

# rounds

Meet 2022/23  
**President  
Dr. Candace  
Bradshaw**

**Doctors  
Manitoba  
Mentorship  
Program**

**Manitoba  
Doctors  
Supporting  
Ukrainians**

**2022  
Awards  
Winners**

**Why Practice in  
Rural or Northern  
Manitoba?**

**PRIDE - Proud  
to Care for ALL  
Manitobans**

**Doctors  
Manitoba**

T: 204-985-5888  
1-888-322-4242  
F: 204-985-5844  
20 Desjardins Drive, Winnipeg, MB, Canada R3X 0E8  
[www.doctorsmanitoba.ca](http://www.doctorsmanitoba.ca)

# Board of Directors

## Executive

**1. Dr. Candace Bradshaw**  
- President

**2. Dr. Michael Boroditsky**  
- President Elect

**3. Dr. Kristjan Thompson**  
- Past President & Board Chair

**4. Dr. Randy Guzman**  
- Honourary Treasurer &  
St. Boniface Representative

**5. Dr. Nichelle Desilets**  
- Honourary Secretary &  
Assiniboine Representative

## District Representatives

**6. Alon Altman**  
- Health Sciences Centre

**7. Dr. Carina Kaiser**  
- Brandon

**8. Dr. Erin Gordey**  
- Central

**9. Dr. Edin Tunovic**  
- Concordia

**10. Dr. Heather Diamond**  
- Grace

**11. Dr. William Li**  
- Health Sciences Centre

**12. Dr. Yvette Emerson**  
- Interlake

**13. Dr. Ginette Poulin**  
- Misericordia

**14. Dr. Chukwuma Abara**  
- Northern

**15. Dr. Bittoo Malik**  
- Parkland

**16. Dr. Selena Papetti**  
- Eastman

**17. Dr. Erin Olivier**  
- Seven Oaks

**18. Dr. Kurt Skakum**  
- University Medical Group

**19. Dr. Alexis Botkin**  
- Victoria

**20. Dr. Rachel Bethune**  
- PARIM

**21. Ms. Rachel Wang**  
- MMSA

**22. Dr. David Cram**  
- CMA







# Doctors Manitoba

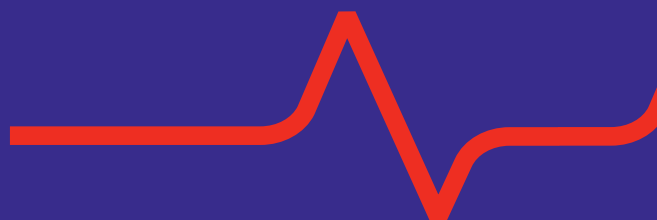
Rounds is published by Doctors Manitoba as a source of news and information for the province's physicians and medical learners. Articles may be reprinted with permission. Advertising and promotional material appearing in, or distributed with, this newsletter does not imply endorsement of the product or services by Doctors Manitoba.

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

**Mission:** Strengthen and support the whole physician.

**Values:** Forward thinking  
Committed  
Human  
Courageous

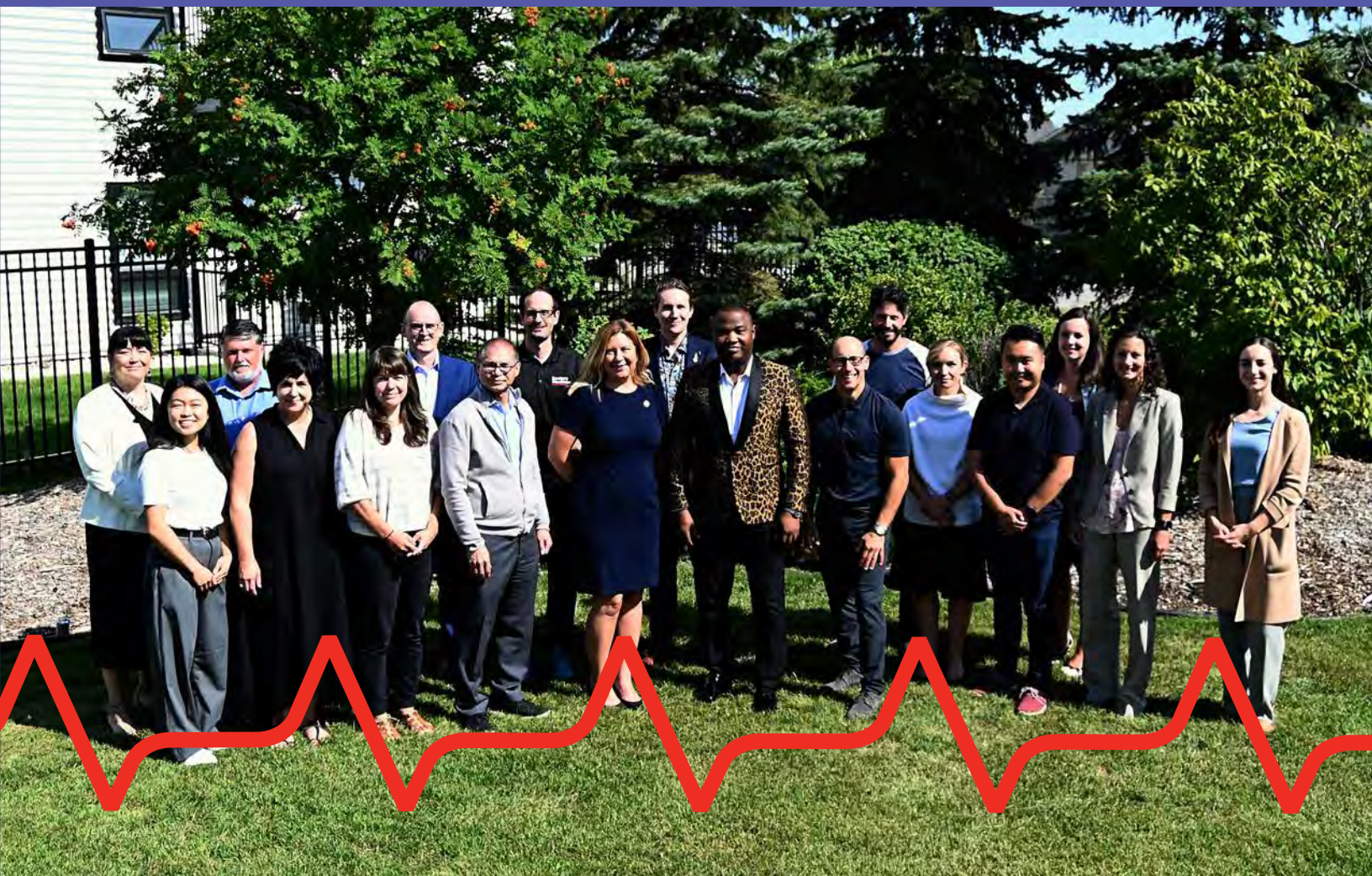
# Contents



06	President's Message
07	CEO's Message
08	Meet Dr. Candace Bradshaw: Doctors Manitoba President for 2022-23
12	Six physicians reflect on working in Rural and Northern Manitoba
20	My Story - Dr. Shelley Anderson
24	Manitoba Doctors supporting Ukrainians
26	2022 Annual Awards Gala & Award Winners



Back row (L-R): Dr. Yvette Emerson, Dr. Kurt Skakum, Dr. David Cram, Dr. Edin Tunovic, Dr. Kristjan Thompson, Dr. Alon Altman, Dr. Nichelle Desilets.  
Front row (L-R): Ms. Rachel Wang, Dr. Carina Kaiser, Dr. Erin Gordey, Dr. Randy Guzman, Dr. Candace Bradshaw, Dr. Chukwuma Abara, Dr. Michael Boroditsky,  
Dr. Alexis Botkin, Dr. William Li, Dr. Erin Olivier, Dr. Rachel Bethune. Missing: Dr. Selena Papetti, Dr. Heather Diamond, Dr. Ginette Poulin, Dr. Bittoo Malik



30	President Elect: Dr. Michael Boroditsky
32	EI Benefits for self-employed physicians
34	PRIDE: Proud to care for ALL Manitobans
38	Doctors Manitoba Mentorship Program
40	New Doctors Manitoba Board Members
44	Our Indigenous Logo
47	Passages



# Dr. Candace Bradshaw



## President's Message

**Over the last few months, a health care crisis has been building in rural, Northern and Indigenous communities across the province.**

Shortages of physicians, nurses and other providers led to more ER closures this past summer than ever before. I heard from many colleagues concerned their patients wouldn't know where to go if they need emergency care. ER schedules were described by one physician as "whack-a-mole" due to the unpredictable and repeated closures. Other hospital services are being affected too.

While advocating for solutions to the rural health crisis on behalf of physicians and their patients, we also started a public campaign at RuralCare.ca. Our goal was to raise awareness about service disruptions and help patients plan ahead for unpredictable rural health care.

Even with all of these issues, rural medicine continues to attract physicians looking for a unique practice opportunity.

In this issue of Rounds, we profile a number of physicians who have dedicated their practice to rural, Northern and Indigenous communities across Manitoba. For some, there is a personal connection to a community. For all, they share a passion for the diversity, challenges and independence that only a rural medical practice can offer.

I saw this passion in the physicians who attended our Rural Health Summit in September. Planned in partnership with the Manitoba Chambers of Commerce, this "think tank" event brought together over 100 physicians, residents and students, as well as health system, community and business leaders. They all had a common goal: identifying how we can attract and retain more physicians. This work led to a series of recommendations, which have been submitted to the government for its consideration.

This is part of the new Doctors Manitoba. Our mandate is to strengthen and support the whole physician, and that means advocating for physicians' economic, physical, mental and professional well-being. The road to get there isn't easy. Rather than simply criticizing health system issues from the outside, we are working on solutions to physicians' concerns as a partner in the system.

As we all navigate this post-emergency phase of the pandemic, there will be no shortage of challenges in the health care system. I encourage all members to contact the team at Doctors Manitoba, so we can work together on advocating for the resources and support physicians and medical learners need to thrive.

Dr. Candace Bradshaw  
President





# Theresa Oswald



Message from  
the CEO

**In our last issue of Rounds in May, I mentioned that 2022 felt like it was shaping up to be a year all about balance. From what I've heard from so many members since then, it has indeed been a year about exactly that.**

After two difficult years of COVID-19, the late spring and summer offered a sense of optimism and some space for many physicians to finally unwind, spend more time with family, and reconnect with friends and colleagues. Many have told me they valued this return to a more familiar balance between work commitments and personal interests.

