



If you have an interest in **global surgery, anesthesia or obstetrics** you will want to attend the upcoming Bethune Round Table Conference, which will be held at McMaster from

June 5-8, 2014.

There are already over 110 registrants including 15 sponsored scholars from Botswana, D.R.Congo, Ethiopia, India, Kenya, Nigeria, Rwanda, Uganda, Ukraine, and Zimbabwe. The BRT is organized with the Canadian Network for International Surgery (CNIS) and supported by the McMaster Faculty of Health Sciences, the Departments of Surgery and Anesthesia, McMaster Surgical Associates, and St. Joseph's International Outreach Program.

An outstanding scientific program is planned; the event is fully CME accredited, with several post-conference courses. Keynote speakers include McMaster alumni Dr. James Orbinski and Dr. Jean Chamberlain.

The preliminary program and registration information can be found here:

<http://fhs.mcmaster.ca/surgery/isd/brt2014.html>

ISD Resident Scholarship Winner

Congratulations to Dr. Elena Parvez (PGY3, General Surgery), the recipient of the 2014 ISD Resident Scholarship!

The scholarship, in the amount of \$2,000, is offered annually to support an international surgery clinical or research elective in a low resource region. Dr. Parvez used the award to assist in funding a general surgery clinical and research elective completed at St. Mary's Hospital Lacor in Northern Uganda. Her report on the experience can be found on Page 3.

Upcoming Chair Rounds

Professor Pankaj Jani,
MBChB, FRCS

Title: "COSECSA: Achievements and Challenges in Improving Global Surgery"

June 4th 2014: 7:30am-8:30am

Juravinski Cancer: Centre Juravinski Lecture Theatre (4th Floor of the Cancer Centre)

MCMASTER ORTHOPAEDIC TEAM TEACHES IN UGANDA

In October 2013, Drs. Brad Petrisor and Desmond Kwok (Division of Orthopaedic Surgery, McMaster) were part of a team visiting Mulago Hospital in Kampala, Uganda for the purposes of furthering orthopaedic surgical and perioperative nursing education. The two-week trip featured a two-day perioperative nursing course, which included knowledge and strategies for implementing the WHO's Surgical Safety Checklist (SSCL); the course was followed by further coaching and practical instruction in the operating theatre. Two orthopaedic workshops for residents were also held; these featured both a basic and advanced fracture fixation course.

The trip marked the second collaboration between UBC's Uganda Sustainable Trauma Orthopaedic Program (USTOP), McMaster University and Mulago Hospital.



To view Dr. Petrisor's full report, please visit the ISD website: <http://fhs.mcmaster.ca/surgery/isd/McMasterOrthoinUgandaOct2013.html>



WHERE DO WE COME FROM?

The Department of Surgery has many trainees and faculty who started their careers outside Canada. Recently, the Division of Pediatric Surgery had residents from Guyana, Kuwait, Sudan, Puerto Rico, Brazil, and Columbia.

SEND US YOUR DIVISION'S PHOTO!

Dr. Cheetanand Mahadeo (Guyana):



On his recent clinical fellowship with the Division of Thoracic Surgery, St. Joseph's Healthcare...

"The journey began in 2013 when I finally fulfilled all the requirements of the Royal College of Canada and became registered as a Clinical Fellow in Thoracic Surgery. The events unfolding thereafter

blended into each other creating an experience that I can only describe as "phenomenal".

I was fortunate to be supported by two of my mentors, namely, Drs. Brian Cameron and John Miller. This was the beginning of the establishment of a firm bond with the Division of Thoracic Surgery at St. Joseph's Healthcare, Hamilton, Ontario, Canada.

The rewarding period of time spent there led to my appreciation of a plethora of things; however, the greatest impact was the fact that holistic medicine was actually possible. All that was required was a clinician's heart that actually cared for and about the patient in all possible ways. This realization dawned on me when I recognized the amount of effort made by the staff of St. Joseph's to honour and cater to every possible clinical and psychosocial need of the patients they served so dedicatedly and proudly. The experience was also fraught with challenges and the learning curve had to be very steep. I was groomed in an old-fashioned

system where bedside teaching, written records, paper labs, x-rays, films and CT scans were judiciously ordered according to priority because of cost, etc. The new world where I was integrated had none of these and the system took lots of effort to comprehend. I was determined to make my mentors and my country, proud...I had to learn, and quickly!

