WELCOME!

In this newsletter, we include a recent excerpt on advances in remote anesthesia care. Surgical care in rural, remote, and distant locations relies on both surgical specialists and anesthesia providers. Recognizing the importance of strong collaborative ties between these groups, we invited Drs. Gregory Hare and Beverley Orser to supply an update on rural and remote anesthesia and pain medicine for this newsletter. Their department’s recent Symposium on Anesthesia Care and Pain Medicine in Rural and Remote Regions of Canada modeled the strategies our anesthesiology colleagues are taking to bolster access to care across Canada, most of which can be broadly applied in the global surgery arena.

Mojgan Hodaie | MD MSc FRCSC
Professor, Department of Surgery, University of Toronto

ANESTHESIA CARE AND PAIN MEDICINE IN RURAL AND REMOTE REGIONS OF CANADA

Drs. Gregory Hare, C. Ruth Wilson and Beverley Orser

Access to Canada’s publicly funded medical care - and its quality - often depends on where you live in the country. This was the topic of discussion at the “Symposium on Anesthesia Care and Pain Medicine in Rural and Remote Regions of Canada”, a virtual event hosted by the Temerty Faculty of Medicine and opened by Her Excellency, the Right Honourable Julie Payette, former Governor General of Canada. It brought together 170 anesthesiologists, family physicians, surgeons, obstetricians, and midwives from across the country to discuss solutions to anesthesia and pain medicine service shortages in rural Canada.

The Symposium’s presentation topics included solutions from remote regions of Australia (Dr. Rodney Mitchell), the need for strong partnerships promoting health equity and respecting Indigenous culture and self-determination (Dr. Lisa Richardson), integrated care programs to enable North West Territory mothers to deliver babies in their home communities (Dr. Andrew Kotaska and Ms. Lesley Paulette), clinical coaching programs wherein family practitioners are trained to provide anesthetic care and retain a close connection with an anesthesia specialist who can advise them in their remote practice (Dr. Kirk McCarroll and John McAlpine), and the use of telemedicine to support the delivery of care to small hospitals in rural and remote Newfoundland (Dr. James Rourke).

The symposium identified a clear vision for action:

1. Social accountability in academic health science centers for the education of a sufficient quantity and quality of anesthesia providers to meet Canada’s need.
2. Data-driven health human resource planning for anesthesiology and pain medicine.
3. Mentoring and coaching for anesthesia providers in rural and remote communities to support recruitment and retention.
4. Leveraging technology, including virtual and augmented reality, for remote coaching.
5. Regional networks of care to support small rural hospitals where anesthesia, surgery, and maternity care are tightly integrated and mutually inter-dependent.
6. Developing a funded working group comprising key professional organizations, policymakers, patients (including Indigenous persons), health professionals, community representatives, and other willing contributors.

Based on these recommendations, a committed team of individuals will establish a working plan, liaising with family doctors, surgeons, obstetricians, professional organizations, patients, and healthcare administrators to advance these objectives. For more information or the full meeting report, please visit the Department of Anesthesia & Pain Medicine website at www.anesthesia.utoronto.ca

Gaps in surgical competencies of general surgeons deployed on human... research.one.surgery

7:18 AM - 2021-05-01 - Zapier.com

1 Retweet 2 Likes

The article, "Gaps in surgical competencies of general surgeons deployed on humanitarian missions in disaster settings" has been added to the One Surgery Research Index: zpr.io/RyhKq #globalsurgery

1 Brad Wouters and 7 others
12:28 PM - 2021-04-28 - Twitter Web App

7 Retweets 2 Quote Tweets 65 Likes

RECENT TWEETS

Congratulations to Dr. Mark Bernstein, recipient of the 2021 @uoftmedicine Dean’s Alumni Humanitarian Award for his dedication & commitment to serving patients needing neurosurgical and palliative care in low & middle-income countries around the world ➡️bit.ly/3u4HqcM

Mojgan Hodaie | MD MSc FRCSC
Professor, Department of Surgery, University of Toronto
CANADIAN GLOBAL SURGERY TRAINEES’ ALLIANCE

CGSTA is a national global surgery organization in Canada, affiliated with the International Student Surgical Network. The CGSTA UofT represents University of Toronto medical students and tries to capture learners’ interest in global surgery. Our goal is to create a network of inspired, educated medical students engaged in global surgery advocacy, research, and training. We seek to accomplish this by partnering with University of Toronto faculty to deliver avenues for long-term participation in global surgery initiatives and provide a platform for medical students to engage in global surgery advocacy, research, and training. For more information about the national CGSTA team check out:

- www.cgsta.org
- @cgsta
- @cgstaglobalsurg

The UofT Chapter organizes workshops and presentations throughout the year to engage medical students and to highlight faculty’s effort in this avenue. Our 2021 events included a presentation by Dr. James Rutka on “Exploring Global Surgery as a Medical Student”, and another presentation by Dr. Karthika Devarajan on “A Global Lens on Ob/Gyn Surgery: Working with Médecins Sans Frontières”. These events were attended by 50+ participants from medical students at the University of Toronto and around Canada.

To get updates from the UofT Chapter, follow us on Instagram @cgstauoft (scan QR code) or send us an email at cgsta.uoft@gmail.com

RESILIENCE AND COMPASSION: Lessons Learned during a Global Pandemic
Wednesday, May 26, 2021 • 1:30 - 6:00PM
http://gh.postmd.utoronto.ca/2021-gh-day

"Strengthening Health Infrastructures in Under-Resourced Communities"

Registration is now OPEN!
May 27-30, 2021 • Online Format
Please visit the Events section at www.cglobalsurgery.com to register.

THE 8TH ANNUAL PGME GLOBAL HEALTH DAY

DR. LEE ERRETT: ON GLOBAL SURGERY

Alborz Noorani, Meds ’24 and Connor Brenna Meds ’21

Lee Errett is a Professor of Global Surgery, University of Toronto and has been awarded the Norman Bethune award for his work advancing Cardiac Surgery in China. We asked Dr. Errett about his perspective on Global Surgery over his career:

“You don’t know what you’ve ‘til it’s gone” is a line from a Joni Mitchell song which characterizes one of the main learning points after experiencing a global surgery trip. The low resource settings help make surgeons from places that have relatively unlimited supplies and equipment realize the needs that exist. We take a lot for granted. If that were the only lesson it would be a good start but there is far more to learn. Cultures, language, food, and outlook on life are amongst the things outside the operating room that can be eye opening. One of my biases has been confronted when I have traveled to an extraordinarily poor country to find the people almost uniformly happy and friendly.

Over time my ideas about global surgery have evolved. About 35 years ago I would go to a distant place, perform a few operations then leave and never return. That satisfied my ego, but did little to change anything at the places I visited. After working in 34 countries, I decided to dig in a little deeper in places where we could be part of a positive change for the medical staff, the facilities and most importantly the patients. Now I concentrate on a few sites where the teams get to know the community we are trying to help and give reassurance that we will be back. The trusting relationships that have been nurtured are the highlights of the whole experience.

Perspectives that are gained by doing work in low-income countries can affect the way you practice here in Canada. In fact we do not have to leave the country to find places with access that is not unlike the poor countries we visit. What we can strive to do is find ways to provide equitable services that may never match what we know in our practices but that is where innovation and creative thinking comes in. Making a commitment is key to affecting a positive change. Almost any surgeon can have their careers enhanced by challenging themselves to work in low resource settings.