

rounds



**Dr. Peter Connelly
Reflects on his
Presidency
50 years later**

**Meet our 2023
Award Winners!**

**Ongomiizwin
and the Evolution
of Northern
Medicine**

STARS in the Sky

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Vision

Mission & Purpose

Values

Every physician has the support they need to deliver exceptional care to Manitobans.

Strengthen and support the whole physician.

Forward-Thinking | Committed
Human | Courageous

Pillars

Cultivate physician unity

Ensure economic well-being of all members

Advocate for the health and wellness of every physician

Be the compelling voice for physicians in Manitoba

Deliver exceptional service to and for members

Every step of the way.





A Message from the President

Dr. Candace Bradshaw

In this issue, you will find a fascinating interview with Dr. Peter Connelly, who served as our President fifty years ago! What I found so intriguing was reading about the massive change and instability for the medical profession back then, and how in response, doctors came together. It made me think about what we, as physicians, are facing today.

What I hear from colleagues too often these days – both from family doctors and specialists – is that they finish their day wishing they had more time for their patients. There just aren't enough doctors to go around, leaving patients waiting unreasonably long for an appointment that often ends up feeling far too rushed.

As doctors, we end up feeling rushed too, pulled in so many directions, giving up precious time with our family to squeeze in a few extra patients in our day.

Manitoba is home to one of the biggest physician shortages, not only in Canada but among all high-income nations. Add to that the disruptions and uncertainty from the pandemic, massive health system changes before COVID-19 arrived, and years of under-resourcing our medical system.

It's no wonder that half of physicians are experiencing high levels of burnout.

It's no surprise that half of physicians are considering retiring, leaving the province, or reducing their hours in the next three years.

As health care faces its greatest challenges in a generation, we have to remember there is a path towards a medical system that offers us rewarding and fulfilling work. That path is together.

When the medical profession has come under threat, when it has been under resourced, or when it has been ignored, physicians have soared when they stayed united together, and they struggled when they were divided and fractured.

While we are undoubtedly stronger together, we are diverse profession, comprised of family physicians who practice in different ways, and a broad and growing range of specialists and subspecialties each with unique needs. The solutions to our collective challenges must be as diverse as our profession.

There's a quote I heard recently by U.S. Vice President Kamala Harris that reinforces just this. She said "our unity is our strength, and our diversity is our power." This is so true for Manitoba's doctors. Not only must we recognize the diversity of our colleagues and what they need to thrive in medicine, we must embrace it to ensure every physician has the resources and support they need to succeed.

In the weeks and months ahead, let us stay united to find the path towards a medical system that is better than ever for physicians, and ultimately for our patients.



A Message from the CEO

Theresa Oswald

In this issue, you will meet the outstanding nine physicians being recognized with a Doctors Manitoba award this year. They are each truly amazing, contributing their skills and expertise to improve care for patients in our province, and in some cases for patients outside of Manitoba, too.

I must confess that every year when our award winners are announced, I wonder what I have been doing with my time! The profound impact these people have had on our families and friends cannot be understated. It is fair to say they have changed our worlds.

The truth is, I actually feel this way every time I meet a physician or medical learner in Manitoba. I'm inspired by how much you care about your patients and how justifiably frustrated you are by the system barriers which all-too-often get in the way of providing the excellent care you want to provide. It's what motivates me every day to ensure Doctors Manitoba is doing everything we can to support you.

There is no shortage of excellence and dedication among physicians and medical learners in our province. You are all remarkable and that's why we have been developing other ways to recognize your special contributions to our province.

In 2023 we created Physician of the Week and each week we are recognizing a doctor who exemplifies the best of the medical profession through their commitment to delivering exceptional patient care, to supporting the health and wellness of their colleagues, or to leadership in the medical profession. You will meet the Physicians of the Week near the end of this issue. Anyone can suggest a colleague for Physician of the Week, and I hope you do, because there is no such thing as "too much appreciation." Please visit [DRMB.ca/recognize](https://www.drmmb.ca/recognize).

We will also be celebrating excellence among our early to practice members this year with a special recognition event for the Top 40 Under 40. A call for nominations will open later this spring, with a celebration to be held later this year. Watch for details to help us celebrate the emerging young talent in the medical profession, including medical students, residents, and early-career physicians.

I am excited to see more stories recognizing physicians in this province this year, and I hope you will join me in supporting your colleagues and celebrating their achievements and commitment.

Meet the **2023** Doctors Manitoba **Award Winners**

Medals of Excellence



Dr. Biniam Kidane is a thoracic and foregut surgeon, a clinician-scientist, and the medical director of Wilf Taillieu Thoracic Surgery Endoscopy Unit. He is recognized for his constant dedication to his patients and his pioneering work to maintain care for patients during the many disruptions to surgical and hospital care through the pandemic, including for lung and esophageal cancer patients. Through his leadership, Manitoba has become a leader in minimally-invasive thoracic surgery and interventional endoscopy, resulting in shorter recovery times and better patient outcomes.



Dr. Katherine Kearns and Dr. Christina Raimondi worked together to establish The Winnipeg Breastfeeding Centre in 2017, responding to the overwhelming challenges many patients had in accessing help with lactation or infant feeding. Utilizing the latest scientific evidence on breastfeeding, human milk feeding, and infant feeding practices, the clinic and its experts are now a trusted resource for patients and physicians. They achieved all of this while maintaining their regular clinical practice.



Dr. Courtney Leary is the first physician to be raised in and now serve the people of Norway House Cree Nation. She is now the Chief of Staff for Norway House Hospital and Clinic, and her leadership was pivotal to the development of the new Health Centre of Excellence. Her deep roots and commitment to her community were vital during the pandemic, when she found innovative ways to ensure health care was available, delayed the arrival of COVID-19 in the community, and the relationships she built were pivotal to achieving a high level of vaccine uptake.