I was also fortunate to be supervised by surgeons par excellence and who were patient enough to recognize my limitations and kind enough to adjust to my performance levels. These awesome individuals also patiently worked on my academic and personal development to gently and firmly elevate my performance to the level the job demanded. I am forever grateful for their guidance. The rewards of this exposure to thoracic surgery are limitless for my country and I.

I am currently in Guyana and the benefits are already being recognized by my peers. I am already being consulted and performing basic general thoracic surgery. My primary goal of this training is to eventually return permanently to Guyana and firmly establish a practice of holistic care for patients and a fully integrated program to care for patients with thoracic disease. If I succeed in this endeavor, it will be most rewarding for the citizens of Guyana. I am already looking forward to the start of my second rotation, which will be in June or July 2014."

**Knowledge Translation
for Global Health
Summer Institute
at Queen's University**

**June 2-6, 2014
Kingston, Ontario**

Hosted by the Global Development
Studies Department and the
Department of Family Medicine

Queens **CCGDR CCRSM**

This event is open to researchers, practitioners, and graduate or professional-level university students interested in global health issues who would like to build skills in translating health knowledge into action. We are offering:

A two-day KT skills training workshop.
June, 3-4: \$600 (early bird rates available)

or

A five-day workshop that includes the facilitated application of the acquired KT skills to real world case studies.
June, 2-6: \$1300 (early bird rates available)

CME Credits will be granted for both options.

For more information about the event and to register online, please visit:
www.queensu.ca/artsci_online/certificates

Donated Equipment

"Without spare parts or trained technicians, they stop working almost immediately". This quote from a Sept 2013 article appearing in Atlantic Magazine describes the situation at Mulago Hospital in Kampala, Uganda—one of our partners in surgical education. Thirteen of the 20 incubators in the NI are broken, and many donated anesthetic machines are outdated, break down easily, and come without repair instructions. The WHO estimates that 40-70% of donated equipment in Africa lies idle. The St. Joseph's International Outreach Program recognizes these challenges and makes efforts to include a biomedical technician review of any donated equipment.



(Photo: From Atlantic Magazine, Sept 20, 2013. The Inadequacy of Donating Medical Devices to Africa)

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Elena Parvez ISD Resident Scholarship Winner: Uganda Report

I completed a one month general surgery elective at St. Mary's Hospital Lacor in Uganda in April of 2014. St. Mary's Hospital is a private, not for profit, 482 bed hospital located in northern Uganda. My elective was supervised by Dr. Ghee Hwang, a Canadian general surgeon and coordinator of the CAGS-Lacor Project. As part of my elective I assisted and was the primary surgeon on a variety of cases in the operating theatre, conducted ward rounds, performed minor procedures, and saw patients in the out-patient department.

My experience at St. Mary's Hospital opened my eyes to the vast inequities in healthcare, and the overwhelming amount of human tragedy occurring every day. I was very inspired by the dedicated individuals who serve their patients tirelessly despite the limited resources. I was inspired by the patients who truly are patient, stoic and brave. Despite some of its shortcomings and lack of funding, St Mary's is the largest and best run hospital in Northern Uganda, and in the opinion of some, even better run than the national referral hospital in Kampala.

There is a dire shortage of trained staff in the operating theatre across all disciplines. Medical officers (physicians 2-3 years out of medical school) routinely perform cases such as splenectomies and omentopexies unsupervised. Interns perform cases such as

split thickness skin grafting and circumcisions unsupervised. There is only one anesthesiologist for the entire hospital. Anesthesia is routinely administered by anesthetic officer students. In the evenings, there are only 2 theatre nurses for on average, 3 running theatres.

During my elective, I was lucky to have the opportunity to help deliver the Structured Hernia Repair Course. In conjunction with local surgeons, the CNIS (Canadian Network for International Surgery) delivers the course to intern doctors from St. Mary's Hospital twice per year. Following intern year, many of these young physicians will be expected to perform operations independently due to the shortage of specialists in Uganda. The course is designed to provide interns with structured training in performing inguinal hernia repairs so they will be able to perform the operation independently.

During this elective, I gained a lot of operative experience and teaching experience. I would highly recommend this elective to Canadian general surgery residents interested in international health. More information on the CAGS-Lacor collaboration can be found at: <http://www.cags-accg.ca/cagsaccg.php?page=121> and more information about St. Mary's Hospital can be found at: <http://www.lacorhospital.org/>.

