



TRANSPLANT SURGERY  
SAVES LIVES  
**DR. MAURICIO MONROY-CUADROS**  
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A PEDIATRIC DENTIST  
**DR. FARIDA SAHER**  
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WINTER 2022

# The Blade

The Department of Surgery


CUMMING SCHOOL  
OF MEDICINE



UNIVERSITY OF  
CALGARY



Alberta Health  
Services



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We wish to thank all surgeons, administrators, and team  
members whose efforts made this issue possible.



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# MESSAGE FROM DR. KEVIN HILDEBRAND, DEPARTMENT HEAD



**A**s I write my Department Head Message for this issue of the Blade, I think back upon 2021, our first full year with COVID-19, and I look forward with anticipation to 2022. In the midst of uncertainty, gratitude goes a long way to manage these times.

At the beginning of 2021, vaccinations rolled out with the hope of leading us through COVID-19. While mass vaccination has allowed society to remain open compared to the closures of the previous year, a fifth wave and the appearance of the omicron variant have provided yet another challenge to our health system. The last two years have not been easy. I want to recognize the continuing efforts of our staff and surgeons yet again. I have confidence that we will pull through this new challenge.

It is with great sadness that I must also mention the passing of Dr. Jun Kawakami in the fall of 2021 after a courageous battle with cancer. Dr. Kawakami touched many lives, and we are all better off having known him. Our deepest sympathy goes out to his family, friends, colleagues, and patients.

Another significant event in 2021 was the reporting of unmarked graves at former residential schools where Indigenous children were buried. This catalyzed the first National Day for Truth and Reconciliation on September 30, 2021. It reminds us that we all have a role to play and a

long way to go on our journey of Truth and Reconciliation, including the Department of Surgery. We must ensure fair and equal access to quality and culturally safe healthcare for Indigenous people. In addition, we must create a department culture that encourages and advocates for Indigenous people to join our workplace and embark on careers in medicine.

Looking forward to 2022, the department will fill two key positions: Deputy Department Head of Surgery for Professionalism, Wellness, Equity, Diversity and Inclusion and Deputy Department Head of Surgery for Clinical Programs and Operations, Surgical Quality and Innovation. The first is a new position that signals a purposeful step by the department to embed this element in our processes, such as recruitment, retention, practice patterns and profiles, meetings, and communication. The second position has been in place for some time. It will respond to new directions, such as expansion into chartered surgical facilities, overhead policy, clinical alternate relationship plans, and new practice patterns and profiles.

As a department, we are very grateful for the service of Dr. Elijah Dixon. Elijah completed his role as Deputy Department Head of Surgery for Clinical Programs and Operations, Surgical Quality, and Innovation on December 31, 2021. In the past, he also served as the Section Chief for General Surgery and the interim Department Head. These are crucial responsibilities in the department, and we are thankful for the dedication and effectiveness Elijah demonstrated as he filled these positions.

When times are difficult, it is natural to focus on the hurdles and feel overwhelmed. Cultivating a sense of gratitude is one way to combat these feelings. It takes a posture of intentionality to reframe one's outlook to engage gratitude, and I encourage us in this direction. As the Department Head, I am thankful for the opportunity to represent you and the department, and I am grateful for the team members who support me in this function. I hope you enjoy this issue of the Blade.

Sincerely,  
Dr. Kevin Hildebrand, Department Head

# ENTREPRENEUR IN RESIDENCE

**T**he development of innovative health technology requires engagement with clinicians who have deep knowledge of healthcare and can generate new ideas to solve relevant real-world health problems. Creating strong businesses to solve health-related issues requires an eco-system of collaborators to generate ideas, assess business potential, and bring teams together to build and grow these ideas.

The Department of Surgery at the Cumming School of Medicine has world-class clinical faculty and researchers. The Entrepreneur in Residence (EIR) is a voluntary position in the department with a primary goal of providing support, advice, and resource connections to department members who have developed or are interested in developing a commercial product, device, or service. Resources are already available within the startup community; however, the busy clinician is generally not familiar with how to access those resources and how best to proceed with moving an

idea from concept to product. As part of the department, the EIR is familiar with the needs of surgeons and the practicalities of business creation. The EIR can be the initial sounding board and advisor to the surgeon-creator

The near-term goal of the EIR is to survey department members to determine the level of interest in entrepreneurial activity and the current departmental experience with idea creation and product development. The long-term goal is to create a Department of Surgery accelerator program that brings together expertise and resources from the wider startup community to focus on solution creation and commercial preparation for ideas originating in the department. The expected outcome by June 2022 is to have two to three surgeon-generated solutions that are progressing through a business creation cycle.

Please feel free to contact me for additional information [Richard.Hu@ahs.ca](mailto:Richard.Hu@ahs.ca)

## Dr. Richard Hu

### Entrepreneur in Residence

*A Clinical Professor, Dr. Hu is an orthopaedic surgeon at the Foothills Medical Centre (FMC) who has held a variety of leadership positions. These include Medical Director of the Bone and Joint Program, Site Lead of Orthopaedics at FMC, and Facility Site Chief of Surgery at FMC.*

*Dr. Hu has founded or co-founded several companies ranging from a television production company, a multi-disciplinary health clinic, a medical software company, an orthopaedic surgical education platform, and a recently acquired health analytics company. He has been a department member since 1997.*



# THE EVIDENCE DECISION SUPPORT PROGRAM

**H**ealth care decision-makers must deal with a complex and shifting environment. Fresh evidence emerges daily, patient needs change, and new medical technologies, claiming to be better than existing ones, are flooding the market. Decisions must be made about which technologies to adopt to ensure our health care system's effectiveness. Implementing innovative surgical technologies can be even more daunting given their level of sophistication and exceedingly high costs.