For some, however, that space was also their first opportunity to begin processing what they had seen and experienced during the pandemic. This meant finally having time to confront the moral distress and burnout that they've kept at bay for so long.

Our Physician Health team anticipated this, expanded existing services and created new resources for physicians. They have seen an increase in physicians and medical learners reaching out for support.

In this issue of Rounds, you will see an article from Dr. Shelley Anderson, our Medical Lead for Physician Health and Wellness. In sharing her very personal experiences -- and how seeking help during difficult times helped her -- we hope more physicians and medical learners will see the value of using the

various physician health supports available. You will see a similar message in our profile of Doctors Manitoba President Dr. Candace Bradshaw, who has herself experienced burnout during her career.

You will find other compelling stories in this issue. Meet a group of physicians working in rural and Northern Manitoba, who take the time to share their passion for working in these communities. Meet a physician who has spent weeks in Ukraine as part of the medical and humanitarian response.

Finally, learn more about our fantastic 2022 Doctors Manitoba Award winners, and the celebration we had for them back in May. Please be aware that nominations are now open for our 2023 awards. Make this the year you take a bit of extra time to nominate the colleague that is always going above and beyond for you and for their patients. You can learn more at [DoctorsManitoba.ca/awards](https://DoctorsManitoba.ca/awards).

We know this upcoming fall and winter won't be without its challenges. COVID is still circulating, our hospitals are still vulnerable, and so many of our members are still experiencing distress and burnout. I anticipate many of you will face pressure to extend your hours or pick up extra shifts. Please keep your own well-being in mind as you respond to this pressure, ensuring you find the right balance that works for you and your patients in the long run.

Theresa Oswald  
CEO



## Meet Dr. Candace Bradshaw: Doctors Manitoba President 2022-23

# From burnout to balance. From excluded to inclusion.

By Keir Johnson

Dr. Candace Bradshaw is nearly half-way into her year as President of Doctors Manitoba. As she started her term back in May, she delivered a speech at the Doctors Manitoba gala where she made a commitment to her peers.

But, first she started by introducing herself.

“Good evening, everyone. My name is Dr. Candace Bradshaw and my pronouns are she/her.”

That small gesture — stating her pronouns— was just one simple demonstration of what’s truly important

to her. She used her time at the podium, surrounded by an audience of over 500, to make a clear statement that the profession needs to be more inclusive.

A more inclusive medical community, she believes, is the cure for many of the issues ailing the profession today. Progress in this area is long overdue for some, but it’s important work that she believes will ultimately benefit every physician.

During her speech Dr. Bradshaw recalled dreaming of being a doctor as a young girl.

**“Nobody in my family had gone to university before. I didn’t know anything about becoming a doctor. So, I studied hard. I got straight A’s.”**

She stayed focused on her goal, but in high school she was discouraged from pursuing medicine by a guidance counsellor because it could be too difficult for a woman.

Nevertheless, she stuck with it, inspired by seeing other women physicians and knowing it was where she belonged.



After sharing this story, she talked to the audience about a photograph from a 1925 Manitoba Medical Association event that hangs on the wall in the Doctors Manitoba office. She explained how the photo was a good visual reminder about how far the profession has come over the last century.

**There's a lesson here, she explained. "You cannot be what you cannot see."**

While there are more women in medicine than ever before, they are still not well-represented in leadership roles. It's even worse for women of colour.

A month after the Gala, Dr. Bradshaw led Doctors Manitoba in its first-ever appearance in the Winnipeg Pride Festival, holding the banner during the parade. She described it at the time as a "long overdue" symbol of physicians' commitment to caring for all Manitobans, including those in the LGBTQ2S community.

Under her leadership, the Board of Directors is embarking on a journey to develop an equity, diversity, inclusion and decolonization strategy, both to make Doctors Manitoba more inclusive as a medical association, as well as to inform its advocacy for making the broader medical community more inclusive as well. Of course, this strategy will involve broad member consultation and engagement, ensuring it is developed using an inclusive approach.

For Dr. Bradshaw, inclusivity extends well beyond race, ethnicity, gender and sexual diversity, and other personal attributes.

It means ensuring all members have not only an opportunity, but feel welcomed and invited to have a say on issues facing the profession. This is critical, she believes, to ensuring the decisions and advocacy of the organization she leads is rooted in the views and experiences of the broader membership.

During her inaugural speech back at the Gala, she opened up about a time she and many of her colleagues felt excluded by both Doctors Manitoba and the College of Physicians and Surgeons of Manitoba.

Back in 2014, CPSM surprised many by issuing a new directive called Statement 190. The directive would require all physicians to ensure on-call coverage was in place for all of their patients around the clock. While the principle behind the statement—continuity of care—was and remains important, the move was seen by many as the College arbitrarily directing physicians to fix a gap in the health system. They contended that the health system, and not physicians alone, should be tasked with fixing that gap.

Without any support, resources or coordination, doctors knew it would lead to burnout, retirements, and challenges with recruitment and retention.

Initially, Dr. Bradshaw along with the many other physicians raising these concerns, felt excluded, even abandoned, by CPSM and Doctors Manitoba.

**"How could they do this without first consulting doctors and seeking our advice," she recalled asking.**

Eventually, physician feedback was sought. Statement 190 was put on hold for further review. Then, in 2019, the statement was formally rescinded and CPSM acknowledged that "the method of mandating its implementation was incorrect in the absence of health care system supports."

Dr. Bradshaw went from feeling excluded, criticizing Doctors Manitoba for not advocating about physicians' concerns, to seeing the potential for how a medical



association could support physicians' interests more broadly. The goal, ultimately, should be to strengthen the whole physician, including their economic, physical, mental and professional well-being.

Statement 190 posed a risk to physician health, and served as a reminder that the system needs to be more supportive for physicians and medical learners who are struggling. This is another key to a more inclusive profession.

**"Physicians aren't exactly the posterchildren of good health. We have a long history of working ourselves into the ground, working until we get sick, working when we are sick. Sometimes we have poor insight into when we need a break."**

During that inaugural speech, she opened up and talked about her experiences with burnout and isolation earlier in her career. In doing so, she hoped to break down the isolation and stigma that has traditionally surrounded these issues.

"In third year, during clerkship, I was getting my first taste of real life as a doctor. I had no idea we would be expected to stay up for 30 hours straight, and learn the whole time in that sleep-deprived condition. While I learned a lot of medicine that year, I also learned how poor my tolerance for sleep-loss was."

### **Let's just say I burned out early," she explained.**

She found her way by leaning into the support of her family, and she rediscovered her passion for medicine.

Burnout, however, was still stalking her.

A few years later, she decided to start her practice in a small town in Northern Ontario. Rural medicine would offer diversity and breadth in her practice, a good way to start out and solidify all of her clinical training. She signed on for a three year contract.

Knowing how challenging rural recruitment is, she was clear about her intentions to leave after three years to return to Winnipeg and start her family. She ended up staying an extra year, but there were still no plans in place to recruit her replacement.

As others on similar contracts left, her call schedule became overwhelming and unsustainable with no end in sight.

"Burnout was breathing down my neck, yet again," she recalled.

She knew she couldn't continue, so she made the difficult decision to leave. She couldn't put her family on hold anymore.

Burnout was a major issue for physicians before the pandemic, with about 30% experiencing the occupational health syndrome. But the last two years have taken their toll, she explained. A survey earlier this year found half of physicians and medical learners are now experiencing burnout. "We are in crisis."

Taking on her role at this moment—with the profession experiencing record levels of burnout and widespread frustration with the health system—has galvanized her resolve to lead and fight for the support physicians and

medical learners need. The support all physicians and medical learners need.

**"I think it's important for every physician to feel reassured when they hear the word inclusive. It means all of our members should have a bigger say in Doctors Manitoba, and they should each be supported to thrive as a physician."**

During that speech last May at the Gala, Dr. Bradshaw ended by making a commitment to her colleagues.

**"I say to you, and to all physicians in Manitoba, you are what motivates and inspires me."**

**"You are the reason I am here doing this. And so, I pledge to you that I, and we here at Doctors Manitoba, have your back, every step of the way forward."**



Dr. Bradshaw and Federal Minister of Health Honourable Jean-Yves Duclos



Enroll now for  
coverage beginning  
January 1, 2023!



Doctors  
Manitoba

**\*NEW\* Dental  
Insurance Plan**  
for members & their families

- \* 80% Basic Dental
- \* 50% Major Dental
- \* 50% Orthodontics



**DRMB.ca/Dental**

for more information, rates & easy online enrollment.

**Don't miss this  
limited opportunity!**  
Coverage begins January 1, 2023!

# Extended Health Benefits

**Benefits include:**

- Travel Health Coverage
- Prescription Drug Coverage
- Vision Care Coverage
- Paramedical Services
- Ambulance Expenses
- Semi-private Hospital Room
- Private Duty Nursing
- Assisted Care & more

*Enrollment closes December 31, 2022*

**DRMB.ca/EHB**



for more  
information  
and to enroll.



# Six physicians reflect on working in rural and Northern Manitoba

By B.R. Hartle

A medical career in rural or Northern Manitoba offers a unique experience that can't be found in a large urban centre, like Winnipeg.

We spoke with six rural physicians about their practices, why they chose rural Manitoba, and what it takes to make a career as a physician in Manitoba's Northern and rural communities.

## Dr. Ganesan Abbu

In 1998, Dr. Ganesan Abbu moved his young family from South Africa to Winkler, Manitoba. He had lived his entire life in South Africa. Born at the dawn of Apartheid, he took part in the struggles against it until the end, but became disillusioned with the level of violence and crime in his country. He asked himself what kind of society he wanted for his children, then 4 and 5 years old. He wanted something quieter — no more big, bustling cities of millions of people — and believed he would be able to give more to his family medicine practice in rural Canada.

"I wanted to explore my full potential as a physician," he said, from his home in Winkler. "And the community and medical community has been greatly supportive."

As an example of that community support, after settling in Winkler and mainly focusing on family medicine, he chose to go back to study anesthesia.

"I had to give up my family practice for a year and go back to Winnipeg to do a residency in anesthesia, but my family still lived in Winkler. People from the community would shovel my driveway of snow, mow my lawn. Sometimes unknown people, sometimes neighbours. It's small things, but overall that encouragement helped to put me on the right path to achieve the things I wanted to achieve."

Since then, he's seen the community step up and do the same to support other physicians, be it someone pursuing geriatric care, palliative care or obstetrics. "It's not just me. It's a whole list of people here who have been supported by our community and our physician group, helping people achieve a more diverse practice."

