OCTOBER 2016 / NUMBER 68

rounds

Canadian Medical Association General Council

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Doctors Manitoba

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October 2016, NUMBER 68

Doctors Manitoba rounds

IN THIS ISSUE

It's not every day that you get to sit down with the federal Minister of Health to discuss the future of medicine and health care but that's exactly what happened at this year's Canadian Medical Association General Council in Vancouver. Medical students, residents and new-to-practice physicians had the exclusive opportunity to meet with Dr. Jane Philpott, the federal Minister of Health, to discuss the key issues facing the next generation of the medical profession.

"Being able to have the opportunity to meet Dr. Philpot and hear her speak was a definite highlight of the weekend for me," explained Bryce Barr, a medical student at the Max Rady College of Medicine and former MMSA representative to the Doctors Manitoba Board of Directors.

Canadian Medical Association General Council

ASSOCIATION MÉDICALE CANADIENNE — CANADIAN MEDICAL ASSOCIATION

This year, Doctors Manitoba was proud to send its largest number of medical students, residents and new-to-practice physicians (8 in total) as part of its General Council delegation.

Dr. Kristjan Thompson, having attended General Council once before in 2013 when he was the Co-President of PARIM, returned to GC this year as a new-to-practice ER physician and noted the changing demographics.

"Having attended CMA GC in the past, the most remarkable thing that struck me was the engagement and impassioned participation of medical students, residents, and new-to-practice attendings. Never before has the CMA been so receptive and engaged in key issues that directly affect trainees and physicians transitioning into practice. I was particularly impressed with the spirited discussion regarding strengthening resiliency in medical training and practice. There have been many great efforts by various Provincial Housestaff Organizations (including PARIM) to promote physician wellness and resiliency in training, and to see this issue addressed on a national scale (and contextualized as it pertains to all practicing physicians) is both encouraging and long overdue."

That sentiment was echoed by Dr. Adriana Krawchenko-Shawarsky. *"Being a resident myself, it was inspiring seeing all the other medical students, residents and new in practice attendings in attendance. I felt as if the CMA was very interested in hearing and learning from our unique perspectives."*

L to R Dr. Maha Haddad, Dr. Leslie Anderson, Ms. Gurmeet Sohi, Dr. Kristjan Thompson, Dr. Adriana Krawchenko-Shawarsky, Mr. Josh Palay, Mr. Bryce Barr, Ms. Anna Schwartz

"It was quite incredible how receptive the GC was to the student perspective" noted Gurmeet Sohi, the current MMSA representative to the Doctors Manitoba Board.

General Council, sometimes called the 'Parliament of Medicine', is a gathering of physicians from across Canada to discuss the issues of the day. Topics ranged from the impact of climate change on health to resiliency in training and everything in between.

"It was great to be with the leaders of the professions in one room," said Dr. Maha Haddad, Co-President of PARIM. "The discussions covered a large number of topics including governance and emerging issues, shedding light on the current landscape of medical practice in Canada. Thanks to Doctors Manitoba, we were able to be a part of that!"

General Council also provides medical students, residents and all physicians the ability to connect with colleagues throughout the country to talk shop, form new relationships and plan for the future.

"Being at GC presented an incredible opportunity to meet colleagues across the country. I made two exciting connections from Edmonton and Halifax that will last a long time," said medical student Anna Schwartz.

rounds

"Overall, it was a very interesting and empowering weekend that I feel very fortunate to have attended," commented Josh Palay, MMSA Senior Stick.

Doctors Manitoba is lucky to have so many bright, engaged medical students, residents and new-to-practice physicians that are helping to forge a new path for the medical profession in the years to come. General Council provides a another great opportunity for them to continue doing so.

Dr. Leslie Anderson, recently elected for a second term as PARIM Co-President, provided this insightful conclusion:

"GC is an amazing opportunity to get involved at the national level and learn about the issues we face in medicine. I love having the opportunity to join hundreds of physicians from across the country in discussions on major issues, especially those that are controversial, and bring the voice of Manitoba resident doctors to the table. We are very fortunate that Doctors Manitoba is so supportive of learners and new physicians being a part of conversations about our profession. In talking to other residents at GC, I've realized that the support we enjoy is not always found in other provinces."

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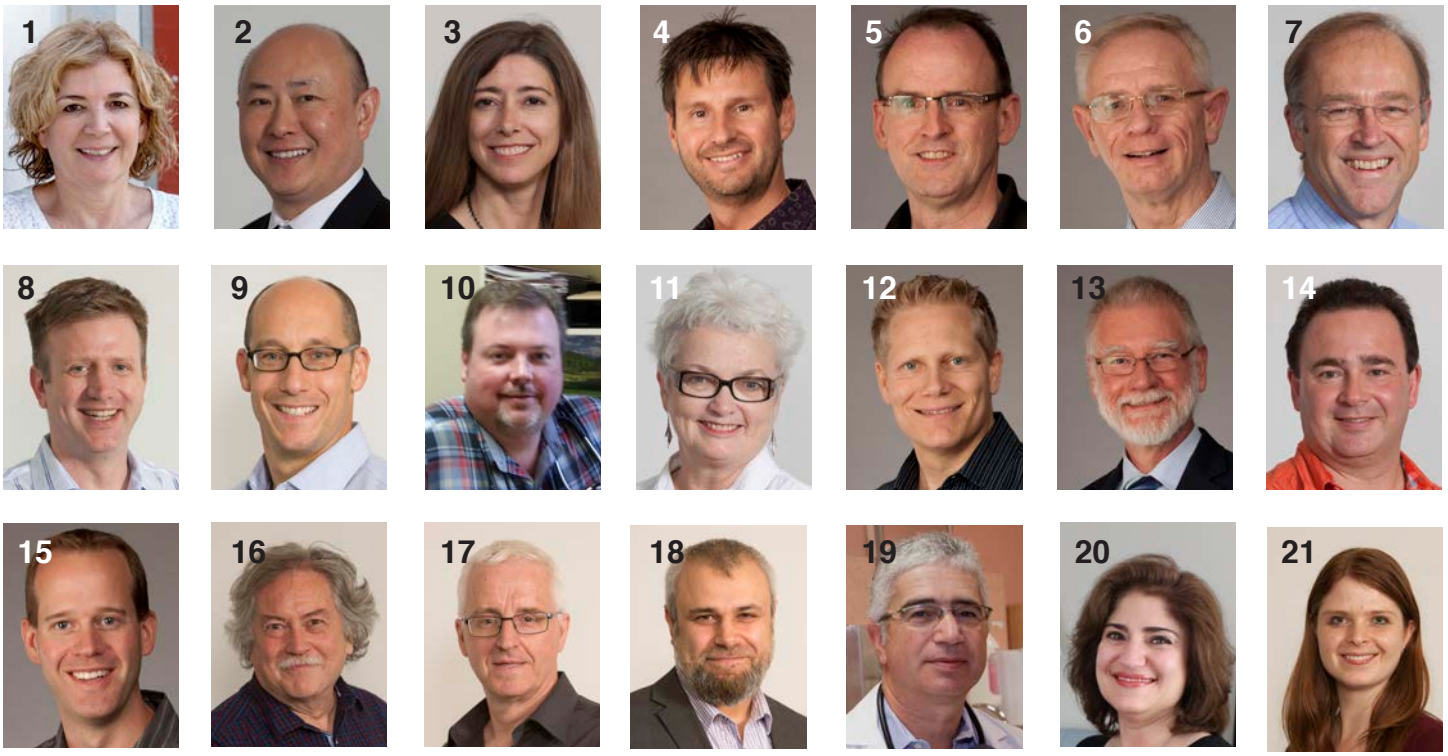

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Country music a calling for Dauphin doctor

Dr. Jason Scott teams with Garth Brooks' guitarist on CD

Jason Scott's music won't put you to sleep but one day he just might.

He's a family doctor, and family practice anesthetist in Dauphin.

And he's also a rising country music singer and songwriter, with a new CD under his belt.

"I've always been a guy who doesn't want to stagnate. I like to broaden my horizons," Scott says.

