

# THE UPDATE

July 2008



## Congratulations

*to the DAL Surgery  
Resident Graduating Class of 2008.*

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### IMPORTANT DATES

**Friday October 24, 2008**

Research Information Day

**Wednesday April 29, 2009**

DAL Surgery Research Day



Left to right Front row: Colleen Fitzcharles-Bowe (Plastics), Jennifer Oucharek (GS), Janet Balderston (ENT), Ben Smith (Ortho), Phil Barnsley (Plastics)

L-R Backrow: Chris Murphy (GS), Matthew Hebb (NSx), Ben Hoyt (ENT), Sean Comstock (Ortho), Greg Thompson (ENT), Mike Bridge (Ortho), Steve Pooler (GS).

Heather Wilson from GS not present.

## **THE UPDATE**

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Please forward any comments  
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### **Elaine Marsh**

Department of Surgery  
Research Office  
RM 2006, HI  
1796 Summer Street  
Halifax, NS B3H 3A7

Editor: Dr. Greg Hirsch  
Production: Elaine Marsh

## **DEPARTMENT OF SURGERY ADMINISTRATION**

### **Crystal Marsman**

Executive Assistant  
to Dr. Jaap Bonjer  
crystal.marsman@dal.ca

### **Theresa Halliday**

Financial Coordinator  
theresa.halliday@dal.ca

### **Giselle Romans**

Administrative Assistant  
Financial  
giselle.romans@dal.ca

### **Sheila Reid**

Education Coordinator  
Department of Surgery  
sheila.reid@dal.ca

### **Brad MacDonald**

IT/Multimedia Specialist  
bradmacdonald@dal.ca

### **Elaine Marsh**

Research Administration  
elaine.marsh@dal.ca

### **Lesli Smith**

Human Resources  
leslismith@cdha.nshealth.ca

### **Michelle Murray**

Coordinator Skills Centre  
for Health Services  
michellemurray@cdha.nshealth.ca

## **Message from the Department Head**

**Dr. Jaap Bonjer**



### **ALMOST ONE THOUSAND MORE PATIENTS HAD SURGERY AT THE QE II IN 2007/2008 THAN DURING THE PREVIOUS YEAR.**

This is an outstanding accomplishment of surgeons, surgical residents, anesthesiologists, nurses, clerical staff, patient attendants and all others involved in the surgery program. The numbers of surgeries in the first months of 2008/2009 are up by ten percent compared to 2007/2008 and clearly show that the utilization of

available resources is still improving. As a consequence, wait times for many services have been reduced and are meeting the national standards. Patients requiring orthopedic surgery, however, are facing the longest wait. The Nova Scotia Department of Health has facilitated two days of orthopedic day surgeries per week at Scotia Surgery which will help improve access to orthopedic care. Lynn Molloy, Quality and Risk Management, deserves to be acknowledged for excellent guidance of patients and orthopods through Scotia Surgery.

The Breast Health Clinic opened its doors at the IWK in the spring of 2008. The concept of a multidisciplinary team providing care to patients with diseases of the breast would not have been realized without the dedicated stewardship of Dr. Carman Giacomantonio.

Minister Jamie Muir managed to cut the ribbon laparoscopically in April 2008 during the opening of the Skills Centre for Health Sciences. In the past three months, Michelle Murray, Skills Centre Coordinator, has smoothly managed courses for more than 600 health care professionals at the Skills Centre.

Dr. Michael Dunbar has received an Atlantic Innovation Fund grant for more than two million dollars to study migration of orthopedic implants.

The construction of the Life Sciences Research Institute has started and will bring unprecedented research and incubator opportunities to Atlantic Canada. The vision and passion of Dr. Ivar Mendez are the corner stones of this facility.

It is my pleasure to welcome two new faculty members: Dr. Ian Alway a Transplant Surgeon from Erasmus University in Rottenham, Netherlands and Dr. Glen Richardson, an Orthopaedic Surgeon and Dalhousie Graduate who recently practiced in Saint John, New Brunswick.

All Dal Surgery residents passed their Royal College exams this year. Congratulations to the apprentices and their masters.

I wish you a very well deserved summer break!

