleagues have been heroic in their work caring for these sick medical patients. I witnessed this myself when I spent a week working on K8 in May. The physicians worked for 10-12 hours per day for 7 days and then would rotate off and return to their "normal" lives. Our nurses, PABs, orderlies and housekeepers have worked on these units for many weeks straight, without the advantage of rotating off. They work 12-hour shifts in PPE and in close contact with infectious patients every day and still they come to work. At the Jewish General, we have had one of the lowest rates of staff COVID infection of any institution in Quebec. That is a reflection of the training and professionalism of our staff.

I also have to acknowledge seventeen of my surgical colleagues from almost all divisions, who volunteered to be deployed on the COVID units. The environment they found themselves in, outside of their comfort zone, treating sick mostly geriatric medical patients is a tribute to their medical skill and ability to work in a team setting with multiple specialists. The work was physically challenging but even more, mentally and emotionally draining. These elderly patients were sick, isolated from family, in an unknown setting and many were dying. As surgeons, we are unaccustomed to our inability to heal patients and to deal with death on a daily basis. It takes an emotional toil.

This has been the greatest pandemic in three generations (since the Spanish flu in 1920). As an institution, the Jewish

► General Hospital responded admirably but as a society, we failed our elderly patients in long term care. Mahatma Gandhi once said: “The true measure of any society can be found in how it treats its most vulnerable members.” Let us not fail again if a second wave comes.

“The ultimate measure of a man (woman) is not where he (she) stands in moments of comfort and convenience, but where he (she) stands at times of challenge and controversy” (Martin Luther King Jr). Let us stand together and united in this fight. ♦



## Moving Mountains Through Engagement

By Michael Tanzer, MD

In an instant, the COVID-19 pandemic changed the MUHC surgeons’ ability to operate. After the first COVID positive patient underwent emergency surgery, the surgical mission decided to stop all scheduled surgeries and cancelled all surgical block time.

This was done to minimize the risk to our healthcare workers and our patients. As our operating time was severely limited, the long-standing and historical policies for booking patients for surgery were no longer appropriate, nor possible. This crisis provided an opportunity to reflect on our current OR booking processes and create a strategy that was an improvement from what we were doing historically. In addition, it provided an opportunity to devise a strategy to deal with the OR crisis in a fair, transparent, ethical, equitable, coordinated and efficient way. With little time to react, we were incredibly fortunate to already have in place the Centralized OR Booking (CORB) framework. The CORB provided the necessary platform for us create a new process, building on its strengths and improving it.

Prior to COVID-19, the CORB had already required all surgeons to prioritize their own patients so that they would be scheduled for surgery in the appropriate timeframe and not solely by the request date. However, it did not allow for prioritization between different surgeons, or between different surgical divisions. This required the formation of an OR Oversight Committee. Although this type of oversight was eventually required by the Ministry, the MUHC Committee was conceived and developed prior to this. The Committee was designed to engage the stakeholders to triage urgent patients requiring surgery in an open and transparent fashion. These were difficult decisions since the surgical needs far exceeded the surgical resources. The Committee was led by the Associate Chair of Surgery and included the Chair of Surgery, the 11 surgical Division Directors, the 2 surgical hospital site directors, the nursing Coordinator of the OR, the associate director of nursing for the surgical mission, the Coordinator of the CORB and 2 CORB clerks, the Director of Anesthesia, the 2 anesthesia site directors, a

representative of the hospital Administration and a clinical ethicist. With the help of the ethicist, the Committee first developed the criteria that would be used to prioritize the surgical requests. The Committee met weekly to review and triage the urgent cases. The surgeons were asked to review their waitlists and submit their most urgent cases to their division directors, who then vetted all the requests and brought the most urgent cases to the Committee for review and prioritization.

Despite having more surgical requests than OR time, the Committee was committed to ensuring that only the most urgent cases were done, even when it meant the patients from their own Division would not be prioritized. This type of engagement was made possible by ensuring that everyone on the Committee had an equal voice, that everyone was listened to, and that we shared good practices and ideas between the group. Engagement of these surgical leaders resulted in everyone being committed to the surgical mission’s goals and values and motivated them to contribute to this new OR booking process – I suspect it also gave them something to be proud of during these very difficult times. This has created a culture of engagement in the surgical mission, that continues today.

Over the subsequent weeks, as more ORs became available and efficiency improved to some degree with universal preoperative COVID-19 testing, we were able to expand from 3 ORs at each hospital site to 6 ORs at each site. Standardized priority classifications, centralization of patient selection by the OR Oversight Committee and the presence of the CORB to orchestrate and preoperatively test the selected patients facilitated the scheduling of 100-120 urgent (P0 & P1) surgical patients per week. Centralization had the added benefit of being able to take into account OR time availability at both hospital sites, as well as the critical requirement to balance the number of surgeries that required admission or were out-patient surgeries on any given day to mirror planned bed availability. The OR schedule took into account the most efficient use of the OR time. The process was entirely patient-centric, taking into account the OR resources, personal protective equipment and hospital beds available. There was no consideration given to the surgeon’s previous OR time and hospital in which they were operating, so that we were able to maximize the use of both hospital sites for most surgical disciplines. This helped ensure that patients would have ►

► their surgery as quickly as possible. This unconventional booking of OR time was facilitated by the COVID-related reduction in other planned activities such as clinic, teaching and research, which created the required flexibility in surgeon schedules.

Compared to block time allocation, centralization of the OR booking allowed for equalization (“flattening”) in the number of patients requiring admission on any day, the number of planned ICU beds required postoperatively and control over the mix of admitted and day surgery cases. This was particularly important as the number of patients with COVID-19 admitted to the hospitals peaked, resulting in the OR Oversight Committee and the CORB booking only day surgery cases for an entire week. Over a 10-week period, as the number of COVID-19 cases decreased, the capacity of surgical beds in the hospitals increased and the majority of the urgent P0 & P1 surgical cases were done, we were able to begin to select less urgent cases (P2). This was simplified by having a pre-existing CORB and prioritization identification of all surgical requests prior to and after COVID-19.

As COVID-19 has become less prevalent, we have moved to a hybrid model with urgent flex time, as well as block OR time directed to the surgical specialties. As the number of ORs continue to slowly open, the proportion of flex and block OR time will vary depending on the COVID situation in the city and the resultant availability of OR and hospital resources. The urgent flex time continues to be scheduled by the OR Oversight Committee and the CORB to ensure prioritization of the most urgent patients in the face of the limited block time.

The COVID-19 crisis presented a challenge that none of us have previously experienced. The extremely limited access of the operating room resulted in our inability to treat the majority of our patients. However, it provided an opportunity to highlight the importance and relevance of our well-established centralized OR booking, that was crucial for prioritizing and booking patients for surgery. As well, our COVID-19 response by the Oversight Committee created a culture of engagement in the surgical mission. It is through this engagement that we were able to move mountains and provide the best surgical care possible under very difficult circumstances. ♦

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**T**he COVID-19 pandemic has affected nearly all aspects of our lives including surgical education. Our graduating residents realized early on that this year would be very unusual and unique.

## LD Maclean Day – The COVID Way

First the Royal College decided to cancel the oral examination and postpone the written examination till September. Then, with the social distancing guidelines and the inability to hold gatherings of more than 10 people, the Department reluctantly decided to cancel the traditional Fraser Gurd dinner. I attended the first Fraser Gurd dinner in 1990 and I still fondly remember the joy of that night.

The General Surgery Program holds its annual graduation at the L.D. MacLean Dinner. With the Ministry of Health Guidelines, the question was whether we could hold the ceremony virtually? But surely a purely virtual graduation would lack the personal side and warmth of an in-person event. The program and the Division then had a eureka moment, why not hold a hybrid in person/virtual event? We decided to move ahead with this concept since, after all, I am sure that the Chief, in such a dire situation, would have said, JUST GET ON WITH IT?!!

The graduating residents with their partners were invited to my house. With **Dr. Ghitulescu** (Assistant PD) and myself, we were

exactly at 10 people. Within the rules!!! The Division (**Dr. Barkun** and **Dr. Charlebois**) agreed to cover the costs of a catered dinner for the grads and 7 other satellite get-togethers. **Drs. Feldman, Bergman, Chaudhury/Metrakos, Grushka, Khwaja, Dumitra/Fata,** and **Boutros/Barkun/Liberman/Morin/Vasilevsky** held gatherings for 10 or less residents at their homes or in a park. **Dr. Feldman** had the idea of ordering box dinners from *Beatrice*, a fantastic restaurant in downtown Montreal. **Ms. Rita Piccioni** and **Ms. Domenica Cunzo** did a fantastic job coordinating the venues and the dinners. We then all connected by ZOOM and every member of the Division could also join. With over 80 members of the Division in attendance, the event started at 19:00.

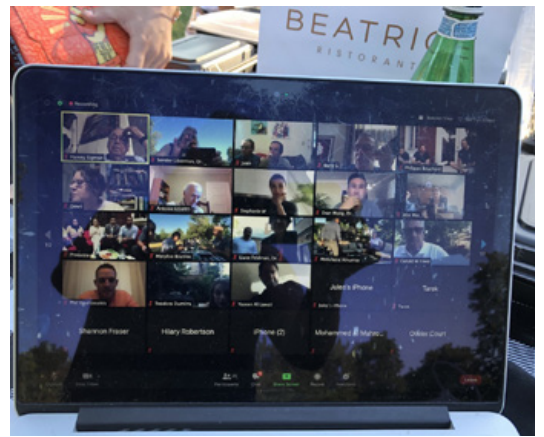
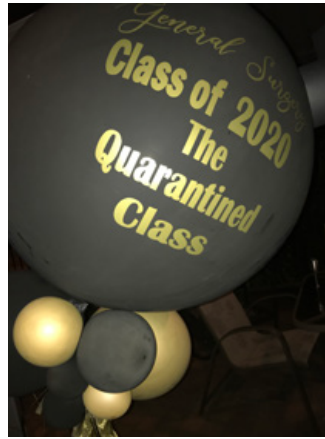
With the usual agenda, we recognized our best faculty and resident teachers as well as our beloved **Dr. Loutfi** who was retiring on June 30th after 39 years on staff. We also recognized sadly our departed members: **Dr. Edmond Monaghan** and **Dr. Andrew Hreno**. The highlight of the evening was the video prepared by the residents in honor of the graduating residents and the introduction of each graduating resident by myself. The video was very well done and included touching congratulations from family members of the graduates. Each resident received the traditional gift of bookends and a special personalized gift of a diploma frame to be used for their eventual Specialty Certificates. The evening culminated with a special speech to the graduates from our surprise guest, **Dr. Susan Moffatt-Bruce**, the incoming CEO of the Royal College.

A cardiothoracic surgeon who completed her general surgery training at Dalhousie University and then went on to lead a ►

► Major Medical Center in Ohio before taking her present position, is a terrific role model for all of our residents. She gave an awe-inspiring speech and added important advice accumulated from her years of experience. The evening ended at 20:30 and I must say that I personally thoroughly enjoyed it. Our graduates were very appreciative of this milestone moment which I truly

hope will always be remembered as unique and will never need to be repeated in the future. I am particularly proud of members of the Division who did not hesitate to offer their homes and time to honor our graduates. May this be the first and last COVID L.D. MacLean Graduation Ceremony. ♦





## 100 Days of Solitude: What Happened to Research?

By Dr. Jake Barralet, MD

In times of economic downturn research spending is historically one of the first 'luxuries' to be cut. Being a research intensive Department of Surgery, this is concerning as even before these challenging times it often appeared that we were straining under growing administrative burden, limited infra-structure, rising costs and dwindling research fund pools to compete in. This downturn is a little different however,

without research we would be far less able to manage the potential for Covid devastation. This pandemic has tested our global understanding of infection and disease transmission, surgical, medical and public health management, recovery and PPE medical technology, epidemiology and therapeutics. The way the community came together in the Department of Surgery has been admirable, as while laboratory work became impractical and we began a period of great uncertainty, researchers and their trainees have been hard at work to address Covid-19 and its attendant issues, maintaining training programs, adapting to online teaching and learning, and publishing. Not all research has the same needs and issues, so in this article we will round up the main news and look at how Covid-19 has impacted our master's and PhD program and hear from some of our core research leaders where we are highly active, Surgical Oncology, Surgical Outcomes, Surgical Education and Surgical Innovation.

Of course, we were highly disappointed to have the first cancellation of Fraser Gurd Research Day and Resident Graduation in three decades! Let's hope next year we will double our celebrations to compensate. Well done again to all our graduated Residents and Graduate students.

The Hakim Family Clinical Innovation Competition managed to be held online chaired by Dr. Lachapelle, with guest welcome from Pierre Fitzgibbon, Minister of Economic Development, Innovation and Export Trade, it saw good representation from surgery in the competition and we are delighted that Gyroclear from General Surgery a student team from the Surgical Innovation Grad program won the Marika Roy Prize. <https://www.mcgill.ca/medicine/about/faculty-awards-prizes/dic/2019-2020-winners-finalists>

Under the leadership of **Dr. Anie Philip**, Graduate Program Director (GPD) 2013-2020, our graduate program transformed from being one of the oldest at McGill to also being one of the largest and most modern in the Faculty of Medicine. Having established strong

administrative leadership early in her directorship, she paved the way for remarkable expansion in spite of significant restriction in our numbers of surgical residents. We thank Dr. Philip for her service and wish her well in her full time return to solving fundamental gaps in our knowledge of wound repair and cancer. We welcome the new GPD **Dr. Fackson Mwale** who has survived and indeed flourished in his baptism of fire, picking up his new role whilst the University struggled with completing the academic year, wellness issues of isolated learners following a total shut down by the University, and the prospect of financial obstacles (e.g., empty seats in Fall 2020 classes). I am pleased to report the Department has been fairly immune to the predicted loss of applicants and are set for another year of full (albeit virtual) classes.