Another benefit he sees in rural medicine is the freedom he has to innovate. For example, he was struck by how much money was wasted on unnecessary pre-op testing. When he looked at a pre-op chart, he felt it was too complicated and it forced people to order costly, unnecessary tests, and he thought he could fix this problem. He set to work, first ascribing a qualitative value on the most common tests, mainly chest x-rays, urine, and EKGs. Then, he worked out an algorithm on paper for a more streamlined and effective way to think through pre-op testing. He got linked up with a graphic artist and application developer, then took his





new pre-op app invention to Manitoba Health. After doing their own due diligence, Manitoba Health agreed to help develop his app and and it's now used across the province.

**"In 30 seconds you can figure out how to use it and what testing a patient needs. I never would have had that kind of opportunity in South Africa. It's all because I had the freedom to think and be innovative, which my physician group and community greatly support."**

The culture of support he felt makes him want to help others achieve those goals now, too, especially other International Medical Graduates (IMGs).

**"One of the areas we fail in is supporting IMGs," he said. "They normally go to remote areas of Manitoba and too often they are left alone to return their service and then they leave."**

For Dr. Abbu, one key way to keep people in rural and remote areas is to build a network of support, as he found in Winkler.

For Dr. Abbu, family and community are essential.

Recently, his son moved back to Winkler to work as a family doctor and when asked if this was another way of Dr. Abbu doing his part to recruit doctors to Winkler, he chuckled and said, "No, no. This is his home. He chose to practice here because he loves it here."

**"Sometimes certain practice styles can be different and IMGs need mentorship in their practice, but equally important is support for their families. If you can keep the spouse happy and help them feel part of the community, you're likely to keep the doctor in the community."**





## Dr. Jade Young

Growing up in Eriksdale, Manitoba, Dr. Jade Young's mother was adamant she learn her family's Métis roots.

**"She taught me that we are Métis people and about what has been done to, and continues to be done to, Indigenous people in Canada. Because of my upbringing, I wanted to have a focus on Rural, Remote, and Indigenous health."**

Today, as a Métis physician, she divides her time between her home community of Eriksdale and rotations in Lake Manitoba First Nation and Garden Hill First Nation. In Eriksdale, she works in the clinic, ER, hospital and the Personal Care Home. She does a clinic one day a week at the Lake Manitoba First Nation and flies into Garden Hill one week a month at the nursing station, where she consults, sees emergency cases, and helps however she can.

"At Garden Hill, I fly in on Monday and out on Friday. They have a residence where I stay and I'm on-call for 24 hours every other day. Even if I'm not on-call, if the station is becoming overwhelmed, everyone comes to help."

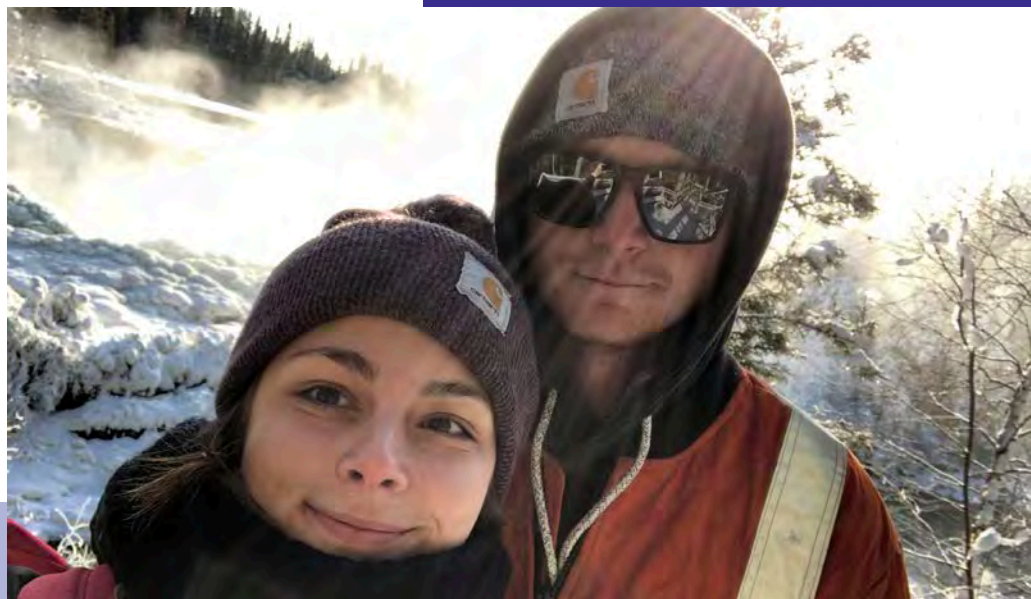
Addressing the gaps in Indigenous healthcare is important to Dr. Young. Being in Garden Hill and Lake Manitoba First Nations allows her to do something tangible to help our communities and, she said, "that feels good." She plans to spend her career in Eriksdale and Northern Manitoba, describing herself as well suited to living in the country.

In her 3rd year of medical school, Dr. Young participated in the Home for the Summer program in Eriksdale. She enjoyed the variety of the work, found the staff welcoming and approachable, and generally felt supported in wanting to provide outreach to other communities.

In her last year of residency, she did a fly-in rotation in St. Theresa Point and enjoyed the collaboration between health disciplines in the nursing station. Dr. Young said she "was humbled to work with the patients and providers all working with limited resources towards improving health in their community."

In many ways, the practice she built for herself is the practice of her dreams. Still, she feels that the work she does is incomplete.

**"There is so much to do and nowhere near the resources. Having lived here and knowing the people, understanding rural life, even though it's incomplete work, it's still important work. It's important to provide people care where they are. Many of these people can't travel for care, or they need timely emergency services, or to be close to their social supports. I believe it's profoundly meaningful to provide people care in their home community."**





Her advice to anyone considering rural medicine is to go and see where you'll work and experience the broader community you'll be in. To help make it easier for physicians to get a sense of rural life, she and her sisters started their own Instagram account called @Lifebetweenthelakes. The idea was to share what they love about living in their community, so students and residents can learn about life in the area.

"Overall, the best we can do is to do our work, what we're able to do, and continue to support and advocate for one another."

## Dr. Selena Papetti

Born and raised in Winnipeg, Dr. Papetti has spent the last decade practicing in Lac du Bonnet, Manitoba.

"I was a different person when I started, coming to work in expensive outfits with 6-inch heels," she said from her home in Seven Sisters Falls. "It made people uncomfortable. Now I'm the hot-mess-mom who rolls into work with my Doctors Manitoba t-shirt, and people like that. They feel like I'm really part of their community. People like that you're real and down to earth."

Dr. Papetti always wanted to be a rural family doctor. While she was putting herself through school, she worked at the lodge at Big White Shell Lake where she taught swimming. For five years, she would travel around the Whiteshell, teaching kids to swim and watching them grow.

"Some of the two-year-olds I used to teach are now adults and are my patients, along with their parents and grandparents, and one of them is even a nurse locally. It makes me feel extremely old, but it's also so cool!"

The experience of living her summers at the lake with a tight-knit community made her want to find a way to live by a lake for good. Together with her partner, they found a community that works for them both.

Over her time practicing in the area, she's found that recruiting doctors isn't as big of a challenge as getting them to stay.

"There needs to be more balance for people to make it sustainable, especially for women who have different demands on their time," she said.

"The best advice I've ever gotten about physician retention is to remember you are in charge of your own retention. The system will allow you to work 24/7 until there is nothing left of you. How do you figure out what's right for you?"

"For me, I realized early on that I can work a little less, and do that for longer. You can have me 7 days a week for 5 years or 4 days for 30 years." Dr. Papetti has 3 children, including toddler twins.

For Dr. Papetti, the issue of retention is critical. Recruiting doctors is less than half the battle, she says. Helping them stay requires a supportive approach that recognizes each physician's individual professional goals and personal needs.

Dr. Papetti's good humour helps to carry her through, and she is grateful for the team she has around her and the informal atmosphere they have built to welcome patients.



turned 40 and the office threw a huge party with balloons and streamers. There'd be people laying down for tests and balloons floating by. So we have fun and can be more informal, which people like. And you will never have a funny experience like that in the city. It's so much more fun in the country. I'm part of a great community. That's the joy of it."

The relationships with her patients make rural medicine that much more rewarding for Dr. Papetti. After the passing of one of her patients, Dr. Papetti joked with his widow about buying and wearing a fanny pack and naming it after her late husband, in his honour. He wore a fanny pack everywhere, "long before it was cool (again)." Recently, the family gifted Dr. Papetti with his well-loved and well-used fanny pack. It was accompanied by a beautifully written card confirming that her work continues to make a measurable impact on her community.



Aug 30/22

claimed it! So to you it goes...  
As you know, he loved you  
and held you in the tightest  
hug, and I know he  
would be TICKLED to think  
that the pack that hung so  
faithfully over his "pork" is  
now hanging over yours! lol

If, in fact, you do NOT want it,  
you may donate it to the kids  
to play with, or return to me!

He broke the zipper tab years  
ago, but the bag on it has so  
many memories, he brought  
home from one of his shifts  
some extra one of his shirts.  
Regards,  
Selena Papetti

Dear Dr. Papetti:  
I have not forgotten about our  
sad but comical conversation  
about "Porky's beloved" fanny  
pack!  
The kids all came this early  
and we had an amazing evening  
... lots of laughter, hugs & tears.  
Spent his whole life as he requested  
and had several small gatherings  
with family, and friends.  
NO COLD! YAY!  
The kids went through the things  
he said for them, including the  
famous fanny pack, and hoodie.





## Sydney McLaughlin

“I was never much of a city kid,” said Sydney McLaughlin from her home in Neepawa. “As a medical learner, not a doctor yet, there are lots of opportunities in rural areas and people don’t realize it.”

Coming from Neepawa, she’s always loved rural life and doesn’t want her fellow medical students to close the door on rural medicine.

“There are preconceptions people have about rural medicine. Sure, there aren’t always the same advanced resources, and, yes, doctors in rural areas have to be more self-sufficient, but there are networks of support.”

She has heard specifically from her fellow medical learners that they’re put off by the idea that they would be going to a rural community and be more or less alone, without a team for help.

“But that’s not the case,” she says. “There are so many opportunities, including to specialize if that’s what you really want and do things like surgery. The community you build is so tight-knit. My best memories growing up are being part of my community and I really want people to give it a chance.”

“Getting people more exposure to rural areas and opportunities would help people consider rural areas,” she said.

