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The future of patient monitoring: A feat of engineering and medicine

How do you effectively monitor patients for heart attacks post-surgery? That is a question **Homer Yang, MD, FRCPC**, grappled with before enlisting **Adrian Chan, PhD, PEng**, associate professor, Department of Systems and Computer Engineering at Carleton University and director of the Ottawa-Carleton Institute for Biomedical Engineering, to help build a solution.

“We know from the literature that there are a number of patients who will have heart attacks after surgery, not during,” says Dr. Yang, head of Anesthesiology at the Ottawa Hospital and professor and chair of the University of Ottawa’s Department of Anesthesiology.

“A major study several years ago showed that a beta-blocker traditionally used to reduce the incidence of heart attacks actually increased the incidence of strokes and mortality, so we started to look if we could do something else for those patients in the post-op period.”

For the past 18 months, Drs. Yang and Chan and their team have been working to perfect a wireless patient monitoring solution that will be adapted for use on high-risk patients, as well as on low-to-moderate risk patients, post-surgery, both within and outside of the hospital walls.

This device is one more way technology is creatively being used to overcome resource shortages and enable uninterrupted care when physicians are no longer at their patients’ bedsides, as well as enabling patients to recover at home while still being appropriately monitored.

Technology helped prevent post-surgery heart attack

Using funding from three grants, the technology now exists to equip patients with an apparatus post-surgery that screens their electrocardiography (ECG) signals and remotely transmit them to a central monitor where changes to myocardial ischemia, or lack of oxygen to the heart, can be detected. These devices work even as patients move around, which is a great benefit to their recovery process. If a change is detected, an automated alarm goes

off and that information is sent immediately to Dr. Yang's smartphone so that he can take action.

"We've had cases where we picked up the ischemia early and one incidence where we could reverse the ischemia as soon as we picked it up and the patient did not have a heart attack," Dr. Yang recalls.

Since the greatest risk of a heart attack is 2-3 days after surgery, this device will eventually revolutionize the care that patients receive on the general wards, where vital signs are traditionally only monitored on a schedule of every few hours.

Streamlining the process and strengthening the signal

Before a broad roll-out can occur, further piloting of the device on patients must be completed, in addition to resolving issues with signal quality and strength.

Dr. Chan explains, "As a person moves, it corrupts the signal and this causes a number of false alarms and it's making the system difficult to use as a result."

He adds, "From an engineering perspective, this is an ongoing issue in medicine. New technologies, smaller electronic devices — the issue we run into is that we're getting a lot of data, so it becomes important to weed out the unimportant data from the important data. Traditionally, we've relied on human operators to screen through that; given the amount of data that's continuously flowing, we need to find automated ways of doing that."

For this reason, the device is currently only being tested within the hospital walls, but Dr. Yang sees endless possibilities in the future, including checking patients' blood pressures, heart rates and glucose levels (if diabetic) from extended distances. To that end, he is in discussions with an orthopedic surgeon and team within the Ottawa Hospital on a related project to explore the feasibility of monitoring low-risk, post-knee surgery patients at home.

"Technology is great when it works," Dr. Yang says with a laugh. "It definitely is a tool for us to serve a purpose and we try not to lose sight of that. Chasing technology for technology's sake can be very alluring and very distracting. Both of these projects right from day one – we set out what the main goals we want to achieve with the technology are;



the balance is to figure out what the technology can deliver, and then what goals can be molded to fit the technology and vice versa.”



AFC (Diplomas) update: Three new disciplines added, plus progress on 10 others

Since being approved in February 2011, the Office of Education continues to oversee and implement the Areas of Focused Competence (AFC-Diploma) category of discipline recognition. To date, five cohorts of applicants have seen their various areas of medical expertise achieve endorsement by the Committee on Specialties (COS) and final approval by the Education Committee (EdC). In total, **13 AFC (Diploma) disciplines** have been recognized by the Royal College, including three newly approved by the EdC in April 2013:

- Adolescent and Young Adult (AYA) Oncology
- Hepatology
- Hyperbaric Medicine

In early April 2013, the COS also approved the Part I application for a diploma in solid organ transplantation, which will be undergoing a national stakeholder consultation over the summer, before Part II consideration in fall 2013.