Jaap Bonjer, M.D., Ph.D., FRCSC  
*Professor and Head Dal Surgery*

# Message from the Director of Research

Dr. Greg Hirsch



**AS THE END OF THE 2008 ACADEMIC YEAR COMES TO A CLOSE**, it is clear in reviewing our accomplishments in publications, funding, and research training that our research efforts continue to grow. Dal Surgery Research Day in April demonstrated to our Department members and our invited guests the caliber of resident research ongoing in our center.

This year also saw the groundbreaking ceremony and the new construction of the Life Sciences Research Institute. Spearheaded by Dr. Ivar Mendez, this new building is reflective of Ivar's leadership and consistent effort to build research capacity here at Dalhousie.

I would also like to extend my congratulations to Dr. Mike Dunbar who is the 3rd faculty member to receive an AIF grant. This \$2.6 Million award was granted to support the establishment of Dal Surgery as a center in Radiostereometric Analysis (RSA). RSA allows for very sensitive and very specific measurement of loosening joint replacements, allowing surgeons to predict early failure. It will allow for more rapid turnaround in evaluating surgical results, particularly with regard to innovative joint replacement devices. This award will bring cutting edge technology to both the clinical care of patients and the research capability to Dal Surgery.

The Dal Surgery Research Committee has again had the opportunity to distribute \$400,000.00 in research grants in a peer-reviewed competition for Dal Surgery faculty and residents. The Committee received grants in the categories of Resident Research Training, Seed Grants for new investigators, Bridge Funding and Match Funding for research projects. The results will be announced later in July.

At the most recent Faculty meeting, I presented our need to continue to catalogue our research accomplishments. I will be asking all of us to comply with the Dal Surgery Research Office's request to submit personal research information, in particular grant capture, publications/abstracts and presentations we have made in the last year. This data, captured accurately, is critical to assessing our own progress in terms of Research Productivity, and to help establish our research credibility within the broader environment both within CDHA/Dalhousie and outside our center, our region, and even internationally. It is through awareness of our accomplishments that we can attract first-rate scientists as well as financial support for our ongoing efforts.



Dr. J.F. Legare

## *The Atlantic Centre for Transplantation Research*

In March, the Atlantic Centre for Transplantation Research in the Sir Charles Tupper Building unveiled its newly renovated lab space. The extensive renovation was facilitated by a \$1.5 million CFI grant spearheaded by Drs. Bjorn Nashan and J.F. Legare. Contributions also came from the Department of Surgery, Novartis and the Nova Scotia Health Research Foundation.



Dr. Bjorn Nashan

The Centre's team is currently composed of Drs. Nashan, Walsh, Hancock-Friesen, Legare, Alwayn, Hirsch and Lee from the Department of Surgery, Dr. Liwski from the Department of Pathology and Dr. Zhou from the Department of Anesthesia.

Dr. Tim Lee, the Director of the Centre, says "The real advantage of this research team is that there are basic scientists sharing space, ideas and students with transplant clinicians who have a very direct interest in the health of their patients".

# DAL Surgery Research Day – April 2, 2008



*Dr. Stephen Froles*

**THE 19TH ANNUAL DAL SURGERY RESEARCH DAY** was held at the Westin Nova Scotian Hotel. Dr. Stephen Froles was this year's Dr. Gordon Bethune Visiting Professor. Dr. Froles provided the noon-time lecture, "Improving the Outcomes of Cardiac Surgery". Dr. Stephen Froles' research interests have been primarily focused on clinical trials of myocardial protection and arterial conduits for coronary surgery. He was one of three judges for the day, along with Dr. Don Weaver, and Dr. David Morris.

Dr. Froles is currently the Head of the Division of Cardiac and Vascular Surgery at Sunnybrook Health Sciences Centre and a Professor of Surgery at the University of Toronto.

