



External Review Department of Surgery

Chair Response

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I would like to begin by thanking Professors Ahuja and Reid for their informative, helpful, and complimentary review of the Department of Surgery at the University of Toronto. Over the past 5 years, the Department has worked progressively to answer the queries of the previous External Review performed by Professor John Kortbeek and Carlos Pellegrini. Accordingly, it is heartening to see that Professors Ahuja and Reid firmly believe that the recommendations from the previous review have been implemented in a way that has continued to strengthen the Department in all of its various programs. The recommendations of the current Reviewers will be addressed here according to subject area, as outlined below.

Clinical:

The Reviewers have quite rightly identified an issue regarding faculty allegiance primarily to the hospital divisions wherein they work daily. It is agreed that the importance and the relevance of the University Department of Surgery could be improved upon through continued building of strong partnerships between the Chair of the Department of Surgery and the Surgeons-in-Chief at each hospital. Common branding initiatives have begun between the University Department and the Hospitals (e.g. Surgical Skills Centre at Mount Sinai Hospital, joint endowed Chairs, city-wide Brain Tumour Bank etc.), but these can be expanded upon by the next Chair.

At times, faculty recruitments can be contested between different sites. The Reviewers have recommended a common electronic platform for faculty recruitment to ensure that the Department of Surgery, the Hospitals, and the Divisions are being strategic and synergistic in working together to hire faculty in the Department of Surgery. This is an excellent suggestion and one that would mitigate against rancor developing between two hospital divisions over a single, highly desirable faculty recruit.

The Reviewers have suggested the appointment of a working group to devise methods to break down barriers between hospitals that discourage clinical collaboration between hospitals. Some examples of such barriers may include the delivery of care to surgical oncology, trauma, arthroplasty, and hepatobiliary patients. An excellent example of a system where such barriers have been broken down is the Bariatric Surgery Centre of Excellence which uses a central intake of new patient referrals which are apportioned equitably across all sites. Conceivably, such a system could be devised involving some of these other mentioned clinical conditions, and is a valuable suggestion for the next Chair to consider.



The Reviewers have suggested a process for a centralized academic Curriculum Vita (CV). Such an academic CV was, in fact, used previously in the Faculty of Medicine, and was known as *WebCV*. While there were many important and useful features of *WebCV*, its overall format was lacking in its ability to capture important data points for teaching and creative professional activity (CPA) in a manner that was easy to discern. A Temerty Medicine-wide, standardized, web-based CV would be an important initiative for all the Clinical and Basic Science Chairs to discuss with the Dean of Temerty Medicine.

The Reviewers have suggested a centralized process to handle matters of faculty professionalism as they arise. In fact, a new *Learner Mistreatment Program* within Postgraduate Medical Education (PGME) has been formed to take on this important issue. In fact, some cases of learner mistreatment in the Department of Surgery have already been referred to this Program.

The newly formed Equity, Diversity, and Inclusion (EDI) Program within the Department of Surgery is currently in the midst of a strategic planning session, and will create a document for approval and circulation to the Department within the next 6 months.

The issue of stress and burnout is being addressed through the efforts of Giuseppe Papia (Vascular Surgery) and Joanna Giddens (Strategic Plan Coordinator) in the Department of Surgery. A faculty survey on stress and burnout has been conducted. Focused interviews have taken place. The data from these efforts are now being analyzed. The Department's first *Wellness Rounds* were held April 26, 2021. These will be offered every four months to bring key speakers to Toronto in the fields of wellness, mindfulness, and resilience. A generous donation has been received as an endowment fund to support an academic effort to mitigate against stress and burnout in the Department of Surgery.

Undergraduate Medical Education:

The current review notes the significant number of changes that have been made in improving the delivery of Undergraduate Medical Education (UME) within the Department since the last review. For this, I should like to thank Dr. Jeremy Hall, Director of UME, and his team for ensuring that Surgery remains a highly regarded discipline amongst medical student learners, and for contributing in a significant manner to the successful accreditation of the Medical School by the Liaison Committee on Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS) in 2021. Given the success of the Surgery Exploration and Discovery (SEAD) Program that was first established at the University of Toronto (*J Surg Educ* 70(4): 487-94, 2013), the Reviewers suggested that the SEAD Program should be expanded to enroll 40 medical students per annum. While this cannot be accomplished currently because of the COVID-19 pandemic, it is my expectation that the SEAD Program will grow and expand to include this composite of medical students once in-person meetings can take place again. There is funding in the Department of Surgery to support this increase in enrollment in the SEAD Program.

