Mass Casualty Training Exercise at The Canadian Surgery Forum

Western Surgery, *Western Surgery*
Innovation and creativity are a hallmark of the surgeon’s experience both during training and a career focused on technical or “craft” practice. The statement from the Society of University Surgeons that “surgeons are trained to perform continuous situational assessment, decision analysis and improvisation in preparation for the challenges and creativity required by nearly every clinical case” highlights the paradigm of the constant innovation of surgery. Over the last century advances in surgery have improved both the quality and length of human life. Members of the Department of Surgery at Western have contributed many such innovations and Canadian and world firsts. Some of these procedures are now the standard of care throughout the world, while others are still in the assessment and development phase. In contrast to past examples of innovation where surgeons entered a hitherto unexplored part of the body to conduct a yet to be described operative procedure, in the modern era many advances are now the result of incremental changes in procedures and often a result of new technology.

Introduction of new procedures by way of surgical innovation is not without risk to patients. In contrast to new drugs where innovation is tightly controlled in a regulatory framework that requires rigorous testing by way of large randomized prospective clinical trials, in surgery all too often new procedures follow a pathway of a single case followed by small case series often described in retrospective fashion with subsequent evolution to rapid dissemination with or without rigorous proctoring or training.

A series of articles in *the Lancet* in Sept 2009 “Surgical Innovation and Evaluation” focus on the intricate relation between innovation and practice in surgery and how this paradigm requires a formal framework for staged development and evaluation of new surgical procedures. The authors articulately describe the natural history or stages of surgical innovation, discuss the challenges in evaluating surgical innovation and propose solutions for the assessment of surgical innovations. Properly designed randomized prospective studies (RCTs) remain the gold standard default in provision of evidence of efficacy. Historically, however, most advances in surgery have been accepted on the basis of non randomized studies. While there are few cogent arguments conceptually against doing RCTs, the challenges in surgery are often significant including difficulties in randomization, prohibitively large sample size for some trials, difficulty in standardizing interventions when outcomes are often based on team performance and attributes of the surgeon amongst others. The authors propose several solutions to such challenges that both elevate the evidence in support of surgical innovation and enhance the quality of surgical research overall. While emphasizing the importance of RCTs, alternative models such as widespread use of prospective databases and registries, development of agreed reporting standards and rigorous alternatives to RCTs when indicated are proposed. Additionally the authors issue a call to action to professional societies, journal editors, regulatory agencies and funders, both industry and patient care sources, to facilitate and support improvements in surgical evidence. These articles should be compulsory reading not just for surgical innovators but indeed for all surgeons.

I am delighted this newsletter will showcase the national and international impact of our faculty and students in

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**Fall / Winter 2011**
their research and educational initiatives, from Europe to Asia to South America. Fall is also a time to embark on new academic endeavours. With the leadership from Dr. Abdel Lawendy and significant contributions from Drs. Tom Forbes, Jim Johnson, Graham King, Tina Mele, David Sanders, Alp Sener, Rick Potter, and Sayra Cristancho, a great deal of progress has been made on our proposal to create an MSc in Surgery at The University of Western Ontario. This Degree is intended to prepare trainees with intensive research experience, leading them to success in future clinical academic careers. Led by clinical and basic science faculty with significant success in research, students will participate in world-class research laboratories on innovative projects that seek to advance surgical care, education, and global health. The Schulich School of Medicine & Dentistry has also been supportive of this endeavour, which we hope to move forward through the University’s process over the winter and spring.

I am also profoundly grateful to Mr. and Mrs. Ray Elliott, who provided a legacy gift in establishing an Endowed Chair in Surgical Innovation at The University of Western Ontario. This endowed Chair reinforces our close relationship with Engineering, Business, and Health Sciences and provides us with an opportunity to recruit and retain an outstanding faculty member who will bring additional talent and scholarship focused on cutting-edge surgical developments, while leveraging the world-class simulation facilities of CSTAR and the Kelman Centre for Education.

It is an exciting time for the Department of Surgery and I hope you will find the articles in this newsletter inspiring, interesting and informative.

Sincerely,

John D. Denstedt, MD, FRCSC, FACS
Chair/Chief, Department of Surgery


DEVELOPMENT NEWS

$3 million for The Ray and Margaret Elliott Chair in Surgical Innovation

$1.5 million donation to boost surgical innovation
- Schulich News (http://www.schulich.uwo.ca)

On Wednesday, September 7, 2011 the University of Western Ontario announced a $1.5 million donation from Ray and Margaret Elliott.