With the Department of Medicine (**Drs. Pilote and Tambllyn**), Surgery managed, during the shutdown, to develop Canada's first graduate program in **Digital Health Innovation** combining expertise to create what is also the first joint Experimental Medicine/ Surgery training program. This program should be open for students in 2021. Clearly the pandemic has accelerated patient, clinician, professor and student comfort with tele- and digital health tools to overcome distance and timing restrictions. I think we have all been surprised at how much better the technology was than we anticipated, and in some cases, interactions have actually improved by avoiding the lost time of travel and changing location to meet one another. Early adopters as ever, Surgery continues to lead the way in defining the future of research training in the 21st century.

What follows are the thoughts, experiences and observations from some of the key leaders in the Surgery research team.

### **PROF. FACKSON MWALE, EXPERIMENTAL SURGERY GRADUATE PROGRAM DIRECTOR**

**My vision for this role:** To create and sustain a learning environment that enables all Experimental Surgery Department trainees to experience an unparalleled transformative, world-class graduate program and educational journey. We will do this in ways that benefit society while fostering a culture of innovation, diversity and interdependence.

**First impressions:** I want to express my gratitude for the excellent support that Dr. Anie Philip offered to the Department and ensuring the smooth day-to-day functioning and overall academic quality of the graduate program. Her hard work, for many years was central to the success of the Department's graduate programs and has made my learning curve much less steep. It was always a pleasure to work with Dr Philip and I hope I will follow her stellar example.

My first priority has been to offset economic damage to our Department by ensuring we meet our student enrolment ►

► targets. I have been developing online and offline recruitment strategies to engage with candidates (for example by holding virtual open days) and recruiting more students to the Department. Choosing a university is not a decision that students take lightly, so effective branding is key. The general strategy is to embed ourselves in students' consciousness before the application process begins and this will require new activity in marketing and online presence.

I am so proud of how we have been supporting and working together, even when each day felt like the rug had been pulled away repeatedly. Strange and crazy times. Laboratories which were once buzzing with activity, sat idle. The lecture halls at McGill and the Jewish General Hospital remained silent as professors scrambled to set up remote learning options in the midst of the outbreak of COVID-19. However, it was also a unique opportunity to coordinate the administration and governance of graduate studies within Experimental Surgery, as we take exceptional measures to support our students during these unique times.

The top priority remains the health, safety, and well-being of our community as we have transitioned to a remote workforce with the goal of lowering the number of interactions at McGill, slow the rate of transmission, and protect our community.

Suddenly, virtual meetings are becoming the norm. Some attendees say that these meetings are better in certain respects, such as the online submission of questions through moderated chats, which can help graduate students, especially the less extrovert, to feel less intimidated. There is also an expectation that the pandemic will lead to more and better quality online teaching than before.

**Strategic planning:** We have found that this lockdown has enabled us to really focus on our mission, our service to our community and frankly do what we are here to do. Together with **Dr. Liane Feldman** and **Dr. Jake Barralet**, we have scheduled weekly planning meetings to assess both where we are, the impact of what we are doing and where we are going. When we are free to meet face to face reviewing our mission, vision, and values, as well as our long-term goals and the action plans will be a strategic priority.

**PROF. SWNEKE BAILEY, CURRICULUM DIRECTOR:  
SURGICAL CANCER RESEARCH**

The COVID-19 pandemic and the pausing of non-essential research has had a significant impact on the research community, including cancer research labs. Restrictions made to biobanking, the collection of new patient tissue samples, coupled with the closure of genome sequencing centres, has halted the progress of biomarker discovery projects. Studies involving animal models incurred setbacks as breeding programs were scaled-back in order to limit the number of

personnel required for their maintenance. Non-essential molecular and functional studies, involving cell models, were also suspended. However, lab meetings and learning activities, such as journal clubs, continued virtually as researchers adapted to the new social distancing guidelines. Computational analyses of existing data and the development of bioinformatic tools continued to progress, albeit at a reduced pace. Trainees took the opportunity to increase their skillsets through the completion of online courses or to mine publicly available datasets and test hypotheses relevant to their work, yielding new insights into their research projects. In addition, the sharing of datasets between collaborators appears to have increased. Therefore, as research labs reopen, hopefully the lessons and solutions learned from this experience will lead to a more streamlined, flexible and a collaborative research environment.

**PROF. JASON HARLEY, CURRICULUM DIRECTOR:  
SURGICAL EDUCATION AND PROF. KEVIN LACHAPELLE  
VICE CHAIR (EDUCATION)**

The obligatory shift to online and virtual zoom education and discussion has been, in many ways, a real benefit. The COVID-19 crisis and corresponding shift to virtual spaces has made it clear that online education is going to be an important and essential component of our infrastructure for teaching and learning, moving forward. This shift validates the Department's forward-thinking focus on online education which started a few years earlier. There is still a great need for face-to-face meetings, coursework, and discussions and this will need to be integrated into a new framework for both teaching and supervision.

Fortunately, Faculty have access to new resources to help us transition to online teaching and learning. First, Zoom has both basic (e.g. hand raising, open or closed discussion forums) and advanced (e.g. breakout rooms) features to support student-centered instructional strategies that provide opportunities for meaningful and active online learning. McGill has also created online guidelines on best practices for Zoom and MyCourses and is offering workshops to help faculty transition to online teaching. We are also very fortunate to have **Mr. Terry Ng Wan's** technical expertise and support. In addition, Dr. Harley has taught online courses prior to starting this summer at McGill and is happy to advise colleagues who are teaching online courses in our department. While there has been a gap in knowledge, with respect to best practices for online learning, this is an opportunity to help lead the Faculty of Medicine and McGill in the development of distance learning pedagogy and course offerings. It is also an opportunity to lead research in surgical and medical education on the use of distance learning, not only by developing best practices for traditional courses and content, but to explore and develop best practices for emerging technologies, such as virtual simulations. Moreover, COVID-19 has reminded us of the importance that telemedicine stands to play in day-to-

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► day medicine and of the importance of education and research in preparing surgeons and other healthcare professionals to use this family of technologies effectively. In short, there have been many challenges, but there are also many opportunities for educational innovation.

**PROF. JULIO FIORE, CURRICULUM DIRECTOR:  
SURGICAL OUTCOMES**

Surgical outcomes research at McGill has been highly impacted by COVID-19 given the need to repurpose surgical care infrastructures and delay non-essential procedures. Research programs focused on elective surgeries (e.g. cholecystectomies, hernia repairs) were the most affected as patient enrolment became virtually impossible for several weeks. Studies targeting semi-elective (e.g. cancer surgery) and urgency/emergency procedures (e.g. trauma) were able to continue, but at a much slower pace due to decreased caseload and the need to adapt to remote systems of recruitment and data collection. Despite these obstacles, the COVID-19 pandemic offered relevant opportunities for surgical outcomes researchers to rethink their practices; for example, those who were not users of digital data collection platforms were forced into this method and probably will never look back. The pandemic also provided interesting venues for research regarding the impact of limited access to surgical services on perioperative outcomes.

**PROF. GERALD M. FRIED, ASSOCIATE DEAN,  
EDUCATION TECHNOLOGY & INNOVATION,  
SIMULATION AND INNOVATION**

Just two months into my new role as Associate Dean for Educational Technologies & Innovation, and Director of the Steinberg Centre for Simulation and Interactive Learning (SCSIL) at McGill and Clinical Director of the new CLIP (Clinical Innovation Platform of the RI-MUHC), the world was turned upside down by the COVID pandemic. The SCSIL was required to close its doors to teaching and CLIP was closed to our innovation teams. But we did not hibernate. As others in our department, we adapted and asked how we could best contribute to the care of our community and the academic mission of our department.

The SCSIL provided desperately needed personal protective equipment, ultrasound equipment and monitors to the teaching hospitals. Recognizing the importance of online learning early in the pandemic, **Dean Eidelman** expanded the mandate for SCSIL by asking me to establish an office for Educational Technology and Online Learning at the SCSIL to support the schools of medicine, Physical and Occupational Therapy and The Ingram school of Nursing. A search for a director was launched and conducted by Zoom, candidates from around the world were evaluated and

a Director was identified, all within a month. With the plan for almost all teaching for the fall semester to be online, this office will be crucial to our ability to provide excellent education to our learners. More than that, the office of educational technology and online learning will allow the Experimental Surgery Program to widen its reach and to provide synchronous and asynchronous immersive learning to students around the world. During the same time, we sought opportunities to partner with industry and other innovative academic centres. Working with both the Microsoft Mixed Reality Unit and Sheba Medical Centre in Israel, we are exploring the use of Virtual and Augmented Reality to train non-experts to manage COVID patients on ventilators, while wearing HoloLens 2 headsets. Led by **Reza Farivar-Mohseni** and supported by the generosity of the MGH Foundation an international challenge was started to induce innovators to create clinically effective, quickly build onsite, and inexpensive ventilators that could be provided to manage COVID patients around the world. The response was spectacular. The prototypes were then sent to the SCSIL where, under the direction of our **Lily Nguyen** (whose training was an inhalation therapist), they were tested on simulated lungs to ensure they performed as designed.

The Clinical Innovation Platform (CLIP) had just been constructed on the C9 space of the Montreal General Hospital, the old home of the University Surgical Clinic, and Surgical Research Labs. This beautiful facility was the result of a successful Canadian Strategic Infrastructure Grant, written by **Drs. Barralet** and me, in conjunction with **Dr. Bruce Mazer**, Interim Scientific Director of the RI-MUHC. This facility will house our Surgical Innovation Program and Innovation teams from around the province developing the next health technology to solve unmet clinical needs. The official opening was set for May 24th, but will be postponed until autumn. While awaiting delivery of audio-visual and research equipment, the policies and procedures for its use are being finalized. During the peak of the COVID crisis, this space was made available to the clinical teams working in the ICU, which is adjacent to the CLIP.

We expect the CLIP to be an environment where our clinicians can interact with engineers and entrepreneurs to take their ideas to the marketplace.

**PROF. ED HARVEY, DIRECTOR OF INJURY REPAIR  
AND RECOVERY PROGRAM RI-MUHC**

**Research Ramp-Up**

Like many research institutions, the RI-MUHC ramped down non-essential research in the wake of the pandemic. However throughout, teams were working from home and on-site on COVID related research critical to managing the effects of the pandemic. In line with government directives and provisions, on May 25th research began slowly ramping up at the RI-MUHC. The IRR took ►

► a safety-first approach in the ramp-up to mitigate any risk of an outbreak. Personnel were limited and tracked to ensure adherence to physical distancing guidelines, masks and hand sanitizer were available and mandatory for all. With the success of Phase 1, the animal facility was reopened and clinical research that was put on hold is now slowly resuming. Phase 2 of the ramp-up is currently being developed and will roll out in line with provincial restrictions being lifted.

### Funding

There have been numerous funding opportunities available since the start of the pandemic from CQDM, MEDTEQ, MI4, CIHR, FRQS and Genome Quebec. The IRR program remained active throughout the COVID-19 pandemic. Dr. Jason Harley and Dr. Tina Montreuil along with collaborators Dr. Gerald Fried and Dr. Liane Feldman won an MI4 Emergency COVID Research Funding grant. They will investigate current coping strategies health care workers use to deal with stress, assess their effectiveness and use that information to recommend new measures to protect the mental health of health care professionals.

CIHR financially extended Bridge Grants Investigator-Initiated Research grants for all researchers set to expire during the pandemic who applied to the Spring 2020 Project Grant competition. Additionally, Tri-Agency scholarships and fellowships have also been extended to support graduate students affected by COVID-19.

In summary the Department's research team has rapidly adapted and in many cases thrived despite the challenges that have hit the

Global community. Thanks to brilliant researchers, a dedicated team and gifted students, we are not only ready for, but are shaping the new normal, helping trainees graduate on time and continuing to provide excellent training and education. ♦



**“Be a yardstick of quality. Some people aren't used to an environment where excellence is expected.”**

—Steve Jobs (1955-2011)



**“The important thing is to not stop questioning. Curiosity has its own reason for existing.”**

—Albert Einstein (1897-1955)

## Support the McGill Department of Surgery !



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

The future of The McGill Department of Surgery as a truly great department depends more than ever on gifts from private sources. Such donations can be made ONLINE by credit card via The Montreal General Hospital Foundation at :

<https://www.mghfoundation.com/donate/make-donationonline-form/>



Enter your donation amount and check the box "Other", and type in McGill Department of Surgery Alumni Fund. Fill in the "Donor information" as appropriate. Charitable receipts for Canadian tax purposes will be issued by the MGH Foundation. ♦

**MUHC**

All nurses have a great sense of duty, personal sacrifice and professional collegiality, all of which were amplified during this pandemic period.

## Perspective of the Nurses on the Front Line

“Pre-covid”, working as a team came natural to all of us. It is one of the qualities we look for when hiring new staff members. BUT there was always that lingering divide between departments.

COVID-19 changed all of that! It brought out leaders in staff that we never knew existed. It demonstrated collaboration between departments that normally couldn't agree on anything. It pulled people together with a common goal: each other's wellbeing!

In less than a week, protocols were established, special “COVID OR's” were prepared, sharing of equipment, ideas, processes were pulled together.

Also, the selflessness of staff offering to go to the direct frontline to lend a hand to the departments that were being overwhelmed astonished me! These people left the familiarity and safety of their units to help others. Three months later, many of them still have not returned.

“Another thing we noticed was how each department is like a family. We make sure everyone is ok. Whether it is lending an ear to listen to someone vent or be a shoulder to cry on, it has made our bonds stronger.” **Sara Angers, OR Interim Nurse Manager RVH.**

“Working amid COVID times has had its fair amount of challenges. However, amid the constant changes there has been a positive that has shone through the difficulties. Communication has improved tremendously, and the benefits of improved communication is certainly worth its weight in gold. The building blocks of crisis management begin with effective communication and if there is anything we can take from this entire experience, let it be that we keep this improvement.” **Elizabeth Joly, OR Nurse Manager MGH.**

Sure, the way we care for patients has changed. “Are they tested?” “Do they have symptoms?” “Is it really urgent or can it wait a week or two!” “Do we full PPE?” Patients don't get to see that re-assuring smile: it's covered up by a mask.