Recently, medical students from the University of Manitoba had their Rural Week, where everyone in first-year

medicine goes out to a rural community and practices. The communities are located across the province, and Sydney placed in Morden. She arrived Sunday evening and left the following Friday. Over that week, she had the opportunity to shadow different doctors and work alongside them.

**“It was a wonderful experience in Morden, which is a bigger regional hospital than what I’m used to in Neepawa, and it was great to see the resources they had. Hearing from my classmates afterward, they enjoyed their placements and I think it made people consider rural medicine in a different way. People got to see that there’s lots to do outside the city and that’s important - you need exposure to it to really see if you want to do it.”**

She’s doing her part to get more students interested in rural medicine. With another classmate, they are co-presidents of the Rural Interest Group, which focuses on helping other students experience rural Manitoba.

“We are hoping to run trips out to Boundary Trails, Brandon, Neepawa, and potentially even a Northern trip this year. We also run a mock interview for students at Brandon University to help prepare them for their medical interviews, as there are a lot of rural students there and we’re hoping to increase rural representation in medicine.”

Overall, she wants to help make rural medicine in Manitoba more equitable, stable and better for patients, and that’s what motivates her to stay.

“I’m open to practicing anywhere in Manitoba, but it has to be a smaller town.”







## Dr. Trina Mathison

Dr. Trina Mathison has been a physician in Dauphin for the past 21 years. Rural Manitoba is where she's from and it's the only place she has ever wanted to work, joking that her years of school in Winnipeg were "not her thing."

Her practice is largely with the elderly in the area, working in cancer care and palliative care when she isn't in the clinic or the ER.

To her, the diversity of her work is one of the unique benefits of rural medicine. Growing up in the town of Hamiota, Manitoba, she saw the local physicians as generalists, doing everything. "When I first started medical school, I didn't even know about the idea of specialists," she said.

She did her residency in Dauphin and chose to stay. At the time, she had one child and another on the way. Dauphin made sense for their young family. Her husband is from Winnipeg, and Dauphin was a better compromise than moving to a really small town. She was close to her parents in Hamiota and, after spending time in the community, she could see lots of room for sub-specialization. Importantly, too, she saw the ability to build a great life.

**"For anyone considering rural or Northern medicine, make sure it's a good fit for you and your family. Find your thing, what you care about, and what you're passionate about. It'll help you to enjoy your work and have some diversity. Because I have an interest in working with the elderly and palliative care, I was able to tailor my practice in that area."**

The benefits of rural practice are personal too, she points out.

**"It's important to enjoy your work, and also to do things outside of medicine. I've enjoyed coaching and the arts. One of my colleagues is involved with the community theatre here in Dauphin. It's important to have those things outside of medicine that nourish you, too."**

The flip-side of immersing yourself in the local community is the need to establish boundaries. Dr. Mathison coaches, so people have her personal phone number, or they are connected with her on social media and can reach out that way.

**"It's always a challenge when patients are friends and acquaintances, and in general people are much more familiar in rural areas than in other places, so you have to make sure you have a good policy to respond or a set statement."**

And yet, she doesn't blame people for being frustrated with the state of rural medicine. In her area, the Ste. Rose ER will no longer provide overnight care and Grandview's ER will be closed evenings and weekends, sending more patients to Dauphin. Travel times are difficult for many patients and families, and people are too often asked to go to the city for follow-up care that should be delivered closer to their homes. The ambulance shortage also strains the system and sometimes forces people who need help travelling to use a Handy Transit Van at their own cost. Care home beds are closed because of staffing, which means people can't be at the home that's closest to their loved ones.

These strains on the system are hard on families, and it's being there to care for her community that keeps her going.



## Dr. Nathan Coleman

Dr. Nathan Coleman has worked in Thompson, Manitoba, for nearly 6 years. His practice is a mix of time in Thompson, where he does comprehensive clinical care and a smattering of other things, including ER, hospice, and a medical residency program. He also does fly-in medicine in Shamattawa First Nation one to two weeks per month, a community he thinks of as his home away from home.

Over his time in both communities, he's become attune to what it takes to make a career in the North.

**"Lots of people get interested in rural medicine because of the broad skills they can work with," he said, "but over time what people usually find is that the community builds you into what it needs you to be."**

As an example of how the community shapes a physician, he recalled a moment during the pandemic when there were issues of people who were addicted to alcohol but couldn't get access, so the community needed to develop a managed alcohol program. This was new work for him, so he coordinated with community leaders and they pulled a program together.

**"It's what the community needed. There are supportive people who you work alongside and they turn you into what they need."**

Much of what he's learned about medicine has been taught to him by patients. "People with high needs or from vulnerable populations, they end up being the best teachers and have taught me the most. Their lived experiences are crucial."



To him, the ability to connect with people is one of the best parts of living and working in smaller communities.

**"Sure, it can present challenges. Say you're at the restaurant and people come and ask about their medical conditions. At the same time, in difficult situations, people in the community know you and see you as a human being. If you look at physician burnout, the dehumanizing of doctors is a big part of that. Small towns make people human again in a way that a bustling urban centre doesn't."**

He's taken this approach to building connections with the community and made sure his whole family is able to take part. Twice a year, he would take his kids with him to Shamattawa.

**"The kids love being together as a family and knowing where I spend that time, which helps to make them feel connected to me. And the community has been so welcoming, always asking how they're doing. We went raspberry picking and to watch the bears at the dump sitting on couches. One time, the caribou had come through and some of the hunters brought the kids out and showed them how to prepare it. You have to see it."**



When it comes to the challenge of physician retention in the North, his sense is that it's not that people are leaving the North because they necessarily want to, but because they need to, usually family demands. This presents an opportunity about how to better support the physician and their family.

“The idea that physicians are human first has to be central. We don't want people who are looking for easy work because the work will never be easy. What we want is people who are committed and care about people, and who can keep working that way in an ongoing, sustainable way.”



## Stronger Rural and Northern Care

This summer, there were more ERs closed in rural and Northern Manitoba than ever before. Other services were suspended in several hospitals as well. Physicians were concerned about how those living in, or visiting, rural and Northern communities would know when and where to access care.

Doctors Manitoba launched a public awareness campaign, called Rural Care Be Aware. At [RuralCare.ca](http://RuralCare.ca), Manitobans would find tips on how to plan ahead for unpredictable ER closures, what to do during a medical emergency, and links to find local ER schedules.

Shining a spotlight on the issue was only part of the plan, however, as Doctors Manitoba sought to identify solutions to the physician shortage in rural and Northern Manitoba. In September, a Rural Health Summit was held in Portage la Prairie to focus on strategies to recruit and retain more doctors. Co-hosted with the Manitoba Chambers of Commerce, over 100 participants attended and a final report is expected this fall, with recommendations, for the government's consideration.



**Rural Care.  
Be Aware.**  
[RuralCare.ca](http://RuralCare.ca)

**Content warning:** this story contains content about suicide. If you or someone you know is struggling with suicidal thoughts, reach out to one of the resources we have provided in this article.

# 25 years. A lifetime ago.

I write this with some trepidation as it is not only my story to tell. Physician suicide has quite the impact. Family, friends, colleagues, patients and the entire medical community will often be devastated and for some those wounds might never completely heal. So I will go gently here, with care and caution, and with respect, not just for those who remain but for that physician himself.

He was a son, a brother, a friend and a colleague.

He was my husband.

During our third year of residency he died by suicide. In that coldest of winter months he was suddenly gone and what remained was immeasurable grief and pain. And shock. Because in the weeks following his death I discovered I was pregnant. Widowed at 28, pregnant, half-way through residency training and having to sell our home due to an archaic and punitive “no suicide” insurance clause. To say things seemed bleak would be an understatement.

I’m writing this today because now, all these years later, I have stepped into this physician health and wellness role at Doctors Manitoba and I feel that with this role comes the responsibility of honesty and sharing. Those who have known me best over the years know that I am a very private person. I have never spoken publicly about this or any of the other really difficult periods in my life but, as I hear from members increasingly in distress, it seems as though the time has come. My intent here is to share MY story. I won’t go into details surrounding my late husband’s death or speak to the much larger and alarming reality of physician suicide. It’s an important but difficult topic that requires much care, time and space to do it justice. But by being open and honest about my struggles, and the ways in which I sought help to maintain my own health, perhaps someone reading this will feel better able to do the same.

Following his death I was surrounded by family and friends, had the support and care of my training program, and received countless encouraging cards and notes from peers and strangers. They kept me going and for that I will be forever grateful.



But I still felt very alone. And unsure. And afraid. And angry. And all the while excited and grateful for the chance to be a mom after having had some earlier miscarriages. I was a jumble of emotions and thoughts and was having a hard time seeing my way forward. I developed symptoms of depression and, with the help of my program mentors, sought treatment from a psychiatrist who would help me process the grief and everything along with it. After an 18-month leave of absence, and the ongoing support of many, I returned to my residency training while balancing the needs of my work and studies with those of my young daughter. I ultimately remarried and went on to have two more children before successfully completing my program. But it was tough. Marrying again and trying to start anew after a traumatic loss is tricky and together, we sought the help of a couples therapist as we navigated those waters. It was invaluable to have that guidance and it equipped us with the understanding and tools we would need going forward. Our family today is a healthy and strong one and as much a testament to my husband as it is to me.

Eleven years ago, at the age of 42, I was diagnosed with breast cancer and so, once again, took a year leave of absence to undergo treatment and to ensure that both the needs of my family and my own health were met. With 3 young kids it was a scary time for all of us and trying to go through surgery, chemo and radiation, while putting on a



brave face for those around me, was exhausting. I joined a peer support group through Cancer Care Manitoba and found how much strength could be gained from being vulnerable and honest in a place of shared experience. Hearing from others, learning from them, feeling understood and holding their suffering with them was an incredibly profound experience. Sometimes no words were needed, because there just honestly were no words.

The funny thing is that, despite being a mental health professional, reaching out for help was still hard—that first time anyway. Admitting to myself and those around me that I couldn't just “deal with it” (whatever that means) didn't come naturally. To seek help was to admit defeat. It sounds so ridiculous to say now but there it is. Stigma and shame can be pretty persuasive, let me tell you. But once I had sought support and treatment, letting myself be a person instead of a physician, I came to realize just how destructive those two “s-words” can be.

My clinical work in Geriatric Psychiatry and working with patients and families affected by dementia has taught me the importance of tending to the caregiver. They are the linchpins that keep everything afloat and when the caregiver is healthy and well and adequately supported, it benefits everyone - from the identified patient to the health care system as a whole. I'm recognizing now how relevant this is to my current role in physician health. Those in caring professions like ours need good care too. They also need the support of peers and of the larger system in which they work.