Did you know?

Hyperbaric Medicine offers two training streams: (1) clinical hyperbaric medicine and (2) sub-aquatic/diving medicine.

“Live” disciplines: Transfusion Medicine, Adult Cardiac Electrophysiology, Interventional Cardiology

These disciplines have each completed and finalized their standards documents. Transfusion Medicine currently has five accredited programs, while Adult Cardiac Electrophysiology and Interventional Cardiology are now accepting applications for program accreditation.

Implementation ongoing through summer and fall 2013

Working groups have been convened for Adult Echocardiography, Cytopathology, Clinician Educator and Sport and Exercise Medicine. With the support of the Office of Education, these groups are working to finalize their standards documents and hope to be live July 1, 2013.

Additional working groups have been appointed for Aerospace Medicine, Child Maltreatment Pediatrics and Trauma General Surgery. The working group in Aerospace Medicine has met

for a workshop to draft their portfolio, and Child Maltreatment Pediatrics and Trauma General Surgery will be meeting in the spring and fall, respectively.

ePortfolio Diploma project

The Royal College has begun work on a multi-phased project to develop an ePortfolio that will allow AFC (Diploma) trainees to track their achievement of AFC (Diploma) competencies and submit their portfolio electronically for assessment. Having completed the planning stage of the ePortfolio Diploma project, the launch of the ePortfolio technology is anticipated in the fall of 2013.

Next deadline for applications

The next deadline to apply for consideration as an AFC (Diploma) is **September 1, 2013**, for review at the fall 2013 COS meeting. With questions on [how to apply](#), contact cos@royalcollege.ca.

President's Corner

Learning from medical heroes

I believe in medical innovation. I believe in leadership. I believe when those two things intersect, something very special happens: the health system improves and patient care advances. It takes a measure of vision, commitment and strength of character, something all of the Canadian Medical Hall of Fame inductees, despite their diversity, have in common.

The deadline to put forth a nomination for the 2014 Canadian Medical Hall of Fame inductees is coming up on June 24, 2013. If you know of someone who might be a good fit, I encourage you to consider a submission: www.cdnmedhall.org/nominate.



President Cecil Rorabeck

I have a long history with the Hall of Fame, having volunteered as a board member and in various other capacities for the past nine years. From this work, I know firsthand the rich contributions of so many Canadians to health care and medical research across the country and around the world. Even just a cursory glance at the names and accomplishments of [past laureates](#) proves inspiring.

In my new role as Royal College President, I can't help but draw parallels between that group of medical heroes and the equally varied collective of Fellows I now have the privilege of representing.

Like the Hall of Fame laureates, each of you fills a slightly different role in the medical landscape by way of the specialty you work in, the patients and communities you serve, the projects you involve yourself in and the research you publish, among other day-to-day activities. In the midst of this bustle, it is important to take stock of the incredible work being done in the profession by peers, both now and in the past.



The Hall of Fame laureates did not seek the recognition they received; rather, it was a collection of actions, sense of purpose and the impact of their work over time that set them apart. It is important to recognize, honour, and preserve their legacies, while building a legacy of our own.

Who will comprise the next round of Canadian Medical Hall of Fame inductees?

Who is your medical hero?



CanMEDS 2015: Patient safety won't be taken for granted

Patient safety is a proposed [new content area](#) for inclusion in CanMEDS 2015, the next evolution of the CanMEDS Framework. While every physician is committed to the concept of patient safety, the broad value of integrating safety competencies into formal training has largely been under-recognized.

“There is an emerging recognition that patient safety is at the core of what it means to be a physician. If this is the case, then we need to identify the competencies required to provide safe care and to work within complex systems,” explains **Brian Wong, MD, FRCPC**, chair of the Patient Safety Expert Working Group for the CanMEDS 2015 project, in addition to his role as director, Continuing Education & Quality Improvement with the Department of Medicine, and associate director and Sunnybrook Health Sciences Centre site-lead with the Centre for Patient Safety at the University of Toronto.

