

## FOCUS ON RESIDENT INTERNATIONAL ELECTIVES

## Department of Surgery

January 2012

### Upcoming Events

**April 12-14th:**  
CCME Global Health and Medical Education (Banff)

**May 25-27th:**  
Bethune Round Table on International Surgery (Toronto)

**October 19-20th:**  
3rd Annual Conference on Surgery and Anesthesia in Uganda (Hamilton)

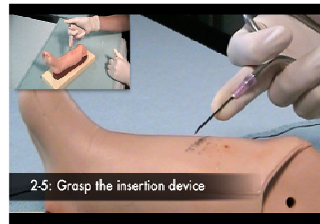
**October 21-24th:**  
Canadian Conference on Global Health (Ottawa)

**By Dr. Sara Kalechstein** (PGY4, General Surgery)  
**Elective with CAGS-Guyana project.**

My time was split between assisting with the delivery of a trauma update course and working alongside local residents and staff surgeons to provide clinical care. I was impressed by the level of responsibility residents are given at an early stage in their training, more so out of necessity rather than having been deemed competent by supervisors and rewarded autonomy. In comparison, I felt like an amateur in the operating room, never having done an amputation or craniotomy or Graham patch independently in the middle of the night!

Despite my relative inexperience in the operating room, I discovered that I actually DID have valuable knowledge and experience to pass on. As a result of my Guyana experience, I can confidently repair an inguinal hernia if mesh is not available or contraindicated and the Guyanese residents will now be able to create a stapled bowel anastomosis when the appropriate equipment is available. I am grateful for the opportunity to be a part of this international collaboration and hope to continue my involvement beyond residency.

[Dr. Kalechstein's paper on a new Intraosseous Needle Holder was presented at 2 national meetings this year and accepted for publication. This is a still from the teaching video she helped produce.]



**By Dr. Colin White**  
(PGY5, Plastic Surgery)  
**Clinical Elective in China (Operation Rainbow)**

Many surgical training programs offer opportunities for residents to become involved in international surgical missions.

Through these trips, residents gain surgical experience, see a variety and volume of clinical cases, and have the opportunity to travel to a foreign country.



These international surgery missions also provide an exceptional environment for the teaching of CanMEDS roles. Surgery programs are very receptive to sending residents on missions when a formal curriculum and evaluation are planned for the mission.

The CanMEDS roles provide a framework and evaluation tool when initially approaching your program director. This may help get approval to become involved in a surgical mission.

**By Dr. Abdullah Ali**  
(Fellow, Pediatric Surgery)  
**Clinical elective in Guyana**

I discovered a new aspect to surgery during my training by doing an elective in Guyana, working in their system with limited experience and equipment.

I did some complex cases and educated their staff while working in their OR and clinics and by lecture. Every one was thankful for it. I was glad the department gave me this chance and will do it again as a staff next time!

**By Dr. Rubini Pathy**  
(PGY3, Orthopedic Surgery)  
**Clinical/Research Elective in Uganda**

My elective was in the Department of Orthopedics at Mulago Hospital in Kampala. My time was divided between clinical duties and collecting data for the Uganda Sustainable Clubfoot Care Project (USCCP), a program which was developed by Dr. Shafique Pirani from UBC in collaboration with his Ugandan colleagues. I learned about the practicalities of north-south partnerships and the essential

factors required for successful collaboration.

I realized how much we in Canada take for granted, when witnessing the Ugandan surgeons problem solve through the daily challenges of insufficient surgical resources, an overwhelming number of patients, and complex patient presentations including poly-trauma and neglected trauma.

The surgeons and residents at Mulago Hospital were extremely welcoming, and in the midst of learning about their training program and their lives in general, I came to realize that despite the very different areas of the world that we live and train in, we share many common experiences as orthopedic residents. This elective was an invaluable experience, and I encourage all surgical residents who have an interest in international health to consider participating in an international elective.



**By Dr. Patricia Larouche**  
(PGY4, Orthopaedic Surgery)  
**Clinical/Research Elective in Guyana**

I had the privilege to join a team of surgeons and researchers who have been evaluating the CNIS Trauma Team Training course. I observed trauma resuscitations and conducted Needs Assessments of 4 hospitals to determine if emergency and essential resources were available.

I met incredible human beings, devoted to their work and doing their best to care for their people despite lack of resources, both human and material. I was inspired by skilled local surgeons, who went the extra mile to make a difference and by the McMaster team approach to building a sustainable, equal partnership, where the agenda was driven by the needs of Guyana, and where capacity building was the guiding principle.

It was my first experience in global surgery work, and it certainly won't be the last!



