

# rounds



**Meet 2021/22  
President  
Dr. Kristjan  
Thompson**

**How  
Physicians  
Led COVID  
Vaccine  
Efforts**

**Rural  
Physician  
Health  
Project**

**Passing the  
Torch in  
Physician  
Health**

**Revisit the  
2021 Awards  
Gala!**

**Meet the  
Doctor Who  
Stopped a  
Knife Attack**

**Inclusive  
Behaviour  
Builds Better  
Teams**

**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

## Executives

**1. Dr. Kristjan Thompson**  
- President

**2. Dr. Candace Bradshaw**  
- President Elect

**3. Dr. Cory Baillie**  
- Past President

**4. Dr. Michael Boroditsky**  
- Honourary Secretary  
District Representative - HSC

**5. Dr. Randy Guzman**  
- Honourary Secretary  
District Representative  
- St. Boniface

## District Representatives

**6. Dr. Selena Papetti**  
- Eastman

**7. Dr. Edin Tunovic**  
- Concordia

**8. Heather Diamond**  
- Grace

**9. Dr. William Li**  
- HSC

**10. Dr. Ginette Poulin**  
- Misericordia

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

**12. Dr. Alexis Botkin**  
- Victoria

**13. Dr. Nichelle Desilets**  
- Assiniboine

**14. Dr. Gerhardt Visser**  
- Brandon

**15. Dr. Erin Gordey**  
- Central

**16. Dr. Yvette Emerson**  
- Interlake

**17. Dr. Marie Noel**  
- Northern

**18. Dr. Joel Myhre**  
- Parkland

**19. Dr. Alon Altman**  
- University Medical Group

**20. Dr. Josh Aquin**  
- PARIM

**21. Dr. David Cram**  
- CMA

**22. Ms. Tessa Bortoluzzi**  
- Manitoba Medical Students'  
Association







# Doctors Manitoba

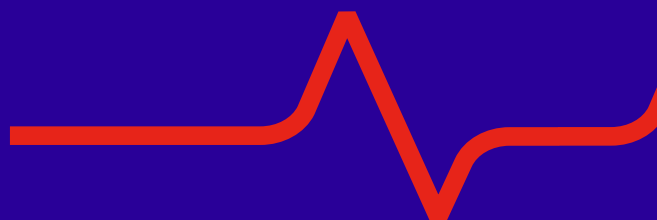
Rounds is published by Doctors Manitoba as a source of news and information for the province's physicians and medical learners. Articles may be reprinted with permission. Advertising and promotional material appearing in, or distributed with, this newsletter does not imply endorsement of the product 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	How Physicians Led the COVID Vaccine Campaign
14	Embracing the Humanity of Medicine: Meet 2021-22 President Dr. Kristjan Thompson
18	Bravery and Heroism at Seven Oaks: Meet Dr. Ken Hahlweg, the Doctor who Stopped a Knife Attack
21	The Importance of Community in Physician Health and Wellness (Poster pullout - page 26)





- 29      **Passing the Torch for Physician Health**
- 32      **Bridging Lung Cancer Treatment During  
COVID-19: The Manitoba Approach Garnering  
Global Attention**
- 36      **Civility in a Time of Burnout: Inclusive Behaviour  
Builds Better Teams**
- 40      **From the Red Carpet: Celebrating our 2021  
Award Winners**
- 48      **Empower Your Staff, Protect Your Patients:  
Saegis Advice to Protect Against Cyberattacks**



# Dr. Kristjan Thompson



## President's Message

### **My dear colleagues, it has been a true honour and privilege to serve as President of Doctors Manitoba.**

After over two years on the frontlines of this pandemic, the vicarious trauma healthcare workers have endured weighs heavily, with reported levels of burnout, depression, and moral distress reaching all-time highs.

But we cannot afford to lose hope.

There is much work to be done—certainly for all our patients, who need us now more than ever, but also for our physician colleagues. Healers need healing too, and we must do all we can to support one another as we endeavor to recover and rebuild.

I am grateful for my amazing colleagues: physicians, nurses, and allied health professionals who have sacrificed so much for their patients and who were a true source of strength and inspiration during the most trying times throughout the pandemic.

I am grateful for our fantastic Board of Directors, our forward-thinking and courageous CEO, and our steadfast and committed Doctors Manitoba staff, who all work tirelessly to strengthen and support our profession. We heeded the call to action, and not only rose to the greatest challenge our organization has faced, we thrived.

Every step of the way, we have been the compelling voice, striving to ensure every physician has the support they need to deliver exceptional care to their patients. I look at how far we've come, how much we

have accomplished, and I am filled with so much pride, gratitude, and hope.

But what gives me the most hope, is knowing that the best is yet to come. With all of you and with our incoming president, Dr. Candace Bradshaw, I know that our organization is in great hands, and I cannot wait to see what the future has in store!

As I reflect on the weight of the last two years, and my optimism for what's to come, I am reminded of the wise words from the late Archbishop Desmond Tutu:

"Despair can come from deep grief, but it can also be a defense against the risks of bitter disappointment and shattering heartbreak. Resignation and cynicism are easier, more self-soothing postures that do not require raw vulnerability and tragic risk of hope. To choose hope is to step firmly forward into the howling wind, baring one's chest to the elements, knowing that, in time, the storm will pass."

So, let us be hopeful, and work towards a better healthcare system for our patients and our colleagues—together.

Dr. Kristjan Thompson



# Theresa Oswald



Message from  
the CEO

**While we are only a few months in to 2022, I am already seeing a theme. This year is shaping up to be about balance.**

After more than two years of COVID-19 and such a bitter winter, I will disclose that I am ready to embrace warmer weather and get back to connecting with family and friends. But I know my optimism and appetite to be social must be balanced by the fact that the pandemic is not over, and being COVID-wise is still a necessity.

From what I've heard from physicians lately, finding a new balance will be a focus for many this year.

In addition to some of the inspiring stories about physicians in Manitoba, this issue of Rounds has a focus on physician health and wellness.

This is not an accident.

Juggling a continued stream of new information, questions from patients, and delays and disruptions in getting your patients the care they need is exhausting. Seeing some patients left with the impression that the pandemic is over when the risks remain has been putting many physicians in a difficult position. There is no question this is taking a toll on the entire medical community.

In the pages that follow, you will find an article about our new Medical Lead for Physician Health and Wellness, Dr. Shelley Anderson. She is also taking over a medical leadership role for Physicians At Risk from Dr. Michael Loudon, who dedicated so many years to

caring for physician colleagues. Dr. Anderson is helping to expand our Physician Health services, including offering more peer support options.

You will also find a story about our Community of Practice project. This 3-year, \$1 million initiative is digging deep into the many system barriers to physician wellness and engaging partners in developing new actions to address them.

With so much uncertainty and disruption these days, it's also important to consider how we treat each other. Civility is important to finding balance for those working in medicine, but it also can improve safety for patients. Doctors Manitoba is a partner in the Civility Saves Lives campaign, and I encourage you to read our article about the initiative and consider taking the Civility Pledge and nominating a Change Champion.

In the very middle of this issue, you will find a poster about the services and supports available to physicians and medical learners. Please consider removing this poster from the magazine and displaying it for your colleagues to see.

Please remember that the team at Doctors Manitoba is here for you. Do not hesitate to reach out, for yourself, for a family member or for a colleague.

I hope you will have time this spring to focus on finding a new balance in your personal and professional lives as we all navigate what comes next. Now more than ever, we need to do this together.

Theresa Oswald  
CEO



# Trusted Advice from a Familiar Source

## The Key Role Physicians Played in Manitoba's COVID-19 Vaccination Campaign

By Keir Johnson

After months and months of COVID-19, with no certain end in sight, it finally happened.

It was December 9, 2020.

Health Canada approved the first COVID-19 vaccine, 273 days after the pandemic had been declared.

And just a few days later, on December 16, the first dose was administered in Manitoba to Dr. Brian Penner, an internal medicine specialist at Health Sciences Centre.

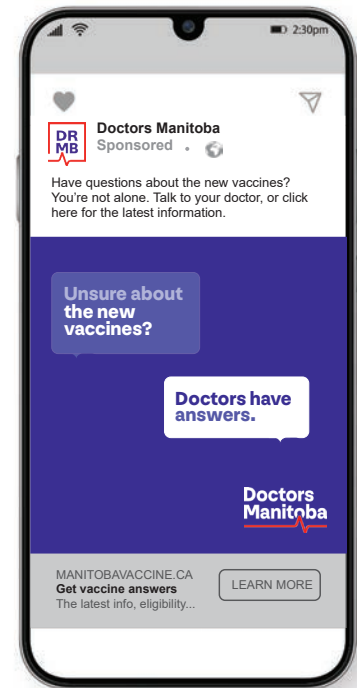
**“I am now safer for my friends and colleagues,” Dr. Brian Penner said at the time, adding “I hope everyone does their part to stop the spread.”**

There it was. The hope we all needed. The end was in sight.