“Including such content in the CanMEDS Framework will make a huge difference in the way we educate our future physicians.”

Why does patient safety matter in the context of the CanMEDS Framework?

Several other countries, such as the United States and Australia, have already formally introduced patient safety competencies into



What is “patient safety”?

In the absence of one formal definition of patient safety, the CanMEDS 2015 Patient Safety Working Group has drawn their working definition from the report *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001, Institute of Medicine of the National Academies). This report identifies patient safety as one of six domains that are related to quality as a broader concept. As such, patient safety is essentially the science and applied practice of identifying and preventing avoidable harms, or potential harms, in order to optimize patient outcomes. [NOTE: The Canadian Patient Safety Institute’s more formal definition is also worth consideration. They define it as “the reduction and mitigation of unsafe acts within the healthcare system, and the use of best practices shown to lead to optimal patient outcomes.”]

their training, and with good reason: The addition of patient safety curriculum encourages care providers to actively consider patient safety issues and to critically review the way things are done in light of new trends and research in the field.

The addition of patient safety content into the CanMEDS 2015 Framework will provide the flexibility to integrate improvements, take a proactive stance on patient care and effect system-wide change.

Dr. Wong explains, “The focus is on identifying ways to change the system of health care delivery to avoid harm. In the field of patient safety, there is the recognition that individual practitioners are usually not the sole cause or contributor. Rather, it is the health care system and the way in which we deliver care that needs to change. Patient safety and quality improvement activities help us identify areas to make our health care systems more reliable so we can deliver higher quality and safe care.”

Patient safety: Not a new CanMEDS Role, rather a new emphasis on *role-modeling*

There are no plans to include patient safety as a new, core Role within the CanMEDS 2015 Framework. Instead, patient safety content will be embedded across the existing Roles and will expand on current content that already touches upon this theme.

“Wherever possible, we will update existing competencies by adding new language to strengthen the links between safety and quality and to make it more meaningful. We will also provide guidance to programs to recommend the areas where this safety focus can be included and enhanced,” says Dr. Wong.

Practicing physicians will be encouraged to be role models for trainees, as well as other physicians, to encourage the adoption of patient safety behaviours throughout the system, as they continue to build their own competencies and to apply them in practice.

For more information, please contact canmeds@royalcollege.ca.

Members in the news

Ernesto Schiffrin, MD, FRCPC, has been named the 2013 ASH Distinguished Scientist and [Robert Tigerstedt Award winner](#) by the American Society of Hypertension (ASH). Dr. Schiffrin has spent more than 35 years researching the renin-angiotensin-aldosterone system and has contributed greatly to knowledge on hypertension and in endocrinology and on circulation. Dr. Schiffrin is physician-in-chief at the Jewish General Hospital in Montreal, Que., as well as a professor and vice-chair of research in McGill University's Department of Medicine.

Pierre Cartier, MD, FRCPC, has newly been added to *The Leading Physicians of the World* — a subsidiary publication of the International Association of Healthcare Professionals that highlights and celebrates the achievements of top medical professionals in their respective fields. Dr. Cartier is a clinical associate professor at the Université de Montreal and a nephrologist at the Hotel Dieu de St. Jerome Hospital in Quebec where he specialises in the treatment of renal system disorders and diseases.

Allison McGeer, MD, FRCPC, an expert on the Toronto SARS outbreak and head of infection control at the Mount Sinai Hospital in Toronto, Ont., [is part of a team of consulting scientists](#), organized by the World Health Organization, who are travelling to Saudi Arabia to report on a coronavirus outbreak in the city of al Hofuf.

Geneviève Moineau, MD, FRCPC, has [newly been appointed](#) President and Chief Executive Officer of the Association of Faculties of Medicine of Canada. Dr. Moineau has previously held leadership positions in planning the Canadian Conference on Medical Education and supported the Future of Medical Education in Canada, undergraduate and postgraduate projects. Dr. Moineau assumed this new position on June 1 and will concurrently continue practising Pediatric Emergency Medicine at the Children's Hospital of Eastern Ontario and teaching in the Department of Paediatrics at the University of Ottawa.

