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### FACT:

A&E Editor Amanda Ash has never had an original thought in her life, and many believe that her obsession with Harry Potter borders on the pathological.

### FACT:

She also smells of old shoes.

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**U OF A'S SECRET** It's not well-kept any more—a bra that helps patient recover after heart surgery in being tested.

## Bra gives a lift to cardiac patients

EDMON ROTEA  
News Staff

Ever since the invention of the modern brassiere in the late 19th century, support for female patients who've undergone cardiac surgery has been lacking.

However, a team of researchers, some from the U of A, have conducted a clinical trial that studies the design of brassieres intended to support post-cardiac patients.

The study, *Women's Recovery from Sternotomy Trial (WREST)*, included 481 women from ten cities across Canada. It examined women who had undergone heart surgery or sternotomy—a surgical procedure where an incision is made into the breastbone—in order to provide surgical access to the heart and lungs.

"We are extending this study to examine the effect of wearing the undergarment on sternal scar formation," said Dr Kathryn King, a principal investigator for Alberta Heritage Foundation for Medical Research, who is working on the project. She added that many participants in the WREST study have already consented to the follow-up study—despite being in the early stages of recovery.

The use of the brassiere has already shown positive results in relieving pain

following cardiac surgery.

"We thought that [the brassiere] would have its greatest impact immediately after surgery. While it did have a beneficial effect during the hospital stay, there was an even greater effect just after the patients went home," explained Dr Ross Tsuyuki, a University of Alberta researcher working on the project. Research found that pain was greatest once patients returned home due and resumed normal activities.

"Yet, on the whole, the [patients] wanted to participate in the hope that they would help other women having future cardiac surgeries," King said.

The undergarment was originally designed to help patients who had reduction mammoplasty, a procedure that reduces breast size. However, researchers have recently tested the brassiere on women who have had a sternotomy.

The brassiere has yet to be tested on patients who have undergone other types of surgery, but researchers hope that the same idea might be used to help patients recovering from other kinds of procedures.

"Many have expressed interest if a similar garment could be used by men to reduce pain after sternotomy," Dr Tsuyuki said.

The development of the brassiere and

study originated 20 years ago, when King was a nurse working in the intensive care unit of Calgary's Holy Cross Hospital, witnessing numerous female patients experiencing pain following their surgery. King initially worked with a Calgary-based surgical supply company, modifying garments originally intended for patients who had undergone breast reduction surgery.

"It is made of lycra for the most part. There is no latex in it, so those with latex allergies may wear it safely. The main property of the undergarment is its 'compression' or supportive nature," Dr King said.

Other properties of the brassiere include the use of a zipper, making the garment easier to wear or remove compared to conventional designs that employ clasps and fastening hooks.

"The zipper is not all that unique. However, we liked the mechanism because it enabled easy and quick access to the chest for daily care, observation of the sternal wound, chest X-rays, and of course CPR," Dr King said.

Dr King cited in earlier reports that the brassiere may cost anywhere within the range of \$70-\$75. However, an additional economic study is still being conducted.

## Informal teaching part of med education

**SURGERY • CONTINUED FROM PAGE 1**

De Gara's study showed that the curriculum changes hadn't made a big difference in terms of the actual procedures the students performed. Other standard measures the study examined (such as ward performance) weren't affected by the curriculum change either.

The change in the surgery curriculum was quite big, which included removing a 26-lecture didactic course in pre-clinical year of surgery. The time spent on general surgery was also reduced from eight to six weeks, according to de Gara. In addition to the six weeks in the hospital, where the student is supervised by a faculty member, and works on a team with surgical trainees and residents, students also continue to participate in a series of lectures and seminars.

Participants in Birch's study reported that their most important educational encounters weren't experienced during formal approaches, such as "talks, lectures, teaching in the operating room, and teaching in rounds."

"The places where medical students feel they get the most attention to teaching are usually informal, such as emergency rooms [and] clinics, where often it becomes a sort of one-on-one

encounter between the resident and a student, or the surgeon themselves and the student," Birch said, adding that placing medical students in those kinds of environments often will be beneficial to a medical student's education.

**"It is very important for the world to understand that we don't just throw people in a partial state of training and make them responsible for the complete care of a patient."**

**DR CHRIS DE GARA,  
PROFESSOR OF SURGERY**

And even though de Gara's study didn't explicitly examine informal learning, he remarks that it's extremely important.

"That has been a time-honoured way of learning medicine from the days when it was a pure apprenticeship to the concepts that we now espouse,

which is all to do with graded responsibility," de Gara said.

"It is very important for the world to understand that we don't just throw people in a partial state of training and make them responsible for the complete care of a patient," he added.

Dr Juliet Emamaullee is a second year medical student and also a post-doctoral fellow. She's one of the co-leaders of the Medical Students' Association's surgery club. She says that she has gained valuable experience from shadowing surgeons and taking part in other informal learning experiences.

"The surgeons that I've worked with have been very interested in teaching, in mentoring," she said.

Emamaullee thinks that students should seek out opportunities to improve the training in which they might not be proficient and that preceptors should be given concrete guidelines about what kind of skills students should be exposed to while in the clerkship.

The surgery club offers different activities, including hosting a speaker series and running suturing seminars.

"If you have any interest in learning something, the school will help you find somebody to give you that experience."