

# rounds

Dr.  
**Sheldon  
Permack**  
CFPC Physician of the  
Year Award

Dr.  
**John Embil**  
Educator of the  
Year Award  
By The Department of Continuing  
Professional Development



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Cancer  
Care  
In Sixty**

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health system for all

**Retirement  
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# rounds

## Dr. Sheldon Permack CFPC Physician of the Year Award

**On November 11, 2014, The College of Family Physicians of Canada (CFPC) presented Dr. Sheldon Permack with their annual physician of the year award.**

Named the Reg L. Perkin Award, in honour of Dr. Reg L. Perkin, who served as the CFPC Executive Director from 1985 to 1996, the 2014 Family Physicians of the Year are picked by their colleagues because of their dedication to patient care, teaching and their contribution to the health of their communities.

Dr. Sheldon Permack is regarded by his colleagues and patients as a physician who respects the views of others, generously shares his knowledge, and is passionate about advancing the role of family medicine.

A graduate of the University of Manitoba, Dr. Permack obtained his medical degree in 1980. He received his certification in family medicine from the College of Family Physicians of Canada (CFPC) in 1988.

Since 2004, Dr. Permack has been Medical Director at the Winnipeg Regional Health Authority. Throughout his career, he has maintained a strong commitment to continuing professional development, and shares his knowledge and skills through individual consultations throughout the province.



(L-R) Dr. Kathy Lawrence, CFPC, past-president; Dr. Sheldon Permack; Dr. Reg L Perkin (who the award is named after); Laurence Levy, Scotiabank; Dr. Ralph Masi, Chair, Research and Education Foundation.

Dr. Permack is known for his commitment to using innovation to improve patient care and enhance primary care services. He has implemented electronic medical records (EMRs), and mentored others in the Manitoba eHealth Peer-to-Peer Network. He has also been an advocate of the physician assistant program in Canada. Through support in his personal practice, he contributed to the integration and education of physician assistants in primary care.

Through his professorship at the University of Manitoba, Dr. Permack enjoys the opportunity to train family medicine residents in the principles of family medicine. He also takes great pride in being a community-focused physician. His involvement helps him to maintain the continuity of care for his multi-generational roster of patients.

Dr. Permack and his wife, Kishwar, celebrate the varied cultural and musical activities available in Winnipeg. He also enjoys traveling to the South Pacific with his son to snorkel and hike volcanoes. You might run into Dr. Permack at his local fitness centre, where he trains a few times a week to keep in shape.

# 2015 Annual General Meeting



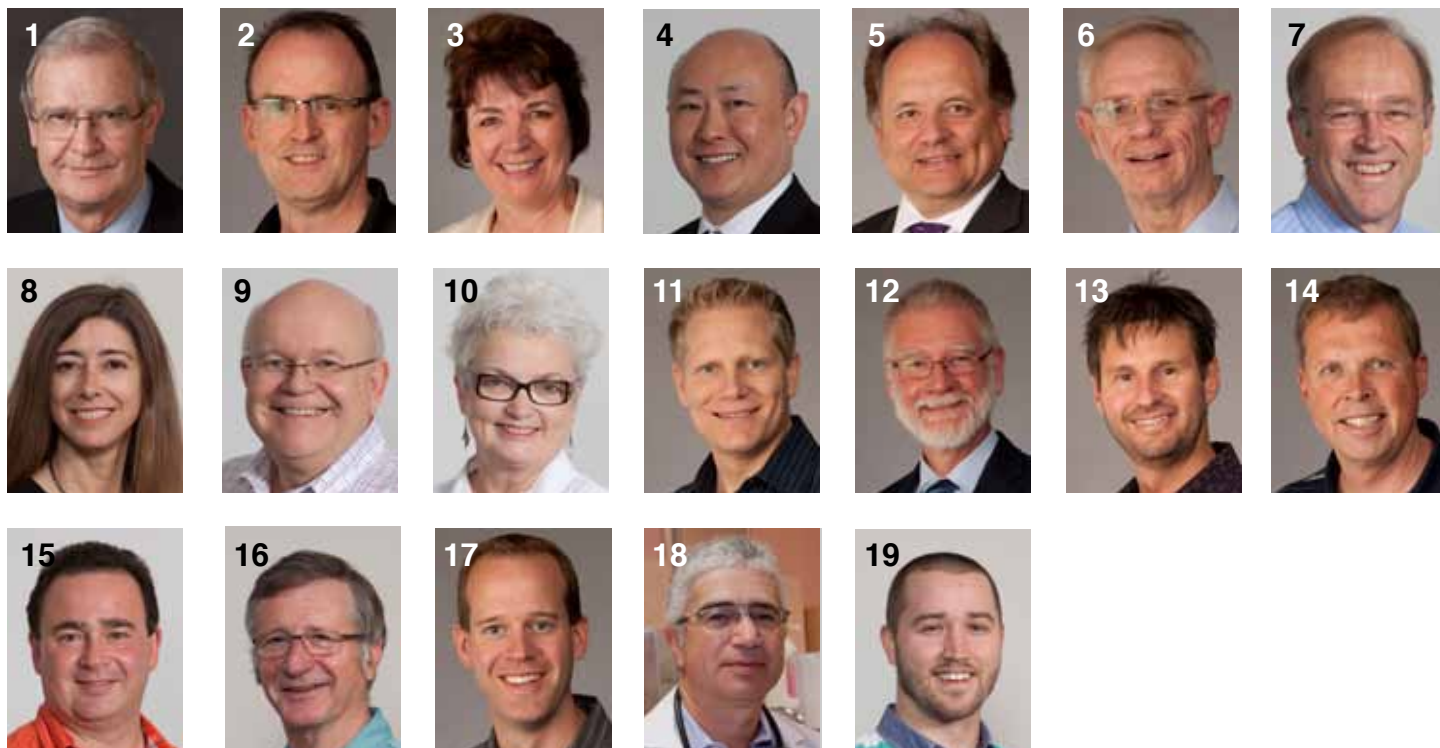
## MARK YOUR CALENDARS

2015 Annual General Meeting and Awards Dinner takes place on **FRIDAY, May 8, 2015** at the Fort Gary Hotel. Business session starts at 6:00 p.m. followed by the dinner/awards/Presidential Installation ceremony.