His new CD, 'Boots to Fill,' was recently released and is available online. Two of the songs were also written by Johnny Garcia, Garth Brooks' and Trisha Yearwood's long-time guitarist. More on that star turn later. Add it all up and Scott's life is a bit of a country song, but without all the 'down and out' stuff.

Scott's path to country music started with childhood piano lessons. School, university, medical school and a thriving practice in Dauphin followed. He got married and welcomed three children. And he squeezed in a stint as President of Doctors Manitoba too.

Then about eight years ago, Scott picked up the guitar and taught himself to play.

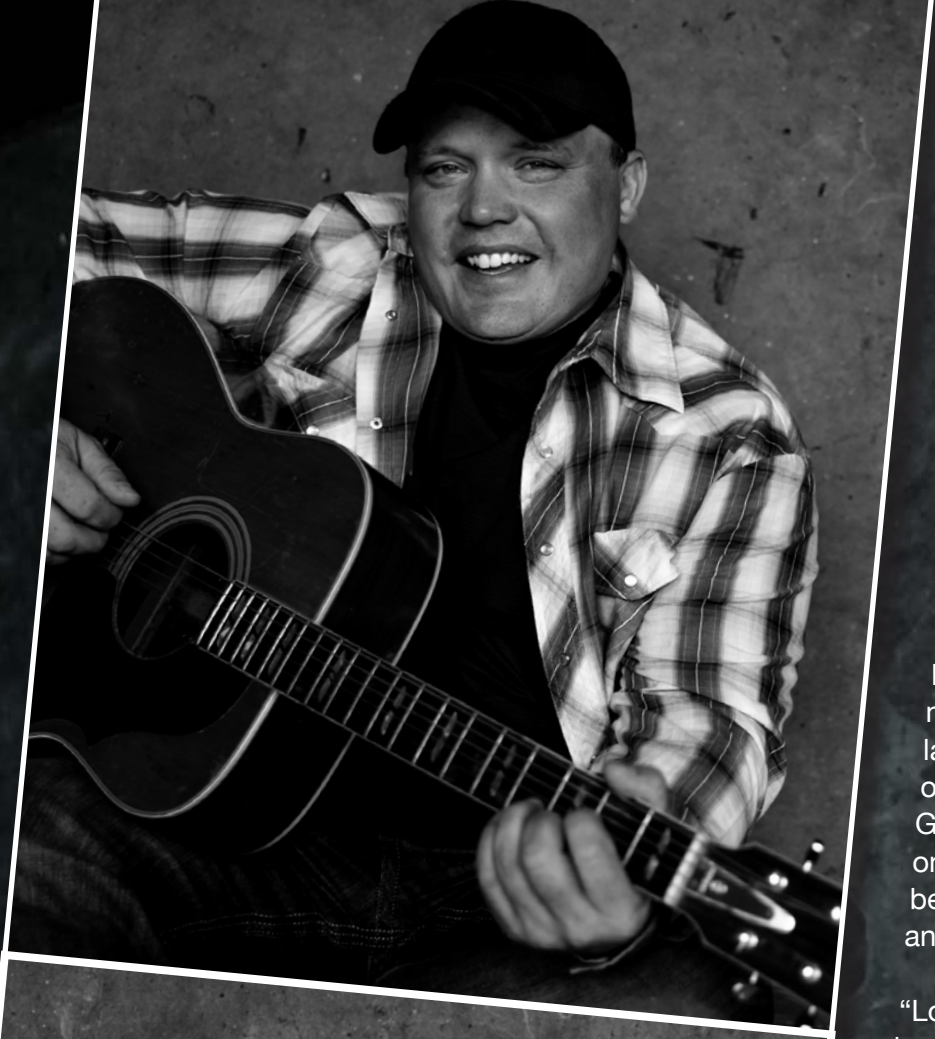
"I just wanted to be able to play country music. I didn't even know if I could sing yet."

But he could sing and songwriting quickly followed.

"I've always loved country music ever since I was a kid. I loved the stories," he says.

Scott had no plan to go into country music but the universe did. OK, this is where Scott's path to professional country music takes many twists and turns.

It begins with Scott's brother-in-law Trevor Johnson — a veterinarian in Dauphin — who is a very talented country music singer and songwriter in his own right.



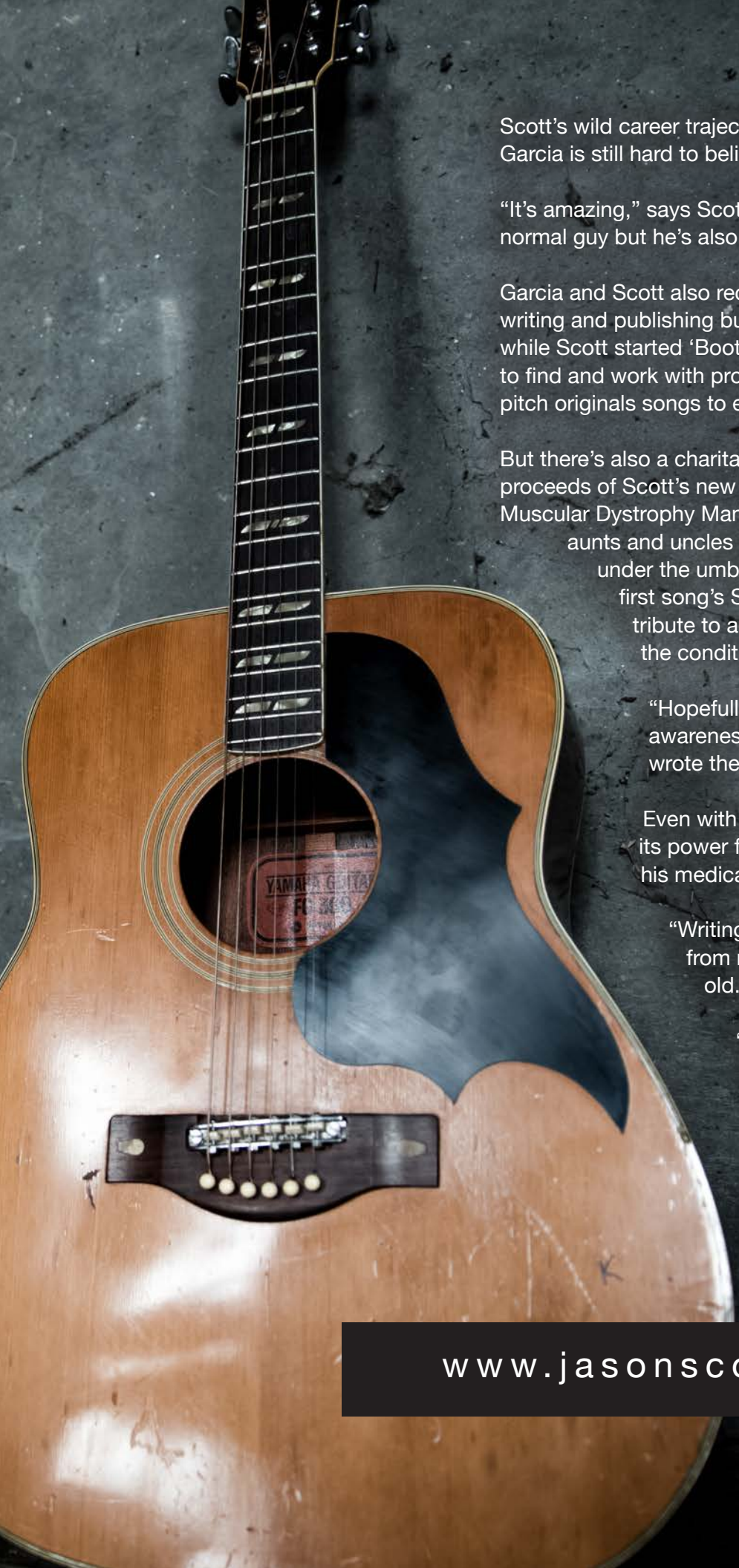
Here's how it starts: Johnson moves to Nashville; comes back to Manitoba; wins a jingle-writing contest; and wins tickets to the Country Music Awards. And then: Heading to the Nashville airport on his way home from CMAs, Johnson stops and plays a few originals in a famous country music venue; and gets noticed by successful music producer Dick McVey, who contacts him six months later.