**Sharon Pidgeon, Assistant nurse Manager PACU MGH**, shared her experience. “So yesterday as I walked into the PACU after lunch, there was a patient having a respiratory arrest. Instinctively I went to the bedside and jumped right in. I then stopped and said to

myself I am forgetting something! I left the bedside to get my goggles and gloves and then returned to help. This virus has made us second guess ourselves and has changed the way we do our jobs.

Through all this, the standard of care never faltered! We still put our patients first.

**JGH (1 OF 2)****COVID-19 PERSPECTIVE OF A SURGICAL NURSE**

Worldwide, it has been a very difficult time for each and everyone due to the COVID-19 pandemic. I cannot emphasize enough the importance of teamwork, collaboration and good communication between the coworkers.

At the beginning of the pandemic, we did not have enough guidelines and evidence-based information about proper Personal Protective Equipments (PPE). It was very difficult for all the health care workers to stay focused due to the information changing daily. It was emotionally nerve-racking for us to stay focused and prepare ourselves to take care of COVID 19 positive patients, we were afraid of getting contaminated. Finally, we got enough education and updates from our educators, infection and prevention control team, head nurse, doctor. . .

K8 team was very confident and started to receive patients in the negative pressure rooms, until our negative pressure SAS rooms were ready on both sides and the unit became a HOT ZONE unit.

### TESTIMONY OF A NURSE WORKING ON A COVID-19 POSITIVE UNIT

I strongly believe that the nurse/patient relationship is therapeutic, but that was missing in the context of COVID 19:

I want to see my patients, talk to them to understand what their feeling, and not just rush to finish my nursing tasks and leave the room. Staying longer in the room to keep talking was very difficult, I was gasping for fresh air. I still remember that one patient asking me if I was ok.

However, the physical suffering was unbearable. We had to stay in our PPEs (N95 mask, gown, gloves, face shield, and hood) for a long period of time. There were moments when I felt like passing out, I could not breathe in, was not able to think, and had fog in my thought process. My brain was giving me signals that I had to do something right now or I will die. I had either to go out to the green zone to get some fresh air or walk on the unit to see if I will feel better, I decided to go to the patient's room just to test my overwhelming feeling of passing out. As I started to walk into the patient's room, immediately, I felt the difference. I introduced myself to this 100-year old lady, did the head to toe ►

► assessment, VS, spoke to her, she was alert, oriented, independent for all the ADLs. I was inspired by her. I also realized that my focus was shifted from a nurse that was struggling for fresh air to an accountable, compassionate, caring and empathic nurse toward her patient.

I also realized that continuous moving around the unit and sharing my feelings with my colleagues help with breathing and coping with the physical and emotional stress. Despite that fact, our journey as frontline workers continue.

Our physical pain became a habit and the emotional and mental pain continued.

During this journey, I had many rewarding moments that I would like to share. I remember, one of my patients and his wife who got COVID 19 in Florida while they were on vacation. He was stable in the morning round, and I gave all the updates over the phone to his wife who was herself also positive but not as sick as him. When she called back in the afternoon to get more updates, I had to give her the bad news that I was taking her husband to the ICU because his condition had deteriorated. She was already panicking and very anxious from the morning. Before I gave her the bad news, I asked her to take a chair and sit down and reassured her. She was crying and I cried with her over the phone. It was very heart breaking to see how things could change from one moment to another. I told her "he will be ok; the Doctor will call you with updates as soon as possible". I still don't know what happened to him. I really hope he recovered and went back home.

I have seen more than a dozen of people transferred to the ICU, and I don't know if they are still alive or died. I have several rewarding memories from the last three months of my experience.

We got so many admissions from many different CHSLDs, a vast majority were elderly, around 85 to 100 years old, malnourished, confused, high risk of fall. They had bed sores and physical contractures, were bed bound, and 95% of them needed feeding assistance, AM care, bed bath, mouth care, changing position, combing their hair, putting their dentures on, applying Vaseline on their lips, encouragement to sit during breakfast and lunch times. . . that was our daily routine.

Due to strict hospital protocol, family members were not allowed to visit their loved ones. Three tablets have been effective tools to connect our patients with their family members. I have made several zoom meetings and facetime meetings with the family members to make the patients eat a few spoons of puree food. Even though we are socially isolated, technology has helped us remain connected.

I still could recall the memory, when one of my patient's

grand-daughter said "Thank you so much for taking care of my grandmother. You guys are unbelievable, I have no word to express your compassion". While she was saying this, she was crying, and I cried with her too. I could only imagine the pain and emotional distress those families were going through. No matter how much comfort and care I provide to my patients, I cannot replace the family. Feeding and administering the medications were the most challenging tasks with those elderly patients.

I got a special reward from one of my patients: one evening shift I spent about two hours with her to give her good mouth care, clean her dentures and put them on, wash and comb her hair, apply Vaseline on her lips and cream on her face, change her gown, and try to feed her. She ate one chocolate pudding for the first time after several days. She blew kisses to me and said, "Thank you". I never heard her talking other than moaning in the past. I was shocked by her reaction. She made me feel so special and proud of myself of being her nurse. This is very rewarding gift that makes me the strong person I am today.

I never felt anxious to come to work or to take care of COVID 19 positive patients throughout the pandemic. All the patients are equally respected, but the experience is different. Being kind, providing comfort, giving safe care and making someone smile is our mission.

As time passes by, our physical pain became a habit, but our psychological and emotional pain became a struggle.

I believe that it is not something we can easily heal; it will take months and years to forget or maybe I will never forget. It will remain as a scar tissue on my heart forever. But this scar represents values, strong beliefs, positivity, compassion, caring, empathy, and teamwork.

It is unbelievable to see the number of deaths on the unit over the last three months; numbers of family members crying over the phone and face timing. It feels like a never-ending horror film that keeps on rewinding and repeating by itself.

It is very hard what we have been through, but I feel fortunate to be involved in the fight. It feels like a war; I have seen so many deaths, crying, suffering, pain, and vulnerable people in last three months. All these challenges made me a strong person today.

Finally, I believe that the JGH K8 unit has an amazing team and are always supportive to each other during this difficult time. I also think that the JGH is a community, where multicultural people work together and help each other with respect to make the hospital a more harmonious working environment every day.



► I strongly think we should continue to work hard to make this organization a better place by respecting distancing, wearing mask, and practicing good hand hygiene as directed by the ministry of health.

According to the JGH's COVID 19 positive patient's statistics we have done very well, we developed tele-health programs and research programs and studies. From these studies we are continuously learning new evidence-based information and improving the safety and quality in the health care system.

**Mona Abou Sader**

*Infirmière chef K8, Head nurse K8  
Chirurgie vasculaire, thoracique et ORL  
Vascular, thoracic and ENT surgery*

## **JGH (2 OF 2)**

### **IN THE TIME OF COVID-19: REFLECTIONS FROM AN OR NURSE**

I've been a staff nurse in the O.R. for 35 years. In that time, I contributed to the launch of the Cardiac Surgery program alongside Dr. Yves Langlois. In April, COVID-19 had me displaced to the Post Anesthesia Care Unit (PACU). For the first time in 35 years, I was asked to dispense medication using a computer program, start an IV, draw blood, do an EKG, and program an IV pump for narcotic delivery. This took me well outside my comfort zone.

Was this experience frightening? You bet. But I felt the generosity of our PACU nursing staff. They were so patient with me. Maybe they knew I was trying to embrace this challenge like my fellow

O.R. colleagues, sent to CHSLDs, where the need was so great.

Protocols kept changing, sometimes multiple times per day. My limited ability to understand the basis for these changes was a source of frustration. This led to disorganization and confusion around things like protective equipment: when to wear an N95 mask in the face of a dwindling supply?

Was it on me to do better? Or were those responsible for communicating protocols not being clear enough? Maybe both. I think in times of crisis like this we tried our best.

Post op care on awake patients was a new experience - both moving and touching. Many times I felt very appreciated. On one occasion, I saw tears in the eyes of an elderly gentleman when I told him he was being discharged to the floor. He feared he would not get the same level of care. We had quickly become a team the two of us.

The Montreal business community supported us so well with food and drink. Thank you Premiere Moisson for our daily coffee and pastries. Thank you Lucilles and Moishes and others, too numerous to mention.

Nurses, doctors, orderlies, housekeeping staff and the O.R logisticians group all collaborated to make this crisis a lot more tolerable. In the end, would anyone want to go through this again? No way. But who knows whether or when? ♦

*Written by anonymous JGH OR nurse*

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## **ZIYAB K. SARFARAZ**

### **PGY3 CARDIAC**

I am extremely grateful to the McGill Surgical Services for inviting residents to give their perspective on the current Covid-19 pandemic and how it is affecting our training.

## **Residents' Perspective on COVID-19**

The Covid-19 pandemic has reigned havoc on the medical services throughout the world and we are not an exception. Before January 2020, none of us had even heard of the disease. And now, here we are dominated by its presence and the staggering number of lives that have been lost worldwide. It is rare in the history of medicine that we watch a brand-new disease unfold before our very eyes. Every day we learn something new about the disease as we practice old-school translational medicine and bedside observations.

During the crisis, the health care services at McGill demonstrated genuine determination, valor and great self-sacrifice in providing

care of our patients. I'm proud to have been a part of this team and will cherish my time on the Covid-19 units.

The positives of my redeployment have been that I learned to practice in a multi-specialty environment, with doctors from different specialties working together to provide the best care during this crisis. Who would have known that Covid-19, a respiratory disease would cause Acute Kidney injury, Thrombophilia and a Kawasaki-like illness in children? Doctors from all medical specialties are actively involved and working day and night to deduce this mysterious disease. I am privileged to learn from them, and I am impressed with their resilience.

Obviously, with everything going on, one can imagine the mental and psychological toll that this pandemic took on IMGs. Since international travel is banned in several countries, IMG residents had to postpone their weddings, some missed the funerals of their loved-ones and others are worried for the safety of their relatives. In these trying times we have to stay positive and focused to get rid of this disease so that better days can soon be upon us. ►

► I would like to thank the McGill University leadership, our attendings, residents, nurses, PABs, the unit coordinators and everyone involved in taking care of the patients. Without their positive roles, the situation would have been a lot worse.

**SARAH SIRAJUDDIN**  
**R6 CARDIAC SURGERY RESIDENT**

This pandemic was much more than a disease to us as healthcare workers. It was a different work experience. We usually enter our specialties knowing what to expect, and what diseases we are going to treat! But when the pandemic started, I found myself adjusting the ventilator, flipping patients on their bellies, and extubating patients while cheering for them from behind the glass wall to breathe and stay alive!

I treasure my time in the COVID ICU and during my redeployment I marveled at the special team dynamic. We were all in this together, from all specialties around the hospital. We all had a small fear inside us, but we all tried to fight it with jokes and hopes. I was surprised by how many times we were reminded that even if the patient was crashing, we needed to wear our Personal Protective Equipment. But I would not be surprised that a lot of us would go in without thinking, to try to save a patient's life.

I came to McGill University all the way from Saudi Arabia to be a cardiac surgeon. But if I am asked to help in another unit I would gladly and confidently do so.

**TYLER SAFRAN**  
**PGY3, PLASTIC SURGERY**

I remember my first night sitting on the quiet floor of the regional COVID-19 unit during an overnight shift. I was the only resident present, working in a team of non-surgical physicians. The reason I was there was simple, to lend a hand to our medical colleagues. I wanted to help them avoid burnout and to use my clinical skills productively. It's crazy to think that we are currently living in a pandemic that will be echoed in history. Widespread quarantine and social distancing are changing the way we live every day. For some surgeons, this may cause angst, putting their elective cases on hold and making their clinics cumbersome to run. There is one thing that we must not forget, the oath we all took to help those in need.

For me, it all started the night before my first shift as I was preparing for our trauma day cases. At 9PM, I received a call from the head of the COVID ward asking for help to start the night shifts the following day. This tertiary hospital's ICU at the time was almost full of COVID patients, and the primary COVID ward was full, and so they needed me to cover the new unit. Full of stress, panic, and worry I agreed to the task. Luckily, the support I received was fantastic. My chief

(Dr. Mirko Gilardino) and program director (Dr. Stephanie Thibaudeau) have been extremely proactive in their efforts to ameliorate the situation and to help support their residents and staff who have been redeployed. Their efforts make all the difference.

It was humbling seeing patients with a bunch of medical co-morbidities and not being the most knowledgeable or the most up to date with medical knowledge. It was a moment to reflect on the beauty of other specialties and how they share a similar passion for their patients' well-being. With everyone's help, we can overcome any challenge.

Unfortunately, after my short stint on the Covid ward, the myalgia and fever began. Within the days following, I received my diagnosis of COVID-19. The tables had turned. Instead of the doctor, I was the patient. Luckily my fight with the virus was short, but this experience opened my eyes to why there was so much panic and uncertainty surrounding this novel coronavirus.

As I now returned to the hospital, I feel so fortunate to be able to help change the lives of others and to do so through a collective and collaborative effort. ♦

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**"Here's to the crazy ones, the misfits,  
the rebels, the troublemakers,  
the round pegs in the square holes...  
The ones who see things differently--  
they're not fond of rules...  
You can quote them, disagree with them,  
glorify or vilify them, but the only thing  
you can't do is ignore them  
because they change things...  
They push the human race forward,  
and while some may see them  
as the crazy ones, we see genius,  
because the ones who are crazy  
enough to think that they can  
change the world  
are the ones who do."**



—Steve Jobs (1955-2011)

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## Division of Cardiac Surgery

### GRADUATING RESIDENTS



#### DR. QASIM ALABRI

Cardiac Surgery Residency at McGill prepared me to take my first step into independent practice! I'm privileged to be offered an Advanced Fellow position in Minimally Invasive Cardiac Surgery at the prestigious Debakey Cardiac Center in Houston! This would not have been possible without the reputation that McGill University enjoys worldwide! Thank you to all my attendings for mentoring me! I will carry the name of McGill University moving forward.



