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Dr. Barbara Kelleher

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Magnet
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lifts fog of
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Meet

Dr. Barbara Kelleher

Doctors Manitoba's new president

What's the number one rule in medicine? Use your common sense, and don't, under any circumstance, panic. That's the advice Dr. Barbara Kelleher gives to medical students under her charge. That's also great advice for life and work, no matter what the profession. There's no doubt she'll use that mantra, minus the panic, when she takes over as president of the board of directors at Doctors Manitoba. Kelleher will also take her congenial personality — one that her patients love — to her new position at the head of the table.

Day to day, Kelleher has a bustling practice running her own cosmetic and vein clinic and working part-time as a hospitalist at Brandon Regional Health Centre. Between the array of



L: Dr. Barbara Kelleher - Doctors Manitoba President
R: Dr. Cindy Forbes - CMA President



procedures she performs at her clinic to the medical conditions she sees at the hospital, Kelleher is never bored. “I think the thing I like the most is the variety,” she says. No two days are the same at the hospital. She treats patients with every kind of condition who, perhaps, don’t have a family doctor, or a doctor with admitting privileges. Patients also come from the rural areas surrounding Brandon. She treats adult patients with a whole spectrum of illness such as stroke, heart attack, blood clots, diabetes and its complications, chronic lung disease, and pneumonia. After 25 years Dr. Kelleher has likely seen it all.

But whomever the patient, compassion is key. “We take care of you when you are sick or even dying,” she says. “We get you better or we help you leave this world in a dignified and caring manner.” “We figure out why you are sick — most of the time—and make a persons life or death just a little bit better.” Kelleher also believes doctors, and indeed all medical professionals, should also act as advocates for patients. Getting people healthy and helping them stay healthy is vital. “We advocate for you so you get home to a safe and comfortable environment,” Kelleher says.

Her path to medicine started in Brandon, where she was born and raised, and continues to live to this day. She got her first degree at Brandon University. She earned her medical degree at the University of Saskatchewan before returning to her hometown in 1991. Back in Brandon she worked as a general practitioner at the Western Medical Clinic until opening her own clinic in 2006. Kelleher has specialized interest in phlebology — the branch of medicine focused on diseased veins. That interest lead her on the path she also currently walks today.

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Kelleher has her own cosmetics clinic where she loves making patients look and feel better. "It's a lot of fun." Kelleher also offers sclerotherapy, a treatment for varicose and spider veins. She uses a variety of injection techniques and sclerosing agents to treat all sizes of unsightly and often uncomfortable veins and offers an alternative to invasive surgery. The injections irritate the lining the vein causing them to collapse and then, while healing, the vein closes. Sclerotherapy is mostly done for medical reasons, and represents a large part of her practice. Those patients are often very grateful and enthusiastic, she says. "I have a guy whose veins I fixed who hugs me every time he leaves. Another guy has promised me he will buy me a Christmas present.... we'll see." Kelleher's female patients have a similar reaction. "The women I treat always rave about how much better they feel, how they can wear shorts again." As for cosmetic injectables like Botox and Juvederm, Kelleher believes life should include aging gracefully not just aging. She sees real results in that part of her practice. And those results, and the ensuing reaction she gets from her patients, is what drives her. "The thing I love most is the real pleasure I give my patients," Kelleher says. "So many people love what I can do for them."

Her passion for people, and for making people healthy and happy will serve her well as the president of Doctors Manitoba. Keeping and making Manitobans healthy will be one of her top priorities as the new head of the organization. "I am excited to see the continued initiatives for physician wellness, for children's wellness, and for wellness of all," she says. She's also excited to see real progress being made in technology and medicine. Those advances will streamline patient care and bring "communication into the 22nd Century," says Kelleher.

Taking care of doctors is also top on the new president's to-do list. "I want to see the doctors of this great province remain united by our organization." That means reaching out to more doctors and showing them how Doctors Manitoba works for them. Like doctors advocating for patients, Doctors Manitoba advocates for its doctors. As Kelleher says: "I want them to realize that we represent all of them and if they need the help of Doctors Manitoba, we are there."



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Heather Dean

CMA HONORARY MEMBER

Dr. Dean graduated in Medicine from Queen's University in Kingston in 1975. Dr. Dean pursued training in Pediatrics and Pediatric Endocrinology in Montreal, Ottawa and Winnipeg. She was a full time academic clinician at Children's Hospital in Winnipeg for over 30 years. She held a number of leadership positions in the Department of Pediatrics, the Faculty of Medicine, University of Manitoba and Manitoba Health until her retirement in June 2015. Her major research areas were type 2 diabetes in children, transition of adolescents with diabetes to adult care and Interprofessional Education.

"My family were honoured to be present and thrilled to have an overnight road trip together to Brandon! It was noteworthy that the event brought physicians together from all career stages, in urban and rural practice, and from academia, family and primary care. The addition of family and friends of the awardees as well as representatives from partner organizations such as RHA, MB Health, CPSM and MD Management made it a truly enjoyable and memorable event."



Pravinsager Mehta

CMA HONORARY MEMBER

Dr. Mehta was born in Uganda, where he completed primary and secondary school. He graduated from Sheffield University Medical School, England. After internship and postgraduate training in obstetrics and geriatrics, he immigrated to Winnipeg. After further training in internal medicine at the University of Manitoba and through practice eligibility route Dr. Mehta achieved Certification with the College of Family Physicians of Canada.

"Gratitude is not taken for granted"



CMA Honorary Memberships



Arnold Naimark

CMA HONORARY MEMBER

Dr. Naimark, a 1957 graduate in Medicine from The University of Manitoba, joined the Faculty of Medicine as an assistant professor in 1963. He became the Head of the Department of Physiology in 1966, Dean of Medicine in 1971 and, served as the ninth President and Vice-Chancellor of the University of Manitoba from 1981 to 1996; and, since then, Director of the Centre for the Advancement of Medicine.

"The Doctors Manitoba Awards Dinner was a great occasion. To share in the recognition of outstanding contributions by colleagues (including several who I first met when they were students); to be reminded of the great work done by Doctors Manitoba and the CMA in representing the profession with hard work and dedication year in and year out; and to have been accorded Honorary Membership in the CMA, all combined to make it a truly memorable event."



Michael Turabian

CMA HONORARY MEMBER

Dr. Michael Turabian graduated from the University of Manitoba school of medicine in 1972. Dr. Turabian completed his post graduate training in Internal Medicine and Cardiology at the University of Western Ontario and the University of Manitoba. Subsequently, Dr. Turabian completed a post graduate fellowship training program in echocardiology at the Ottawa Heart Institute in 1989. Dr. Turabian is a fellow of the Royal College of Physicians and Surgeons of Canada.

"Having the annual general meeting of Doctors Manitoba, with the president of the Canadian Medical Association in attendance, held in Brandon, was a privilege for Brandon and Western Manitoba physicians. Receiving the prestigious award of Lifetime Membership of the Canadian Medical Association was the highlight of my career and I feel very honored and humbled to be recognized with such other outstanding recipients."