Dr. Michael Loudon is a champion for physician health. While maintaining his rural family medicine practice, Dr. Loudon spent 15 years leading physician peer support programming and helping to destigmatize substance use disorders. His work helped physicians regain their health and continue their medical practice. He has also been a pivotal member of several physician health initiatives, including efforts to tackle the system and organizational causes of physician burnout and distress.



Dr. Maggie Morris - Distinguished Service Dr. Morris has served Manitoba for nearly 40 years as a physician, educator, and leader in Women's Health. As a clinician, she has dedicated much of her practice to vulnerable patients and has played a pivotal role in the education of thousands of physicians and physician assistants using innovative and engaging techniques. As Chair of Obstetrics, Gynecology and Reproductive Sciences and Provincial Lead of Women's Health, she oversaw major improvements in care and the design of the new Women's Hospital.



Dr. Tamara McColl - Humanitarian Award Dr. McColl is an emergency medicine physician who has dedicated the last year to supporting the Ukrainian community both here in Manitoba and in Ukraine. Her community service and humanitarian work has included leading local efforts to mobilize support through fundraising and rallies while also joining multiple medical relief missions to Ukraine through the Canadian Medical Assistant Teams and Canada Ukraine Surgical Aid Program.



Dr. Alwyn Gomez - Resident of the Year Dr. Gomez is an exceptionally talented resident physician specializing in neurosurgery. He has a passion for research and is also completing his PhD, focusing his research on traumatic brain injury. He also has a strong dedication to supporting medical education, helping to develop new programming in dissection and showcasing Manitoba's post-graduate medication education program to prospective learners.



Dr. Ryan Zarychanski - Physician of the Year Dr. Zarychanski led truly groundbreaking work during the pandemic to rapidly assess the effectiveness of potential treatments for COVID-19. His work has been trailblazing at a global level, both in the actual treatments identified as well as the process he developed to identify them. By developing a global network of scientists, he raised significant funding, led life-saving clinical studies spanning 104 countries, and developed a new method of conducting and analyzing randomized clinical trials to speed knowledge generation. Ultimately, these trials identified effective treatment options for patients with serious COVID-19 infections.

Join us, May 13th at the awards gala to celebrate the outstanding contributions of the 2023 Award Recipients.
Buy your tickets at DRMB.ca/gala!

GALA

This year's gala will raise funds for the Canada Ukraine Surgical Aid Program (CUSAP), the chosen cause of this year's Humanitarian Award Winner.



INTRODUCING Doc 360

Thriving in Medicine

Over the last few years, Doctors Manitoba has focused on expanding physician health resources. There has also been a focus on improving the services already in place based on feedback from members.

Part of this work has involved making it easier to navigate the various resources and services available to support physician health and well-being.

“All physicians, medical learners, and their families have access to Doc360 by Doctors Manitoba, a suite of services and resources to help you thrive in medicine,” explained President Dr. Candace Bradshaw.

The three primary physician health services that have existed for some time are all included as part of Doc360. This includes the 24/7 Physician and Family Support Program, the

Physicians At Risk program and MDCare. These programs are still distinct and independent from each other, but a single phone number and website provides the option of streamlined access. Each program still maintains its own self-referral options.

Doc360 also includes a growing array of additional services for physicians, including peer support, mentorship, and Cognitive Behaviour Therapy and Mindfulness (CBTm), designed for the medical community.

“Doc360 encompasses a range of services and initiatives for personal and professional well-being,” explained Dr. Shelley Anderson, Medical Lead for Physician Health. “From work-life to relationships to individual concerns, Doc360 supports the whole physician by giving you and your family the help you need, when you need it.”

Read about our physician burnout advocacy below and descriptions of the full suite of services available as part of Doc360 on the next page. You will find a poster in the middle of this issue of Rounds, which you can carefully remove and post in a location that will be easily visible to physicians and medical learners, such as a staff room or physician lounge.

The easiest way to access these services is to visit [Doc360.ca](https://doc360.ca) or by calling 1.844.433.DRMB (3762) where a nurse coordinator will assist you in finding the program right for you.

Addressing Physician Burnout

In addition to offering a larger suite of individual physician health services under the new Doc360 banner, Doctors Manitoba has also been focusing on tackling the root organizational and system causes of physician burnout and distress. This includes:

- Working with the province and regional health authorities to ensure physician engagement and input are included in decisions which impact physician health.
- Creating an administrative burden task force to reduce the countless unnecessary hours physician spend doing paperwork.
- Continuing to advocate for retention and recruitment incentives to rebuild the physician work force and reduce heavy workloads.
- Developing an equity, diversity, inclusion, and decolonization strategy to ensure issues related to racism, discrimination, and mistreatment are being addressed.

Physician and Family Support Program

This 24/7 service offers confidential support, resources, and information for personal and work-life issues for you, your dependents, and anyone living in your household. About 500 physicians and medical learners, and their family members access this service each year.

The service is quite comprehensive, with a range of supports tailored for our members. This includes short-term psychological counselling with diverse masters prepared counsellors and psychologists, as well as a range of other services such as advice on financial and legal issues, nutrition counselling, life coaching, and research concierge services to help you with personal and professional issues. Learn more at [Doc360.ca/pfsp](https://doc360.ca/pfsp).

Doctors Manitoba enlisted a new service provider earlier this year to enhance this service.

Call: 1.844.433.DRMB (1.844.433.3762)

Online: [Humanacare.com/drmb](https://humanacare.com/drmb)

Company ID: DRMBHealth

Physicians at Risk (PAR) Counselling and Peer Support

Confidential individual, couple, and group counselling by self-referral for medical learners, residents, practicing and retired physicians, spouses, and dependents over 18 years old. Group and individual peer support is provided for Doctors Manitoba members by a physician with lived experience.