## **~2008 DAL SURGERY RESEARCH DAY WINNERS~**

***Dr. Jane Watson***

Division of General Surgery

***1st Place Resident***

Winner of the Robert Stone Traveling Fellowship

***Dr. Yarrow McConnell***

Division of General Surgery

***2nd Place Resident***

***Dr. Christine Herman***

Division of Cardiac Surgery

***3rd Place Resident***

***Sara Nejat***

Department of Immunology

***1st Place Student***

***Gillian Hatfield***

Biomedical Engineering

***2nd Place Student***

***Julie Jordan***

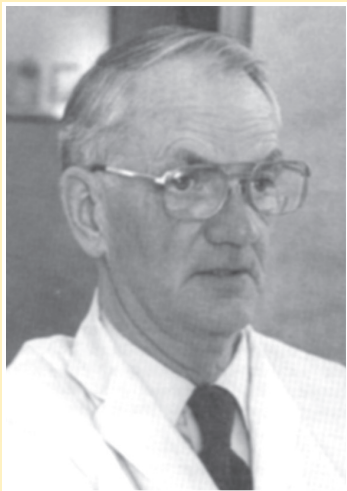
Department of Pathology

***3rd Place Student***

The Dal Surgery Research Committee received over 50 abstracts from residents and students for this year's event. The selection process was difficult, but the Research Committee accepted 32 submissions to provide the day's presentations. This year's program offered a superb cross section of solid basic science and equally excellent clinical studies.



# Dr. Gordon Bethune Visiting Professor



Dr. Gordon Bethune

**DR. GORDON W. BETHUNE** was the Head, of the Department of Surgery from 1967-1983. In 1999 DAL Surgery created an endowed fund to honour the memory and achievements of Dr. Bethune. The *Gordon W. Bethune Visiting Professorship* provided funds in perpetuity for invited recognized surgeon-scholars from a variety of backgrounds to visit at the Dal Surgery Research Day to augment clinical, research and teaching activities.

In the 1950's Dr. Bethune was one of the three surgical residents who first trained and graduated from Dalhousie. After graduation his professional practice consisted of both a general practice and a surgical practice; he performed surgeries in all disciplines including neurosurgery, orthopaedics, plastics and other surgical subspecialties. This broad medical footing gave Dr. Bethune the insight for the need to encourage the development of all surgical specializations. His foresight to move forward with change in the way surgical services are offered remains a true testament of his dedication to the foresight he had to have all surgical disciplines benefit our community.

Under Dr. Bethune's leadership, many advances were made in the delivery of surgical care to the people of the Maritime provinces. Division of Pediatric Surgery, Orthopaedic Surgery, Cardiovascular Surgery and Plastic Surgery were established, enabling surgeons to develop and hone their skills in areas of their particular interest and expertise. The General Surgery Resident Training Program was greatly improved during his tenure with the help of Dr. S.T. Norvell. This program became one of the best in Canada and served as a model for development of similar training programs in other surgical specialties at Dalhousie University. The Undergraduate Medical Program, an area of special interest to Dr. Bethune, became one of the most effective by all available measures.

Those who worked with and trained under Dr. Gordon Bethune recall that he led, not by edict and authoritarianism, but by consultation, encouragement and example.

The Dr. Gordon W. Bethune Visiting Professorship recognizes the contributions made by a dedicated surgeon to the university, to his faculty, to his colleagues and to his patients during his life's work.

## ~ DAL Surgery Gordon W. Bethune Visiting Professors ~

- |       |  |       |   |       |  |
|-------|--|-------|---|-------|--|
| 2000: | <b>Dr. William Gbali</b><br>Assistant Professor<br>Departments of Medicine &<br>Community Health Sciences<br>University of Calgary<br><i>"Overview of APPROACH: the<br/>Alberta Provincial Program for<br/>Outcome Assessment in Coronary<br/>Heart Disease"</i> | 2003: | <b>Dr. Richard Reznick</b><br>Head, Department of Surgery<br>University of Toronto<br><i>"Our Bench is a Skills Lab, Our<br/>Bedside is the Surgical Resident"</i>        | 2007: | <b>Dr. Robert Harrison</b><br>Director of Research<br>Department of ENT - Head and<br>Neck Surgery<br>Professor, Department of Physiology<br>University of Toronto<br><i>"Otolaryngology is More Than Just<br/>Surgery: Keeping up With New<br/>Knowledge in Auditory Science"</i> |
| 2001: | <b>Dr. Peter Black</b><br>Frank D. Ingraham Professor<br>Harvard Medical School<br>Neurosurgeon-in-Chief<br>Brigham and Women's Hospital<br><i>"New Developments in Image-<br/>Guided Neurosurgery"</i>  | 2004: | <b>Dr. Peter Neligan</b><br>Professor and Chairman, Division of<br>Plastic Surgery<br>University of Toronto<br><i>"Plagiarism, Serendipity and<br/>Bloody Mindedness"</i> | 2008: | <b>Dr. Stephen Fremes</b><br>Head, Division of Cardiac and<br>Vascular Surgery<br>Sunnybrook Health Sciences Centre<br>Professor of Surgery<br>University of Toronto<br><i>"Improving the Outcomes in<br/>Cardiac Surgery"</i>   |
| 2002: | <b>Dr. Andrew Hill</b><br>Head, Vascular Surgery<br>University of Ottawa<br><i>"Aortic Aneurysm Repair with<br/>Endovascular Stent Graft<br/>Technology: Where's the Beef?"</i>  | 2005: | <b>Dr. Tom Waddell</b><br>Professor and Chair<br>Division of Orthopaedic Surgery<br>University of Toronto<br><i>"Perspectives in Postgraduate<br/>Education"</i>          |       |  |
|       |  | 2006: | <b>Dr. David Schrupp</b><br>Head, Thoracic Oncology<br>Surgery Branch, NIH<br><i>"Epigenetic Therapy for Lung<br/>Cancer"</i>   |       |  |

