

# THE SQUARE

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ne of the areas in which we take great pride in the McGill Department of Surgery is our commitment and leadership in Surgical Education. We recognize that it is not only our professional responsibility to educate, but that the future of our specialties and the next generation of outstanding surgeons is the dividend from this investment. We are fortunate to have an endowed Adair Family Chair in Surgical Education, held by

## Focus on Surgical Education

**Dr. Kevin Lachapelle** (cardiac surgeon and the first director of the McGill Medical Simulation Centre) generously supported by **Mr. Colin Adair** and his family.

By Gerald M. Fried, MDCM, FRCS(C), FACS, FCAHS



Dr. Gerald M. Fried

Undergraduate surgical education is led by **Dr. Simon Bergman**. He has rebuilt the curriculum as the medical school as a whole has re-engineered undergraduate education. Simon has integrated surgical education across all sites, providing our students an immersive clinical experience, supplemented by the innovative Virtual Patient Program, headed by **Drs. David Fleiszer** and **Nancy Posel** from the Molson Centre for Medical Informatics. Traditionally, we have attracted the highest ranking medical students from McGill to seek a career in surgery and have recruited our top-ranking applicants to come to McGill for a residency in Surgery.

Entrants into surgical training programs from all surgical disciplines participate in the Foundations of Surgery Program, under the direction of **Dr. Melina Vassiliou** (a general-MIS/endoscopic GI surgeon who also holds a Master's Degree in Education). Under Melina's leadership, the Foundations program provides a curriculum covering all CanMeds roles delivered through seminars, simulation, and a series of clinical rotations.

We currently have residencies in general surgery, urology, plastic surgery, orthopedics, cardiac surgery and vascular surgery - all fully accredited by the Royal College of Physicians and Surgeons of Canada. We also offer advanced training residencies in surgical oncology, pediatric surgery, colorectal surgery, and critical care as well as many highly competitive fellowships in advanced clinical training and academic programs. ▶

*(See continuation on page 7)*

## Inside

Editor's Note	2	Divisional News	8
McGill Global Surgery (MGS)	3	Anatomy for Surgeons	10
Dr. Jean-Martin Laberge Honored	3	Kudos	14
Welcome General Surgery Chief Residents	5	Dr. Eric Lenczner Receives Award	15



DEPARTMENT OF SURGERY

NEWSLETTER

McGILL UNIVERSITY

FALL 2016





## Editor's Note

By Harvey Sigman, CD, MSc, MD, FRCSC, FACS

It is easy and sometimes comfortable to feel nostalgic at this time of the year. We probably think back to what it was once like particularly as we are pressed on a sometimes daily basis by budget cuts, resource reduction and changing rules of engagement. I thus took great pleasure in reading the reflections of Dr. Dennis Osmond of his career in anatomy and particularly about his organizing the Anatomy for Surgeons program. I thought back to my own anatomy course as a first year medical student (1953) in the amphitheatre of what is now the Strathcona Medical Building. The Anatomy lectures were mesmerizing and no one would ever miss seeing Dr. CP Martin talking and drawing anatomical masterpieces on the "black" board. We rushed to visit our cadaver at every free moment. McGill was one of the last Medical Schools in Canada and the United States to teach basic science in a very traditional way. The Curriculum 94 Committee of which I was a member made a momentous decision to scrap the old basic science curriculum of the first two years of medical school and to incorporate this teaching into a small group approach where the basic sciences would be broken up into system based teaching and taught in an integrated way. There was a resistance from some departments but eventually the cohesive approach won the day. I was thus fascinated to read Dr. Osmond's approach to dealing with this transformative period and his creativity in keeping Anatomy "alive".



Surgery students working in the Strathcona Anatomy Lab, McGill University



Dr. Harvey Sigman

As I reviewed the content of this issue, I found it extraordinary that surgical education plays such a major role in our surgical mission. The number of devoted and accomplished individuals, the variety of projects, the amount of innovative activity and the degree of support all contribute to the excellence of our educational programs and our world wide influence. This is all enhanced by our ongoing development of the McGill Global Surgery Program which has continued to reach new

heights from one year to the next. Our surgeons have provided leadership roles in the whole Faculty Global Health endeavor and we are proud of their accomplishments. We are all fortunate that we have the opportunity to interact on a day to day basis in such a fertile and stimulating environment. ♦

Happy Holidays to all of you! ❄️

"Let your entrance into the sick room decrease, not increase, the irritability of your patient".

"The practice of medicine is a thinker's job, the practice of surgery a plumber's".

"Surgery is the cry of defeat in medicine".

—Martin H. Fischer  
(1879–1962)





**T**he Centre for Global Surgery at the McGill University Health Centre (CGS-MUHC) is a not for profit entity founded in 2011 by two trauma surgeons **Dr. Dan Deckelbaum** and **Dr. Tarek Razek**. Since then, the CGS-MUHC has grown into a multidisciplinary team working to augment injury and surgical capacity in resource limited settings. The CGS-

## McGill Global Surgery Reaches New Heights

MUHC program is based on 4 main pillars:

- ▶ Surgical and trauma research and surveillance
- ▶ Surgical and trauma training and education
- ▶ Career development in global surgery
- ▶ Disaster response and preparedness.



As a leading academic institution in the field of injury, they have been working with healthcare leadership abroad to better understand the scope of this epidemic and to identify targeted interventions to reduce global morbidity and mortality. To this end, the CGS is partnering with local stakeholders to develop policies that prevent injury and improve the outcomes from injury and surgical disease in resource-limited setting. To date, the CGS has established partnerships with hospitals, institutions and leadership in Sub-Saharan Africa, South America, Asia and Europe.

A few examples of the CGS work:

- ▶ Support Low and Middle Income countries in establishing functional trauma registries to better define the epidemiology of injury and develop prevention interventions to address the issue.
- ▶ Build the capacity for emergency and trauma response by delivering trauma and resuscitation courses in resource limited setting.
- ▶ Supporting and mentoring students at McGill and abroad as well as healthcare leadership in developing global surgical focused careers. This includes the recent introduction of a new Master's degree of experimental surgery with a focus on global surgery. As well as a new fellowship in global pediatric surgery. ♦

## New McGill Fellowship in Global Pediatric Surgery Honors Dr. Jean-Martin Laberge

**T**he Jean-Martin Laberge Fellowship in Global Pediatric Surgery is a unique new training program for surgical residents interested in global pediatric surgery, offered in conjunction with the Centre for Global Surgery at the McGill University Health Centre.