[Watch for more details](#)



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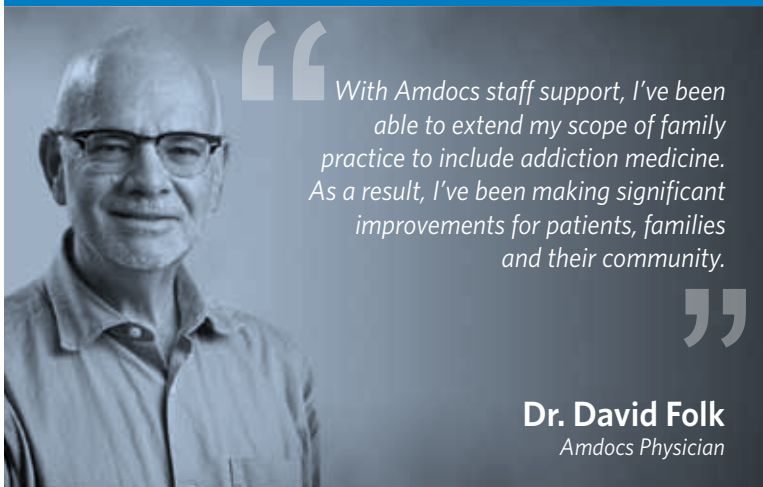
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(L-R) Dr Jeff Sisler - Associate Dean of Medical/Dental CPD, Dr. John Embil



## Dr. John Embil Educator of the Year Award

By The Department of Continuing  
Professional Development

On October 21, 2014 at Bug Day 2014, Dr. John Embil, Consultant, Infectious Diseases, was awarded the Department of Continuing Professional Development Educator of the Year Award. John was selected to receive

the inaugural award because of his commitment to ongoing postgraduate medical education. John has been a member of the Faculty of Medicine at the University of Manitoba since 1997 and since that time has delivered approximately 400 local, national and international podium presentations based upon either independent research or for continuing medical education purposes. John is a dynamic and engaging speaker who can inspire the audience. John's most significant educational accomplishment in Manitoba has been Bug Day, a day long academic program focussing on infection prevention and control, public health and infectious diseases. Each year, a unique series of topics and speakers is selected. Bug Day attracts between 800 – 1200 attendees over the course of the day. This program is fully accredited by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons. Bug Day is held on 3rd Tuesday of October of every year. Bug Day is available for on site attendance at Theatres A, B, and C at the Bannatyne Campus at the University of Manitoba, or by telehealth at rural and remote settings throughout Manitoba.

# NEW CLAIMS PROCESSING SOLUTION

## UPDATE

Manitoba Health, Healthy Living and Seniors (MHLS) is currently undergoing final testing and preparations for implementation of the new Claims Processing Solution (CPS).

MHLS continues to monitor claim submissions from physician billing systems to assess readiness and compliance with the requirements

for the new CPS. The efforts of all those who have made the required technical changes to date is very much appreciated. The new CPS is anticipated to be operational in early 2015.

For additional information and details on the new CPS, please visit MHLS' Claims Processing webpage at [www.gov.mb.ca/healthclaims](http://www.gov.mb.ca/healthclaims)

If you require assistance or have specific billing questions in relation to the new CPS, please do not hesitate to contact the Claims Unit General Enquiry at

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**June 12, 2015**

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University of Manitoba**

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**To register, or for a copy of the full program, contact:**

**Dorothy Miller**

Section of Gastroenterology, University of Manitoba

Phone: **(204) 789-3369** Fax: (204) 789-3972

email: [dorothy.miller@umanitoba.ca](mailto:dorothy.miller@umanitoba.ca)

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Huge growth in Canadian doctors use of information technology, National Physician Survey reveals

More Canadian physicians than ever are embracing information technology. New data from the 2014 National Physician Survey (NPS) shows significant increases in the use of information technology since previous surveys in 2007 and 2010.

Seventy-five per cent of physicians report using electronic records to enter or retrieve clinical patient notes on a laptop or desktop. The number has tripled from 26% in 2007.

Sixty-five percent of physicians reported seeing better or much better quality of care since the implementation of electronic records, a rise of nine percentage points from last year. Physicians in Alberta, British Columbia and Ontario were most likely to report using electronic records at close to 81% in each according to the NPS findings. Cancer specialists had very high usage with 96% or radiation oncologists and 97% medical oncologists going electronic, as well as 79% of family physicians.

Most frequent benefits that were quoted include identifying lab results, ability to access a patient's chart remotely, being alerted to critical test results or to potential medication warnings.

Electronic tools used by physicians other than EMRs are also on the rise. The most frequent use of electronic tools is the access to lab/diagnostic test results — 80 per cent compared to 38% in 2010. Fifty-eight per cent of physicians use electronic tools to review what medications are being taken by a patient and 45% to provide warnings for drug interactions as well as for referrals to other physicians.

Physicians reported several challenges were in accessing information: 52% reported technical glitches, 46% with compatibility issues with other systems and 26% complaining about firewall or security issues.





The 2014 survey builds on the previous surveys with a focus on use of information technology by physicians of Canada. This year, more than 10,000 licensed physicians from across the country completed the online electronic survey.

Since 2004, the NPS has been the largest census survey in Canada that gathers the opinions of physicians, medical residents and students on a wide range of health care issues.

The NPS is implemented collaboratively by the College of Family Physicians of Canada, Canadian Medical Association (and Royal College of Physicians and Surgeons of Canada).

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**The 2014 NPS website**  
**[nationalphysicianssurvey.ca](http://nationalphysicianssurvey.ca)**

**Includes results by province, specialty  
and certain demographic characteristics  
of the responders.**

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## A new program funded by Doctors Manitoba brings playtime to children who need it most.

By Shamona Harnett

They've swapped playing tag for playing video games on their iPads. They've traded running around the backyard for watching DVDs in the basement.

Inactivity is way of life for many kids today. And it's hard to hide; according to Statistics Canada, more than 30 per cent of Canadian kids are overweight or obese.

That's why Doctors Manitoba—with the help of Sport Manitoba—created Fit Kids Healthy Kids.

**Fit Kids programs go to Manitoba's most impoverished kids.**

**"In this generation, for the first time in history, our children will not outlive us because of the**

**sedentary behavior that all the screen time has brought upon our society today," says Michelle Johnson, Fit Kids Healthy Kids program coordinator.**

**"Kids aren't playing outside as much. Life expectancy is going down because of inactivity. We have to bring activity back to our children."**

Here's what Johnson, who has a University of Manitoba kinesiology degree and years of experience coaching children, has to say about the new Doctors Manitoba program she heads:

**Rounds:** How many kids has Fit Kids Healthy Kids reached since May?

**Johnson:** We had 147 sessions over the course of the summer. And 7,045 kids participated. That's long-term programs and one-time visits.

**Rounds:** How many facilitators are working for Fit Kids?

**Johnson:** Three right now. We hope to have a total of five or six facilitators eventually.

**Rounds:** What sorts of qualifications do they need?

**Johnson:** They need to be on the road to a kinesiology degree, have gym experience and have some experience with kids, with sports, with coaching.