The $1.5 million donation will be matched by Western to create the Ray and Margaret Elliott Chair for Surgical Innovation, positioning the Schulich School of Medicine & Dentistry at the forefront of surgical innovation, along with Western’s faculties of engineering, business and health sciences.

London is internationally recognized for its expertise in surgical innovation and simulation-based education, and this endowed gift will continue to advance our innovation leadership.

Western alumnus (Huron University College ’74) and Boston Scientific President and CEO Ray Elliott says, “We wanted to focus on contributing to improved patient quality of life through less invasive procedures and medical education through global innovation. Our relationship with Western and this new Chair will allow us to accomplish our mutual goals.”

“We wish to thank Ray and Margaret Elliott for their significant donation to The University of Western Ontario,” says Western’s President, Amit Chakma. “These generous gifts and the Matching Chair Program at Western are just the beginning of a concerted, cross-campus effort to show the world the impact our research can achieve.” This is the fourth announcement of Western’s matching chair program.

“The Department of Surgery at Western has a long and proud history of innovation, and introducing new techniques and technologies to advance patient care,” says Dr. John Denstedt, Chair of the Department of Surgery.
“The Ray and Margaret Elliott Chair in Surgical Innovation will assist in ensuring we maintain our status as one of the world’s pre-eminent surgical departments. The CSTAR (Canadian Surgical Technologies & Advanced Robotics) platform provides us with an excellent opportunity to recruit and identify a superb individual for the position.”

A (complete) listing of Department of Surgery world firsts can be found at www.uwosurgery.ca.

**DEPARTMENT NEWS**

**Peer-to-Peer Program in Cardiac Surgery Another World First**

In June, Dr. Bob Kiaii and Dr. Michael Chu conducted the first surgery in the world to be broadcast in real time to an interactive audience.

With the help of CSTAR, Medtronic Canada, Medtronic Colombia and RP-Vantage™ (secure Internet cloud-based technology provided by In Touch Health) visiting surgeons from Bucaramanga, Colombia were able to communicate with their own surgical teams back in Colombia throughout the duration of the surgery.

A variety of information can be sent as there are multiple feed sources in the OR. “For example, one feed would be the live operation, the other feed would be the person’s x-ray, another feed would be the person’s heart rate and blood pressure, another feed would be the person’s ultrasound or angiogram,” explains Dr. Kiaii. Individuals on the receiving end can communicate their questions and comments in real time directly to the surgeons and other members of the operating team in the OR.

Due to the success of the initial program interest has spread amongst other surgical centres across the world. Most recently this past July surgeons from other centres in Latin America (Chile and Venezuela) became the second group to participate in a cardiac surgery, while Dr. John Denstedt demonstrated two urological procedures to surgeons in Chengdu, China. This coming November, Dr. Kiaii’s team will host another group.

“The biggest thing is the team approach,” adds Dr. Kiaii. “By using this technology and team approach the intervention of cardiovascular disorders can be emphasized. It is the teamwork that enables us to be successful at what we do, and to show this team work strategy to other members from other institutions is a great asset.”

**Resident International Surgery Rotation in Chengdu, China**

This past August, Cardiac Surgery Resident PGY 6, Dr. Michael Tong completed a 2 month surgical rotation at the West China Hospital, Sichuan University. He was very warmly welcomed by many individuals, including the Chief, the Dean, nurses and residents.

Michael describes the experience of getting to practice medicine in another culture, and under a different system, as a very rewarding one with high volumes and a good variety of cases; many that are rarely, if ever, seen here. Where as coronary bypass and degenerative valves are the most common cases in North America, rheumatic heart disease and congenital heart disease represent over 90% of the case volumes at West China.

Michael describes his learning experience in the OR as excellent, with a very supportive atmosphere and lots of autonomy; he performed five cases independently and
Initially intended as a project for a Medical Ethics class, Operation Green has had a study recently accepted for publication in the Canadian Journal of Surgery and is preparing for its third shipment of equipment and supplies in the next couple of months.

Dr. Douglas Naudie, Division of Orthopaedic Surgery, was approached by Yoan Kagoma, Jen Bondy and Nathan Stall back in September 2009 with the idea of evaluating surgical waste and its effects on the environment for their Medical Ethics project. Supportive of the initiative, Dr. Naudie allowed the students to conduct a waste audit under his supervision for five TKRs at LHSC and has assisted in getting the project running. As a result of the study, the idea came about to recycle unused materials that would normally be thrown out. The students consulted with another group of classmates who had carried out a similar project at Yale University and set about meeting with Infection Control and the Sterile Processing Department.