Learn more at [Doc360.ca/par](https://doc360.ca/par). You can self-refer directly by calling **204.237.8320**.

Cognitive Behaviour Therapy with Mindfulness (CBTm)

A set of courses designed to offer education and skills training in evidence-based self-management strategies to support the mental well-being of physicians and medical learners. More information can be found at [Doc360.ca/cbtm](https://doc360.ca/cbtm).

MDCare

MDCare is a confidential, comprehensive clinic that provides practicing physicians with a full range of adult and child/adolescent psychiatric services, as well as adult psychological services. It is staffed by a multidisciplinary team, trained in the following disciplines: psychiatry, psychology, psychiatric nursing, and marriage and family therapy. Learn more at [Doc360.ca/md](https://doc360.ca/md). You can self-refer directly by calling **204.480.1310**.

Mentorship

The health and well-being of both mentors and mentees benefit from participation in the Doctors Manitoba Mentorship program. Participation as a mentor or mentee contributes to changing medical culture and will aid in bridging the gap between medical learners and practicing physicians. Learn more at [Doc360.ca/mentorship](https://doc360.ca/mentorship). You can enroll anytime at mentorship@doctorsmanitoba.ca.

Leadership Development

Leadership has a measurable impact on the wellness and satisfaction of teams. So, too, does a physician's knowledge and practice of equity and inclusion. Doctors Manitoba and the University of Manitoba, Office of Leadership Education for Rady Faculty of Health Sciences, are partnering to provide CME accredited physician leadership events. Register by going to [Doc360.ca/leadership_equity](https://doc360.ca/leadership_equity).





The Formative Years

A Discussion with Dr. Peter Connelly, President (1972-73)

by Keir Johnson

Consider a list of the top issues in medicine right now. The need for strategies to recruit physicians to rural and Northern communities. Tensions with governments about how physicians are funded or how much they are funded. The need for more consultation with doctors about changes in health care.

Believe it or not, many of these same issues were top of mind half a century ago, when Dr. Peter Connelly was President of the Manitoba Medical Association, today called Doctors Manitoba. This was an exciting period for the profession and the MMA, as universal, publicly insured medical care was just being established.

Doctors Manitoba sat down with Dr. Connelly, who is now 92 years old, to hear about his time as President, his reflections on how the profession has since evolved, and his concerns about the issues doctors are facing today.

A Pivotal Period

Dr. Connelly served as President in 1972 and 1973. This was a pivotal period for the medical profession.

Just a couple of years earlier in 1969, Manitoba signed on to the federal plan to offer comprehensive, universal, publicly insured medical care. Soon after, the government also produced a White Paper on Health Policy, which envisioned replacing independent physician practices with government-run community clinics.

This was part of the agenda for the new government elected that year, led by Premier Ed Schreyer.

“You saw this agenda coming at us,” explains Dr. Connelly. “We had to respond.” Physicians were concerned by the government’s approach to introducing this new public insurance, and the lack of consultation with doctors about significant health policy decisions that would affect how they cared for their patients.

At the outset of medicare, the provincial government unilaterally assigned a fee schedule for physician services, which then remained frozen. Meanwhile, costs were increasing, and doctors were facing economic challenges, on top of uncertainty about what broader changes to the health system the government would make.

Doctors needed someone to represent them with the government.

The MMA needed to evolve.

In response to the government’s White Paper, the MMA produced a Green Paper with a clear medically-informed vision for medical care.

Dr. Connelly explained in a newspaper interview at the time that “the need for bargaining is being recognized everywhere else and doctors here will also have to think in this manner.”

Dr. Connelly was President at the right time. Described as a “tough-talking” leader by a local news editorialist, he brought needed expertise from his years on the MMA’s Economics Committee, as well as business and negotiations acumen as a founding partner of Assiniboine Clinic.

An MMA news release that year described the issues. “Major complaints by the MMA are that the provincial government and its agencies have adopted a master-servant attitude toward the Medical Profession, pay no attention to what doctors have to say on health policies, and have stalled any cost-of-living adjustment in medical fees.”

In response to the government’s unilateral actions, Dr. Connelly and the MMA meaningfully engaged members regularly during this period. They sought out physician views on both the economic and health policy issues that were of top concern. A response to the government’s clinic plan was developed. Members approved a resolution to “examine all possibilities for transforming this Association into an effective bargaining agency for its members.”

Suddenly, the MMA and its President were routinely in the news. There were dozens of tense meetings with government officials. Issues were escalated to the Minister of Health, and later to the Premier. But what started as a very confrontational relationship with government, eventually evolved.

“Mr. Schreyer actually came for lunch at my house, and then I was eventually invited to present to the entire provincial cabinet,” recalls Dr. Connelly.

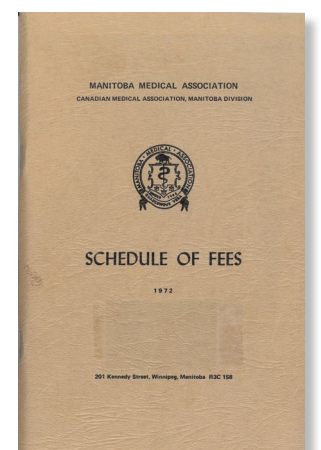
In the end, after a lengthy period of public and political advocacy, physicians prevailed.

The MMA was recognized as the bargaining agent for physicians.

In 1974, with Dr. Connelly now serving as Past-President, the government announced a two-year deal had been reached with the MMA to not only offer a substantial fee increase to physicians, but also to create a formal consultative committee “charged with developing ongoing co-operation and understanding between the commission and the association.”