The Reviewers suggested a focused review of the core surgical clerkship curriculum to include the review of opportunities for clinical clerks to seek specialty surgical rotations of their choosing across Academies as needed. This is an important suggestion as some students feel limited by their inability to select rotations of specific interest to them if surgical specialty

rotations are not available at a particular site (e.g. limited rotations in thoracic surgery, neurosurgery, or cardiac surgery at some sites). The Undergraduate Education Committee (UEC) in the Department can examine this matter in more detail. Similarly, the UEC can identify additional faculty to lead Case Based Tutorial sessions. The Reviewers suggested providing support for SurgeonTeachers for the first five years of their careers. In fact, this is already provided by the Department, but admittedly the support is rather small (\$2K/year x 5 years). If sufficient funds exist in the Department's budget, this is a reasonable request. The Reviewers also argued for support for the Surgical Leaders in Undergraduate Education (SLUEs). Financial support for the SLUEs has been discussed previously with the Executive Committee (EC) of the Department, and is also an important and reasonable request. Providing such support in the amount of approximately \$5K/year per SLUE would be more than a token of appreciation, and would seem an appropriate and reasonable thing to do. Finally, it was suggested that the Department incentivize faculty to upgrade their education-focused Continuing Medical Education (CME) requirements. In fact, the Department already partially subsidizes the faculty to take a variety of courses within the Centre for Faculty Development (CFD) (e.g. Stepping Stones, Education Scholars Program), but it is agreed that more could be done in this domain.

Postgraduate Medical Education:

The Reviewers have recommended enabling residents the opportunity to pursue electives outside of the Greater Toronto Area (GTA). This is an excellent suggestion, and will be tabled for discussion at the PGME Committee in the Department. Excellent suggestions were made by the Reviewers regarding the reduction of the "hassle factor" for residents rotating at the different hospitals. As many of their suggestions are not specific to Surgery and affect all residents in the Clinical Departments, it is suggested that Temerty Medicine (Associate Dean of PGME) work with the Toronto Academic Health Sciences Network (TAHSN) Education Committee to unitize ID badges, online modules, and pagers acceptable across all sites. The Reviewers suggested an update of the resident evaluation system, and it is agreed that this should be discussed between the next Chair and the Associate Dean of PGME, perhaps in conjunction with all Clinical Chairs. Finally, best practices in Equity, Diversity and Inclusion (EDI) in terms of prospective resident selection processes are emerging in all surgical programs, and these will be harmonized before the next Chair takes the position.

Continuing Education and Quality Improvement:

The Reviewers suggested updating the various CME offerings on the Department of Surgery website, and offering support for such courses to faculty members. This can and will be readily accomplished. While the Best Practices in Surgery Program has provided several important guidelines for disorders in General Surgery, it is agreed that this Program could expand to include input and guidelines generated from other Divisions. To help accomplish this, leads have been identified from each of the various specialty Divisions, and it is hoped that uptake and implementation of new guidelines will soon follow. The Reviewers have suggested an academic career path for faculty interested in Quality Initiative (QI) projects. Interestingly, this notion has been discussed previously. The Department has already implemented novel academic career paths for surgeons in the Department in other areas (e.g. SurgeonGlobal Health, SurgeonEntrepreneur, and SurgeonEthicist). A SurgeonQI academic career path will be brought forward again for consideration and approval by the Executive Committee and the Senior

Advisory Committee in the Department of Surgery. Given the current emphasis in Temerty Medicine on Artificial Intelligence (AI) and machine learning, there is good reason to believe that QI projects will be enhanced through partnerships centrally in Temerty Medicine.