This 1-2 year long training program is primarily research focused, and can lead to a Master's degree in Experimental Surgery (Global Surgery track). Fellows are expected to be active participants in the division research team, pursuing projects in various global surgical research areas, including burden of disease, access to surgery, human and material resources for surgery, global surgical training, economic valuations of surgical interventions, and others. Travel to low-resource settings is optional but encouraged. The option of scaling up the project towards a doctorate exists.

Clinical activity within the division of pediatric surgery is possible, depending on licensing requirements.

Funding in the form of a modest salary is available, and the fellow will be encouraged and guided in seeking various research grants and awards. ♦

For inquiries contact **Dr. Dan Poenaru** at [dan.poenaru@mcgill.ca](mailto:dan.poenaru@mcgill.ca)



## New Masters Degree in Global Surgery at McGill



In the past few years the demand by students and residents in surgery for active participation in global surgical activities has grown. At the Center for Global Surgery we have recognized and responded to this demand by providing interested students with the support to engage in global surgical endeavors with our partners worldwide. Today, we are proud to inaugurate our newly established concentration

in global surgery within the Masters of experimental surgery. This new degree is open to Canadian and International students from both medical and non-medical backgrounds. The aim of this new concentration is to provide structured opportunities and mentor students wishing to develop a global surgical career. Students choosing this thesis program will have the opportunity to engage in international research projects including injury epidemiology surveillance, assessment of surgical access through the study of databases and evaluation of global surgical interventions. ♦

If you are interested please visit [the experimental surgery website](#). For additional information please email us at [program.manager@cglobalsurgery.com](mailto:program.manager@cglobalsurgery.com)

## McGill Global Surgery (MGS) Makes its Mark Around the World



*The CGS team with the participants in the Trauma and Disaster Team Response Course™ in Palestine organized by Juzoor in April 2016*



*The CGS team with the participants in the Basic Life Support™ and the Trauma Team Training™ in Ukraine in 2015*

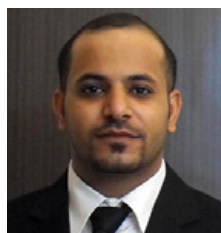


*Student exchange program supported by CGS between McGill and Rwandan and Haitian students. (2015)*



*The CGS co-director Dr. Deckelbaum signing an agreement in Thailand to collaborate on the development of a national trauma system*

## Welcome to the General Surgery Chief Residents 2016-2017



### Dr. Mohammed AlAbri

Graduated from Sultan Qaboos University in Oman in 2007. He started General residency in Oman Medical Specialty Board in 2009 before he moved in 2012 to join the general surgery program at McGill. He is interested in advanced MIS and Bariatric surgery. Upon completion of the residency, he will be pursuing Bariatric fellowship at McGill University to be among the first few Omanis in advanced MIS & Bariatric surgery.



### Dr. Noura AlHassan

Noura Alhassan is one of the Saudi residents who graduated from King Saud University and moved to Montreal for her residency in July 2012. She is a member of the McGill General Surgery Resident Committee as the current International Medical Graduate representative. Noura is committed to an academic career in surgery and plans on undertaking a colorectal surgery fellowship in July 2017.



### Dr. Nora AlMana

Nora Almana was born and raised in Alkhobar, Saudi Arabia. Completed her medical degree in Dammam University and then completed an internship at Tufts medical center, Boston, USA in 2012. She then joined McGill university general surgery program. Nora was involved in research and publications throughout her training. She will be pursuing a fellowship in Breast Surgical oncology. Her dream is to establish a breast cancer data base in Saudi Arabia and try to identify risk factors and establish screening and treatment accordingly.



### Dr. Nahar AlSelaim

Originally from Onaizah, AlQassim. He graduated from King Saud university in Riyadh, Saudi Arabia. Following that he completed a Master degree in public health and epidemiology. During his residency, he developed a great interest in the field of colorectal surgery and presented at multiple international meetings. He plans to pursue a 2-year Fellowship in colorectal surgery. Following completion

of his training he will start his academic career at King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia. He is a proud father of Abdullah and owes all his success to his supportive wife and parents.



### Dr. Eve Beaudry-Simoneau

Eve Simoneau completed her MD degree at McGill University before joining the General Surgery residency program at McGill. During her residency, she completed and received a PhD degree in Experimental Surgery on colorectal cancer liver metastasis, during which she was awarded an FROGS grant, published peer-reviewed manuscripts in the fields of hepatobiliary surgery and oncology and presented at multiple international meetings. Next year, she will be pursuing a fellowship in Hepatobiliary surgery at MD Anderson, Houston, Texas.



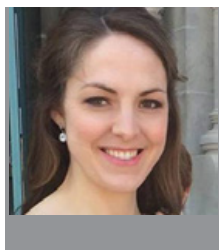
### Dr. Cassandre Benay

After earning a B.Sc. in Immunology and Microbiology at Université de Montréal and a M.Sc. in Surgical Research under the supervision of Dr. P. Metrakos, Dr. Cassandre Bénay obtained his M.D. from Queen's University (Kingston, Ontario) with the intention of pursuing a surgical career. He then joined the General Surgery team at McGill University where he has been involved in multiple research projects leading to publications and presentations at international conferences. He developed a strong interest in Endocrine Surgery and completed six months of research under the guidance of Dr. E. Mitmaker. After the completion of his General Surgery training, he will pursue a fellowship in Endocrine Surgery at the Cleveland Clinic.



### Dr. Stephen Gowing

Stephen Gowing is currently completing a PhD under the supervision of Dr. Lorenzo Ferri elucidating the molecular mechanisms through which post-operative pneumonia augments systemic non-small cell lung cancer metastasis via Toll-like Receptor activation. His research has been recognized with multiple awards at the university and national levels. Outside of academics he has organized the annual Rae Brown Cup staff versus residents ice hockey game for the previous 4 years and served as resident team captain. He will be pursuing a fellowship in Thoracic Surgery at the University of Ottawa following graduation. ►



**Dr. Katherine McKendy**

Katherine McKendy is a proud alumna of Middlebury College, VT (B.A.) and McGill University (M.D., C.M.). She stayed at McGill for her General Surgery residency, during which she completed a Masters of Education, concentrating on curriculum development and intra-operative feedback. After residency, she will be pursuing Trauma/ Acute

Care Surgery and Critical Care fellowships. When not at work, you can find her running, napping or spending time with her husband and dog (not the same person).



**Dr. Sara Najmeh**

Sara Najmeh completed her bachelor's degree and medical school at McGill before joining the general surgery program. During her residency training, she completed a Masters degree in experimental surgery under the supervision of Dr. Lorenzo Ferri examining the role of Neutrophil Extracellular Traps in cancer metastasis and won

multiple debates against her biggest opponent, Dr. Kate McKendy. After spending the last 13 years at McGill, she will be moving to North Carolina next July to pursue a fellowship in Cardiothoracic surgery at Duke University.