## Research Profile: Dr. Michael Dunbar

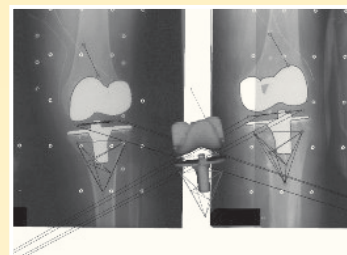


Dr. Michael Dunbar

**DR. DUNBAR** is a graduate of Dalhousie Medical School (1992), holds a PhD in Community Health and Epidemiology and is an Associate Professor of Surgery in the Division of Orthopaedics at Dalhousie. Dr. Dunbar has cross-appointments with the Department of Community Health and Epidemiology and the School of Biomedical Engineering. Dr. Dunbar recently received the Dalhousie Medical School Junior Alumni of the year (2007) for clinical excellence and future promise of contribution to Dalhousie.

Dr. Michael Dunbar has recently been awarded \$2.6 Million from the Atlantic Innovative Fund for the development of a diagnostic tool that will provide orthopaedic surgeons with information to better monitor their patients after surgery. Partnering with Halifax Biomedical Inc, Capital Health, Leiden University Medical Centre (LUMC) in the Netherlands, Robarts Research Institute in London, Ontario and Imaging Dynamics Corporation in Calgary, this diagnostic tool will use Radiostereometric Analysis (RSA) to gauge movement of orthopaedic implants over time.

**RSA** is currently an advanced research radiography technique that utilizes two simultaneous planar x-rays to precisely monitor three-dimensional migrations of orthopaedic implants relative to surrounding bone. This allows for highly accurate long-term predictive outcomes of new joint replacement designs. RSA can determine in one year, with as few as 30 patients, which joint replacement designs may fail prematurely. Regulatory changes underway will likely mandate that all new hip and knee implants undergo this level of testing before release to the general market. This benefits patients by limiting their exposure to inferior joint replacement technology and the healthcare system by reducing the need for surgery to replace implants that fail prematurely.



The main objective of the AIF funded project is to translate the powerful diagnostic capabilities of RSA to the clinical setting. RSA can be used to predict implant problems prior to patient symptoms, allowing for early corrective action thus promoting improved outcomes and further reductions in revision surgery burden. The high-resolution implant stability information will also enable streamlining of the postoperative patient management process so that resources are invested in those patients who need the most care, as well as providing the basis for testing new interventions to maximize the benefit of joint replacement surgery to patients.

A key component of the AIF project and future RSA research at Dalhousie and Capital District Health Authority, is the world's first purpose-built stereo digital x-ray imaging system for RSA. This suite was officially opened on July 8, 2008.

**"This project will establish Capital Health as a world-class orthopedic research Centre"**

Chris Power, CEO, Capital Health

Another of Dr. Dunbar's research interests, the long standing Orthopaedic Wait List project at the Capital District Health Authority (2003-present), obtains consensus and voluntary contribution from all surgeon's within the Division of Orthopaedics regarding surgical booking and prioritization of patients. This project defined the scope of the problem regarding access to care issues for orthopaedic patients and made recommendations for addressing them. Nova Scotia's Minister of Health responded to the report by announcing publicly that all of the recommendations within the report would be implemented by the provincial government, including significant expansion of beds and surgical resources for orthopaedic patients. The province of Nova Scotia has adopted this model and methodology for all surgical specialties. This project has also been presented, by invitation, to the Canadian Health Services Research Foundation, Canadian Medical Association and the Canada Health Council.