My own personal health and wellness, and that of my family, has been the compass by which I have navigated these past many years. I am conscious of my well being – mental, physical, spiritual- hoping to recognize when a change might be needed to maintain a healthy balance. I have known when I needed help and have asked for it. And I hope that I have modelled that same approach to life for my children who are now adults and embarking on their careers, including in medicine.

Our medical culture has been, in many ways, a problematic one for a long time. The pandemic has exposed many cracks in the health care system and so has the potential to expose many cracks in the medical culture as well. We need to be open and honest with ourselves and with each other. We need to know that we are never alone. We need to advocate for ourselves and our colleagues to ensure that leadership and the larger system recognize the value of our well being. We need to seek help when we need it and give ourselves permission to do so. We need to acknowledge our distress and our struggles and normalize the fact that mental health is health.

Stigma and shame have no place here anymore.

## Crisis and Suicide Prevention Resources

If you or someone you know is struggling with suicidal thoughts or behaviours, please consider reaching out to someone close to you for support. It is important to know the warning signs of someone who may be at risk of suicide and understand that help is available.

There are several resources in Manitoba which can provide help.

**Manitoba Suicide Prevention & Support Line (24/7) - Toll free at 1.877.HELP170 (1.877.435.7170) or [www.reasonstolive.ca](http://www.reasonstolive.ca)**

**Crisis Response Centre/Mobile Crisis Services – Open 24/7**  
817 Bannatyne Ave, Winnipeg.  
**204.940.1781**



# CBTm



## COGNITIVE BEHAVIOURAL THERAPY with mindfulness

### 3

course options to  
choose from!

## for Physicians & Medical Learners

Cognitive Behaviour Therapy with mindfulness (CBTm) is an education program designed specifically for physicians and medical learners to help improve your mental wellbeing through evidence-based self-management strategies. Participation in this program is confidential. Choose from facilitator-led classes, a web-based course or a skills workshop.

### *Why should you participate in CBTm?*

- To learn key cognitive & behavioural concepts and how to apply them for yourself and your patients
- To learn about good quality resources
- To learn new skills and strategies to manage stress and improve well-being
- To connect with other physicians and medical learners in a supportive environment

### *What will you learn about?*

- The CBT model
- Mindfulness
- Goal Setting
- Healthy & Realistic Thinking
- Basics of Behaviour Therapy
- Healthy Living & Sleep
- Anger, Assertiveness & Self Compassion
- Problem-Solving
- Coping with Stress

### *Is CBTm right for you?*

- Stress is having a negative impact on your health and wellbeing
- You would like to learn new skills to manage stress
- You have some time and energy to put into learning and practicing new skills



**DoctorsManitoba.ca/CBTm or CBTM.ca**

*These events qualify as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.*

Disclaimer: Doctors Manitoba is supporting The CBTm Hub and the University of Manitoba to provide virtual mental health services to physicians, residents and medical students. A key component of this initiative is evaluation to determine program effectiveness and to receive feedback from physicians and medical learners. All demographic and mental health information gathered as part of the program will be stored in a highly secure and confidential manner by the CBTm Hub, approved by and exceeding ethical standards set by the University of Manitoba. Doctors Manitoba will not have access to any information provided by individuals as part of this process.





## LET'S GO FURTHER. TOGETHER.

**Count on insights and solutions focused on the financial well-being of physicians.**

Nearly half of physicians in Canada already trust MD Financial Management and Scotiabank Healthcare+ to help them achieve financial well-being at any stage of their career.<sup>1</sup> As a physician, your financial journey is unique — and the advice you get should be, too. Whether you've just been accepted to medical school or you're getting ready to retire, we will understand and anticipate your needs every step of the way.

**Learn more about how we help physicians go further.**

[md.ca/gofurther](https://md.ca/gofurther)



**Scotiabank<sup>®</sup>**  
Healthcare+

\* Registered trademark of The Bank of Nova Scotia. MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies and Scotia Wealth Insurance Services Inc. For a detailed list of the MD Group of Companies visit [md.ca](https://md.ca) and visit [scotiawealthmanagement.com](https://scotiawealthmanagement.com) for more information on Scotia Wealth Insurance Services Inc. Banking and credit products and services are offered by The Bank of Nova Scotia ("Scotiabank"). Credit and lending products are subject to credit approval by Scotiabank. All offers, rates, fees, features, reward programs and benefits and related terms and conditions are subject to change.

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

## Mentors needed for the Mentorship Program!

Help provide medical learners with personal and professional support from trained mentors.

Participation as a mentor or mentee contributes to changing medical culture and will aid in bridging the gap between medical learners and practicing physicians. Development has included consultations with medical learners and mentors, and other mentorship programs across Canada.

**No previous experience required.**



**[DoctorsManitoba.ca/Mentorship](https://DoctorsManitoba.ca/Mentorship)**

Proud Partners: **mmsa** | Manitoba Medical Students' Association



Financial & program support generously provided by:





# Supporting Ukrainians

By B.R. Hartle

Manitoba physicians are stepping up to support the humanitarian and medical needs of Ukrainians affected by Russia's war, just as physicians have so many other times during conflicts in Syria, Afghanistan, and elsewhere.

For instance, at an evacuation centre in Western Ukraine, there was Dr. Tamara McColl holding the hand of a 67-year-old woman who had narrowly escaped the conflict in eastern Ukraine. Dr. McColl, an emergency physician at St. Boniface Hospital in Winnipeg, was in Ukraine alongside other Canadian physicians, deployed with the Canadian Medical Assistance Teams (CMAT) to help care for the flood of Ukrainian civilians displaced by the invasion.

The woman Dr. McColl treated had a ligamentous injury to her knee and had trouble walking. Along with her family, she had been hiding in a subway station in Kharkiv. The shelling outside was constant. When the building's ceiling began to collapse, the woman had to run and jump off the subway platform for safety, injuring herself in the process. What began as a conversation between Dr. McColl and the injured woman about the physical pain of her knee quickly became a counselling session on the intense psychological trauma she has endured since the beginning of the invasion, manifesting in anxiety, flashbacks and night terrors. She would scream so much in her sleep that she would wake her whole family, night after night.

Dr. McColl's work in Ukraine with her fellow CMAT members is not typical for this team of physicians. CMAT is usually deployed to communities struck by natural disasters, such as floods and hurricanes, delivering emergency care. CMAT's work in Ukraine is their first involvement in a war zone.

**“We’re treating a broad range of medical cases, from pediatric medicine to wound infections. We’ve seen shrapnel injuries and other trauma, as well as many chronic issues that have gone untreated because of lack of medications and physicians,” Dr. McColl said in a recent interview. Despite the trauma she found herself surrounded by, Dr. McColl sees much hope. “The Ukrainian spirit truly remains unbroken. Morale is still quite high. The country has united. A big part of that is the leadership from the government, but also the outpouring of support from the world.”**

Dr. McColl exemplifies the spirit of humanitarianism that runs deep in Manitoba doctors.





Scan QR code  
to help with  
humanitarian  
efforts in Ukraine.



In April, the Doctors Manitoba Board of Directors unanimously passed a motion to show their unwavering support for the people of Ukraine and all physicians and healthcare professionals on the frontlines.

**“As doctors, it is our job to prevent death and injury, and seeing how this conflict is impacting the Ukrainian people’s lives, health, and well-being is deeply distressing,” explained then-President Dr. Kristjan Thompson.**

Seeing hospitals and medical facilities targeted, and hearing from Ukrainian physicians struggling to provide care during the conflict has been particularly concerning. The Board also approved a donation to the Red Cross in support of their response to this crisis, and Doctors Manitoba made a clear, unified call for an immediate end to this unprovoked invasion of a sovereign nation.

Doctors Manitoba has also been working with Shared Health and regional health authorities to support the medical response for Ukrainian newcomers seeking safety in Manitoba. More than three dozen specialists and family physicians signed up to help, including with the immigration medical exams needed to become a resident in Canada.

As the conflict continues, Doctors Manitoba continues to offer its unwavering support, both for Ukrainians arriving in Manitoba in need of care and support, and for the physicians and health care workers in Ukraine working under tremendously difficult circumstances.

## Слава Україні!





# Celebrating our 2022 Award Winners

Nearly 500 guests  
were in attendance  
to celebrate this  
years winners.



Dr. Bradshaw gave a heartfelt address to physicians, medical learners and guests.

**On May 19, we celebrated our 2022 award winners and the medical profession at the 2022 Doctors Manitoba Awards Gala. With 500 people in attendance, it was the biggest in-person event in our organization's history. Dr. Michael Boroditsky emceed the evening and we were joined by many special guests, including CMA President, Dr. Katharine Smart who delivered remarks. We introduced our new Board President, Dr. Candace Bradshaw, who delivered a powerful and inspiring address about the burnout crisis in the profession right now, and moving towards a more equitable and inclusive profession. After recognizing each of the extraordinary award winners, the dance floor opened up with live music from the Big City All Star Band.**

This year's award winners were celebrated and given the opportunity to say a few words. Their personal and professional stories were inspiring, leaving all in attendance in awe of their accomplishments and commitment to the profession.

"The physicians we are recognizing this year with our awards have one thing in common—their devotion to improving the health of Manitobans," said Dr. Kristjan Thompson, Doctors Manitoba Board Chair. "Some of these extraordinary physicians played a key role in leading our province through the pandemic, and some found a way to advance other essential medical priorities despite the disruptions caused by COVID-19."

The Doctors Manitoba awards are the highest honour bestowed upon physicians in the province. Award recipients are nominated by their physician peers and selected after a thorough evaluation by the Doctors Manitoba Awards Committee.

"We are proud of the exceptional group of physicians we honoured this year," said Dr. Michael Boroditsky, Chair of the Awards Committee. "Through this difficult pandemic, it has been physicians like these that inspire excellence in the medical profession. We are truly fortunate to have them here in Manitoba."





Dr. Candace Bradshaw (with past Presidents Dr. Gigi Osler and Dr. Kristjan Thompson) became the 2022-2023 Board President



### Physician of the Year

**Dr. Marcia Anderson** played a key role in Manitoba's pandemic response. By leveraging data showing the disproportionate impact COVID-19 was having on diverse Black, Indigenous or Racialized communities, she was able to influence provincial policy to approve earlier access to vaccinations and targeted outreach initiatives to encourage vaccine uptake. These efforts led to a major public health success story, by reducing the disproportionate impact of COVID-19 on diverse BIPOC communities in the subsequent wave of the pandemic. success story, by reducing the disproportionate impact of COVID-19 on BIPOC Manitobans in future waves of the pandemic.