Andrew Morris, MD, FRCPC, was quoted in a [Toronto Star article](#) highlighting a pioneering program at the Mount Sinai Hospital in Toronto, Ont., which safeguards dispensing antibiotics in the intensive care unit to only those patients in most need. The Antimicrobial Stewardship Program is being hailed as a gold standard in saving costs and diminishing the risk of antibiotic resistance. Dr. Morris is director of the program at Mount Sinai and the

University Health Network, as well as associate professor of medicine at the University of Toronto.

Jeffrey (Jeff) Pernica, MD, FRCPC, is part of a team of researchers from McMaster University, the United States and Africa that has [been awarded a Grand Challenges Canada grant](#) to develop a test to ease detection of the causes of diarrhea, to help inform treatment options. Dr. Pernica is an assistant professor of Pediatrics at McMaster and head of the school's Division of Pediatric Infectious Disease.

Numerous Fellows working in eHealth and at the forefront of the application of smartphone technologies in patient care were featured in the UofT Medicine ([Spring 2013](#)) cover story "Is there a doctor in your house? The smartphone in your hand is changing the face of medicine": **Ayal Schaffer, MD, FRCPC**, and **David Kreindler, MD, FRCPC**, are both professors in the University of Toronto's Department of Psychiatry (the latter is also interim head of Youth Psychiatry at the Sunnybrook Health Sciences Centre); **Kevin Imrie, MD, FRCPC**, is vice president, Education at the Royal College and a professor of Medicine and Physician-in-chief at Sunnybrook; **Chi-Ming Chow, MD, FRCPC**, is a cardiologist and professor at St. Michael's Hospital and the UofT, respectively; **Alexander Logan, MD, FRCPC**, is a scientist at the Mount Sinai Hospital and professor of medicine, UofT; **Alex (Alejandro) Jadad, MD, FRCPC**, is a professor in the Department of Anesthesia, UofT, scientist at the University Health Network and founder of the Centre for Global eHealth Innovation; and **Ophira Ginsburg, MD, FRCPC**, is a professor in the Department of Medicine and Dalla Lana School of Public Health.

Child and adolescent psychiatrist **Douglas (Doug) Weir, MD, FRCPC**, was quoted in a [Globe and Mail article](#) that discusses the use of email as a communication channel for physicians and patients. Dr. Weir is the current president of the Ontario Medical Association.

In memoriam

John Reginald Martin, MD, FRCPC, died on April 29, 2013, in Ottawa, Ont., at age 91. Originally from Dublin, Ireland, Dr. Martin's family settled in Montreal in 1936, where he later earned his medical degree from McGill University (1945). Known for his deep sense of curiosity and well-rounded intellect, Dr. Martin is credited with inventing occupational medicine in the province of Newfoundland and Labrador. In particular, Dr. Martin tracked the cause of illness that affected St. Lawrence miners in the late 1960s and early 70s to silica dust, and went on to track other hazards in work environments and to demonstrate their links to sickness. Dr. Martin was certified in Internal Medicine in 1952; he completed his training in Rheumatology at Columbia Presbyterian Hospital in New York. Highly-regarded, a colleague who took over Dr. Martin's practice more than a decade ago credits him as the father of Rheumatology. Of note, Dr. Martin was the first specialist in this field to work in Newfoundland, where he moved in 1971 to teach at the newly opened Memorial University. Over the years, he held numerous positions including 12 years as chief occupational medical officer for the province, and was a member of the Royal Commission into the tragic 1982 Ocean Ranger Disaster. A former member of Royal College Council (1974-1978), Dr. Martin served on numerous organizational boards and committees including the Royal College's Occupational Medicine Committee.