In 1997, leaders in the Calgary Health Region set up the precursor to the Surgery Evidence Decision Support Program (EDSP). Clinical, executive, and operational leaders needed support as they decided whether to introduce new health care technologies. They required advice on the most up-to-date science and health economics assessments to make their decisions. For over 20 years, the EDSP has answered questions from leaders at the site, zone, program, and provincial level using rigorous and structured methods to assess the quality of evidence. As the name implies, we support evidence-informed decision-making when introducing new surgical technologies, such as instruments and devices, as well as interventions and techniques into the health system. Sitting at the interface of evidence-based medicine, health economics, organizational impact, and values, the EDSP evaluates the direct or indirect impact on patient care and financial aspects of health care services with proposed changes to current practice. This includes evaluating the full impact of the adoption of new technologies as well as any modification, replacement, or elimination of existing technologies or processes.

The EDSP Advisory Committee is an interdisciplinary team within the perioperative community. To the best of its ability, it exists as an independent and impartial unit. Using a collaborative approach, the EDSP brings stakeholders into a discussion about safety, effectiveness, resources stewardships, feasibility, quality improvement, innovation, training, credentialing, equity, and fairness when implementing new health technologies into clinical practice.

As part of the Department of Surgery Calgary Zone and the Surgery Strategic Clinical Network, the EDSP provides Alberta with a coordinated, independent, standardized, and

transparent process supporting innovative, experimental technologies and proven technologies that have not yet been used in Alberta Health Services (AHS) and Covenant Health. Early adoption of an unproven technology may prove to be clinically challenging or cost-ineffective. Conversely, avoiding unproven technology may miss opportunities for gains in health outcomes and cost-effectiveness. The EDSP ensures that patient access to promising and innovative technologies is not hindered by a lack of conclusive evidence but is managed in an accountable and patient-centered manner while new evidence is generated. The EDSP has a standard process to support innovation by providing a method by which clinical and financial (resource and infrastructure) impact information on new technology can be collected and assessed in an iterative cycle of trial, evaluation, and re-review.

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## Have you ever wondered how new surgical technologies come into the OR?

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The EDSP advises and provides recommendations to AHS leadership on the value, potential impact, pre and post-implementation outcomes, and oversight of new surgical technologies. Leadership is informed by the EDSP Report and considers our recommendations and other budgetary considerations. The appropriate executive, clinical, and operations decision-makers will ultimately decide on clinical or health technology evaluation trials in Alberta, further adoption, and province-wide implementation.

Currently, the EDSP is leading provincial initiatives to evaluate several new health technologies that will have an Alberta-wide impact on patient care. For example, we are partnering with radiologists and surgeons across the province to oversee a health technology trial of a magnetic technology that would replace wire localizations of non-palpable breast lesions prior to breast-conserving surgery and sentinel lymph node biopsies. Unlike radioactive alternatives, this magnetic technology can be deployed by radiologists in hospital and community clinics up to 30 days in advance of surgery in the over 1,000 patients needing surgery annually. We also have active evaluations of three new minimally invasive



## DEPARTMENT OF SURGERY

glaucoma surgery implants that could potentially improve the Glaucoma Surgery Program in Alberta. In addition, we are collaborating with the provincial Drugs and Therapeutics Committee to review new anesthesia and pain drugs while simultaneously evaluating new cryoablation devices and peripheral nerve stimulators for acute post-surgical pain.

For more information, please visit the AHS website ([albertahealthservices.ca/scns/edsp.aspx](http://albertahealthservices.ca/scns/edsp.aspx)) or the University of Calgary website ([cumming.ucalgary.ca/departments/surgery/programs/evidence-decision-support-program](http://cumming.ucalgary.ca/departments/surgery/programs/evidence-decision-support-program)). You can contact the EDSP Research Scientist at [tara.klassen@ahs.ca](mailto:tara.klassen@ahs.ca).



*Executive, Operations and Clinical leaders always ask questions for context and impact at the site, zone, program and provincial level.*

## Reasons to Use the EDSP

- We consult all stakeholders to study the technology through a research, clinical, financial, operational, and organizational lens.
- We match deliverables to decision-making, answering your questions with our reports and recommendations.
- Our Technology Checks (TC) are fast, offering a review of routinely used technologies and devices.
- Our Health Technology Requests (HTR) provide a full evaluation of technologies that are a significant change compared to current practice.
- Our Evidence Package (EP) provides a comprehensive review of the evidence and impact of a category of technologies in the context of Alberta.
- We have modified and expedited review pathways for Urgent, Off-label, and Special Access Requests.
- Our staged approach supports all phases of the health technology assessment and implementation journey, including outcomes reporting and program impact evaluation to inform provincial scale and spread.
- Our pathways can evaluate new technologies on a one-by-one basis or prioritize competing technologies for funding or purchase.
- Our report and recommendations can be leveraged by clinical, operations, and executive leaders when submitting for budgetary approvals and external funding (e.g. Calgary Health Foundation).