**Dr. Evan Wong**

Evan Wong obtained his Medical Degree from McGill University prior to joining the General Surgery program. During his residency, he completed a Master's of Public Health at the Johns Hopkins Bloomberg School of Public Health with a concentration in Epidemiology

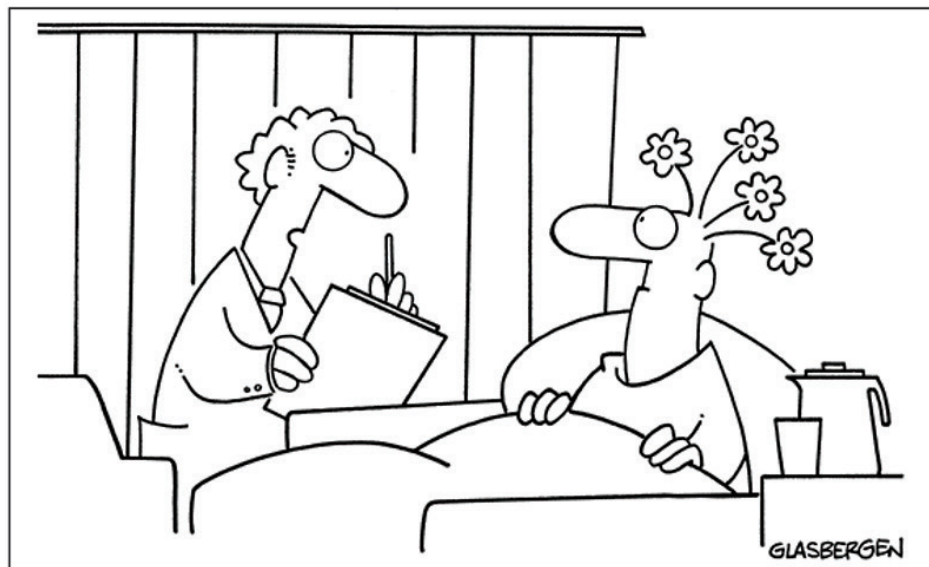
and Biostatistics. During his time in Baltimore, he was inducted into the Delta Omega Society and was named the International Surgical Fellow of the Society of International Humanitarian Surgeons.

His research interests include improving access to surgical care for trauma and emergency surgical conditions in developing countries, as well as promoting quality of care for surgery in disaster response. His efforts have resulted in over 25 peer-reviewed publications, numerous platform presentations at international conferences and invitations to serve as an external reviewer for several high-impact academic journals, including the Bulletin of the World Health Organization and The Lancet.

After residency, he will pursue a Critical Care Medicine fellowship at McGill. He plans to complete a second fellowship in Trauma Surgery the following year. ♦

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**Is there any comfort in that which never changes?  
–Does this ring a bell?**



*"Due to cutbacks and restrictions, we have to do stem cell research with flower stems."*

– Copyright 2003 by Randy Glasbergen, [www.glasbergen.com](http://www.glasbergen.com)  
Reproduced from Fall issue of the Square Knot 2006

## Surgical Education

*Continued from [page 1](#)*

► **The Henry K. M. DeKuyper Centre** is a unique resource conceived by **Dr. Melina Vassiliou** and situated at the Montreal General Hospital where scholars in Surgical Education can work collegially, develop educational materials, enabled by sophisticated multimedia hardware and software, use social media to advance educational goals, and conduct original educational research. The Henry K.M. de Kuyper Education Centre was made possible by the generosity and vision of the de Kuyper family (particularly **Juliana Lynch-Staunton**, **Gabrielle deKuyper Bekink**, and **Robert deKuyper**) and the enthusiastic support of the MGH foundation. This Centre is coordinated by Ekaterina Lebedeva, MLIS, whose skills in library science have been invaluable to optimally organize our educational content and to teach us all how to carry out searches of the traditional scientific literature as well as more modern internet-based educational and scientific content.

About 20 years ago, through the support of **Mrs. Florenz Steinberg-Bernstein** and her family, we established the **Steinberg-Bernstein Centre for Minimally Invasive Surgery and Innovation**, also at the MGH site. One of the priorities of this facility was the creation of simulations to teach surgery and to be used to objectively assess surgical skills, especially related to laparoscopic and endoscopic surgery, across specialties. Two of the products of this Centre have formed the Foundation of the Fundamentals of Laparoscopic Surgery (FLS) and the new Fundamentals of Endoscopic Surgery (FES), which have become mandatory components of general surgical training in the US and are widely used around the world. The Steinberg-Bernstein Centre directed by **Dr. Liane Feldman** and coordinated by **Pepa Kaneva** MSc, is available for residents to practice their surgical skills 24x7. It is the home for our MIS fellowship and several students, residents and graduate students interested in surgical education, innovation and surgical outcomes.

The Steinberg Centre for Simulation and Interactive Learning is the current name for the **McGill Medical Simulation Centre**, originally created 10 years ago through the vision of **Dean Abraham Fuks**, with the enthusiastic support and energy of the late **Arnold Steinberg** (former Chancellor of McGill University) and **Mrs. Kappy Flanders**, who urged the Dean to make this vision a reality and supported this through their generosity and time. The Steinberg Centre for Simulation and Interactive Learning recently celebrated its 10 year anniversary and has expanded from approximately 18,000 to 30,000 ft<sup>2</sup> to accommodate the increasing demands beyond the 18,000 annual learner visits at which it plateaued.

The Centre was designed and led by **Dr. Kevin Lachapelle** and **Mrs. Linda Crelinsten** with the advice of **Dr. Amitai Ziv** who had built and directed the National Simulation Centre in Israel. Kevin and Linda created a remarkable facility and helped change the culture of surgical education to one less didactic and more experiential. When Kevin moved to become the Adair Vice-Chair for Education of the Department of Surgery, an international search brought us **Dr. Rajesh Aggarwal** to succeed Kevin, charged with reshaping the Simulation Centre for the future. Raj comes to us from Imperial College, London and the University of Pennsylvania, as a surgeon with advanced training and a PhD in Education. Raj has led the expansion planning and rededicated the Simulation Centre in honour of Arnold and Blema Steinberg, whose passion and support made this resource so very unique.

In addition to these educational facilities under surgical leadership, we are also blessed to have the Centre for Medical Education, led by **Dr. Yvonne Steinert** that brings together those interested in educational scholarship to share ideas, collaborate in educational research and to mentor students and young faculty interested in medical education as their academic direction.