In the initial days and weeks that followed, the supply of vaccine was extremely limited. It was administered in just a handful of provincially-run immunization clinics, prioritized for critical health care workers and the oldest Manitobans who were at greatest risk.

But many questions remained. When would people be eligible? How would the province roll out this precious medical resource? How would Manitobans be persuaded to accept a vaccine that had been developed, tested, and approved over just a few months?

Physicians were already looking ahead. They wanted to play a role in supporting vaccine confidence and uptake among Manitobans.



Doctors Manitoba jumped into action. By January, a report was released with results from a survey of physicians. The aim was to quickly demonstrate to Manitobans the confidence and trust doctors already had in the new vaccines.

“Physicians overwhelmingly support these new COVID vaccines and we see them as a way out of this pandemic,” explained Dr. Cory Baillie, the President of Doctors Manitoba as he released the report. And the results were compelling, with over 90% of physicians indicating they would get immunized and would recommend the vaccine to their patients.

A few weeks later, in early March, Doctors Manitoba launched a major public awareness campaign about the vaccines.

“We created **ManitobaVaccine.ca** to help everyone learn more about the COVID vaccines, when and where they can get immunized, and the option to get notified when they become eligible,” Dr. Baillie said as he unveiled the new resource. “These are new vaccines for a new disease, so it’s natural to have questions.”



Dr. Brian Penner received the first dose of a COVID-19 vaccine in Manitoba

Doctors Manitoba, an organization that wasn't known by many Manitobans before the pandemic, was flooded with calls and emails. Many took the time to express their appreciation, describing the site as "easy-to-use", "reliable" and "excellent."

**"Thank you for creating this helpful website," wrote one 69-year old woman. "A real indication our doctors care about their patients."**

Another individual wrote in to describe their experience. "I signed up my elderly father just yesterday and today I received a text that he was eligible. This site also guided me through the process of securing an appointment for him by providing phone numbers and site locations. It's comforting to know that somewhere my name will come up to inform me that now, it's time for me."

The site became a central hub for Manitobans trying to find out when they would be eligible for the vaccine, or looking for reliable information from a

trustworthy source. A month after the campaign was launched, a public poll found over half (53%) of Manitobans were familiar with the Doctors Manitoba resource, with 93% of those who had used the site describing it helpful.

While encouraging news for the campaign, the public survey also had a very troubling finding. Not enough Manitobans were planning on getting vaccinated to get the province to herd immunity.

At this point, most vaccines were being administered in provincially-run mass immunization super sites, where efficiency was king. But these were not the preferred locations for most people. The top choice, preferred by nearly 9 out of 10 Manitobans, was to receive the vaccine in a doctor's office

In fact, that same public poll found nearly half of those who were hesitant about the vaccines said they would be more likely to get immunized at a doctor's office. This would give them a one-on-one opportunity to discuss their concerns in a familiar place with a trusted medical professional.

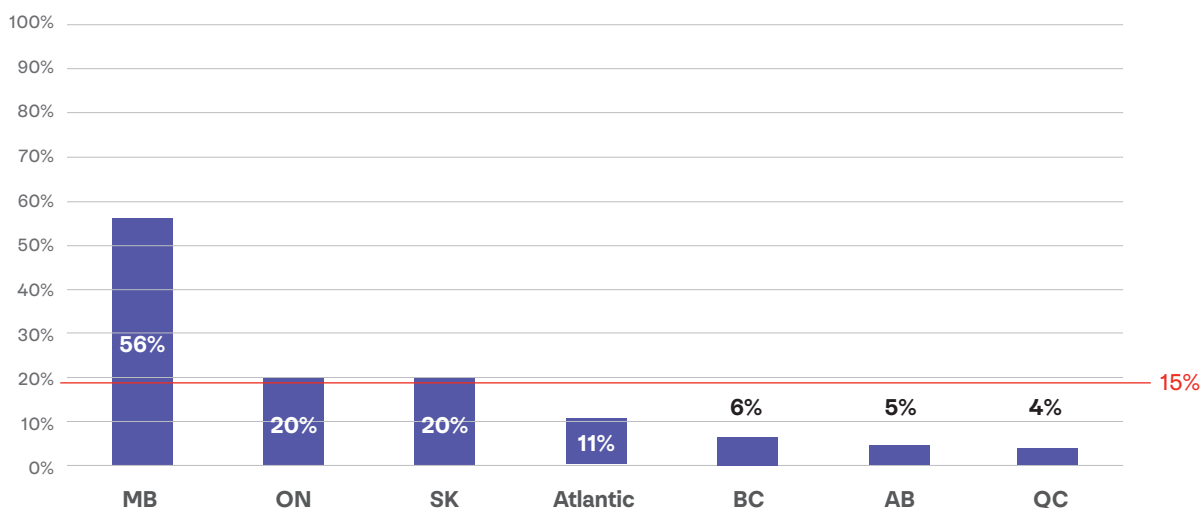
Doctors Manitoba had been working with provincial officials to explore how doctors' offices could play a bigger role.

Dr. Cory Baillie helped to make the case. "We all owe it to Manitobans, who have endured through very difficult times, to get the vaccine to them as quickly as possible so we can get back to a normal way of living" he said early in the immunization rollout. "Manitoba's physicians can help in several ways to ensure our province is a leader when it comes to this unprecedented immunization challenge."

After further advocacy by Doctors Manitoba, the province started to make more and more of its vaccine supplies available to physicians and their patients.

In fact, a survey by the College of Family Physicians of Canada found 56% of family doctors in Manitoba offered a COVID-19 vaccine in their practice, the highest rate by far compared to other provinces.

**Percent of family physicians who say their practice is ADMINISTERING COVID-19 VACCINES, by Jurisdiction, May 2021**



## Addressing Persistent Hesitancy

As vaccine uptake increased, it was clear that some communities were lagging behind, fueled by deeper hesitancy about vaccines.

This included communities in Southern Manitoba, such as Winkler and Steinbach.

In an open letter to the people of Steinbach, physicians from that community asked people to trust them about the COVID-19 vaccines.

“In the past you have trusted us as we delivered your babies. You have trusted us as we have treated your cancer. You have trusted us in the Emergency Department with your heart attacks and injuries. Now we are asking you to trust our advice again.”

In June, Doctors Manitoba hosted a series of virtual town halls with panels of physicians answering a wide range of questions about the COVID-19 vaccines. This included special sessions for communities in Southern Manitoba. Thousands of Manitobans tuned in to watch and participate.

Dr. Don Klassen, a family physician from Winkler, was a panelist in one of the town halls. “Changing minds is sometimes a process and hopefully we were able to provide information that was helpful to people in that process. If we happen to change a mind or two along the way, or hopefully a few more, then that would be considered a success.”

Physicians also made numerous appearances on TV, radio and in newspapers to answer questions about the vaccines and talk about their safety and effectiveness.

Meanwhile, some racialized communities were also seeing lower vaccine uptake. In a partnership with Doctors Manitoba, UMulticultural Manitoba created a series of videos with physicians talking about COVID-19 and the vaccines to connect with Manitobans who are Black, Indigenous and People of Colour.

As vaccine uptake started to plateau, Doctors Manitoba organized a Vax-a-Thon to reach Manitobans who had put off getting fully vaccinated. Over 25 clinics participated.

Dr. Candace Bradshaw, a family physician and President-Elect for Doctors Manitoba, signed her Winnipeg clinic up for the Vax-a-Thon. “This is definitely an open call,” she said at the time, inviting any and all Manitobans to join in. “Just come as you are. We’ll talk about whether you’re eligible and give you a shot right on the spot.”





## Doctors Helped in Many Other Ways

Offering the vaccine in their practice was just one of the ways physicians helped with the massive immunization effort. In fact, there is likely no physician in Manitoba that didn't take time with their patients to offer advice and counseling about the COVID vaccines.

For a small number of Manitobans, it wasn't hesitancy standing in the way of getting their vaccine. It was a serious allergy.

But this didn't mean immunization was an impossibility.

The team of allergists at HSC established a special clinic to assess Manitobans with serious allergies to vaccine components and offer a safe environment in which to receive the vaccine under medical supervision.

"While severe allergy to COVID-19 vaccines is incredibly rare, many patients were concerned about allergy to the vaccine or its components," explained Dr. Lana Rosenfield. "My colleagues and I have been able to reassure almost all patients and providers that they could proceed with vaccination, or facilitate vaccination in our clinic. For some, that meant administering the vaccine in small doses over several hours in the hospital."