## Faculty Profile: Dr. Natalie Yanchar



Dr. Natalie Yanchar

IN MAY 2008, DR. GERALD JOHNSTON, Assistant Dean of Medical Research at Dalhousie Medical School announced that Dr. Natalie Yanchar was to be named a 2008 Senior Clinical Scholar Winner. This Award truly reflects the strives in pediatric trauma clinical care, education and research she has achieved in her professional career. Dr. Yanchar is among great academic clinicians in our surgical community, and is the 14th academic surgeon in our Department to receive this honour.

A native of Edmonton, Alberta, Dr. Yanchar graduated from Queen's University School of Medicine in 1990. Her General Surgery Residency was completed at the University of Alberta in 1996. She completed her MSc in Experimental Surgery in 1994 and a MSc in Community Health and Epidemiology was completed in April of 2007. She undertook her subspecialty in Pediatric General Surgery Fellowship at the University of Ottawa and came to Dalhousie University following its completion in 1999. Since that time, Dr. Yanchar has established herself as a solid pediatric general surgeon and has lent her expertise in becoming a leading advocate for child safety for the province of Nova Scotia.

Dr. Natalie Yanchar is the current Medical Director of the IWK Trauma Care, and has since developed policies for province-wide cervical-spine clearance guidelines for children, outreach activities to other parts of the province and collaborative efforts with other pediatric trauma centers across the country. Her position as the Chair of the Pediatric Committee of the Trauma Association of Canada fuels her focus for her research. Some current activities include being a co-applicant and expert panel leader on the Canadian Injury Indicators Development Team and co-principal investigator for a national child safety seat intervention study. She has worked endlessly to develop a new pediatric trauma curriculum and advocacy for enforceable guidelines on child motor vehicle restraint safety practices, and motorized recreational trauma in patients. Dr. Yanchar has been quoted, "Injury is a disease. Like any other disease process it has well recognized risk factors, patterns of clinical signs and symptoms, varied ways to manage it clinically and variable outcomes - both short and long term. Like any other disease, such as the flu or breast cancer, when it becomes more and more frequent with time, it is appropriate to refer to it as an epidemic." Her position during all political debates over the use of off-highway vehicles by children has remained steadfast in promoting a strong voice in revising government direction to help protect children from unnecessary injury. She maintains, "The rate of injury and death has risen over recent years even more quickly than the rate of sales. While labels on ATVs warn of the potential of *severe injury or death* and recommend against children using larger ATVs, I still meet parents who allow their children to do so. ATVs have risen to become the third leading cause of injury or death for children, behind motor vehicle crashes and pedestrian deaths".

This dedication and advocacy is not lost on anyone who knows her, and recently Surgical resident, Dr. Lindsay MacDonald summed up her experience with Dr. Yanchar, "Dr. Yanchar is an exceptional surgeon and teacher. Her dedication to patient care, academics and research sets an extraordinary example for others. As a supervisor, Dr. Yanchar is always available, and provides appropriate guidance, allowing residents to learn a tremendous amount from her expertise. Dr. Yanchar inspires students to improve their skills and abilities through her enthusiasm for surgical training. Her career is balanced with an active lifestyle, including swimming and running. She has and continues to be an excellent role model."

Dr. Yanchar is the mother of three children. The energy needed to secure a great balance of both professional and family life remains her greatest focus.

## *New Faculty: Dr. Ian Alwayn*



*Dr. Ian Alwayn*

**DR. IAN ALWAYN** joined the Division of General Surgery and the Multi-Organ Transplant Program as an Associate Professor in April 2008.

Dr Alwayn is a graduate of Leiden University Medical School, The Netherlands and completed his surgical residency at Erasmus MC, University Medical Center Rotterdam, The Netherlands. During his residency, Dr. Alwayn spent 18 months at the Transplantation Biology Research Center, Massachusetts General Hospital / Harvard Medical School studying tolerance in xenotransplantation which led to his Ph.D. from Erasmus University, Rotterdam, The Netherlands. After his surgical residency, Dr. Alwayn received a fellowship from the Dutch Cancer Society to specialize in Hepatobiliary and Solid Organ Transplant Surgery in Rotterdam, Paris and Boston. Before moving to Halifax, Dr Alwayn was an attending Hepatobiliary and Transplant Surgeon at the Department of Surgery, Erasmus MC, University Medical Center Rotterdam, The Netherlands. He is married to Diana Robbers-Alwayn and has three young children, Julia, Max, and Olivia.