CONNELLY, P.	
1965-66	Member Economics Committee
1966-67	Member Sub-comm. #2 (Dept. of Economics)
1967-68	Member Sub-comm. #2 (Dept. of Economics)
1968-69	Member Sub-Comm. # 2 (Dept. of Economics)
1969-70	Member Comm. on Hospitals
1970-71	Secretary Section of General Practice
	Member Hospital Comm
1971-72	Vice-President
1971-72	Member, Dept. of Economics
	Chairman, Constitution & By-Laws
1972-73	President
	Public Relations
	Negotiating Comm. - Liaison Comm. With C.P.&S.
	Rep. to outside Bodies- (Alternate) CMA Board of Director



Looking back fifty years later, Dr. Connelly describes this as a major achievement. “We negotiated a whole new structure to fund physicians. This was the beginning. This was the foundation.”

The Power of Unity

In the face of conflict and potential divisiveness over how physician care would be funded and how the MMA would support physicians, the profession came together. Meetings during this period were well-attended, with up to a third of all physicians in the province participating.

For example, the 1973 Annual General Meeting was attended by over 400, with members asked to give the MMA clear direction to represent the profession with government. The Winnipeg Free Press covered the important meeting and concluded “the Manitoba Medical Association gathered its members Saturday in search of unity for collective bargaining sessions with medicare and received both the negotiating muscle it sought and a unanimous mandate to flex it during the weeks to come.”

Dr. Connelly said at the time, “The MMA will not follow the path taken in Quebec, where specialists and family doctors have their own unions.”¹ Indeed, he had stressed the value of physician unity to members through the entire process.

Another way the MMA sought to maintain unity was by engaging members often in the challenges the profession was facing, and ensuring the Board reflected the professional and geographic diversity of its members.

Looking Back and Looking Forward

Dr. Connelly grew up in Scotland. After serving with Army Intelligence, he obtained his medical degree from University of Glasgow in 1956. After practicing for a few years, he moved to Manitoba in 1961 with his wife and two small children.

“A doctor friend of mine thought I could come to Manitoba, and I thought ok, why not?”

He worked as a family physician in primary care and in the hospital. Dr. Connelly was one of the original physicians involved in establishing Assiniboine Clinic in 1966, which today is one of the largest clinics in Manitoba. “We built the clinic there to be right by the new Grace Hospital,” he explains. “At that time, all the doctors took turns covering the hospital wards and the emergency department.”

While he retired from private practice in the early 1990s, he continued working with the Home Care Appeal Board, the Worker’s Compensation Board, and even as a visiting lecturer at a medical school in the Caribbean. He also continued to work as Medical Director at Holy Family Personal Care Home until he retired from medicine in 2019, after 56 years with the PCH and 64 years in medicine.

Dr. Kristjan Thompson, President of Doctors Manitoba for 2021-22, joined the interview with Dr. Connelly. “It’s been so fascinating sitting down together as two past Presidents with five decades between our terms.”



Dr. Thompson asked what the biggest concerns seem to be these days in medicine. Dr. Connelly mentions the physician shortage, and the need to revisit how physicians are funded.

“They should consider a payment system to attract more doctors to family medicine so that people have access to a family doctor.”

He is also concerned about the lack of consultation with physicians by the health system, which was one of the biggest issues fifty years ago when he was President.

“The government makes these big organizations and they ignore the doctors. The doctors have been squeezed out of the system. Doctors are not properly represented in the system at this time, to have a say on important issues and on policy and strategy. It seems to be left to the accountants.”

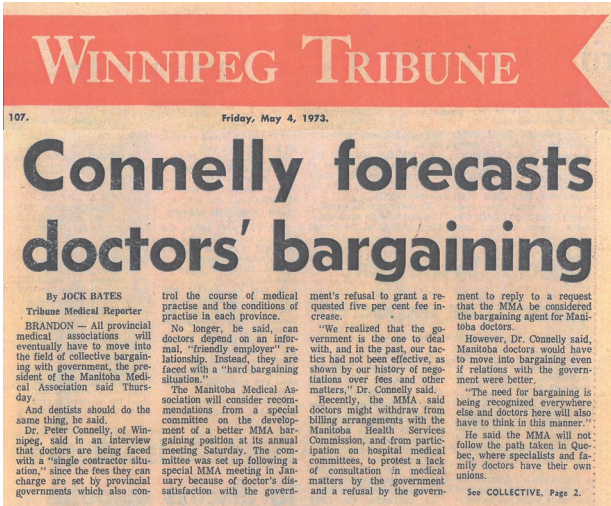
When it comes to how medicine has advanced, Dr. Thompson asked what the biggest changes have been since Dr. Connelly started in the profession.

“Without question, it’s the equipment. It’s day and night. Things like MRIs, CTs and how they can use lasers.”

Dr. Connelly recalled a recent test he needed and how amazing it was to see how imaging has advanced. “The radiologist took the time to show me the 3D scan. He told me I had the blood vessels of a 42-year old!”

As medicine continues to evolve, Dr. Connelly offered an important reminder to his younger colleagues: “We have to remember that ultimately, the patient should be the one who benefits for all of these advancements.”

Dr. Thompson nodded. “I couldn’t agree more.”



¹Bates, J. (1973, May 4). Connelly forecasts doctors' bargaining. Winnipeg Tribune, p. 1.
²MMA News Release, April 27, 1973
³MMA President's Letter, January 25, 1973
⁴Manitoba Government news release, January 18, 1974
⁵Jager, M. (1973, May 7). MDs Okay Tough Stand; Ready for Talks. Winnipeg Free Press, p. 1.