Elena Parvez



ABOVE: Front entrance of St. Mary's Hospital Lacor



ABOVE: Dr. Arach Milly Grace scrubs for an operation with water from a jug during a water cut at Gulu Regional Hospital.



LEFT: Interns from St. Mary's Hospital Lacor learn to perform an inguinal hernia repair with the use of a cell phone for light.

Jessica Liauw: Elective in Uganda

This March I spent four weeks on elective in Uganda, where I had the opportunity to experience a health care system from three unique, and yet powerful angles. During the first two weeks I worked at a non-for-profit private hospital, in which physical resources were strained but human resources were abundant. I then did a call shift at the much larger, public hospital down the road. Here, all resources were exceedingly scarce, and the toll on the health care workers and the patients was immense. We did thirteen cesarean sections in twelve hours; and in the morning residents reported on perinatal and maternal deaths – common events in their training.

While trying to find a common understanding in such distinct experiences, I was fortunate to conclude my time in Uganda with Save the Mothers, a non-governmental organization founded by Dr. Jean Chamberlain, an obstetrician based at McMaster. Save the Mothers administers a Masters of Public Health program that educates local leaders (social workers, politicians, journalists, etc.) about maternal health issues and empowers them to create relevant change in their communities. This capacity building is crucial to narrowing the gaps in maternal mortality rates, both within Uganda and worldwide.

This mother's day weekend, I was inspired by "Team Mac OB" (staff physicians, nurses and residents) at the Save the Mothers 5k walk in Dundas. Our department raised \$841.00,



Team Mac OB at the Save the Mothers 5K Walk in Dundas.

which will go towards supporting sustainable, community-based initiatives to improve maternal health in East Africa.

For more information on Save the Mothers see: www.savethemothers.org

Jessica Liauw
PGY-3 Department of Obstetrics and Gynecology

Vasudha Gupta: Elective in Bolivia

In February 2014, an eye camp was organized by Medical Ministry International (MMI) in Tarija, Bolivia. I feel fortunate to have been a part of this incredible journey and life-changing experience.

In partnership with the MMI, the local Lions Club in Bolivia provided the necessary resources (translators, accommodations, transportation etc.) to aid in the overall goal of building relationships amongst the global healthcare community. Led by the medical director, Dr. John Harvey and project directors, Barbara and Rick Skinner, the team worked to convert a local university into an eye clinic.

There were lanes for vision testing, auto-refraction, consultation with slit lamps, ophthalmoscopes and lasers, surgery booking and dispensing glasses. The team consisted of more than 60 people with various backgrounds including ophthalmologists, family physicians, optometrists, nurses, opticians, lawyers, homemakers and more. It was as if 60 positive, enthusiastic and motivated individuals had been put in a building and asked to do whatever makes them happiest. There was no dearth of energy and creative ideas – a must in this scenario. Resources were limited, so was time before hundreds of patients would line up at the door, having travelled more than 20 hours in buses to have an eye exam.

I spent the bulk of my time in the Cataract suite, learning Manual Small Incision Cataract Surgery (MSICS) and assisting on multiple cases. This technique is most commonly utilized in such eye mission in mid and low income countries as opposed to phacemulsification, commonly seen in developed countries. As residents in North America, we get minimal exposure to this ap-

proach secondary to the high quality equipment, nature of cataracts and availability of resources. I had excellent mentors who had me involved at various steps of the procedure and by the end I had completed my first 2 MSICS cases!

Over the 2 weeks, we served 4,475 patients (4,245 in the clinic and 230 at the hospital). Of that, 4125 were adults and 350 were children. We dispensed 3,707 pairs of glasses, including prescription eyeglasses, readers and sunglasses.

Tarija is a city in southern Bolivia with a population of 250,000 people. Most of the individuals we cared for at our Eye Clinic were the less fortunate, indigenous people who lived on the outskirts of Tarija. They were very proud, strong and respectful people, rich in spirit and culture. Through the journey, I got to spend time with some of them and learn their stories. One woman travelled 3 days with her husband to attend the camp, and whilst waiting for cataract surgery in the pre-operative suite mentioned that it would be the first time she would see her husband, which only made me realize how important it is to give back to those less fortunate and those who, time and again, emphasize why you ever chose this life-altering profession.



Left: Vasudha Gupta performing manual small incision cataract surgery. Right: Gupta receiving gratitude from a patient's daughter.

Vasudha Gupta- PGY4 Ophthalmology