Next: Johnson and Scott decide to make a demo CD with McVey. Scott later wants to record his own CD of originals with McVey, who brings Garth Brooks' guitarist Johnny Garcia on board. Finally: Garcia and Scott became fast friends during recording, and began writing music together.

"Love writing with Jason," Garcia writes in an e-mail. "His singing is really soulful and he's got great storytelling ability when he sings."

Today, two of Garcia's songs are on Scott's new CD 'Boots to Fill.' And Garcia also played guitar on the CD.

"I'm really proud of the record we did together and it will live forever," Garcia says.



Scott's wild career trajectory and now his relationship with Garcia is still hard to believe, the 41-year-old doctor says.

"It's amazing," says Scott. "But at the same time Johnny is a normal guy but he's also a great guy."

Garcia and Scott also recently became partners in the music writing and publishing business. Garcia owns 'Busy at Play,' while Scott started 'Boots to Fill.' They have combined forces to find and work with promising song writers, and to write and pitch originals songs to established artists.

But there's also a charitable twist to this tale. All of the proceeds of Scott's new CD 'Boots to Fill,' are going to Muscular Dystrophy Manitoba/Canada. Four of Scott's dear aunts and uncles had myotonic dystrophy, a disorder under the umbrella of muscular dystrophy. One of the first song's Scott ever wrote was 'Tough as Nails,' a tribute to a beloved uncle who died as a result of the condition.

"Hopefully that song and the album can raise awareness and some money," says Scott, who wrote the song with Johnson.

Even with all that passion for country music and its power for good, Scott has no plans to shelve his medical career.

"Writing and playing music a great departure from medicine," he says, "but I'm 41-years-old. I'm not touring."

"I'm not going on the road or anything but I'm of the attitude that you should never stop learning or challenging yourself."

Check out Scott's website at

www.jasonscottmusic.net

5 QUESTIONS WITH PARIM!

Dr. Maha Haddad

Co-President

@HADDADMRH

1. If you weren't in medicine, what career would you have?

An elementary school teacher!
I love to teach and I love kids, which makes it the perfect job. My plan was to teach kids how to seek knowledge so that they would be able to confidently navigate life with all its challenges.

2. What has been the best or most memorable day in your residency so far?

When my colleagues and I realized the value of diversity, and managed to make it work for our residency program.

3. Who was your childhood hero?

My parents - they taught me the value of perseverance and hard work. I took their advice to heart during my challenging journey back to residency training as a new immigrant in Canada.

4. What is one thing on your Bucket List?

Is to visit Rome and toss a coin in the wishing well!

5. What is your idea of perfect happiness?

French vanilla ice cream on a beautiful sunny day!

Dr. Leslie Anderson

Co-President

@DrLesliesPath

1. If you weren't in medicine, what career would you have?

I'd be an astronaut. Or, more realistically, I probably would've opened an alternative outdoor preschool to make use of my M.Ed. in Early Childhood Education.

2. What has been the best or most memorable day in your residency so far?

During the first week of my autopsy rotation in PGY-2, we got the remains of the six babies who were left in a storage locker. It was a heartbreaking case, but I learned an incredible amount about all aspects of forensics, from how to get the best samples for DNA to dealing with the media on a high-profile case. Definitely my most memorable experience so far.

3. Who was your childhood hero?

MacGyver and the Ninja Turtles - I grew up watching the shows with my family every week and they reinforced the belief that I could accomplish anything with a little teamwork and ingenuity... and maybe a paperclip and a gum wrapper.

4. What is one thing on your Bucket List?

My hubby and I are determined to set foot on all seven continents. We have South America, Australia and Antarctica left.

5. What is your idea of perfect happiness?

Having the time and financial freedom to do the things that are most meaningful to me. I want to be able to take advantage of whatever experiences life has to offer!

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New Investment Reporting:

What You Should Know

By Carol Niravong, MD Financial Management

Over the next few months, you'll likely be hearing more about the new disclosure rules that went into effect on July 15, 2016.

The new rules require the investment industry to provide more clarity for investors on the fees and compensation that financial firms collect, and on individual investment performance.

There has always been a cost to investing, and investors pay it through an embedded fee called the "management expense ratio."

To help illustrate the transparency issue, let's compare an account statement to a pay stub.

Imagine if your pay stub only showed your take-home pay and nothing else. Then imagine that new rules came in, stating that the employer must disclose the gross pay, all the deductions and then the take-home pay.

Your take-home pay hasn't changed. The difference is you can now see how much you earned before the deductions.

What's changing?

While a pay stub must show every deduction, the new disclosure rules do not require the investment industry to provide you with the total cost of your investments.

Here is what financial firms must show (in dollar terms)—and what they don't need to show.

	Must show	Don't need to show
Investment fees	- Amount paid to the investment dealer (known as the trailing commission). This is considered to represent the advice portion of recommending the fund, as well as the ongoing service, advice and reporting.	- Amount paid to the fund manager for managing the fund - Administration, legal and operating expenses
Compensation	- Amount of compensation that the financial firm receives from the fund company	- Amount that your advisor earns
Investment Performance	- Your personal rate of return. This allows you to track your own investment performance against your goals. It also accounts for large inflows and outflows in your personal accounts.	- Your investment performance against benchmarks

All in all, the new rules aim to make it easier for Canadian investors to understand how their investments are performing, and how much their investments are costing them.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.cma.ca.

There's no place like Home!

"I've always known theoretically that the scope of practice of family physicians in rural areas is impressive, but I didn't realize just how extensive their scope was until I was working alongside them," said Sara Matyas, now in her 3rd year of medical school at the Max Rady College of Medicine.

The robust and diverse scope of practice of rural physicians was a common theme amongst the 34 medical students that took part in the Home for the Summer Program. The Program, operated by Manitoba's Office of Rural and Northern Health, pays medical students to work in clinics and hospitals through Manitoba to gain valuable experience.

Aakanksha Sharma, like Matyas, also worked at the Agassiz Medical Centre and was taken aback by all the things that rural physicians do.

"The diversity of practice of a family physician is what I found unique in a rural area."

A couple hours away in Killarney, Alexander McKinnon "was amazed at how extensive the scope of practice is for rural physicians."
The Program is designed to not only allow medical students to contribute to a team and gain confidence but also to expose them to rural practice during their training, before they decide about potential residency spots.

After working with Dr. Norman Klippenstein in Brandon, Riley Workman commented that the Program "helped me gain skills and build relationships that will be incredibly valuable as I continue with my education and into my career." He continued, "Even if you don't have a specific interest in rural medicine, it is great to gain clinical skills, network with people in the field and may enlighten you on the different dynamics that are present in the medical field in different parts of Manitoba."

Through their work, the students are required to complete a research project drawing on their experience. They then present that researched to a panel of physicians with the winners receiving a small cash prize.

Doctors Manitoba played host to those presentations and a special dinner. The panelists included Dr. Louis Smith, a member of the Executive of Doctors Manitoba, Dr. Holly Hamilton, Dr. Don Klassen, Dr. Jose Francois, Dr. Ira Ripstein and Dr. Jason Scott, a Past-President of Doctors Manitoba.

The mentorship during their summer work had a great impact on the students.

"The physicians are amazing mentors and allowed me the opportunity to learn and experience medicine hands on," said Sharma.

"I loved the hands-on learning and one-on-one access to an experienced physician such as Dr. Anton Pio," echoed McKinnon.

"Agassiz treated me as a valued and respected member of their team, which not only built my confidence but provided me with an amazing amount of new clinical experiences," said Matyas.

