It has been estimated that healthcare professionals attempting to keep abreast of their field would need to read an average of 17–20 original articles every day. Increasingly, systematic reviews are being advocated as a way to keep up with current medical literature. However, in spite of the care with which they are conducted, systematic reviews may differ in quality, and yield different answers to the same question.1

With the recent publication of Dr. Braga’s paper in the Journal of Urology which evaluated the current level of quality of Systematic Reviews and Meta-Analysis in Pediatric Urology using the AMSTAR tool, the Editor of the journal is now planning to change the guidelines and send reviewers systematic review quality criteria based on Dr. Braga’s paper.

In addition to this improvement in the new Pediatric Reviewer Guidelines, the Editor of the Journal of Urology also indicated that this initiative from the pediatric urologists is receiving a positive response from the Adult Editor and is likely to be added to the Adult and Investigative sections.

The article was subsequently selected and evaluated by Jean Hollowell, a Member of the Faculty of 1000 (F1000) who placed the work in their library of the top 2% of published articles in biology and medicine.


1 Shea, B.J. Development of AMSTAR: a measurement tool to assess the methodological quality of systematic reviews http://www.biomedcentral.com/1471-2288/7/10

Contact: Julie Pemberton (pemberj@mcmaster.ca)
In 1996 the Faculty of Health Sciences and the Department of Surgery funded a Surgical Outcomes Research Centre (SOURCE) at St. Joseph’s hospital with Dr. Hansebout as its founding director. The mandate of SOURCE was to assess the impact of surgical procedures on patients, society, and the healthcare system and improve the practice of surgery through education, training, and policy initiatives.

Some of the fundamental but complex questions addressed by SOURCE include:

> What accounts for variation in processes of care and outcomes seen across groups of surgeons, patients, regions, and in the community at large?
> What is the effectiveness and cost-effectiveness of surgical care?
> What is the appropriate use of surgical procedures and emerging technology?
> What are the processes of care that link to optimal outcomes in surgery?
> How can the use of best practices be most effectively encouraged?

Dr. Hansebout, in a recent interview, reported that many papers have come from the Surgical Outcomes Research Centre which are, in turn, influencing surgical policy. In addition, the Canadian Journal of Surgery has been publishing a series of articles entitled “The Users’ Guide to the Surgical Literature”, based on the JAMA article series on Evidence Based Medicine and lead by the Surgical Outcomes Research Center (SOURCE) of McMaster University. The articles are focused around a surgical clinical scenario with the appropriate methodology reviewed and discussed as it applies to using research in surgical practice. (Free copies are available at www.cma.ca/cjs)

For more information on SOURCE visit fhs.mcmaster.ca/source or write to Sylvia Cornacci (cornacs@mcmaster.ca).

**Admin Corner**

**Privacy Legislation—Emails**

As of January 1 2012 our institutions will be subject to the Freedom of Information and Protection of Privacy Act (FIPPA). As a result, the hospitals and university have been reviewing their practices, standardizing their processes and establishing websites for public and staff reference.

“Ask about FIPPA” is a new resource now available on the main page of the MyStJoes website. McMaster University has a website at http://www.mcmaster.ca/univsec/fippa/fippa.cfm. Hamilton Health Sciences website is http://www.hhsc.ca/body.cfm?id=1759.

Here is a link to guidelines re: FIPPA-friendly emails and minutes: http://fhs.mcmaster.ca/surgery/newsletter_resources.html.

**Observership Policy**

A new Observership policy has been adopted by Hamilton Health Sciences and St. Joseph’s Healthcare.

Its purpose is to provide guidelines to support observership placements for individuals who are requesting an opportunity to gain knowledge and expertise about health care by observing procedures and/or patient care processes. It outlines who is eligible and provides a comprehensive review of the policy and procedure as well as the application package. Below is a link to the policy which is now in effect.


**Resident Emails**

As a result of a mandatory Google Apps user account upgrade, McMaster University’s MEDPORTAL application using Google Mail have not been functioning at HHS hospital locations.