1956

Medical Degree, University of Glasgow

Moves to MB and starts private family medicine practice

1961

Starts medical coverage for Holy Family Home PCH

1963

Starts medical coverage for Holy Family Home PCH

Joins MMA Economics Committee

1965

Opens Assiniboine Clinic with founding partners

1966

Opens Assiniboine Clinic with founding partners

MMA Vice President

1971

MMA President

1972-73

MMA President

MMA Past President

1973-74

Medical Advisor to Premier of Manitoba

1976-80

Medical Advisor to Premier of Manitoba

Retires from private practice

1992

Chair of Home Care appeal Board

Mid 1990s

Chair of Home Care appeal Board

Begins work as WCB Medical Advisor

1993

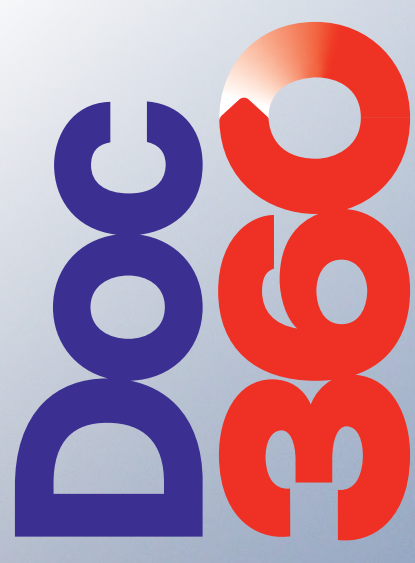
Visiting Lecturer at Medical School in St. Vincent

1994-96

Visiting Lecturer at Medical School in St. Vincent

Retires from Medical Practice & 56 years as the Medical Director of Holy Family Home

2019



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[DOC360.ca](https://doc360.ca)

Ongomiizwin and the Evolution of Northern Medicine

by BR Hartle

A few years ago, Dr. Sara Goulet was in a Northern First Nation in Manitoba, seeing patients at the nursing station. An elder walked in, a woman, who was a local school teacher. She had a lesion on her leg and Dr. Goulet asked when she first noticed it. The elder looked up at the ceiling and spoke to herself in Anishinew, then told Dr. Goulet it was about three weeks ago when there was a big community event.

In that moment when the elder looked up and spoke to herself in her language, Dr. Goulet remembered an earlier point in her career working in the North. Back then, she had an interpreter to help communicate with patients. She would often ask the interpreter how long the patient had been experiencing pain, and there would be a few minutes of dialogue until she got a response with a specific time frame. Dr. Goulet would ask the interpreter what they were talking about for those few minutes, and the interpreter would tell her that she didn't need to know.

Back with the elder at the nursing station, Dr. Goulet had a realization. She asked the elder if Anishinew had the same categories of time as English - weeks, months, etc. - and the elder told her no.

"She told me that it's all relational," said Dr. Goulet. "She was thinking about what was going on in the community when this

happened, and then she was able to translate that back to me because she had a Western education, as a teacher. Now, when I ask people when something started, I try to ask if it was when the ice broke up, or when people visited for that holiday. I use relational knowledge as opposed to fixed times. Nobody taught me that in medical school - I learnt it from the community."

Indigenous-centred health care.

Dr. Goulet works for Ongomiizwin Health Services (OHS), which is an inter-professional health services agency led by a team of Indigenous and non-Indigenous health professionals. It provides health care to Northern and rural communities in Manitoba through hospital-based service, nursing stations and community visits from health care specialists.



Dr. Jade Young, Dr. Sara Goulet
and Dr. Carly McLellan at the
Garden Hill Nursing Station

OHS is part of Ongomiizwin - Indigenous Institute of Health and Healing, within the Rady Faculty of Health Sciences. Formed in 2017, Ongomiizwin replaced three separate entities: the Northern Medical Unit, the Centre for Aboriginal Health Research, and the Centre for Aboriginal Health Education. As Northern health services in Manitoba evolved into Ongomiizwin, the organization placed a central focus on Indigenous leadership.

"We took that opportunity to elevate the Indigenous health portfolio," said Executive Director of OHS and head of Ongomiizwin, Melanie MacKinnon. "We wanted to ensure that the services we provide weren't just reflective of the work we're trained in - the biomedical, psychosocial model - but that there's also a spiritual and cultural component."

The name Ongomiizwin is Ojibwa. "For some," said Ms. MacKinnon, "it means clearing the path for generations, or making room, making space, making it easier. It's also used when someone is leaving their home community, for education or health services; the family will say, 'Ongomiizwin,' which is like 'Be careful.' We thought that was also really important. In health care, a lot of what we do is risk mitigation. So, the name also suggests the need to be careful, especially when dealing with people's lives."

*Ongomiizwin means clearing the path
for generations, or making room,
making space, making it easier.
It can also mean be careful.*

Indigenous experiences and teachings are embedded in the core of Ongomiizwin. All physicians sign a one-of-a-kind charter. The charter is written by Ongomiizwin physicians and based on 13 Indigenous grandmother teachings.

"We recognize that our physicians are very powerful," said Ms. MacKinnon. "The health and wellbeing of everyone is at stake, and our physicians have a responsibility with that power. That's what the charter reminds us to do and how to be."



Working with Ongomiizwin

For Dr. Courtney Leary, a member of the Norway House Cree Nation and Chief of Staff at Norway House Hospital, Ongomiizwin's focus on Indigenous-led care just makes sense.

"I am from Norway House. I am Indigenous. This is how I was raised. This is not an organization teaching me how to be, it's an organization taking in all of the things that I've already been taught and putting that into their operations. For me, it makes sense that in Indigenous communities we would incorporate the ways that we talk to people, the ways we live, and the ways we support each other."

To be sure, many of the physicians with OHS are not Indigenous, but the organization does work with physicians to help them better understand the people and communities OHS serves.

"I would never expect anybody to come in and know how Indigenous communities' relationships work," said Dr. Leary. "I don't expect people to know things they've never been taught. All you have to do is be willing to adapt, be willing to learn and be open to different ways of thinking."



Dr. Courtney Leary

In exchange for an openness to learn, physicians with Ongomiizwin have the opportunity to work in welcoming communities, close to nature, on supportive teams.