In addition to patient care Michael learned a great deal about the ever evolving Chinese medical system, medical education system and the administration of a 5000 bed hospital. Michael also made many close friends and planted the seeds to what hopefully will be a continuing exchange between the two centres.

Overall, it was an excellent cultural, educational and social experience and Michael encourages other UWO Surgery residents to consider embarking on this opportunity.

Operation Green Starting Off With Great Success

Initially intended as a project for a Medical Ethics class, Operation Green has had a study recently accepted for publication in the Canadian Journal of Surgery and is preparing for its third shipment of equipment and supplies in the next couple of months.

Recycling bins with green bags are now located in every operating room at University Hospital. At the end of a surgery, items that were opened but did not come into contact with the patient, and would otherwise be thrown out, are collected and put into the green bag. The bag gets sent to the Sterile Processing Department, where medical students come in on a weekly basis to sort the materials. Once the materials are sorted and packaged into boxes, they are sent to the Winnipeg, Manitoba based organization International HOPE, which redistrib-
On September 18, 2011 second year Schulich School of Medicine & Dentistry students helped run the first mass casualty training exercise, directed by Dr. Vivian McAlister, Division of General Surgery, at the Canadian Surgery Forum held this year at the London Convention Centre.

Andrew Bodrogi, Kelsey Cassidy, Esther Chan, Octav Cristea, Allison Fine, Daniel James, Amber Kaufman, Ashley Kim, Pranavi Ravichandran and Sha Ullah were presented by the Forum with full certificates of participation, due to their roles as actor facilitators and involvement in seminars, discussions and debriefs of scenarios that were held during the day-long course.

Developed by trauma surgeons from across Canada, this low-tech, high fidelity exercise was based on training techniques used by the Canadian Forces and applied to civilian scenarios such as train crashes and night club fires. The exercise reviewed material often presented in three-day courses in Europe and the United States. The objectives of the course are to support hospitals in coping with multiple or mass casualty situations and refining their own mass casualty training programs. Surgeons from all parts of Canada attended the conference, as well as nurses and hospital directors from southwestern Ontario.

Faculty are writing up the exercise as a template to hold further courses with the Canadian Surgery Forum as it travels annually around Canada. Next year it will be held in Calgary, Alberta. The participants of the inaugural exercise felt it was a good model to involve all the medical professions, as well as trainees, in hospital preparedness. The manual will be available for free to others who wish to hold similar training exercises.

“Our shelves are already filling up again and another shipment will be made in the next month or two,” says London Executive Team member Jillian Walsh. With the program expanding to Victoria Hospital, and potentially St. Joseph’s Health Care, more storage space will be required to store all of the materials. For more information on how to get involved with Operation Green visit their website at www.operationgreen.ca.

Mass Casualty Training Exercise at The Canadian Surgery Forum

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Second year Schulich students who attended

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Third year Schulich School of Medicine & Dentistry students, Octav Cristea and Rob Moreland, presented their poster, “CSTAR Interprofessional Surgery and Anesthesia School: a novel program for pre-clinical medical and nursing students at the University of Western Ontario” at the Association for Medical Education in Europe (AMEE) Conference that took place in Vienna, Austria on August 29-31, 2011. The poster was chosen as 3rd best overall out of more than 750 candidates.

Founded in 2009 by Schulich MD Class of 2012 student, Gian-Marco Busato, the CSTAR Interprofessional Surgery and Anesthesia School is a week long training program conducted at CSTAR, the goal of which is to expose undergraduate medical and nursing students to the operative environment. Program Directors Cristea, Moreland and fellow student John Landau worked alongside Dr. Marjorie Johnson, Dorace Ramage and Dave Browning to develop and deliver this year’s iteration of the course.

“It exposes us to certain aspects of perioperative specialties that we wouldn’t otherwise be exposed to as pre-clinical students,” says Cristea about the program. “There isn’t a lot of emphasis on surgery or anesthesia in the first two years of medical school,” adds Moreland. “This is a way for students to explore these careers earlier on in the process, with particular emphasis placed on the hands-on aspects of these fields. It’s also a way for students to develop an enhanced appreciation for the interprofessional nature of the OR environment.”

After a successful first run in 2010, Cristea wanted to give the program more exposure, “I put together a couple of abstracts for AMEE and the Canadian Surgery Forum and both were accepted. It wasn’t something that we had originally planned to do, but we really cared about the program, and, as time went on, we found ourselves putting more of our time and effort into ensuring its success.”