The issue is being addressed and possible solutions are being explored. Watch the HHS site for updates and email the program coordinators of the relevant residency program for alternative contact information.

To see the full list of program coordinators of the surgical residency programs go to http://fhs.mcmaster.ca/surgeryeducation/education_office_staff.html

**Appointments and Awards**

**Appointments**

- Promotion to Associate Clinical Professor:
  - Dr. Nina Ahuja (Ophth.)
- Vascular Residency Program Director:
  - Dr. Ted Rapanos
- Clerkship Coordinator, Physician Assistant Program (Surg):
  - Dr. Ivan Wong
- New faculty:
  - Dr. Aleksa Canic (Neurosurgery)
  - Dr. Matthew Chui (Plastic Surg - Peds)
  - Dr. Adel Dyub (Cardiac)
  - Dr. Scott Emara (Gen.Surg-Bar)
  - Dr. Colin Schieman (Thoracics)
  - Dr. Steven Singh (Cardiac)

**Awards/Grants:**

- Dr. Varun Chaudhary (Ophth.) - Evaluation of wet Age-Related Macular Degeneration (AMD) genetic profile interactions with Ranibizumab treatment outcomes; $75,000 over one year PSI
- Dr. Jehanathan Pintthus (Urol) - Personalizing prevention strategies for prostate cancer using hair follicle and salivary glands oxidative stress status as surrogacy; $300,000, Prostate Cancer Foundation
- Dr. Michelle Ghort (Ortho) - The mechanistic role of PTEN in cell proliferation in Giant Cell Tumor of Bone. $25,000, JCC Foundation
- Dr. Victoria Avram (Ortho) - recipient of teaching award from this year’s Michael G. DeGroote School of Medicine graduating class.
- Dr. Deepak Dath (Gen.Surg) - recipient of teaching award from this year’s Michael G. DeGroote School of Medicine graduating class.
- Dr. Anna Kobylecky (Gen.Surg, St. Cath) - recipient of teaching award from this year’s Michael G. DeGroote School of Medicine graduating class.
- Dr. Christina Goldstein and Dr. Michael Hickey, PGY 5 Orthopaedics - 2011 MSA Outstanding Senior Resident Award
- Dr. Jessica Collins, PGY4 Plastic - 2011 PAIRO Resident Teaching Award.

**Research Days 2011**

- **Plastic Surgery**
  - Friday September 16th
  - Royal Botanical Gardens

- **Otolaryngology**
  - Wednesday October 5th
  - Location TBA

- **General Surgery**
  - Friday October 14th
  - SJH Frank Miller Auditorium

- **Neurosciences**
  - Friday November 4th
  - Royal Botanical Gardens

- **Department Research Day**
  - Friday November 17th
  - TBA
Alumni Corner
by Dr. R. Hansebout  MD MSc FRCSC FACS

Dr. Nenad Gagic MD FRCSC
FACS was the first General Surgeon trained at McMaster University in the General Surgery Training Program and was recently interviewed by Dr. Hansebout who asked him what it was like in what is now considered an elite environment for surgical training.

Dr. Gagic, who was born in the former Yugoslavia and received his MD degree from the University of Belgrade in 1966, emigrated to Canada in 1967 following a year of internship at the University of Belgrade. He was one of the first eight residents accepted into the General Surgery Program for full training in 1968, a cohort of six Canadians and two foreign trainees. A year of rotating internship was followed by general surgery training in 1969 during which the residents were on call every other night and continually while Chief Resident. There was abundant clinical material, but some surgeons rarely let the residents do surgery. Dr. Gagic was the first and only resident of the initial eight who completed the general surgery training program; the other residents left, changed specialty or went into family practice.

However, Dr. Gagic stayed in Hamilton, passing the fellowship exams in 1973 and becoming a staff surgeon at the Henderson Hospital in 1974. Subsequently Dr. Gagic helped train many general surgeons, some of whom remain in Hamilton. He does not recall any general surgery resident fully trained in the McMaster training program who failed to pass the Royal College fellowship exam.