**Rounds:** Are you teaching parents and community programs how to bring more movement to their kids?

**Johnson:** We trained more than 500 adults about physical literacy. We often worked with kids immediately after to demonstrate to the adults how to do the same.

**Rounds:** At what age should kids learn these things?

**Johnson:** Starting very early.

**Rounds:** Why the focus on teaching kids how to play?

**Johnson:** It's been proven if you multi sport and if you learn those fundamental movement skills as a very young child, you'll actually be better at the sport you decide to specialize in when you're 12 or 13. We've had dance instructors come in to show kids that they can be active through dance. We talk about how important it is to really just have a lot of fun. When we go into places, we don't play soccer. We don't play hockey. We don't play basketball. We play beanbag tosses, relay races and parachute games. These things get kids really active, gets them using those fundamental movement skills in a fun, all-inclusive way. We try to take a non-competitive approach.

**Rounds:** What are parents' role in all of this?

**Johnson:** Parents aren't teaching kids the games they learned as children. We're trying to get rid of the thought that 'someone else will teach it.' Or 'they'll learn that at school.' Or that their kid is not an athlete and doesn't like sports. Movement can be taught. Children are not born athletes. Movement skills are learned like reading, like writing.





# rounds



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**HEALTHY**  
KIDS

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**Rick Sawyer**

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**Rounds:** Why are the province's economically disadvantaged kids in the greatest need of programs like Fit Kids Healthy Kids?

**Johnson:** A lot of times, kids from these areas are at an age they should have certain movement skills but they are already behind. It's a lack of role models, potentially, in the environment where they come from. Also, a lot of people in the areas we're targeting are new immigrants. It's really tough for them to come from somewhere else and worry, 'How do I get my kids into hockey?' and all of these things.

**Rounds:** How do you know when you've reached a kid?

**Johnson:** There are so many examples we've experienced. At a day-care in Wawanesa, one kid told us after a session that it was the best thing he did all summer. That was really something that touched us.

In another instance, I taught two boys and their mom how to make balloon beanbags. I saw them at another festival later and they told me that they had made the beanbag balls at home.

In another community, a little boy kept asking Scott, one of our facilitators, to flex his muscles. He was a role model to them.



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# Retirement Planning

## The Benefits of a Customized Plan

By Julie Seberras

MD Financial Management Inc.

How do you set yourself up to have comfortable retirement income? It's all about having a customized plan. Professional financial planning can help you define your goals and determine how best to achieve them in both the accumulation phase as you build your assets and the decumulation phase, as you start to use these assets without adding to them.

In the accumulation phase, it is important to revisit your financial plan on a regular basis to determine how you are tracking towards your retirement goals. Financial plans have certain assumptions built in and it is crucial to revisit these as markets and personal circumstances change. This process should include detailed conversations with your advisor about how you would like to spend your retirement. This will help determine the amount of income required to cover living expenses and funding other goals such as traveling or additional support for family members.

In the decumulation phase, it may be tempting to focus only on trying to achieve the most secure and predictable cash flow in retirement. The trouble with that approach is, with today's low interest rates, you will need more in savings to generate your target after-tax income from a portfolio of guaranteed investments than you would from a balanced portfolio. Your retirement portfolio could include a mix of interest income from bonds plus dividend income

and capital growth from equities, and even alternative assets that can enhance return potential and reduce risk.

Not everyone has the same goals when it comes to retirement planning. You may be focused on minimizing your current tax bill, continuing to grow your net worth, managing risk, or preserving your estate for your heirs. These goals aren't necessarily mutually exclusive, but they will require different prioritization on the way you draw your retirement income.

When you retire, you're likely to have investments in many different types of accounts, including personal investment accounts, a Registered Retirement Savings Account or RRSP, a Tax-Free Savings Account or TFSA, a corporate account that may have a Capital Dividend Account or CDA balance, and maybe even an Individual Pension Plan or IPP. It is important to work with your financial advisor to determine the most effective way to draw down your retirement savings.

Retirement income is a balancing act, and it's important to maintain the right mix of investments in the right types of accounts with smart tax planning to arrive at an optimal outcome.

For more information on financial planning, contact an

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## Doctors Manitoba and the CMA hosted a CaRMS Interview Training Day to help medical students prepare for their big day

For University of Manitoba medical students, of all the necessary steps to begin practicing medicine in Canada, perhaps the most competitive and stressful may be the CaRMS matching process to seek a coveted residency spot for post graduate medical training.

One of the major components within the CaRMS matching process is interviews. Post graduate residency programs from across Canada allow individual post graduate programs to determine who they would like to select for an interview. Interviews take place at multiple medical schools throughout Canada.

Effective interviewing requires preparation and practice. Doctors Manitoba, PARIM and the CMA have joined forces to assist University of Manitoba medical graduates in obtaining a residency spot by holding a first ever CaRMS Interview Training Day.

On January 10, 2015 48 University of Manitoba medical students along with five current residents gathered at the Doctors Manitoba offices to hold mock interviews with students to help them practice for the real interviews (whenever, and with whomever they take place).

The students were divided into groups based on their area of interest (Family Medicine, Surgical Specialities, other Specialties). With the help of two current residents per group, students were asked similar questions they might experience in the actual CaRMS interview. The residents provided feedback and led discussions with a goal to increase student confidence and aptitude.

The early reviews on the Training Day have been overwhelmingly positive and the CMA hopes to expand the initiative to many other medical schools across Canada.

Whether it's transitioning to residency or transitioning to practice, Doctors Manitoba, PARIM and the CMA hope to continue to collaborate on these types of membership engagement and mentorship initiatives in the future.



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# Physician Retention Program

Many Provinces and communities focus their efforts on physician recruitment, while neglecting to focus on retaining the physicians that have recently been recruited or worked in the community for many years. Physician appreciation is a key component of any retention strategy. Doctors Manitoba along with Manitoba Health support and promote the retention of physicians in Manitoba by providing a financial incentive to physicians for their continuous years of service to Manitobans.

The longer physicians continue practicing in Manitoba, the larger the bonus they will receive through Doctors Manitoba's Physician Retention Program. The program offers a long-term incentive to both family physicians and specialists practicing here, regardless of income modality or practice location. Physicians do not need to apply or complete a form to receive the retention benefit, rather, Doctors Manitoba track physicians who practice in the province for extended periods and automatically sends out a cheque to each physician who is eligible for a benefit.