#### DR. ALY GHONEIM

Finished Cardiac Surgery Residency training at McGill University. Previous fellowships at UdeM and IUCPO. Cardiothoracic surgery Board and PHD University of Cairo. Next: cardiac surgeon at Hôpital Fleurimont (CHUS).



#### DR. JOHN CONNELL

John M. Connell, MD, MPH, EdM, from New York, USA, completed a combined Cardiac Surgery Resident and Critical Care Medicine Fellow, 2020. He will attend the Master in Space Studies program at the International Space University in Strasbourg, France in 2020-2021 to merge his interests in medicine, human performance in extreme environments, and space exploration. He will also sit for the Royal College Cardiac Surgery and Critical Medicine board exams in September and October 2020.

### NEW RESIDENTS



#### DR. JOSHUA SCHWARTZ

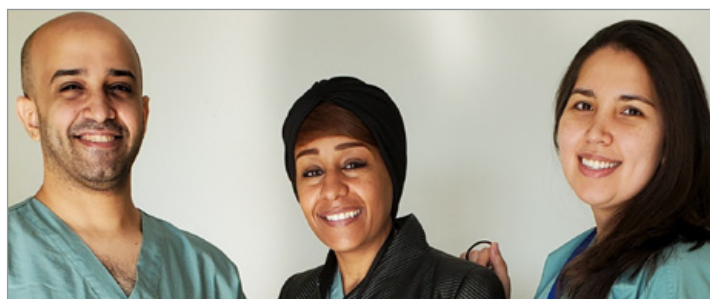
Dr. Joshua Schwartz joined the cardiac surgery residency program at McGill University after completing his medical education at McGill University. Joshua was actively involved in research as a medical student, working on projects ranging from endocarditis to heart failure in LVAD patients to the use of frailty assessments in patient's undergoing mitral valve surgery. Outside of work, he enjoys playing hockey and spending time with friends and family. Joshua is looking forward to continuing his research and participating in the wide array of cardiac surgery performed at McGill in the hope of pursuing an academic career.



#### DR. SHARIFA AL-SHEEBANI

A United Arab Emirates University graduate — 2017 alumni. Former General Surgery resident at Abu Dhabi's SEHA Hospital Group. Currently a Cardiac Surgery resident at McGill University. Always eager to accept new challenges & aiming to make a difference. ♦

### NEW CHIEF RESIDENTS



From left to right: Dr. Mansour Alomran, Dr. Nouf Baker, and Dr. Sarah Sirajuddin

#### DR. MANSOUR ALOMRAN –R6

Dr. Mansour Alomran is a graduate of King Saud University in Riyadh. He pursued a master's degree in Experimental Surgery with a focus on Aortic hemodynamics. He will eventually join the Cardiac Surgery department at King Abdulaziz Cardiac Center in Riyadh.

#### DR. NOUF BAKER –R6

Dr. Nouf Baker graduated from Ibn Sina Medical College in Riyadh. During her academic enrichment year she was enrolled in the Surgical Education master's program. After completing her training, she will join the Cardiac Surgery division at King Fahad Medical City.

#### DR. SARAH SIRAJUDDIN – R6

An alumna of King Abdulaziz University in Jeddah, Dr. Sarah Sirajuddin joined the McGill Cardiac Surgery division after spending two years in general surgery residency at George Washington University, Washington D.C. She is interested in pursuing a fellowship in advanced aortic surgery. ♦

## Division of General Surgery

### NEW DIRECTOR

#### DR. PAOLA FATA

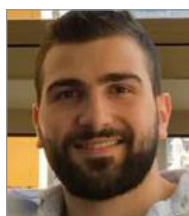
Appointed Director of General Surgery.

### NEW RECRUIT



**DR. IPSHITA PRAKASH** completed her MD and a General Surgery residency at McGill University. During her surgical training, she obtained a master's degree in Health Policy, Planning, and Financing at the London School of Economics. She then went on to a fellowship in Breast Surgical Oncology at Duke University, and will be returning on faculty at the Jewish General Hospital. Her academic interests predominantly include health outcomes research, and global oncology. She hopes to establish a Breast Cancer Outcomes Program at McGill, and focus her own research on breast cancer disparities in Quebec and Canada.

### NEW RESIDENTS



**DR. SHAFIC ABDULKARIM** received his medical graduate degree from Aleppo University (Syria). He worked with the International Committee of the Red Cross during the civil war in Syria. He obtained a M.Sc. in Experimental Surgery (Global Surgery) at McGill University under supervision of Dr. Razek and is currently doing clinical research in Colorectal surgery with Dr. Boutros



**RABAB ALABDULLAH** received her medical degree at the University of Malta. Interests are in drawing and playing the violin.

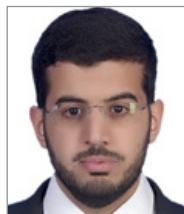


**SARAH AL BEN ALI** received her medical degree from Kuwait University. Her interests are travelling, fitness, yoga and painting.



**LUAI ALMARZOUKI** is the youngest of 4 all of which are in the medical field and are also McGill graduates. I have received my medical degree from King Abdulaziz University in Jeddah, Saudi Arabia, after that I was employed there as a teaching assistant in the department of general surgery. I worked as a general surgery junior resident for 2 years, after which I moved to Montreal to pursue a master's degree in experimental surgery at McGill University which I have completed

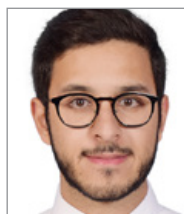
under the supervision of Dr. Lorenzo Ferri. Currently, I am slated to start my general surgery residency program at McGill University.



**YOUSEF AL-MUTAWA** received his MBChB Hon. and a Master of Philosophy from the University of Liverpool, England, UK. His interests are in 3-dimensional printing and its applications in medical education. Since the onset of the Covid-19 pandemic, he has led an initiative supported by the Ministry of Health in Kuwait to set-up a production line to manufacture 3d-printed face shields, nasopharyngeal swabs, and snorkel mask adaptors to support the frontline healthcare workers in Kuwait.



**SALEM ALRAMADHAN** received his medical degree from University of Aberdeen, Scotland. Interests are organizing charity football events, travelling and entrepreneurship.



**ABDULLAH ALSHAMMARI** was born and raised in Kuwait City, Kuwait. He completed his medical degree at the Royal College of Surgeons in Dublin, Ireland. After graduating from medical school, Abdullah completed his intern year in Kuwait before joining the McGill General Surgery Residency Program.



**NEYLA BOUKHILI** received her medical degree from McGill University in 2020 after completing the Medicine Preparatory Program there as well. Her interests outside of medicine (and surgery) include painting, travel, photography, and skiing.



**TIFFANY PARADIS** did her bachelor's degree in Anatomy and Cell Biology at McGill University prior to Medical School. While in medical school she pursued her research interest in Trauma and Global Surgery. Outside of medical she has a passion for cycling as well as spending time with her dog Whiskey! ▶

## ► NEW CHIEF RESIDENTS



**DR. MARIA ABOU KHALIL** completed her medical school at McGill. During her residency, she was an active member of the resident body and she served as president and VP Wellness of the McGill General Surgery Residents Committee (3 years). She joined the research laboratory of Dr. Marylise Boutros, and under her supervision she completed a master's degree in Epidemiology. She is currently completing a PhD in Experimental Surgery, focusing on the surgical management of C. difficile colitis. Maria will be pursuing a fellowship in Colorectal Surgery at McGill. "



**DR. MOHAMMED ALDAMRY** was born in Mecca and graduated from King Saud bin Abdulaziz University. In 2016, he joined the McGill general surgery residency after completing master's degree in experimental surgery. He is pursuing a career in upper GI surgery.



**DR. MARYAM AL FARSI** obtained her Medical degree from Cardiff University, Wales. She joined McGill General Surgery in 2015. After completing her residency Maryam will pursue a fellowship in surgical oncology.



**DR. RUQAIYA AL SHEHHI** completed her Medical Degree at Sultan Qaboos University in Oman. She is currently employed at the Sultan Qaboos University Hospital. She obtained a master's degree in science of Surgery at The University of British Columbia in 2015, then joined general surgery program at McGill University in 2016. After graduating from the general surgery program, Ruqaiya is working on pursuing her fellowship training in Trauma and Acute/ Critical care surgery. She wishes to help improving the Trauma care and establish Acute Care surgery system in Oman when she goes back.



**DR. NOURAH ALSHARQAWI** obtained her degree from Kuwait University, Faculty of Medicine. In 2016, she joined the McGill General Surgery program with one goal, which was to pursue colorectal Surgery, especially in the field of Inflammatory Bowel Disease and Oncology. After she completes her training, Nourah will return to Kuwait as one of the first female colorectal surgeons in Kuwait.



**DR. PHILIPPE BOUCHARD** completed his medical degree at McGill University before joining the general surgery program in 2015. He completed a MSc in Epidemiology under the supervision of Dr. Eduardo Franco and Dr. Amin Andalib about quality of surgical care in bariatric surgery in the province of Quebec. After completion of his general surgery residency, he will pursue his training in MIS / bariatric surgery at The Ottawa Hospital.



**DR. SOHAYB FALEH** Graduated medical school at King Abdulaziz University, Jeddah. Started my career as a general surgery resident at King Abdulaziz university for 2 years where I joined the McGill General Surgery family in 2016. Choosing a subspecialty that would help me serve my society and community the most . Out of the hospital I like to play cards and hit the Gym whenever I get a chance. Quote that I live on: live as if you were to die tomorrow.



**DR. ETIENNE ST-LOUIS** was born in Montreal and received his medical degree from McGill University in 2013. He went on to join the McGill Division of General Surgery as a resident. During his residency, Etienne completed a MSc in Epidemiology under the supervision of Dr. T. Razek and a PhD in Experimental Surgery under the supervision of Dr. D. Poenaru. His research with the Centre for Global Surgery focused on pediatric trauma care and outcomes in low and middle-income countries. He received the Jean-Martin Laberge Global Pediatric Surgery Fellowship, which supported his field work in Kigali as an associate researcher of the University of Rwanda. He will be completing his Fellowship in Pediatric General Surgery at the Montreal Children's Hospital. ♦

## AWARDS

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Marvin Wexler Faculty Clinical Excellence Award **Dr. Paola Fata**

Outstanding Faculty Excellence in Teaching Award **Dr. Sender Liberman**

Outstanding Fellow Excellence in Teaching Award **Dr. Abrar Nawawi**

Roger Tabah Resident Excellence in Teaching Award **Dr. Aziz Alnumay**

Marvin Wexler Resident Clinical Teaching Award **Dr. Safiya AlMasrouri**

CAGS Excellence Resident Teaching Award **Dr. Nourah AlSharqawi**

Leadership Award **Dr. Etienne St. Louis**

Outstanding Undergraduate Teaching Award **Dr. Jules Eustache**

David Owen Undergraduate Teaching Award **Dr. G. Fried**

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## Division of Orthopaedic Surgery

### NEW RECRUIT



**DR. AHMED AOUDE** We are fortunate to have been able to recruit one of our stellar graduates, Ahmed Aoude, who will be returning to join the team at the MGH in August 2020. Ahmed's background is in engineering with an undergraduate degree in Electrical Engineering followed by a master's degree in Biomedical Engineering, both completed at McGill. He then worked in the orthopaedic implant industry for a few years. Following medical studies at the U de M, he completed his residency in 2018 after having won numerous research, teaching, and leadership awards. He then completed clinical fellowships in Spine Surgery (Calgary, 2018-19) and Orthopaedic Oncology (Toronto, 2019-20). His clinical and research focus will be on axial as well as limb sarcomas, and traumatic/degenerative spinal conditions. With over 30 peer-reviewed research publications and 7 patents, we foresee a productive academic career for Dr. Aoude and welcome him warmly back to McGill.

### GRADUATING RESIDENTS



**DR. ABDULLAH ADDAR** Hailing from Riyadh, Saudi Arabia, Abdullah Addar graduated with first-class honors from the College of Medicine at King Saud University. He started his orthopedic surgery residency at McGill in July 2015. Throughout his residency, Abdullah was known for his inquisitive drive, collegiality and dedication to his discipline. Abdullah is interested in the field of pediatric orthopedics, specifically in limb deformities, complex reconstruction, and hip preservation. He will be further completing his training in pediatric orthopedics at the Hospital for Sick Children in Toronto, Canada. Ultimately, Abdullah will be heading back to King Khalid University Hospital in Riyadh, Saudi Arabia, as an academic pediatric orthopedic surgeon. He extends his sincere gratitude to his parents for their unwavering love and support throughout the years, to his siblings for their constant inspiration, and to his peers and mentors at McGill who made the journey worthwhile.

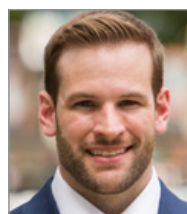


**DR. NIZAR ALGARNI** Dr. Nizar Algarni, MBBS, MSc, FRCSC, completed his medical training at King Saud University, Riyadh, Saudi Arabia in 2013. Then completed his master's degree in Experimental Surgery at McGill University. In 2015, he started his residency training in Orthopaedics at McGill University. During his time as a resident, Nizar shined with his outstanding knowledge and surgical skills as well as his research activities. He graduated from the Orthopaedics residency in June 2020 and will be pursuing a fellowship in paediatric spine at McGill University



followed by a second year of adult spine fellowship at University of British Columbia in Vancouver. Nizar dedicates all his success to his parents and his loving wife and daughter.