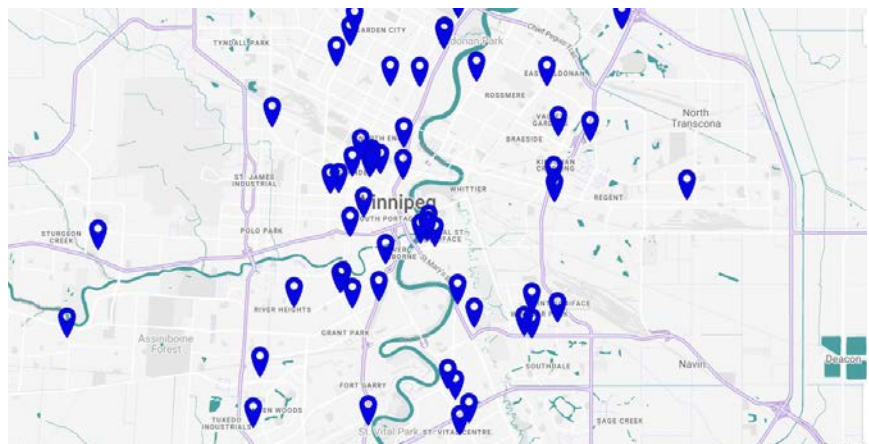
Over 800 patients have been assessed by the clinic, which continues to operate today to support patients with potentially serious allergies.

At the provincial vaccine super sites, physicians were called on to support patients with specific questions or complex medical issues to help them make an informed choice about immunization. This team of over 120 physicians worked over 1,400 shifts at the two Winnipeg locations. Conservatively, it is estimated they provided counseling and advice to well over 100,000 Manitobans.

Dr. Ewoma Avanoma worked many shifts supporting hundreds, if not thousands of patients on their vaccine journey. "I found it very rewarding to support thousands of Manitobans in making an informed decision to get their COVID-19 vaccine."



Dr. Josh Aquin, a resident physician, supported patients with informed consent at a vaccine super site



Hundreds of physicians across Manitoba stepped up to offer COVID-19 vaccines

Of course, physicians also played leadership roles in the provincial vaccine rollout.

Dr. Joss Reimer, a Medical Officer of Health, was appointed to the role of Medical Lead for the Vaccine Implementation Task Force. While she had worked on vaccination initiatives in the past, no previous work had the pressure and intense public scrutiny as the COVID-19 immunization project. She had to continuously review new and emerging research to ensure the vaccines were given first to those most-at-risk.

Dr. Reimer set up a medical advisory group of physicians from over two dozen different specialty areas, tapping into their medical expertise to help make decisions about vaccine eligibility and clinical guidance.

Looking back, Dr. Reimer remembers the intense pressure. “There were many challenges, but what stands out to me was the incredibly short timelines and ever-changing information under which we had to get the vaccination program organized and running.”

**“A big learning curve for us was understanding the variety of mindsets and concerns people have about being vaccinated,” she added. “It really emphasizes the importance of education and providing easily understood information about vaccination available to Manitobans.”**

Dr. Reimer was selected as Doctors Manitoba Humanitarian of the Year for 2022 for her leadership role in the herculean immunization effort.

Dr. Marcia Anderson, also a Medical Officer of Health, played a pivotal leadership role with the First Nations Pandemic Response Co-ordination Team. Dr. Anderson’s work earned her



Theresa Oswald, CEO of Doctors Manitoba, received her COVID vaccine from family physician Dr. Henriette Groenewald



Press conference of Dr. Reimer and Dr. Anderson

the honour of Physician of the Year from Doctors Manitoba for supporting Manitobans from Black, Indigenous and Racialized communities through the pandemic.

“By ensuring the right data was collected, she was able to demonstrate the disproportionate impact COVID-19 was having on these communities in order to influence provincial policy and ensure earlier and targeted vaccine access,” explained Doctors Manitoba President Dr. Kristjan Thompson. “This work led to a reduction in the disparities in the subsequent wave of COVID-19, which is truly a major public health success story!”

Medical learners played important roles as well. Some worked at the provincial super sites. Two medical students, Anmol Mann and Philip Kawalec, created a campaign to promote vaccine confidence and combat vaccine hesitancy. The initiative, supported by the Manitoba Medical Students’ Association and Doctors Manitoba, designed, printed and distributed stickers to participating clinics to give to patients after they were immunized. While similar to a provincial government initiative, the students’ sticker campaign started earlier, offering one of the first ways for Manitobans to show off their pride for “joining the herd.”





Medical Students Anmol Mann and Philip Kawalec created a campaign to help Manitobans share their pride and confidence after receiving their vaccine







# Embracing the Humanity of Medicine

## Meet Doctors Manitoba 2021-22 President Dr. Kristjan Thompson

By Keir Johnson

When Dr. Kristjan Thompson took the reins last May as President of Doctors Manitoba, he did so on Zoom. Once again, the Annual General Meeting was being held virtually due to the pandemic.

While some of the ceremonial traditions were retained, including the passing of the chains of office, the normal pomp and circumstance that accompanies the annual event were absent. No matter, however, as Dr. Thompson delivered the speech everybody needed at that moment after 14 difficult months of fighting COVID-19. It was an uplifting, hopeful reminder about how the very foundations of the practice of medicine would see us all through this prolonged, disruptive, and unpredictable public health crisis.

**“It’s all about making connections and building relationships,” he explained.**

This was a lesson he learned early in life, from his grandmother.

“My grandma Ruth once told me that in one way or another, we’re all just looking to make a connection,” he recalled. “Making those connections is simple, because once you understand the why, it’s easy to figure out the how.”

Not coming from a health care background, Dr. Thompson’s path to medicine was paved by his experiences as a patient, and as a family member of one. He was inspired by the “brilliant physicians” he encountered during his childhood and youth.

**“The physicians I met had clearly trained countless years to acquire the requisite knowledge and skills to do their job just right, but it was their dedication to their patients and their ability to connect with the people in front of them that made them truly remarkable.”**

In Dr. Thompson’s view, taking the time to make these connections, “to understand and value the ‘why’ or the ‘art’ of what we do” is what called him to the profession in the first place. Today, it’s what sustains him through the many highs and lows.

“They say that the greatest gift to humanity is science, but I would argue that the greatest gift to our science is humanity,” Dr. Thompson asserted. He encouraged his virtual audience to

reflect on their own journeys, and to “cherish those precious, albeit often fleeting, moments of real connections you’ve made throughout your career.”

Many physicians have shared lessons like Dr. Thompson’s, but there was a reason he dwelled on this during his inaugural address as Doctors Manitoba’s new President. As he assumed this new role, just over a year into the pandemic, COVID-19 had robbed us all of the ability to meaningfully connect, and it was threatening to erode our very own humanity.

He described a “constant undercurrent of anxiety” that had taken hold after months of prolonged disruptions with no certain end in sight.

“Those feelings come in waves,” he sighed, “just like the pandemic.” He recounted a day in early summer, when that sentiment of fear was replaced with a renewed sense of purpose and hope. It was the day he met Mackenzie, a patient who arrived at the St. Boniface emergency department by ambulance.

Dr. Thompson recalled hearing the overhead call: “CTAS 1, Code Blue, five minutes away!”

That gave him and his colleagues just enough time to put on their PPE and get the resuscitation room ready.

The paramedic burst in and announced the situation: “20-year-old female, witnessed arrest, prolonged downtime.”

His heart sank. Those last two words – “prolonged downtime” – stuck in his mind. She had already been in cardiac arrest for nearly an hour.

“The odds were increasingly stacked against her, and with each passing moment, the chances of a meaningful recovery were dwindling.” Luckily, they found a shockable rhythm and proceeded.

**“To our surprise, her left arm moved, and she was making weak respiratory efforts. A glimmer of hope that was quickly dashed away as she slipped back in and out of cardiac arrest.”**

In that moment, the worries about COVID-19 had vanished. Dr. Thompson and about a dozen other physicians, nurses, and health care aides worked together in unison. Her airway was

secured and a central line inserted to accommodate the many drugs and infusions that were keeping her alive.

After about 90 minutes, she had a sustained heart rhythm and pulse, but “morale was low, her prognosis tenuous, and yet hope was not completely lost. It couldn’t have been, because we needed something to hold on to in that bleak moment as the adrenaline started to dissipate.”

The ICU team and perfusionists took over her care, but Dr. Thompson was now tasked with meeting her family and providing them with a long-awaited update on her condition.

“I’ll never forget their faces. I felt their pain and their sadness, and I can still feel it to this day. I was honest, but I didn’t want to rob them of that hope.”

He described that raw moment of connection and the vicarious trauma that healthcare workers endure throughout their careers. “That’s the rub,” he explained. “I think the single most compelling reason why so many of us are drawn to this profession is the same reason why we sometimes find it so difficult. It’s the humanity of what we do. We often see people in their most vulnerable state and are confronted with the vast spectrum of

the human condition and the fragility of life. Among the highs and lows, there is a definite beauty in the chaos of everything we see and do—and that is quite a privilege to bear witness to.”

Mackenzie’s story didn’t end in the ER that day. She was admitted and spent 118 days at St. Boniface Hospital. Not only did she survive, but she got up and walked out of the hospital on her own—completely neurologically intact. She was even able to return to her old job shortly after being discharged home.