Recognizing the value of participating in a program such as the CSTAR Interprofessional Surgery and Anesthesia School, Cristea and Moreland hope to continue their administrative roles. “We have a lot of pressure in medical school now to narrow down our specialty preferences fairly early in the game,” says Moreland, “The more we can do to give students a better understanding of all specialties, particularly those that don’t lend themselves to a didactic learning environment, the better.”
**RESEARCH NEWS**

**CSTAR and Robarts Receive $3.2 Million Operating Grant From Ministry of Research and Innovation**

Dr. Christopher Schlachta, Division of General Surgery, is the principal investigator and is leading a team of 20 researchers to develop simulation-based training for surgeons. The project officially began on April 1, 2011.

The purpose of the grant is to develop a medical simulation program to ensure that future surgeons receive the best possible training, reducing medical errors and refining surgical skills, prior to entering the operating room for the first time.

“The important thing for this grant is that it’s not just about developing technologies, but it’s also looking at what are the actual training needs, what are we trying to teach, can we develop a curriculum for training and then build whatever devices are needed, rather than first starting from the device,” states Dr. Schlachta.

The grant is structured to address four cores: Curriculum – what are educators trying to teach, how will they teach it and what devices are required; Engineering – for visualizing the development of the virtual reality model; Devices – for developing the tools needed in task training; and Validation – for testing the technology to determine how effective the training model is.

Collaboration is another key aspect of this UWO grant, as it is a joint effort between CSTAR, Robarts Research Institute, Western Engineering and the Schulich School of Medicine & Dentistry. Dr. Schlachta further explains, “I have 10 industry partners and probably a dozen institutions including St. Michael's Hospital of the University of Toronto, LHSC, SJHC, Lawson, Western, Western Engineering, Schulich, the Centre for Education Research and Innovation. It’s a big project but I think the success of the project has been the widespread collaboration of a large number of individuals and our ability to actually get everybody together to focus on one particular mission.”

**Recent Research Grants Awarded**

**Drs. Hassan Razvi** and **Peter Cadieux**, both of the Division of Urology, were awarded a $566,000 grant from the Small Business Innovation Research (Phase II) - National Institutes of Health/National Institute of Diabetes and Digestive and Kidney Diseases, USA Program. The funds are in support of their study, "Novel Polymer Coatings to Prevent Biofilms on Urinary Stents and Catheters."

**Dr. Alp Sener**, Division of Urology, received a $195,000 operating grant from the Academic Medical Organization of Southwestern Ontario for his research on “Hydrogen Sulphide and Renal Transplantation.”

**Drs. Kevin Chung, Joy MacDermid and Ruby Grewal**, Division of Orthopaedic Surgery, were awarded a $6,000,000 grant from the National Institutes of Health for their study, “A clinical trial for the surgical treatment of elderly distal radius fracture.” The study began on August 1, 2011 and will run through July 31, 2016.

**Drs. Joy MacDermid**, Lisa Carlesso, Anita Gross, Lina Santaguida and D Walton are also the recipients of a Canadian Institutes of Health Research planning grant for their project “Action on Neck Pain: International Consensus of Decision-makers, Clinicians and Researchers.”
Dr. Christopher Bailey, Division of Orthopaedic Surgery, has been awarded a $90,000 Physicians’ Services Incorporated Foundation clinical trials grant for his study, “Surgery versus standardized non-operative care for the treatment of lumbar disc herniations: A Canadian Trial.”

Dr. Marie-Eve LeBel, Division of Orthopaedic Surgery, received a $195,000 education research grant from the Academic Medical Organization of Southwestern Ontario for her research project, “Fostering the Future of Simulation-Based-Surgical Training: The Simulation-Based Educator and Research in Surgery.”

Congratulations to three Department of Surgery members awarded grants from the Lawson Research Spring 2011 Internal Research Fund Competition:

Dr. Abdel Lawendy of the Division of Orthopaedic Surgery - Pharmacological Treatment of Limb Compartment Syndrome With a Novel CO-Releasing Molecule (CORM-3), in the Skeletal Muscle Ischemia-Reperfusion.

Dr. Tina Mele of the Division of General Surgery - Tissue NIRS in the Assessment and Management of Critically Ill Patients.

Dr. Arjang Yazdani of the Division of Plastic and Reconstructive Surgery - The development of a model to measure load transmission in the craniofacial skeleton.