**DR. YOUSEF MARWAN** Dr. Yousef Marwan, BMedSc, BMBCh, was born and raised in Kuwait. He completed his medical studies at Kuwait University, and was then sponsored to join McGill's Orthopaedic residency program. Throughout residency, Yousef was known for being a hardworking resident and an outstanding leader. He was a strong advocate for the program, and he is proud for creating and running an Instagram account for McGill Orthopaedics to help promote our academic and social activities. Having more than 30 published scientific papers, Yousef enjoyed research as much as operating. Yousef is married to Jumanah who is a Pediatric Fellow at McGill, and has two kids, Abbas and Loulwah. Surviving residency with two kids was the greatest challenge they faced. Yousef is excited to spend two more years at McGill, doing fellowships in Sports Medicine and Limb Deformity, as well as master's in Surgical Education. He will also spend 6 months in the UK to do more training in limb deformity before joining Kuwait University as an academic orthopaedic surgeon.



**DR. JUSTIN SCHUPBACH** Dr. Justin Schupbach MD, BS. Justin was born and raised in Michigan where his love of sports and all things outdoors eventually led him to Orthopaedic Sports Surgery both as a patient and now as an Orthopaedic Sports fellow at the University of Michigan. Justin loves arthroscopy and has a special interest in the knee. He credits his mentors at McGill for helping him engender his love of surgery and foster his desire to improve the field of medicine. When he's not practicing medicine Justin's passions are snowboarding, hunting, fishing, wakeboarding and mountain biking. Justin is married to Sarah, who is an Emergency Physician, and they plan to settle down in Michigan around family.



**MAGDALENA (MAGDA) TARCHALA** Dr. Magdalena (Magda) Tarchala was born in Poland and immigrated to Canada at a young age. Since then she has had the privilege of living in various countries, but found her way back to her native country to complete her medical school at Jagiellonian University in Krakow, Poland.

Upon completing a master's in Experimental Surgery, Magda joined the orthopaedic residency program.

Magda was actively engaged throughout all of residency in many university and national level leadership positions including ►

► Chief Resident and Canadian Orthopaedic Residency Association (CORA) co-chair. Magda's passion for Orthopaedics came to fruition thanks to various female mentors, and she continued to share this passion with others by being actively involved in gender diversity initiatives locally with medical students at McGill and also nationally with the Canadian Orthopaedic Association (COA).

As a proponent of wellness and fitness enthusiast, Magda also instituted fitness sessions for the residents to help promote wellness and physical activity.

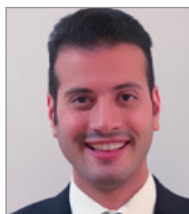
Upon completing her residency, Dr. Tarchala will be continuing her training in her two passions of Paediatric Orthopaedics and Sports Medicine by completing a fellowship in Paediatric Orthopaedic Surgery at SickKids in Toronto, Ontario; followed by a Paediatric Orthopaedic Sports Fellowship at Boston Children's Hospital.

Dr. Tarchala would like to thank all her mentors and everyone that have helped along this journey, but most importantly her mom, sister, and puppy Bondi, who without them this journey would have been impossible.

## NEW RESIDENTS



**DR. HUSSAIN ALALI** (BMedSc, MD) was born and raised in Kuwait. He graduated from Kuwait University with a Bachelor's of Medical Sciences in 2015 and Doctor of Medicine in 2018. Dr. AlAli was sponsored by the Kuwaiti Government to join Orthopedic Surgery program in McGill University. He is interested in health leadership and medical education. He is a member of Kuwait Medical Association, Kuwait Surgical Association, Canadian Orthopedics Association, Canadian College of Health Leaders and an exclusive ambassador to Miracle Charitable Society of India in the MENA region. He is looking forward to becoming a Resident Wellness Ambassador of the Well Office for Orthopedic Surgery Program in January 2021. After residency, Dr. AlAli is looking forward to helping his colleagues to improve the health care system and medical education in Kuwait.



**DR. NAWAF ALAMIRI**, MBBS, MSc (Candidate) graduated with Second-class honors from the College of Medicine at King Saud University, Riyadh, Saudi Arabia in 2017. For as long as he can remember, surgery has been a significant part of his life. Being a part of a family full of surgeons showed him how demanding a surgeon's life can be. Combining his love of sports and reconstruction, Dr. Alamiri is pursuing his career as an orthopaedic surgeon. In 2020, he started his residency training in Orthopaedic at McGill University.



**DR. HAMID AL BADI** graduated from Sultan Qaboos University, Muscat, Oman with distinction. Being an orthopedic resident at McGill University is a major impact in his future profession. He is very enthusiastic to improve his clinical skills and judgment to deliver the best care possible.

He is aware of his responsibility toward the program, his teachers, his colleagues, the patients and his country. He is willing to gain the maximum amount of experience which will enable him to integrate favorably with orthopedic service in Oman.

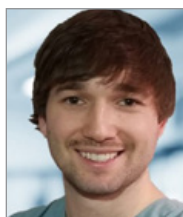


**DR. MUADH ALZEEDI** graduated from the College of Medicine and Health Sciences at Sultan Qaboos University, Sultanate of Oman, in 2018. His interest in orthopedics grew during his medical training. In 2020, he joined the McGill university residency training program. Outside medicine, he enjoys hiking and photography.



**DR. PAUL KOONER** was born and raised in Trail, British Columbia and went on to complete his undergraduate studies at the University of British Columbia and medical school at the Royal College of Surgeons in Ireland – Bahrain. His passion for sports and medicine led him to pursue a career in Orthopaedic surgery at McGill University. Paul's

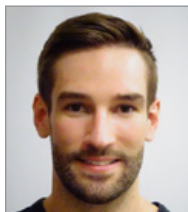
interests in Orthopaedics began in his second year of undergrad, where he worked as a research assistant in the field of spinal cord injury at the Vancouver General Hospital. He took part in many pre-clinical surgeries and was immediately drawn to the fast paced, hands on nature of orthopaedic surgery. As a student athlete, playing provincial level soccer and captain of his medical school basketball team, Paul was naturally attracted to the study of biomechanics of the human body. This coupled with his research experience led to a strong interest in musculoskeletal pathology throughout medical school. Outside of school, you may find Paul camping, snowboarding, playing recreational sports or cheering for his two favourite teams, the Dallas Cowboys and Vancouver Canucks.



**DR. SIMON MARTEL** was born and raised in Ottawa, where he completed a Bachelor of Science at the University of Ottawa before moving to Quebec City to complete his medical training at Université Laval. It is with great enthusiasm that he is now joining the Orthopedic Surgery Residency Program at McGill University. Outside

the hospital, Simon is a true sports enthusiast. He enjoys playing hockey, baseball, volleyball, downhill skiing and practicing watersports. Simon hopes that his team spirit and collegiality will make him a valuable trainee with the orthopedic ►

► surgery team, and he looks forward to meeting all his future colleagues!



**DR. DREW SCHUPBACH** was born and raised in Michigan. Growing up with three brothers, he developed a passion for sports and all things active outdoors. He has been interested in orthopaedics since high school, but playing collegiate lacrosse really fostered his passion for sports medicine through the many firsthand experiences he had. In his free time, he still enjoys recreational sports as well as hunting, fishing, snowboarding, and recently mountain biking! Hopefully in the future he will be able to specialize in sports medicine and return to Michigan to practice orthopaedics.

### NEW CHIEF RESIDENTS



**DR. JASON KHOURY** PGY5 is a Montrealer at heart. He completed his medical school training at McGill University before entering into their Orthopaedic Surgery residency program. After 4 years dedicated to enriching McGill's program, he will continue to build on its strong foundation as the 2020 – 2021 Chief Orthopaedic Resident. Jason hopes to foster a positive work environment for his colleagues and knit together a cohesive group of residents. He is dedicated to facilitating resident learning through a structured educational

program using online platforms. He strongly believes in peer-to-peer learning and has a particular interest in Upper Extremity surgery, the latter which he hopes to concretely integrate into the curriculum. Jason hopes to solidify McGill Orthopaedics' reputation as a premiere centre for orthopaedic training. He will complete his fellowship at the Roth McFarlane Hand and Upper Limb Centre in London, Ontario. He hopes to bring back his expertise to Montreal where he can rejoin his family and friends.



**DR. SUSAN GE** PGY4 has moved across continents and provinces and is happy to finally find herself home in Montreal. She completed her medical studies at McGill and is currently completing a double program in Orthopaedic Surgery and a master's in Experimental Surgery. Part-time adventurer, part-time artist, and full time resident, Susan is always in the midst of several projects. One of the most important this year is being the 2020 – 2021 Assistant Chief Orthopaedic Resident. She hopes to use the skills and experiences she has gained through her interests outside of medicine to better integrate wellness and further enrich the research and educational pillars of the Orthopaedic Surgery Residency Program at McGill. She is interested in Foot & Ankle and Trauma Surgery and is happy to be pursuing the remainder of her orthopaedic training amongst peers that she considers family. ♦

## McGill Orthopaedic Virtual Visiting Professor 2020

**DESPITE THE CHALLENGES IN THE TIME OF COVID**, the McGill Orthopaedic Surgery Department held their Annual Visiting Professor event virtually over two evenings on May 28 and June 4, 2020. Although there was no visiting professor this year, staff and residents were still able to present interesting clinical cases from each orthopaedic subspecialty, showcase their innovative research to peers, as well as tell stories, both touching and amusing, about their COVID redeployment experiences.

Awards were presented over a nice take out dinner and included the Julie Prize for compassionate care to **Dr. Mohammed AIotaibi**, the Outstanding Educator of the Year Award to **Dr. Mitchell Bernstein**, the Resident of the Year Award to **Dr. Abdullah Addar**, the Outstanding Fellow Award to **Dr. Mohammed Alqahtani**, and the Altruistic Patient Care Award to **Dr. Reggie Hamdy**.

Although the Annual Fraser Gurd Evening could not be held, the McGill Orthopaedic Surgery Department also brought home a number of prizes. **Dr. Anthony Albers** and **Dr. Paul** ►



► **Stephenson** won the Harvey H. Sigman Undergraduate Teaching Excellence Award, **Dr. Adam Hart** won the award for Postgraduate Education Teaching, and **Dr. Julien Montreuil** won the Ross Adair Memorial Award for Teaching Excellence in recognition of excellence in Postgraduate Teaching by a resident.

During these challenging times, not only has the McGill Orthopaedic Surgery Department demonstrated extraordinary resilience, but also an ingrained culture of excellence as reflected by the outstanding staff and residents in the program. ♦



## Division of Plastics and Reconstructive Surgery

### NEW RECRUIT



#### DR. JOSHUA VORSTENBOSCH

The Division of Plastic Surgery is pleased to welcome Dr. Joshua Vorstenbosch to our faculty. Prior to his plastic surgery training at the University of Manitoba, Dr. Vorstenbosch completed a PhD in the plastic surgery lab under the supervision of Dr. Anie Phillip in the area of wound healing here at McGill. He joins us following an oncology reconstructive fellowship at Memorial Sloan Kettering in New York. Dr. Vorstenbosch will be an important addition to our breast cancer reconstruction group bringing additional expertise in lymphedema reconstruction as well as general oncologic and microvascular reconstruction to our existing dynamic team. Please welcome Dr. Vorstenbosch to the MUHC family! ♦

### GRADUATING RESIDENTS



DR. ANTOINE LESSARD



DR. FANYI MENG



DR. ALEX VIEZEL-MATTHIEU



DR. BECHER ALHALABI

### NEW RESIDENTS



DR. HASSAN EL HAWARY



DR. YASSER ALMADANI



DR. ASLAN BARADARAN

### NEW CHIEF RESIDENTS

P1-P2-P3  
ROY KAZAN

P4-P5-P6  
MOHAMED ABDULLA

P7-P8-P9  
MEHRAD MOJTAHED JABERI

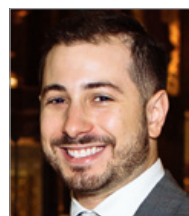
P10-P11-P12  
DIN ZAMMIT

P13  
RAFAEL VILLELA GALLO

### AWARDS



**DR. TYLER SAFRAN (PGY 3)** won The Ross Adair Memorial Award for Teaching Excelled in Plastics



**DR. DINO ZAMMIT (PGY 4)** won the CSPS resident presentation award in the innovation category. Project name was Introduction of a novel type of surgical simulation : 3D- printed step-specific simulation (S2Sim) for Rhinoplasty.

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**"The capacity of man himself is only revealed when, under stress and responsibility, he breaks through his educational shell, and he may then be a splendid surprise to himself no less than to his teachers."**



—Harvey Cushing  
(1869-1939)  
American Neurosurgeon

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## Division of Thoracic Surgery

### NEW RECRUIT



**DR. SARA NAJMEH** We are delighted to announce that Dr. Sara Najmeh will be joining the staff of the Division of Thoracic and Upper GI Surgery at the McGill University Health Center in July 2020. Dr. Najmeh will have both clinical and surgical duties based at the Montreal General Hospital and will be part of the Gatineau/Hull Hospital Thoracic clinic group.

Dr. Najmeh completed her residency in General Surgery as well as a successful master's degree in Experimental Surgery here at McGill University.

Dr. Najmeh is returning to Montreal and the MUHC after three years of a traditional Cardiothoracic Residency at Duke University under the guidance and mentorship of Thomas A. D'Amico MD, a leader in the field of lung and esophageal cancer. This research and clinical background are incredibly in sync with the work that we do here at the MUHC and she will indeed be an excellent addition to our surgical and cancer missions. ♦

## Stikeman Professorship 2020

**T**he Divisions of Cardiac and Thoracic Surgery were honored to have **Dr. Patrick M. McCarthy** at the 51st Stikeman Visiting Professorship on May 9th, 2019. He has distinguished himself as a clinician, researcher, educator, and administrator in heart disease. Dr. McCarthy trained at the Mayo Clinic in General and Cardiac Surgery, at Stanford University for an Advanced Fellowship including heart and lung transplantation. Dr. McCarthy also has a joint appointment with the Department of Biomedical Engineering of Northwestern University due to his work educating young entrepreneurs (NUvention), and he has invented several medical products in clinical use.