As one of Dr. Leary's physicians in Norway House recently said about why they work with OHS, "It's the love of the people. I have never seen people who have endured so much yet can still laugh and love. Rarely will you see the sense of community you see in the North, and then there's the love for nature and relatively untouched parts of nature that you can't get in city settings."

Dr. Goulet agrees. "People might be fearful to come and work here because they worry they will be by themselves. They aren't. You are never alone. In fact, I felt much more alone working at Health Sciences Centre (HSC) than I ever have in the North. From a recruitment perspective, I encourage people to reach out and get a better sense of what it's like. People think it's going to be busy like HSC, but with no support, and that couldn't be further from the case."

Challenges and opportunities

Ongomiizwin serves some of the most isolated and understaffed communities in Manitoba.

For instance, Dr. Goulet looks after almost 15,000 people in her area, which includes Garden Hill, St. Theresa Point, Wasagamack, and Red Sucker Lake. These communities have road access a couple of months of the year, during the winter road season, otherwise everyone flies in and out. The ongoing staffing shortage in these communities also means that Dr. Goulet and her colleagues spend most of their time meeting the more acute needs of the communities, with less time to spend on prevention and primary care. With more resources and staffing, that could change.

In Norway House, where staffing levels are more stable, this is exactly what Dr. Leary has been able to do. To address the continued youth mental health crisis in her community, she implemented a wellness clinic in local schools, an innovative approach to get ahead of the crisis. She dedicates three days a month and can meet directly with more than 2,000 youth.

The focus on integrating Indigenous culture into health care practices is making a difference.

"Youth suicide continues to plague us," said Dr. Leary. "I had an idea to try and respond to the crisis in some sort of way, and I asked OHS leadership if it was okay for me to take time out of the clinic and go to the schools to provide that preventative care. And OHS was like, of course, do what you think is right."

For Dr. Leary, it's the trust and support she gets from Ongomiizwin that makes her work so rewarding. It's one of the key ways that OHS puts Indigenous knowledge into practice - by enabling local health leadership to enact the changes their experiences tell them will help.

"There's that freedom that anybody who works for us, who has an idea of how to meet a need, the organization will support you," Dr. Leary said.

This is one of the critical shifts in Northern medical care that has taken place with Ongomiizwin. Indigenous people are at the table, in key decision-making positions.

The challenges of delivering care in Northern and remote communities continue, but there is a strong feeling among Ongomiizwin physicians that the focus on integrating Indigenous culture into their practices is making a difference.

As Dr. Leary put it, "Knowing you're on the right path is rejuvenating."

Indigenous Health Resources



Ongomiizwin –
Indigenous Institute
of Health and Healing



Guide to Health and Social
Services for Aboriginal
People in Manitoba

National Collaborating
Centre for Indigenous Health



Indigenous Health
Government of Canada



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-Avi Islur, The First Glance Clinic

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How physicians can make the most of the First Home Savings Account

How the FHSA works

The tax-free First Home Savings Account is a new savings account that combines the best features of a registered retirement savings plan (RRSP) with the best features of a tax-free savings account (TFSA). Canadians who have reached the age of majority and who qualify as first-time homebuyers will be able to open an FHSA and contribute up to \$8,000 in the first year.

After that, they'll get another \$8,000 in contribution room each year, for a total of five years — giving them a lifetime maximum of \$40,000 in FHSA contribution room. Unused contribution room is automatically carried forward and can be used later.

FHSA contributions will be tax-deductible, just like RRSP contributions. And, like a TFSA, you'll be able to withdraw funds tax-free — though, unlike a TFSA, only provided that the funds are used to purchase your first home.

Contributions can be invested in much the same way as they are in an RRSP or TFSA. That means you'll be able to park your FHSA contributions in cash, GICs, stocks, bonds, mutual funds, and exchange-traded funds (ETFs). You will be able to keep the FHSA open for up to 15 years or until the end of the year that you turn 71, whichever is earlier. Funds held in your FHSA that aren't used to buy a first home will be transferrable tax-free into an RRSP or registered retirement income fund (RRIF), or you'll be able to withdraw them as taxable income.

How physicians can use the FHSA

The FHSA will offer an ideal way for physicians to begin saving for a first home, while receiving a valuable tax deduction for their FHSA contributions. You can then invest those funds in a risk-appropriate portfolio and withdraw the funds tax-free when you're ready to purchase a home.

If you've already bought your home, the FHSA offers you a way to help your adult children or grandchildren save for their first home by encouraging them to open an FHSA and gifting them money to contribute to the account.

Watch for this new account to launch this spring and add it to your savings toolkit. If you'd like to talk to an MD Advisor for help creating a create a new financial plan that incorporates the FHSA, contact us at VIP@md.ca.



Scott Thomson
Early Career Financial Consultant
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Get Your Benefits: Prescribing Tax Returns

by BR Hartle

Wealth impacts health. As research from the Manitoba Centre for Health Policy suggests, the more money a person has, the better their health outcomes.

This recognition is the driving force behind the “Get Your Benefits” project. This initiative encourages doctors in Manitoba to prescribe income tax filing as a way to improve a person’s health outcomes by helping them access government benefits.

Dr. Sharon Macdonald, one of the physicians behind this initiative points out that, “Manitoba has the highest rate of child poverty in Canada and we see clearly the negative impact of poverty on people’s health.”

To help physicians prescribe tax-filing, Dr. Macdonald teamed up with colleague and researcher Dr. Noralou Roos (PhD) to work with a coalition of health care providers, researchers, community non-profit organizations to develop an information booklet and a website with details of the federal, provincial and regional benefits Manitobans may be eligible for.

The “Get Your Benefits” team has built strong connections with two community-based organizations that help people file their taxes for free: SEED Winnipeg and Community Financial Counselling Services. With the assistance of volunteers and the Community Volunteer Income Tax Program, these organizations do the work of helping people file their income taxes.