AWARDS AND ACCOLADES

The Department of Surgery would like to congratulate the following award recipients:

Dr. William Wall, Division of General Surgery, is the recipient of the 2010-2011 Surgery Clerkship Faculty Teaching Award.

This award is in recognition of being voted "most outstanding faculty teacher in the Department of Surgery by the clinical clerks".

Dr. Vivian McAlister, Division of General Surgery, has received the honour of General Campaign Star – SOUTHWEST ASIA (GCS-SWA) by the Canadian Forces for service in operations in the presence of an armed enemy.

Dr. McAlister has also been elected to the council of the Royal College of Physicians and surgeons of Canada.

Dr. Joy MacDermid, Division of Orthopaedic Research, has been elected to Fellowship in the Canadian Academy of Health Sciences (CAHS).

Election to the academy as a fellow, is in recognition of an individual’s contributions and commitment to the promotion of academic health science.
Dr. Megan Cashin joins the Department of Surgery in the Divisions of Paediatric Surgery and Orthopaedic Surgery. Dr. Cashin received her undergraduate degree in Biochemistry as well as her medical undergraduate degree at Memorial University of Newfoundland. She completed her residency at the University of Ottawa in Orthopaedic Surgery.

Dr. Cashin then headed to Vancouver for a one year fellowship in Paediatric Orthopaedics at the University of British Columbia. She completed her second year of fellowship at the Royal Children’s Hospital in Melbourne, Australia, where Dr. Cashin was able to focus her interest on the orthopaedic management of patients with cerebral palsy, for which the centre is known.

Dr. Cashin moved to London in early September with her husband, and is fairly new to the city. In her spare time Dr. Cashin likes to hike, camp, run and paint.

Dr. Blayne Welk joins the Department of Surgery in the Division of Urology. He completed his undergraduate degree in Biochemistry at the University of Western Ontario, and his medical degree at the Schulich School of Medicine & Dentistry. He then went to the University of British Columbia in Vancouver for Urology residency, graduating in 2009. He followed that with a two year fellowship in reconstructive urology at the University of Toronto, focusing on treatment of male stricture disease, male and female incontinence and neurogenic bladder.

While in Toronto, Dr. Welk received his Masters degree in Clinical Epidemiology. He is hoping to continue the research he was working on at Sunnybrook Hospital while completing his Masters, which includes administrative data research through ICES. He will be examining population level surgical outcomes. Dr. Welk is an outdoor and fitness enthusiast who enjoys skiing, swimming and travelling.

FACULTY PROMOTIONS

Congratulations to the faculty members promoted July 1, 2011:

Dr. Bing Siang Gan, Division of Plastic and Reconstructive Surgery, promoted to Professor, Senate Stream

Dr. Brian Taylor, Division of General Surgery, promoted to Professor, Provost Stream

Dr. George Athwal, Division of Orthopaedic Surgery, Associate Professor and granting of a Continuing Appointment, Senate Stream

Dr. Douglas Naudie, Division of Orthopaedic Surgery, Associate Professor and granting of a Continuing Appointment, Senate Stream

Dr. James McAuley, Division of Orthopaedic Surgery, granting of a Continuing Appointment, Provost Stream

RETIREMENTS

Farewell and thank you to Dr. Robert Bourne, Division of Orthopaedic Surgery, who retired October 1, 2011.

Dr. Bourne has been an active contributor to medical education and clinical care at University Hospital and we are grateful for his many years of service.

We wish Dr. Bourne a happy, healthy retirement.
On Friday, June 24th the Department of Surgery held its annual Dr. Robert Zhong Department of Surgery Research Day at St. Joseph’s Health Care, London.

A variety of topics were presented by new Department recruits, residents, and outstanding researchers in the Department.

Dr. Amitai Ziv, Deputy Director at Chaim Sheba Medical Center and Founder and Director of the Israel Center for Medical Simulation, Tel-Hashomer, Israel was this year’s keynote speaker. His talk, “Simulation Based Education and High Stakes Performance Assessment as a Patient Safety Tool: The Israeli Experience” was well received and very engaging.

Dr. Ziv began his career in Air Combat for the Israeli Air Force in the Department of Defense, where he received simulation-based training. After receiving his MD from the Hebrew University of Jerusalem he then completed a fellowship in Adolescent Medicine at Penn University’s Children’s Hospital of Philadelphia. He is a recipient of the Charles Bronfman 2007 Humanitarian Prize.