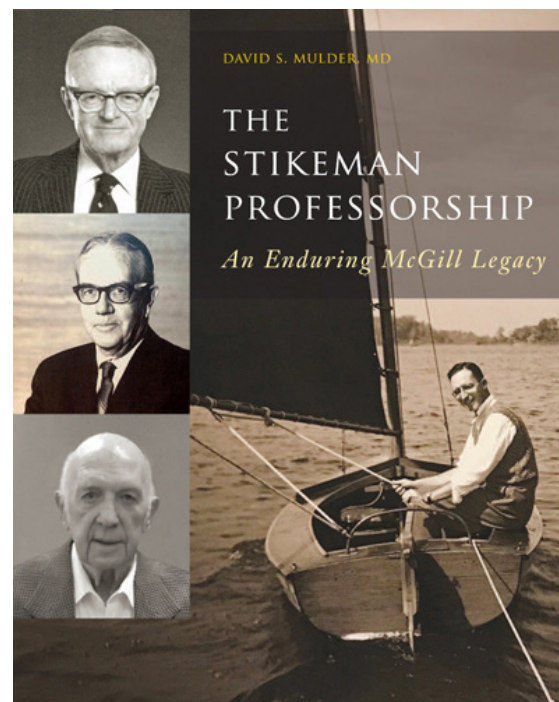
Dr. McCarthy started the event with a presentation on Mitral Valve Repair and AF Ablation Surgery: Getting to the Heart of the Matter during Surgical Grand Rounds at the Montreal General Hospital. Then, the students and fellows were invited to present their ongoing research projects. This was followed by presentations with graduating residents and alumni in the afternoon.

The annual banquet was held at the Mount Royal Club in honor of the Visiting Professor and, our graduating residents and fellow – **Dr. Haitham Alzahrani, Dr. David Drullinsky, Dr. Marina Ibrahim** and **Dr. Amit Katz**.

During the evening, **Dr. Renzo Cecere** presented the clinical and basic science research presentation awards to **Dr. Haitham Alzahrani** and **Dr. Nouf Baker**. Also, congratulations to **Dr. Jonathan Cools-Lartigue** for receiving the Stikeman Educational Outreach Award.

It was a pleasure to have Dr. Patrick M. McCarthy as the 2019 Stikeman Visiting Professor. Finally, thank you the Stikeman family for their ongoing support and for making this event possible. ♦

### STIKEMAN BOOK: NOW AVAILABLE



**Dr. David Mulder** recently launched the book on *The Stikeman Professorship: An Enduring McGill Legacy* to celebrate the origins, evolution, and fiftieth anniversary of the McGill Visiting Professorship in Cardio-Thoracic Surgery. The book is also available for purchase on Amazon.



## McGill University Advanced Thoracic and Upper G.I. Surgical Oncology Fellowship



**AMIT KATZ** completed his clinical fellowship with the Division in June 2019 and is currently completing his year of research at the Thoracic Lab at the RI-MUHC. His research is focused on different aspect of the surgical treatment for esophageal cancer including post-operative complication, recovery and quality of life, different molecular and genomic

subtypes of gastroesophageal adenocarcinoma. At the end of the program in McGill, Dr Katz will do another fellowship in advanced endoscopic tracheo-bronchial and esophageal interventions at University of Montreal.



**FERAS ABU-REIDA** completed his clinical fellowship with the Division on December 31st, 2019 and is currently studying Clinical Research in an academic manner at Oxford College. He will begin his Advanced Oncological Thoracic Surgery and Lung Transplant Fellowship at the CHUM with Dr. Moïshe Liberman in July 2020. ♦

# O

ver 140 participants attended the 3rd Annual Symposium on Upper Gastro-Intestinal Cancers on October 19th, 2019. This successful event hosted by

## Upper Gastro-Intestinal Cancers symposium

**Dr. Thierry Alcindor** (medical oncologist),  
**Dr. Joanne Alfieri** (radiation oncologist),  
**Dr. Lorenzo Ferri**

(surgeon) and **Dr. Serge Mayrand** (gastroenterologist). It has created a valuable networking platform and learning experience for faculty members, fellows, nurses, nutritionists, residents, students and representatives of pharmaceutical companies to be informed on new developments in the field of Upper GI cancers.

The visiting professors consisted of **Dr. Daniela Molena** (surgeon) from Memorial Sloan Kettering Cancer Center, **Dr. Gail Darling** (surgeon) from the University of Toronto, **Dr. Oliver Pech** (gastroenterologist) from St. John of God Hospital in Germany, **Dr. Wayne Hofstetter** (surgeon) from the University of Texas M.D. Anderson Cancer Center, **Dr. Brendon Stiles** (surgeon) from Weill Cornell Medicine in New York, **Dr. Simon Law** (surgeon) from the University of Hong Kong, **Dr. Karyn Goodman** (radiation oncologist) from Mount Sinai Hospital, and **Dr. Daniel Catenacci** (medical oncologist) from the University of Chicago Medical Center & Biological Sciences.

We were honored to have local guest speakers from Université de Montréal, **Dr. Moïshe Liberman** (surgeon) and **Dr. Mustafa Tehfe** (medical oncologist), along with our McGill clinicians and scientists, **Drs. Thierry Alcindor** (medical oncologist), **Carmen Mueller** (surgeon), **Amit Katz** (thoracic surgery clinical fellow), **Enrico Minnella** (clinical fellow - perioperative medicine) and **Veena Sangwan** (scientist). Other than the discussion of local therapies and management of advanced esophago-gastric carcinoma, emerging and novel research ideas were also the highlight of event.

The committee members would like to take this opportunity to thank the **Montreal General Hospital Foundation** (platinum sponsor), **Medtronic** (gold sponsor), **Eli Lilly** (silver sponsor), **Johnson & Johnson** (silver sponsor), and **Olympus** (silver sponsor) for their ongoing support. <https://mcgill.ca/thoracic/symposium> ♦

**ANNUAL SYMPOSIUM ON UPPER GASTRO-INTESTINAL CANCERS**

**Saturday, October 19, 2019**

Division of Gastroenterology  
Division of Medical Oncology  
Division of Radiation Oncology  
Division of Thoracic Surgery

## \$17 Million to Fight Lung, Esophageal and Stomach Cancers via the MGH Foundation CODE LiFE Campaign



From left to right: Jean-Guy Gourdeau, Dr. Lorenzo Ferri, Dr. David S. Mulder, Stephanie Riddell, Dr. Jonathan Spicer, Veena Sangwan PhD and Dr. Jonathan Cools-Lartigue

**THE MONTREAL GENERAL HOSPITAL FOUNDATION** has announced essential support for the fight against thoracic cancers, with \$17 million in donations presented to the Montreal General Hospital's Division of Thoracic Surgery at the McGill University Health Centre (MUHC) garnered from the MGH Foundation's current CODE LiFE campaign.

The Montreal General Hospital's Division of Thoracic Surgery has the largest esophageal cancer program in Canada and one of the largest lung cancer programs in the country. In addition, the Division is the only facility to have received the Minister of Health's Level 4 designation for lung cancer, denoting that it offers the highest standard of integrated patient care, research and education in Quebec. It offers a "one-stop shop" approach to complex cancer care. ♦

<https://www.mghfoundation.com/en/news/17-million-to-fight-thoracic-cancers/>

## Record Year for Soirée en or November 4th, 2019

**T**he third edition of the Montreal General Hospital Foundation's Soirée en or Gala announced a record \$6,5 million to support patient care and advanced research for the treatment of lung, esophageal and stomach cancers through the Division of Thoracic Surgery. Thanks to the 375 guests who attended this fun and flavourful evening and especially to the Aune Foundation, who surprised guests with their announcement of a \$5 million donation, to fund research in Thoracic Oncology.

<https://www.mghfoundation.com/en/news/soiree-en-or-65-million-to-fight-lung-esophageal-and-stomach-cancers/>

### THORACIC RESEARCH

At the national and international levels, the thoracic team of clinician-researchers has distinguished itself both by the quality of patient care and by the innovation it has demonstrated in its various research endeavours. Its researchers are working to identify new personalized treatment approaches to beat cancer, among other approaches by developing one of Canada's first living

biobanks, enabling the identification of cancer genetics and choice of appropriate treatments. These combined efforts are aimed at limiting the negative impacts of surgery and treatments on patients' quality of life, while increasing their chances of survival.

The living biobanks, populated with active cancer tissues, is an amazing tool requiring dedicated, ultra-specialized team members and facilities. Cancer tissue is collected during surgery and then grown in a laboratory to create organoids derived from the patient.

These organoids faithfully reproduce the patient's cancer, enabling the team to verify the cancer genetics with a view to choosing appropriate treatments. Even more interesting, researchers can use the organoids to test a wide array of treatments simultaneously.

### IMMUNOTHERAPY, A REVOLUTION IN ONCOLOGY

Immunotherapy is a hot topic, and the MGH's thoracic surgeons, in collaboration with researchers around the world, are participating actively in research in this area. Cancer uses certain molecules to put the immune system to sleep. That's how it grows and spreads throughout the body. Immunotherapy consists in administering drugs that focus on these checkpoint inhibitors, to wake up the immune system and allow it to kill the cancer cells.

"The idea is to use all of the millions of years of evolution ▶

► accumulated by our innate immune system,” explains Dr. Jonathan Spicer, thoracic surgeon at the Montreal General Hospital and Director of the MUHC’s Thoracic Oncology Program. “Patients generally respond very well to this new approach, which is way less toxic than traditional treatments. Immunotherapy has literally doubled the survival rate of a lot of patients with stage 4 cancers, whether it’s in melanoma, lung cancer or bladder cancers.”

Earlier this year, Dr. Spicer used immunotherapy to treat one of his patients, making the MUHC the first of 145 international lung cancer treatment centres to undertake the third phase of a major research project on the use of immunotherapy prior to surgery.

### THORACIC LAB UPDATE

**Dr. Jonathan Spicer** (co-PI with Dr. Kassouf) was awarded a 5-year CIHR grant titled “Implication of neutrophil extracellular traps in the efficacy of bladder-sparing therapy in muscle invasive bladder cancer”. His master’s student Meghan DeMeo has received numerous awards starting with first prize for master’s Basic Science Poster Presentation at the Experimental Surgery Research Day, the Experimental Surgery Entrance Studentship Award 2019-2020, the 2019-2020 RI-MUHC Studentship Competition MSc. Award, the 2020-2021 FRQS master’s training award (ranked 4th out of 298 applicants), the 2020 Canada Graduate Scholarships-master’s competition, and the 2021 FRQS award. Her focus is on determining which patients would benefit most from neutrophil recruitment inhibition based on their driver mutation status.

**Dr. Jonathan Cools-Lartigue** has recently started his laboratory at the Glen. His PhD student Daniel Su is doing research on the

regulation of extracellular vesicles on neutrophils functions and cancer metastasis, using both patient derived samples and laboratory models. Daniel has been awarded the 2019 Department of Surgery Student Stipend Support and most recently the 2020 Department of Experimental Surgery Entrance Award.

**Dr. Swneke Bailey** has received the 2019 Cancer Research Society grant and most recently a 5-year CIHR (4th/45) as well as FRQS (ranked 1st). Ansley Gnanapragasam, master’s Candidate, is involved in the sequencing of patient-matched primary a peritoneal metastasis samples from GEA patients in order to identify causal gene variations as well as understanding the mechanisms of progression to PM. Ansley was awarded the 2019 CRP Research Day Poster Presentation Award.

At the MGH Sagwan/Ferri labs, **Dr. Veena Sangwan** received a Cancer Research Society grant 2019 and her Master student, **Philip Pisano** is evaluating the potential biomarkers involved in esophago-gastric cancer. Philip has received RI-MUHC Studentship Award (2019) and Best Junior Scientist Poster Prize at CRP Cancer Research Day (2019). **Sabrina Fried** has also joined Dr. Ferri at the MGH Lab as an International Master student from Boston University School of Medicine and is involved in developing a clinical pipeline utilizing organoids as a diagnostic tool to evaluate therapeutic response, perform targeted drug screens, and identify emergence of chemo resistance to combat this unmet clinical need. **Ramin Rohanizadeh**, Dr. Ferri’s PhD student also is also at MGH lab working on determining the association of neutrophil and lymphocyte accumulation in tumor with clinico-pathologic data and survival rate. ♦

<http://thoracicsurgery.lab.mcgill.ca/>



*“The doctor would like to know if anyone else out here needs surgery before he puts his stuff away.”  
—Jack Ziegler, The New Yorker, 2007*

## Division of Urology



From left to right: Dr. Wael Almajed; Right: Dr. Alexandrine da Silva;  
Sitting: Dr. Christian Diab; Back: from left to right: Dr. Fadl Hamouche,  
Dr. Alexis Rompré-Brodeur, Dr. Ahmad Almarzouq

### GRADUATING RESIDENTS

**DR. FADL HAMOUCHE** started his medical education in Paris France (Université Paris XI, 2009-20011). He completed his medical school training at Sherbrooke University before joining the McGill Urology Residency Program in 2015. During his residency training, he worked on and presented research in infertility and testis cancer. He is pursuing fellowship training in Endourology at the University of California, San Francisco with the focus on Laparoscopy/ Minimally Invasive Stone and BPH surgeries.

**DR. ALEXIS ROMPRÉ-BRODEUR** completed his medical education at the Université de Montréal before joining the McGill Urology Residency Program in 2015. During his residency, he worked on and presented a variety of research projects in Urologic Oncology, namely with Dr. Wassim Kassouf on novel immunotherapy combinations in bladder cancer. He received many prizes and awards, including the Edmond D. Monaghan award. He held the position of academic chief resident for the 2019-2020 academic year. He is pursuing a fellowship in Urologic Oncology at the National Cancer Institute / National Institutes of Health in Washington, D.C.