**“I was involved in only the first few hours of her nearly four months in hospital,” Dr. Thompson emphasized, as he quickly credited his many colleagues at the hospital that saved her life. “In earnest, the most remarkable part of this story is what came after the patient left our emergency department.”**



Watch Mackenzie’s story on YouTube scan QR code



St. Boniface patient Mackenzie Carter and her mother Nicole





Dr. Thompson estimates she was treated by at least 50 other physicians, along with countless other health professionals, during her hospital stay. “Physicians from nearly every specialty worked collaboratively, contributing their skills and expertise. They all played a role in her miraculous recovery.”

Dr. Thompson will never forget Mackenzie.

**“Her story is a ray of light, piercing through these otherwise dark and uncertain pandemic times we find ourselves in. She teaches us the true meaning of resiliency and strength in the face of seemingly insurmountable odds.”**

In sharing Mackenzie’s story, Dr. Thompson was offering a message to his colleagues that even during difficult and unpredictable times, during the lows, it is important to take the time to connect with each patient, to defend the humanity in medicine.

Seeing how the second year of the pandemic unfolded since his inaugural speech, his message was prophetic.

Countless physicians took the time to connect with patients who were hesitant about the COVID-19 vaccines. Doctors are empathizing with their patients as they face long and uncertain waits for surgeries and diagnostic tests, delayed due to the pandemic response. Preserving the humanity in medicine was tested as ICUs were overwhelmed, and patients had to be sent out of province for critical care.

**“What we do matters, but it isn’t easy,” he acknowledges. “It comes with great personal sacrifice. We need to continue to be here for each other, because when we work together as a profession, we can achieve greatness.”**

**“Through our connections, our relationships, our shared struggles and triumphs, we can overcome adversity, and do the impossible — together.”**





# Bravery and Heroism at Seven Oaks

## Meet the Physician who Intervened During a Violent Attack

By Arpena Babaian

Much has been written about Dr. Ken Hahlweg since a chance encounter in the atrium of Seven Oaks Hospital brought him celebrity of a kind he neither expected nor sought.

Instinctively opting for fight instead of natural flight or freeze reactions, Dr. Hahlweg prevented a murder. He earned the title of hero, but it is an honour he consistently deflects.

**“My colleagues would have done the same,” he is quick to note.**

He makes a valid point. Given the dire circumstances faced by doctors during the pandemic, heroic is an apt descriptor for the entire profession. Caring for patients, exposing themselves to danger, pivoting to new strategies and treatments, absorbing rapidly evolving research, and advocating for best practices in public health, doctors have been heroic, too often at the cost of their own well-being. The enormity of the mission is staggering.

And yet, what Dr. Hahlweg did goes beyond the “everyday heroism” of doctors. Taking care of those in need rarely involves tackling a man wielding a knife. What flashed

through Dr. Hahlweg’s mind – “I’m not going to let him murder her!” – embodies exceptional heroism: defending what is right, moral, and just by putting his own life in jeopardy.

“I was able to stop the attacker quickly, before he could kill this woman and perhaps others. I was willing to take the risk of tackling him, like a linebacker according to one of the police officers, and chasing him to give him no opportunity to continue using the knife in his hand.”

The entire encounter lasted 47 seconds. But it proved to have lasting effects on many, including Dr. Hahlweg. He returned to work the next day to attend the critical incident meeting, and to check in with his staff and colleagues, all of whom had experienced the Code Blue call and aftermath. He even saw some patients.

But soon he recognized symptoms of his own trauma.

“I realized that I wasn’t myself,” he explains.

“I felt like my brain had short-circuited. It was taking me longer to think things through. I had trouble recalling details in the correct order. The memories got tangled.”

Dr. Hahlweg availed himself of the counseling he was offered.

**“I found it very helpful to speak about what happened. There is no benefit in holding things in. In fact, this is a detriment to recovery.**

**Counseling provided me a safe place to share. This gave me the traction to move forward instead of spinning my wheels.”**

So perhaps Dr. Hahlweg will accept that he is a Hero, with a capital H. And a hometown one at that. He laughingly notes that he hasn’t gone far in life: he is practicing in the city in which he was born, raised, educated, and trained as a physician.





"It was always a profession I admired. But as a first generation Canadian with no doctors in the family, it seemed like an unreachable goal. I was interested in both science and arts and so decided to take some aptitude tests. Physician was one of the suggestions, and it would allow me to apply both arts and science. Although I had a degree in biology, medical school was definitely a challenge. But I feel that my arts background has helped me become my own best version of a doctor."

So too, did Dr. Hahlweg's career path. He began as a rural physician providing cradle to grave care in Teulon, Manitoba, gaining wide-ranging experience. Later he did some ER stints in Winnipeg.

**"I must admit that I didn't love ER work: I found it extremely exhausting because of the constant flow of adrenalin."**

Dr. Hahlweg has found his niche. Being a family physician while also serving as the medical lead at the Northern Connection Medical Centre at Seven Oaks, and Assistant Professor at the U of M, has certainly called upon his full range of talents. As a family physician he works to find out what makes each patient tick.

"Patients trust and confide in you when they realize that you get them." He carries that approach into his teaching and mentorship roles in the northern residency program, underlining the necessity of fostering caring relationships and open communication.

A strong social conscience underpins his practice and his pedagogy.

"Teaching gratitude rather than entitlement is something I learned from my grandparents, immigrants who were so grateful for the freedom, educational opportunities and social safety net in Canada," Dr. Hahlweg explains. He sees values-based education as the antidote to recent erosions of Canada's identity as a caring, generous nation.

**"We ought to help young people understand the full spectrum of politics, and how history has shaped our society, and that includes facing up to the many harms and injustices. Without that exposure, judgments are bound to be superficial and too often misguided."**

Given Dr. Hahlweg's mindset, perhaps risking his life to save another's is not entirely surprising. Yes, his training was essential, but so too was his deep compassion and his urge to prevent a wrong. Medical training instilled not just the impulse to act, but the ability to do so without hesitation and with the type of creativity learned in trauma situations.

But there was an important moral computation, too. Dr. Hahlweg decided that a knife in his back would be lesser than what was about to happen to his colleague, nursing supervisor Candyce Szkwarek.

Intense altruism led to an extraordinary act of heroism.

Dr. Hahlweg is a reluctant hero, but even he has come to recognize that some

good has somehow emerged from this terrible event. Beyond the excellent institutional response of Seven Oaks, he appreciates the relief and pride of his family, the warm gestures of colleagues, the many cards and gifts, and being seen in a special light by his patients.

He is proud that the excellent care rendered on the scene by his Seven Oaks colleagues and later those at HSC saved Candyce Szkwarek's life. She is making steady progress in her recovery.

After giving the hero label some thought, Dr. Hahlweg again sees his actions as a symptom of the very foundation for all who pursue a calling in medicine.

**"The caring nature we all bring to our work as physicians is a powerful tool. In recognizing that we are a privileged part of society and in using our gifts in the service of others, we all have the capacity to be heroic."**

Dr. Hahlweg did the thing that had to be done and became a capitol H hero. The pandemic may have cramped everyone's horizons, but his heroic deed has helped people look up and remember the best of human possibility.



Dr. Candace Bradshaw, President-Elect, presents Dr. Ken Hahlweg with a Doctors Manitoba Special Award for Bravery.

# The Importance of Community in Physician Health and Wellness

By B.R. Hartle

When Dr. Elizabeth Rhynold sat down to log in to her first meeting with her local Physician Health and Wellness hub, she felt apprehensive. A colleague had recommended her as a candidate to join this new Doctors Manitoba initiative. She agreed but thought of it as yet another request on her dwindling time. It was October 2020. As a geriatrician, she was increasingly overwhelmed by the pandemic's first wave.

She had a sense of what physician health and wellness meant, but it did not go much beyond taking holidays, eating well, and exercise. In total honesty, the idea of sitting around talking about her own well-being felt indulgent, especially with so much uncertainty, strain, and sadness in the long-term care teams with whom she works.

**“How could I take the time to work on my own burnout when there are so many people worse off than I am?” Dr. Rhynold said, speaking from her home in Virden where she lives with her family. “I also felt the need to keep to myself the ways I was feeling overwhelmed. I didn’t want anyone to worry about me.”**

Then something happened.

The meeting started, the discussion got going, and she began to understand that she had a lot in common with the experiences of other physicians in her hub. She wondered how many others around her were exhausted and burnt-out, yet not wanting to admit it.

Other physicians in her hub had a similar experience.

Dr. Beverley Lee-Chen, a family doctor in Brandon and the Physician Champion for the Prairie Mountain hub, recalled coming back from a few missed days of work due to an illness and meeting with one of her patients. The patient mentioned they tried to book time to see her, but she was not available.

“Anytime a patient tells me that, it gives me such a feeling of guilt, as those comments often imply we were away by choice, to ‘have a holiday’ and weren’t there for our patients.”

To that patient, she replied, “No, I was sick and had to take some time to get better.”

The patient was surprised, saying, “What? You can get sick too? I didn’t know doctors could get sick.”

It took Dr. Lee-Chen a moment to see in this patient’s face a genuine reaction of true surprise, not a joke.