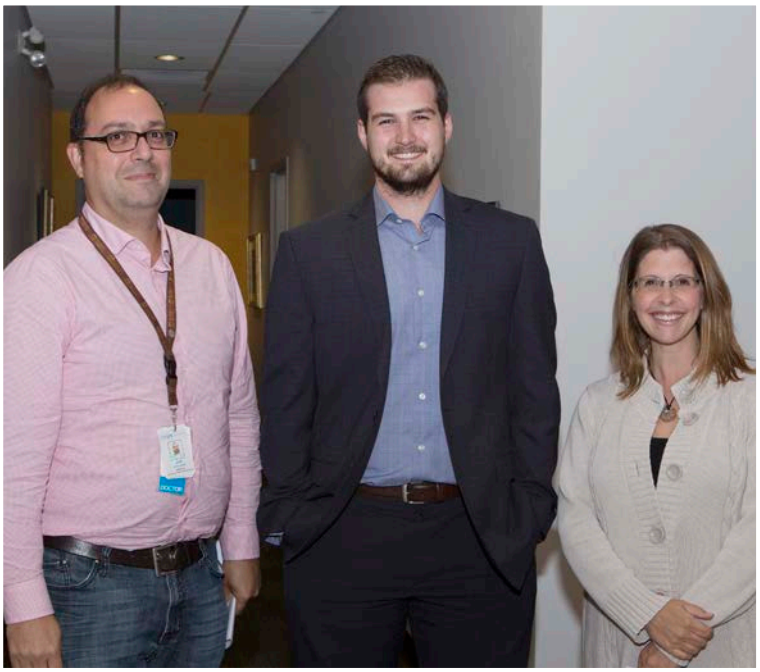
McKinnon received an award for his case summary of Community-Initiated Physician Recruitment in Rural Manitoba. Sharma won an award for her research into care of the elderly in Morden while Workman's case review study for outpatient Oxford Knee Arthroplasty at Brandon Regional Health Centre also won accolades.

What does the future hold for these bright medical students?
"I would love to work in a rural community after I graduate from medical school," said Sharma.

Doctors Manitoba and Manitoba's Office of Rural and Northern Health were pleased to work together to help show the medical students that their work and their ideas are more than welcome and will indeed help shape the medical profession in Manitoba.

Asked if he'd do it again, McKinnon summed it up: "In a heartbeat."

Dr. Jason Scott, Aakanksha Sharma, Dr. Ira Ripstein



Dr. Jose Francois, Riley Workman, Dr. Holly Hamilton

Dr. Don Klassen, Alexander McKinnon, Dr. Louis Fourie Smith

rounds

Meet Dr. Hisham Tassi

A new voice on Doctors Manitoba's Board of Directors

Dr. Hisham Tassi is right where he wants to be, doing exactly what he wants.

"I love my work. I love what I do. I love living in Thompson. And the work conditions are perfect for me and my lifestyle," says Tassi.

The 43-year-old internist makes that declaration midway through a lengthy conversation about his past, present, and future. It's easy to see that Tassi has packed a lot of life in his four decades on earth.

Tassi was born in Lebanon. He attended the American University in Beirut. He graduated with a teaching degree in 1994 and then taught biology in a high school. That lasted one year. Teaching high school wasn't for him.

"I needed to be something more. I wanted, I needed to continue my education."

Tassi thought he might pursue a PhD and embrace the life of a researcher. But medicine had a stronger pull. At Kursk State Medical University in central Russia, Tassi graduated from medical school. Post-graduate work in internal medicine followed at the University of Western Ontario in Canada. But Tassi also knew he wasn't finished pursuing an even higher education.

He wanted to know more about cardiac diseases and to study cardiology. That's exactly what he did at Kharkiv Medical Academy of Post-Graduate Education in the Ukraine. In Kharkiv, Tassi received a post-graduate degree and fellowship in cardiology.

In 2004, Tassi moved to Thompson to work at the Northern Region Health Authority. There's nowhere else in Canada he would live, he says.

"Thompson has been very good to me."

That's great news for the northern Manitoba hub. But just because Tassi loves his present circumstances, doesn't mean he's settling. Genetics has become a passion, but so too has psychiatry.

"It's really about seeking more knowledge."

When a patient presents with chest pain, Tassi explains, he can look for and hopefully find the problem. And then he can treat it.

"When I can fix it, it's very satisfying, but some of the chest pain can go back to psychology and anxiety. I want to understand that too."

"I want to have a better understanding of human psychology, psychiatry and psychiatric disease," he adds.

That thirst for understanding and attention to underlying issues will serve Tassi well in his new position on the Doctors Manitoba board. He comes to the job with lots of advocacy experience already. He's a former board member of the College of Physicians and Surgeons of Manitoba. Now he takes a seat with Doctors Manitoba.

"I love the work that Doctors Manitoba does. I want to be a part of that," says Tassi. "I want to be an advocate, help make their work better, and make better working conditions."

Meet Dr. Michael Gray

A strong, new advocate joins Doctors Manitoba's Board of Directors

Two times a week, Dr. Michael Gray drives from Portage la Prairie to Winnipeg. In the city, the squash court calls.

The high-energy ritual keeps the 56-year-old feeling great physically. Keeping fit has always been an important part of Gray's life outside the hospital walls. He has run two marathons (so far) and also loves to cycle and swim. It's about practicing what you preach.

"Patients are living longer, and often ask their physicians for advice on aging well," Gray says.

"Physical activity is a well-studied factor in achieving a healthy lifestyle as we age."

With Gray's busy schedule, honestly, there's not a lot of free time for training. Like many rural doctors he balances a family practice with hospital work. Half his time is spent practicing family medicine, and the other half he's in the emergency room, intensive care unit, and delivering babies, among other calls in the hospital.

He's also gone into business. Gray is in the midst of building an apartment complex across from the Portage District General Hospital. He's hoping residents considering training at the hospital will be enticed, in part, by the proximity of great accommodations. Gray wants make residency in Portage la Prairie an attractive prospect to new doctors. He also wants to bridge any real or imagined divides between rural and urban physicians.

Gray's new position as a board member for Doctors Manitoba will foster city and country ties within the profession.

In that vein, it's his responsibility to support the board in their efforts while bringing voice to the issues and concerns or rural physicians, Gray says. His role on the Doctors Manitoba board is clear.

"Essentially my function on the board will be to work in collaboration with other board members to improve or, at the very least, maintain the working environment of physicians, such that they are in situations where by they are able to provide the best available health care to Manitobans."

Like other physicians, emergency room wait times are a concern, he says. Transferring rural patients to the city with ease is sometimes challenging, adds Gray. But relationships and mutual respect between rural and urban doctors is growing and strengthening, Gray believes.

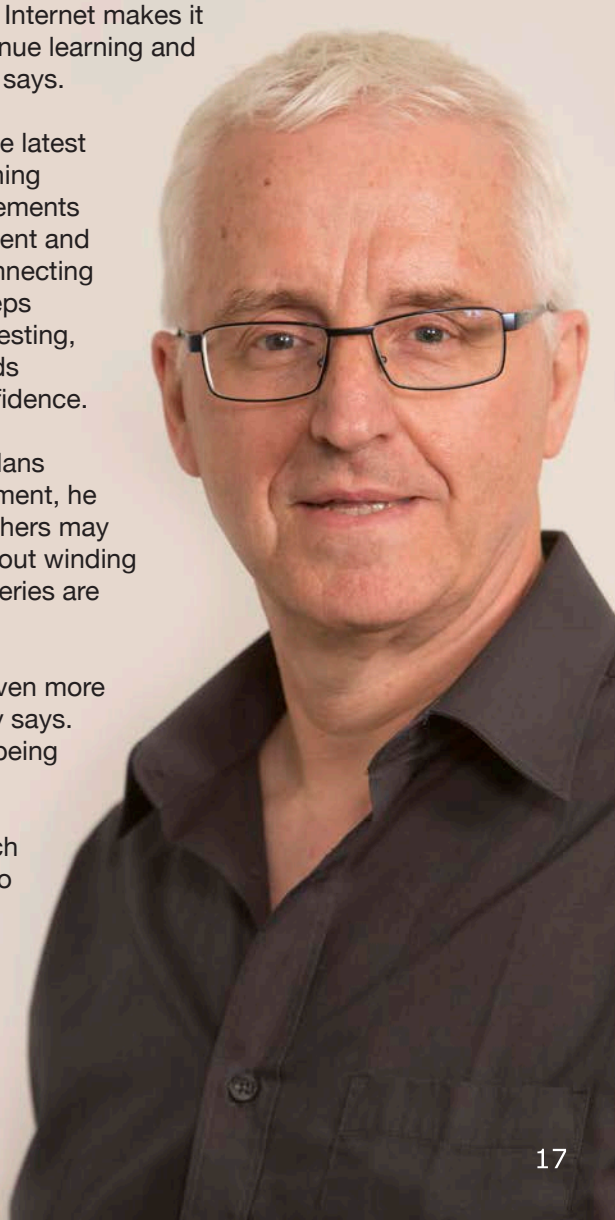
A United Kingdom native, Gray took his training at home, graduating in 1983 from medical school. He trained in family medicine before specializing in anesthesia. He was an anesthetist for 15 years before stepping away from that specialty in 2010.

