Chair’s Report

“When I wrote the introduction to the Pedicle a year ago, we had just started our first “lockdown” during this pandemic. Many of us were uncertain, anxious and concerned about what the future would bring. A year later, it feels like we are in “Groundhog Day”, waking up to the same situation over and over. I recently asked a friend of mine if, a year ago, he thought there was a possibility we would be in the same situation one year later, and he replied “not a chance. However, here we are. We face increasing restrictions on travel, movement and personal interactions. Our hospitals are more stressed than at any point in this pandemic, and there are multiple new variants developing. At the same time, there is a significant amount of hope. We have a number of effective vaccines with an aggressive immunization plan, we have a great deal more knowledge about this virus and how to deal with it, and we can see a light at the end of this with a return to normal.

Many of us have had losses during this time, or had to deal with unforeseen issues as a result of COVID. All of us have experienced stress related to potentially our health, the health of our loved ones, our practices, financial concerns and our patients. Despite all of this, there have been many positives during this difficult time. We have been able develop new skills, and virtual or remote technology has allowed us to maintain contact with our families, patients and each other. I have received multiple messages that many of you have preferred ZOOM rounds due to the ease of being able to log in and engage without having to drive to the hospital. Our attendance at rounds has actually increased this past year. We have also been able to pivot to utilize platforms such as ZOOM for other educational areas, including practice oral exams, Professor Rounds and Visiting Professors. I anticipate that we will continue to use these types of platforms in the future.

I have been so impressed with all of our faculty, staff, residents and fellows during this past year. The resilience shown by everyone has been remarkable. As I have mentioned, there are many areas of challenge for individuals during this time. Aside from any personal issues, our members have dealt with changing schedules of every type, admin staff that had to work remotely for many months, changing protocols for patient management and ongoing and changing restrictions. Despite all of this, the commitment to teaching, learning, patient care, and research has been maintained. I know that this has played out across the province in all distributed faculty areas as well, and I am appreciative of the work many of you have done to help support the UBC Plastic Surgery Training Program during a challenging time.

The articles that follow will provide information about the successes, changes and people in the UBC Division of Plastic Surgery. Reading through
Now is a great time to be a part of the Section of Plastic Surgery. The Doctors of BC is providing more support than ever to our members and the section has enjoyed opportunities to collaborate on some interesting challenges during this past year.

VIRTUAL COMMUNICATION
As the pandemic worsened and as virtual consultations became a necessity, the DoBC created valuable content on how to incorporate this into practice. Within their website, you will find the Doctor’s Technology Office (DTO) which is a repository of information related to virtual consults, privacy, IT security, etc. The information is aimed at helping surgeons select the appropriate technology options, implementing them in practice and fulfilling your related professional responsibilities. Our private Slack workspace is the ideal place to share ideas and discuss some of these issues with your colleagues who have a similar interest.

ADMINISTRATIVE WORK
Attending to the administrative work of the section is more efficient than ever. The DoBC is providing secretarial support to all sections. This includes assistance with our membership list, broadcast communications as well as the organizing and running of section meetings. All meetings are now attended virtually which has provided another welcome efficiency. The Representative Assembly meets 3 times a year for a half-day. On behalf of the section, our representative has the chance to comment and vote on a wide range of initiatives that will help to shape the profession and the future of our healthcare system. Each representative serves a three year term and our section will be looking for a new volunteer for the 2022 calendar year. The Specialist of BC meetings run on the same schedule and continue to be an important venue for news, discourse and collaboration.

THE SECTION NEEDS YOUR SUPPORT!
Although we missed it in 2020, we have made a commitment to continue funding a significant portion of the Resident Research Day. Historically, this event has been something to look forward to. In addition to its academic and social opportunities it has been the venue of our section’s AGM. In its absence, we completed our first Zoom AGM this February, but we hope to return to the usual format in 2022. Your annual dues will be much appreciated.

Going forward, the section will continue its work on interesting and important issues such as ‘after hours elective surgery’, BIA-ALCL and textured implants, Bill 92 and extra billing, PMA negotiations, funding allocations as well as updates to the fee schedule. Please consider joining the executive.

The adoption of virtual communication has made it possible to be involved from anywhere in the province and we have a stipend available for one more willing individual.