Dr. Elizabeth Rhynold, Community of Practice hub member for Prairie Mountain Health



Dr. Beverley Lee-Chen, Community of Practice Physician Champion for Prairie Mountain Health

**“I recall thinking, this view of us has got to change. We need to make it easier for us to not feel guilty for being sick ourselves.”**

## Communities of Practice

Recent research into physician health suggests Dr. Lee-Chen and Dr. Rhynold are pointing to a big problem. According to a 2021 survey by Doctors Manitoba, more than a third of physicians and over half of residents screened positive for depression, with rates of burnout even higher. According to more local data, over half of physicians from the Community of Practice regions feel impacted by isolation and a lack of social support, with more than 80% stating more physician health and wellness resources are needed.

Doctors Manitoba has set out to help fix this problem.

Supported by Scotiabank, the Canadian Medical Association (CMA), and MD Financial, \$1 million in funding over three years was provided to Doctors Manitoba to create the Physician Health and Wellness Communities of Practice pilot project - the latest in Doctors Manitoba's efforts to improve physician well-being.

Community is what sets this project apart. Participants are not expected to have all of the answers. Rather, it's a dialogue, informed by lived experience and data, data such as: for every clinical hour a physician spends with patients, two additional hours are spent on administrative tasks and data entry; each additional hour increases the odds of burnout from 3%-9%; physicians who spend less than 20%

of their effort on the activity that is most meaningful to them are nearly three times more likely to be burned out.

Using "communities of practice" to address wellness is also unique. While the program model itself isn't new, Doctors Manitoba is using it in a novel way. Typically, a community of practice refers to a group of people brought together around a common concern to learn from one another's experiences and expertise. Doctors Manitoba adapted this model to also include the development and implementation of practical recommendations to improve physician health at both organizational and system levels.

Partnering with three regional health authorities - Prairie Mountain Health, Northern Health, and the Interlake-Eastern Regional Health Authority - each region created their own community of practice hub. The hubs include a diverse range of local physicians, health system leaders and community members.

At the heart of these hubs is a Physician Champion, designated with taking the group's work and championing it with their region. In Prairie Mountain, the Physician Champion is Dr. Lee-Chen. In Interlake-Eastern, it is Dr. Michael Loudon, a family doctor and medical director of the Teulon Medical Clinic. Dr. Chukwuma Abara is the Physician

Champion in the Northern Hub, where he is the Medical Director for Primary Care Clinics in Thompson, Gillam, Lynn Lake and Leaf Rapids.

The three hubs began meeting in 2020, with all meetings needing to be virtual due to the pandemic. Doctors Manitoba staff lead the discussions. Digital engagement tools are often used to help the groups brainstorm, reflect, and prioritize recommendations.

Dr. Elham Fattah, who practices in Thompson and is part of the Northern hub, was eager to contribute to this work. "Not only for the sake of physicians," she said. "I strongly believe that if we improve the quality of life of physicians, we will improve patient care. That's the ultimate goal for the health care system and for physicians, to improve the care of patients."

The CMA recently released findings that add urgency to Dr. Fattah's motivations. The CMA found that burnout is causing nearly half of Canadian physicians to consider reducing their clinical work in the next 24 months, a rate that would have significant implications for health care across Canada.

In addition, poor physician wellness is known to lead to a wide range of negative outcomes, including lower patient satisfaction and treatment



Dr. Chukwuma Abara, Community of Practice Physician Champion for the Northern Health Region



adherence, increased risk of medical errors, early retirements and departures from practice, and general incivility in the workplace.

To be sure, there are many factors that compound physician burnout that are outside of the scope of the community of practice hubs. Health system restructuring, the pandemic, evolving patient complexities and expectations, technology implementation, and more, all play a role.

Still, there are opportunities for meaningful change. By focusing on the experiences of physicians and practical ways to improve wellness, the hope is these hubs can lead to sustainable improvements in the lives of physicians, patients, and the overall efficiency of health care in Manitoba.

## Building Communities

The first goal was to make sure these hubs lived up to their namesake and that the people involved actually developed into a community. To achieve this, participants needed to feel comfortable opening up with one another.

Dr. Harsahil Singh, who was the initial Physician Champion in the Northern Hub before taking over as Chief Medical Officer with the NRHA, was attuned to the need to build community.

The experience in Prairie Mountain was similar. Participants in that group did not know each other well, or at all, before joining. When people began to speak about their experiences, the sense of community happened organically. Dr. Rhynold found it especially motivating to hear from physicians working in different settings than her own. “It was amazing how many themes we could all relate to even though we work in completely different settings. There was a lot of common ground.”

One key resource the hubs used to help focus their thinking was the Stanford Model of Professional Fulfillment. This model highlights three interrelated categories to help understand physician wellness, specifically: a culture of wellness, efficiency of practice, and personal resilience. A fulsome understanding of physician wellness must take these three dimensions into account.

For some participants, this model helped to ease the pressure they felt. Dr. Lee-Chen noted that a doctor can do an hour of yoga to feel better, “but if we’re just coming back to a job with the same frustrations, the same paperwork and administrative bureaucracy, that’s going to bring us back down again. But if those other things are improved, and we’ve done our yoga, then that’s a more sustainable way to improve the situation.”

For others, the Stanford Model helped to organize their thoughts around



Scan QR code to learn more about the community of practice

problems and possible solutions, changing how they viewed day-to-day activities. For instance, Dr. Rhynold recently participated in a regional quality improvement exercise with Prairie Mountain Health, where she was asked to prioritize a series of proposed initiatives. Because of her experience with these hubs, she recognized that she was also participating in a wellness intervention and used it as an opportunity to advocate for physician health.

**“It took me some time to realize that physician health and wellness is more than just resources for personal resiliency,” she said, and credits the sense of community that was developed amongst her hub in helping her open up to these ideas. “There’s a lot of background information I had to be taught first, along with relationship building and knowing enough about each other that we could be vulnerable about how things are going.”**

**“We wanted to be able to come up with ideas together, to trust one another, and feel like we could be open about our lives and things that happened,” he said from his home in Thompson. “It can be very personal when you share stories about physician health and wellness. Some moments brought tears to peoples’ eyes, but I think those moments also made us much stronger.”**

## Next Steps

Now, each hub will take the ideas discussed over the past two years and distill them into evidence-informed actions that can be implemented within each region.

There is a wide range of ideas physicians would like to see. A physician's day could be made more efficient by reducing multiple sign-ons to EMR. Retention of physicians in rural and Northern areas could be improved by helping physicians and their families better integrate into the broader community. Leadership development could be improved with more mentoring and stronger networks of communication. Better work

distribution within regions could help physicians focus more on the work that is meaningful to them personally. More opportunities for physicians to connect with each other can increase collaboration and decrease isolation.

The challenge is how to apply the research and theory into practice. As Dr. Singh put it, "the solutions are only good if they are actionable."

The hubs will gather their recommendations, determine the effort to implement each proposal along with its expected impact, then rank them.

Funding for the pilot project wraps up this year. Doctors Manitoba will compile findings and recommendations

in a final report. The belief is these hubs have the potential to pay for themselves, with evidence of cost savings to the system, reduced medical errors, stronger recruitment and retention, to name just a few expected benefits. Securing the resources to make this work part of Doctors Manitoba's ongoing operations would enable additional hubs throughout the province and help for the regions in sustaining this work.

For many of the physicians who participated in this pilot project, there is no alternative. To them, this work is now essential to the future of our healthcare system.



Dr. Harsahil Singh, Chief Medical Officer and Community of Practice hub member for the Northern Health Region

**"We want to keep this work going," Dr. Singh said. "You have to treat this as a priority in the same way surgical backlogs are a priority. Waitlists will go up if physicians and staff reduce their hours. A lot has changed over the last two years. 2022 is not 2019. If you expect people to work at the same capacity as 2019, which was already a broken healthcare system, you're setting the system up to crumble. These cracks have widened over the pandemic. If we think people will spring back to normal, it will all crumble down."**



# Physician Health + Wellness Programs

## Physician Family Support Program

**844.4DOCSMB**

For 24/7 support for personal and work-life issues for you or your dependents.

Online: [guidanceresources.com](https://guidanceresources.com)

Company ID: DOCSMB

## Physicians at Risk (PAR)

**204.237.8320**

Support for you, your spouse or your adult children when struggling with social, relationship, behavioural, or substance use issues.

## MDCare

**204.480.1310**

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



# You can now apply for your 2021 CME Rebate

**Doctors  
Manitoba**

Apply before **December 31, 2022** for your rebate on 2021 expenses for continuing medical education.



Email: [bhallman@doctorsmanitoba.ca](mailto:bhallman@doctorsmanitoba.ca) for more information.



**Doctors  
Manitoba**







It's okay to not be okay.  
We are here for you.