W.O. (Bill) McCormick, MB, FRCPC, died on April 15, 2013, in Halifax, N.S., at age 84. A medical graduate of the University of Cambridge (1953), Dr. McCormick earned his certification in Psychiatry from the Royal College in 1990. Prior to that, he trained at the Bethlem Royal Hospital and the Maudsley Hospital (Joint Hospital) in London, England, which at the time remained one of Europe's longest-standing institutions specializing in mental illness. He went on to do additional training in New York at the Nathan Kline Institute for Psychiatric Research and was later a senior lecturer in Mental Health at Queen's University in Belfast, before moving to Canada in 1976 to teach at the University of Toronto. Known to many as a friend and mentor, Dr. McCormick devoted a great deal of time to instruction. A former president of the Canadian Psychiatric Association, he served as director of education at the Queen Street Mental Health Centre in Toronto and later moved east to Halifax where we held numerous positions at Dalhousie University, most recently as professor emeritus of Psychiatry. Dr. McCormick was equally an avid outdoorsman who deeply enjoyed fly fishing and hunting. He will be missed.

Arthur (Art) H. Shears, MD, FRCPC, died on May 22, 2013, in Halifax, N.S., at age 88. Dr. Shears was born in Glace Bay, N.S., and earned his medical degree at Dalhousie University (1950). Influenced by his father, a safety officer in the coal mines, Dr. Shears built up a practice in his hometown in family and industrial medicine, and shortly thereafter trained in Physical Medicine and Rehabilitation (PMR). He earned his certification in PMR in the fall of 1956 and went on to lead the Nova Scotia Rehabilitation Centre as founding medical director. He was also instrumental in facilitating PMR training in Nova Scotia as the initiator of the first Royal College-certified program in PMR in Halifax in 1958. Described in turn as an “inspired educator” and “true visionary in rehab services,” Dr. Shears founded the Dalhousie School of Physiotherapy and served as its medical director for 12 years, in addition to running a successful Physiatry practice in Halifax and monthly clinic in Glace Bay. He served on the boards of numerous organizations during his life, including the Royal College’s Specialty Committee in PMR. Outside of medicine, he was a devoted husband, father and grandfather. He will be fondly remembered by all those he impacted.

Suggestions for “Member in the news” or “In memoriam” can be emailed to communications@royalcollege.ca.

Landmark Canadian summit sparks discussion on the future of General Surgery

More than 50 surgical leaders and stakeholders in residency education attended a summit last month to critically review and debate future directions in General Surgery in Canada. Held at the Royal College on May 13, 2013, the full-day event brought together a variety of delegates to assess general surgical training in light of new pressures and realities.



General Surgery training for the 21st century

Last month's meeting was a crucial component of a project to reassess surgical training in light of significant evolution in the discipline. Commenced under the leadership of **Eric Webber, MD, FRCSC**, chair of the Royal College's General Surgery Specialty Committee and **Kenneth A. Harris, MD, FRCSC, FACS**, this project and summit are landmark steps for the Royal College and for the discipline of General Surgery in Canada — and also hold interest and value across borders. Two leaders in American surgical education, **Hiram C. Polk, Jr., MD, FACS**, and a representative of the American College of Surgeons, **Christopher Ellison, MD, FACS**, participated in the summit and provided their perspectives on similar challenges faced in the United States.

Attendees were presented with data collected thus far, including results from a major national survey regarding general surgical training designed and launched several months ago by the Royal College and the project Task Force on the Future of General Surgery. A diverse panel of distinguished speakers, including a resident as well as practicing surgeons from urban and community hospitals, then outlined the diverse challenges and opportunities facing surgical care delivery in their own jurisdictions, locales and hospitals that serve various communities across the country.

After the panel, two invited debaters, **Major Vivian McAlister, MD, FRCSC**, and **William Pollett, MD, FRCSC**, challenged the audience with their arguments and insights on the status of, and issues related to, the breadth of surgery practiced by today's general

surgeons. The moderator for this debate, **Richard Reznick, MD, FRCSC**, said in summary: “This debate is a microcosm of a larger discussion about the value of generalism in graduating specialists that is happening throughout medicine.”

The ideal path forward?

In the afternoon, small groups turned their attention to assessing several proposed directions for reform. These directions included the potential of streamed training, post-residency training options, the role of competency-based medical education in surgical training and revisiting the current residency training requirements for General Surgery. Springing from the summit and the research conducted thus far, the project task force will produce a report outlining the key findings and recommendations on a way forward for General Surgery and for transforming general surgical training in Canada. This report is expected in fall 2013.

Share your views!