Gray is also a lifelong learner. He excelled in school from the very beginning. And he loved learning too. That drive and enthusiasm for knowledge has never gone away. And the Internet makes it easier to continue learning and growing, Gray says.

Delving into the latest research, learning about advancements in care, treatment and cures, and connecting with peers keeps medicine interesting, fresh and builds physician confidence.

Gray has no plans for early retirement, he adds. While others may be thinking about winding down, his batteries are charged.

"I'm finding, even more recently," Gray says. "I'm enjoying being a doctor even more because there's so much more access to education."



- Back Row - Drs. Maha Haddad,Terry Colbourne, Anne Finlayson, Adriana Krawchenko-Shawarsky, Leslie Anderson
- Front Row - Drs. Stacy Chapman, Melissa Ward,Stephanie Villeneuve, Inderveer Mahal, Brittany Perija

PARIM CHECK-UP

The 2016-2017 academic year is underway for Manitoba's resident doctors and the new PARIM Executive is already busy planning events, advocacy, and changes for the year.

The first Executive meeting took place on July 19, 2016, and guided by the areas of focus that were identified at PARIM's first Strategic Planning Meeting in April 2016, the team came up with a plan for the year. In addition to the usual duties of the Executive, such as planning events, providing a resident voice on various health care committees, and ensuring that residents are treated fairly in their work and learning environments, this year's Executive will also be examining PARIM's governance structure and how the organization can best communicate with its members.

The composition of PARIM's Board of Directors has not changed since PARIM's bylaws were first written in 1976. At that time, a representative from each specialty had a seat on the Board; with only about 15 specialties in existence, the Board was a manageable and effective size. Over the years, the number of specialties has grown considerably and, combined with the Executive Council, PARIM's Board of Directors now includes over 50 people. The challenge this year will be to determine a more efficient composition for the Board of Directors while also maintaining input from each specialty that falls under PARIM. Leadership roles need to be redefined and clarified, and bylaws will have to be rewritten to reflect the changes that are made. Governance reform is a huge undertaking but one that is necessary for PARIM to meet the goals that were determined by its membership.

Effective communication with members is an issue that most organizations are facing, especially with e-mail fatigue and the rapidly changing landscape of social media, and PARIM is no exception. Members expressed interest in alternative forms of communication and also requested a facelift to the PARIM website for a more organized and user-friendly experience. A Communications Committee has been created this year to examine these issues and come up with a communications strategy that is effective, efficient, and sustainable.

PARIM faces several challenging tasks this year, but with an enthusiastic Executive Council at the helm, the year is sure to be positive and productive.

THE 5 FUNDAMENTALS OF CIVILITY FOR PHYSICIANS:

#3: COMMUNICATE EFFECTIVELY

By DR. MICHEAL KAUFMANN
OMA Physician Health Program

Words are powerful. They can flay like whips. When hastily chosen and self-serving, they can unnecessarily hurt and discourage. On the other hand, words that are well chosen, considerate and timely can lift spirits, motivate, heal, and connect us.

When we communicate with someone,be it face-to-face, by phone, online, or by any other means, we must remember that we are interacting with a living, breathing, vulnerable human being — just like us.

At its core, civil communication is courteous and respectful. I wonder why this can be forgotten during the course of medical training and practice?

Everyday Communication

We live in a time and place where such things as rules of etiquette, dress codes and dining manners, just to name a few social conventions, are relaxed, even disappearing. It’s possible that rules for everyday, well-mannered conversation are overly relaxed as well.

Here are some common sense considerations for civil conversation:

- Greet others warmly. Gently pushvital preoccupations to the side, just for a moment.
- Engage in conversation genuinely when the opportunity arises. Consider what has been said, turn it over in your mind for a moment or two, and reply in a thoughtful manner.
- Be inclusive. When others approach, invite them to join the conversation.
- Thinking the best of others is a decent thing to do. Draw upon your respect for others, as discussed in “Fundamental #1: Respect Others and Yourself.”1
- Maintain your integrity. Share to the extent that you are comfortable without being dishonest or misleading.

Two Kinds Of Silence

Silence can help or hinder civility in communication. Active listening is the first kind of silence. If communication is sending and receiving information, then listening is as important as speaking.

Not talking in key situations is the other, unhelpful, form of silence. Communication withheld when it is expected, needed, or would be appreciated, is a pernicious choice, even when harm is unintended.

Listening

Imagine a time when you had a good conversation with a colleague or friend. You know it was good because you came away feeling positive, buoyed up, heard. Your partner really listened. But how did you know that?

Well, they probably didn't talk that much. And they certainly didn't talk over you, or appear to be eagerly waiting for an opening in your narrative so they could punch through with their own ideas. You were sure they were paying attention to what you were saying, taking everything in. They faced you and didn't fidget. They set their smartphone aside. Pauses in the conversation were comfortable spaces that invited you to share more detail. And when they did speak, it was to ask a question that really confirmed they were trying to understand what you were saying, and, perhaps, feeling. Or maybe they had helpful and relevant comments to offer. They didn't hurry away.

In *Choosing Civility*, Forni says: "plan your listening, show that you are listening and be a co-operative listener."2

Planning to listen is a conscious choice and a deliberate act. Silence is your tool. Head nodding and similar gestures at the right time demonstrate active listening. Clarifying questions in order to understand the other's perspectives are signs of co-operative listening. So are offering your opinions and advice, but only if that is what your partner in conversation is seeking.

Listen also to your inner voice busily reviewing, comparing, identifying, maybe judging, planning your next words, tempting you to interrupt.
But silence it as well — until the right moment. Good listening is purposeful work and a great measure of civility.

Now let's consider the other form of silence: absence of communication.

Praise

I think that many physicians find it difficult to offer praise. We might think that there is only one way to perform — to the best of our ability. We expect that from others almost as much as we do from ourselves. So why compliment someone for simply performing as we expect? The answer is that a well deserved compliment is a considerate act of support. It is capital deposited into the interpersonal emotional bank of good will. Genuine praise strengthens relationships now, thus facilitating more difficult conversations later, should they be needed. It is an act of civility.

Here's a suggestion: if it crosses your mind that someone has done a good job, achieved an important goal, gone the extra mile, then tell them so. And if someone kindly does the same for you, then the gracious thing to do is to accept the compliment.

Giving Constructive Feedback

If it is a challenge to offer praise, then it's really tough to provide feedback and guidance when someone we work with needs it. Rather than criticism, think of this as constructive feedback. When someone around us is under-performing, struggling, distressed, distressing others and/or behaving in an unprofessional manner, approaching them as a friend, colleague or leader is a responsible thing to do. There are many frameworks to consider when the time is right to give constructive feedback and how to do it. Motivational interviewing (MI) is one of them.

MI is a strategy described by Miller and Rollnick that offers sound principles for effective communication with someone who is resistant to, or ambivalent about, change.3 A motivational conversation is embedded in a collaborative and supportive relationship. The physician leader, or speaker, is a guide who helps to clarify a colleague's goals and explore effective behavioural strategies to move toward achieving them.

Unhelpful strategies are also identified — often by the colleague. This is known as developing discrepancy, or, as a popular television counselor might say, "How's that working for you?" Learning how to roll with resistance is vital: a bloody-minded response to a bloody-minded stance calcifies obstinacy. Ultimately, an effective motivational approach supports the other's self-efficacy in finding ways to make necessary change.