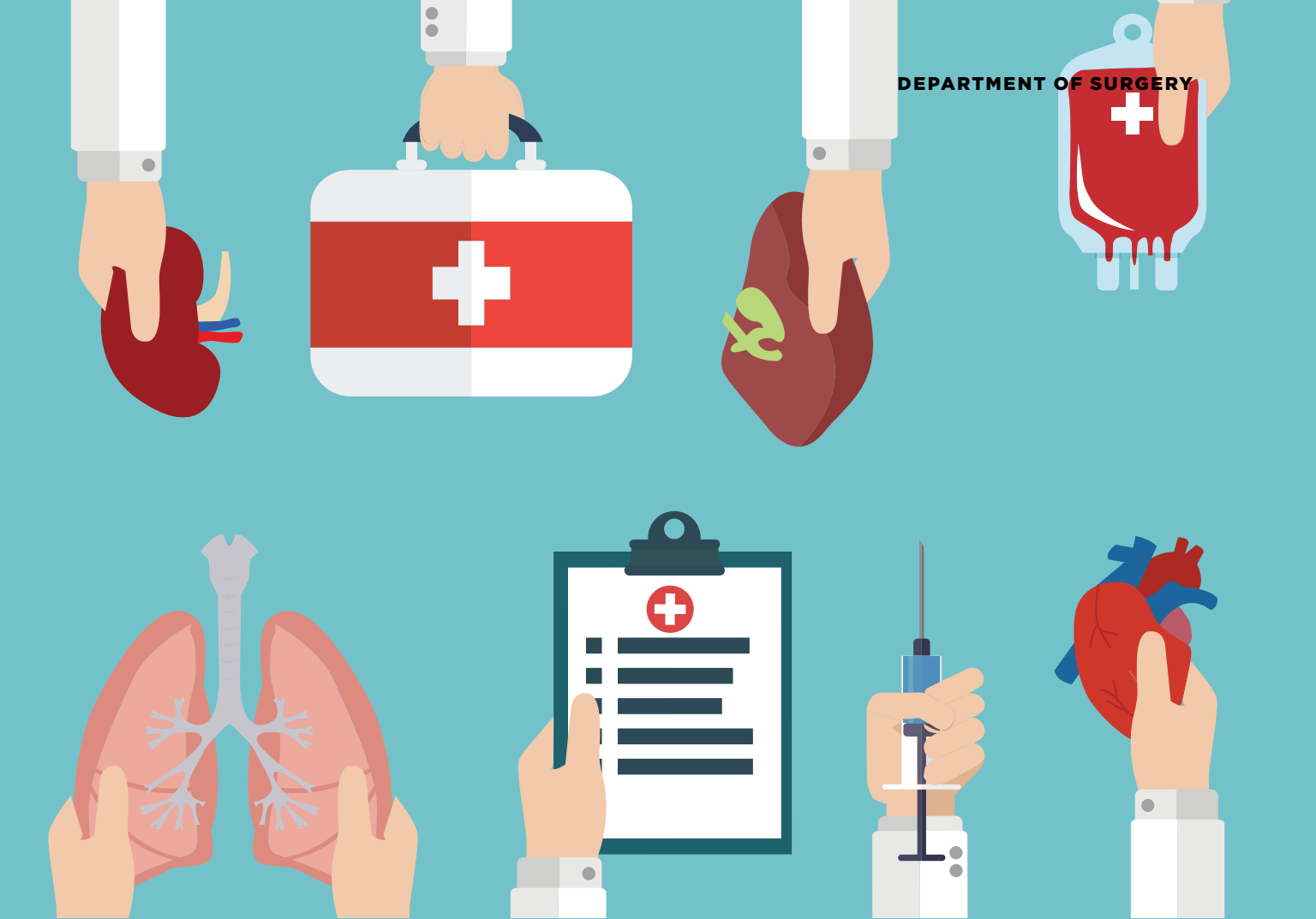
**Dr. Robert Hart**

EDSP Physician Lead



**Dr. Tara Klassen**

EDSP & PACOSI  
Research Scientist

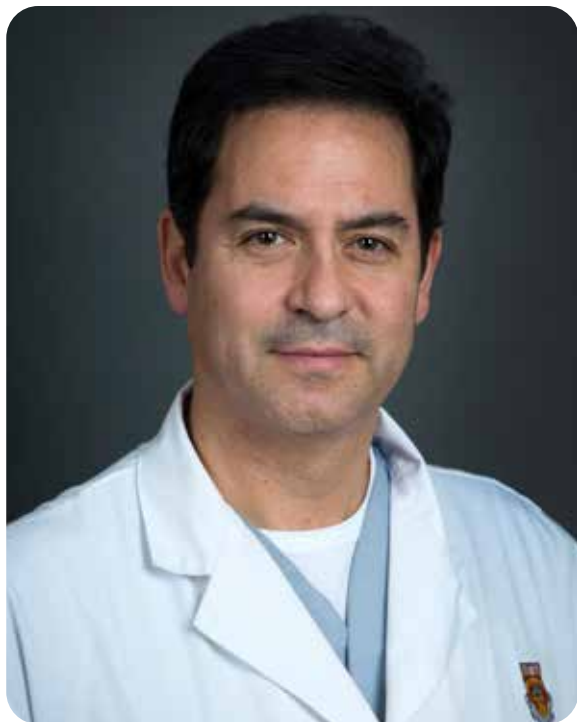


## DR. MAURICIO MONROY- CUADROS TRANSPLANT SURGERY SAVES LIVES

**D**r. Mauricio Monroy-Cuadros has always been interested in transplant surgery. He finds the science surrounding it fascinating, but even more so is the satisfaction of seeing a patient regain their health. “Our patients are quite sick when we meet them because they are reaching the end stages of their organ disease,” says Monroy-Cuadros. “But, after transplantation, you see an immediate change. The quality of life that the patient recovers is remarkable. It makes our work incredibly rewarding.”