Welcome Dr. Alwayn!

### *Clinical Investigator Program*

The academic year has come to an end, and June 2008 has witnessed the graduation of our Surgical Residents in the MSc Clinical Investigators Program.

On June 20th, Dr. Jane Watson defended her MSc in the Medical Sciences Graduate Program with her thesis, "*Cytotoxic Action of Curcumin in Ovarian and Colon Cancer.*" Dr. Watson has returned to her clinical training and we are pleased to acknowledge a job well done, congratulations Jane!

On June 23rd, Dr. Michael Bezuhly successfully defended his MSc thesis entitled, "*The Benefits of Increased Activated Protein C Signaling in Ischemia and Tumour Metastasis.*" Dr. Bezuhly is back to his clinical training in Plastic Surgery and we are proud of his accomplishment!

Across Canada the need for clinical scientists is substantial: Program criteria and eligibility can be found at Dalhousie's CIP Program's Webpage: <http://cip.medicine.dal.ca>, and all Surgical Residents interested in this program should make an appointment with Dr. Greg Hirsch in the Dal Surgery Research Office.

The 2008 academic year sees the beginning of three residents embarking on their CIP Training. Drs. Devon Richardson and Paul Yaffe from General Surgery and Dr. Phil Magown from Neurosurgery have been accepted into the program and have started their MSc work. We look forward to following their exciting research endeavors!



# Program Profile: Division of Otolaryngology

**THE DIVISION OF OTOLARYNGOLOGY-HEAD & NECK SURGERY** is the major Maritime tertiary referral centre. Currently, the Division is 11 members strong, covering all subspecialties of the discipline including Head & Neck Surgery, Laryngology & Esophagology, Otology and Neurotology, General Otolaryngology and Rhinology as well as Pediatric Otolaryngology. Under the leadership of Dr. David Kirkpatrick, the Division has seen significant change over the past several years with the recruitment of many young talented staff members.

Aside from the exemplary clinical and surgical services offered to patients of the Maritimes, the Division has a thriving research machine especially in the areas of Otology, Neurotology and Head & Neck Surgery.

The Residency Training program is one of the most sought-after programs. There are currently 12 residents training in the program in addition to three fellows. The Division is proud of its trainees and sees them as its future ambassadors in Canada and across the world. Dr. Emad Massoud has been Program Director since July 2002. He meets with the residents individually on a regular basis. The Residency Training Committee meets monthly to assist the Program Director in the continuous monitoring of the program. Every committee member is responsible for one aspect of the program. The program has seen significant restructuring of the academic curriculum over the past five years. The academic half-day curriculum

runs on a two-year cycle, with lectures and seminars covering all clinical and basic sciences areas of the discipline.

The Division of Otolaryngology holds a yearly Resident Research Day. It is held in mid to late April every year. There is an invited speaker and all residents (PGY1 to PGY5) present projects and compete for the top prize. This year it was held at the Lord Nelson and Dr. Clark Bartlett (PGY2) was the winner this year. The title of his presentation was, "Do we measure up? Is an objective measuring device needed for oral cavity lesions?"

Aside from the varied clinical and surgical training within the discipline, residents are also exposed to a variety of interdisciplinary activities including the weekly Head & Neck Cancer Clinic and Tumour Board, the Skull Base Clinic, the Endoscopic Skull Base Surgery and the Neuroendocrine Program.

The Halifax Otolaryngology Review Course is a new initiative, which was spearheaded and organized by Dr. Rob Hart and delivered by various faculty members. This one-week long Royal College exam preparation course is the first of its kind in Canada. It was offered for the first time in February of 2008 and received overwhelmingly positive feedback from all attendants. The Division plans to run it on a yearly basis, as it has poised itself as a pioneer in this area.

## *The Skills Centre for Health Sciences Opens!*

The joint initiative of Capital District Health Authority, IWK Health Sciences Centre and Dalhousie University came to fruition on April 17, 2008 for the opening of the Health Sciences Skills Centre.

The Nova Scotia Department of Health supported the development of this centre, and Service Nova Scotia and Municipal Relations Minister Jamie Muir, on behalf of Health Minister Chris d'Entremont pronounced at the opening, "We are so pleased to be part of this important initiative. In a profession where technology is constantly changing, it is important for us to do everything we can to help our doctors and other health care professionals expand and perfect their skills."