The Doctors Manitoba Physician Retention program rewards physicians with a bonus of between \$2,600 and \$5,200 per year depending on their years of service to Manitobans. Doctors Manitoba first negotiated funding for the retention program in 2002. The funding received

in 2002 was \$5 million annually and after several increases now stands at \$10 million per annum in 2014.

In January of each year a Retention Program payment is made to physicians who achieved a five year milestone in the previous year. The first retention program payment occurred in January 2008, where over \$23.8 million was paid out to 1,777 physicians. In each of the succeeding four years another cohort of approximately 100 physicians shared in the order of \$1 million in payments. In January 2013, the group that was in practice when the program started received their second five-year milestone and shared payments of over \$30 million.

For more information on the physician retention program please go to the Doctors Manitoba website

[www.docsmb.org/membership-services/negotiated-benefits](http://www.docsmb.org/membership-services/negotiated-benefits)

## Dementia Care

Alzheimer Society  
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# 2015

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[alzheimer.mb.ca](http://alzheimer.mb.ca)





# Achieving Cancer Care In Sixty

"My nurse navigator is responsive to my calls and has a plan for my entire cancer journey. It's great to have this service." **Kurt Guenther**, patient.

## Streamlining the health system for all

Cancer is a concern to all of us. As the second highest killer in Canada, there are more than 191,000 patients diagnosed every year – with more than 6,000 in Manitoba. Another 60,000 Manitobans are checked for suspicion of cancer annually. The challenges of diagnosis and timely treatment cause distress to patients and ultimately affect health outcomes.

Manitoba's In Sixty initiative aims to improve the timely diagnosis and treatment of cancer by streamlining processes in the healthcare system for the top five diagnosed cancers (breast, colorectal, lung, prostate, and lymphoma) and improving the experience for patients as they transition between diagnostic and treatment providers. The end result will be streamlined services for other cancers and diseases, improving overall efficiency.

### System Change Through Partnership

Partnership is key to achieving system change. The innovative, collaborative approach for In Sixty will forge committed partnerships between primary care, diagnostics, acute care and emergency departments, surgeons, oncologists and clinical support teams. Critical to success is the participation of patients at multiple levels including the Manitoba Cancer Partnership Steering Committee.

**Navigation Hubs** – Over the past two years, the CancerCare Community Cancer Programs in rural communities provided a model for the development and implementation of cancer navigation hubs in every region. These hubs involve nurse navigators and psychosocial

oncology from first suspicion and facilitate an expedited cancer journey. Staff is accessible by patients and providers. With the recently announced Winnipeg hub, there are now eight hubs in Manitoba. Ongoing data review will assess the impact of the hubs on the health system.

**Clinical Cancer Pathways** – Having the right information about each cancer is essential to quicker patient navigation. Through In Sixty, disease site experts developed clinical pathways to inform health providers on how to identify high suspicion and the appropriate time frames for diagnosis and start of treatment.

Currently, pathways and time frame guidance have been developed for breast, lung, and colorectal cancers. View them at [www.cancercare.mb.ca/home/health\\_care\\_professionals/cancer\\_patient\\_journey](http://www.cancercare.mb.ca/home/health_care_professionals/cancer_patient_journey)

**Enhancing Patient Flow** – In Sixty uses Lean Six Sigma methodology to understand the processes along the cancer journey and find efficiencies. Improvement projects are underway across the province.

In Sixty events in three primary care clinics found a wide range of Turn Around Times (TAT) for crucial diagnostic imaging or referral to consultant. The TATs ranged from a median of one to 32 days. Common problems causing delays includes: batching referrals to end of day or for several days before sending; old or incomplete referral forms; and sending to an incorrect provider or address. Clinics implemented improvements, resulting in reduced wait times.

“Family physicians don’t see cancers every day. Physicians who have participated in case-based interactive studies about In Sixty clinical pathways find they can reference the correct investigations more quickly,” says **Dr. Trina Mathison**, a Family Physician in Oncology (FPO) in Dauphin.

**Out the Door in 24** was then developed to support primary care providers sending referrals. Realizing this 24-hour time frame is critical to achieving 60 days or less from suspicion to treatment of cancer.

At the diagnosis stage, including for high suspicion, patients were often sent back to their primary care provider before the next step. The In Sixty initiative sought to keep primary care providers informed without adding to wait times. Process analysis of the patient journey at the Breast Health Centre found an opportunity to reduce wait times by seven days, by referring patients with highly suspicious ultrasound biopsies directly to a surgeon, while waiting for pathology results. This, combined with other improvements, resulted in an overall reduction of 10 days per patient – an annual estimated saving of 22,961 patient wait days.

Brandon Regional Health Centre reduced breast cancer wait times through direct referral from mammography to ultrasound. Based on these improvements, In Sixty recommended that diagnostic sites implement direct referral to reduce unnecessary delays.

As of February 2, 2015, patients requiring additional diagnostic breast imaging will benefit from a new Direct Referral process. To support Direct Referral for Breast Imaging, a provincial breast imaging form has been developed for primary care/ordering physicians. For more information on this new initiative please visit [www.insixty.ca](http://www.insixty.ca) or [www.dsmanitoba.ca](http://www.dsmanitoba.ca).

The Southern and Northern regions have implemented central referral for colonoscopies and standardized referral forms post-colonoscopy. Analysis of the Southern region’s five hospitals showed a wide range of wait times from primary care referral to colonoscopy (five to 299 days). Engagement with primary care clinicians, specialists, hospital staff and administrators resulted in implementation of a Central Referral Office. A standard referral form is now available, allowing clinicians to identify urgent, semi-urgent and elective/non-urgent priority, along with pre-op history. Results show a significant reduction in referral wait times and achievement of In Sixty colonoscopy targets of 13 days for urgent and 27 days for semi-urgent.

Thompson Hospital achieved colonoscopies for emergent patients within 24 hours, urgent patients within 10 days

and semi-urgent patients within 35 days, and increased overall capacity for endoscopies. Other regions, including Winnipeg, continue to work toward central referral for colonoscopy.

**Urgent Care and Help line** The new Urgent Cancer Care clinic and Help line provide patients with the right place to go for urgent issues associated with cancer. This reduces emergency visits and hospital admissions, freeing up space and time for other emergent patients.

## Measuring Performance

**Significant efforts have been made to achieve the system changes necessary to improve the cancer patient journey. The In Sixty team is developing a framework to measure success.**

This involves monitoring achievement of the 60-day suspicion to first treatment target and key journey intervals, using population-level databases augmented by chart review and surveys. More timely data will be available once development of a tracking system is complete. Diagnostic Services Manitoba has already established Key Performance Indicators to measure provincial time lines in diagnostics for five cancers. Data for breast pathology and imaging will be released in spring 2015.