Monroy-Cuadros, age 52, was born and raised in Bogota, Columbia, where he completed medical school and a general surgery residency at the Universidad del Rosario. In 1998, he travelled to Calgary to complete a trauma and critical care fellowship, and though he planned to stay only a year, he made Calgary home. He continued his education with a multi-organ transplant fellowship and a Master of Science in Community Health Sciences at the





**“I WANT TO EMPHASIZE THE IMPORTANCE OF DONATION. BY DONATING AN ORGAN, YOU ARE HELPING PEOPLE GET THEIR LIFE BACK. IT IS REALLY A GIFT. AN ORGAN DONATION IS THE GIFT OF LIFE.”**

University of Calgary. He joined the Department of Surgery in 2002. Monroy-Cuadros is the Section Chief of Transplant Surgery and an Associate Professor with the university.

Southern Alberta has a team of three transplant surgeons, including Drs. Anastasio Salazar and Serdar Yilmaz. They are located at the Foothills Medical Centre and are responsible for the procurement and transplantation of kidneys and pancreases for the region. The small team has a busy and unpredictable schedule and needs to be ready to act at a moment's notice. “You never know when an organ will become available, and if someone needs a transplant, they cannot wait,” says Monroy-Cuadros. “I might be having dinner with my family and find out a donor is coming or that I need to fly somewhere to procure an organ.” Depending on the organ, most transplants need to occur six to 24 hours after the organ has been procured to ensure its optimal function. The team operates on adults and children.

There are two types of organ donation: deceased donation and living donation. Deceased donation occurs when someone has signed up as an organ donor and experiences neurological brain death or circulatory death. There can be a full organ donation in these cases, meaning heart, lungs, liver, pancreas, and kidneys. Monroy-Cuadros' team will do the abdominal surgeries, but a cardiac team and thoracic team will fly in to recover the heart and lungs. “The team doing the heart or lung transplant will usually fly here to remove the organs and fly them back to where they will be transplanted,” says Monroy-Cuadros. “These surgeries are life and death, so the team doing the transplant wants to see and understand the organ before they implant it in someone.” When an organ becomes available, the provincial and national organ donation lists are reviewed to find the patient or patients with the most need.

*continued...*

Living donations occur when a person who is alive decides to donate an organ to a relative, friend, or someone else in need. This can include an anonymous donation where the donor does not have a direct recipient for their organ but is willing to help someone. "There are two ways for a living donor to donate," says Monroy-Cuadros. "A direct donation is where the donor and recipient know each other and are a match. The other way is through the Pair Exchange Program."

For a transplant to be successful, donor and recipient pairs must share the same blood group and be immunologically compatible. A risk of rejection is also possible if the recipient is highly sensitized, meaning they have too many antibodies. The Pair Exchange Program helps pairs of donors and recipients who are not compatible by matching them with people who are compatible. "The program has

expanded the availability of organs," says Monroy-Cuadros, "increasing transplants and improving even more people's quality of life." Though living donation is most common with kidneys, it also occurs with the liver and lungs.

Living donation has several advantages over a deceased donation. The kidney can last almost twice as long as a deceased donor transplant. The recipient may also avoid dialysis, which leads to better outcomes and minimizes infections and heart problems. "Living kidney donation can be a rewarding experience for both donors and recipients," says Monroy-Cuadros. "The experience often encourages a strong emotional connection between the two people." Another advantage of living donation is that the transplant can be scheduled at the convenience of the recipient and the donor.

Living donors go through an extensive assessment that includes medical, surgical, and psychosocial evaluations to ensure they meet the donor criteria. "Living donors need to be healthier than the general population," says Monroy-Cuadros. "It is important to ensure they will not be at risk in the future if they donate an organ today."

After a transplant occurs, a multi-disciplinary team looks after the patient and follows their recovery. The patient's health is monitored from the surgical, medical, and immunological side, which includes immunosuppression to ensure the body does not reject the organ. "The acceptance rate of transplanted organs is 98-99% in the first five years," says Monroy-Cuadros, "with some decrease occurring the longer the person has the organ." Organs from living donors have even better acceptance rates with an organ life expectancy between 15 to 20 years.

Canadian Blood Services oversees the logistics of organ donation and transplantation across Canada, but each transplant centre reviews and works directly with the donors and recipients. Dr. Monroy-Cuadros is the Medical Director of the Southern Alberta Transplant Program (ALTRA), which oversees the transplantation of all organs in our region. He also sits on the committee that creates the living donation guidelines for the national Pair Exchange Program.

"Every year, we see the need for organ transplant increase, but organ donation is not increasing at the same pace," says Monroy-Cuadros. "I want to emphasize the importance of donation. By donating an organ, you are helping people get their life back. It is really a gift. An organ donation is the gift of life."