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Fred Zeiler

PHYSICIAN OF THE YEAR

Dr. Zeiler graduated from the University of Manitoba school of medicine in 1981. For over 30 years, Dr. Zeiler has been providing dedicated service to the rural community of Beausejour as a Family Physician, Emergency on-call physician and even as district Coroner for a time.

"It was a wonderful evening and an incredible honor to receive the award of "Doctor of the Year" 2016. Thank you to Doctors Manitoba for this gracious award! "



Davinder Jassal

SCHOLASTIC

Dr. Davinder S. Jassal was born in Thompson, Manitoba, obtained an International Baccalaureate Degree at Sisler High School in Winnipeg, and graduated from the University of Manitoba with an MD in 1998. He completed a residency in Internal Medicine at the University of Manitoba from 1998-2001 and then a residency in Cardiology at Dalhousie University in Halifax, Nova Scotia, from 2001-2004. Subsequently, he completed a clinical and research fellowship in multimodality cardiac imaging from 2004-2006, specializing in echocardiography, computed tomography, and MRI at Massachusetts General Hospital, Harvard Medical School in Boston.

"It was a memorable evening showcasing the talent of educators, administrators, researchers, and clinicians in our province of Manitoba"



Doctors Manitoba Award recipients



Murray Enns

HEALTH ADMINISTRATION

Dr. Enns received his Medical Degree from the University of Manitoba in 1987 and became a Fellow of the Royal College of Physicians in 1991.

"It was a pleasure and honor to attend the Doctors MB Awards dinner. The award nominees were a truly outstanding and extraordinary group of physicians with widely ranging but equally amazing contributions to the practice of medicine in Manitoba and beyond. The annual awards event is a terrific way to shine a light on the great work being done by MB physicians."



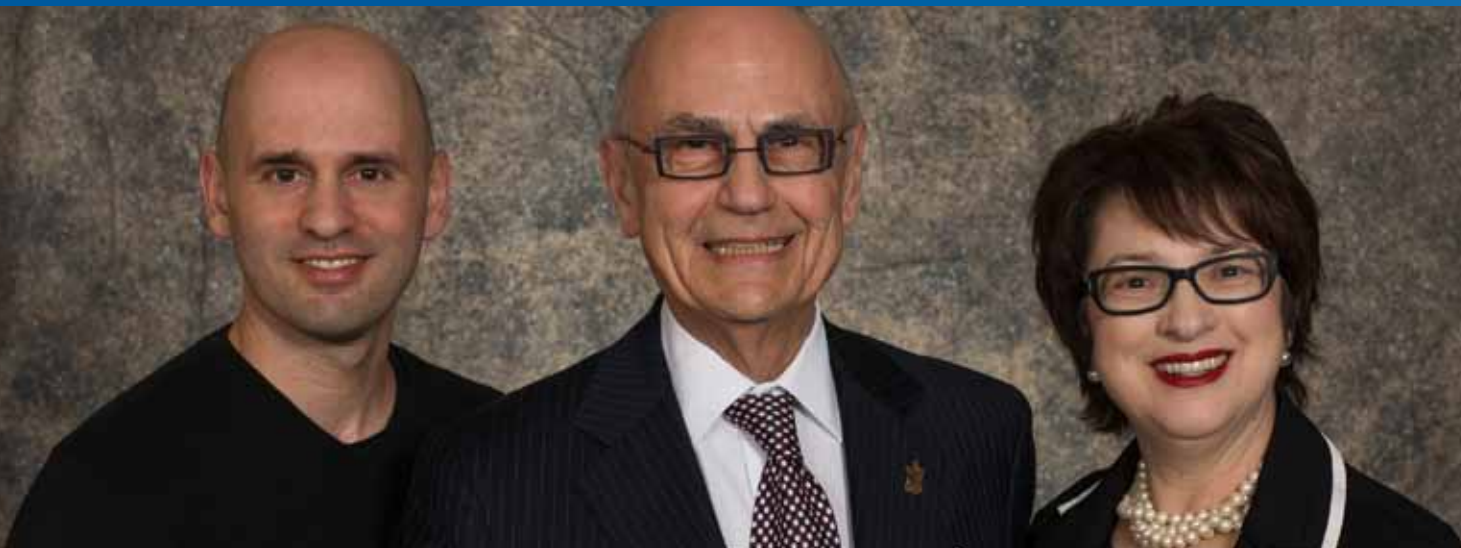
David Rush

DISTINGUISHED SERVICE

Dr. Rush has had a long, rich and varied career. He graduated from the National University of Tucuman in Argentina in 1972. After moving to Canada to further his medical education he spent 7 years in London at the University of Western Ontario. It was here Dr. Rush completed his training in internal medicine and nephrology.



rounds



Mark Prober

HEALTH OR SAFETY PROMOTION

Dr. Mark Prober graduated from the University of Manitoba Faculty of Medicine in 1967. He initially was a resident in Internal Medicine, but changed to Psychiatry, receiving his fellowship from the Royal College of Physicians and Surgeons in 1973. Dr. Prober received his first appointment as Assistant professor to the University of Manitoba in 1973 and is now an Associate Professor in the Department of Psychiatry.

"This evening was very special for me because it was wonderful to have your life's work validated and appreciated by one's colleagues and peers...."

Thank you to DOCTORS Manitoba for this award and honor."