**DR. AHMAD ALMARZOUQ** completed his medical education, as well as a one-year internship at Cardiff University, in the UK. He also obtained a Master of Science from Queen Mary University in London, UK. After returning to Kuwait as a junior doctor in general surgery and urology, Ahmad was awarded a scholarship and joined the McGill Urology Residency Program in 2015. During his residency, he was actively involved in surgical simulation research

and presented his work at multiple national and international meetings. He is pursuing a fellowship in Urologic Oncology at the University of British Columbia, Vancouver.

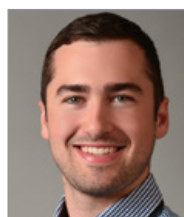
### NEW RESIDENTS



**DR. ANFAL ALRAISI** completed medical school at the National University of Science and Technology, Oman in 2018, followed by a medical internship. She developed a passion for surgical specialties especially urology from the junior clinical years. Anfal enjoys baking, volunteering and exploring new cultures. She believes that nothing is impossible if you have patience and utilize the opportunities that you have.



**DR. JAFFAR HUSSAIN** is from Kuwait. He obtained his medical degree from the Royal College of Surgeons in Ireland in 2015 with honors. He then pursued a master's of Science degree at Trinity College Dublin in the field of Molecular Medicine in 2016 and graduated with honors. In Kuwait, he was working as junior doctor in the departments of General Surgery and Urology and was an active participant in the academic endeavors of the departments. He obtained a scholarship from Kuwait to complete a residency in Urology at McGill University. Outside of residency and the hospital, Jaffar enjoys reading about various topics relating to civil, agricultural, aeronautical and automotive engineering. He also enjoys hikes.



**DR. BENJAMIN LEGAULT** (incoming PGY4 Urology resident) was born and raised in Montreal. After being the Valedictorian and receiving the Governor General's Academic Medal (Collegiate Bronze) in St-Jean Royal Military College, Benjamin pursued his medical doctorate at the Université de Montréal. Furthermore, he continued his first three years of his urology residency at Université de Sherbrooke. Surgical excellence, leadership and teamwork were notable qualities underlining his passage in Sherbrooke. During his second and third year in Sherbrooke, Benjamin was the chief resident and the resident's representative on the board of the urology program. He will join McGill University urology program to finish the last two years of his residency. Finally, Benjamin is an avid mountain biker, alpine skier and loves doing aerial photography. ▶



▶ **DR. ANNE YIN** was born and raised in Montreal, Quebec. She obtained her medical degree at McGill University and subsequently joined the McGill Urology team for her residency training in 2020. Anne has an active interest in medical education and student leadership. She has worked on various research projects addressing trainee competency and the use of simulators in residency. As well, she has been involved in multiple student body associations throughout the years. Outside of medicine, Anne enjoys spending time with her friends and family, planning events, and travelling.

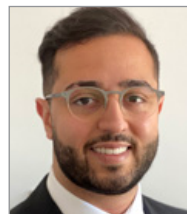
### NEW CHIEF RESIDENTS



**Wael Almajed**, originally from Saudi Arabia, acquired his medical degree in King Saud University in Riyadh. After finishing one year of urology residency at National Guards Hospital, he started his master's of Science at McGill University focusing on chemo and radiosensitization of bladder cancer. Subsequently he joined McGill University's Urology program. He's currently a PGY4 resident and is aiming to specialize in sexual medicine and andrology after finishing his residency. During his free time, he enjoys traveling, hiking and sightseeing



**DR. ALEXANDRINE DA SILVA** grew up in Ahuntsic, Montreal. She completed her medical degree at McGill University in 2016. During medical school, she held different leadership positions such as Vice-President Social Affairs of the Medical Student's Society and member of the Administrative Board of the Fédération Médicale Étudiante du Québec. Alexandrine is now pursuing her residency training in Urology at McGill University, where she holds the position



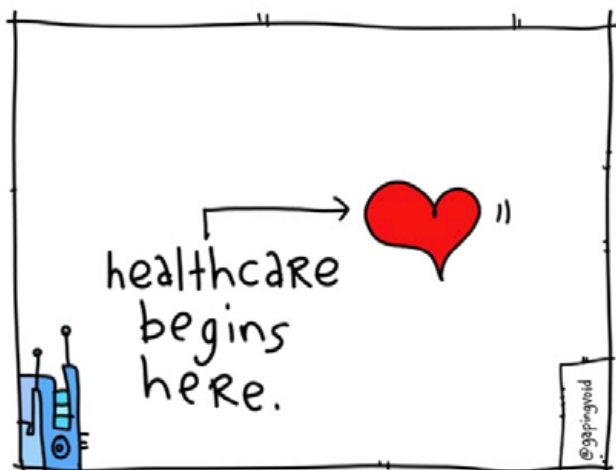
**CHRISTIAN DIAB** was raised in Syria and due to the war, he moved to Canada in 2012 to pursue his medical education at Université de Sherbrooke. After graduating at a very young age, Christian joined the Urology division at McGill. During his residency training, he channeled his passion for networking by joining the Association of Residents of McGill for two years as a surgical representative until he was nominated by his peers for the position of VP Events. Christian also enjoys exploring all of what Quebec has to offer, including fine dining and social activities. Therefore, he chose to stay in the Greater Montreal Area and pursue a career in community Urology. ♦

### AWARDS

**DR. ALICE DRAGOMIR**, was awarded a FRQS chercheur-boursier Junior 2

**DR. WES KASSOUF**, the FRQS chercheur-boursier de mérite

**DR. AHMED IBRAHIM** secured the SMSNA (Sexual Medicine Society of North America) Fellowship Training Program (1-year) in Prosthetic Urology Grant under the supervision of **Drs. Serge Carrier** and **Melanie Aubé-Peterkin**.



—HealthUX - Victims of Technology, 2016  
<https://www.gapingvoid.com/blog/2016/04/19/healthux-victims-of-technology/>

.....  
**"I'm not a comedian. And I'm not sick.  
 The world is sick, and I'm the doctor.  
 I'm a surgeon with a scalpel  
 for false values".**  
 —Lenny Bruce (1925-1968)  
 .....



## Division of Vascular Surgery

### NEW RECRUIT



**DR. ELIE GIRSOWICZ** is our new Faculty member in Vascular Surgery at McGill University, having been hired in February 2020 [attachment #1]

Dr. Girsowicz originates from Paris, France where he completed his undergraduate medical training at University Paris Diderot. He completed his General Surgery and Vascular Surgery training in Strasbourg, France (Louis Pasteur University) as a resident between 2009 and 2015. During this period, he earned a master's degree in Surgical Sciences from Paris-Est University, investigating the biomechanical aspects of nitinol stents used in peripheral vascular disease. He completed further fellowship training in Vascular Surgery and kidney transplantation between 2015 and 2017 in Strasbourg, came to Montreal in 2018 and graduated from the McGill Advanced Aortic and Peripheral Endovascular Fellowship program in June 2019.

His clinical practice incorporates advanced endovascular treatment of aortic pathology, open and endovascular management of peripheral, carotid and mesenteric vascular disease as well as vascular access creation and maintenance.

Dr. Girsowicz has a special interest in vascular surgical education with a focus on simulation in surgical residency training. He also has a strong interest in technology acquisition and surgical innovation.

### GRADUATING RESIDENTS



**DR. LAURA DRUDI** is originally from Montreal having completed her medical school training at McGill University in 2013. During her Vascular Surgery residency Laura also completed an M.Sc. in Epidemiology focusing on Frailty and pre-operative rehabilitation in cardiovascular patients. Dr. Drudi's scholarly output during her training includes 27 publications in peer-reviewed journals, including 14 as first author and 2 as corresponding author. She will be completing a Fellowship in complex peripheral arterial interventions and limb-salvage in Dendermonde, Belgium and will join the Vascular Surgery Division at the CHUM Université de Montreal in July 2021.

### NEW RESIDENTS



**DR. ANGELA KIM** completed her medical education at the University of Calgary before joining the Vascular Surgery Residency Program. Her academic interests include health outcomes research and surgical innovation. In her free time, she enjoys being outdoors kayaking and hiking or searching for the next go-to brunch spot.

### DR. SREE KHANNATHASAN

### NEW CHIEF RESIDENTS



**DR. ROBERT DOONAN** "Dr. Doonan completed his MD-PhD degree at McGill investigating methods to identify the unstable carotid plaque under supervision of Dr. Stella Daskalopoulou. During his residency he served on the Vascular Surgery Residency Program Committee and conducted outcomes research in carotid and aortic disease. Following residency he will pursue an advanced aortic fellowship."



**DR. SAAD BIN AYEED** "An aspiring Saudi Vascular Surgeon, who is interested in PAD, and limb salvage. Amateur photographer and scuba diver." ♦

.....

**"A successful surgeon should be a man who, when asked to name the three best surgeons in the world, would have difficulty deciding on the other two".**



.....

—Denton Arthur Cooley (1920–2016)  
was an American heart and cardiothoracic surgeon famous for performing the first implantation of a total artificial heart.

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**D**

**KUDOS !!**

**r. Michael Tanzer**

has been elected as the President of the Canadian Arthroplasty Society. He will serve as president for a 2-year term. Dr. Tanzer and his PhD student, Haitham Shoman have been awarded the Vanier Canada Graduate Scholarship Award from the Canadian Institutes of Health Research for their study, Introduction of Innovative Technologies in Orthopaedic Surgery into the Canadian Healthcare System.



**Dr. Mark Basik**, a surgical oncologist at the Jewish General Hospital and a senior investigator in the Lady Davis Institute at the JGH, has been appointed President of the Scientific Advisory Committee of the Cancer Research Society.

“Dr. Basik has been a long-time supporter of the Society,” says Dajan O’Donnell, Director of Scientific Affairs and Partnerships.



“The Society is honored that he has now agreed to preside over the Scientific Advisory Committee, and I look forward to working with him in guiding future scientific direction of the Society.”

Dr. Basik is the Herbert Black Professor of Surgical Oncology at McGill University and a surgical oncologist in the Segal Cancer Centre at the JGH. His medical practice and research are focused on treating breast cancer, especially hard-to-treat breast cancer subtypes.

Dr. Basik uses various models of cancer, such as patient tumour samples, to identify new genes and proteins that may affect key aspects of tumour biology, including the development of resistance to existing treatments.

His research aims to provide critical starting points for the development of novel therapeutics for breast cancer

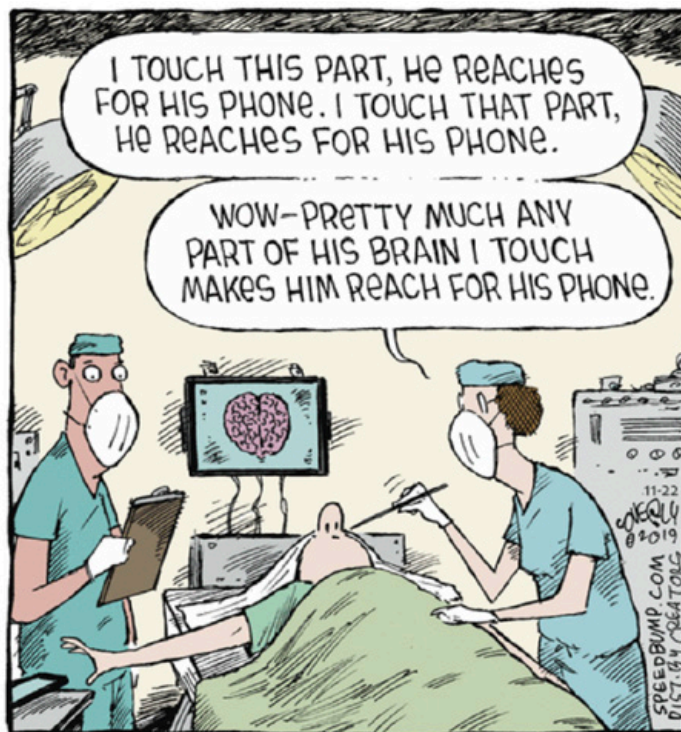
[reprinted with permission]  
Source: <https://publications.mcgill.ca/medenews/2020/07/09/dr-mark-basik-to-lead-scientific-advisory-committee-of-cancer-research-society/>

**Dr. Sebastian Demyttenaere** was selected for the Faculty Honour Roll. ♦



“It is the surgeon’s duty to tranquillize the temper, to beget cheerfulness, and to impart confidence of recovery”.

—Astley Cooper (1868-1841)  
Surgeon and Anatomist



—Dave Coverly, Speed Bump, 2019

# Obituaries

By John Hinchey, MD

## ANDY HRENO, M.D. (1934-2020)

Andy Hreno passed away at the age of 85 on April 28 from the complications of Covid19. Andy had been a resident at Place Kensington for a number of years and in later life had suffered from the complications of cerebro-vascular disease.

Andy was the first classmate I met in September 1953 sitting on the steps of the Queens University Union, both of us dressed as "Frosh". This meeting led to a friendship lasting seven decades. We played golf and our families skied and vacationed together. He loved to play squash at the MBSC with Emerson Brooks and Bill Duguid.



*Dr. Andy Hreno*

Andy interned and did his residency at the MGH spending his year away at the University of Iowa. On his return to the MGH he was appointed surgeon in charge of the ER and director of the surgical residency program where he was much respected by the resident staff. He later became chief of the 9 West surgical unit.

