Fast forward ... the Canadian Surgery Forum canadien de chirurgie

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Many of the changes currently facing surgical societies, like the Canadian Association of General Surgeons (CAGS) and other subspecialty associations, are partly dictated by 2 recent decisions of the Royal College of Physicians and Surgeons of Canada. First, the College, after its recent strategic plan exercise, decided to stop sponsoring and taking full fiscal responsibility for holding a single-site, multiple national specialty society annual meeting in conjunction with its own meeting so that it could focus on its core missions. Second, it instituted mandatory continuous professional development (CPD) as an obligation for members who wished to maintain fellowship status. Of course, other drivers of change come from new demands and expectations of our members, medical associations, governments and the public.

Surgical societies, like anyone else, must adapt to a constantly changing landscape. The task at hand is great, but the opportunities are also significant. In response to changing educational needs, the CAGS Board and Executive have been developing the concept of the Canadian Surgery Forum, where as many surgical specialty associations as could be attracted would meet together for an annual meeting. There are many reasons to support this concept.

First, the Forum intends to provide surgeons from every surgical environment an opportunity to make this meeting a must on their schedule. The annual Canadian Surgery Forum wants to become the number one choice for Canadian surgeons seeking pertinent education and CPD credits. Program committees of all participating societies are working with this in mind. The program chair for the annual meeting plans to design programs that are relevant to concerns expressed by the participants. This means integration of the scientific program with that of current and future partners. The Canadian Surgery Forum is determined to become the best clinical update available.

Second, the Forum must remain a national venue where trainees and staff from our 16 university departments can, and should, present their best work. We need to convince all surgeons from academic centres that their first loyalty should be with their national associations before any foreign specialty society. For the Canadian Surgery Forum to be what it needs to be, a contribution is needed from everybody. Moreover, the Forum needs to create an environment for residents to network and find career opportunities through job fairs or other initiatives. The Forum wants to make time for and develop activities for the family, so that young surgeons (men or women) are encouraged to bring the family to meetings. In this regard, the Quebec Association of General Surgeons has done a brilliant job with their meeting.

Third, the CAGS and other participating national societies need to establish closer ties with the provincial associations. An increasing number of provinces now have active associations of general surgeons, Quebec being the one of the oldest and most organized, with a history that goes back over 30 years. This is largely because the Quebec Association of General Surgeons is also a negotiating body, a member of the Quebec Federation of Medical Specialists in which membership is mandated through the Rand formula (which says that all who benefit from the activities of an association should have to contribute to the costs of the association). Other provincial associations of general surgeons are in various stages of development, their membership often voluntary. Forum participants should learn from the political, legal and social issues de-

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bated in each province with respect to health care. For example, the limits of on-call requirements recently tested in the Quebec courts have created wide interest in other provinces faced with similar issues. Furthermore, from an educational viewpoint, a closer association can be mutually beneficial. For example, for the 2001 meeting, the Quebec Association of General Surgeons will forgo their usual fall meeting to join with the CAGS. This joint venture should pave the way for future cooperative efforts with provincial associations when the Canadian Surgery Forum goes to other provinces.

This year, the Canadian Surgery Forum will hold its first stand-alone meeting in Quebec City. For its first year, it was fortunate to be able to unite the CAGS with the Canadian Society of Colon and Rectal Surgeons, the Canadian Association of Thoracic Surgeons, the Canadian Society of Surgical Oncology, the Quebec Association of General Surgeons, the James IV Association of Surgeons, the Surgical Biology Club, the Canadian Association of University Surgeons and the Canadian Undergraduate Surgical Education Committee. Next year the Trauma Association of Canada will join. It is hoped that other surgical societies will be attracted in the future and that one day all surgical forces in this country will share the same venue for their annual meeting, thus making it an unavoidable event for every Canadian surgeon.

No doubt it will take a few years for this concept to mature, but already the Canadian Surgery Forum is creating much interest. The size of the meeting will permit the Forum to visit cities in every province in the future and to consider holding the meeting in resort locations. Corporate support for this type of meeting is also important. There is very positive feedback from corporate sponsors. They see this a a good way to simplify and rationalize their presence and to stage exhibits while maximizing their exposure to surgeons.

If this sounds like a nationalist plea for all surgical forces in Canada to unite for an annual scientific and social assembly … it is!■

SESAP Questions
Questions SESAP

Category 6, Items 36 and 37

A 24-year-old man loses control of his motocycle and hits a light pole. He is alert. Blood pressure is 118/70 and pulse is 120. On physical examination, a laceration of his perineum extends into the rectum and is bleeding profusely. There is pain and lateral movement with pressure on his iliac wings. Fluid resuscitation is initiated.

36. The initial operative procedure in this patient should NOT include

(A) irrigation, debridement, and packing of the perineal laceration
(B) diverting colostomy with distal colon washout
(C) ligation of the hypogastric vessels
(D) external pelvic fixation
(E) exploratory celiotomy

37. Postoperatively, he has received six units of blood products and 4 L of crystalloid solution, but remains tachycardic and oliguric. The next step in management should be

(A) pelvic angiography
(B) intravenous furosemide
(C) application of pneumatic antishock garment (PASG)
(D) re-exploration with packing of the pelvis
(E) abdominal computed tomographic (CT) scan

For the 2 incomplete statements above, select the answer that is best out of the 5 given for each item.
For the critique of Items 36 and 37, see page 257.