By Tammie Roy

**IF YOU ARE  
AN ALBERTA  
RESIDENT AND  
WOULD LIKE TO  
REGISTER AS AN  
ORGAN DONOR,  
VISIT**

**MyHealth.Alberta.ca**

**AND SEARCH  
FOR THE ORGAN  
DONATION  
REGISTRY.**

**LEARN MORE ABOUT ORGAN  
DONATION BY VISITING  
BLOOD.CA**

## RESEARCH CORNER



**Dr. Frankie Fraulin**

### **CSM Clinical Research Award**

Congratulations to Dr. Frankie Fraulin and the Calgary Kids Hand Rule (CKHR) team, including Dr. R. Harrop, Dr. P. Ronksley, Dr. R. Hartley, Dr. M. Donald, Dr. A-S. Lafreniere, and A. Baykan. The team received the Cumming School of Medicine Clinical Research Award for their project: Development of a Pediatric Hand Fracture Care Pathway – Identification of Facilitators and Barriers to Implementation.

The team developed a clinical decision aid (CKHR), which is currently undergoing external validation. The grant funding will support a qualitative project assessing the impact on stakeholders of the current process for managing pediatric hand fractures as well as how it might be improved. It will bring the team one step closer to implementing a new care pathway with the goals of improving caregiver/provider satisfaction and decreasing system costs, while maintaining good patient outcomes.



**Dr. Natalie Yanchar**

### **CIHR Funding**

Congratulations to Dr. Natalie Yanchar, one of three recipients of a CIHR grant focused on improving quality in pediatric trauma care in Canada. Dr. Yanchar shares this grant with Dr. Lynne Moore, an injury epidemiologist at Université Laval, and Dr. Gabrielle Freire, a pediatric emergency physician at the Hospital for Sick Children in Toronto.

Traumatic injuries are the #1 cause of mortality among children and youth, and efforts to improve the care of major injuries in this population are needed. This research aims to develop metrics that reflect adherence to clinical practice guidelines (CPGs) targeting the management of pediatric injuries, which can be incorporated into quality improvement (QI) strategies. The researchers will explore knowledge-to-practice gap inequities in the use of CPGs and identify consensus QI priorities that can be translated into acceptable, feasible, and sustainable interventions to improve outcomes.



**Dr. Paul McBeth**

### **CSM Clinical Research Award**

Congratulations to Dr. Paul McBeth, recipient of the CSM Clinical Research Award for clinical, adjunct, and research faculty. This award acknowledges his significant achievements in 2020, including his work creating a low-cost ventilator using locally sourced materials, called the Bertie 1.0 project.

Dr. McBeth was the clinical lead for the AHS COVID-19 Pandemic Ventilator Manufacturing Collaborative, established amid growing concerns of conventional ventilator shortages at the beginning of the pandemic. Dr. McBeth used his mechanical engineering background and experience as a trauma and critical care physician to evaluate ventilator design and use within the clinical setting. He played a key role in developing the ventilator, which has been approved by Health Canada and subsequently manufactured. The ventilator has applications beyond the pandemic, including use in remote or underserved communities. Please join us in congratulating Dr. McBeth!



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**"MY WORK IS INCREDIBLY FULFILLING. TO KNOW I HAVE HELPED A CHILD HAVE A GOOD DENTAL EXPERIENCE AND TO SEE THAT CHILD LEAVE MY OFFICE PAIN-FREE MAKES ME FEEL THAT I HAVE MADE A DIFFERENCE."**

## **DR. FARIDA SAHER A PEDIATRIC DENTIST**

**D**r. Farida Saher loves people. She loves their diversity and learning their stories and perspectives, so it is no surprise that she became a pediatric dentist, a specialty that places a priority on interpersonal skills like communication and understanding. "The unique thing about pediatric dentistry is that it is a specialty of the patient," says Saher. "It is no different from adult dentistry in terms of the procedures, but with pediatric dentistry, it is more of a human skill."

Born and raised in Edmonton, Alberta, Saher, age 38, is an associate professor with the University of Calgary and a community pediatric dentist. She completed dental school and a dental residency at the University of Alberta before attending Boston University to complete a pediatric dentistry specialty training program. The program provides dentists with additional training to understand and apply skills and psychological principles to ensure children have positive dental experiences. Upon completion of the

## DEPARTMENT OF SURGERY

program, Saher accepted a job in Calgary, and within two years, she purchased the Dental Care for Children practice from her mentor, Dr. Lenny Smith. She now operates offices in the Sunridge and Southport areas of Calgary.

Saher specializes in children with behavioural challenges and higher medical needs, as well as special needs adults, with many of her patients having widespread dental disease and severe dental anxiety. One side of her practice operates like any dental office. She sees new patients and does regular dental treatment, with most treatment provided using behaviour management techniques. The other side of her practice provides oral rehabilitation under general anesthesia. "A lot of pediatric dentistry is done in the operating room," says Saher. "The patients are so young, and if a large volume of dental work is needed, it is a better and safer experience for the child when it is done under general anesthesia."

When Saher meets a new patient, she has a long conversation with the family. She wants to learn about things that do not traditionally factor into a dental interaction. "A patient is not just the person sitting in your office," says Saher. "There is so much more to their story. If you take the time to learn about them, you will be far more successful in the treatment you achieve and their ability to follow up." In addition to medical history and dental habits, Saher asks the family about their day-to-day life and background. She inquires about the child's school experience, other children in the home, and if the parents have help from other family members. If they are newcomers, she also wants to know when the family came to Canada. "I am genuinely interested," says Saher, "but all this information also factors into the treatment plan and follow-up expectations."

