



Surgery

UNIVERSITY OF TORONTO

UPCOMING EVENTS & DEADLINES

Ash Prakash Fellowships for Surgeons from LMICs

a. Linking surgeons in lower-income countries with educational opportunities provided by the UoT Department of Surgery via funded fellowships in clinical surgery, education or research (3-12 months)

b. Applications close September 2024

c. Contact Dr. Andrew Howard, c/-Maricar Aruta, Office of International Surgery, SickKids for more details: maricar.aruta@sickkids.ca

Applications for the Global Health Education Initiative (GHEI) program are now being accepted.


GHEI is a certificate program for all residents and fellows from across all programs and specialties. Please submit GHEI Applications by Monday, July 22, 2024 to j.kopelow@utoronto.ca / j.kopelow@sympatico.ca Please visit program and details from [this link](#). Program starts September 2024. Surgical residents may also apply for the [Global Surgical Scholar Program](#).

Department of Surgery

Global Surgery Website

A revamped website for the Department of Surgery Global Surgery activities was launched in May to coincide with Gallie Day. This features our Global Surgery program objectives, key faculty, upcoming events and a donation link to support our work. Many thanks to Sahar Ghandour and Joanna Giddens for their work on relaunching the website! If you would like to be profiled or have an activity or event featured, please contact Joanna Giddens (Joanna.giddens@utoronto.ca).

surgery.utoronto.ca/global-surgery



Global Surgery

Access to surgical care for all who need it.

As part of our commitment to improving the health of local and global populations the Department of Surgery in the University of Toronto supports an active Global Surgery Program. Through this, faculty and residents from all medical disciplines in clinical, educational and research perspectives, training, capacity building, advocacy and engagement efforts, with a common goal of improving access to safe, timely and affordable surgical care for all who need it. A world of possibilities.

Our Mission and Values

We aim to:

Partner with communities and local providers to identify and address priorities and needs

Build local surgical capacity as part of sustainable, responsive and resilient health systems

Advance global understanding of surgical needs through research, policy and advocacy

Take the most generous of surgeons and health care leaders from around the world to deliver excellent and equitable surgical care, for others to learn from


Getting Involved

We are currently seeking our National Faculty and residents, please join our efforts, and help us to drive through our initiatives, publications, and events

Interested? Visit [global.surgery.utoronto.ca](#)

Support Our Work

Photo Gallery: Global Surgery Across the Globe



Dr. Andrew Howard (left) and Dr. Maricar Aruta (right) with students from the University of Global Health Equity (UGHE) in Rwanda, 2023. Photo: Maricar Aruta. Photo: Maricar Aruta. Photo: Maricar Aruta.

Faculty Profiles

Training Opportunities

Career Pathway

Academic Case for Investment & Growth

What's Going On

Welcome!

Global surgery is a field that aims to improve health and health equity for all who are affected by surgical conditions or have a need for surgical care, locally and globally. Many Department of Surgery trainees and faculty are engaged in efforts to address inequities in surgical access, quality and outcomes within Canada and internationally be that through clinical care, education, research or policy initiatives.


The Department of Surgery's 50th Gallie Day was held on May 3rd, 2024 and provided an opportunity to reflect on the role of surgery within global health, and as part of human development, health system strengthening and social change. We were privileged to host Professor John Meara, Founder and Director Emeritus of the Program in Global Surgery and Social Change, Harvard Medical School and Plastic Surgeon-in-Chief, Boston Children's Hospital as the Gordon Murray Lecturer. He gave an inspirational high level lecture on the role and evolution of global surgery, including his work as one of the Lead Commissioners on the landmark Lancet Commission on Global Surgery, which several UoT faculty also co-authored. He spoke of the place for accompaniment, at the human and nation state level, the importance of research and scholarship in informing national and global surgical policy, and how surgical systems and policies will need to adapt and respond to the global challenges of climate change, human migration and pandemics in the 21st century. THE Gallie Day Symposium this year also focused on global surgery, with faculty from across Divisions sharing their work addressing inequities in surgical care within Canada and internationally. Photos from Gallie Day and the Gordon Murray Banquet are included below. In this issue, we highlight the work of Dr. Barbara Jemec, Division of Plastic and Reconstructive Surgery, who established BFIRST, the British Foundation for Reconstructive Surgery and Training in 2012, prior to immigrating to Canada. She shares her experiences and perspectives working as part of interdisciplinary collaborations to deliver education and training around the world. We also profile Surgeon-Scientist trainee and vascular surgery resident Dr Asha Behdinan, who is undertaking her PhD through the Centre for Global Health Research, St. Michael's Hospital, investigating the burden of "Surgically avertable lower extremity amputation" in Canada and internationally. This is under the joint supervision of Prof. Prabhat Jha (Epidemiology & Global Health) and Dr. Ahmed Kayssi (Division of Vascular Surgery).