Consultation with the entire Fellowship is important to us and will ensure the outcomes of this project are meaningful. We welcome your views on this important initiative. Please continue to share your thoughts with us [via email](#).

This is your chance to help shape CanMEDS 2015!

Fellows and residents: [take our online survey](#) about the *current* CanMEDS Framework and tell us:

- What are its strengths?
- What would you change?
- How can we improve it?



This survey is part of the first phase of national consultations for CanMEDS 2015, one of the Competence by Design priority projects and a core project in the Royal College's [competency-based medical education initiative](#). This is your chance to inform the upcoming changes to the framework, to ensure they are practical and meaningful.

[Take the survey now!](#)

Reminder: Sign up for a CanMEDS 2015 ePanel

Sign up for one or more of our CanMEDS 2015 ePanels and give your input on the draft milestones and new content areas, once they are developed in early 2014. You can choose to participate in one – or as many – of the 13 ePanels as you like. [Find out more.](#)

Fellows serving in Afghanistan thank Royal College with special gift

In recognition of support given to Fellows serving in Afghanistan, a flag box was commissioned by officers and recently presented to the Royal College. Past-President **Louis Francescutti, MD, FRCPC**, himself an Honorary Colonel of 1 Field Ambulance Edmonton, accepted the gift on behalf of the organization. Crafted by the Udin brothers of Kabul, the flag box is engraved with the Royal College crest, as well as with the Canadian and Afghani national flags. It will be displayed in the Roddick Room — the Royal College's library.

Helping locals regain health, rebuild health care

For over a decade, many Fellows of the Royal College, both civilians and Canadian Armed Forces specialist medical officers, have worked at the hospital on Kandahar airfield, tending to victims of the conflict. The hospital, commanded by Canadian Forces Health Services, provided care for civilian Afghans and injured members of their security forces, in addition to NATO soldiers. In 2012, the mission moved to Kabul with a new focus on the reconstruction of Afghanistan's postgraduate medical education system. The medical officers recently helped develop training materials and curriculum for residency programs in eight specialty disciplines. **Ken Harris, MD, FRCSC**, executive director, Office of Education at the Royal College, was a valuable resource, extending his expertise, guidance and feedback to the group.



Pictured above (left to right): Surgeon General Brigadier General J.R. Bernier, Dr. Francescutti, Major Vivian McAlister, MD, FRCSC, and Deputy Surgeon General Colonel Colin Mackay.



Pictured above (left to right): Members of the Canadian Armed Forces graduate medical education mentoring team : Major Peter Zeindler, Lieutenant-Colonel Joe Po, Major Vivian McAlister, Colonel Gisele Fontaine, Lieutenant-Colonel Max Talbot, Lieutenant-Colonel Scott Malcolm, Major Bill Ip, Major Dan Power. (Photo Kabul 2013, Colonel Gisele Fontaine).

Antisepsis and the roots of modern surgery: New online exhibit examines Listerism

The Royal College and the Museum of Health Care have launched a new online exhibit on Dr. Joseph Lister, who revolutionized surgery in the late 19th century by introducing antiseptic methods that drastically reduced the incidence of infection and death, enabling the field of surgery to expand rapidly.

Joseph Lister: The father of antiseptic surgery

Until the late 19th century, surgical interventions were extremely risky with approximately 35 per cent of all amputation cases succumbing to infection caused by unsterile practices. At the time, the cause of infection was poorly understood; some physicians believed diseases were spread by bad air and others suspected that they were transferred by something on or near the body. Only when Louis Pasteur introduced germ theory in the 1850s was the cause of infection explained, but it was still not accepted by everyone.

Dr. Joseph Lister revolutionized surgery in the late 19th century by introducing antiseptic methods that statistically decreased the risk of infection and related death, dramatically improving patient health while at the same time advancing modern surgical practices, knowledge and approaches.



Copyright: Joseph Lister (1869). Museum of Health Care #002050049b

Learn more about Dr. Lister's life and works

Visit the [Royal College's online exhibit](#) to view artifacts and images that reflect on how Dr. Lister's remarkable breakthroughs changed surgical care forever. A physical display is also set up at the Royal College headquarters in Ottawa, Ont., which is open to all Fellows.