Saher's Sunridge practice has a large immigrant and refugee population, and she is keenly aware of the challenges and barriers to care these patients can face. "My staff have really become advocates for our patients," says Saher. "It is a team effort, and I truly stand on the shoulders of my staff." Her staff speak various languages and often help connect patients with the different supports available to them, such as Alberta Works, which helps low-income Albertans cover the cost of dental care. She also treats a number of patients with autism and downs syndrome. With her staff's knowledge of the programs and supports available, they often assist these families in applying for educational assistants and personal care aides. "Our practice has become a bit of a community hub," says Saher. "We even have patients who met at our office and now help each other with translation outside of our practice. It is quite heartwarming."

Saher spends time away from her practice volunteering with Kindness in Action, an Alberta-based not-for-profit organizing dental missions to remote locations worldwide. Their mandate is to provide dental care to populations who would otherwise not have access. Saher has participated in ten missions to seven countries. "A person's health is compromised when there is a lack of dental care," says Saher. "Living in chronic, consistent pain, especially when it is a child, affects brain development and can have major impacts for the rest of their life. I feel compelled to do something. If I can take one person out of pain, it was a worthwhile trip."

In 2017, Saher was asked to lead a mission to Cambodia. "That trip was incredibly fulfilling," says Saher. "I never truly appreciated the effort that goes into organizing a mission until I was the person responsible for the operations and logistics." The Cambodia trip included a team of 17 dentists, hygienists, and helpers who saw approximately 1,000 patients over two weeks. Everyone participating pays their travel expenses and donates to the organization to cover the cost of supplies. "We bring generators, dental units, supplies, consumables, and extraction equipment. We have approximately 25 pieces of

*continued...*





luggage dedicated solely to our work." They travel to several locations during each trip, with local grassroots organizations managing local logistics and providing translators.

The villages they travel to are very remote. "There can be a lot of barriers to care when you live in a remote location," says Saher. "To visit the nearest dentist often requires extensive travel, which can mean a few days' lost wages." Her most memorable trip was to Peru, which saw the team travelling by canoe each day to reach different locations along the Amazon River. "All of our trips go to remote locations, but Peru was extremely remote. Working in the jungle also meant dealing with a lot of mosquitos, not to mention the spiders and snakes."

When Dr. Saher is not working in her practice or participating in dental missions, she loves travelling for pleasure, experiencing new cultures, and trying new food. In 2019, she was one of Avenue Magazine's Top 40 Under 40, and she has appeared on the Global TV Morning Show multiple times to educate families about children's dental health. "My work is incredibly fulfilling," says Saher. "To know I have helped a child have a good dental experience and to see that child leave my office pain-free makes me feel that I have made a difference."

By Tammie Roy

**"A PATIENT IS NOT JUST THE PERSON SITTING IN YOUR OFFICE. THERE IS SO MUCH MORE TO THEIR STORY. IF YOU TAKE THE TIME TO LEARN ABOUT THEM, YOU WILL BE FAR MORE SUCCESSFUL IN THE TREATMENT YOU ACHIEVE AND THEIR ABILITY TO FOLLOW UP."**





# DEPARTMENT OF SURGERY PEER SUPPORT TEAM



**T**he pandemic has highlighted the need for co-workers to support each other. The constant vigilance and concern around not contracting or transmitting COVID have taken their toll on all of us. For surgeons, there has been the additional stress of not getting their patients into

the operating room, with waitlists growing ever longer. We have also heard from surgeons that the government-imposed changes in funding and the difficulty obtaining first-call coverage for some groups are additional stressors. We have heard how these factors have affected our relationships with each other, our families, and our leaders. Informal peer-to-peer support, such as talking to a friend, has always been helpful and is one way we can deal with these stressors. Reaching out to a colleague can also help reduce feelings of isolation and improve our coping mechanisms.

The Department of Surgery has a formal peer support team, which began in November 2020. The initial cohort of 23 surgeons was trained by Dr. Jane Lemaire and Dr. Rachel Grimminck from Well Doc Alberta. These surgeons were nominated from their specific sections as people other surgeons would feel comfortable approaching, and they have been recognized as good listeners. After one year in the program, peer support members report that they are still more commonly contacted on an informal basis than for a formal peer support interaction. There is likely a blur between what is considered formal or informal peer support, and this distinction does not really matter as long as we can help a colleague. Some common areas where support has been requested include mental health and burnout, patient outcomes and adverse events, conflict in work relationships, and concerns regarding career planning.

We want to remind surgeons that conversations with peer support members are held in strict confidence. Nothing is recorded, and the conversation is not reported to leaders. This

commitment to confidentiality will only be limited if the peer support member perceives immediate safety concerns for the surgeon or others. Please visit the Department of Surgery SharePoint site for a list of the department's peer support members and their contact information. If you need assistance accessing the site, please contact Tammie.Roy@UCalgary.ca.

We want to help break down the stigma of asking for help and ensure surgeons feel comfortable contacting peer support members. As a stereotype, surgeons do not like to expose vulnerability, but maybe it is time that we make a change. As a colleague, you may be contacted by a surgeon who does not feel comfortable contacting an official peer support member. Being kind and compassionate to each other will go a long way. We all know how to be empathetic listeners for our patients, and please do the same for your colleagues. Be present. You do not have to fix things. Just provide emotional support. And, of course, remember boundaries. If the need is larger than a supportive conversation, encourage your colleague to access professional services such as the AMA's Physician and Family Support Program (1-877-767-4637) or other services listed on the Well Doc Alberta Website (WellDocAlberta.org).