Changing the provincial health system is a huge task that can only be achieved through the efforts of many. In Sixty has the commitment of Manitoba’s health regions, Manitoba Health, Healthy Living and Seniors, CancerCare Manitoba, and Diagnostic Services Manitoba. We ask for commitment from every health care provider along a patient’s journey and thank them for their continued support. For more information on this first-in-Canada initiative, visit

**[www.InSixty.ca](http://www.InSixty.ca)**

## Your Cancer Action Guide

Take action to help patients along the cancer patient journey:

- Ensure referrals for diagnosis and treatment contain complete information, including test results.
- Send referrals within 24 hours of suspicion of cancer.
- Use the provincial breast cancer diagnostic referral form, available at [insixty.ca](http://insixty.ca) or [dsmanitoba.ca](http://dsmanitoba.ca).
- Use the central referral forms for colonoscopy.
- Visit [insixty.ca](http://insixty.ca) to review cancer pathways and central referral forms.
- Connect any patient with a high suspicion of cancer to Cancer Navigation Services at Regional Cancer Care Hubs:

Interlake-Eastern

**1-855-557-2273**

Prairie Mountain

**1-855-346-3710**

Northern **1-855-740-9320**

Southern **1-855-623-1533**

Winnipeg **1-855-837-5400**

# rounds



**Profile: Dr. Eric Sigurdson**

**Dr. Eric Sigurdson is a Child and Adolescent Psychiatrist, living in Winnipeg and working at the University of Manitoba, College of Medicine, and the Health Science Centre. His clinical area is consultation to Children's Hospital and community programs. He is past president of the Manitoba Psychiatric Association 2012-2014, elected Councillor to the College of Physicians and Surgeons of Manitoba and Continuing**

**Professional Development Educator for Manitoba for the RCPSC. His recent writing interests include writing two books for children.**

**Baba's Red Talking Chair** 2012

**Afi's Silver Pocket Watch** 2014

Dr. Sigurdson recent sat down for a Q & A on why he decided to write children's books:

**What made you decide to write a book initially? And why children's books?**

I think the idea began a long time ago with my enjoyment of telling stories to my sons at bedtime, as they would say, "Tell us a story from your own voice." That gave me free reign to use my imagination. One of the authors I read to my children was Dr. Seuss. His imaginative use of language and illustration brought a sparkle to my sons' eyes. Years later, I asked myself, "Can I recapture that sparkle with a new story for my grandchildren?"

One idea for a story emerged from life in Dauphin and the connection with Ukrainian and Polish families. This led to a gradual process of reflecting on how I could create something to pass on to the next generation of all children.

I shared the outline of a story with my son, Lars, as we worked in the garden, and his response to it was so helpful. He said, "Write it down."

**How did you connect with Luther Pokrant?**

I searched for an illustrator and I was fortunate to connect with Luther Pokrant, who I knew was an award winning artist. We met in his studio in the Exchange District where he has worked for decades. He gave me great advice from his prior experience. He said, "You will need to meet with the illustrator frequently. You will need to work closely together."

I thought about his advice overnight and called him back the next day. We agreed to work together and have now completed two books, "Baba's Red Talking Chair" and "Afi's Silver Pocket Watch."





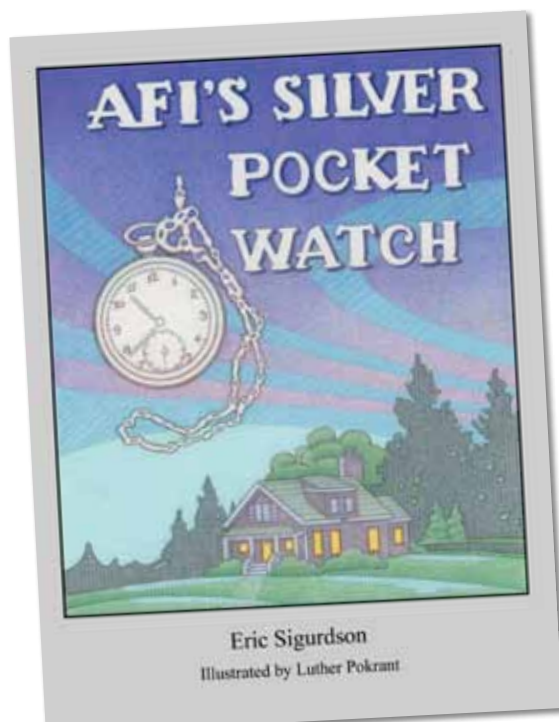
### **Any plans for the “Great Canadian novel?”**

My interest is to make a small contribution to the growth and development of children through telling a story. It is also a way to speak to the inter generational transfer of knowledge of survival and hope.

I am interested in showing how the attachment between parent or grandparent and a child is the lifeblood of emotion and optimism. With that in mind, I have started my third book.

### **Most satisfying aspect of being a published author?**

Reading my books to my grandchildren and helping with their interest in books and writing. It is a great pleasure to see they are entertained by the story and feel connected with my experience writing the stories.



### **How many grand kids do you have?**

There are eight. Five in Manitoba, two in Burnaby and one in Shanghai.

### **Any other hobbies or interests that you have?**

Learning more about China and experiencing life there as part of trips to Shanghai to see family.

Back home, gardening, golf and Gimli add much to the summer, and for winter it is the opportunity to enjoy Arizona.

### **Any other facts that might be of interest to the readers?**

I feel very fortunate for the opportunities I have had as a family physician in Dauphin and a child psychiatrist in Winnipeg. This work has increased my understanding of the importance of life-long learning to keep current, as well as the support available to make that happen. I see that in my work with the Royal College of Physicians and Surgeons and with the College of Physicians and Surgeons of Manitoba. As a physician, I feel we are very fortunate to be living and working in Manitoba.

# rounds

## Mentorship Event

The more physicians have a chance to talk to each other about their work, the better. The benefits of meeting face to face to talk about the issues that are important to physicians are many.

When new physicians in the midst of their residency training have that same opportunity – to meet with practicing physicians to talk about what’s on their mind – the benefits are that much more important.

To that end, Doctors Manitoba and PARIM for the first time hosted on November 6, 2014 at Canad Inns HSC an informal mentorship event for residents to chat with experienced physicians from a variety of practicing-settings about issues of importance to them. The event proved successful with a number of physicians in attendance from several different specialties, giving residents a great chance to ask the questions they always wanted to but didn’t have to forum to do so.

“It was an easy going atmosphere that allowed work conversation to flow on a more social level. Transitioning to practice is a scary proposition and to be reassured by people who have done it is worth a lot,” commented Dr. Elizabeth Berg, a General Surgery resident months away from transitioning to practice.