And it works! In 2018-2019, 590 volunteers helped 29,670 Manitobans living on low incomes recover \$102.3 million of refunds and benefits through income tax filing!

Dr. Macdonald recalls speaking with a university colleague treating a patient who had



Dr. Sharon Macdonald

become ill, lost their job, and was struggling financially. She recommended referring their patient to a community agency for help with their non-medical concerns.

“The next time that patient came in, their health was on the upswing,” Dr. Macdonald explained. “The help they received, from filing their income taxes to assistance with their other difficulties, had enabled them to turn their own situation around. To me, it’s an example of how a medical student, a teacher and a community agency helped a person access essential financial resources while also building a new community link to help people in an important way.”

While people can file their taxes anytime of the year, it’s when the tax filing deadline approaches that it’s an especially topical conversation for physicians to have with their patients.

“We as physicians can make a simple statement, particularly at this time of year, to file your income tax,” said Dr. Macdonald. “There are benefits that all Canadians are eligible for, and the way that governments recognize eligibility for these benefits is through income tax filings.”



To learn how physicians in Manitoba can help their patients “get their benefits,” visit [GetYourBenefits.ca](https://getyourbenefits.ca)

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¹ Based on Scotiabank and MD Financial Management physician market share as at February 2022.

STARS in the Sky

By Blake Robert

Dr. Doug Martin
Medical Director for the
STARS Winnipeg Base

Dr. Tom Jelic is an emergency physician and has been a STARS transport physician since 2014. Among the many critical care missions he has been a part of, one stands out as an example of the exceptional teamwork of medical crews both in the air and on the ground.

This mission involved a young patient who was involved in a motor vehicle collision and needed to be flown from a rural health facility to a trauma centre in Winnipeg.

“The rural facility had no blood products, no ultrasound equipment, and very limited diagnostic capabilities,” recalls Dr. Jelic. “STARS was mobilized immediately. We were able to diagnose that the patient was bleeding internally and had a collapsed lung all within five minutes of arriving.”

Given the patient’s need for additional blood products, the STARS crew connected with the hospital in Portage la Prairie to arrange a stop prior to continuing to Winnipeg.

“We were able to work with our colleagues at the Portage hospital to get blood products dropped off at the helipad there,” said Dr. Jelic. “I think we were on the ground for 35 seconds. That’s just a prime example of the unique abilities of the helicopter pre-hospital service that STARS provides.”

Over the past decade, the iconic STARS helicopter has become a familiar sight in Manitoba. Whether at an accident scene in a rural or remote location, a health facility in a smaller community, a major trauma centre such as Health Sciences Centre, or anywhere in between, STARS is an integral part of the delivery of critical care in our province.

Yet while critical care nurse and paramedic crew members provide much of the hands-on care to STARS patients, behind every mission is the figure of the Transport Physician. Members of a new and emerging subspecialty, Transport Physicians provide expertise and oversight for the transport of critically ill and injured patients 24 hours a day, seven days a week. This means

that every time a STARS aircraft is dispatched, a Transport Physician is leading a team of highly skilled professionals that supports the mission in the air and on the ground. Drawn from several acute care specialties, a team of sixteen physicians currently supports the STARS Manitoba team.

“Transport Physicians are the coordinating presence behind every STARS mission,” explains Dr. Doug Martin, an Emergency Physician at Health Sciences Centre and Medical Director for the STARS Winnipeg base. “When a call comes in, the physician’s expertise plays a vital role in ascertaining the care that the patient requires, providing advice to the sending facility, and determining the best mode of transport, which could be a helicopter, a fixed-wing aircraft, or a ground ambulance. The Transport Physician then tracks the mission from end to end, checking in with the air medical crew to provide medical guidance and a point of liaison with the receiving health care facility.”

To accomplish this, the expertise of the Transport Physician extends beyond the realm of acute care medicine to encompass the transport environment, aviation safety, and medical logistics. Communication is also a key element, as much of the work of a STARS physician occurs remotely, through the eyes and hands of other highly skilled team members.



“The effectiveness of the STARS model rests on the scope of practice of our nurse and paramedic air medical crew members,” notes Dr. Martin. “STARS air medical crew members can perform many interventions which have been conventionally regarded as belonging to a physician skill set. But with specialized equipment and training, ongoing medical oversight, and quality management, our non-physician providers can perform these interventions with a very high level of safety and effectiveness – certainly comparable to physician providers.” With STARS teams able to deploy aboard helicopters, fixed wing aircraft, and ground ambulances, the expertise of a single transport physician is leveraged to assist multiple patients at once, across a vast province.

The Transport Physician can also be frequently found in a flight suit, providing care directly to patients on board. Interfacility transports featuring very high levels of acuity, or a requirement for specific procedural intervention are common reasons for the Transport Physician to attend with the crew. Procedures such as chest tube and transvenous pacer insertion, for example, continue to require a physician skill set aboard

the aircraft. Mass Casualty Incidents represent a less common but very impactful role for the Transport Physician, deployed to support EMS and rural health facilities at or near the scene of an MCI.

Among the most important roles of the Transport Physician, however, is their leadership in the development of medical control protocols, education, prehospital research, and quality assurance programs.

STARS transport physicians help develop and deliver initial and ongoing training to STARS Air Medical Crew and to other nurses, paramedics, and physicians who wish to expand their knowledge and skills in caring for critically ill or injured patients. Transport physicians also lead the STARS Pre-hospital and Transport Medicine Fellowship, a six-to-nine-month certificate program that is one of the entry points to the subspecialty.

In addition, Transport Physicians play a critical role in STARS' quality assurance program.

"Mission safety and quality of patient care are very important to STARS," notes Dr. Martin.

"That is why every STARS mission record undergoes a detailed review by a Transport Physician. Undertaking this level of evaluation allows us to offer focused and timely feedback to air medical crew members, enhance our training, and continuously work to improve the service that we provide."