If you have any comments or suggestions about the Department of Surgery's Peer Support Program, or if you would like to become a peer support member, please contact me. Most importantly, please remember to be kind to each other.

Sincerely,

Frankie Fraulin  
Deputy Department Head,  
Governance and Physician Services

In collaboration with

**Well Doc Alberta**  
Shaping the future of physician wellness, together



## MEET AYE CHAN PHYU ADMINISTRATIVE SERVICES MANAGER

**A**ye Chan Phyu believes that living life fully means practicing gratefulness and staying connected with friends and family. “I was born in a country with a lot of political turmoil, and this has made me more aware of what is going on in the world,” says Aye Chan, “I remind myself every day to appreciate the simple things in life. I feel very fortunate and grateful for the life that I have.”

Aye Chan has worked for Alberta Health Services for 15 years and has been an Administrative Manager with the Department of Surgery for over one year. She oversees



almost 60 staff at the Foothills Medical Centre and Richmond Road Diagnostic and Treatment Centre in her role. "I came into this position to grow and learn," says Aye Chan. "The leadership team has really helped me. They are so supportive, and I am very grateful for that."

Born and raised in Myanmar, formerly known as Burma, Aye Chan's parents always dreamed of providing more opportunities for Aye Chan and her two younger brothers. So in 1995, they immigrated to Singapore. Six years later, they immigrated to Canada and made Calgary home. "My parents sacrificed a lot to provide a better future for us and create a new home in Canada. I could have had a very different life," says Aye Chan. "This has made me very thankful for every opportunity that I have been given."

Her parents worked hard, and her father was fortunate to continue his career as a senior engineer when they arrived in Canada. But, the year Aye Chan graduated from nursing school, the luck ran out, and it was Aye Chan's turn to help support her family. "Some people might have viewed it as a burden," says Aye Chan, "but I was happy to help my family after all they had done for me. It was really a joy."

Fortunately for Aye Chan, she graduated from nursing when jobs were plentiful, and she decided to accept casual positions to expand her skills further. She worked in the cardiology, vascular, and trauma units and the endocrinology program. "I was just starting my career and wanted to continue learning," says Aye Chan. "Nursing was a blessing, and working casual positions provided so much flexibility. I was able to support my family and do a lot of travelling."

After getting engaged during a trip to Korea, she decided to accept a full-time position with the endocrinology program as a diabetes nurse. Her life was taking new directions, and she was ready for a role that would be more consistent for family life. In 2020, after almost 13 years with the program in casual and full-time positions, she accepted her current role with the Department of Surgery. "Leaving the endocrinology program was a tough decision. It was

such a great group," says Aye Chan. "But, I was ready for a new challenge. I wanted to develop a different skill set."

Since starting with the Department of Surgery, Aye Chan has been juggling the everyday challenges you would expect, along with the unexpected challenges presented by COVID. "Starting a new role is always challenging," says Aye Chan, "but starting during a pandemic really stretches a person." She is happy to be working with a supportive team that focuses on how they can best help each other.

When not at work, Aye Chan and her husband are busy with their daughters, ages five and three, and they fill their free time connecting with friends and family. "After dealing with two years of COVID and losing my dad during that time, we have focused on staying connected and in touch with our small circle," says Aye Chan. "We spend a lot of time with my brothers and mom, and I make sure to call, text, and meet up with people regularly." In the summer, they take impromptu day trips and spend time outdoors. They also incorporate practicing gratitude during family dinners. "We have a simple routine," says Aye Chan, "But, it lets us focus on what is important - being thankful for what we have and staying connected with our loved ones."

By Tammie Roy

## DID YOU KNOW?

- > **Aye Chan speaks Burmese, English, and Mandarin.**
- > **Aye Chan has visited every continent except Antarctica.**
- > **Aye Chan is a wedding officiant in Alberta.**

# WELCOME TO NEW FACULTY



## Dr. Aaron Liu

Casual Dentist

Aaron was born and raised in Manitoba and graduated from the University of Manitoba Dr. Gerald Niznick College of Dentistry in 2013. He completed a general dental residency program with the Winnipeg Regional Health Authority and the University of Manitoba in 2014.



## Dr. Alexandra Hatchell

Clinical Lecturer,  
Plastic Surgery

Dr. Alexandra Hatchell is a Clinical Lecturer and attending plastic surgeon at the Peter Lougheed Centre. Dr. Hatchell completed her medical degree and plastic surgery residency training at McMaster University. She then completed a reconstructive microsurgery fellowship at the University of Calgary and spent her first year in practice at Queen's University. Dr. Hatchell has research interests in patient-reported and functional outcomes, operative efficiency, and enhanced postoperative recovery in the context of reconstructive surgery. Dr. Hatchell's clinical focus includes breast, oncologic, and traumatic reconstruction.



## Dr. Arzy Kafrouny

Casual Dentist

Dr. Arzy Kafrouny is a general dentist at the Foothills Medical Centre. Dr. Kafrouny graduated with a Bachelor of Science degree with a double advanced major in microbiology and immunology and a minor in mathematics from Dalhousie University in Halifax, Nova Scotia. She then went on to complete her degree in Dental Surgery, also at Dalhousie University. Dr. Kafrouny is interested in how mental health plays a direct role in oral health sequelae.