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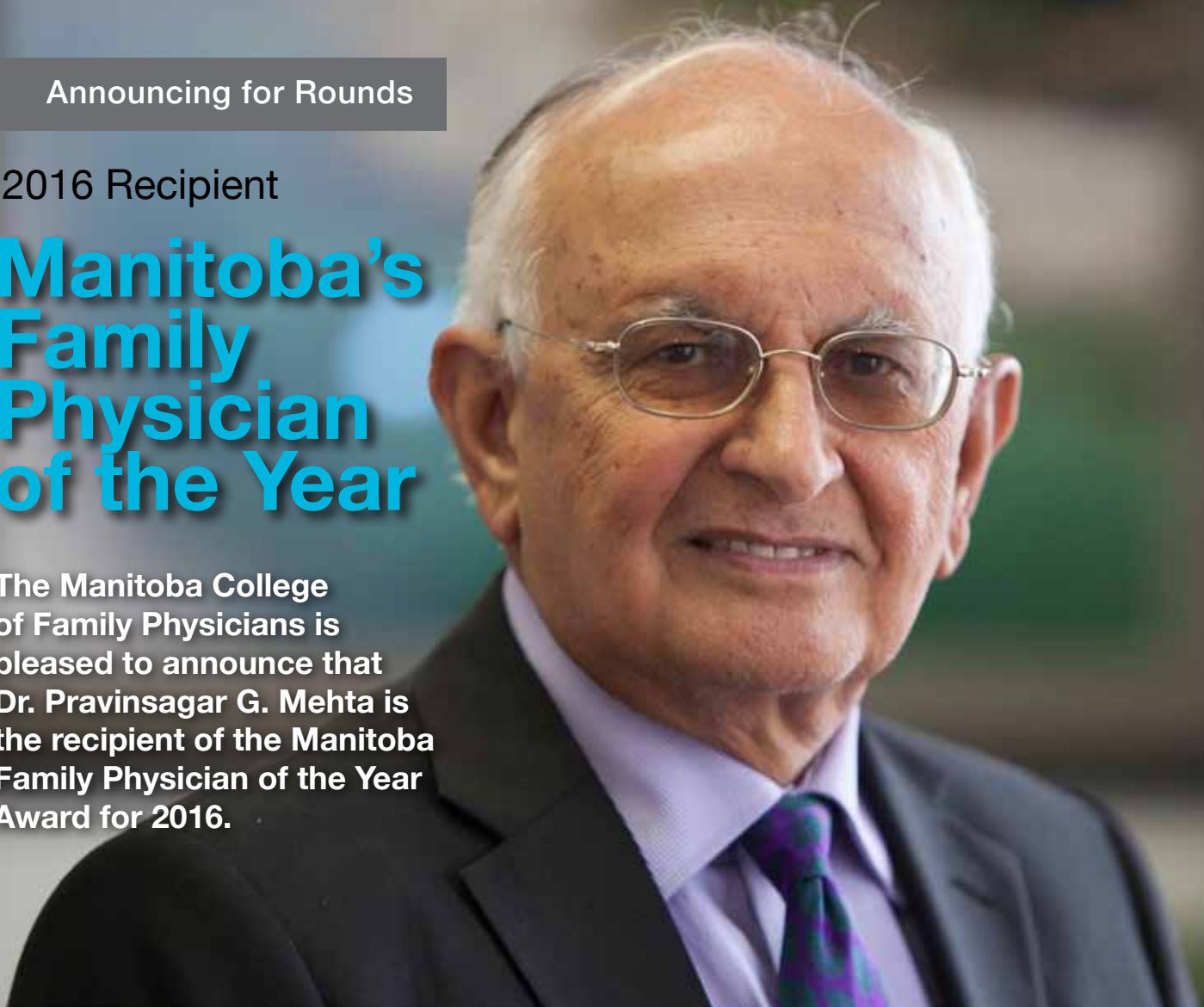
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2016 Recipient

Manitoba's Family Physician of the Year

The Manitoba College of Family Physicians is pleased to announce that **Dr. Pravinsagar G. Mehta** is the recipient of the Manitoba Family Physician of the Year Award for 2016.



THE MANITOBA
COLLEGE OF
FAMILY PHYSICIANS



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU MANITOBA

A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

The Family Physician of the Year award is presented to an outstanding Family Physician who embodies the principles of family medicine.

Dr. Mehta has been a family doctor practicing in St. Boniface for the last 40 years. Besides maintaining a busy outpatient practice, he has provided leadership and ongoing clinical care in the geriatric program at SBGH and Concordia General Hospital for the majority of his career. He is considered a long standing valuable resource in the care of the frail elderly. He has provided clinical care to several nursing homes in Winnipeg consistently throughout the years. He is described by

his colleagues as having outstanding commitment and exemplary clinical acumen as well as supportive mentoring and a strong collaborative team approach to patient care.

Dr. Mehta has also excelled throughout his career in the area of leadership. He has held the position of bed manager for the family practice beds at SBGH for over 26 years. He served as a president of the medical staff at SBGH and service chief on the stroke unit. Additionally he was on the Board of Directors of Doctors Manitoba for 12 years serving as president from 2012-2013. In that role, he championed Physician WELLNESS and was instrumental in the establishment of the Physician Wellness initiative of Doctors Manitoba.

Dr. Mehta's devotion to his work exemplifies the principles of Family Medicine. He is a family physician who puts the patient doctor relationship first, serves as a resource to his practice and community, advocates for his patients and provides ongoing quality care.



Magnet treatment lifts fog of depression

rTMS lauded as hope for Manitobans with mild and moderate depression

In a three-year period, life handed Leanne Anderson a lot of lemons. Her mother died in 2007. Her beloved cat followed a year later. Her dad died six months after that. And then the black clouds moved in. Anderson sunk. She couldn't sleep. She was often exhausted and irritable, and had zero patience. She cried a lot and couldn't concentrate. She had a textbook case of depression.

For a while, Anderson managed her depression with the help of her doctor and medications. She put one foot in front of the other. "I would get up every morning. I would live and function as if all that stuff didn't happen, as if I was OK. But at work I would hide out and cry in the bathroom. I got to a point where I couldn't do it anymore," Anderson says. "It's like your mind is stalled."

By 2010, she was on long-term disability from her job as a civil servant. "I crashed spectacularly."

But in 2011, she found some light. Anderson spotted an article about rTMS in the Winnipeg Free Press. Repetitive transcranial magnetic stimulation was touted as the new hope for people with mild to moderate depression. And Winnipeg's St.. Boniface Hospital Foundation was in the final stretch of a capital campaign to buy a rTMS machine for Winnipeg. She took the article to her doctor and by summer 2012 Anderson became one of the province's first rTMS patients.

Four years later, hundreds of patients have been treated successfully and the hospital is about to get its second rTMS machine to keep up with demand. And neuropsychiatrist Dr.. Mandana Modirrousta is at the forefront of that drive to help more patients. She's also leading the charge on rTMS research. She wants to know more about the benefits of rTMS and what kinds of patients it will help.

"It's one of the new, I think, revolutionary treatments," says Modirrousta.

rTMS is non-invasive, has few side effects (mild headaches and initial tiredness have been reported) and there's no memory loss. It also has none of the side-effects that come with psychotropic medications like increased or decreased appetite, and other issues. "There are some early results that suggest it improves your concentration and your cognition," Modirrousta adds.

But just how does rTMS work? Pulses of magnetic energy are passed into the brain via a coil to induce electrical activity in the brain cells. The coil looks like a small dinner plate attached to an arm. The pulses — delivered in 30 to 40 minute sessions — are focused on the pre-frontal cortex of the brain, the place where feelings originate. The pulse creates a focused magnetic



field that penetrates the brain. The field induces electrical activity in brain cells. In a way, the second coil, Modirrousta explains, are brain cells.

While sitting in a dentist-like chair, a clinician uses a high-tech navigator system with a camera and a tracker to pin-point the position of the brain inside a patient's skull. The clinician uses a monitor, which displays the anatomy of each patient's brain in real time, to help correctly position the rTMS disc and target the network of brain cells most likely to respond well. And this, in turn allows doctors to individualize rTMS treatments to each patient based on the anatomy of their brains. Electro-convulsive therapy, in comparison, is done under general anesthetic and delivers electric pulses across the entire brain. That treatment is used for the most severe cases of mental illness. Depending on the patient's needs, the machine can be used to either excite the area or decrease the electrical activity, Modirrousta says.