These resources have enabled us to establish a number of educational programs to advance our vision of surgical education as one of our academic priorities at McGill. We are very proud of our visiting professor program that allows us to invite leading figures in education to spend time with our students and faculty at McGill. **The Harvey Sigman Visiting professorship in Surgical Education** (supported by friends of **Dr. Sigman** and the **Foundation of the Jewish General Hospital**) has attracted a list of the who's who in medical education.

Just recently, **Dr. Daniel Jones**, from Harvard was our 2016 Sigman Visiting Professor. Dr. Jones is Past-President of the Association for Surgical Education and is President-Elect of SAGES. During his visit, he gave Grand Rounds at the Jewish General Hospital, taught our residents during Academic Half Day, met the leadership of the Steinberg Centre for Simulation and Interactive Learning, visited the Steinberg-Bernstein and DeKuyper Centres and met one-on-one with several residents interested in Surgical Education.

We also have the annual **Flanders Family Visiting Professor in Simulation**. This year, to celebrate our 10th anniversary of the Steinberg Centre for Simulation and Interactive Learning, we were able to invite **Dr. Richard Reznick**, Dean of Medicine at Queen's University, and probably the surgeon who has made the greatest contribution to establishing ►

► Surgical Education as a legitimate academic field for surgeons, to give the Flanders lecture. We also were delighted to be able to invite Dr. Amitai Ziv from Sheba Medical Center in Tel Aviv, Israel, who really helped us get our Simulation Centre started. In addition, we welcomed **Dr. Kim Binsted**, HI-SEAS principal investigator, who directed the project recently in the news < <http://www.bbc.com/news/world-us-canada-37211051> >, on the edge of a volcanic mountain in a remote area of the Big Island in Hawaii, to simulate the isolation and stringent environmental conditions of a Mars exploration.

For the last 6 years we have hosted surgeons from Hokkaido University in Sapporo, Japan who were interested in acquiring knowledge and skills in Surgical Education. This relationship has been extremely successful and our “graduates” have initiated a Japanese Surgical Education Society and have helped build and direct a simulation centre in Sapporo. In recognition of the success of this initiative, **Mr. Richard Ingram** and his wife **Satoko**, have established the **Shibata Ingram Japanese Collaborative (S.I.J.C.) for Minimally Invasive Surgery Education in the Foundation of the MGH**. The goal of this scholarship is to support Japanese surgeons wishing to do a fellowship in Surgical Education at McGill then return to Japan to impact the process of surgical training there. The first Ingram Scholar, **Dr. Satoshi Endo**, arrived this summer from Chiba University, where he is Assistant Professor, and is working to develop a structured curriculum to teach and a method to evaluate the performance of the laparoscopic mesorectal excision procedure for rectal cancer.

We have established a Concentration in Surgical Education/Simulation as part of our graduate program in Experimental Surgery, which awards a Master’s degree. Under the leadership of Dr. Kevin Lachapelle, this program has proven attractive to surgeons from a variety of specialties. This year we have also initiated a pilot project to offer this curriculum as a “distance learning” opportunity to a faculty member from the Lahey clinic, who is taking these courses remotely and is being supervised for his thesis research by Dr. Lachapelle and me.

We have established a number of non-degree fellowships in Surgical Education/Simulation for clinicians, based either at the Simulation Centre or in one of our teaching hospitals. **Drs. Carmen Mueller, Anna Derossis, Sero Andonian, Raj Aggarwal**, and Melina Vassiliou all have advanced degrees in medical education, and several others have Master’s in Experimental Surgery with their thesis in Surgical Education, before the institution of our Concentration in Surgical Education/Simulation.

Our commitment to Surgical Education has not gone unnoticed. Our faculty are assuming leadership positions in the field of Surgical Education internationally and helping shape the future of how we train and evaluate surgeons. We hope our alumni will spread the word and help identify individuals around the world who would be interested to come to McGill to advance their skills in this important area. ♦

**Dr. Gerald Fried, MDCM, FRCS(C), FACS, FCAHS**  
*Edward W. Archibald Professor  
Chair, McGill Department of Surgery*

## Divisional News



On June 17, 2016 of this past Father’s Day week, the Division of Urology of the MUHC organized the

### The 10th Annual MUHC Men’s Health Day

**10th Annual MUHC Men’s Health Day**, a full day public health awareness event, at Carrefour

Angrignon. **Drs. Armen Aprikian** and **Peter Chan** and **Ms. Lina Ordonselli** of the Division of Urology, the organizers of this event, were joined by a large group of MUHC nurses, administrative supporting staff, Urologists, Researchers, Urology residents, medical students and nursing students. The public in attendance learned about various men’s health

issues from a team of skilled MUHC healthcare professionals. Additionally, all men were encouraged to participate in a free-of-charge health-assessment program, which included on-site consultation with an MUHC Urologist for a prostate examination, blood tests, urine analysis, and fitness and blood pressure measurements. This 10th MUHC Men’s Health Day held the highest record of attendance in all years, with close to 300 men who participated in the free health-assessment program on site and with more than a thousand men who visited our educational activity booths.

Several patient support groups, including Prostate Cancer Network Canada-Montreal West Island, Quebec Cancer Foundation and Procure also provided information on the various support systems available to the public. The organizers were grateful to the team of MUHC nurses, lab technicians, secretaries, medical and nursing students, residents, and fellows, who volunteered their free time of the entire day to help promote public health awareness. Everyone ►

► benefited from the experience. The volunteers found the time they spent helping extremely rewarding, and the participants, who often have a hard time finding a doctor or who are too embarrassed to talk about men's health conditions, were able to have all their questions answered. The event was well publicized locally and nationally by CTV, Global news, Breakfast TV, the Montreal Gazette, La Press, CJAD, TSN and Jewel radio stations.

It is our hope that the MUHC Men's Health Day will continue educating the public each year for many years to come.

McGill held its **16th Annual Canadian Senior Resident Uro-oncology course** in October at the Omni Hotel in Montreal. It was a very successful 2-day event attended by chief urology residents from all across Canada and 18 guest faculty members. ♦

## Divisional News

**D**r. Daniel Jones delivered the **Harvey H. Sigman 12th Annual Lecture in Surgical Education** on November 17th, 2016. Daniel B. Jones, MD, MS, FACS is Professor and Vice Chair of Surgery, Harvard Medical School, Beth Israel Deaconess Medical Center. Dr. Jones has been honored with the James IV Traveler, SAGES Leadership Award, ASMBS Patient Safety and Quality Award, and ASE Distinguished Educator Award. He has over 300 publications. Dr. Jones is Past President of the Association for Surgical Educational and President Elect for SAGES. The title of his talk was *Safer surgery with simulation*.