Owen Reid, MD, FRCSC

2 The Pedicle Newsletter

“it is in the character of growth that we should learn from both pleasant and unpleasant experiences.”
-Nelson Mandela
We are all currently trying to navigate a time of incredible stress and flux both in the world of healthcare and in our communities in general. One factor that has become much more prominent in the global discussion is that of diversity and inclusion.

**DIVERSITY ROUNDS**

Although it has been perhaps easy to feel that in Canada we don’t have a diversity issue, the reality of it is quite different. We just are beginning to prioritize seeing it.

In our plastics group at BC Children’s, we made a decision last summer to take some action and open a discussion, doing what we could do in our own backyard to make sure that we weren’t part of the problem. We put ‘diversity rounds’ on the calendar, and included all of us – clinicians, trainees, office staff, researchers, and anyone else that wanted to be included. We encouraged everyone to participate, and booked it by zoom over lunch.

Because this was not meant to be guilt-inducing, punitive, accusatory, or prescriptive, we started with a whole rounds simply on how to create a safe space to talk with each other about potentially thorny subjects: how to disagree constructively, how to change our minds after learning things, how to apologize, and how to accept and deal with apology, change, and human errors in healthy ways.

Subsequent rounds have discussed anti-indigenous racism and the ‘In Plain Sight’ report, including an inspiring recorded talk by Mary Ellen Turpel-Lafond. We have discussed some specific incidents and questions about patient and family interactions in our office. We have exchanged emails recommending articles, videos, and books that expand our topics. We created a diversity bulletin board in the lunch room where people can write or pin appropriate material for discussion or encouragement. We have a multicultural, mixed gender, generationally-assorted office. We haven’t been strictly regular with these rounds, we don’t make a big deal of them, and sometimes the timing just doesn’t work, but honestly for me, knowing that there is a safe space every once in a while to talk about these not-strictly-academic things has been very helpful for our office culture.

I have been surprised by discovering my own unconscious biases, and in learning about cultural and diversity-related impacts to which we may have directly contributed. Having this outlet gives us structure on which to grow and change. Even having learned some basic tools for how to deal with difficult interaction and to promote a culture of kindness and respect as they relate to our own group has been objectively helpful. I’ve been gratified to hear from people individually between rounds, that they value them, they think about them, they want to suggest topics and contribute to them, and that in some small ways these rounds have changed the way they think.

That is a good first step.
I would like to take this opportunity to greet all of you on behalf of the UBC Division of Plastic Surgery Residency Program, and also reflect on this past academic year. The Global Pandemic we are living in has had its many unique challenges, but it has also highlighted the great talent and teamwork of our resident body. As we are all continuing to adjust to this new world, it is nice to reflect on the many things we are lucky for in our lives.

**CONGRATULATIONS**

Our resident team saw three members graduate and move on to fellowships. Their exams were delayed due to COVID-19, however, all three wrote this past fall and were successful. Dr. Stahs Pripotnev is currently completing his Hand, Nerve and Microsurgery fellowship at Washington University, with Dr. Susan Mackinnon. We look forward to seeing him back in British Columbia soon and he has a bright future ahead. Dr. Daniel Demsey is in Toronto, completing a fellowship in Hand and Wrist Surgery. He has recently accepted a position in Sudbury, Ontario, and we are proud of his ongoing success. Dr. Aaron Van Slyke is in Melbourne Australia, finishing a fellowship in Paediatric Craniofacial Surgery. He and his partner Gemma, have recently welcomed a beautiful daughter into their lives, and we look forward to seeing them back soon.

**NEW MEMBERS**

The Division has been fortunate this year to welcome Travis Gordon and Harpreet Pangli, both UBC Medical School Graduates, who joined our residency program in July, 2020. They are a dynamic duo and both exceptional people that have already become outstanding new members of our team. In an analogy to a great mid-season free agent steal, we are also fortunate to welcome Dr. Trina Stephens to the division. Trina transferred from UBC Orthopaedics into our program and has quickly become a wonderful addition to the group.