In Winnipeg, the rTMS machine is at St.. Boniface Hospital's McEwan Building. (A second machine was set to arrive in mid-2016.)

Pulses are delivered in quick succession. Patients report that it feels anywhere from a faint tapping or a mild vibration, much like one from a cell phone, to a drumming or hard poking on the skull. Treatments are delivered five-days a week for a month. It's non-invasive and it's delivered as an out-patient procedure.

By day 20, patients typically notice a difference in their mood. For some, it's even sooner. Patients typically come back for subsequent treatments every year. But

those treatments are much shorter in duration and are delivered in just a few days rather than a month of daily doses.


"The idea of TMS is stimulating one part of the brain, only one part, in a focused manner, so it's not generalized and we target the area that is involved in mood regulation. We don't stimulate the movement network of the brain, say, or the vision network of the brain," says Modirrousta.

But rTMS isn't a pancea. Doctors don't know who rTMS will and won't work on. That's the next step in Modirrousta's research. She wants to find out if there's a marker, an enzyme, that can identify patients who will respond best to rTMS. And if so, it could be as easy as getting a blood test to determine who should get treatment.

"We have to think out of box," she says. "Let's be open-minded. TMS has been discovered because we thought out of the box."

Anderson, one of Modirrousta's patients, is relieved that researchers are thinking outside the box. After about 20 treatments of rTMS, her fog started to lift. Life wasn't so bleak. And Anderson started to release the emotional anchors that held her down

She finished another round of rTMS in May 2016. And her life is on track once again. "I don't know if I would have been able to go back to work without this treatment," she says. "It made me myself again."



*"We don't see
things as they are,
we see things as
we are."*

– Anais Nin¹

THE **5** FUNDAMENTALS OF CIVILITY FOR PHYSICIANS: **#2: BE AWARE**

The Third in a six-part series

By **DR. MICHEAL KAUFMANN**
OMA Physician Health Program

IMAGINE YOU'RE A DOCTOR JUST ARRIVING AT THE HOSPITAL TO CONDUCT ROUNDS ON YOUR PATIENTS. IT'S A BUSY MORNING AND YOU'RE REVIEWING THE STATUS OF SEVERAL OF YOUR PATIENTS WHEN A NURSE APPROACHES SAYING: "GOOD MORNING, DOCTOR. MR. SMITH HAS HAD A BAD NIGHT AND HIS SON IS HERE. HE HAS SOME QUESTIONS FOR YOU. YOU SHOULD SPEAK TO HIM."

It turns out that Mr. Smith was admitted overnight and you have yet to catch up to the details of the case. Irritated by her tone, and frustrated, you turn to the nurse, someone you don't recognize, and snap: "How do you expect me to talk to the family when I don't even know the case?" Then, unheeding of the nurse's look of hurt and dismay, you add: "And who are you, anyway? Another temp?

And haven't you spoken to his son?" The nurse turns and leaves in a huff of indignation. To your surprise and consternation, you learn a couple of days later that the nurse has filed a Code of Conduct complaint against you.

This nurse probably doesn't know that this kind of behaviour is really uncharacteristic of you. Of course, she

has no way of knowing that you had trouble sleeping the night before due to a recurrence of back pain that you feared would never go away, along with your ongoing concerns about how your teenage son is struggling in school. And it didn't help that you and your spouse don't agree on how that problem should be managed. Further, sleeping in, you left home in a hurry, skipping breakfast. In the

moment, under all of these stresses at the nursing station, even you weren't aware of how these many things were affecting you. Neither were you aware of the impact of your behaviour upon the nurse, or how she might be feeling as someone new on the job.

You immediately regret the manner and tone you used with the nurse. But it was too late — primed and challenged, you “shot the first thing that moved,” an act of incivility that might have been avoided. Worse, the nurse, now leary of you, lodged a complaint. And she might go on to behave in ways that are uncivil or unwanted (such as critical comments about you to others), beginning a “dance of incivility” never intended.

Mindlessness

Reflection and self-awareness practices help doctors examine many aspects of themselves that contribute to their thoughts, moods and actions. Without this awareness, we can be said to be functioning “mindlessly.” That's fine when considering mechanical skills, such as driving a car, considering how often this action has been successfully performed in the past, resulting in the desired level of unconscious competence. But mindless interactions with colleagues and co-workers can sometimes lead to uncivil behaviour, chosen indiscriminately. In fact, mindlessness accounts for many deviations from professionalism, which seem to occur more often when doctors find themselves in pressured, emotionally charged situations.²

Considering our example, there is plenty that requires attention in order to be truly self-aware: your physical state (back pain, hunger, fatigue), emotional state (frustration, worry, anger), temperament and personality style (rational, controlling), communication style (there's something about the tone of voice used when upset that others hear as “yelling”), attitudes and cognitive distortions (perfectionism, self-criticism — what have I done wrong as a parent?), assumptions (a nurse unrecognized is a temporary worker), biases (administration saves money by hiring junior nurses part time —

quality patient care doesn't matter to them), knowledge gaps (I really don't know what drives hospital decision-making, or all of its aspects), personal values (patients matter more than hospital budgets!), and so much more. Everything we experience is perceived through these filters shaping our thoughts, reactions and deeds.

Mindlessness can catch us up into negative emotional, cognitive and behavioural patterns without our being able to intervene. A colleague once said that this was like automatically heeding the “Committee of Idiots” in our head! Mindlessness also prompts shifting of blame and avoidance of personal responsibility. In short, if we are not mindful, or sufficiently self-aware, and just allow our attention and actions to be engaged in these negative loops, choosing civil behaviour would be difficult at the least; we might even do harm to ourselves and others.³

Mindful Self-Awareness

Hence we see the connection of mindful self-awareness to civility, if not our general well-being. Gilbert describes this form of awareness as accepting, non striving, contented well-being. He says that mindfulness practice puts people into the “being mode” rather than the “doing mode.”³ Another description of mindfulness is a state of “could be,” welcoming uncertainty rather than trying to avoid it.²

Self-awareness is the moment-to-moment, non-judgmental recognition of what's happening within us. The goals of mindful self-awareness include enhanced expression of core values, such as empathy and compassion, the courage and ability to see the world more as it is rather than as one would have it be, and the humility to recognize, tolerate and embrace one's “blind spots” — areas of weakness — while leveraging our strengths.^{2,4} Awareness practices also open the door on sensitivity to others. We might wonder about how they are interpreting their circumstances and understand that they might not react in the same way as us, even in the same situation. We can respect their feelings without taking them on to ourselves,

or automatically reacting emotionally to them. It is easier to understand how another might be challenged to behave in a civil manner as we accept the same is often true for ourselves.