The centre provides opportunities to train and practice new, primarily surgical skills. The centre's goal is to move health care training from the long-time master-apprentice model to a more progressive innovative and technology-focused model of education through simulated learning environments. Michelle Murray mans the coordination of the centre and since April, she has facilitated learning objectives for nursing, surgical residents and medical clerks.

*"As health care continues to evolve in leaps and bounds, keeping health care professionals up to speed is becoming increasingly critical" Jaap Bonjer, Head Dal Surgery.*



# *Education Report: Dr. Brock Vair*



Since becoming Director of Education a year ago, Dr. Vair set out to make changes in the curriculum. It is exciting to report that many important changes have taken place.

**UNDERGRADUATE EDUCATION:** The goals and objectives for third year clerks have been modified into a more concise and realistic set of objectives, which will be used by staff and residents in evaluation and teaching. All clerk three week rotations will now reflect the innovative teaching and learning principles adopted for this upcoming academic year. The National Board of Medical Examiners (NBME) examination will be used as the end of surgery unit exam for third year clerks beginning with the 2008/09 academic year. We will use the current question bank to provide a learning examination, which will be reviewed with the students prior to the NBME exam at the completion of their surgery unit. In April 2008 the Skills Centre opened its doors and a skills curriculum has been implemented during the

General Surgery rotation to fully utilize this facility. The General Surgery rotation has been modified to allow a wider exposure to various surgical pathology and procedures. New OSCE cases are currently being developed, and student evaluations of the individual afternoon seminars will be made available for further refinement of the undergraduate program.

**POSTGRADUATE EDUCATION:** The Royal College has recently initiated a review of the Principles of Surgery Core Training and has renamed it Foundations of Surgery. All training programs in Canada may ultimately require a separate Royal College Review of the Core component of their training program. In addition, a specific Core FITER may be required for promotion to senior resident level training. The Wednesday morning academic half day for junior residents has been extended to a two year curriculum incorporating all CANMEDS proficiencies as well as sessions at the Skills Centre.

The Department acknowledges the deficiencies in regard to effective feedback and evaluations, and strives for continued improvement. Recent Department of Surgery Grand Rounds were dedicated to this topic and experts in this area, Drs. Diane Delva and Joan Evans, presented. These issues will require ongoing attention and revision.

CANMEDS proficiencies beyond medical expert are being effectively provided to residents at all levels of training via the Postgraduate Medical Education Office (PGME) and through academic half days and Divisional Grand Rounds. The PGME has established a well defined structured plan for remediation of residents in academic or clinical difficulty. We will continue to work with all Divisional Program Directors on all outstanding issues regarding teaching and service evaluations.

All surgery residents were successful in passing the final Royal College examinations. Congratulations!

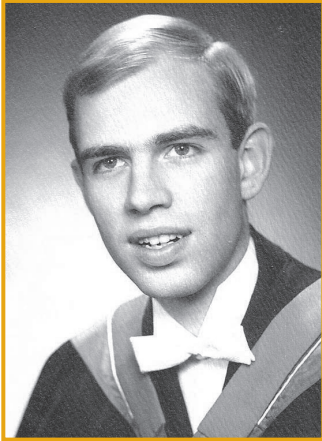
## *In Memoriam*

*Dal Surgery mourns the loss of Dr. Thomas Casey who died on June 10, 2008*

Dr. Casey was a Dalhousie Medical School Grad, class of 1953 and had a legendary 40 year career as a Thoracic Surgeon in our Department. For his dedication and life-long interest in Third World Medicine and its progression, Dr. Casey was awarded the Elizabeth Seton Award (2002) and an Appointment to the Order of Canada (2004).

## Retirement: Dr. William Howes

*“I believe that besides teaching his residents about neurosurgery he taught us all about professionalism, balance, common sense and mentoring.” Vivek Mehta*



*Dr. Howes U of T Medicine,  
1966*

Dr. William Howes has been a member of Faculty in the Division of Neurosurgery for the past 35 years. Dr. Howes is a graduate of the University of Toronto Medical School in 1966 and Division of Neurosurgery Residency Program at Dalhousie in 1972. In 1974 Dr. Howes became a faculty member at Dalhousie School of Medicine and has practiced both general and pediatric neurosurgery.