**RESEARCH DAY**

Research Day in 2020 was memorable as it was transitioned to a virtual event that took place over 3 consecutive weeks. We had been looking forward to learning from and spending time with Dr. Michael Neumeister, and as many things had been influence by the pandemic, this was not possible. This year, however, we are fortunate to be able to welcome Dr. Neumeister, (virtually), as our Research Day Visiting Professor. Over the past academic year, the residents were also fortunate to have Dr. Richard Warren, as a Visiting Professor. He is in high demand internationally, however, due to the travel restrictions, we were able to secure him for 2 days of learning, great talks and a cadaver lab.

**NEW RESIDENCY TRAINING SITES**

This past year has continued to see a great effort put forth by our faculty, residents, and our administration team to maintain the excellence of our academic training curriculum in a virtual world. This has led to some learning points associated with “Zooming”, however, it has allowed us to maintain a strong commitment to the resident program and to each other.

Amongst the resident training locations, Kelowna has been a well-established rotation that is consistently highlighted by our residents as an exceptional experience for them and we are grateful to our faculty in Kelowna for this. Over the past few years, we have been fortunate to expand the locations of training for our residents. They are now spending focused rotations and electives in Campbell River, Lions Gate Hospital, Nanaimo, Richmond, and,
within the Fraser Health Region. This has been a wonderful expansion and great thanks are given to all of our faculty training partners and friends at these sites.

As we come to the end of another academic year, I would like to again personally thank the members within our division, and those working outside of Vancouver that dedicate their time, and expertise to help teach our residents and help make UBC one of the best programs in the country. We are facing an unparalleled time and our residents have been exceptional in their hard work and commitment to the division, patients and each other.

The list of quotes has increased for this year, but I think embody our resident crew:

“In the middle of every difficulty lies opportunity.”  
- Albert Einstein

“As you think, so shall you become.”  
- Bruce Lee

“Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do.”  
- Pele

“When it rains looks for rainbows, when it is dark, look for stars.”  
- Oscar Wilde

The UBC Plastic Surgery Program is lucky to have this current team of resident stars. We look forward to all getting together again in the not so distant future.
The SARS-COV-2 pandemic has dramatically impacted the clinical, administrative and educational activities of our Division. Fortunately, after an initial “hard” shutdown, we have resumed a relatively typical pace of clinical activity, allowing our Fellows to progress in their professional development as subspecialty surgeons.

This is not true across many centres in Canada, and we should be grateful to have the opportunity to continue to provide high quality patient care and the learning opportunities that result from that clinical activity. Although I remain optimistic that better days are ahead (maybe far, far ahead), the challenges from the past year have highlighted that Fellowship training is less available internationally, especially on the other side of the 49th.

There has been a gradual trend of fewer Canadian applicants being successful in obtaining Fellowship positions in the US. For example, Hand Surgery fellowships are listed as one of the most competitive along with Reproductive Endocrinology and Surgical Oncology, with more than 80% of the spots being filled by U.S. MD medical school graduates (NRMP 2020). Given the expertise that exists in Canada, we have a duty to continue to improve our world-class Fellowship programs – as we have strived to do at UBC for more than 20 years (Breast Reconstruction, Craniofacial Surgery, Hand & Microsurgery, Paediatric Plastic Surgery, Aesthetic & Breast Surgery).

Despite the imperative to provide subspecialty training for Canadian and International Plastic Surgeons, we must consider the potential impact on our residency training. Given the ongoing development and expansion of Plastic Surgery Fellowship training in Canada, I strongly believe that UBC should remain a leader in the promotion of the goals and standards of this critical component of professional development of our future colleagues.
With physical distancing required, all in-person classes at UBC (e.g., case-based learning, lectures, discussion groups) transitioned to remote teaching via an online platform, literally within several days [4]. Plastic Surgery was no exception. Case-based learning was to be delivered via videoconferencing, YouTube teaching videos, mobile apps, and previously recorded didactic sessions. I want to acknowledge the input of our Plastic Surgery Residents in rapidly constructing such a comprehensive program. Despite uncertainties in their own education, work environment and indeed personal wellbeing, crisis management revealed a creative leadership in them, which would perhaps otherwise never have flourished. Under their guidance, juniors and many medical students took up the offer to contribute to the emerging and impressive Plastic Surgery On Line Educational Resource, now found on Entrada.