Cultural Awareness

If the simple definition of culture is “the way things are done around here,” then we need to pay attention to that as well. Our behavioural choices are influenced broadly by external norms and expectations just as they are by our internal status and the behaviours of others. Unlike the fish that pay no heed to the water in which they swim, civility is easier to choose if one is aware of the cultural influences, positive and negative, all around us. Kindness is good, meanness is not. Directive communication is acceptable under certain circumstances, profanity is not. Teaching by asking tough questions is fine, shaming is not. Humour is fun, sexist jokes are not.

Ultimately, one by one, when able to identify these influences, we are able to make civil choices (should that be our desire) that have the power to transform the very culture that guides and nourishes us.

Barriers To Awareness

Barriers to self-awareness are numerous in medical training and practice.² Fatigue, dogmatism, emphasis upon an overly “algorithmic” and literal-minded approach to clinical choices and behaviours (rather than on conscious, non-judgmental awareness and reflection) close the mind to relevant feelings and options. These practices in senior physicians can be emulated by learners and junior colleagues who then become unconsciously incompetent with respect to self-awareness, even as they develop exquisite competencies (also ultimately largely unconscious) with respect to the clinical knowledge and skills of their specialties. Worse, “soft” skills, such as critical reflection, may even be scorned by clinical teachers. Even worse — learners are trained to behave in an uncivil manner.

I once met a young doctor who was referred to me for help regarding his intolerant and belittling behaviour toward his co-workers. Insightful and self-aware, he described his behaviours as inconsistent with his values and the person and professional he really wanted to be. But, as a resident, he was often loudly criticized by senior and very successful teachers and mentors. He often felt shamed and embarrassed by their comments about him. That was the culture of the university department where he had trained. He found himself copying their styles and he was disappointed with himself. He readily accepted a referral for counselling and coaching. Later, I heard from his chief of staff that he was doing very well — a model of civility.

I smiled wryly, inwardly, when I first met him, because I knew some of his mentors in training. One had even been referred to me as well! But unwilling or unable, insight did not come so readily to that individual, and change came slowly, at considerable cost.

So, to the doctor in our opening example: if you had sufficient awareness, you might have chosen a different response to the nurse in the first instance. Perhaps her abrupt manner with you reflected her concern about the patient and her inability to reassure his son, rather than a lazy passing of the problem over to you as it might have seemed. Being mindful of your own irritability, you might have paused to consider your response to her. And even if not, noticing how your words hurt her, wondering what it might be like for her to be new on the job and already challenged by a doctor, you might have been able to interrupt your verbal attack and offer an apology instead, likely preventing her from lodging a complaint and stopping the “dance of incivility” before it ever began.

Self-Awareness Strategies

Here are a few recommendations designed to help improve self-awareness:

- Keep a journal of reflective writing. Record thoughts and ideas, without censorship or judgment, about your reactions to events of the day, reflecting upon what went well, or not, and how your personal realities influenced your choices.
- Learn and practice meditative techniques. Mindfulness courses are readily available, including mindfulness training specifically for physicians. Self-study and practice is available as well in a variety of formats.
- Seek out trusted friends and peers with whom you can discuss your thoughts, feelings, behavioural choices and reactions. Invite their honest feedback. Offer the same to them.
- Seek behavioural feedback at work. This may come in the form of regular supervision (perhaps from a department chief or other physician leader) or by using a “360” multi-rater survey tool specifically designed for this purpose.
- Seek out opportunities for group education and discussion that focuses upon relevant leadership, problem-solving and ethical practice knowledge and skills.
- Mentor and be mentored by others who value self-awareness practices.
- Employ the services of a suitable professional coach. Coaching is an increasingly available and utilized tool to help define one’s personal and professional goals, enhance motivation, and reinforce positive choices to help attain those goals.
- Sometimes, professional counselling is a good way to enhance self awareness in a more clinical and in-depth way.

In The Heat Of The Moment

I often ask medical audiences if it’s acceptable, as a physician, to be uncivil toward colleagues or co-workers in an urgent, even crisis situation. Invariably there is someone in the group who believes that it is OK to be uncivil, especially if the doctor is in charge of the patient’s care in a “life and death” situation. The speaker is usually referring to a communication style that is firm, even forceful. Few condone the use of profanity in that situation, however. Perhaps taking an assertive, directive, yet respectful

stance is in keeping with civility in such a situation, designed to bring out the best and right action from a co-worker on behalf of a patient in dire need, yet still leaving that co-worker feeling intact.

Nonetheless, crisis is a moment of high tension that can place civility at risk. Imagine, now, that you are attending a critically ill patient in the ER or ICU, about to insert a chest tube, or perhaps a central line, and your progress is impeded because the nurse or other co-worker helping you is inexperienced in some way. How do you handle your frustration or even anger?

The Physician Health Program has developed a short strategy that incorporates awareness techniques to help in these moments. We borrowed the ABC (airway, breathing, circulation) approach already familiar to those who work in critical care, and modified it:

- A stands for Awareness — learn to recognize one’s own reactions to critical situations as an early warning sign. Perhaps there is tightness in the neck or shoulders? A churning feeling in the gut? Other? It would be helpful to notice how others are reacting as well.
- B stands for Breathe — learn how to pause, even if very briefly, to reflect on the situation. If there is time, a short breathing meditation may help. (An example can be found here: <http://php.oma.org/Mindfulness.html>. Even three or four calming breaths can create space for a moment of critical appraisal and reflection regarding what comes next.
- C stands for Choose a Civil form of Communication — effective communication is the third Fundamental of Civility, which we will explore in the next article.

The goal of awareness, certainly as it pertains to civility, is to render informed and conscious behavioural choice readily available. Those who achieve the highest level of self-awareness obtain a useful and functional insight. Such individuals are able to recognize the roots of their behaviours, solve problems

and overcome challenges by being present in the moment, able to feel and express compassion while developing new attitudes and the freedom to make civil choices. An interesting thing can happen: while any one of us accesses civility, others seem to do the same!

Awareness is at the heart of a caring and civilized profession. Choose civility.

The introduction to the series, “The Five Fundamentals of Civility for Physicians” (published in the March 2014 OMR), and “Fundamental

#1: Respect Others and Yourself” (published in the May 2014 OMR), are available on the Physician Health Program website (<http://php.oma.org>).

Dr.. Michael Kaufmann is Medical Director of the OMA Physician Health Program (<http://php.oma.org/>) and Physician Workplace Support Program. Dr.. Kaufmann would like to thank PHP and PWSP colleagues and staff for their suggestions and support in the preparation of this series of articles.

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The Five Fundamentals of Civility

1. Respect others and yourself

Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

2. Be aware

Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3. Communicate effectively

Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

4. Take good care of yourself

It's hard to be civil when personally stressed, distressed, or ill.

5. Be responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it's the right thing to do.



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Trixie Baker

Ways to Save on Your U.S. Vacation



Planning a trip to the United States this year? While a lower Canadian dollar may mean fewer travel deals, there are still ways to save. It's all about planning ahead.