Finances:

The Reviewers have suggested discussing revenue flow of International Medical Graduates (IMG) and Visa trainee tuitions back to the Department. It was also recommended that an environmental scan be performed across Canadian medical schools to learn how each medical school approaches the distribution of these funds. This is a good recommendation, and in fact, has been discussed at past meetings of the Canadian Association of Surgical Chairs (CASCs). What was learned is that the flow of revenues is quite variable and depends on a variety of factors at each medical school. That said, it would be a good topic for the next Chair of the Department to engage in with the Dean and Associate Dean of PGME of Temerty Medicine.

The Reviewers have recommended that the next Chair present a 5-year plan to the Dean for priority fundraising. It is agreed that while some Divisions are well situated with discretionary Chair and endowment funds, and named Hospital, University or Joint Chairs (e.g. Neurosurgery, Orthopaedics, and General Surgery), there are some Divisions (e.g. Plastic, Reconstructive and Aesthetic Surgery, and Cardiac Surgery) where this is not the case. A named University Chair for the Division Chair in these Divisions should be a priority of the next Chair through the assistance of the Senior Development Officer (SDO) in the Department of Surgery at Temerty Medicine.

The Reviewers have recommended a review of the Surgeon Scientist Training Program (SSTP) to determine its overall effectiveness, academic productivity, grants obtained, and publications. In fact, this is tracked reasonably well each year by the Research Committee within the Department of Surgery. This past year, members of the Research Committee, led by SSTP trainees, published an important paper on the organization and value of the SSTP (Zuo et al., *J Surg Res* 256: 282-289, 2020). What has not yet been done in a formal manner is to assess job placement, future success as a surgeonscientist, and predictors of success and withdrawal. These are excellent suggestions from the Reviewers that the next Chair can analyze in conjunction with the Research Committee.

The Reviewers have suggested a review of the membership of the Finance Committee such that there is representation from all Divisions. In recent times, the Department has increased the diversity of the Finance Committee to include several female surgeons; however, it is true that the Divisions of Plastic, Reconstructive and Aesthetic Surgery and Anatomy do not have representation at this time. This is easily remedied, and these appointments will be made before the next Department Chair moves into position.

The Reviewers have recommended providing support to the University Chairs' administrative assistants as well as to University Division Chairs and faculty for academic activity. In fact, support is already provided to the majority, but not all, administrative assistants in the Department of Surgery. Given the amount and variability of financial support that is provided per administrative assistant (range = \$20-40K/administrative assistant), this would be a good initiative for the next Chair to study carefully, and to make recommendations for

consistent support based on Divisional finances, size of residency training program, and size of the faculty. All University Division Chairs are provided a stipend from the Department of Surgery as partial compensation for the time spent performing University Divisional activities. The next Chair of Surgery may wish to review the support provided to the University Divisional Chairs to see if there is an opportunity to provide additional support which could also be used to sponsor faculty in their academic activities. The Department did launch a new “Merit Award Program” for junior faculty providing early career support to 4 meritorious faculty members (\$25K/year x 2 years) following a competitive application process. This year’s Merit Award recipients were from the Divisions of Orthopaedics, General Surgery, Thoracic Surgery and Neurosurgery.

The Reviewers have tasked the Departmental Finance Committee with creating a report on new revenue opportunities to include alumni engagement and advanced degree programming. In fact, alumni engagement has been made a recent priority in the Department of Surgery through the assistance of the Department’s SDO, and the first alumni newsletter, “Alumni Ties”, has been produced and sent to all alumni captured in the Department’s and Temerty Medicine’s database. The next Chair may wish to work in more detail with the SDO and Temerty Medicine’s Alumni Engagement Program to ensure that the Department of Surgery’s alumni database is as up-to-date and robust as possible. As for new advanced degree programming, as for example we have discussed within our new Translational Research Committee in the Department of Surgery, this will require several key champions to work with Temerty Medicine, the School of Graduate Studies, and the University to determine the viability of such programming, and the potential benefits in terms of new revenues to the Department.

Research:

The Reviewers have recommended a review of all factors essential in sustaining basic science research in the Department of Surgery. A research retreat was recommended to include the Department’s Research Committee, the Division Research leads, Research Faculty, Research Coordinators and Assistants. As the Department of Surgery derives significant revenues annually from its research enterprise (greater than \$100M/annum), and as the SSTP remains a highly valued and successful program, this recommendation is an excellent one. The next Chair may wish to include this suggestion as part of their next Strategic Plan in the Department of Surgery to begin in 2024.