“Sadly, the convenience and novelty of lectures-in-pyjamas will never match face-to-face clinical learning.”

In the meantime, in the interest of both student and patient safety, clinical clerkship (core and elective rotations, years 3 and 4) were placed on hold for all medical students. Sadly, the convenience and novelty of lectures-in-pyjamas will never match face-to-face clinical learning. This was and is not lost on our surgeons-to-be and is yet another source of anxiety after financial and career concerns.

At UBC we have tried to pivot as rapidly as possible; as OR activity returned, we quickly upscaled back to pre-Covid learner presence. Led by Dr Seal and Parm, we held several on-line information evening events to enable at least a semblance of personal interaction with putative Residency applicants. Our online resource expanded to practical ‘how-to’ videos for such core skills as suturing and graft harvesting. Virtual clinics mushroomed. Whilst Zoom is not a panacea for socially distanced clinical interactions, ‘sitting across’ from my mother-in-law in Scotland with nowhere to hide prompted a reflection on my own communication skills and patience. Similarly, I believe empathy and consultation skills can be introduced and indeed effectively evaluated in this environment.

While it is important to act quickly when making adaptations during COVID-19, it is equally important to anticipate the long-term shifts that may become the new normal. Many adaptations, such as effective online instruction, are catalyzed by the urgency of the pandemic. We should begin to plan to sustain the adaptations as we refresh our approach to plastic surgical education.

The impact of COVID-19 on medical education is unprecedented, far reaching, and presents unique challenges to medical schools.[1-3] Mitigating strategies needed to be innovative, opportunistic, and compassionate. Lessons learned from the medical education adaptations during the pandemic can not only potentially be extrapolated to other crisis situations [4], but also used to improve future training.

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ACKNOWLEDGEMENTS:

Dr. Janine Roller for her exemplary editorial efforts creating our Entrada resource. Parm Sidhu not least for her tireless ‘eval’ hunter gatherer role.

REFERENCES:

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This is the first installment in a new section in the Pedicle dedicated to Plastic Surgical History. This was Jim Boyle’s idea who also suggested that an interview with AD Courtemanche, the founder of the Residency, would be the most appropriate place to start. For over 20 years I have been the Historian for the BC Section of Plastic Surgery as well as the UBC Division of Plastic Surgery. This project has grown into two lengthy documents that I hope will preserve the kind of information that gets lost in time. As soon as the Division website is renovated, the UBC Division History will be posted as a resource for all who are interested. As for the Pedicle, submissions are now open for anyone wishing to publish an article next year related to the History of Plastic Surgery. It can be up to 500 words and should have some local angle. Contact me if you require any facts or background information.

Richard J. Warren, MD, FRCSC

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THE SPOTLIGHT //

Painting a Picture of Dr. A Douglas Courtemanche

The authors had the pleasure and honour of sitting in Dr. Courtemanche’s beautiful yard, on a sunny day in April 2021.

Truly, a book could be written on this wonderful man, but we have only a short space to paint a picture of AD, as he was always affectionally known by those around him.

1. TRAINING
Doug Courtemanche graduated from the University of Toronto Medical school before doing a rotating internship at the Toronto General. He entered surgical training in Toronto where he worked with Drs. Farmer and Le Mesurier. An opportunity for a rotation in Vancouver took him to Shaughnessy hospital where he worked with Drs. Langston and Cowan, an experience that convinced him to pursue plastic surgery. He spent 2 ½ years in Britain at Bangour Hospital (Edinburgh), Great Ormand Street Hospital (London) and Stoke Mandeville Hospital. His surgical experience was extensive and kindled a lifelong interest in reconstruction of all forms - always based on sound basic principles. In December 1960, he returned to Vancouver and after further training, started practice in 1962, based at the Vancouver General Hospital with RJ Cowan. There were no assigned beds and limited operating room time, but Plastic Surgery was flourishing. He describes how much of his work was done at night and on weekends.

2. CAREER
AD’s career went from the era of tube flaps to free flaps. Dr. Warren remembers doing a Tagliacozzi nasal reconstruction with him as a resident.
AD did the first TRAM flap in BC, which he did after the senior resident, Dr. Jann Johnson, came back from a conference and reported a new method she had seen.