Be flexible

If you're planning to fly to your destination, consider flights departing from the closest U.S. airport. There is often a price advantage to choosing a U.S. airline flying out of an American airport. If possible, travel at off-peak times. Flying mid-week (Thursday to Tuesday, for example) may mean you'll get better seat deals.

Drive instead of flying

Falling oil prices have meant decreases in the cost of fuel, particularly in the U.S. Depending on your destination, driving may cost you much less than flying.

Cash in your travel miles

If you collect Air Miles, Aeroplan points or other loyalty rewards,

consider cashing them in to pay for flights, accommodation or attractions. For many loyalty reward programs, the amount of points or miles required to redeem a reward remains the same even if currency value fluctuates.

Look for Canadian deals

Some American destinations are now offering dollar-for-dollar promotions exclusively for Canadians, with discounts off hotels, dining and attractions – essentially putting the U.S. and Canadian dollar at par. Some U.S. tour operators now offer pricing in Canadian dollars, allowing you to avoid currency exchange fees.

Look at alternative accommodations

Consider renting an apartment or a

condo instead of a hotel. If you're travelling with others, think about renting a vacation home together and splitting the cost. Not only can you save money on the cost of accommodations, you also have the option to cook a few meals, saving the cost of eating out for every meal.

Open a U.S. bank account

Plan ahead and open a U.S. bank account to save for your trip. Transferring a small amount each month will allow you to take advantage of currency fluctuations as your account grows. Over time, you'll spend less purchasing your U.S. dollars than you would had you bought them all at once.

To learn more about managing your money, visit md.cma.ca.

PHYSICIAN WELLNESS DAY



The first Doctors Manitoba Physician Wellness Day was held April 29, 2016 at FortWhyte Alive's picturesque Siobhan Richardson Field Station.

This was the first full day event concentrating on physician health and wellness that the Doctors Manitoba Health and Wellness committee planned since being created in 2013. The event included 6 speakers and 38 participants.

Conference Highlights

- **Dr.. Jack Perlov** discussing physician burnout and the "occupational risks" associated with being a doctor
- **Dr.. Harvey Chochinov** presenting information about current practices in jurisdictions with death hastening legislation and the role they will play in addressing issues related to a request to die
- **Dr.. Philippe Erhard** talking about causes and impact of stress in medicine along with three habits to increase resilience and incorporate them into daily life
- **Dr.. Melanie Saint-Hilaire** led an introductory mindfulness session where registrants were able to experience how mindfulness can be cultivated in one's life and reduce stress

- **Dr.. Anthony Hlynka** outlined the impact of addiction and how physicians can get help

- **Mr. Matt Maruca and Mr. Roger Jamieson** spoke about how effective billing can assist in achieving work/life balance and reducing stressful irritants from practice.

Many interesting comments and questions were exchanged between the participants and speakers. The speakers all provided an environment that offered the opportunity for some positive interactions between themselves and the physicians as well as amongst the physicians. At lunch time, many of the participants took advantage of the beautiful setting to sit outside or take a walk around the lake enjoying the sites and sounds of the scenic Fortwhyte centre.

After reviewing the feedback from the workshop, many of the physician comments noted that they were walking away with a better understanding of how to reduce burnout issues and improve their work life balance. As well, it was clear that everyone enjoyed the event and would like similar events scheduled on an annual basis.



Q&A

Dr. Aaron Chiu

President - Elect 2016-17

Doctors
& Manitoba





If I wasn't a physician I would be a: physicist

Favourite superhero:

I don't have one. BUT my favourite cartoon was the Care Bears (it was a weird university thing).

Where was I when September 11 occurred:

I was in my office at Women's Hospital. I went home to hug my wife and daughters.

Who has had the greatest impact on my career:

The parents of my patients in the NICU with their unreserved love for their children and their trust in the neonatal team. It's why I have done the things I do: to ensure subsequent generations of neonatologists and neonatal teams are well trained and the system is in place to allow them to provide the best neonatal care possible.

Why did I get involved in medical politics:

I wanted to learn how the medical system works and by doing so, to represent and give voice to physicians about their concerns and ideas about the health care system and the care provided to their patients.

I did an MBA because:

I wanted to learn about business practices and management techniques and to bring it back to the clinical/medical setting. I used each course in the MBA to explore how business practices can help solve issues in the health care system. It was one of the most challenging and rewarding years of my life.

My kids have left town to go to:

My eldest daughter Meredith has left town to attend university in Vancouver, my youngest, Gillian, is finishing grade 11. Both daughters have been told since a young age that they need to attend university away from home. It sounded like a great idea in principle but it was a tough for my wife and I when Meredith was away from home that first year.

Favourite novel:

Sailing to Sarantium by Guy Gavriel Kay

One thing most of my colleagues would not know about me:

I'm a cellist

If I were a rock star, what band would I be in:

Queen

Why did I get involved in medical politics?

I wanted to learn how the medical system works and by doing so, to represent and give voice to physicians about their concerns and ideas about the health care system and the care provided to their patients.



Planning PARIM's Future

Inspired by the strategic planning meeting for the Faculty of Health Sciences last year, PARIM Co-President Dr. Leslie Anderson organized a day-long strategic planning session on April 24, 2016 to begin discussing PARIM's future directions. In her opening statements, Dr. Anderson pointed out that the changing landscape of medicine, including the introduction of competency-based medical education, the evolving role of allied health, and concerns about health human resources, will have a direct effect on residents, and PARIM needs to be in a strong position to advocate for its members in these issues and many others. In order to do so, PARIM must determine the most important areas to focus on as well as how best to use PARIM's resources to support those goals. PARIM has made several changes in recent years to bring the organization more on par with associations

in other provinces, including more resident wellness initiatives, the creation of a Finance, Audit & Risk committee to address fiscal responsibility, and the hiring of an Executive Director, Jessica Burleson. These initiatives have paved the way for further positive change and increased influence at both the provincial and national level.

The morning consisted of a SWOT exercise - an examination of PARIM's strengths, weaknesses, opportunities, and threats - led by Jessica Burleson. Ms. Burleson earned a Master's degree in education from the University of Manitoba and has over a decade of teaching experience, giving her the tools to facilitate lively and engaging group discussions. To warm up, the group was asked to write down what PARIM means to them on Post-It notes, resulting in concepts like "advocacy", "support" and "fun" making their way into a collage on the wall. Small groups then addressed the SWOT categories, with lots of interesting ideas and concerns brought into the discussion (see side bars).

PARIM conducted a survey recently of its member and the results of this were reviewed after lunch. The survey showed a strong interest among PARIM members in national issues, social advocacy, and diversified social events, among other topics.