He addressed residents and staff at Resident Academic Half-Day on the previous day. The talk was *Weighing in on bariatric surgery: the US experience*. This was followed by an active dialogue with the residents. ♦

### HARVEY H. SIGMAN VISITING PROFESSORS

2005	Dr. Richard Reznick
2006	Dr. Debra A. DaRosa
2007	Dr. Gary L Dunnington
2008	Dr. Ajit K. Sachdeva
2009	Dr. Deborah Danoff
2010	Dr. Richard H. Bell
2011	Dr. Brian D. Hodges
2012	Dr. Glenn Regehr
2013	Dr. John D. Mellinger
2014	Dr. Kenneth A. Harris
2015	Dr. Carol-Ann Moulton



L to R: Drs. Shannon Fraser, Ruth Chaytor, Gerald Fried, Harvey Sigman, Daniel Jones and Liane Feldman

## 'Anatomy for Surgeons' Forty Years of Experience

By Dennis G. Osmond, CM, BSc, MB ChB,  
DSc, MRCS, LRCP, FRSC

In 1977, I initiated a programme of 'Anatomy for Surgeons' designed to prepare graduating fourth year medical students for entry into surgical careers. Throughout the

ensuing 40 years, I have enjoyed running the course and working with energetic,

hardworking and highly motivated students who have been unfailingly appreciative and grateful. This year, I, now aged 86, have once again enjoyed interacting with a fine group of students. In looking ahead, however, and anticipating the changes that a new curriculum may bring next year, I am with some sadness handing over the course to my successors. This seems an appropriate time to record the main features of 'Anatomy for Surgeons' and the factors that I believe have contributed to its durability and success.

The roots of 'Anatomy for Surgeons' go back to my own early experiences as a medical student at the University of Bristol, England. Starting in 1948, I followed a traditional Anatomy programme that entailed a detailed dissection extending throughout the first year and much of the second, closely monitored by medical Demonstrators who gave frequent tough *viva voce* exams. I later enjoyed surgical rotations and a stint as House Surgeon. Having also spent two years as an Army Medical Officer, required National Service at that time, I became a Demonstrator in Anatomy at Bristol University to prepare for the Primary F.R.C.S. (Lond.) exam. This done, I changed course to an academic career in anatomy and immunological research, my love of surgery becoming channelled into the 'Anatomy for Surgeons' programme.

Medical sciences and the curriculum have changed enormously in my professional lifetime. Coming to McGill University in 1965, I found an excellent anatomy programme. Diligent dissection of the entire body extended through first year and

the first semester of the second year of the medical curriculum. Laboratory Demonstrators included surgical Residents for whom I gave a weekly tutorial. Our performance in anatomy ranked with the best medical schools in Canada and the U.S.A.

As other medical sciences were expanding rapidly, it was inevitable that emphasis on anatomy would be reduced. In successive curricular revisions, the hours allotted to anatomy were reduced to 300 in 1967 and to 190 with only partial dissection in 1977, remaining at about that level thereafter. The Residents' participation came to an end. It now seemed clear to me that our core anatomy programme no longer provided adequate preparation for surgical practice. Many practicing surgeons also expressed concern that their new colleagues were lacking in clinical anatomy and were attempting to 'learn' anatomy in the operating room. At this time, the Faculty embarked on a selective curriculum whereby, after an initial

core programme mainly of basic medical sciences, students were required to select from among several clinical streams, one of which was Surgery. So, I designed the course of 'Anatomy for Surgeons', accepted by the Faculty as an obligatory course for all students taking the surgical stream. Before long, however, the streaming concept was abandoned, essentially because most students understandably felt unprepared to make a career commitment as early as their second year. Thereafter, in the absence of a surgical

stream I retained 'Anatomy for Surgeons' as an optional course open to any student who aspired to a surgical career.

'Anatomy for Surgeons' has since been given as an elective under various guises. At times listed as a *Senior Clerkship*, it has mainly been grouped with other medical sciences in a segment of the fourth year curriculum known variously as *Back to Basics*, *Topics in Medical Science*, etc. This segment has typically been placed just before graduation, an ideal time when students know their Residency Match and the course can take account of individual career choices. The length of the course has varied somewhat with curricular revisions, but has mainly been given for four weeks as a full time course (9:00 am to 5:00 pm, Monday to Friday) in March. ►



Strathcona Anatomy Lab, McGill University

► At the outset of the course, I tell the students it will be, “Hard Work – and Fun”. My advice to students has been to “jump in, work hard and heed the McGill University motto” (By work all things increase and grow) so “you will get out of the course what you put in”. This, they have always done!

The course provides a *timely* opportunity for surgical students; timely, because it occurs just before they need to apply anatomical knowledge in the O.R., and an *opportunity*, because they can tailor the course to their own best advantage, knowing that the experience will almost certainly be unrepeatable during busy clinical training.

The course has enrolled up to a maximum of thirty students, approximating the number of McGill graduates entering surgical specialties each year and being manageable with available resources. For many years, enrollments of 25-28 students ensured that almost all students leaving McGill for surgical careers would pass through ‘Anatomy for Surgeons’. This number has declined somewhat in recent years, due in part to scheduling conflicts. Nevertheless, at a meeting of the General Surgery Division a few years ago a show of hands revealed a high proportion of current members to be alumni of the course!

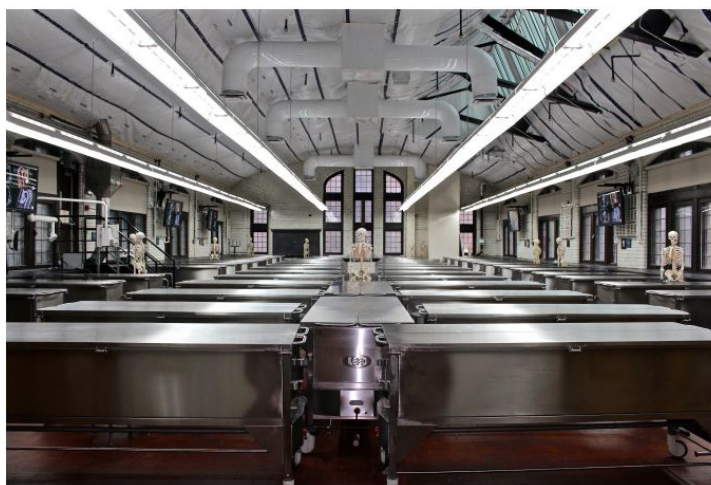
A wide variety of surgical sub-specialties has been represented. A ten year (2002-2013) analysis of student career choices has shown the largest fractions to be interested in General Surgery (32%) and Orthopedics (17%), followed by Plastic Surgery and Ob/Gyn (both 9%) and lesser numbers in Urology, Head and Neck Surgery (OTL), Neurosurgery, Cardiovascular Surgery, Radiology and Primary Care (4-6% each). Occasional additional interests have included Anaesthesia, Ophthalmology, Pathology and Forensic Medicine (about 1% each). The diversity of special interests having anatomy as a common thread has been an enriching feature of the course.