His teaching of residents and students is unmatched for passion, patience and leadership. In trying to frame the influence Dr. Howes has had on his students, Dr. Vivek Mehta, a former Neurosurgery Resident here at Dalhousie, and now a faculty member at the University of Alberta, contributes, “I can distinctly remember an event that took place early in my residency. I was somewhat late to one of the clinics after a busy night on call and looking somewhat disheveled. Bill took me aside and offered me a new clean lab coat, a razor and some advice. He reminded me some of these patients had driven 5-6 hours to see a neurosurgeon and to hear

what we had to say about sometimes life threatening pathology. We owed it to these people to show up on time and to act in a professional manner. These days I still remember these words and I am sure all his residents continue to try to uphold that sense of professionalism.”

Dr. Mihaly Kis, a present resident in Neurosurgery so eloquently shares his view of Dr. Howes by revealing, “I feel honored and privileged to have been taught by Dr. Howes. He has been a role model and mentor for me throughout my residency. He is a superb surgeon, a wise clinician and a compassionate human being; a combination which is rare in any one individual. Despite being a man of few words, he has been an exceptional teacher to all his residents, for when he does speak his words carry weight and people stop and listen. He has a remarkable efficiency of thought and movement that is evident both in the classroom and the OR. He has the uncanny ability to simplify complex arguments to their bare essentials in order to make answers become self evident. However, his greatest lesson to me, and the one which I will work towards with the utmost diligence, is one of balance. Balance between personal and professional life, work and recreation. The balance to save countless lives and yet have time to raise a loving family, the balance to maintain a sense of compassion, humor and humanity even in the face of illness and suffering is a remarkable accomplishment by Dr. Howes. This is a tough lesson to learn, perhaps even harder to teach, but I am grateful to Dr. Howes for showing us such a lofty example to strive towards.”



*Dr. William Howes and his wife,  
Susie*

As Dr. Howes enters his well-deserved retirement, we know he will enjoy his many loves of traveling, fishing and camping, weekends of portaging, but especially the years ahead as a grandfather and time with his lovely bride of 46 years Susie. We wish them the best for the many adventures they will share!

# Retirement: Dr. Gayle Higgins

submitted by Dr. Chris Murphy

**DR. GAYLE HIGGINS IS RETIRING AT THE COMPLETION OF THIS ACADEMIC YEAR.** She has dedicated the past eighteen years of her surgical career to the care of her patients. She has served as a mentor to many aspiring surgeons and exemplifies the dedication and determination required to be a successful academic surgeon.

Dr. Higgins started her work in health care as a physiotherapist. She taught at the Dalhousie University School of Physiotherapy and was on staff at the Victoria General Hospital before starting her medical training. She continued to work as a physiotherapist while pursuing her degree in medicine.

She trained in general surgery and had an interest in plastic surgery as well. She graduated from the Dalhousie General Surgery program in 1987. She followed this up with a fellowship in Head & Neck Surgery from McMaster University and a Surgical Oncology fellowship from McGill University.

Dr. Higgins returned as staff with the Department of General Surgery in 1990, and has graced the clinics and operating theaters of the Victoria General Hospital with her presence since. Dr. Higgins is an early riser. She will routinely round on her patients, have the discharge prescriptions done and the follow-up appointment booked before the surgical team starts rounds. There is not a single resident that hasn't arrived on the ward at 6:30 am, only to have Dr. Higgins wish them good afternoon as she left to go back to her office. It sure made life easy.

Nobody appreciated Dr. Higgins more than her patients. It is a well known fact that the best place to be around Christmas time is a recheck clinic with Dr. Higgins. There is not a single patient who does not arrive bearing gifts. As long as you are willing to help her carry her loot back to her office you can have your fill of chocolate.

Over my five years of residency I have appreciated working with Dr. Higgins. She has been generous with her time, serving on numerous committees and teaching at the undergraduate medical level. I personally have a bookshelf full of textbooks that have been given to me by Dr. Higgins.

Dr. Higgins' story does not end this June. True to her tireless nature, Dr. Higgins' career path takes yet another turn. She will be starting work with Blue Cross in an administrative position.

When asked about what she will miss most, Dr. Higgins replied, *"I will miss the patients, I will miss their stories. I will miss the residents, and I will miss teaching them."*

Dr. Higgins, we will miss you and wish you the very best.



*Dr. Jaap Bonjer, Dr. Gayle Higgins and Dr. James Ellsmere at her Retirement Tea*

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