A final discussion reviewed the themes that emerged during the morning SWOT exercise, and these were combined with the survey results to culminate in a list of 5 major areas residents feel should be a priority for PARIM in the coming years:

- 1. Communications:**
website redesign and re-evaluation of how PARIM relays information to its members
- 2. Defining goals, roles, and objectives:**
clarifying leadership roles in PARIM, evaluating the governance structure, and developing a long-term plan for the organization
- 3. Social events:**
members felt PARIM was doing well in this area and wanted the good work to continue
- 4. National issues/advocacy:**
a stronger voice in issues such as competency-based education, health human resources, and the changing role of allied health
- 5. Community engagement:**
volunteering, social advocacy, and resident awareness

Dr. Anderson was recently re-elected as PARIM Co-President and she, along with newly elected Co-President Maha Haddad, are looking forward to the new academic year as an opportunity to evaluate PARIM's structure and make progressive changes to

better serve the membership. With the foundation laid for a strategic approach, PARIM can now move forward and further develop a plan to support learning, work, and wellness for Manitoba residents in the best way possible.



Top 5 Strengths

- Negotiations
- Representation
- Relationship with Doctors Manitoba
- Social events
- Safe space to share ideas and concerns

Top 5 Weaknesses

- Communications / e-mail fatigue
- Website
- Lack of diversity
- Lack of clarity in leadership roles and unfair distribution of responsibility
- Lack of a long-term plan

Top 5 Opportunities

- Health advocacy at provincial and national levels
- Resident Awareness Week
- Relationships with other organizations
- Relationships with medical students and practicing physicians
- Increased voice in the changing work environment (e.g. paging systems)

Top 5 Threats

- Competency-based medical education
- Job prospects
- Changing scope of practice for allied health professionals
- Duty hours / fatigue management
- Change in provincial government



Bridging the Gap

Medical students play a vital role in Doctors Manitoba

Josh Palay - MMSA President

Matt Maruca stands before a group of 65 or so medical students. Despite the exhausting hours and demands, the budding doctors are here inside this Health Sciences Centre theatre voluntarily. They're spending a free hour in-between rounds, clinic and classes learning about one of the more controversial aspects of modern medicine; physician-assisted death.

This free town hall is the work of Doctors Manitoba. These get togethers are just one way the organization is reaching out to its student members. "We have a growing desire to engage new professionals," Maruca says. This is the third town hall hosted by the Winnipeg-based organization. Previous town halls tackled the expanding scope of nurse care, and after-hours care. More town halls are in the works.

All medical students in the province are members of Doctors Manitoba. They don't pay any fees and until they're full-fledged physicians. That said, students still have an important role in the organization. A representative for the Manitoba Medical Students Association sits on the Doctors Manitoba Board of Directors. And that connection to the organization is vital, medical students say.

"This sense of belonging is especially important while students are beginning to form their professional identities and consider career options, either here or abroad," says Josh Palay, president of the Manitoba Medical Students Association.

Doctors Manitoba is also helping students behind the scenes. The organization is currently sponsoring the MMSA's first website. The new site, which is expected to go live in Fall 2016, will help students easily connect with their peers. It will also be a valuable resource for doctors-in-training, and even those considering a future in medicine. "Having a user-friendly and engaging

website is a must-have. It's an especially important tool of engagement for up-and-coming doctors," Maruca says. So is networking.

Doctors Manitoba wants to connect more student doctors with practicing doctors, in both formal and informal ways. Every year, the organization sends a handful of student representatives from the MMSA to the 'parliament of the profession,' a.k.a. the Canadian Medical Association's annual conference. Financial support from Doctors Manitoba means that students — a cohort typically on a limited budget — can immerse themselves in the conference, culture and current issues facing the profession.

Those student representatives return to the province and use that experience to the benefit of all local medical students in their organization.

"Support from Doctors Manitoba is used to fund career exploration sessions, simulation labs, wellness activities, and student conference attendance. We've been able to become much more engaged on the national level and raise our institutional profile," Palay says.

A mentorship program is also in the works at Doctors Manitoba. The new program will connect small groups of medical students to practicing doctors and specialists. The mentorship program is expected to launch September 2016. Doctors Manitoba will make the connection between doctors and students. From there, participants will design their own mentorship. That could mean meeting informally over a coffee or dinner a few times a year, or a more structured schedule where doctors teach students about medical procedures, advancements, patient care or even the business aspects of the profession.

As Maruca says: **"We are bridging the gap between the younger and older generations of doctors."**

GEN-NEXT



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Man on a Mission

Shayne Reitmeier on a quest for inclusion for all people

Shayne Reitmeier is a typical medical student. He's pulling crazy hours on rotation, and slightly sleep deprived. But he's also on a mission. Inclusion is his goal. Reitmeier wants to make medical school, and by default, the medical profession, a place for all people.

The people, in this case, are the LGBTTTQI* community from patients to doctors and everyone in between. (The acronym stands for Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer and Intersex. The asterisk includes anyone else who identifies differently than the other groups.)

So in 2014, he and another medical student launched both the LGBTTTQI* mentorship and interest groups at the University of Manitoba's medical school. The free mentorship group offers support, advice, and camaraderie to students in the faculty. While there isn't an office on either the Bannatyne or Fort Garry campuses, the group has hosted informal meet-and-greets at members' homes.

"If I can be there for someone, help someone, even just talk, I want to do that. It can be as simple as a conversation," he says.

Reitmeier, who will marry Jake Matheson in late 2016, is also an avid and avowed volunteer in Winnipeg. The 25-year-old's commitment and leadership on inclusivity and other issues close to his heart has recently earned him national attention.

In April 2016, he won three distinguished awards for his service. Volunteer Manitoba gave him the 2016 Lieutenant Governor's Vice-Regal volunteer award for his long-time commitment to volunteerism, including his time at the United Way.

Reitmeier was also awarded a two-year scholarship from the Canadian Medical Hall of Fame. And he was one of 14 medical students across Canada, given the Medical Student Leadership Award. The annual award is a joint venture between the Canadian Federation of Medical Students and MD Financial Management. One student from each medical school in the country is singled out for making "innovative contributions" to their schools and communities.

So, it's been a bit of a whirlwind. But Reitmeier is firmly planted on the ground, taking one step at a time. His focus, beyond his studies, is advancing inclusion in society. In his corner of the world, that means creating a community within the medical community for his LGBTTTQI* peers, he says.

Reitmeier isn't after an overhaul of the medical system. Instead, he's advocating for little changes in medical practice and medical school that can make an immediate impact. That change can start with the language professors and doctors use in the classroom, office and hospital.



For example, Reitmeier suggests everyone under the medical umbrella drop assumptions about patients. Instead of assuming all patients are heterosexual and asking if they have a husband or wife, or girlfriend or boyfriend, doctors can ask, ‘Do you have a partner?’

It’s a small change that can make a big difference to a patient, especially a young adult in the midst of coming out or just beginning to understand their sexuality or gender identity, he says. “Inclusive language creates an inclusive environment,” Reitmeier says.