Topics discussed informally included billing, medical corporations, taxes, how to find good legal and accounting help, how to set up a practice, how to set career goals, how to work well in a group practice, how to communicate with other health professionals and how to maintain work-life balance (especially in the early years).

As much as it benefitted the residents, the practicing physicians acting as ‘mentors’ learned from residents about the job market, how residency has changed since they went through it, what new physicians are looking for in their practice and how the profession is changing.

“It was refreshing to meet residents excited about starting out in practice and putting the knowledge that they have gained during residency into practice,” said Dr. Shannon Dixon, a family physician in Treherne.

Overall, this event helped increase the connection, and improve the relationship, amongst physicians. It gave

residents invaluable information that will help them as they transition to practice while also providing more senior physicians a peak into the future. Already, Dr. Dixon was looking forward to future opportunities to mentor residents.

“I see a benefit in ongoing mentorship between Doctors Manitoba and PARIM to guide residents in the development of their professional/leadership skills as well as their business skills,” said Dr. Dixon.

If you have any ideas on how best mentor residents and students, please contact



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**Contact :** D<sup>re</sup> Julie Lévesque  
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204-235-3910 ou [jlevesque@centredesante.mb.ca](mailto:jlevesque@centredesante.mb.ca)



## CMA MEMBERSHIP HAS ITS PRIVILEGES: A CONVERSATION WITH DR. JOHNSON

When Dr. Darcy Johnson receives a membership renewal notice from the Canadian Medical Association (CMA), his response is a given. The Winnipeg-based family practitioner is convinced there is real value in being a member. "The CMA is fantastic in its ability to advocate for physicians and the public in Canada," he says.

Dr. Johnson has been a member for more than 30 years, having joined the CMA in 1983. Besides being on numerous medical boards, including a term as president of Doctors Manitoba, he also served on the CMA Board of Directors between 2008 and 2011.

"One of the things that the CMA does well is to consider a high-level perspective for physicians and health care," says Dr. Johnson. "Over the next five to 10 years, the challenges that Canadian physicians will face are going to be enormous. Both physicians and patients will need a strong voice to represent their interests."

Founded in 1867 by 164 physicians, the CMA today focuses on advocacy and also provides its members with two other benefits: financial advice and services, and knowledge resources. Members have access to point-of-care tools, journals, continuing medical education credits and most recently, the RxTx Mobile App which includes the *Compendium of Pharmaceuticals and Specialties*.

***"One of the things that the CMA does well is the ability to examine the broader picture for physicians and health care."***



### Building your wealth with MD Financial Management

For Dr. Johnson, a big benefit of being a CMA member is the exclusive access to MD Financial Management, the only financial services company in Canada dedicated solely to serving physicians and their families. Even though Dr. Johnson has been an MD client for 30 years, he has tried to manage his own money and tried to work with financial advisors outside of MD.

"When you're young, you think you can do it all on your own, and that was a big mistake," says Dr. Johnson. "Then when you're so busy, it's easy to be swayed by financial folks who may not have your best interest in mind." Recently, he has decided to start moving all of his assets to MD where he can work with a team who can provide objective advice tailored to his unique financial needs and goals.

Today, Dr. Johnson is currently transferring all of his corporate investments to MD Private Investment Counsel, the company's discretionary investment management arm. He will take advantage of MD's Estate and Trust services in the future—just one part of the company's

total wealth management offering. "It's nice to have the whole suite of options under one roof," he says. "If I had stayed with my former financial advisor, I would've had to go to another firm [for estate planning]."

***"I trust them and their ability to manage my assets. And I think they have physicians' best interests at heart."***

Asked why he stays with MD, Dr. Johnson says, "I trust them and their ability to manage my assets. And I think they have physicians' best interests at heart." From their first day in medical school through to retirement, physicians can look to MD for expert, objective advice and best-in-class solutions in financial planning, investments, insurance, estate and trust, banking and borrowing and medical practice incorporation—all through MD ExO®, MD's Expert Office.

**For more information on the benefits of CMA membership, or to become a member, visit [cma.ca/join](http://cma.ca/join) or call 1 888 855 2555**

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# Passages

## Dr. Raymond Hawkins

Passed away on October 1, 2014 at the age of 83 years. Dr. Hawkins is survived by his wife Elizabeth, son Dr. Paul Hawkins and daughter Bronwen Dobson. He will also be remembered by his many close friends and colleagues, in both the medical community as well as through his volunteerism with the Winnipeg Police Department and Royal Canadian Legion. Dr. Hawkins was born and educated in the United Kingdom. He obtained his Bachelor of Surgery and Bachelor of Medicine degrees and a Diploma from the Royal College of Obstetricians and Gynecologists in 1954 from London University. He served as an army surgeon at the British Military Hospital, Rinteln, Germany for five years. On his return to Britain he was admitted as a member of the Royal College of Physicians (Faculty of Occupational Medicine), London and delved into the world of occupational medicine, toxicology and environmental medicine with Imperial Chemicals Ltd., UK. In 1968, he immigrated to Canada and became a certificant of the Canadian Board of Occupational and Environmental Medicine and joined Atomic Energy of Canada, being stationed at the nuclear research labs in Pinawa, MB. He was also appointed as a Medical Advisor to the Atomic Energy Control Board of Canada. He eventually became the Chief Medical Officer and Head of the Medical Services for A.E.C.L. By Order in Council, Dr. Hawkins also became a Provincial Medical Examiner in the mid-1970s. He retired in 1992 and was as busy and energetic as in his younger years. He devoted much of his time as a Divisional Co-ordinator with the Winnipeg Police Service.

## Dr. Samuel George Skelly

Passed away suddenly on October 9, 2014 at the age of 84. Dr. Skelly is survived by his wife Laura, children, Siobhan, Patrick and Jonathan. He will also be remembered by his extended family, friends and patients. He was predeceased by his father Hugh, Sister Ina and favorite uncle, Johnny.

Dr. Skelly was born in Saintfield, Northern Ireland and worked on the family farm for several years before entering the Faculty of Medicine at Queens University, Belfast. After obtaining his Bachelor of Medicine there in 1963, he worked in various specialties. In 1969, Dr. Skelly followed a fellow graduate to The Pas, Manitoba where he practiced family medicine until his retirement in January 2014. His chief interests were obstetrics, surgery and working in outlying communities with aboriginal patients.

Dr. Skelly was the Board Representative for the Norman District for 10 years prior to becoming President of Doctors Manitoba in 1998. In 2001 Dr. Skelly was re-elected as the Board Representative for the Norman District and served until he resigned in May 2104.