3. MEMORABLE CASES
Asked about specific cases, AD describes a memorable 40-year-old woman with Crouzon’s, who had never left her house. After extensive Craniofacial surgery, she became a new person. AD always loved his patients, and it was a joy for him to see them do well.

4. THE LEGACY
AD was also the founder of the UBC Plastic Surgery residency which came into existence in 1968. For the next 20 years he selected all the residents himself, did all the administrative duties and most of the teaching. Working against considerable political and financial roadblocks, he also established an 18 bed Burn Unit in 1968, which took up the entire 4th floor of Fairview Pavilion. AD was the UBC Division Head from 1977 to 1992. In 1988 he became the Head of the UBC Department of Surgery for one year and after that was Associate Dean of Post Graduate Affairs at UBC for 3 years. He was Chairman of the Royal College Exam Board in 1981 and became the first and only plastic surgeon to be the President of the Royal College. He was president of the Canadian Society of Plastic Surgeons in 1981. In 2005 he received the Lifetime achievement award from the Canadian Society of Plastic Surgeons.

5. SPECIAL PEOPLE IN MY LIFE
Doug told us that his success was entirely due to 2 women. The first was Anne who he married when they were both 20 years old. They went on to have 4 children (one well known to this division), 7 grand children and 2 great grand children. The were the quintessential couple. The other woman was Norine Mayede who took over from Maureen as his secretary when she was 18 years old and stayed with Doug until he retired from clinical practice in 1992.

It is not difficult to come up with adjectives to describe Doug. He is innovative, brilliant, compassionate, technically exceptional, gentle, and above all, a great leader.

Jim Boyle MD, FRCSC & Richard Warren MD, FRCSC
Our staff continue to be recognized for excellence in education and leadership. Dr. Alex Seal was awarded the UBC Postgraduate Faculty & Staff Wellness Award which is awarded to faculty who demonstrate leadership in resident wellness. Drs. Jugpal Arneja and Douglas Courtemanche were each recognized for excellence in teaching. Dr. Trina Stephens was awarded the Nix Schmidt History of Surgery Award and represented our division at the Department of Surgery Grand Rounds. Dr. Richard Warren received the CSPS Lifetime Achievement Award and the Wallace Wilson Leadership Award which recognizes a graduate of the UBC Faculty of Medicine who demonstrates high ethical standards and outstanding leadership.

### AWARDS/GRANTS/DISTINCTIONS

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<td>DR. RICHARD WARREN</td>
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<td>AMERICAN SOCIETY OF PLASTIC SURGEONS</td>
<td>ANNUAL MEETING BEST OF THE BEST AWARD (BEST PRESENTATION OUT OF THE BEST STATE AND REGIONAL SOCIETIES)</td>
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<td>DR. RICHARD WARREN</td>
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<td>ASSH</td>
<td>ANNUAL MEETING SCHOLARSHIP</td>
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<td>DR. JACQUES ZHANG</td>
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PUBLICATIONS

AESTHETIC


BREAST


BURNS


EDUCATION


HAND / PERIPHERAL NERVE


MICRO-SURGERY


PEDIATRIC


WOUND HEALING LAB/BASIC SCIENC


Flywheels are used in industrial engineering to make mechanical systems more efficient. In the business world, a flywheel has been described as a system that feeds energy back into itself increasing speed, stability, time to think, and innovation. What powers Apple’s flywheel is its design and user experience foundation that ultimately drives its hardware, applications, payments, wearables, services, etc. A cartoon describing Tesla’s flywheel is attached.

In the UBC division our common denominator, our differentiator, our flywheel is our trainees. This flywheel not only drives, but accelerates our business through clinical care delivery and advancements, research contributions and innovations, teaching and mentorship activities. Every preceding page herein make reference to our training program. It’s a symbiotic relationship that must, at its foundation, exist with mutual trust, respect, professionalism, and purpose.

As my very learned colleague DJC (aka the leech) often articulates, medicine is a trust business; if the patient doesn’t tell their provider a truthful history, and the provider in turn does not act with integrity, the relationship will be fractured. This educational compact is no different. Thanks to our industry partner Smith & Nephew for sponsoring this edition of the Pedicle and our administrative “Lithium ion batteries” Parm, Mo & Norine.