Dr. Marcia Anderson, Physician of the Year, and family



### Distinguished Service Award

**Dr. Brian Postl** has a distinguished medical career as a pediatrician, researcher and health system leader. As the first CEO of the WRHA, a founding member of the Winnipeg Poverty Reduction Council and most recently Dean of the Rady Faculty of Health Sciences, his clinical experience in Winnipeg and in Northern remote communities has guided his efforts to champion health equity. His work has led to many improvements, such as new admissions criteria for medical school to ensure future physicians more accurately reflect the Manitoban population they will serve.



Dr. Brian Postl receives his Distinguished Service Award



## Humanitarian Award

**Dr. Joss Reimer** has become the most trusted and reliable source of COVID vaccine information through her calm, honest and reassuring updates to Manitobans. She has constantly reviewed emerging evidence and sought collaborative advice to ensure vaccines were given first to those most-at-risk, while also leading to an impressive level of vaccine uptake across the province. Her selfless leadership to inform and protect Manitobans is the very definition of medical humanitarianism.



Dr. Joss Reimer, Humanitarian of the Year, and partner



## Resident of the Year

**Dr. Dorothy Yu** is a natural leader who constantly exceeds expectations in every aspect of her work. As Chief Resident of Psychiatry, she has made the support and health of her resident colleagues a priority, while also working on innovative clinical initiatives to reduce wait times for psychiatric consultation for patients. She has played a key role in increasing recruitment of talented medical students from across Canada to the psychiatry residency program in Manitoba.



Dr. Dorothy Yu, Resident of the Year, and partner



Dr. Benson Yip, Medal of Excellence Winner, and family



Dr. Gigi Osler, Past CMA President, Dr. Katharine Smart, CMA President, Theresa Oswald, Doctors Manitoba CEO





## Medals of Excellence

**Dr. Barry Lavallee** has been driven through his distinguished medical career by Indigenous patients and their stories. As a clinician, educator, researcher, administrator, advocate and mentor, his work has centred around the self determination of Indigenous communities. This drive is behind his most recent work with Keewatinohk Inniniw Minoayawin, an initiative to transform health and wellness services so that they are reflective of the needs and priorities of First Nations people in Manitoba's North.



**Dr. Trina Mathison** has dedicated her career to serving patients in Western Manitoba. As a rural physician, she has a broad scope of practice including cancer care, inpatient care, emergency medicine and surgical assistance, as well as offering care for the elderly and palliative care. She is often described as a team player by colleagues in Dauphin and she is well-loved by her patients.



**Dr. Jai Shankar's** innovative work has transformed neurovascular care in the few years he has been in Manitoba, most notably driving significant improvements in acute stroke care. As an interventional radiologist, his work has optimized diagnostic imaging for stroke patients while introducing new neuro-interventional devices to improve patient care. He has played a key role in creating the province's first dedicated stroke unit, set to open later this year.



**Dr. Benson Yip** is a trailblazer in the colorectal surgery community, as a surgeon, leader and educator. He founded the University of Manitoba's first clinical colorectal fellowship program, which has garnered national recognition. He is as well known for his eagerness to support medical learners as he is for his deep level of personal engagement with his patients. Through his many contributions, Dr. Yip has made an incredible mark in Manitoba's surgical community.



Dr. Barry Lavallee, Medal of Excellence Winner, and partner



Dr. Jai Shankar, Medal of Excellence Winner, and family







## President-Elect Dr. Michael Boroditsky

**Born and raised in Winnipeg, Dr. Michael Boroditsky got hit by the medical profession bug early, when he began doing research in Women's Health in the summer of 1991. Since completing his medical training in Obstetrics in Gynecology at the University of Manitoba, he has worked in private practice at St Boniface Hospital and then at the Manitoba Clinic for the last 15 years. He was promoted to Assistant Professor at the Rady Faculty of Health Sciences at the University Of Manitoba School Of Medicine in 2017.**

In recent years he has been involved with humanitarian relief efforts abroad. In 2015, he traveled to Nepal with the International Red Cross to help provide medical aid following the devastating earthquake and he has completed two missions with Doctors Without Borders in Africa as a Staff Obstetrician.

Dr. Boroditsky's involvement with Doctors Manitoba began when he was a medical student. He kept a keen interest over the years and sees many issues the Board will need to handle in his tenure. At the top of the list for Dr. Boroditsky is negotiating a new master agreement, supporting Rural physicians during an unprecedented crisis of access to care, and addressing physician burnout. He believes this can only be done through member unity, with all members feeling supported and valued equally.

In his years on the board, Dr. Boroditsky has seen a transformation in the way in which Doctors Manitoba reaches its members, through newsletters, webinars, and surveys, to name a few.

Dr. Boroditsky is an empathetic and compassionate physician who knows the importance of Equity, Diversity, Inclusion and Decolonization (EDID). He values the importance of a diverse board that reflects the broader medical profession in Manitoba and he looks forward to being active in systemic change with Indigenous Women's health.

Outside of medicine he enjoys spending time traveling in the winter or at the family cottage in the Interlake with his wife and their two daughters. A fitness buff, Dr. Boroditsky is actively involved in the CrossFit Community and recently became certified as a Level 1 Coach.

# EI Benefits for self-employed physicians

**If you're a self-employed physician — whether you're incorporated or not — you have the option of paying into the federal Employment Insurance (EI) program.**

You wouldn't be eligible for regular EI benefits that arise from loss of employment. But you would be eligible for “special benefits” for maternity leave, parental leave, sickness (injury or illness), compassionate care (to care for someone who requires end-of-life care) and family caregiving (to care for or support a critically ill or injured family member).

To qualify for special benefits, you need to have registered for the EI program at least 12 months before making a claim and paid EI premiums in those 12 months. In 2022, the EI premiums are a maximum of \$952.74 per year (\$1.58 in EI premiums for every \$100 you earn).

EI benefits cover up to 55% of your pay (up to a set maximum) when you're on leave from work. The maximum payment in 2022 is \$638 per week. EI payments are taxable and deducted when you receive them, so you don't need to think about setting aside funds for taxes.

## Maternity and parental leave

You can take up to 15 weeks of maternity leave and up to 40 weeks of regular parental leave, and the maximum payment is \$638 per week in 2022. If you choose to extend the parental leave to 69 weeks, the maximum payment is \$383 per week.

As a physician or resident member of Doctors Manitoba, you may be entitled to the **Maternity/Parental Benefits Program** negotiated by Doctors Manitoba. The program provides \$1,400 gross benefits (before taxes) a week for 20 consecutive weeks.

You are eligible to claim this benefit if you:

- a) **are a resident of Manitoba**
- b) **practice or are doing a residency in Manitoba**
- c) **earned income directly or indirectly from Manitoba Health for providing medical services, teaching, research and/or administrative duties immediately prior to taking a leave of absence to care for a newborn or for any adopted child aged 5 or under**
- d) **will be resident in Manitoba during the benefit period and will be returning to work in Manitoba after the benefit period**

Wondering whether it makes financial sense to pay into the federal EI program? An MD Advisor\* can show you how it could fit into your financial plan.



**Kristine Pejovic CIM®, CFP®, FMA is a**

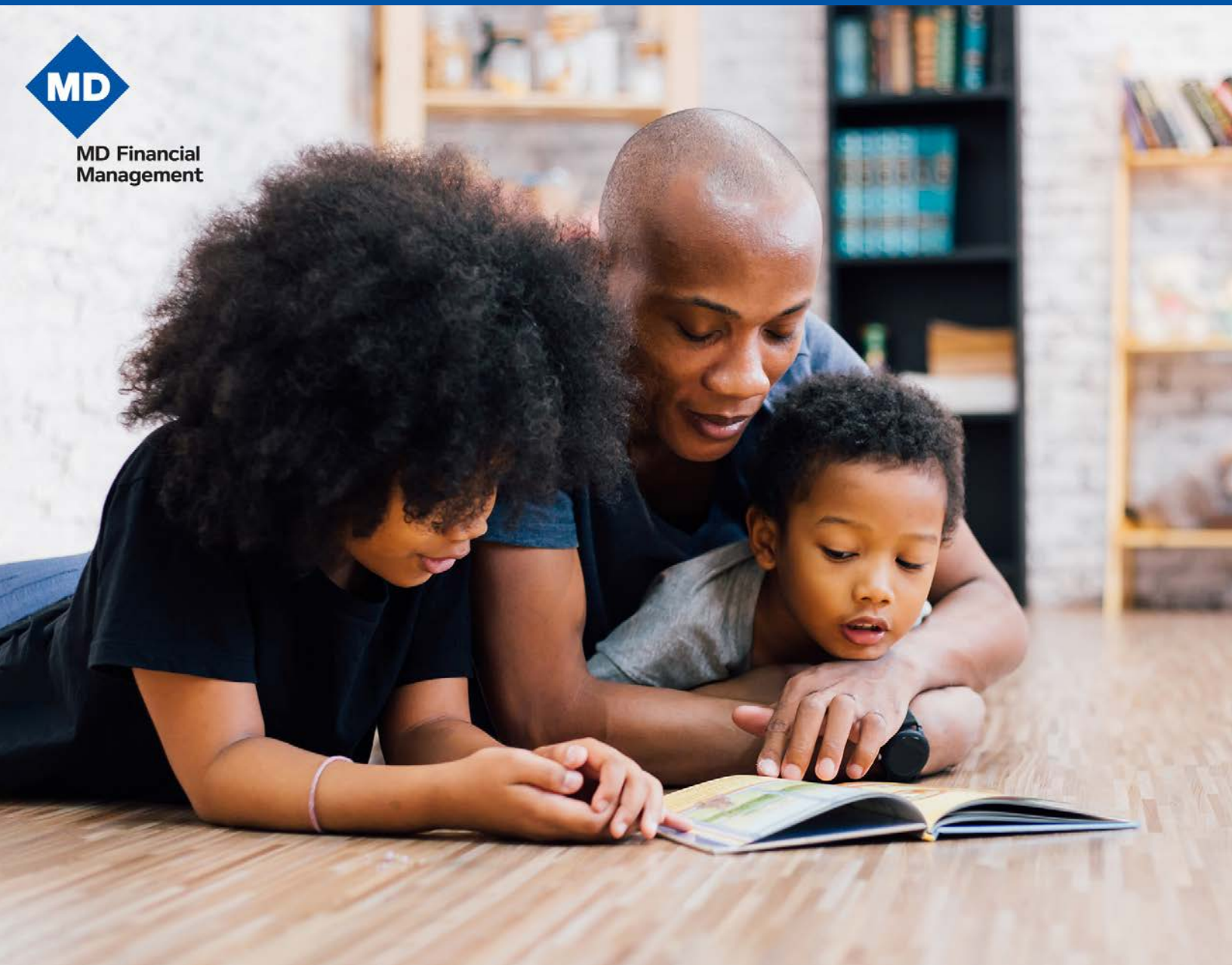
Associate Portfolio Manager with MD Private Investment Counsel in Winnipeg, Manitoba.