Did you know?

May 31, 2013, marked the 45th anniversary of [Canada's first heart transplant](#). The first human-to-human heart transplant in the country was performed by Fellows **Pierre Grondin, MD, FRCSC**, and **Clare Baker, MD, FRCSC**, on May 31, 1968, at the Montreal Heart Institute. For more, here is an audio clip from the CBC Digital Archives: [May 31, 1968 – Canada's First Heart Transplant](#).

Enabling innovation: Dr. Bigelow and safe open heart surgery

[W. G. Bigelow, MD, FRCSC](#), in collaboration with research associates from the Cardiovascular Laboratory in the Banting Research Institute, carried out experiments to determine the physiological effects, benefits and methods for inducing and reversing hypothermia. This work recognized how to lower the body's oxygen requirements while lowering the body's core temperature to a point at which safe open heart surgery was possible. It formed the now standard practice of cooling the heart during surgery. Prior to this work, Dr. Bigelow was part of a team that developed and tested the first artificial cardiac pacemaker for human use. [Dr. Bigelow](#) was inducted into the Canadian Medical Hall of Fame in 1997. For more, here is a clip from the BBC series *History of Surgery* in which they discuss Dr. Bigelow's theory: [Episode 2, Part 2](#) and [Episode 2, Part 3](#).

SimWars™, renowned speakers, practical workshops – oh my!

Get ready to join us in Vancouver, B.C., from November 8-9 for the 2013 [Simulation Summit](#). This year's exciting program will once again feature hands-on learning and innovation in simulation planning, design and assessment. Attend, and benefit from interactions with a diverse group of health care professionals and educators working in simulation in both Canada and around the world.



2013 program: Engaging, practical, memorable

The Simulation Summit prides itself on offering valuable and practical content to attendees that will spark further discussion and debate.

- **Workshops:** Themes this year include ethics and practicing for safety, effective scenario design and assessment, how to get your research published, how to design and implement an interprofessional simulation program, and much more! Space is limited, so plan now to avoid disappointment!
- **SimWars™ returns:** After last year's success, this competition is back. Are you craving a unique opportunity to test your skills in a high-pressure, but safe, environment? [Calls for teams are still open!](#) Refining communication and teamwork skills are just some of the benefits cited by last year's participants. Don't wait; the deadline for submission is June 21!
- **Renowned speakers:** The 2013 keynote speakers include a registered nurse, military surgeon, general internist, and surgical advisor and educator with an expertise in robotic surgery. [Learn more online.](#)

Registration for the 2013 Simulation Summit opens next week

Join our [mailing list](#) to stay informed or follow us on Twitter [@RC_SimSummit](#) for up-to-the-



minute conference and medical simulation news.

You can also visit us online for more details: www.royalcollege.ca/simulationsummit

This year's conference is being held at the Fairmont Hotel Vancouver under the theme "Promoting professional proficiencies." Escape to Vancouver and pair education with this world-class city backdrop, full of sightseeing, culinary and recreational opportunities.



Residents: June 15 is your last day to enter IRLS contest for free registration

Residents worldwide! This is your last chance to enter the 2013 contest for free registration to the [International Resident Leadership Summit \(IRLS\)](#), being held this year in Calgary, Alta., from September 28-29.



It's easy to enter

For a chance to win, answer the following question in 400 words or less: *How could your residency program better enhance leadership skills?*

Submit your idea to irls@royalcollege.ca by **June 15, 2013**. All entries will be evaluated by a panel of judges and the thinkers behind the three most engaging answers will win free registration to the 2013 event. This contest is open to residents in all disciplines, including Family Medicine.

- [Full contest rules...](#)
- [What does your registration fee include?](#)

Practical learning on resident-focused issues

IRLS is a unique two-day conference specific to resident-issues and in recognition of the critical leadership role that residents play in postgraduate education. This year's program will support enhanced learning on

- time management,
- strategic planning and
- conflict resolution, among other topics.

Attendees will also have the chance to listen to engaging speakers and to network with resident peers from across Canada and around the world.

Learn more at www.royalcollege.ca/irls.