If you have a project, person or event you would like to feature in our newsletter and highlight to our community, please reach out, we would love to include this in the next issue!

- Dr. Mojgan Hodaie, Dr. Anna Dare

Faculty Profile:

Meet Dr. Barbara Jemec



My passion for global surgery comes from a wish to help others and the privilege of having a job that I love allows me to be useful in this context.

I am continually energized by my colleagues abroad; we share the success. Our collaborations directly impact patient care and facilitate personal growth.

The British Foundation for Reconstructive Surgery and Training (BFIRST):

I established the BFIRST in 2012. I learned about incredible global endeavours from other councils and interest groups, but I wanted more cohesion in forming collaborations. Global work so often occurs in isolation. I envisioned a program with governance, a central tenet of education and independence for local surgical teams, to draw upon collective expertise in plastic surgery in the UK. This also helps those who don't know how to start or lack the connections and infrastructural access to maintain a project.

Today, surgeons from all over the world contact BFIRST for local in-country training in plastic surgery.

We use the Pareto Principle in our scoping visits to determine (a) which educational goals will have the most impact on the local population and (b) the availability of local resources and support. We can then source specialist teams to provide project expertise; however, we ultimately aim to make the local hosts independent of our help. BFIRST collaborations are tailored to the local country's plastic surgery units, whether they are nonexistent or fully functional university units with postgraduate exams. This has led to led to independent practice for free tissue transfers in Nepal, tendon transfers in Bangladesh, brachial plexus surgery in Cambodia and congenital hand surgery in Sri Lanka.

To date, we've had projects in >10 countries with 1-3 annual visits and continue to expand. We arrange UK and South-to-South fellowships in India and Taiwan for subspecialty training, as well as fund course and conference attendance.

BFIRST also has medical student and resident committees that oversee planning and visits, social media, and webinars.

Collaboration often develops into new projects – and lifelong friendships. For example, Professor Abdulrasheed Ibrahim from Zaria, Nigeria and I have known each other since his BFIRST burns fellowship in the UK in 2013. We then organized a burns course in Nigeria that now functions independently of BFIRST. We’re also collaborating on Nigeria and Ghana’s Breast Cancer Multi-Disciplinary Team communication efforts to ensure that women with breast cancer, 50-90% of which are diagnosed with regional or metastatic spread, can receive swift and cohesive treatment.

Future challenges and opportunities in global surgery: I see the shortage of interdisciplinary teams as the biggest problem in delivering reconstructive surgery in LMICs. Hand surgery is one pertinent example. The patient’s journey essentially begins after the operation; it is paramount that they receive hand therapy and to that, we need solid post-operative rehabilitation programs. I’m happy to say that BFIRST just launched a Nurses and Allied Professional Committee in recognition of their vital roles in the process of education, patient care and collaboration. The sooner we realize that healthcare is a team effort – where each of us does what we are trained for and we do it together, harmoniously – the better our patient outcomes become.

There are, of course, many other challenges. But you need to bring a level of flexibility and open mind to the experience of global surgery. I’m a big proponent of mentorship in this regard, which not only provides a safety net for local patients but for the visiting providers themselves. It’s important that we take care of the people doing the work too.

It’s also important to understand that we work most efficiently and safely within our scope of practice. For me, this means that staff operate and teach while trainees connect with their local counterparts. My hope is that they learn firsthand what is needed for success before embarking on their own projects. The goal is to foster an independent standard of surgical disease management – and there’s more to this process than just operating. Conversely, there’s much to learn from visiting Professors to Toronto and I want us to reciprocate the respect. Increasing equity and access to good education and clinical practice is a team effort, and we should look for opportunities to make this happen everywhere.

Trainee Profile: Meet Dr. Asha Behdinan



I was 9 years old when the SARS epidemic hit Toronto. While I had previously thought of health care as solely the treatment of an individual patient, for the first time I began to grasp the significance of the collective health of a population. Along with this realization came a new awareness of how health issues can transcend national borders, especially in the modern globalized world.