**Every** step of the way.

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







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



*"For 20 years we have valued Brad and his staff for trustworthy guidance of our family's personal and corporate finances. As their team and clientele base have grown, their level of service has remained the same - always timely, respectful and careful. Most of all I appreciate how Brad and Lainey deconstruct complex scenarios into readily understandable language, making things easy for me."*

*Dr. Martin Karpinski*

[www.bokhaut.ca](http://www.bokhaut.ca)



Join Doctors Manitoba staff and members on June 5 as we participate in the **2022 Pride Parade** to celebrate the diverse community that supports LGBTQ2S+\* (lesbian, gay, bisexual, transgender, two-spirit and queer) people.

*The Pride Winnipeg Festival runs annually and consists of an array of cultural events that celebrate the incredibly diverse community that supports or identifies with the GSRD (gender, Sexual, and Relationship Diverse) community.*

Visit  
**DRMB.ca/PRIDE**  
for details!





Dr. Michael Loudon and his family

# Passing of the Torch for Physician Health

By Jody Sie

**Supporting physicians and medical learners in improving their health and well-being is not an easy task, but one that brought significant joy and fulfillment to Dr. Michael Loudon. In his nearly eight years at the helm of the Physicians at Risk (PAR) program, Dr. Loudon saw significant changes and progress, but he knows there is still a long way to go.**

Though he has seen the beginnings of a positive global shift in reducing the stigma associated with mental health, Dr. Loudon worries physicians continue to put themselves under a pressure that does not allow the same vulnerability and space for healing that others outside of the medical community allow themselves. He believes physicians and medical learners mistakenly assume others see them as “healthy, stable and privileged” and they are therefore not reaching out when it is most needed. In the early days of the PAR Program, the perceived vulnerability of peer-to-peer support meant participants were more guarded and less likely to seek out help, but fortunately Dr. Loudon has begun to see a shift in this attitude.

In his experience, Dr. Loudon has seen “the weight of responsibility and personal sacrifice” of the profession give “physicians the false impression that they are irreplaceable” and therefore less likely to take time away for healing and wellness. And while equating needing help as a failure is a significant barrier to improving PHW, Dr. Loudon believes the organizations and the health system need to shift priorities and focus on engaging with physicians to see marked improvement in PHW.

Investing in physician leadership and engagement will improve decision-making within organizations, the health system, and also improve connections within the profession. Creating a comprehensive continuum of care will allow learners and physicians to feel supported when they need assistance. The evidence is clear that physician health also has a significant impact on improving patient care. It is also essential that rural and northern physicians have the same access to leadership and wellness support.

Last summer Dr. Loudon stepped down from his role with PAR, partly to focus on improving PHW with his role as Physician Champion for the IERHA hub in the PHW Community of Practice project. His professional passion remains in clinical care, as Medical Director of the Teulon Medical Clinic and Site Medical Lead for Teulon, Arborg, Ashern and Eriksdale. As for the extra time he has gained since stepping down from PAR, Dr. Loudon says his time in his role at PAR was always borrowed from somewhere else. Transitioning the role over to Dr. Shelley Anderson and living through a global pandemic has shown Dr. Loudon that he can, in fact, slow down. He is enjoying spending more time with his wife and daughters and reacquainting himself with his passion for flying. On behalf of all our members, the Board and Staff at Doctors Manitoba

thanked Dr. Loudon for the years he dedicated to his colleagues and the impact he has made on PHW for physicians and medical learners.

Dr. Shelley Anderson took over where Dr. Loudon left off and joined the Doctors Manitoba team as the first-ever Medical Lead for Physician Health and Wellness in the summer of 2021. Her personal experience combined with her clinical expertise in Psychiatry have developed into a deep passion for improving the environments in which physicians and medical learners work and ensuring a continuum of supports and treatment options are accessible for those in need. Amid a global pandemic and startling statistics showing that physicians are more burnt out than ever before, she dove into all things PHW.

Dr. Anderson hit the ground running, immersing herself in the literature and adjusting to the learning curve. Doctors Manitoba has been working with the University of Manitoba and Shared Health to develop Cognitive Behavioural Therapy programming for members and has also collaborated with WellDoc Alberta to begin a provincial peer support network. PAR has also increased its capacity with two distinct support groups - one addiction specific and one that offers more general peer support - which have been well-attended with new members joining regularly.

Dr. Anderson's email message to members in December resulted in many physicians and medical learners reaching out, evidence that perhaps we are seeing a culture shift in a willingness to ask for help and

a recognition that others may also be struggling. The universality of the hurdles all physicians and medical learners face is daunting but seeing those who “show up for others, even when they are struggling themselves” gives Dr. Anderson hope.

As she works toward greater awareness and access, Dr. Anderson would like to see the programs offered by Doctors Manitoba expanded and integrated at a system-level to ensure everyone, at every level, is working to improve PHW. She believes that “collaboration and buy-in is crucial” at all levels for the problem to be properly addressed. As we emerge from the pandemic, special attention will need to be given to medical learners, who have faced increased demands and isolation these past two years. Her work will also centre on Equity, Diversity, Inclusion and Decolonization (EDID), which Dr. Anderson believes should go hand-in-hand with PHW.

With recent data from a CMA survey showing that nearly half (46%) of physicians have considered reducing their hours, we will see an even greater burden on the workforce. Both Dr. Loudon and Dr. Anderson stressed that fixing the system will mean a buy-in for leadership and the development of a comprehensive and multi-level strategy and resource system for physicians and medical learners. And perhaps the greatest hurdle of all will be convincing doctors and learners that asking for help is more than okay, in fact, it's essential.

**Learn more about the health and wellness programs available to physicians, medical learners and your families at [DoctorsManitoba.ca/PHW](https://DoctorsManitoba.ca/PHW)**







Dr. Biniam Kidane, Dr. Bashir Bashir and Dr. Julian Kim with a CancerCare Radiosurgery Treatment System.

# Bridging Lung Cancer Treatment During COVID-19

By B.R. Hartle

In the Spring of 2020, Dr. Garry Austman was diagnosed with lung cancer. It was a shock to him and his family. He wasn't a smoker. He took good care of himself. Following a distinguished career in dentistry, the diagnosis upended his retirement plans of travel and time with grandkids. But in the early days of his diagnosis, it wasn't just what was growing in his lung that had him worried, it was what was growing around him.

His diagnosis came as the COVID-19 pandemic was declared.

**“The cancer was caught at the right time,” he said from his home in Steinbach. “But in many ways, it was the worst time.”**

To be sure, his tumour was caught early. Dr. Austman would have been a good candidate for surgical removal of the cancer, which in normal times would be the first step in the established standard of care.

But these weren't normal times.

His Thoracic Surgeon, Dr. Biniam Kidane, sat Dr. Austman down and walked through the many ways the pandemic complicated what would be an otherwise more straightforward treatment plan.

Surgical resources across the health system were now strained, and even if limited operating room resources were available, growing evidence showed that lung surgery could result in deadly complications if a person had COVID at the time of surgery. Any surgical intervention for lung cancer would require access to a patient's airways, meaning the surgery was an aerosol generating medical procedure (AGMP). AGMPs were not recommended given how they exposed health practitioners to the virus, something made clear by horrific reports then emerging from hospitals worldwide. There was also the risk of vulnerable patients catching COVID-19 following surgery, which would increase the likelihood of post-operative respiratory failure. Vaccines



were a long way off, and the ability to reliably test for the virus was in its infancy.

The dire situation faced by lung cancer patients consumed Dr. Kidane. He was part of an international thoracic surgery group who convened a series of emergency meetings to discuss ad-hoc treatment guidelines, working to determine how to safely triage and manage lung cancer surgery during the pandemic. At the time, the group considered recommending delays to surgeries for four months, hoping that by then the pandemic would wane. But this measure was far from ideal. It would put patients at risk of the cancer growing, and it was anyone's guess how the pandemic would unfold.

One day, Dr. Kidane was speaking with colleague Dr. Julian Kim, a Radiation Oncologist with CancerCare Manitoba. They commiserated about how horrible this situation was for lung cancer patients. They couldn't get over the helpless, morally injurious, feeling of pointing to a tumour on a scan and telling their patients, sorry, but there's nothing we can do right now.

**“That whole experience made me go grey,” joked Dr. Kim.**

But they didn't dwell on that hopeless feeling. They got to work, driven by an idea to challenge the established standard of care, just for the short term, and allow patients to get radiation therapy immediately instead of waiting for surgery.

Specifically, they discussed the use of stereotactic ablative radiotherapy, or SABR, where a very precisely focused shot of high dose radiotherapy would be used as an alternative to surgery. This procedure had been used in Manitoba since 2013 for early stage lung cancers, primarily used for patients who were not candidates for surgery, and had proven effective.

The idea was to use SABR as a way to bridge patients over the limitations on surgery early in the pandemic, managing the cancer until the standard-of-care surgery was available.

It was a controversial suggestion. There was an ongoing debate amongst their professions about whether ablative radiation can offer equivalent cancer control as surgery in the long-term. Despite that debate, the more they discussed the idea the more the benefits became clear.

For the patient, the benefits were that they could access a good treatment and do it as an out-patient, lowering their overall contacts and risk of COVID-19.