Andy was predeceased by his Wife Eleanor and is survived by his three children Stacy, Jason and Chris and his long-time companion Laida Boyadjian. He will be missed! ♦

## ANNA DEROSSIS, M.D. (1965-2020)

### Tribute to my dear friend Anna Maria Derossis

I met Anna as a classmate in the McGill Med Class of 1992. We had different sets of friends, so our paths did not cross much during those first few years. But then, we were accepted into the general surgery program at McGill, two of four women that year. I believe it was the first time women made up 50% of the incoming residents in our program. We quickly became friends while working on the cardiac surgery ward at the RVH, which was a very busy rotation in those days. Thirty-six hour shifts and 14 hour days were the norm. When the time came to take a much deserved break, we turned to each other and decided to go south together. I have many fond memories of that week—and that was the beginning of a long and wonderful friendship.



*Dr. Anna Derossis*

By Gabriella Ghiculescu, MD

Anna was born and grew up in Montreal. She obtained her B Sc in Microbiology and Immunology in 1987 and her MD CM degree in 1992, both at McGill. She completed her general surgery residency in 1998, during which she worked with Dr Fried on the laparoscopic tasks that make up the Fundamentals of Surgery program. I was one of the first people she tested on the box, at a time when I was too naive to appreciate the impact this would have in the surgical world. Her residency was followed by a fellowship in Surgical Education at Northwestern University and a Master of Health Professions Education in Chicago, and a breast surgery fellowship at Memorial Sloan Kettering in 2001. She also spent one year as the first fellow in the MIS fellowship at McGill.

Anna then joined the staff at the JGH, as a very well trained breast surgeon and surgical educator. For many years, her expertise,

dedication, and caring approach benefited many women with breast cancer. She was meticulous in the care of her patients and gave them her undivided attention every day. I know many of them considered themselves very lucky to have her as their physician.

Anna made many friends. I often admired the ease with which she related to so many people. She always knew how to enjoy the good things in life, be it good food, good friends, or making happy memories. One thing that I remember fondly and tried to learn from her is her ability to reminisce and to describe happy memories with such enthusiasm that I could so easily imagine living the moment in her shoes. Many such happy memories were made as her family grew, with her husband Adam and their two children, Demetrios and Daria, of whom she was so proud.

Her professional accomplishments, of which I have mentioned only some, are impressive, but her life was all about the people in it. She took exceptional care of her patients, she formed strong and loving friendships, and she was completely devoted to her family. She left her mark on everyone she encountered, with her joie de vivre and her warmth. That is a most wonderful gift she gave the world. I am thankful for the friendship we shared, and for the beautiful memories she left us. ♦

# Obituaries

## FRANK M. GUTTMAN, M.D. (1931-2020)

Frank M. Guttman, MD, FRCSC, a Canadian pediatric surgical pioneer, a founder of the Canadian Association of Paediatric Surgeons (CAPS), an icon of pediatric surgery at McGill, a healer of children, and a father figure and mentor to so many died peacefully in Toronto on August 26. While no one is indispensable, some are irreplaceable, and Frank was one of those few -- a man who combined skill, acumen, compassion, kindness, and tenderness to change thousands of lives.



Dr. Frank M. Guttman

Frank Myron Guttman was born in Montreal on February 24, 1931, in an area of Outremont that he later called "a Jewish village". From the age of ten, he was sure that he wanted to become a doctor, probably influenced by his "Uncle Harry,"

Dr. Harry Bacal, his mother's cousin and the family pediatrician. After primary school and a B.Sc. in Physiology with Honors from McGill University in 1952, he studied medicine in Geneva, Switzerland because at the time there still was a quota for Jews at McGill. Since his wife Herta was a year behind him in medical school, after graduating in 1957, Dr. Guttman did a year of internal medicine training at the University Hospital in Geneva. The couple then returned to Montreal, where Frank embarked on his surgical training at the Jewish General Hospital. There, he was inspired by the Surgeon-in-Chief, Dr. Israel Shragovitch, another CAPS founder. After further training at the Queen Mary Hospital and a year abroad at the Hadassah Hebrew University in Jerusalem, he again returned to Montreal to start his pediatric surgical career as a fellow at Sainte Justine Hospital. He remained on staff at Sainte Justine for 17 years, until he joined the faculty at McGill University and The Montreal Children's Hospital. In 198, he was appointed Professor of Surgery at McGill, head of pediatric surgery at the Children's, and Director of the McGill Pediatric Surgery training program, Canada's first. He was a surgical pioneer, performing the first successful pediatric liver transplant in Quebec, defining a new syndrome of multiple intestinal atresias, and always open to the latest developments in the field.

Dr. Guttman continued as Division Director until his retirement in 1996. During his tenure he inspired numerous students and

residents to dedicate their career to pediatric surgery. When he retired in 1996, a visiting professorship was created in his name to honor his legacy. On the plaque listing all the visiting professors, an engraving mentions some of his qualities and achievements: *"More than a clinician, he is a warm individual who was always appreciated by his patients, their families and his colleagues. He is a dedicated researcher and leader in the field of organ preservation, cryopreservation and transplantation. These activities earned him international recognition and he developed strong ties with pediatric surgeons on every continent. Above all, he is a great teacher who has molded with a fatherly approach a generation of pediatric surgeons. This event is a tribute to Dr Guttman's contributions and the spirit of friendship that he fostered."* On the 20th anniversary of the program, the Frank Guttman Visiting Professorship in Pediatric Surgery became the highest endowed program of its kind at the Montreal Children's.

This fatherly approach towards his students, residents and fellows was famous. When speaking to one of us he would often touch our shoulder or even pinch our cheeks while smiling. He was also a "citizen of the world", open to other cultures and religions, treating everyone as his equal. He always listened carefully during any conversation, whatever the topic, and always respected others whose opinions differed from his.



FMG day June 2017: Frank and Herta

After his retirement from medicine, Dr. Guttman started a second career as a historian, nurturing an interest he had for decades. He obtained a Master of Art in History from McGill in 2002. He presented five papers at national historical meetings and published four books, including the biography, Télésphore-Damien Bouchard: The Devil from Saint-Hyacinthe, published in 2007 in English and in French by Éditions Hurtubise in 2013. His annual historical presentations on the host city of each CAPS meeting were highly anticipated. A hopeful believer in peace between Israel and Palestine, Dr. Guttman helped to establish the Montreal Chapter of Friends of Peace Now in 1982 and was its National Co-president for 23 years.

For 64 years, Dr. Guttman was married to Dr. Herta Anne Guttman (Hofmann), who predeceased him by 2 years. A psychiatrist whose career he always supported. Dr. Herta Guttman was the first female Director of Montreal's world renown Allen Memorial Institute at the Royal Victoria Hospital. They had 2 daughters and 4 grandchildren. Dr. Guttman always kept a very balanced life, being an avid skier and tennis player. Even as division director and program director in the 1980's and 90's, he would take off on Wednesday ►

By Jean-Martin Laberge, MD  
and Sherif Emil, MD

► afternoons in the winter to join what he called the “Southern Laurentian Surgical Society” . . . otherwise known as skiing at St-Sauveur, 45 minutes north of Montreal, where the family had a beautiful lakeside cottage. For many years he also hosted the Montreal Children’s “Surgery Ski Day” in February. After he retired he loved to tell us about his “Over The Hill Gang”, with whom he would ski for a week in Vail every December until his late 70’s. In addition to skiing and history, Dr. Guttman also had a passion for travel and music. With his wife, he traveled all over the world, documenting his trips with another interest: photography. His interest in music led him to begin playing the recorder as an adult, taking lessons and practicing with an ensemble.

Dr. Guttman’s legacy will continue through his wonderful family, through the thousands of children and families who experienced healing at his hands, and through the many he inspired to follow in his path. His legacy will continue through the endowed Frank M.

Guttman Visiting Professorship at the Montreal Children’s Hospital and through the Montreal Children’s Hospital Division of Pediatric Surgery he helped shape in his image.

Rest in peace, Frank. We will forever miss you, and we will never forget you. ♦

**Jean-Martin Laberge and Sherif Emil**  
Harvey E. Beardmore Division of Pediatric Surgery  
The Montreal Children’s Hospital, MUHC



FMG day June 2015: left to right, back row, Drs. Rob Baird (now practising in Vancouver), Luong Nguyen (retired pediatric surgeon), Keith Oldham (FMG visiting professor), Sherif Emil (division director, Saputo Chair in Pediatric Surgical Education & Patient and Family-Centred Care), Frank. Front row, J-M Laberge, Claudia Emami (graduating fellow) and Pramod Pulligandla (Program Director).

welcome the opportunity to say a few words about Edmond D. Monahan, affectionately known as "Eddy".

## A Tribute to Edmond Monaghan CD, BA, MSc., FRCSC, FACS

September 4, 1929 – April 24, 2020

By Marvin Wexler, MD

Eddy did his surgical training at McGill and rose progressively through the ranks to professor and ultimately Professor of Surgery Emeritus.

He was a kind and gentle man who showed great compassion and a willingness to help others. He was meticulous in the care of his patients as in everything he did, perhaps reflective of his background as an officer in the Navy Reserve, retiring as a Lieutenant Commander.

He was easy to talk to and was a beloved mentor to countless medical students and residents over many years in which he served as Program Director in General Surgery. He subsequently served 10 years as Associate Dean of Postgraduate Education.



L to R Sitting: Mrs. Shibata, Dr. L. MacLean, his wife, Dr. E. Colle, Dr. E. Monaghan, Mrs. Monaghan. Standing, Mrs. Wexler, Dr. H. Shibata, Dr. M. Wexler



Front row, L to R: C Milne, H Shibata, E Monaghan.  
Back Row: A. Loutfi, M Wexler, P Belliveau, S Meterissian



Dr. E.D. Monaghan

Eddy was a team player, a strong and greatly valued supporter of Lloyd Maclean who was chairman of the Department of Surgery over some difficult year and subsequently Richard Cruess who became Dean of Medicine.

Eddy loved teaching and he excelled at it. The time he devoted to the student was limitless. He loved aphorisms and had one for most medical situations. I will never

forget his demonstration and explanation of the rotation of the gut in-utero with his outstretched and rotating arms grasping the top of his tie! He was very involved at the level of the Royal College in the setting of standards for surgical trainees and was instrumental in establishing protected time for structured resident learning.

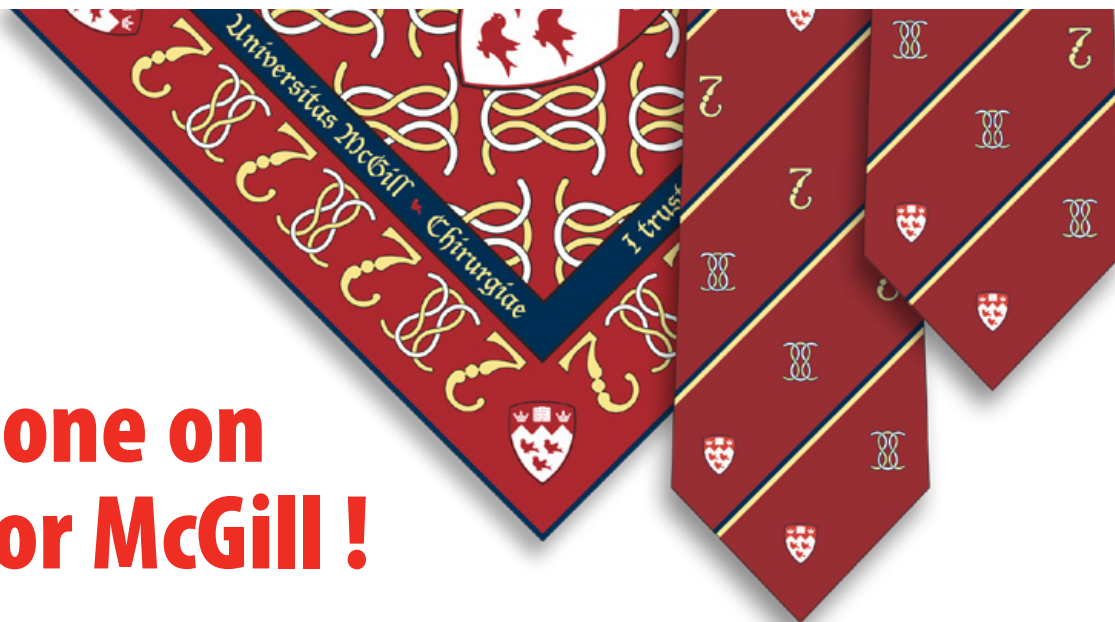
When Eddy came on staff at RVH he was assigned responsibility for the Emergency Rooms. In those days the ER was overseen jointly by the Departments of Surgery and Medicine. As surgical residents we were assigned full-time rotations there at both junior and senior levels. Eddy felt this arrangement was inadequate and almost singlehandedly, and against much opposition, established Emergency Medicine as a free-standing specialty requiring certification. He developed a training program with Royal College acceptance. It is appropriate that he is remembered each year at the graduating surgical residents' days with the awarding of the Monaghan "Principle of Surgery" prize to the junior resident with the highest score in the Canadian Association of General Surgeons examination. Eddy became President of that organization in 1996.

Eddy served many years as chief of the Blue Surgical Service at the RVH. He was very devoted and took this job very seriously in pursuit of excellent care. Most important to me was the camaraderie and friendship fostered by Eddy that developed among the Surgeons on that Service.

Eddy served as editor of the Square Knot for 10-15 years. He undertook this with great passion and price. He was always looking to highlight surgical accomplishments and making sure not to miss a photo opportunity. I include one of his cherished photos of the attending staff Blue surgical service taken in 1995. Only Sarkis Meterissian, a young budding surgical oncologist, at that time, remains active today.

I end my tribute and walk down memory lane with a second photo showing the Monaghans, Macleans, Shibatas and Wexlers at a surgical reception in July 1990.

To Lise, Marie and the entire Monaghan family, I hope this brief tribute will evoke memories that comfort you in your loss. ♦



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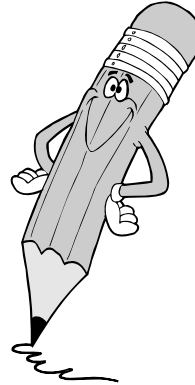
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