Dr. Ziv spoke about the many benefits and positive influence the Simulation movement has had on the practice of medicine, and particularly the success they have had at the Israel Center for Medical Simulation with this form of training. The simulation centre has proved to be a safe environment, which is forgiving of mistakes.

Simulation based education can help to shorten the amount of time patients spend in physical rehabilitation, improve communication skills through real-life scenarios, and increase the retention rate of learning.

During the course of the day, participants also learned about the clinical applications of antibiotic resistance and antibiotic tolerance; the need and benefit of simulators for medical education and patient safety; strategies for the treatment of Peyronie’s Disease and Dupuytren’s Disease; and the roles that geographic and socioeconomic factors play in the outcomes of aneurysm surgeries.

Participants also gained an understanding of clinical research in wrist disorders at the Hand and Upper Limb Centre; the effect surgical wait times have on spinal stenosis patients; surgical techniques for injuries of the sub-axial cervical spine; the occurrence of undiagnosed brain injuries resulting from facial fractures; the role of critical thinking in the Afghan medical profession; and the advances in the use of biomaterials in urinary devices.

Later on that evening at the 2011 Resident Celebration Dinner, Dr. Peter Wang was announced as the winner of the Resident Research Best Paper Award for his paper, A Pilot Study Evaluating the Efficacy of Traction Therapy for Peyronie’s Disease on a Novel Rat model. Dr. Wang presented his paper earlier in the day at the Dr. Robert Zhong Department of Surgery Research Day.

SAVE THE DATE — The next Dr. Robert Zhong Department of Surgery Research Day will be held on Friday, June 22, 2012 at the Shuttleworth Auditorium in St. Joseph’s Hospital.

The Resident Celebration Dinner will also be held on June 22, 2012 in the evening at the London Hunt & Country Club.
From Left to Right: Dr. Hans Hundt, Dr. Brent Lanting, Dr. Aaron Bigham, Dr. Luc Dubois, Dr. Kirsten Foell, Dr. Craig O'Neill, Dr. David Bottoni, Dr. Iman Ghaderi, Dr. Scott McClure, Dr. Vipan Jain, Dr. Madelaine Plourde. Absent: Dr. Kristopher Croome, Dr. Robin Evans, and Dr. Agnes Hassa

Congratulations to the graduating class of 2011!

The class of 2011 celebrated their success at the 2011 Resident Celebration Dinner.

Held on the evening of Friday, June 24, 2011 at the London Hunt and Country Club, the dinner was attended by graduating residents, faculty members and program directors.

2010 - 2011 SURGERY CLERKSHIP TEACHING AWARD WINNERS

<table>
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<th>Overall Divisional Award Winners:</th>
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| **Cardiac Surgery** | Resident: Dr. Corey Adams  
Faculty: Dr. Michael Chu |
| **General Surgery** | Resident: Dr. Lisa VanHouweligen  
Faculty: Dr. Bill Wall |
| **Orthopaedic Surgery** | Resident: Dr. Brent Lanting  
Dr. Raghav Rajgopal  
Dr. Kevin Smit  
Dr. Ken Faber  
Faculty:  |
| **Paediatric Surgery** | Faculty: Dr. Neil Merritt  
Resident: Dr. Aaron Grant |
| **Plastic & Reconstructive Surgery** | Faculty: Dr. Brian Evans |
| **Urology** | Resident: Dr. Paul Martin  
Faculty: Dr. Patrick Luke |
| **Thoracic Surgery** | Faculty: Dr. Richard Malthaner |
| **Vascular Surgery** | Faculty: Dr. Jeremy Harris |

**Overall SWOMEN Windsor Award Winner:**  
Dr. Carman Iannicello (Vascular Surgery)
A new Acuity STAR Version 5.4b update will be coming December 15, 2011 and features modifications to the Academic Promotion reports, enhancements to the UWO Standard CV, and Phase 1 of the One45 Link.

Department of Surgery users who would like STAR support or training please contact Melissa Serrano, melissa.serrano@sjhc.london.on.ca or phone ext. 34776.

Project Website: http://web.schulich.uwo.ca/affiliates/star/
Login to Acuity: https://star.schulich.uwo.ca/
“When did you last update your STAR Records?”

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All members of the Department are invited to submit story ideas, articles, photos, or comments for the spring issue. Please send them to: Dinah.Frank@lhsc.on.ca, or call ext. 32361

Moving? Know someone else who would like to receive this newsletter? Please let us know.

If you require information in an alternate format to make this publication accessible, please let us know.

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