While it is beyond the scope of this article to go into MI strategy in depth (or other effective communication paradigms), here are some tips that can provide helpful structure to difficult conversations:

- Plan and rehearse your conversation ahead of time.
- Choose a place and time that is private and unhurried.
- Engage using empathy and open reflection upon what you are hearing (e.g., "I imagine you found yourself in a difficult position…").
- Seek to genuinely understand and support the other person's goals whenever possible.
- Use open-ended questions without judgment (e.g., "Tell me more about that" or "Help me understand").
- Focus on accepted facts and behavioural observations, not the person (e.g., "I'd like to discuss an incident that arose in the OR last week" rather than, "How can you have been so thoughtless?").
- Monitor your own internal state, including emotional reactions, biases and "stories" you are telling yourself about the other person and their circumstances.
- Clarify expectations and preferred outcomes objectively, without "taking sides."
- Clarify consequences/contingencies that are relevant to the circumstances.
- Support positive behavioural choices and outcomes. And watch out for these common conversation stoppers:
- "You always…" (exaggerated overstatement)
- "You never…" (exaggerated understatement)
- "Don't take this personally, but…" (it is personal)
- "With all due respect…" (it is not respectful)
- "I shouldn't have to tell you this, but..." (inappropriate assumptions)

Receiving Feedback

Just as giving feedback requires skill, so does receiving it. Not one of us can judge ourselves perfectly. Forni advises that if we can see the person giving us constructive criticism as our friend (and that might require an active imagination) then we can open ourselves up to quietly considering the feedback as helpful.4 If it rings true, gracious acceptance is certainly appropriate. If you're not sure, then offer a thoughtful response, perhaps "You've given me something to consider. Thank you for that." And if you just can't accept the feedback as valid, then a civil response might be, "I appreciate that's how you see things, but that just doesn't make sense to me." Counterattack — adopting an aggressive stance — will quash any hope of useful dialogue, blocking positive outcomes and the promotion of respectful workplace relationships.

I've heard it said many times about doctors referred for assessment and support that they "lack insight," that is, they don't understand or appreciate the impact that their behavioural choices have had upon others. "Have you explained that to the doctor?" I'll ask. "No" or "Not recently" is often the response.

I've also heard it said that we judge ourselves by our intentions while others judge us by our impact upon them.5

Even good intentions can result in negative impacts. To the extent that there is a gap between those perspectives, there is a gap in insight — a civility gap. Closing this gap enhances civility and is entirely dependent upon effective communication, both sending and receiving.

Body Language

In any civilized culture there are rules, written and not, that guide comportment in the company of others. By age 16, George Washington, the first American president, had collected 110 Rules of Civility and Decent Behaviour in Company and Conversation.6 Rule number 12 states: "Shake not the head, feet, or legs; roll not the eyes; lift not one eyebrow higher than the other; wry not the mouth; and bedew no mans face with your spittle by approaching too near him when you speak."

Clearly, the important messages of non-verbal communication have long been known. Eye contact, facial expression and body positioning all require conscious attention in order to facilitate effective communication.

Smile a little when appropriate; adjust your facial expression and posture to demonstrate attentiveness and concern about what is being said; unfold your arms into a more relaxed posture; and George Washington reminds us to sit back and give our colleague enough physical space to feel comfortable.

When The Situation Is Urgent

The pressure of a health care emergency is not a rudeness rationale. The ABCs of communication in urgent situations (Awareness, Breathe, Communicate Civilly) were described in the last "Fundamentals" article (#2: Be Aware).7

Civil communication in this setting involves directive, but respectful, language designed to motivate appropriate responses from colleagues and co-workers in the most efficient and timely manner possible. Skillfully done, everyone wins: doctor, colleagues, co-workers, patients. Here are some suggestions to enhance effective communication in the heat of the moment:

- Speak in a firm, but unhurried manner.
- Be clear, concise and crisp in your directions and choice of words.
- Use sufficient volume to be easily heard by everyone present, without shouting or yelling.
- Repeat yourself, if necessary, using the same approach.
- Choose a tone that conveys a sense of support. Do your best to filter out any anger or frustration you may be feeling.
- If some of those emotions do assert themselves, explain them rationally and sedately as soon as possible.
- Avoid using profanity.
- Never embarrass, humiliate or belittle anyone — ever — regardless of their role and status.
- Check with the team member to whom responsibility has been directed to be sure they have received your directions properly.
- Be open to expressions of concern from any co-worker on the team.
- Debrief kindly with others after the event to explain your approach during the crisis.

Communication In The Digital Age

Electronic communication and social media have changed so much about the way professional communication takes place.

Like all innovation, electronic and online communication offers many benefits, but also pitfalls that open the door on new forms of incivility. Whether it's an entry into an electronic medical record, email, tweet or blog, there appears to be something about sitting at one's computer that permits unpleasant messaging of all forms. I have seen gratuitous comments slagging a colleague's clinical skills; exhortation for open defiance of workplace administrative policy; criticism of hospital leaders in clinical records, blaming them for negative patient care outcomes; endless email harangues, one doctor in conflict with another; and so on. None of these forms of communication are helpful, effective or civil.

Our thinking and communication practices need to evolve along with the digital revolution in order to preserve personal and professional integrity and high-quality relationships in the workplace.

As the Canadian Medical Association Code of Conduct affirms: Treat your colleagues with dignity and as persons worthy of respect.8 This ought to be the case whether our communications are face to face, in writing, online, in social media, or in any other form of communication in the digital age.

Here are some thoughts about maintaining civility in electronic and online communication:

- Keep professional and personal communications separate. It's so easy to blur the lines between our private lives and work lives and the sharing we choose for each.
- Email communication should be brief and respectful. Use face-to-face communication to resolve conflict.
- Consider all comments posted online

to be public. Would you say them to, or about, someone in person, in front of others?

• Be mindful and respectful of local corporate/institutional social media policy when functioning as an advocate within the health care system. The necessary role of advocate and the right to free speech do not protect physicians from the consequences of libel and defamation.9

• Remember that digital communication never goes away. Consider that the uncivil comment you make in a moment of pique often can't be taken back, and the record is permanent!

• It is our ethical obligation not to impugn the reputation of col - leagues.8 Pause for a moment, especially if your emotions are high, before completing any digital entry or pressing "send." Re-read the message later. Ask yourself: "Is there anything defamatory about this message? How would I feel if this were a message posted by someone else referring to me?"

Our professional goal is to heal whenever possible and to comfort always. We are honoured to work and connect closely with others on this mutual mission. Civility is the vehicle we need to deliver our skill, knowledge and compassion to others.

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

Previous articles in "The Five Fundamentals of Civility for Physicians" series are available on the Physician Health Program website at http://php.oma.org.

Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (http://php.oma.org/) and Physician Workplace Support Program.
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The Five Fundamentals of Civility

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

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

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

4. Take good care of yourself
It's hard to be civil when personally stressed, distressed, or ill.

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


FIT KIDS
HEALTHY KIDS

FIT KIDS HEALTHY KIDS

Doctors Manitoba's Fit Kids Healthy Kids: Impacting the lives of Manitoba's Children.

It's a beautiful morning in Winnipeg. The sun is shining, the air is warm and a breeze blows through grass. The large field behind Sinclair Community Centre is littered with colourful balls, hoops, bean bags, parachutes, ropes and innumerable other toys. Shortly after 9am the buses begin to arrive. The field begins to fill up with kids wearing colourful t-shirts: a different colour for each school or community club represented. The crowd numbers swell but the buses do not stop. They just keep coming, dropping off more and more laughing, smiling energy filled kids until there are over 750 children milling around the field.

For someone who is not used to dealing with large numbers of children the sight is exciting but, quite frankly, overwhelming. For the staff of Doctors Manitoba's Fit Kids Healthy Kids, you can see excitement, joy and energy in them that tells you: this is exactly what they signed up for and love.