## Dr. Morris Broder

Passed away on October 12, 2014. He is survived by his devoted wife, soul mate and best friend of 63 years, Shirley, Brother Saul Broder, sister-in-law Betty Shapiro, children Harley and Corinne Broder, Anita and Lyone Hochman, Ellery and Libby Broder, Richard Broder and Carol Hargeaves. His career as a surgeon spanned more than 50 years, including holding the position of Chief of Surgery. He had a profound impact on not only the well-being of his patients but their families as well. His love of medicine throughout his entire life did not just involve surgical technique, but always stressed the importance of the humanistic aspects of medicine.

## Dr. Jonas Johnson

Passed away on October 13, 2014 after sudden heart complications at the age of 91. He is survived by his sons Bjorn Johnson, Randy Sackney, Brian Sackney and Brother Ray Johnson. He was predeceased by his parents Bjorn and Gudlaug, brothers Stan, Les, Conrad and Marvin, his first wife Elizabeth-Ann, second wife Stella Annette, daughter Judy and daughters-in-law Debbie and Heather. Born in Lundar, Manitoba, he attended school in Eriksdale and Siglunes Public Schools up to Grade 9. He completed his Grad 10 and 11 studies by correspondence on the farm, finished high school and pre-med studies at United College. At the University of Manitoba, he completed his Medical College studies in 1948. Dr. Johnson filled vacancies in rural Manitoba at Vita, Rosssburn and Angusville and married Elizabeth-Ann. He moved to Gimli to work with Dr. George Johnson. After being widowed he married Stella in 1970. Dr. "J" as he was known had not only a keen interest in family practice, but also obstetrics and geriatrics – both ends of the age scale. He said that he loved bringing people into the world and he liked helping the elderly near the end of the journey. He was one of the last prairie doctors who made house calls by bicycle, snowmobile, cross-country skis and car. Dr. Johnson was given a lifetime membership to Doctors Manitoba.

## Dr. Warren Froese

Passed away on October 17, 2014 at Riverview Health Centre, at the age of 53, after a lengthy struggle with cancer. He is survived by his wife, Sandra, children Matthew, Daniel, Sarah and James, parents George and Verna Froese, mother-in-law Margaret Derksen.

Dr. Froese was born in Winnipeg and graduated from the University of Manitoba Medical School in 1986. He did a fellowship in Sports Medicine in London, Ontario under Dr. Peter Fowler. Dr. Fowler impressed upon Warren the importance of both family and orthopedic excellence, two traits that he continued to exemplify for the rest of his life.

He built a successful practice as an Orthopedic Surgeon in Winnipeg and had a strong reputation as a hardworking, passionate, caring, respected and efficient professional.



# Passages

He enjoyed mentoring and teaching young physicians and spoke highly of those he worked with and was deeply touched by the kindness of the Pan Am staff during his last year of illness.

In 1991, Warren and Sandy, along with 14 other individuals, envisioned and started The Meeting Place Church. He remained committed to the church until his death and volunteered in various ways from parking attendant to member of the Elder team.

Over the course of many years, Warren volunteered selflessly teaching and mentoring doctors at the BonBerger Clinic in Kinshasa, Congo. In 2014, he was recognized with the Humanitarian Award from Doctors Manitoba for his service in the Congo.

## Dr. Roman W. Buchok

Passed away on October 21, 2014 at Extendicare Tuxedo Villa. He was predeceased by his wife Maria and is survived by his, five children Roman, George, Carmen, Katie and Jim.

Dr. Buchok was born in Ukraine. Following the Second World War he studied medicine in Spain where he met Maria. They immigrated to Canada in 1952, living in Grandview, Ethelbert and McCreary before settling in Winnipeg. He was a physician and surgeon in Winnipeg from 1957 to 1996 and founded the McGregor Medical Clinic in 1959. He served many patients in Winnipeg hospitals, primarily The Misericordia. Before his retirement he was Chief of Staff at Seven Oaks General Hospital.

## Dr. David Penner

Passed away on October 28th, 2014 after a short illness. He is survived by his wife of 58 years, Margaret, children, Randy, Carol, Dr. Pete and Philip. He was predeceased by both parents, both parents-in-law, one sister, one brother, six sisters-in-law, and seven brothers-in-law.

Dr. Penner was born in Gnadenthal, MB on May 1, 1930 and moved with his family to a farm near Winnipegosis, MB. In his early adulthood he was a dragline operator and worked in bush camps until he could afford to go back to school. He graduated from the University of Manitoba with his MD degree in 1963. After several years as a general physician, he went on to get his Diploma of Public Health at the University of Toronto in 1967, after which he spent the last 15 years of his medical career working in Public Health.

## Dr. Thomas (Ted) Edward Cuddy

Passed away on November 4, 2014 at home after a lengthy illness. Dr. Cuddy was predeceased by his parents, brother Keith and sister Elaine. He is remembered by his wife Margaret, son Edward, daughter Alison, son

Jonathan and daughter Ann. He is also survived by his first wife Beverly Rose McNamara.

Dr. Cuddy was born June 10, 1930 at the old Grace Hospital in Winnipeg and raised in Sanford, MB. He graduated from the University of Manitoba as an MD in 1954, after interning at Winnipeg General Hospital for three years. He was a brilliant student, and in his final year won the Chown Medal in Medicine, representing the highest standing in Internal Medicine. He was Chief Resident in 1956-57 and during this time he received the Research Prize in Physiology for work performed with Dr. Joe Doupe. He went on to hold long-term faculty positions as Professor of Medicine and Head of the Section of Cardiology. His leadership positions at Health Sciences Centre included Head of Cardiology from 1962 to 1984, Director of the Electrocardiography Department for 34 years and the Holter Laboratory for 24 years. Medical fellowships took him to Oklahoma, Stockholm and Brigham and Women's Hospital in Boston. He became Professor Emeritus and Senior Scholar at the University of Manitoba in 2000.

Colleagues hailed Ted for establishing Manitoba's reputation for leading-edge cardiovascular research. He was involved in many of the first clinical trials in the early days of permanent pacemaker insertion and helped develop the Health Sciences Centre Intensive Care Unit during his 13 years as Associate Director. His greatest accomplishment as a physician was as Director of the Manitoba Follow-up Study, one of the world's largest and longest-running investigations of cardiovascular disease. His passion for the Follow-up Study led him to involve many family and friends in the work. He was named Director Emeritus in 2001 and published and presented extensively on the Study's research.

## Dr. Fran Steinberg

Passed away on November 8, 2014 with her family at her side at the St. Boniface General Hospital. She is survived by her husband Lewis Rosenberg, sons Jason and Seth and her daughter Raffie, her mother Edythe Steinberg. She was predeceased by her father, Sam Steinberg.