The Reviewers have recommended that the Research Committee become actively involved in rapidly evolving new research areas including AI, QI, and Clinical Trials. The research area of AI can be actively pursued by the Research Committee in the Department in conjunction with the Temerty Centre for Artificial Intelligence, Research and Education in Medicine (T-CAIREM). That said, the area of QI is likely better positioned within the Best Practices in Surgery Program in the Department together with the National Surgical Quality Improvement Program (NSQIP) surgical leads in each hospital. As for the design and implementation of Clinical Trials, this is likely best situated outside of the Research Committee in existing groups within the Department of Surgery such as the Innovative, Multicentre, Patient-Centred Approach to Clinical Trials (IMPACTS) Program. This Program was established in 2017, and uses the novel feature of adaptive trial design to modify a clinical trial’s course using results accumulating within the trial. The IMPACTS Program is already affiliated with the Best Practice in Surgery Program and

has received support from the Canadian Institutes of Health Research (CIHR) in the form of a SPOR Innovative Clinical Trials Catalyst Grant (<https://www.impactprogram.ca>).

The Reviewers have recommended working with the different hospital Research Ethics Boards (REBs) to create a city-wide REB. This is an excellent suggestion, and one that has been identified as a key priority for the TAHSN Research Committee. An agreement has recently been signed by all TAHSN institutions to defer Research Ethics oversight to a single TAHSN member REB (Lead REB) for studies that involve two or more TAHSN institutions. Using this process, one hospital can accept the research ethics review of a qualified REB at another TAHSN institution.

The Reviewers have recommended initiating a process with the Department Division Chairs to mentor mid-career SurgeonScientists who may be challenged in direction and/or funding. This is an excellent suggestion, and can be implemented through the Research Committee working with the Department Division Chairs and Research Institutes at the Hospitals to identify mid-career SurgeonScientists and to offer assistance in career trajectory, funding opportunities, and successful transitions to senior scientist status at the Research Institutes. Additionally, one suggestion may be to offer "Merit Awards" from the Department of Surgery for mid-career SurgeonScientists in addition to the currently funded junior faculty awards.

The Reviewers have recommended an increased focus on Surgical Education Research in the Department. This is an important recommendation. Previous Chairs of the Department have perhaps placed more emphasis on Surgical Education Research. In addition to the new Chair meeting with the Wilson Centre Lead, Dr Cynthia Whitehead, it will be important to review the Department's membership in the Wilson Centre, and to see if there are ways to increase involvement with its various programs and initiatives. The Department has become an internationally recognized leader in Competency Based Medical Education (CBME), and this may be an area, together with Surgical Simulation, where the Department can assume important leadership positions within the Wilson Centre.

Other:

The Reviewers have quite rightly noted the importance of institutional memory when Departmental Administrators are considered. It should be noted that the current Departmental Business Manager, Nancy Condo, has been working within the Department of Surgery for 35 years. She possesses a font of knowledge that will be important to transfer to the next Business Manager within the next 5 years. Careful and planned transition of this key position will be essential to ensure the smooth running of the Department of Surgery. A 6 month period of transition is a reasonable timeframe over which to accomplish this task.

Concluding Remarks:

Once again, I should like to thank Professors Ahuja and Reid for their kind remarks regarding the stature of the Department of Surgery and my style of leadership over these past 10 years. I would agree that the position occupies at least a 0.5 FTE time allotment. In my opinion, it would be ideal if the next Chair were an active practicing surgeon with a well established research career. As always, excellent communication skills and a demonstrated track-record in

advancement are keys to the success of the next Chair and the future of the Department of Surgery.

It has been a privilege and honour to serve as the RS McLaughlin Professor and Chair of Surgery at the University of Toronto. I look forward to seeing how the programs we have put in place these past 10 years will evolve over the next decade, and to witnessing the great progress that will be made by the next Chair.

Respectfully submitted,

A handwritten signature in black ink that reads "Jim Rutka". The signature is written in a cursive, slightly slanted style.

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