### **Dr. Cory Kwong**

Clinical Lecturer,  
Orthopedic Surgery

Dr. Cory Kwong is a born and raised Calgarian. He completed medical school at the University of Alberta and orthopedic surgery residency training at the University of Calgary. Dr. Kwong pursued fellowship training in sports medicine and arthroscopy at the Southern California Orthopedic Institute in Los Angeles, California, followed by a second fellowship in complex knee reconstruction at Sunnybrook Health Sciences Centre in Toronto, Ontario. Dr. Kwong's practice is based at the South Health Campus and focuses on open and arthroscopic reconstruction of traumatic and athletic injuries of the knee, shoulder, and ankle.



### **Dr. Denis Joly**

Clinical Lecturer,  
Orthopaedic Surgery

Dr. Denis Joly is originally from St. Paul, Alberta. He completed medical school at the University of Ottawa in the francophone stream before his orthopaedic residency at the University of Calgary. He then completed a fellowship in hip and knee reconstruction at Mount Sinai Hospital in Toronto, Ontario, followed by a fellowship in orthopaedic trauma at the University of Ottawa. Dr. Joly returned to Calgary as a locum at South Health Campus before beginning his current position at the Rockyview General Hospital.



### **Dr. Jeremy Kubik**

Clinical Lecturer,  
Orthopaedic Surgery

Dr. Jeremy Kubik is an orthopaedic surgeon at the Peter Lougheed Centre and was born and raised in Calgary, Alberta. He completed medical school at the University of Alberta and an orthopaedic residency at the University of Calgary. Dr. Kubik then completed an orthopaedic trauma fellowship in New York City at the Hospital for Special Surgery, followed by a hip and knee arthroplasty fellowship at the University of Toronto. Dr. Kubik's clinical and research interests span these two fields, and he is particularly interested in the management of geriatric and periprosthetic fractures.



# IN MEMORY OF DR. JUN KAWAKAMI



It is with great sadness that the Department of Surgery announced the passing of Dr. Jun Kawakami on August 30, 2021. He passed away peacefully surrounded by family and close friends after losing his battle with pancreatic cancer. Jun was a phenomenal father to his children Summit and Merrit, an amazing husband and partner to Julie, a caring and compassionate surgeon to his patients, a devoted son, and a loyal friend to many who knew him. He will be greatly missed.

Before his death, Jun and Julie were working to improve patient outcomes through pre-habilitation. They hoped to prove that morbidity and mortality could be reduced by improving a patient's presurgical exercise capacity and diet. The Kawakami Pre-habilitation Clinic will build on this work by setting up a comprehensive pre-habilitation program at the Prostate Cancer Centre.

Dr. Kawakami touched many lives, and we are all better off having known him. In

Jun's words, "Sometimes you have to take a chance to make things better." This is sage advice for those of us in the medical field, especially during these challenging times.

If you would like to donate to Jun and Julie's pre-habilitation initiative, please visit the <https://www.prostatecancercentre.ca/support-us> and direct your donation to the Kawakami Clinic.

## MARTIN T. SPOOR MEMORIAL AWARD



Congratulations to Dr. Patrick Vallance, who was selected by the Department of Surgery Residency Training Program Directors as the 2020-2021 recipient of the Martin T. Spoor Memorial Award.

This award is given annually to a University of Calgary surgical resident committed

to providing the highest level of patient care and who displays qualities of leadership, mentorship, technical proficiency, and compassion to their patients and colleagues.

Dr. Vallance is a third-year postgraduate resident in the General Surgery Residency Program. Prior to his

residency, he completed a Medical Degree and a Master of Business Administration at the University of Alberta.

Please join us in congratulating Dr. Vallance!



# CONGRATULATIONS TO MEMBERS IN NEW POSITIONS

**Please join us in welcoming  
these members to their new  
positions in the department:**

**Dr. Grant Moffat,**

Quality & Safety Physician Lead,  
*effective November 1, 2021*

**Dr. Richard Hu,**

Entrepreneur in Residence  
*effective November 1, 2021*

**Dr. Emmanuel Illical,**

Quality Improvement & Safety Lead - Orthopaedic Surgery,  
*effective October 5, 2021*

**Dr. Wayne Matthews,**

Acting Director of the Ohlson Research Initiative,  
*effective September 7, 2021*

**Dr. Robert Hart,**

Physician Lead, Evidence Decision Support Program – renewal,  
*effective August 1, 2021*

**Dr. Cory Cundal,**

Site Lead, RGH Orthopaedic Surgery,  
*effective July 1, 2021*

**Dr. Mauricio Monroy-Cuadros,**

Section Chief, Transplant Surgery,  
*effective July 1, 2021*

**Dr. Helen Chung,**

Ophthalmology Residency Program Director,  
*effective June 1, 2021*

**Dr. Jennifer Matthews,**

Patient Concerns Coordinator – renewal,  
*effective February 1, 2021*

# THANK YOU TO RETIRED MEMBERS

We would like to recognize and thank our retired members for their dedication and years of hard work. We thank you for your academic and clinical contributions to the department and wish you a happy and fulfilling retirement.

**Dr. Andrew Maitland,** Cardiac Surgery

# 2022 DATES TO REMEMBER

**Canadian Orthopedic**

**Residency Forum**

April 22-24, 2022

**Fellows Research**

**Symposium**

May 26, 2022

**Surgeons' Day**

June 24, 2022

**Grand Rounds**

March 4, 2022

April 1, 2022

June 3, 2022

September 2, 2022

*\*Events will take place  
virtually or in-person,  
depending on current  
government regulations.*



CUMMING SCHOOL  
OF MEDICINE