She was born in Winnipeg, MB and attended St. John's High School, York University, University of Toronto and University of Manitoba Medical School. She grew up in the North End of Winnipeg and danced and taught at the Royal Winnipeg Ballet. She then left Winnipeg for eight years to pursue and discover many passions including dance at York University and teaching Montessori in Turtle Creek, New Brunswick and Perth, Ontario, where she also learned to ride dressage. She eventually returned to Winnipeg and decided to pursue a career in medicine, like her father, Dr. Sam Steinberg. While doing her residency in Psychiatry in 1985, she met her future husband, Lewis Rosenberg and got married in 1986, giving up a fellowship to Harvard.



Fran achieved a special relationship with her family while running a successful medical practice. She was dedicated to her patients, who she would see in an emergency at any hour. She continued to see patients until she was physically unable. In her last year, many patients expressed deep appreciation for the impact that Fran had on their lives. After 30 years of practicing, she was appointed to the Manitoba Medical Review Board, which she took as a great honour.

### Dr. Lindy Lee

On November 10th, 2014, Dr. Lee died after battling colon cancer at Riverview Health Centre at the age of 63 years. Left behind are her husband Ken, son David, daughter Kathryn, sisters S and Debbie; Brother Mark; and extended family. Being a voracious reader of fiction and nonfiction, she could often be found with several books, magazines and medical journals on the go.

Lindy had the good fortune to work at the Health Sciences Centre Emergency for over twenty years where she had a satisfying career, working with some wonderful doctors and nurses, as well as some challenging patients. Later in Life she made a career shift to the field of Addiction Medicine. It was her that she found her passion and became a positive and enthusiastic champion for the care of addicted patients in Manitoba. Together with a great team at the M.I.N.E. Clinic she was able to help many individuals get their lives back on track and saved many from a downward spiral of illness and despair. The young addicted people on the methadone program inspired Lindy with their hard work, humor and persistence, while the nurses inspired with their dedication and energy in seeking to help others. She faced the diagnosis of cancer without fear. She insisted that she would continue to enjoy life, so took her reluctant traveler husband on many trips in the past four years. Dr. Lee also made it a goal to continue advocating for addiction care by training other physicians and maintaining her practice until the end.

### Dr. Alex Wilson

Dr. Wilson passed away on November 14th 2014 at the age of 81. He is survived by his wife Doreen, daughters Jill and Claire, brothers Nick and Ian.

Dr. Wilson graduated from Medical School in Sheffield England in 1956 and immigrated to Canada commencing practice in Manitoba in 1965 where he practiced family medicine until his retirement.

### Dr. Beryl McQueen

Passed away on December 24, 2014 at the age of 100. Dr. McQueen was born in Harlesden (London), UK on June 27, 1914. She had a distinguished military and medical career, serving her country as a Medical Officer in India during the Second World War. Her medical career spanned 50 years beginning in London and ending with her retirement in 1991 from her family practice in

Stonewall. She is survived by her husband, Dr. David McQueen, daughter Janet, son Ross and daughter Caron.

### Dr. Garry Schroeder

Passed away on December 28, 2014 after a short illness. He graduated from the University of Manitoba Medical School in 1985 and completed his residency in radiation oncology in 1996 and commencing working Cancercare Manitoba.

While illness forced him to quit working, he wanted people to know he did not retire voluntarily and illness coerced his leaving the medical profession. He is survived by his wife Nina.

### Dr. Colin Nisbet

Passed away peacefully at Hospice of Windsor, ON on January 7th 2015 at age 67, with family by his side. He is survived by his wife Marion, children Barry and Joanne and stepfather to Melanie, Danny Jo, and Jason. He was a mentor, education and avid pilot throughout his life.

### Dr. Thomas P. Grant

Passed away at Health Sciences Centre on January 18, 2015 at the age of 94.

Born in East Kilbride, Scotland he grew up in Glasgow and graduated from the University of St. Andrews in 1944. He then joined the Army as a medic and was posted overseas rising to the rank of Major. After the war, he completed post graduate studies in Obstetrics and Gynecology. Dr. Grant married his wife of 60 years in 1955 and immigrated to Canada in 1957 where he practiced in Saskatchewan and Dauphin, MB before coming to Winnipeg. He truly loved being a country doctor in the days when house calls were the norm and prided himself in this thoroughness and in taking the time necessary to do things right – happily delivering many babies during that time.

He was predeceased by his parents Dr. Thomas and Jean Grant, brothers, William and Lawrence and Sister Martha all of Scotland. He is survived by his wife Isobel, sons David and Alasdair.

### Dr. Leon Michaels

Passed was on January 21, 2015. He is survived by his wife Joan, son John and daughter Sarah.



**2015 ANNUAL GENERAL MEETING**  
**The Fort Garry**  
**FRIDAY, May 8, 2015**

**REGISTRATION FORM**

*Please register early, as space is limited. On-Site registration is possible only if space permits.*

YOUR NAME (print) \_\_\_\_\_ GUEST'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*Please tick the activities you/your guest will attend:*

Activity:	I will attend	My guest will attend
6:00 pm Annual General Business Meeting	<input type="checkbox"/> Free	Not applicable
7:00 pm Awards Dinner & Installation Ceremony	<input type="checkbox"/> See Below*	<input type="checkbox"/> \$50.00
Total Cost: (Please complete)	\$ _____	\$ _____

\* Physicians, Residents or Medical Students who attend the Annual General Business Meeting (AGBM) may attend the Awards Dinner & Installation Ceremony at no cost. Those who do not attend the AGBM are required to pay \$50 to attend the Awards Dinner & Installation Ceremony.

Meals are complimentary for all recipients of Doctors Manitoba and CMA Honorary Member awards, and for their invited guests sharing a reserved table. Award winners will be contacted directly concerning their dinner arrangements and AGBM attendance, and are not required to complete this registration form.

**Meal Selection**    ☐ **Prime Rib**    ☐ **Chicken**    ☐ **Vegetarian**

**Accessibility:** All locations are wheelchair accessible.

**Cancellation Policy:** Awards Dinner refunds will be given only if you cancel your registration by April 24, 2015. That allows us time to register others who were denied a spot if/when the event is filled to capacity.

**Return Instructions:** You may fax your registration to (204) 985-5844 or email to [general@docsmb.org](mailto:general@docsmb.org) only if you have no costs. Otherwise mail or drop off this form & your cheque, payable to Doctors Manitoba, to our office at 20 Desjardins Drive, Winnipeg MB R3X 0E8

**Confirmation** of registration and your meal choice will be sent to you soon after we receive your registration form.

Feb-2015