## Libya: Battlefield Surgery in a City under Siege and Fire

**By Dr. Samir Faidi (Assistant Professor, General Surgery)**

During the recent Libyan conflict in Misratah (pop >400,000) about 25,000 people were displaced, more than 2000 people killed and over 7000 people injured. The city was surrounded on three sides by government forces, leaving the port area as the only link to the outside world. This area had been constantly bombarded resulting in a desperate plea for help from surgeons the world over to volunteer.

I responded to support my colleagues and attend to the injured during such a crisis. I endured a thirty five hour journey on the deck of ship from the eastern city of Benghazi across the Gulf of Sirte to the Misrata port. I thought I was prepared for everything but it was a very sobering experience. The destruction was immense - whole office buildings blackened from fire and scarred by multiple shell strikes. I imagined this was how cities would look after a World War! I asked about safety precautions, the answer - "staying safe isn't hard, the rocket either hits you or it doesn't." Apparently there wasn't much for me to do about that, so I just started my job and "let them fall where they may."

Our day usually started at 7:00 am. We were on call 24/7 and our tasks would vary from triaging and resuscitating injured patients, performing emergent surgical procedures and training other team members. One of the most challenging tasks for me was making life or death judgment decisions for critically injured victims. We often didn't have time to weigh our options but relied instead on gut instinct. While performing surgery in a war zone we realized it was simply "back to basics" – stop the bleeding! Bleeding is the number one killer. I often saw a limb attached to a person with the bone shattered, large areas of skin lost, muscles torn, and nerves damaged. You'd go through the disciplined steps in your mind, and determine how to treat this kind of injury quickly.

After two weeks of hard work with the other volunteer surgeons, I headed back to Canada. We managed to evacuate about fifty victims (including ten ventilated patients) on our ship so their care could continue in a safer environment. I always thought I understood the word 'hero' but after seeing what these young, uneducated fighters have sacrificed to defend their country, I learned a new meaning for the term. These revolutionists don't see themselves as heroes, but as citizens performing a privilege for their country.



OR at Misratah

## 2011 Canadian Global Health Conference

**By Dr. Vic Neufeld (Professor Emeritus)**

The largest ever conference on global health to be held in Canada convened in November in Montréal. More than 1000 participants were involved in plenary presentations, workshops, poster sessions—and a great deal of "networking". The conference was jointly planned by three organizations: the Canadian Society for International Health (CSIH); the Consortium of Universities for Global Health (CUGH); and the Global Health Education Consortium (GHEC). See <http://cugh.wordpress.com/category/conference-proceedings/>

A new report "Canadians Making a Difference", identifies five research areas where Canada has an opportunity to be a leader: Indigenous and circumpolar health research, population and public health, community-oriented primary health care, smart partnerships in health education, research and global health innovation. ([www.caahs-acss.ca](http://www.caahs-acss.ca))

## Global Health at Orthopaedics Academic Day

This year's Orthopaedic Annual Academic Day addressed the growing interest in global health research, with two presentations in the session on "Changing our Perspectives in Research" focused on global health research.

**Dr. C.J. Foote** (a resident in the Surgeon Scientist program and a master's student in McMaster's Health Research Methods program), in collaboration with **Dr. Mangesh Shende** made a presentation on INORMUS (International Orthopaedic Multicentre Study). This is a multi-centre study of hospitals in India to determine the burden of injuries caused by motor vehicle accidents.

**Dr. Vic Neufeld** (National Coordinator of the Canadian Coalition for Global Health Research (CCGHR – see: [www.ccgrr.ca](http://www.ccgrr.ca)) presented the Robert Lofthouse Memorial guest lecture.

Both presentations stimulated many questions, indicating the degree of interest in global health research by the Division.

## CNIS Essential Surgical Skills (ESS)

McMaster faculty **Dr. John Miller** (pictured) and **Dr. Brian Cameron** taught Essential Surgical Skills (ESS) to postgraduate residents in Toronto taking a Global Health course in October.

With other McMaster surgeons **Dr. Manoj Sayal** and **Dr. Karen Bailey**, CNIS President **Dr. Ron Lett**, and Guyanese surgeons, they then taught a 3-day ESS course to 28 medical interns in November in Guyana.



## A.S.A.P.

**By Dr. Dan Poenaru** (ISD Visiting Professor)

The 4<sup>th</sup> Alliance for Anesthesia and Surgery Presence Today (<http://asaptoday.org>)



meeting brought together 300 surgeons and anesthesiologists from across the world to discuss global surgical / anesthesia care, training, north-south cooperation, and advocacy.

We discussed the methodology of calculating Disability Adjusted Life-Years (DALYs) as a measure of the global burden of surgical disease. Insights will aid our ongoing research project on Disability Averted by Pediatric Surgery, sponsored by Surgical Associates.

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