I chose the title, “Ana-tomy for Surgeons”, from that of the classic three-volume treatise by W. H. Hollinshead, former Professor of Anatomy and Head of the Section of Anatomy, Mayo Clinic.

This title expresses the central aim of the course, *viz.* to cover the *anatomical basis of surgical practice*. The course deals with basic anatomy relevant to surgical practice but does not presume to instruct in surgical techniques: these rapidly evolving matters belong to surgery rather than anatomy. For example, consideration of the biliary system entails a detailed discussion of gross and surface anatomy, imaging, vasculature and anatomical variations relevant to cholecystectomy, but deals with the operation itself only in general terms, not in technical detail.

To be directly relevant to students’ clinical careers, the course aims to provide a practical, hands-on understanding of anatomy, a *visualization* of the body that instills confidence in routine operations

when confronting a patient on the table with knife in hand – simply knowing “where you are and what you are doing”! This familiarity becomes even more important when surgical exposures need to be modified because of anatomical variations, revised diagnosis or pathological processes that deform normal anatomy and make it necessary to revert to basic anatomical principles.



*Strathcona Anatomy Lab, McGill University*

In designing the course, having no precedent to follow, I put myself in the place of the students and prepared a programme that I thought would be most valuable, interesting and stimulating. An Introductory Conference on the first day outlines the nature of the course and its requirements. Subsequently, there are three components per day, Laboratory Dissection (2 sessions, totalling 4.5 hours), Student Seminars (1.5 hours) all attended by anatomical staff in Q & A format, and a Clinical-Anatomical Conference (1 hour). The first half of the course deals with the limbs, head and neck, followed in the second half by thorax, abdomen and pelvis. During the second half, students are encouraged to pursue more specialized laboratory work in their particular areas of interest. The course ends with an evaluation session, feedback exercise and closing lunch.

‘Anatomy for Surgeons’ appears to be unique among Canadian medical schools. A distinctive feature is the coverage of the *entire* body by every student in a *general* way, bearing in mind the future needs of all surgical trainees ►

► in the core surgical rotations, the demands of the E.R. and trauma management. Equally important, is the effect this coverage has in creating a cohesive course in which all participants benefit from the entire laboratory, seminar and clinical conference programme. This may also promote communication between surgical specialties. The comprehensive nature of the course contrasts with other medical schools that at most may simply offer an opportunity for some individual dissection before residency training.

The format was immediately successful and, with updated topics and methods of presentation, it has remained essentially the same ever since. Great changes have been seen during the life of the course in both student diversity and the computer-driven developments in minimally invasive and robotic surgery. Nevertheless, the hands-on and interactive features of the course have remained as valuable as ever.

The Introductory Conference has two purposes. First, it is organizational, firming up seminar topics allocated in a pre-course meeting, and establishing laboratory groupings. Second, it outlines the general aims and 'philosophy' of the course, previews course content and advises students on deriving the greatest benefit.

From the beginning, students are encouraged to feel part of a long surgery-anatomy tradition. Many surgeons have been prominent anatomists, often describing structures to which their own names became attached. I review almost thirty such eponyms derived from surgeons who were simultaneously Professors of both Surgery and Anatomy from the eighteenth century onwards. This rapid, whole-body tour demonstrates the historical link between surgery and anatomy. In addition to its practical importance, many surgeons simply develop a 'love' of anatomy. With the familiarity of exploring the body much anatomical knowledge becomes subconscious, and an appreciation of the beauty of the body's layout becomes apparent. Consequently, many surgeons enjoy expounding on the anatomy of their areas of expertise, and become effective, enthusiastic teachers themselves. Wishing students to appreciate the long tradition to which they are heir, I have also in recent years taken them to the Osler Library where Christopher Lyons, Osler Librarian, has most kindly taken time to demonstrate

remarkable treatises of anatomy and surgery.

The laboratory component of the course linked to Grant's Dissector, an effective and well-illustrated manual, offers students a valuable exercise in peer teaching and group dynamics, as they take turns in dissecting, discussing findings and exchanging opinions. A close, one-to-one interaction with academic staff takes place throughout each laboratory session. The method of dissection is important. To imprint a visual anatomical memory, students are encouraged to make careful dissections and precise observations. Practical work is also an opportunity to acquire surgical skills. Four weeks of dissection

represent a meaningful exercise in manual dexterity, especially when making the technique as 'surgical' as possible. Conscientiously performed, this practice helps to create the 'skilled hands' noted on the motto of The College of Physicians and Surgeons of Canada, and to anticipate the skills workshops and OSATS evaluations in residency training. Standard ATLS procedures are demonstrated in the laboratory. With the aid of a surgical colleague

who provides appropriate equipment, students observe and practice emergency procedures.

In the seminar programme, the quality of student presentations has been outstanding. Clearly, by the fourth year our medical students have become skilled communicators and enjoy the experience of teaching their colleagues in this way.

Talks given by a panel of clinical colleagues are highlights of the course. At 4:00 pm, Monday to Thursday, invited speakers discuss examples from their practice, considering presentation, diagnosis and treatment while illustrating anatomical considerations that may be relevant in each case. All the major surgical specialties are represented by these talks. This important feature, greatly enjoyed and appreciated by the students, provides a link between the anatomy laboratory and the 'real world' that awaits, emphasising the relevance of the course to future careers.

An evaluation of students on the last day is designed to reflect the nature of the course. In view of the extensive research and work in their preparation, heavy weighting is given ►



*Surgery students working in the Strathcona Anatomy Lab, McGill University*

► to students' seminars, the balance of marks going to a practical *viva voce* session in the laboratory. The course ends with a group photograph, followed by a convivial lunch in the historic surroundings of the Reading Room. Students complete a course feedback questionnaire as required by the Faculty, also completing an attendance form and a rating of the clinical speakers.

In their feedback, the students have consistently rated 'Anatomy for Surgeons' as being 'Excellent' and 'to continue unchanged'. Their written comments express thanks and a high opinion of the course, its quality, teachers, relevance and value in their future aspirations. Some have even cited it as being, "the best course in medical school!"

Why has the course been so successful and durable? Many factors have played a part—the qualities of the students, the format of the course, the dedication of academic staff, support from several sources and enthusiastic backing by the Department of Surgery. My thanks go to the many academic, technical and support staff who have participated through the years. Perhaps intuitively, the course has exhibited pedagogical features now recognized as being important in anatomical learning. Revisiting anatomy late in the curriculum and connecting it to existing knowledge in a clinically relevant fashion pertinent to future careers are powerful aids to lasting learning. To this is added an emphasis on active, self-directed *learning by doing* in laboratory dissection, and on peer group interactions *learning by teaching* in both the laboratory and

seminar programme. A valuable feature also is simply having adequate time to focus and persevere in the task at hand.