The risk of COVID-related surgical complications were also avoided.

To the system, the benefits were that it was an effective treatment and staff avoided exposure to an AGMP. It also eased operating room demands for patients that had no immediate alternatives to surgery.

Then there was the broader pursuit of scientific knowledge. Due to the unique approach of using SABR upfront and then removing the cancer surgically at a later date, they could investigate how successful SABR actually was at completely eradicating the cancer, providing data that would otherwise have not been possible outside of the pandemic.

Dr. Kidane and Dr. Kim took this idea to Dr. Bashir Bashir, also a Radiation Oncologist who is head of the Thoracic Disease Site group at CancerCare Manitoba. Dr. Bashir became an immediate champion of the SABR Bridge protocol. Together, the trio of physicians presented the concept to medical leadership, framing it as a revised treatment protocol to meet the demands of the time. They laid out the benefits to patients, the system, and science, and lobbied hard. Shared Health and the University of Manitoba both got behind the idea. They helped with the regulatory side of setting up this protocol and aligning resources



between departments. Thanks to the support of the Department of Surgery, Dr. Kidane also secured funding to study the outcomes.

Dr. Austman was one of the first patients to be treated under the SABR Bridge protocol. It did exactly what was hoped, controlling his cancer until surgery was available. "The SABR procedure shrunk the lesion by a third," he said. "Dr. Kidane was able to perform surgery a few months later, before the second wave overwhelmed hospitals in Manitoba."

Many patients in Manitoba have since benefited from the SABR Bridge protocol, and the global lung cancer community has taken note.


Dr. Kidane presented preliminary findings last year at the World Lung Cancer Conference, as part of a panel discussion, and in September of 2022 will present the team's further findings.

Results remain embargoed, but there are a range of benefits he hopes to outline. For one, there was a drive to safely reduce the fractions of radiation required in treating patients with the SABR Bridge. If a patient would normally get three to four doses pre-pandemic, the desire during the pandemic to reduce health system contacts facilitated the adoption of a growing trend to deliver the radiation in one dose. The more reduced the number of fractions, the less patients had to come in contact with the health system. They also looked at the viability of surgery after radiation, and the overall ability of SABR to delay, or to one day potentially eliminate, the need for surgery.

For the team behind the SABR Bridge Protocol, in addition to the benefits to patients, the health system and science, there is also pride in the fact that this homegrown, made-in-Manitoba idea is being watched and adopted by the worldwide thoracic oncology community. If the results are promising, this protocol, born out of the necessity of the pandemic, could challenge the long-held standard treatment of care and speed the adoption of new scientific and treatment paradigms in lung cancer treatment by a decade.

For Dr. Austman, it's much more personal.



A full-page photograph of a thoracic surgeon, Dr. Biniam Kidane, standing in an operating room. He is wearing teal scrubs and a blue surgical cap, with his arms crossed. The room is equipped with large overhead surgical lights, a computer monitor on a stand, and various medical equipment. A whiteboard in the background lists roles: Surgeon, Anesthetist, Nurses, Circ 1, Circ 2, Scrubs, Residents, and POA.

**“I am thankful to these fine doctors for their collaboration, their innovation, their skill, and their caring manner. So far, I am 19 months cancer-free, and owe them a great deal of gratitude.”**



# CIVILITY SAVES LIVES

## — MB —

## Civility in a Time of Burnout: Inclusive Behaviour Builds Better Teams

By Ashley Smith

A study by the Canadian Medical Association (November 2021) revealed 53 percent of Canadian physicians and medical learners were experiencing “high levels” of burnout, compared to 30 percent four years before. When teams experience this level of burnout, they can revert to aggressive behaviours, belittling comments, and distractedness. An innocent eye roll, or off-the-cuff remark, has the power to significantly affect a medical learner’s confidence and sense of belonging right when they need it most.

Medical learners, including both resident physicians and medical students impacted by incivility in the learning environment have reported

losing time worrying about the perceived rudeness, feeling less engaged to their work, and spending time trying to avoid the offender. The ripple effect of incivility can cause medical learners to want to work less, the quality of their work diminishes, and they may even opt to leave the profession.

The Resident Doctors of Canada 2018 annual survey found 78 percent of respondents reported experiencing mistreatment, intimidation, or harassment during the previous training year - and that was before pandemic-induced burnout. There is also evidence that those who experience incivility

are more likely to repeat it, causing additional damage to untold numbers of medical learners.

But a global movement that has come to Manitoba has the power to change all that.

The Manitoba Medical Students Association (MMSA) and the Professional Association of Residents and Interns of Manitoba (PARIM) have partnered with the Max Rady Faculty of Health Sciences and Doctors Manitoba to launch an awareness campaign to improve the culture in clinical learning environments. Civility Saves Lives Manitoba, a project begun before COVID-19, has never been more relevant to medical learners entering into practice.

Dr. Ming-Ka Chan, co-director of the Faculty’s Office of Leadership Education, says now is the time to start a conversation about the impact of incivility on those learning patient care.

**“Individually, incivility makes a student learner feel like they don’t belong, as if they aren’t the integral component they are,” says Dr. Chan. “Civility is linked with diverse voices and perspectives. When we don’t invest the time and energy to get to know one another, it’s harder to develop a professional relationship and be supported as we work and learn together.”**





Civility Saves Lives champions  
Dr. Ming-Ka Chan and Ms. Terra Bortoluzzi

“Incorporating civil behaviour into your practice and team takes work,” she explains “First, it’s important to understand the difference between intent and impact.” It is always the recipient who interprets incivility, she points out. While you may not intend to be rude, your behaviour can shut down a learning experience.

Tessa Bortoluzzi is lucky. As a medical student working with new people all

the time, she’s been thriving in her learning experience – but she wants that to be everyone’s experience.

“When I’m working with someone new, we shape the new relationship by taking the time to identify with one another,” notes Ms. Bortoluzzi. Civility is a two-way street. It isn’t just about how one acts toward the other, but how comfortable and safe both

people feel expressing themselves. As a medical learner, being asked how her day is or what she wants to do with her career quickly engages Ms. Bortoluzzi in a learning experience and relationship that will benefit her and her patient care.

Ms. Bortoluzzi, who is also the Vice Stick External with the MMSA, knows incivility happens quickly.

**“When incivility happens, it’s important to reflect on those instances,” she says, pointing out that it leaves the recipient asking many questions. How did it happen? Did you answer the phone while you were busy? Did you use the wrong pronouns? Do you seem aggressive when you don’t mean to be? “When we take time to be civil, teams become empowering and inclusive,” she adds.**

**Civility Saves Lives Manitoba asks doctors to be a *#culturechanger*.  
They are asked to support and embody the actions of the Civility  
Saves Lives Pledge:**

- 1** Respect and support all members of the healthcare team because teams work best when all members feel safe and have a voice
- 2** Contribute to a healthy workplace through civility because your actions can reduce error, reduce stress, and foster excellence
- 3** Recognize individuals, teams, and the systemic factors, including burnout, that contribute to acts of incivility
- 4** Speak up and report uncivil behaviours that you witness

In September 2021, the Doctors Manitoba Board of Directors unanimously approved a motion to sign the pledge as an organization. The Board was quick to recognize that medical learners are the future of the profession. Creating a healthy workplace through civility benefits all those who work in those environments and the patients they serve.

“WE ARE NOT ALL EQUALLY EMPOWERED IN THE SYSTEM TO SPEAK UP WITHOUT REPERCUSSION. THERE ARE TIMES WHEN WE NEED TO BE BOLD, SPEAK UP AND CALL OUT WRONG BEHAVIORS. CIVILITY SHOULD NOT BE USED AS A GUISE OR WAY TO SHRINK YOURSELF OR BECOME MORE PALATABLE TO THOSE IN POWER.”

“Daily self-reminders to be kind and empathetic have helped centre my practice, and have made me a better physician.”