Women in Surgery
Scalpels and Stilettos - an evening for women in surgery

Dr. Gagic is proud of his contributions including thirty eight years as a clinician in Hamilton; as a preceptor to residents in training and to medical administration locally as Chief of Surgery at the Henderson Hospital and Head of General Surgery as well as provincially at the level of the Ontario Medical Association (OMA).

Dr. Gagic was the main developer for building the Victoria Medical Centre as well as the Limeridge and Concession Medical Centres. He was President of the Hamilton Academy of Medicine from 1985-1986. He received the first award from the academic Department of Surgery, McMaster University for outstanding postgraduate teaching in 1995. In addition, he was awarded the 2010 OMA Life Member Award in recognition of outstanding contributions to the Medical Profession and The Association.

Surgical Foundations

Following a Royal College retreat and review of the Principles of Surgery (POS) exam, it was decided to replace the Core Curriculum with “Surgical Foundations of Surgery”. This will lead to an updated POS that more effectively tests clinical teaching and learning as well as CanMEDS teaching and learning.

Most surgical residents in their first and second year at McMaster University attend a series of formal lectures during their protected teaching time on Wednesday mornings. The sessions are designed to cover the material expected to appear on the Principles of Surgery (POS) examination given in early April of the second year by the Royal College to all surgical residents. In addition, the sessions focus on the seven CanMEDS competencies.

Surgical Foundations is presented using principles of adult education to maximize its potential benefit to all the residents.

Residents who wish to be ruled eligible for the final examinations in cardiac surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology, plastic surgery and urology must have successfully completed the POS examination. At the present time, the POS examination is voluntary for candidates in the other surgical specialties.

Contact:  Kathy Wilson (kawilso@mcmaster.ca)

One Day Matters 2011

Once again, the One Day Matters program developed by Dr. Susan Reid, will make it possible for first year medical students across Canada to spend a day in the operating room—part of a national strategy to increase the intake of medical students into surgery.

This year the program has expanded to offer surgical opportunities in a number of specialties. Medical schools will concentrate these experiences into a one month period to maximize the impact and foster dialogue about surgery as a career choice.

If you are able to take a medical student for one day during the month of November, please contact Katie Niblock (niblock@mcmaster.ca) and she will take care of the arrangements. Please participate if you can.

Contact: Jane Klie(kliej@mcmaster.ca)
New Vascular Regional Plan

Individuals with vascular disease will soon benefit from a new collaborative plan for the delivery of vascular services across the region. “The need for vascular services is steadily growing” says Dr. David Szalay, Division Head, Vascular Surgery at Hamilton Health Sciences and McMaster University. “This new plan lays the groundwork for the delivery of services based on our existing resources and expertise, as well as projected future needs.”

Over 80% of the region’s residents requiring hospitalization for vascular disease are cared for in Hamilton (67%) and Niagara (17%). Under the new model, Hamilton Health Sciences and Niagara Health System would continue to serve as the primary sites for complex inpatient vascular care. St. Joseph’s hospital and Joseph Brant hospital would serve as secondary sites, while Brantford hospital would focus on outpatient activity.

“Right now, many patients, particularly those in Niagara, Burlington and Brant, need to travel to other cities for care,” says Dr. Szalay. “One of our first steps will be to establish a single regional vascular service with inpatient, outpatient activity and emergency management across the partner hospitals. This means that vascular surgeons will have cross privileges at multiple sites and will participate in a regional call system.”

Key features of the plan include:

- Support for local vascular activity, such as initial outpatient consults and subsequent evaluation/follow-up, thus allowing more patients to receive care in their community. The most critical patients would still receive care in Hamilton or Niagara.
- Enhanced continuity of patient care since surgeons will be able to access patient charts and imaging from any hospital site in the region using a platform called ClinicalConnect.
- All surgeons in the Integrated Regional Vascular Surgery Service will be appointed to the Division of Vascular Surgery at McMaster University with access to its resources and services.

The plan has been endorsed by the HHICS LHIN with a $1.9 M investment and it is anticipated that the plan will take three years to be fully implemented.