'Anatomy for Surgeons' has proven to be of great practical benefit. Feedback from generations of Residents and Surgeons has shown that they have felt considerably better prepared, more confident and competent than colleagues who had not revisited anatomy before tackling surgery in the O.R. On numerous occasions, sometimes in far distant places, I have unexpectedly been warmly greeted by alumni of former days reminiscing fondly about their times in the course and the impact it had made on them.

I look back with nostalgia and gratitude on the past four decades of 'Anatomy for Surgeons' and the fine students for whom it has been a stepping stone. Enthused to be standing at the threshold of their careers, the students have been an annual source of energy and inspiration.

In handing over the course, I am pleased to reflect that some eight hundred or more alumni have spread afar and some have become notable leaders in their surgical specialties. Looking ahead to the further evolution of clinical practice, I trust that surgical training at McGill will continue to rest securely upon a timely, hands-on familiarity with the anatomy of the human body. ♦

**Dennis G. Osmond, CM, BSc, MB ChB, DSc, MRCS, LRCP, FRSC**  
Robert Reford Emeritus Professor of Anatomy  
McGill University

## Book Not to Miss!



On November 14th the Montreal General Hospital Foundation presented the publication of

*The General: A History of the Montreal General Hospital* by **Dr. Joseph Hanaway** and **Dr. John H. Burgess**.

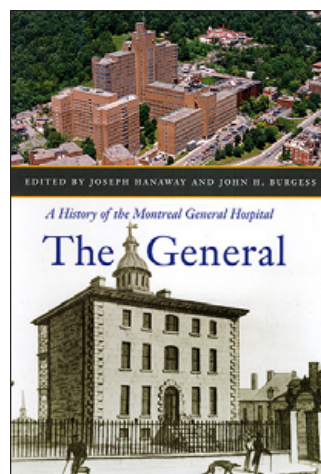
This book provides insight from a variety of medical leaders who have contributed in sharing the history of this timeless Montreal institution.

With information on the early history, fascinating illustrations and medical procedures from almost 200 years ago this book is truly a collector's item.

Copies of the book were available for purchase at the event with a 30% promotional discounted rate and the attendees could get their book signed by the co-editors Dr. Hanaway and Dr. Burgess.

All proceeds will be in support of the Montreal General Hospital Foundation.

Copies of the book are also available on regular loan in the Osler McGill and MGH medical libraries. ♦



**C**ongratulations to **Dr. Elliot Mitmaker** and his wife **Teresa** on the birth of their beautiful baby boy **Jay Lewis Mitmaker**, born on August 18th at 8:48 pm weighing in at 7 lbs, 8 oz.

## KUDOS !!

Congratulations to **Dr. Janet Kwan** and her husband on the birth of their beautiful daughter **Hadley Megan Lang** born on August 6th.

Congratulations to **Dr. Paola Fata** on her accomplishment of CAGS-President-Elect-Secondus.

**Dr. Frank Guttman** has pursued his second career as a historian. After obtaining a M.A. in history at McGill in 2002, he wrote a biography of Senator Télesphore-Damien Bouchard in 1907 *The Devil from Saint-Hyacinthe*, a name given to him by M. Duplessis. This was published by Hurtubise in French in 2013. His second effort was a 100 year celebration of the Hebrew Free Loan of Montreal; an agency which started out in 1911 giving small loans free of interest to immigrants who were not eligible for bank loans. His third book was a biography of Honoré Beaugrand, not yet published. And his fourth book is a history of the Jewish General Hospital, also awaiting publication.

In addition **Dr. Guttman** has presented short historical talks to the Canadian Association of Pediatric Surgeons based on the city of the meeting:

- ▶ **Ottawa, 2011.** How Bytown became the Capital of Canada;
- ▶ **Victoria, 2012.** The Battle for British Columbia between the Natives, the Spanish, the Russians, the USA and Canada;
- ▶ **Charlottetown, 2013.** The British North America Act;

▶ **Montreal, 2014.** The Natives of Montreal;

▶ **Niagara-on-the-Lake, 2015.** The War of 1812.

He missed the meeting in 2016 in Vancouver due to illness in the family, but had prepared a talk on the West Coast Natives.

**Dr. John Antoniou** named 2nd President Elect. Congratulations are extended to **Dr. John Antoniou** who was named the COA's 2nd President Elect during the Association's Business Meeting held on June 17 in Québec City. Dr. Antoniou is an orthopaedic surgeon at the Jewish General Hospital (Montreal) and the Research Director of the Orthopaedic Research Laboratory at the Lady Davis Institute. He is a full tenured Professor of Surgery and Research Director of the Division of Orthopaedic Surgery of McGill University's residency program (Montreal).



*Dr. John Antoniou*

Dr. Antoniou's research is focused on clinical and basic science investigation of aging and degeneration of the musculoskeletal system. His main interests include the evaluation and management of adult hip and knee reconstruction issues, biological repair strategies for degenerating intervertebral discs and osteoarthritis, and diagnostic tools in evaluating disc degeneration and repair. He is the first orthopaedic surgeon to receive the "Chercheur National" award of the Fonds de Recherche du Québec-Santé (FRQS).

Dr. Antoniou specializes in adult joint reconstruction and alternative treatments for patients suffering from osteoarthritis. He is a Fellow of the Royal College of Physicians and Surgeons of Canada since 1997, a Fellow Member of the American Association of Hip and Knee Surgeons and an active member of Hip Society. Dr. Antoniou lives in Montreal, Quebec with his wife Johanna and their two children.

Dr. Antoniou will assume the role of COA President during the 2018 Annual Meeting in Victoria.

The Division of Pediatric General and Thoracic Surgery has inaugurated the **Jean-Martin Laberge Fellowship in Global Pediatric Surgery**. This research fellowship will enroll its first trainee in summer 2017. It will be a unique research fellowship focused on research in global pediatric surgery with potential field work components. The seed fund for the fellowship was provided by the Zoe Saskin Ski for the Children Fund through the Montreal Children's Hospital Foundation. Matching funds will be solicited from former Montreal Children's Hospital pediatric surgical trainees. It is hoped that the Fellowship can be endowed within 5 years.

Congratulations to **Dr. Amin Madani**, Division of General Surgery, who just graduated with his Doctor of Philosophy from Experimental Surgery (Surgical Education/Innovation) program under the supervision of Dr. Liane Feldman. His thesis is entitled "Thinking and Behaving Like an Expert Surgeon: Understanding, Teaching and Assessing Advanced Intra-Operative Cognitive Skills".