On July 28th, 2016 the CSI Boys and Girls Clubs of Winnipeg Jumpstart Games was held and Doctors Manitoba's Fit Kids Health Kids was there programing the day. Keeping kids active, teaching them fundamental movement, developing their physical literacy and insuring that everyone is having fun at the same time, is all part of Fit Kids' mandate.

Doctors Manitoba has partnered with Sport Manitoba to create the Fit Kids Healthy Kids program which promotes physical literacy and active living for Manitoba's children. The program provides direct active programing based on physical literacy to children throughout Manitoba with a particular focus on high needs communities. The enthusiastic young staff at Fit Kids interacts directly with the children working on fundamental movement or basic skills such as running, jumping, throwing, catching, kicking, and so many more so that they may learn the skills before specializing in sport.

But the program is so much more than that. It is designed to build knowledge, skill sets and provide tools to a variety of organizations that work with children so that their leaders can be confident in and continue the program once the Fit Kids program is complete. Fit Kids works with parents and adult leaders at daycares, community centres, community organizations, new immigrant's centers and camps to teach them how to work with their children and provide them with the tools to promote physical activity and physical literacy. This comes in many forms, from hands on direct training, to facilitating access to toys and equipment, to creating resources books and websites of exciting low cost games and activities to do with children. It is designed to help build capacity in these organizations so that the activity of the children can continue over the long term.

Over the past two years Fit Kids Healthy Kids has had over 50,000 contacts with Manitobans throughout the Province to support physical literacy and active lifestyles.

Fit Kids is a unique program that is filling a much needed gap in Manitoba, providing and coordinating resources in many communities and organizations that would otherwise not have access to such supports.

Doctors Manitoba's Fit Kids Healthy Kids has recently partnered with the Canada Games by sponsoring the Games mascot Niibin. This partnership is intended to increase awareness of the Fit Kids Program and to further encourage and inspire children to engage in an active lifestyle.

Through Fit Kids Healthy Kids Doctors Manitoba is working to expand the reach of doctors beyond hospital and clinics and to support and encourage the health of Manitoba's children.

Supported by Doctors Manitoba

Sport Manitoba

To find out more about us check out our website at **www.fitkidshealthykids.ca**

Southern Exposure

Family physicians work in HSC's Surgical ICU to better serve their patients in rural and remote communities

Imagine this scenario:

A critically ill patients arrives at the Health Sciences Centre in Winnipeg. She has multiple fractures, unknown internal injuries, and is currently unstable. An emergency room doctor, residents, nurses and respiratory therapists jump into action. The HSC has a general surgeon in the hospital seven days a week, 24 hours a day for this specific situation. Other specialists from surgery, anesthesia and critical care are called in for consults. Around the patient's bed, a team of medical experts work the problems.

Now imagine this same scenario but in Thompson, The Pas, or remote communities in rural and northern Manitoba and beyond. There is one doctor making every decision aided by a couple of nurses in a four-bed or fewer emergency room. It could be overwhelming but instead, the doctor is calm and ready. Even flying solo, this family doctor has the skills and confidence to work the problems optimizing the patients chance for survival while preparing for the safest possible transfer to HSC.

Dr. Perry Gray is helping make this happen. He's the chief medical officer at HSC. Most recently, he was also the medical director of the surgical intensive care unit (SICU). In 2012 in the SICU, he started an experiential program for family doctors practicing in rural, northern and remote

From L to R: Dr. Perry Gray, Dr. Sara Goulet, Dr. Manon Pelletier, Dr. Angela Derksen, Dr. Rafiq Andani;, Dr. Amber Berscheid, Dr. Wilson Le.

communities. Family doctors from across Manitoba and as far north as the Belcher Islands in Nunavut now come to Winnipeg's SICU to see, learn about, and treat the most critically ill patients.

These patients are typically found in HSC's SICU. It's the province's main resource for traumas; neurosurgery; burns; and many other tertiary surgical emergencies.

Gray's program is not about training, per se. It's a work experience model that exposes northern and rural doctors to critically ill patients who have complicated, multi-system problems. The clinical exposure and experience builds doctors' confidence, self-reliance, and broadens their skills.

It's also about having a healthy roster of skilled doctors to assist attending physicians who provide care to the complex group of patients in the SICU. The northern doctors stay for up to two weeks on staff, and then head back home. And then, over the years, they can come back regularly or periodically to work again in the SICU in Winnipeg. This hospitalist program has other outcomes.

"I'm convinced that it improves the care for patients up north," Gray says.

Dr. Sara Goulet is a perfect example of that. She had been practicing family medicine up north for seven and a half years in places like Churchill and Garden Hill.

"It was an interesting practice but I felt like I was losing some of my skills, like reading blood work," Goulet says. "I wanted to get that back."

So in June 2014, Goulet flew south to Winnipeg for a two-week stint at the SICU.

"I was really nervous to go try this."

For two weeks, she shadowed a senior physician in the house medical officer role. She did rounds, worked 24-hour shifts, responded to critical cases and complications, all the while watching, listening and jumping in. In return, the SICU had another staff member they could rely on.

"We're helping them out, they're helping us out," Gray says.

Today, Goulet spends one week in Winnipeg and every second week in either Red Sucker Lake or Garden Hill in Manitoba, or Whale Cove and Sanikiluaq in Nunavut.

"The things you see in SICU are at the extreme care end. The problems are very obvious, most often. Then you go back up north to family medicine where you see problems that are much more nebulous," Goulet says.

"It makes me much more able to treat people in our ER."

Dr. Matthew Alkana — another 'graduate' of Gray's SICU program — agrees.

"If I have a critically ill patient come in, I don't get too excited. I don't get panicked. With the experience I have now, I am comfortable to manage the situation," says Alkana, a hospitalist based in Flin Flon.

As a resident, he did two rotations in the SICU at HSC before graduating in July 2014. (He is also a graduate of the Northern Remote Family Medicine program at the University of Manitoba.)

That confidence is key when rural doctors face complicated and nerve-wracking scenarios in emergency centres with less resources, fewer staff and no specialists, to speak of.

It's also about relationship building. The opportunity to get to know your colleagues throughout the province can be priceless. Like all the northern doctors who have worked stints in the SICU, Alkana has met and worked with a wide range of specialists in Winnipeg. Alkana knows them. They know Alkana. So back in Flin Flon, if Alkana has a question about a patient, he doesn't hesitate to call Winnipeg for a consult with a specialist.

"I have a very low threshold for calling the city for a specialist," Alkana says. "I'm not just a voice on the phone. The specialist knows me, remembers me, and listens to me." "The care we give — because of that personal connection —is much better."

That connection has another positive side effect. Not only does it allow the northern and rural doctors a valuable learning experience it allows the Winnipeg based doctors to have a better understanding of the challenges of northern and remote practice. That's what Dr. Colin McFee, another one of Gray's people, has realized.

"Some doctors don't have a complete understanding of what a rural (practice or ER) setting is like," says McFee, who's also a graduate and now an assistant professor of the U of M's northern and remote family medicine program.

But that's changing, McFee say. By virtue of proximity in the SICU, information about northern family practices and northern medical resources is informally exchanged between doctors during conversation

Dr. Angela Derksen

and the course of any one day. Those conversations spark better understanding by urban physicians about care and treatment up North and in rural communities.

"There's this crossing of knowledge between rural doctors and urban doctors," McFee says.

Gray began the unofficial program to solve some staffing issues and help northern doctors maintain their skills in critical and complex situations. As it has developed however, it has become much more than that. For the doctors who come to Winnipeg for their schedule in the SICU, the variety and scope of care keeps them up to date. But it also keeps their work life interesting. And it allows colleagues from all parts of the province to learn

from each other. It's a little too early to say if Gray's program has had any effect on retention of northern doctors. But now word is spreading. A dozen or so rural and remote doctors have come to SICU to get exposure to more difficult trauma cases.

And many of those doctors have told other doctors. There's no official obligation in the first week, Gray tells them. But if they want to come back, doctors have to commit to helping the SICU team 'on a part time basis.' But some of the northern doctors, like Sara Goulet of Red Sucker Lake and Whale's Cove, now take regular shifts in Winnipeg's SICU. Goulet is in the city half time now.