As an undergraduate student at McMaster, I explored international health issues from a multidisciplinary perspective during my first global policy project on antimicrobial resistance. This led to participating in an international research consortium dedicated to a potential global treaty and finally, an internship at the World Health Organization. Mentorship was also invaluable to my development as a young professional and current work in global vascular surgery.

Global vascular surgery work as a surgical resident in the SSTP:

As a surgical resident and SSTP, my work focuses on understanding the burden of surgically-avertable lower extremity amputation in Canada and internationally. These amputations are primarily caused by peripheral arterial disease (PAD) and type II diabetes (DM2), and are often preventable with timely multidisciplinary and upstream preventative efforts.

My work in Canada has focused on access to vascular surgery intervention among Indigenous populations in Northwest Ontario, where non-traumatic amputation rates are 5x higher than those reported for non-Indigenous patients. Internationally, my research extends to low- and middle-income countries (LMICs) where non-traumatic LEA rates are rising. Collaborating with the Centre for Global Health Research (CGHR), I use population-based health and mortality datasets to classify surgically-avertable LEA (SALEA) and analyze their epidemiological patterns. A mixed-methods approach, incorporating machine learning and natural language processing (NLP) applied to verbal autopsies, allows for a comprehensive understanding of patient health histories and factors leading to amputations. This work aims to develop targeted clinical interventions and guide policy-makers in addressing vascular and surgical needs, ultimately reducing preventable amputations and improving patient outcomes on a global scale.

Aligning current work with future career goals:

As I look to the future of my career, I aspire to integrate my work within the framework of a clinician scientist at a leading academic center. My long-term vision is to secure dedicated time and resources, including a research team, to advance our understanding and treatment of limb preservation on a global scale. Additionally, I aim to address other oft-overlooked vascular diseases, which are critical yet frequently neglected areas of health care. Building on the relationships I have established, I am committed to fostering collaborations with key organizations such as the Centre for Global Health Research (CGHR), the World Health Organization (WHO), and other significant multi-lateral entities in this field. Through these partnerships, I seek to drive impactful research, disseminate crucial findings, and influence policy to improve vascular health outcomes worldwide.

By working within an academic setting, I will have the opportunity to combine clinical practice with innovative research, ensuring that my work remains grounded in real-world patient needs while pushing the boundaries of medical knowledge. My goal is to contribute to the global effort in combating vascular diseases through evidence-based strategies and collaborative efforts, ultimately improving patient care and outcomes on a broader scale.

Advice for other surgical trainees:

First of all, I would say congratulations for taking on such an important area of research!

Secondly, the importance of mentorship in this niche field cannot be understated. I have been extremely fortunate to have had my interest in global health nurtured at an early stage of my career by Professor Steven Hoffman as undergraduate student at McMaster University. Nearly a decade later, I aspire for pursuing the little-explored area of global vascular surgery, and the guidance and support from Dr. Anna Dare has been instrumental throughout my development as a future clinician scientist.

Finally, I would encourage all those interested to question the clinical “norms” that we assume to be ubiquitous as trainees in a high-income country. Challenging these assertions is a great starting point for your ongoing research and discovery – one size does NOT fit all!

50th GALLIE DAY celebrations: Global Surgery & Social Change

This May, the Department of Surgery celebrated its 50th Gallie Day. This year's Gordon Murray Lecturer was Dr. John Meara of Harvard University, who is Professor of Surgery and plastic surgeon-in-chief at Boston Children's Hospital and who spoke on the theme of social responsibility in pursuing global health equity. It was an enlightening presentation that inspired and uplifted all who attended, and we are grateful to Dr. Meara for sharing his insights with us.

More information about Gallie Day, and access to recordings, including Dr. Meara's lecture are available at surgery.utoronto.ca/gallie-day.



Global Surgery Showcase 2024: the Department of Surgery's 50th Gallie Day: highlighting our global surgery leaders and their worldwide initiatives. Visit surgery.utoronto.ca/GlobalSurgeryShowcase for more.



The 50th Gordon Murray Dinner, May 3rd, 2024



Dr. John Meara delivering the Gordon Murray lecture



Gallie Day 2024 Symposium: Global Surgery & Social Change

Information

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