**Dr. Jonathan Fridell**, McGill Surgery residency class of 2000, has been appointed Chief of Abdominal Transplantation at Indiana University, where he has been on faculty since 2002 following transplant fellowship training at the University of Pittsburgh medical Center Starzl transplant Institute. He is also ▶

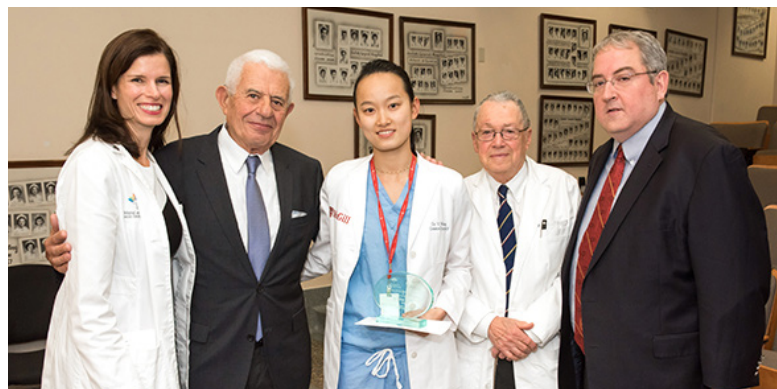
► the Director of the Pancreas Transplant program, which has been one of the highest performing programs in the USA for more than a decade, and he chairs the Pancreas Transplant Committee for UNOS. The program at Indiana University is one of very few that performs all abdominal organ transplant combinations including liver, kidney, pancreas and intestine/multivisceral transplantation.

Congratulations to **Dr. Wes Kassouf** who has been promoted to the rank of Full Professor with Tenure, and to **Dr. Serge Carrier** who has been promoted to the rank of Full Professor (Clinical).

**The 3rd annual Garzon Teaching Award** was presented at the Harvey

Sigman Academic half day to **Dr. Yifan Wang**. The award recognizes the best junior resident teacher, as identified by her colleagues and medical students. Past recipients have been Dr. Phil Vourtzoumis and Dr. Maria Abou Khalil.

Dr. Wang has distinguished herself as an excellent teacher and role model, exemplifying the same qualities of **Dr. Jacob Garzon** for whom the award is named. Dr. Garzon was on hand to present the award along with this year's visiting professor **Dr. Daniel Jones** from Harvard. ♦



*L to R: Drs. S. Fraser, J. Garzon, Y. Wang, H. Sigman, D. Jones*

## Dr. Eric Lenczner Awarded the Laval-Leclerc Career Award from the Quebec Orthopaedic Association

By E. Robert Turcotte, MD, FRCSC

**Dr. Eric Lenczner** had his career's achievement recognized by the Quebec Orthopaedic Association (QOA) on September 30th 2016.

Eric was born in Bombay after his parent's emigrated fleeing Nazi led Austria. He did his medical school and residency in Toronto. He added to his training with a Canada-France travelling fellowship with Pr Cauchoix in Paris, followed by a Swiss AO fellowship in St-Gaal with Profs Webe and Megerl. He additionally attended as registrar with Mr. Souter in Edinburgh and went to St-Michael's with Dr. McCulloch. Following this extensive travelling he settled at the Stratford General Hospital in Ontario. He practiced as a community orthopaedic surgeon for 5 years during which he realized his interest in sports medicine and the advances in arthroscopic surgery. He thus pursued his interest with Dr. Fowler in London (Ontario) as their first Fellow in sports.

Upon completion he joined the Montreal General Hospital orthopaedic group in 1983 where he further expanded sports surgery and became the surgeon of the Canadiens and the Alouettes from 1983 to 2010.

Among his exceptional capacities as a surgeon he has always been devoted to resident teaching. Eric also chaired MUHC CPDP and has many peer review publications.



*L to R: Dr. Robert Turcotte, President QOA, Dr. Eric Lenczner and Dr. Louis Bellemarre, Past-President QOA and chairman of the nominating committee.*

During his clerkship Eric met Linda who worked as a nurse and they married in 1972. They have 2 children and 2 grandchildren.

The Laval-Leclerc prize given every year at the gala dinner of the annual meeting of the QOA. The recipient is selected by a committee of QOA past-presidents following suggestion by its membership. It is named after an orthopedic surgeon from Quebec City whose humane and interpersonal relationship and his surgical wisdom were admired by his peers and his patients.

We could not have thought of a better recipient for our 2016 award. All our congratulations and thanks to Eric for his career and to Linda for her tireless support. ♦

## Support the McGill Department of Surgery!



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

The future of The McGill Department of Surgery as a truly great department depends more than ever on gifts from

private sources. Such donations can be made ONLINE by credit card via The Montreal General Hospital Foundation at:

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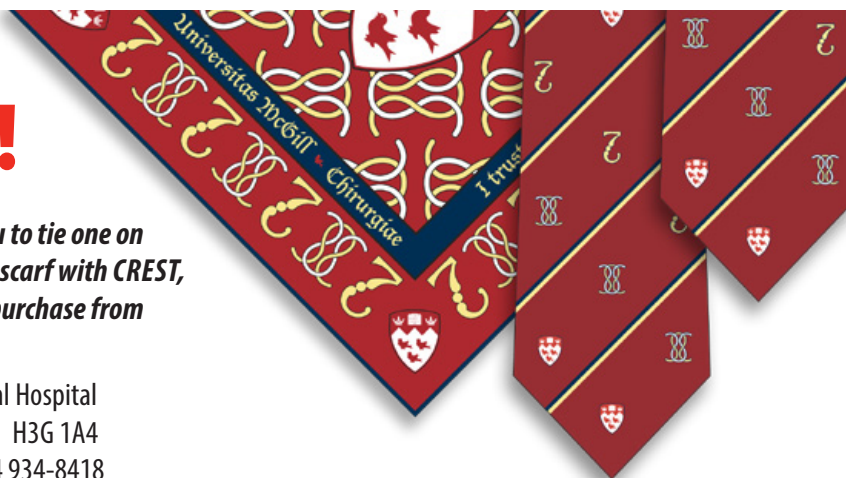
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**Gerald M. Fried, MD**  
Chairman, McGill Department of Surgery

## Tie one on for McGill!

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

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



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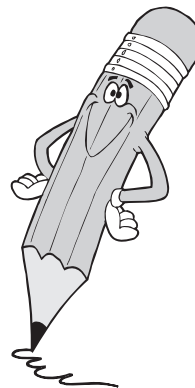
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