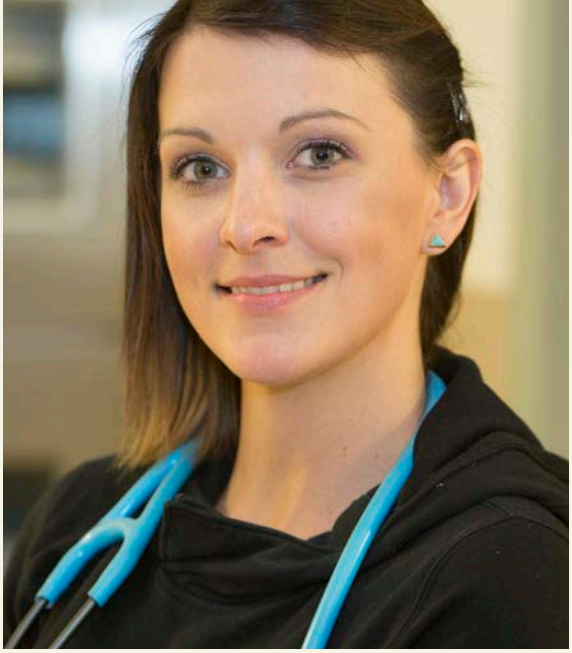
For Gray, the program is just in its infancy but it's already seen some exciting growth, he says.

Dr. Bojan Paunovic is the Medical Director of the Winnipeg Regional Health Authority's Critical Care Program. The program has also expanded to include the HSC's Medical Intensive Care Unit (MICU). Gray and Paunovic work together enabling some physicians to alternate between SICU and MICU.

Dr. Gray also credits the support of Dr. Brock Wright, WRHA's Chief Medical Officer for the program's success. Wright immediately saw the value to HSC, WRHA and the rest of province, Gray says. However, there's more work to do to improve care in rural and northern Manitoba and in WRHA's Tertiary Care Hospitals.

"I would love to see a collaborative relationship between the WRHA and other Health Regions that formalizes the rotation of physicians between the tertiary hospitals and their rural practice," Gray says. "This would enhance their ability to treat patients in their "home base" practice while providing valuable support for patients receiving the most complex care in our tertiary hospitals."

And who knows, maybe what started out as a staffing solution for the city may now keep more doctors working up north, longer.



Dr. Amber Bercheid

Dr. Sara Goulet

Dr. Wilson Le

Here's what other doctors are saying…

Dr. Manon Pelletier, family physician, hospitalist at the Health Sciences Centre's CCDU; and house medical officer at HSC's SICU

"I started working in SICU straight out of residency. I was very green and working up North and in rural areas. The skills I acquired here have made me much more comfortable in most emergency situations that can arise, especially traumas. I am now proficient at intubating, inserting central lines, running codes, etc. It has made me a more versatile and well-rounded family physician."

"Working in SICU, among other things, has allowed me to foresee potential complications in patients and act on issues quicker to prevent ICU admissions."

"This program allows physicians from many different settings to expand their knowledge base, improve their comfort level in emergency situations and practice skills they do not do often otherwise. It also allows exposure to the tertiary care setting, which provides a different perspective then rural or northern practices would, along with allowing opportunity to network."

Dr. Rafiq Andani, rural general practitioner with Prairie Mountain Health in Swan River, Manitoba

His scope of practice includes: GP oncology; addictions medicine physician; hospitalist; ER physician; family physician in a primary care clinic; and a personal care home physician

"The skills and experiences from working in the HSC'S SICU have allowed me to effectively manage and treat critically ill patients that have presented to me in the emergency department or have been admitted to hospital in Swan River with greater comfort and confidence."

"Working in the ICU I frequently meet and work with a multitude of specialists. The interactions are not only educational but allow me to familiarize myself with the specialties and the system they operate in."

"Having rapport with the surgeons and specialists allows for a more streamlined referral process. Working closely with specialists means I can provide better/more appropriate referrals, set up the relevant and appropriate diagnostics and investigations for the patient, thereby making the patient specialist encounter more efficient and generally have a greater sense of collaborative care for shared patients that transcends the formal referral letter and consultation process."

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Stress-reduction Tips

By the time your day is over, you likely will have completed many tasks: cleaning the house, finishing a project at work, helping your children with their homework, preparing meals, etc. All of these responsibilities may cause stress, leaving you physically exhausted with tense muscles and an aching head. However, there are small things you can incorporate into each day to make your life easier and alleviate stress.

Stress Reducers

Try these stress reducers to prevent stress or when you feel tense.

1. Get up 15 minutes earlier in the morning. The inevitable morning mishaps will be less stressful.

2. Schedule a realistic day. Avoid the tendency to schedule back-to-back appointments; allow time between appointments for a breathing spell.

3. Get enough sleep. If necessary, use an alarm clock to remind you to go to bed.

4. Eliminate or restrict the amount of caffeine in your diet.

5. Do not rely on your memory. Write down appointment times, when to pick up the laundry, when video rentals are due, etc. As an old Chinese proverb states, "The palest ink is better than the most retentive memory."

6. Be prepared to wait. A paperback can make a wait in a post-office line almost pleasant.

7. Procrastination is stressful. Whatever you want to do tomorrow, do today; whatever you want to do today, do it now.

8. Relax your standards. The world will not end if the grass does not get mowed this weekend, or if the sheets are changed on Sunday instead of Saturday.

9. Learn to say no. Saying no to extra projects, social activities and invitations for which you do not have the time or energy takes practice.

10. Eliminate destructive self-talk. "I'm too old to…" or "I'm too inexperienced to…" are negative thoughts that can increase stress levels.

11. Turn needs into preferences. Our basic physical needs translate into food, water and keeping warm. Everything else is a preference. Do not get attached to preferences.

12. If an especially unpleasant task faces you, do it early in the day, and get it over with. Then the rest of the day will be free of anxiety.

13. Have a forgiving view of events and people. Accept the fact that we live in an imperfect world.

14. Do something that you enjoy every day.

15. Have an optimistic view of the world. Believe that most people are doing the best they can.

16. Take time for yourself. Develop a belief that everyone needs quiet time every day to relax and be alone.

Resources

Canadian Mental Health Association: www.cmha.ca

Guidance Resources Online - 32 Stress-reduction Tips https://www.guidanceresources.com/groWeb/s/articlePrinterFriendly.xht...

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- August 28, 2016

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Last Year's Recipients

Doctors Manitoba AWARDS

OCTOBER 31, 2016 DEADLINE

October 31, 2016 is the deadline for the submitting nominations for the 2017 Doctors Manitoba Awards. Why not consider nominating a worthy colleague or mentor for recognition by Doctors Manitoba? Here are the possibilities:

DISTINGUISHED SERVICE AWARD
For recognition of services rendered to patients and the community which have enhanced the image of the physician through devotion to the highest ideals of the medical profession and in the promotion of the art and science of medicine through teaching, writing and administration.

HEALTH or SAFETY PROMOTION AWARD
For contribution toward improving or promoting the health or safety of Manitobans specifically or humanity generally

SCHOLASTIC AWARD
For Scholarly activity in the health professions (examples of scholarly activity are research, teaching and writing)

HEALTH ADMINISTRATION AWARD
For contribution to policy and/or in administration of health care

PHYSICIAN OF THE YEAR AWARD
For significant contribution to the practice of medicine and/or to the community by a member of Doctors Manitoba

Dr. JACK ARMSTRONG HUMANITARIAN AWARD
For outstanding contributions by a member or former member of Doctors Manitoba in the service of humanity either within Canada or abroad

Do you know a deserving candidate, but don't feel you have the time to prepare the nomination?

Then please contact Rick Sawyer @ **204-985-5842** or **rsawyer@docsmb.org** for assistance.

Doctors Manitoba

DISTINGUISHED SERVICE

Dr. David Rush

HEALTH OR SAFETY PROMOTION

Dr. Mark Prober

SCHOLASTIC

Dr. Davinder Jassal

HEALTH ADMINISTRATION

Dr. Murray Enns

PHYSICIAN OF THE YEAR

Dr. Fred Zeiler