Transport Physicians play an active role in advancing the science of transport medicine, with STARS-affiliated researchers generating numerous publications annually. Among the most energizing aspects of this role is translating this work into advances in care.

Transport Physician Dr. Tom Jelic notes some of these advancements in the care that is provided on board.

"There's been a huge change in a relatively short period of time," said Dr. Jelic. "When I first started as a transport physician with STARS in 2014, we didn't carry blood, we didn't carry reversal agents for blood thinners, we didn't have a video laryngoscope device, we didn't have ultrasound in the hands of air medical crew. In less than 10 years, we've introduced all these resources to enhance the



level of care we can provide to patients. I'm very proud of our commitment to innovation and remaining on the cutting edge of critical care."

Whether providing critical care for patients in the air and on the ground, developing cutting-edge training, or leading a robust quality assurance program, the work of a STARS transport physician is diverse and engaging.

And, according to Dr. Martin, it is also very rewarding.

"Through the long reach of technology and teamwork, we can use our skills to benefit patients very distant from tertiary care, and ensure they have access to the same resources they would have in the city. Working to address outcome gaps among rural and remote patients is some of the most satisfying work of my career."



Dr. Tom Jelic
STARS Transport Physician



Physician of the Week

Physicians of the Week exemplify the best of the medical profession, including a commitment to delivering exceptional patient care, to supporting the health and wellness of their colleagues, and/or to leadership in the medical profession. Here are some of this year's Physicians of the Week so far.



Dr. Saima Manzoor

Dr. Manzoor has lived in northern Manitoba for nearly a decade where she now works as a family doctor. She is a strong advocate for improving physician health. She sees medicine not only as a profession, but a rewarding lifestyle in which she deeply values "building a trusting relationship with patients and the satisfaction of sharing compassion."

Dr. Mryanda Sopel

Based in Souris, Dr. Sopel is "a generalist at heart who likes to dabble in a little bit of everything." She is proud when patients from marginalized communities, who feel alienated by the system, feel safe in her care. Colleagues call her a "rock star" and appreciate her dedication to patient care and rural medicine, her advocacy for patient care and her ability to infuse silliness into their day.



Dr. Amrit Malik

Dr. Malik is an academic cardiologist who got in to medicine after being inspired by the care her father received. Appreciated by rural and urban physicians. An Assistant Professor at UM, Dr. Malik loves to find humour in the every day and is also and is described by colleagues as "extremely attentive and diligent".

Dr. Seth Shaffer

An academic gastroenterologist, Dr. Shaffer's passion for science and love of working with people led him to a career in medicine. One patient credits Dr. Shaffer's bedside manner, professionalism, and knowledge with making her feel at ease and more comfortable with testing and treatment after past procedures had left her nervous and hesitant.



Dr. Eric Lane

Dr. Lane has delivered exceptional care (and 750+ babies) in his 33 years in Winkler. He is proud to have been involved in establishing a community-based clinic that grew from six doctors to more than 40 physicians today. He has been called a 'consistent presence' by Dr. Don Klassen, who says, "physicians like Eric often go unrecognized but are the heart of our profession!"

Dr. Daisy Jihyung Ko

A PGY-1 Plastic and Reconstructive Surgery Resident, Dr. Ko is passionate about plastics but has interests in surgical education, mentorship in medicine, and queer health advocacy. She finds purpose in participating in and creating community with other people who are traditionally underrepresented in medicine and promoting safer culture for queer learners and staff.



Dr. Tunji Fatoye

Dr. Fatoye continues to follow the advice he received from his parents when he first started medical school: "Remember, it's not about you. Treat everyone the way you would want to be treated". He originally went into medicine out of curiosity and fell in love with the profession. A patient-first practitioner, he is described as "friendly, approachable, and level-headed."

Dr. Sara Dunsmore

Dr. Dunsmore goes above and beyond to break down the barriers to care often created by the bureaucracy in the health care system. She works as a Nephrologist at SOGH and enjoys the human connection of medicine and strives to make an impact in the lives of her patients. She feels most rewarded when she can clearly help people feel better and improve their quality of life.



Dr. David Willems

Dr. Willems is a leader in HIV & addictions treatment and has cared for underserved communities at Nine Circles and Klinik Community Health Centres for over 20 years. What motivates and inspires him are patients' stories of resilience, resistance, and solidarity in the face of relentlessly unjust circumstances and systems.

Dr. Lauren MacKenzie

Dr. MacKenzie wears many hats as an Infectious Disease Specialist. Along with clinical work, she is the Associate Director of the Manitoba HIV Program. Her multidisciplinary team and researchers at UM produced the 2018–2021 HIV Program report which is now being used to advocate for important HIV Program initiatives that will strengthen and improve HIV care in the province.



Dr. Jennifer Hensel

Dr. Hensel loves the variety of patients and tasks psychiatry provides. She has been instrumental in creating new ways mental health supports are being delivered to Manitobans. As a response to COVID-19 and the resulting public health restrictions and with very limited resources, she transformed the Crisis Response Services to a virtual program, a first in Canada.



Read more about all of our Physician of the Week recipients by scanning this QR code or by visiting [DRMB.ca/MDWeek](https://drmb.ca/MDWeek)

Suggest a colleague for Physician of the Week by scanning this QR code or by visiting [DRMB.ca/Recognize](https://drmb.ca/Recognize)



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DOOR PRIZE

Join us May 11 for our AGM!

This year's hybrid AGM will include a vote on foundational changes to our by-laws. The aim is to strengthen our decision making, ensuring members are at the heart of everything we do. The changes also seek to modernize our governance, including supporting a Board that is more inclusive and representative of our broader member, including members' professional and personal attributes. All attendees will be entered into a door prize draw for a \$500 Visa Gift Card.

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at DRMB.ca/AGM