Contact her at [Kristine.Pejovic@md.ca](mailto:Kristine.Pejovic@md.ca)





MD Financial  
Management



\* MD Advisor refers to an MD Management Limited Financial Consultant or Investment Advisor (in Quebec), or an MD Private Investment Counsel Portfolio Manager.

MD Private Investment Counsel offers investment counselling services, delivered by MD Financial Management Inc.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies and Scotia Wealth Insurance Services Inc. For a detailed list of the MD Group of Companies visit [md.ca](http://md.ca) and visit [scotiawealthmanagement.com](http://scotiawealthmanagement.com) for more information on Scotia Wealth Insurance Services Inc.



# Proud to Care for **ALL** Manitobans

For the first time in its 114-year history,  
Doctors Manitoba participated in the 2022  
Winnipeg Pride Parade this June.







Dr. Candace Bradshaw, President of Doctors Manitoba, acknowledged the move is long overdue, explaining “we should have joined this many years ago.”

Over 120 physicians, staff and family joined together to march behind the Doctors Manitoba banner. Participants each wore a DRMB Pride t-shirt and handed out stickers and candies as they walked the parade route from Memorial Park, down Portage avenue, to the Forks.

The presence was noticed by those in attendance, with many onlookers taking the time to thank the Doctors Manitoba delegation for showing its support and allyship to the LGBTQ2S+ community.

That sentiment is helping to tackle the hesitation some in the LGBTQ2s+ community have about seeking medical care. Dr. Bradshaw described the decision join the Pride event as a statement to our patients, saying, “We support you, we stand up for you, now we’re marching for you, because it’s the right thing to do, period.”

Past studies demonstrate that members of the LGBTQ2S+ community face disparities in health, health risk factors, and barriers to health care when compared to heterosexual and cisgender members of society.

When it comes to medicine, Doctors Manitoba has been responding to members’ concerns to foster a more inclusive profession for physicians and medical learners, and more equitable care for all patients. Recently, the Association added gender identity to membership renewal forms and expanded its mentorship program to include the option to ask for a mentor from the queer community.

Doctors Manitoba also expanded an initiative started by medical learners to offer pronoun extenders to hospital ID badges, to support physicians in signaling an inclusive and welcoming care environment by clearly displaying their pronouns. “Safe Space” decals are also available to all physicians to display in their clinical environments.

Dr. Marina Rountree-James, who attended the parade, appreciates the effort to “invite doctors to update our practices, and to hand us the tools to make it easy and not have to reinvent the wheel.”



## Pronoun ID Badge Extenders

Words are powerful and using inclusive gender-affirming language is so important when providing healthcare to people of all genders. Using a person's correct pronouns and sharing yours fosters an inclusive environment and can happen in every setting, not just in LGBTQ2S+ spaces. You can display & share your pronouns with patients & colleagues with our complimentary pronoun ID badge extenders. Learn about the importance of pronouns & order your ID badge at

[DRMB.ca/pronouns](https://drmb.ca/pronouns)

## Safe Space Decals

Clinics and medical environments deemed Safe Spaces are important for the comfort, safety and inclusion of patients and staff who identify as members of the LGBTQ2S+ community. Help create these inclusive spaces by ordering complimentary 'safe space' decals to display in your practice. You can order up to 5 decals for your practice at

[DRMB.ca/SafeSpace](https://drmb.ca/SafeSpace)







Scan QR code to learn more



Scan QR code to learn more

## DID YOU KNOW?

The first Pride parade was held in 1970, a year after the riots at the Stonewall Inn in New York City. In June 1969 police raided local gay bars and arrested and violently clashed with patrons, resulting in six days of protests. The first Pride parade in Winnipeg took place in 1987 and had just under 200 participants.



## 2SLGBTQ+ Interest Group

The 2SLGBTQ+ Interest Group at the University of Manitoba is dedicated to raising awareness about the unique healthcare needs of the 2SLGBTQ+ populations while providing advice on how to improve quality of care to these communities. The group has a strong advocacy focus within the medical and non-medical communities and also seeks to empower non-2SLGBTQIA\*-identified students to be respectful and effective allies.

In recent years, the group has distributed pronoun pins to normalize respectful pronoun use and with the aim of decreasing instances of misgendering on campus and creating a safe space for transgender individuals. They have also organized educational sessions for the community, including hosting Dr. Blair Peters to discuss gender-affirming care and surgery and two-spirit physicians to share their experience providing care for 2SLGBTQ+ patients. Representatives of this group have also worked with Doctors Manitoba to help inform their mentorship program in an inclusive manner. Moving forward, the group plans to continue strengthening the queer community on campus through empowerment and education.



# Doctors Manitoba Mentorship Program



Scan QR code to learn more

The Doctors Manitoba Mentorship Program connects medical students and residents with mentors (residents or practicing physicians) to provide support as they transition to clinical practice.

In spring 2021, Doctors Manitoba carried out consultations with medical students and residents to identify needs and opportunities for improving the existing mentorship program. Based on feedback, the program was re-developed and re-launched in May 2021.

The program's goal is to provide medical learners with personal and professional support from trained mentors to assist them in becoming practicing physicians.

Launching the new mentorship program in the middle of the pandemic added another layer of complexity, but mentors and mentees helped navigate this challenge together.

Mentorship groups attended a dinner and trivia night in the Fall of 2021. This was a great opportunity for groups to connect and socialize together. Throughout the year groups met independently both in-person and virtually.

Doctors Manitoba coordinated structured small group events, including cooking classes and cocktail making workshops. The informal and social atmosphere has been vital to building the connection and trust that facilitates meaningful mentorship.

Mentorship Groups also attended a variety of Doctors Manitoba events throughout the year, including the Pride Parade and the 2022 Awards Gala. Mentors could sponsor their mentees to attend the dinner, and along with support from additional sponsors there were nearly 70 medical learners in attendance.

The program, in partnership with Canadian Medical Association subsidiary Joule, offers CME-accredited training and leadership development to mentors. Physician Leadership Institute courses included Leading with Emotional Intelligence, Coaching for Excellence and Physician Leadership Focus. There were also courses available to Mentees and Mentors such as Advocacy for Change and Leading in Crisis. Funding for the mentorship program is provided by the CMA/Scotiabank Affinity fund supporting physician health and wellness initiatives.





**“Having Dr. Nichelle Desilets as a mentor has humanized the arduous journey that all physicians experience. She has provided me with a safe space to show my greatest vulnerabilities and insecurities as a medical student and has helped me navigate through them. Overall, being a part of this mentorship program has taught me that the most valuable thing you can give someone is your time and it has been a fundamental aspect of my journey to medical school.”**

Beyond the complimentary training, participants were also invited to attend the speaker series Physician Leadership in Challenging Times: Leadership Through Connection. Many of the panelists and moderators of these sessions are also involved in the Mentorship Program.

Dr. Nichelle Desilets, a family physician from Neepawa, participates in the program as a Mentor.

**“For me, mentorship in medicine means so many things. When I think back to my own training, there are a few physicians who really stand out in my memory, and it’s often because of the relationship we built, or the advice they gave, rather than the clinical teaching they did.”**

Now that Dr. Desilets is seven years into practice, she’s finding value in giving back as a mentor.

**“Being involved with medical professionals at different stages of their careers, especially learners, re-ignites feelings of excitement, curiosity, and novelty, as we all share our experiences with each other. Medical learners remind practicing physicians of the joy in this work, the evolving possibilities for our health care system, and the endless potential of our future colleagues.”**

Harley Bray has found the mentorship program invaluable as she navigates third-year medical school.



Doctors Manitoba is always recruiting interested Residents and Practicing Physicians to join the mentorship program. No previous experience is required, and training is offered. If you are interested in registering, please visit [DRMB.ca/mentorship](https://drmb.ca/mentorship) or contact Maclean Boyd, Mentorship Program Coordinator at [mboyd@doctorsmanitoba.ca](mailto:mboyd@doctorsmanitoba.ca) for more information.



## Rachel Wang

Rachel Wang is an incoming 3rd year medical student and is the current Vice Stick External Senior on the Manitoba Medical Students Association. She graduated from the University of Manitoba with a Bachelor of Science degree majoring in Microbiology. Her experience as a volunteer at the Children's Hospital fostered her interest in pediatrics and she hopes to pursue the field of pediatric surgery in her future medical training.

Rachel was born in Beijing, China and immigrated to Canada with her family when she was nine years old. When she is not studying, Rachel enjoys improving her tennis skills, playing the violin, and exploring new sushi restaurants.

Rachel is grateful for this opportunity to serve as the MMSA representative and is very excited to work with everyone in the next year.



## Dr. Rachel Bethune

Dr. Rachel Bethune is a PGY-3 Resident in Pediatrics (as of July 2022). She works across the spectrum of pediatric care, from outpatient community clinics to PICU at the Children's Hospital and she enjoys the opportunity to visit communities in Northern Manitoba for some of her rotations.

Dr. Bethune received her undergraduate degree in biology from Queen's University where she did an exchange in Grenoble, France. After receiving her Master's of Public Health at the University of Saskatchewan, she went on to graduate with an MD from the University of Calgary.

When she is not busy caring for her young patients, Dr. Bethune loves to hike, camp, downhill ski, and rock climb. While she used to compete in rock climbing competitions, she now enjoys outdoor climbing areas around Winnipeg and Northwestern Ontario.

As PARIM President, she is excited to represent over 600 residents on the Doctor Manitoba Board. Dr. Bethune has been knitting the same scarf since the start of residency and hopes to finish by the time she graduates!





## Dr. Kurt Skakum

Dr. Kurt Skakum is a psychiatrist at the Health Sciences Centre. He graduated from medical school at the University of Manitoba in 1994 and completed his psychiatry residency at UM in 1999 and has been on staff at HSC since that time. His clinical work consists of work with CancerCare Manitoba patients and as Medical Director of the Consultation-Liaison Psychiatry Service at HSC providing psychiatric consultation to the admitted medical and surgical patients.