He’s already seeing a shift higher up the chain. The new Med 1 and 2 curricula has shifted to include more practical information about the LGBTTTQI* patient population. In sessions that include standardized patients, students are being made aware that not all patients identify as cisgendered or heterosexual. (Cisgender refers to people whose sexual identity aligns with their gender at birth.) It is an opportunity to use more inclusive language.

But there’s good news? Just the inclusion of patients who identify as LGBTTTQI* is evidence that

medicine is acknowledging the rainbow of people. “It’s a step ahead, for sure.”

So changes in curriculum will come. And other changes will follow. More practicing physicians will feel comfortable enough to be ‘out’ to their colleagues. And soon enough, Reitmeier hopes, the default position for everyone working in the medical system, whether as a professional or student, will be inclusion and acceptance.

After all, the medical profession and its professionals are wired to care about people,” Reitmeier says. “This is our profession. This is what we do. This is a perfect fit because we are lifelong learners,” he says, “and we want to help people.”



Manitoba Schools Science Symposium

(MSSS)

This year the Manitoba School Science Symposium (MSSS) celebrated its 45th anniversary from April 21st to 24th. Nearly 400 students in grades 4 to 12 presented the results of their scientific research at the Max Bell Centre on the University of Manitoba campus. On Friday, the students participated in hands-on science activities and received tours of the laboratories on campus. Friday activities also included displays and exhibits by a number of science-based organizations. On Saturday highly qualified academics and professionals were recruited

for judging and to provide critical feedback to the students. The weekend was capped off my public viewing and the award ceremonies on Sunday, where over \$30,000 in prizes were awarded including eight trips to the Canada-Wide Science Fair.

The MSSS greatly values the Gold level sponsorship provided by Doctors Manitoba. The sponsorship included prizes for the top award winners, including the attendance of MSSS finalists at the Canada-Wide Science Fair (CWSF) in Montreal. At the national fair MSSS students won a total of seven medals and received a Manning Innovation Achievement Award. The event also provided the opportunity for the students to meet like-minded peers from across the country, and included an inspirational talk by famous Canadian astronaut Chris Hadfield.

Award Presenter Dr. Louis F. Smith



Best Overall Group

Elementary

Heart Rate Reactions

Students: Samantha O'Shea,
Jenea Newransky

School: Springfield Middle School



Best Overall Group

Junior

Is Cooking Wirth It?

Students: Amy Zhang, Victoria Zhang

School: Acadia Junior High



Best Overall Group

Intermediate

Dry Skin, No More

Students: Alandra Barairo, Hanna Porcioncula

School: Sisler High School



Best Overall Group

Senior

E-Walker: Formulating a Faster and Safer Stroke Recovery with Digital Sensor Aid

Students: Derek Yin, Himanshu Sharma

School: Fort Richmond Collegiate



Best Overall Individual

Elementary

Re-Think Your Drinks - Be Sugar Savvy with Fruit Juice

Students: Tiffany Cheng

School: Oakenwald



Best Overall Individual

Junior

The Sweet Spot

Students: Noah Davidson

School: Bruce Middle School



Best Overall Individual

Intermediate

A novel inexpensive alternative approach to X-ray radiographic tests

Students: Maitry Mistry

School: Fort Richmond Collegiate



Best Overall Individual

Senior

Comprehensive RNA profiling identifies novel blackleg resistance genes in canola

Students: Dennis Drewnik

School: Sisler High School



CWSF7

Plaque and CWSF

Exploring the effects of Eleven Herbs on Type 2 Diabetes and their components

Students: Iqra Sahar Tariq

School: Balmoral Hall School



CWSF8

Plaque and CWSF

E-Walker: Formulating a Faster and Safer Stroke Recovery with Digital Sensor Aid

Students: Derek Yin, Himanshu Sharma

School: Fort Richmond Collegiate



Best Overall Individual Winners



Group shot of Canada-Wide Science Fair winners

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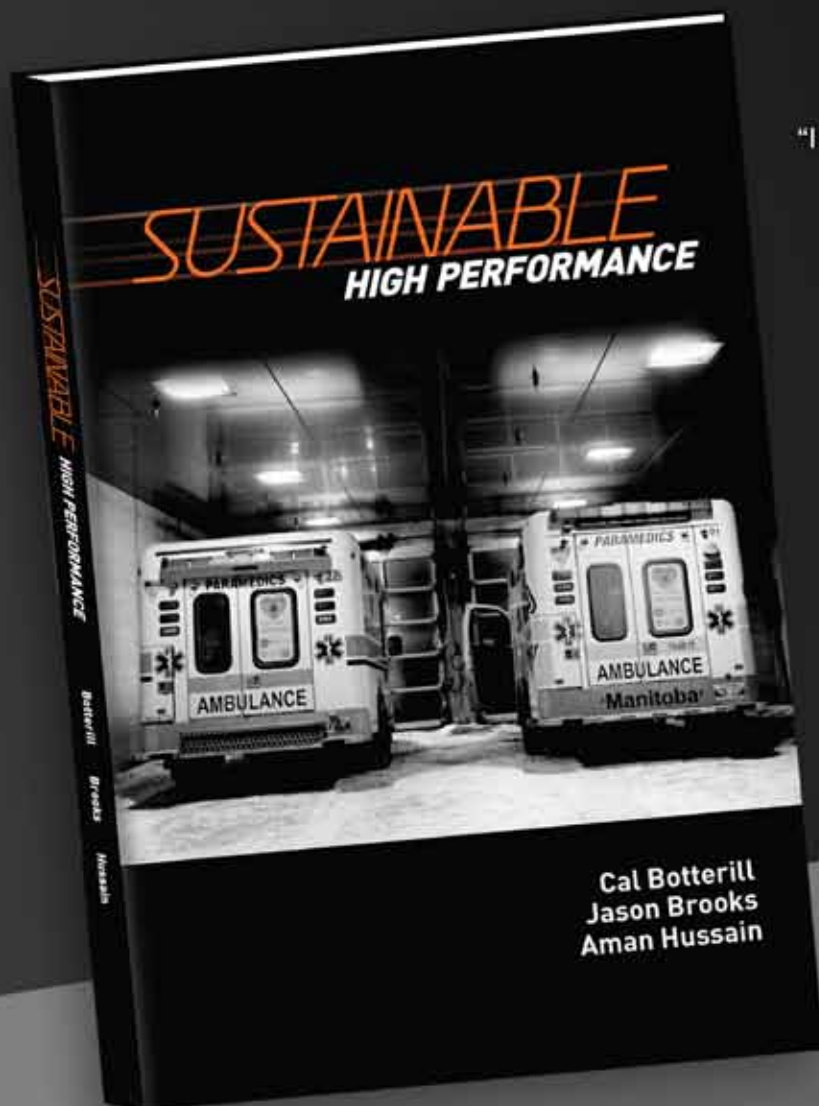
- Curt Tribble

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