He has been involved in residency education and administration since his involvement with PARIM as Vice-President and President in 1997. Dr. Skakum was the Program Director of the Psychiatry Residency Program from 2008 to 2016 and Program Director of the Geriatric Psychiatry Residency Program from 2018 to 2020. He is currently the Assistant Dean PGME in the Max Rady College of Medicine, managing the recent CanRAC Accreditation On-Site Review preparations.

Dr. Skakum is also involved with Royal College Accreditation processes in Canada and with Royal College International, having participated in accreditation activities for several programs in Kuwait and Saudi Arabia.

He has had previous experience with Doctors Manitoba when he sat on the Board of Directors as PARIM President. He has been a member of the Psychiatry Block negotiations committee for several of the last negotiations and is currently a member of the Special Committee on Virtual Tariffs.

He joins the Board now in his role as President of University Medical Group and will work to prioritize support to university GFT members.

Dr. Skakum is a new cottage owner and has been developing fishing and navigation skills and is an avid BBQer. He is a life-long Manitoban except for a brief five years from the age of 1-6. He is married to a family physician, has two children who are in university.

Fun Fact: Dr. Skakum spent time in a quarantine hotel in China.



## Dr. Chukwuma Solomon Abara

Dr Chukwuma Solomon Abara Born in Nigeria and educated at the University of Calabar, Dr. Chukwuma Abara is a family physician in Thompson where he works in primary care, provides healthy newborn care at the hospital nursery, and works as a hospitalist medical officer on the Internal Medicine ward. Dr. Abara also travels to other Northern remote hospitals and health centers and works part time as Medical Director for Primary Care clinics for Thompson and area at the Northern Health Region. Before moving to Canada, he completed his residency in Obstetrics & Gynecology. He is passionate about helping to bridge the gap in health inequity in the North.

Dr. Abara became involved with our board because his experiences working in the North as a frontline family physician and as the Physician Champion for the Physician Health and Wellness Community of Practice have highlighted the unique needs of Northern physicians. He wants to ensure they don't feel left behind because of their geographical isolation, scope of practice and other unique needs.

Outside of medicine, Dr. Abara love to spend time with his wife and two children studying the bible, gardening, and nurturing indoor plants and he enjoys fishing- especially for trout. FUN FACT: Dr. Abara is a devout Christian.



## Dr. Bittoo Malik

Dr. Bittoo Malik is a diagnostic radiologist at the Dauphin Hospital. Originally from the Parkland Region, she moved home to develop and advance the diagnostic imaging program. She obtained a Bachelor of Science degree and Doctor of Medicine at the University of Manitoba. Dr. Malik completed a residency in Family Medicine at the University of Toronto and a residency in Diagnostic Radiology at the University of Ottawa.

Dr. Malik is an advocate and champion for health equity, particularly as it applies to individuals living in rural Manitoba, and is deeply committed to her colleagues and community. She is honored to serve as a board member for Doctors Manitoba, an organization supporting physicians as they provide essential medical care for their patients.

When not working at the hospital, she can be found nurturing a garden or two, or practicing a new-found interest in yoga flow and tai chi qigong. An outdoor enthusiast, kayaking and skiing are among her favorites. She enjoys classical and jazz music, and architecture and design.





## Dr. Carina Kaiser

Dr. Kaiser graduated medicine from the University of Pretoria Medical School in 1994 and did her residency at the HF Verwoerd Hospital in Pretoria. She began her career in private practice in Empangeni - KwaZulu Natal, South Africa and worked at a TB Clinic and Cardiac clinic at a rural Ngwelezana Hospital. In 2000 she moved to Canada to work in private practice. She worked at the Addictions Foundation of Manitoba for 7 years as their in-house physician and was trained in Methadone for Addictions and recently completed a course in Methadone for Palliative Care. Since moving to Brandon, Dr. Kaiser has started the Methadone Clinic, becoming the first physician in Manitoba to prescribe Methadone for addictions outside of Winnipeg.

In 2008, she started working as a part-time hospitalist, but in 2010 left AFM to work exclusively as a hospitalist specializing in internal medicine in Brandon. With many family physicians in Brandon and surrounding areas without hospital privileges, hospitalists are responsible for these patients.

Dr. Kaiser joined the board to advocate for family physicians and hospitalists. Both, she believes, are undervalued. She sees that we are heading towards a crisis in family medicine as fewer and fewer graduates want to practice family or hospital medicine. Family physicians and hospitalists are the constant in patient care, pulling together all of the different pieces and making sure that nothing is forgotten or missed.

In her spare time Dr. Kaiser does cross fit four or five mornings a week with her husband. She enjoys skiing, gardening, boating, and fishing with her husband, but her biggest passion is reading. Any chance she gets, her nose is in a book. She and her husband have three daughters and a son, ranging in age from 12 to 23. As the general handy-person/accountant/gardener/pool person/organizer/finder of lost things of her family, there is not much Dr. Kaiser cannot do. If she finds there is something she has not done before, she does her research and gives it a try!



# Our New Indigenous Logo

---

**Doctors Manitoba, and the physicians and medical learners of Manitoba, work and live on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations, the Homeland of the Red River Métis, and the ancestral lands of the Inuit.**

**We respect the Treaties that were made on these territories. We acknowledge the harms and mistakes of the past, we recognize these harms continue today, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of truth, reconciliation and collaboration.**

In June Doctors Manitoba established an Indigenous-inspired logo to demonstrate our connection and commitment to health and healthcare rights of Indigenous Peoples. We use this logo on days of awareness and celebration, as well as those times in which we collectively grieve for the past and current harms against Indigenous Peoples.

Our Doctors Manitoba Indigenous logo was developed with the advice and guidance of Indigenous physicians, Knowledge Keepers and artists. Created by Indigenous-led creative firm Vincent Design, our Indigenous logo visually reinforces our support for Indigenous physicians, medical learners, patients and communities and our commitment to reconciliation.

We thank Knowledge Keeper Leslie Spillet for her teachings that supported this initiative.





A foundational symbol in the logo is the heart berry, also called a strawberry. In many Indigenous cultures, the heart berry is an important food and medicine. It's a symbol of heartfelt relationships, medicine and health. Just as the heart is the centre of the human body, the heart berry is at the centre of the plant, connected to a system of leaves, roots and runners. These runners take root in the earth, producing new growth, a constant reminder that the care we take today makes a difference for future growth and generations to come.



An encompassing eagle holds love, commitment and caring. It's a symbol of strength, wisdom and respect. The eagle is looking forward, recognizing the work still needed to close the gaps in health outcomes between Indigenous and non-Indigenous communities. Physicians and medical learners must be a partner in this important part of healing and reconciliation, and Doctors Manitoba is guided by the **health-related Call to Action** from the Truth and Reconciliation Commission.



Strawberry seeds represent the strength in community, as the seeds on the outside can grow in a multitude of fruits, forming something sweet together that couldn't exist on its own.

Our logo has thirteen seeds, which also signifies the thirteen moons in a year. The June moon is known as the Strawberry Moon.



The two figures are the physicians and patient, reflective of balance and understanding in healing through mind, body, emotions, and spirit.



The Three strawberry blossoms represent the First Nations, Métis and Inuit Peoples.

# SUPPORTING PHYSICIANS. SUPPORTING CHANGE.

The Canadian Physician Support Company offers powerful and confidential executive coaching for physicians wanting to develop their leadership or change their status quo. Please let us know your situation and needs. If coaching is indicated, we'll match you with the right certified coach for you.

We also offer small group programs for physicians in administration, clinical care, or academia.



Please contact [CPSC@physiciansupport.ca](mailto:CPSC@physiciansupport.ca) or see [physiciansupport.ca](http://physiciansupport.ca) for more details.



***You take care of your patients...  
We take care of everything else.***



*I have complex accounting requirements relating to business and investments which extend beyond my practice as a physician. Bokhaut has filed all obligations on my behalf promptly, with ample time to accommodate for my own time constraints. Their staff are unfailingly professional and have been patient with my questions ranging from simple to esoteric. Importantly, the stress that comes with managing these matters has been largely alleviated for me. I would recommend Bokhaut without reservation.*

*Dr. Alain Beaudry – Winnipeg, MB*

**www.bokhaut.ca**



# Passages

**Fletcher D. Baragar**  
2022-05-15

**Arvind A. Kati**  
2022-10-13

**Patrick Rice**  
2022-06-13

**Robert B. W. Choptiany**  
2022-06-08

**Manoutchehr Nasser-Sharif**  
2022-08-12

**Leonard Greenberg**  
2022-08-29

**Sidney L. Nelko**  
2022-08-05

***Doctors Manitoba supports and partners with a variety of services designed specifically for physicians and medical learners. All services are confidential and provided at no cost.***

## **Physician Family Support Program (PFSP) | 1.844.4DOCSMB**

For personal and work-life issues for you or your dependents, take advantage of the 24/7 Physician & Family Support Program's suite of resources managed by ComPsych.

Online: [guidanceresources.com](https://guidanceresources.com) Company ID: DOCSMB

## **Physicians at Risk (PAR) | 204.237.8320**

If you, your spouse or your adult children are struggling with social, relationship, behavioural, or substance use issues, you can get support from the Physicians At Risk (PAR) Program.

## **MDCare | 204.480.1310**

The MDCare program offers adult, child and adolescent psychiatry and adult psychology assessments and treatments for physicians, spouses or common-law partners, and dependent children (18 years and under).

## **CBTm Cognitive Behavioural Therapy with mindfulness | [DoctorsManitoba.ca/CBTm](https://DoctorsManitoba.ca/CBTm)**

Cognitive Behavioural Therapy with Mindfulness (CBTm) for Physicians and Medical Learners is a set of courses designed to offer education and skills training in evidence-based self-management strategies to support the mental wellbeing of physicians and medical learners, delivered in a supportive peer environment.

## **Student Services @ Bannatyne Campus (SS@BC) | 204.272.3190**

Provides access to a variety of services, including counselling and other mental health supports, learning skills development, accessibility advising, student advocacy, career planning, spiritual care, financial aid, and other supports as needed. To confidentially connect with SS@BC, students and residents can email [bcstudentservices@umanitoba.ca](mailto:bcstudentservices@umanitoba.ca).



**Visit [DRMB.ca/PHW](https://DRMB.ca/PHW) for more information.**

# 2023 **Doctors Manitoba** Annual Awards

Nominations are now open!

Help us recognize and celebrate our province's incredible physicians and medical learners by nominating a colleague today.



Nominate a colleague at  
**DRMB.ca/Nominate**