# Learn More and Take the Pledge!



Take the Civility Pledge by visiting: <https://civilitysaves9.wixsite.com/my-site-1>



Nominate a Colleague Who is a Culture Changer: <https://tinyurl.com/38u6d6c2>

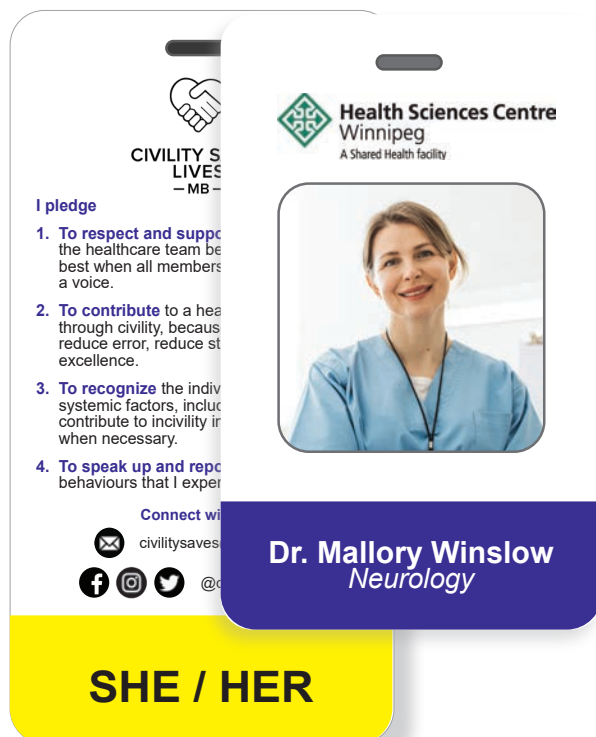


Learn more about the global Civility Saves Lives campaign: [www.civilitysaveslives.com](http://www.civilitysaveslives.com)



## Order a Pronoun ID Card

Civility starts with the simplest gestures: getting to know someone and validating their identity. Be a [#culturechanger](#) in your practice. Order a free “extender” badge to display your pronouns below your workplace ID. Doctors Manitoba has sponsored this initiative to help to physicians and medical learners promote a sense of inclusion and affirmation amongst your team and patients. Go to [DoctorsManitoba.ca/pronoun](http://DoctorsManitoba.ca/pronoun)



Sharing your pronouns openly is a simple way to communicate that everyone is safe and welcome. It can be very impactful to a transgender or non-binary person when they see your pronouns listed.

In an effort to foster a more inclusive environment for members, their colleagues, and their patients, we are offering our members complimentary pro-noun badges to wear behind other ID tags.

Order our free pronoun ID cards now at **[DRMB.ca/PRONOUNS](http://DRMB.ca/PRONOUNS)** for details!



## Celebrating our **2021 Award Winners**

While the pandemic may have prevented our traditional May celebration in 2021 for the Doctors Manitoba Award Winners, it could not stop it. In November, over 400 guests attended our Annual Awards Gala at RBC Convention Centre. With pandemic protocols in place, this was a rare opportunity for members to reconnect after a year and a half of COVID-19 safety precautions.

“In this pandemic year, we are celebrating doctors who have helped protect us from COVID-19, and others who have continued to care for their patients despite the disruptions and uncertainty the pandemic has caused,” said Dr. Kristjan Thompson, President of Doctors Manitoba. “The Doctors Manitoba annual awards celebrate the outstanding contributions of physicians from around our province.”





Dr. Kristjan Thompson, President, stops for a selfie with his wife!



Dr. Katharine Smart, President of the CMA, arrives with former CMA President Dr. Gigi Osler



President-Elect Dr. Candace Bradshaw arrives with her husband.



Dr. Corrie Baillie, Past-President, is accompanied by his wife.



Medal of Excellence recipients Dr. Mairi Burnett and Dr. Chris Burnett (second and third from right) along with family and guests.

## Thank you to our 2021 Doctors Manitoba Awards Gala presenting sponsor



**MD Financial  
Management**

**Scotiabank®**  
Healthcare+

**and our platinum sponsor**





**2021's honourees include the following group of courageous and committed individuals, dedicated to advancing the medical profession and improving care for Manitobans.**

Guests were entertained by Master of Ceremonies Dr. Michael Boroditsky, also Chair of the Awards Committee.



Humanitarian Dr. Maryanne Crockett arrives on the red carpet with her family

## Dr. Jack Armstrong Humanitarian Award

**Dr. Maryanne Crockett** is a pediatric infectious diseases specialist and associate professor. She is an outstanding clinical and research leader who has nurtured transcontinental healthcare initiatives for children. Early on in her medical career, she supported humanitarian responses around the world, including in Albania, Kosovo and Mozambique.



Dr. Crockett is currently the Director of Research and Knowledge Translation at the Institute for Global Public Health at the University of Manitoba. Her work has led to impactful contributions to the healthcare of children. Her more recent work has built important linkages in India and Pakistan. Locally, she remains active in undergraduate and postgraduate education and mentoring pediatric infectious diseases medical learners. She is an outstanding clinical and research leader and a visionary in pediatric global health.



Dr. Brent Roussin, Physician of the Year, arrives with his family

## Physician of the Year

**Dr. Brent Roussin** was nominated and selected by his peers, recognizing his truly exceptional contribution to the medical community and to the people of Manitoba. He has been the most regular, public face of the profession during the pandemic as he leads the fight against COVID-19. All physicians are trained to weigh risks and benefit with patients at an individual level, and Dr. Roussin has had to do this for our province's whole population for nearly two years now.



As Manitoba's Chief Provincial Public Health Officer, Dr. Roussin's calm demeanor and clear, consistent answers have guided our province through this COVID-19 journey. His educational background in family medicine, public health, and law are valuable assets for this role. Physicians have appreciated Dr. Roussin participation in several Doctors Manitoba town halls to provide additional information for physicians, as well as his efforts to seek out physicians' feedback about the pandemic situation.





Distinguished Service Award recipient Dr. Murray Kesselman arrives with family and guests



A standing ovation for Dr. Ken Hahlweg, who received a Special Award for Bravery



Resident of the Year Dr. Heather Watson (third from left) arriving with family and guests

## Distinguished Service Award

**Dr. Murray Kesselman**, a pediatric specialist and associate professor, is recognized for his years of distinguished service and his dedication to the critically ill children of Manitoba and Nunavut. Dr. Kesselman has served in leadership roles for the Pediatric ICU, Pediatric Special Care Unit, Pediatric Sedation Service and Pediatric Transport Team as well as the Department of Pediatrics and Child Health. Clinically, he has worked as a Pediatric Intensivist, a Pediatric Emergency Physician at Children's Hospital and as a visiting pediatrician in Nunavut.



He has shared his considerable experience and wisdom with hundreds of undergraduate and postgraduate medical trainees. Dr. Kesselman has performed international volunteer work for Operation Smile, Health Volunteers Overseas and MedGlobal. While his overseas medical volunteering has been disrupted by the pandemic, he has continued virtual sessions with a group of pediatric intensivist trainees in Cambodia.

Dr. Kesselman has been an innovator, master clinician, and dedicated member of the Department of Pediatrics and Child Health.

## Resident of the Year

**Dr. Heather Watson** is a strong advocate for resident wellness, but she was singled out as Resident of the Year for her commitment to improving health and access for marginalized women. In fact, she created her own fellowship focused on psychosocial obstetrics and gynecology. Through this work, she collaborates with a multi-disciplinary team to develop protocols for the department to ensure vulnerable women are receiving standardized and evidence-based care.



She has leveraged her expertise to promote physician well-being during the pandemic, organizing resident wellness activities during academic half days and developing a wellness page on the weekly department COVID newsletter she spearheaded. She has also provided the residency cohort with trauma-informed teaching sessions to help residents better care for this population.



## Medals of Excellence

### Dr. Chris and Dr. Mairi Burnett

are pillars in the rural medical community. After meeting in medical school in Scotland and getting married, they spent time in the Democratic Republic of Congo and Albania providing needed medical care, before settling in rural Manitoba in 1997.

Today, they are based in Niverville where they have built a holistic medicine practice. They have made an immeasurable impact on the community, where they not only fill a needed medical role, but also support community projects. They have both been involved in undergraduate teaching, and students are always warmly welcomed and shown tremendous personal hospitality.

Together they have been administrators, educators, pioneers and, above all, truly excellent family doctors.

**Dr. Demitre Serletis** is a skilled epilepsy and pediatric neurosurgeon and a highly effective advocate and leader. He has led the development work for comprehensive epilepsy services and the opening of the first pediatric epilepsy monitoring unit in Manitoba. In his capacity as Director of Epilepsy Surgery, Dr. Serletis led the formation of a collaborative multidisciplinary team and the recruitment of numerous pediatric and adult epilepsy neurologists to the province. Because of his leadership, Manitoba now offers advanced epilepsy surgery including hemispherectomy procedures for catastrophic pediatric epilepsy.



As an accomplished PhD scientist specializing in neuroengineering, he also served as an Associate Professor with the University of Manitoba, and as a Researcher at the Children's Hospital Research Institute of Manitoba, where he established and directed the Manitoba Neurosurgery Laboratory. The inspirational impact of his leadership and surgical innovation is profound, and he has made a tremendous difference in the medical and surgical care of pediatric and adult patients with epilepsy in our Province.

### Dr. Kerrie Wyant

is a family physician who works with vulnerable populations at the Aikins Street Community Health Centre. She brings her expertise in trauma-informed care to her medical practice, and she is a champion of team-based care. She works to improve the Health Centre's services, constantly advocating for the site and its patients. She built a team with a full scope of professionals including physicians, physician assistants, nurse practitioners, registered nurses and dietitians. Her constant presence over 20 years has been instrumental in building relationships with patients who have been affected by intergenerational trauma and systemic racism.

Dr. Wyant has contributed to the COVID-19 response, particularly for vulnerable patients and inner-city residents. She has served as a lead with the downtown assessment and testing downtown.



Medal of Excellence recipients Dr. Mairi Burnett and Dr. Chris Burnett joined us from Niverville

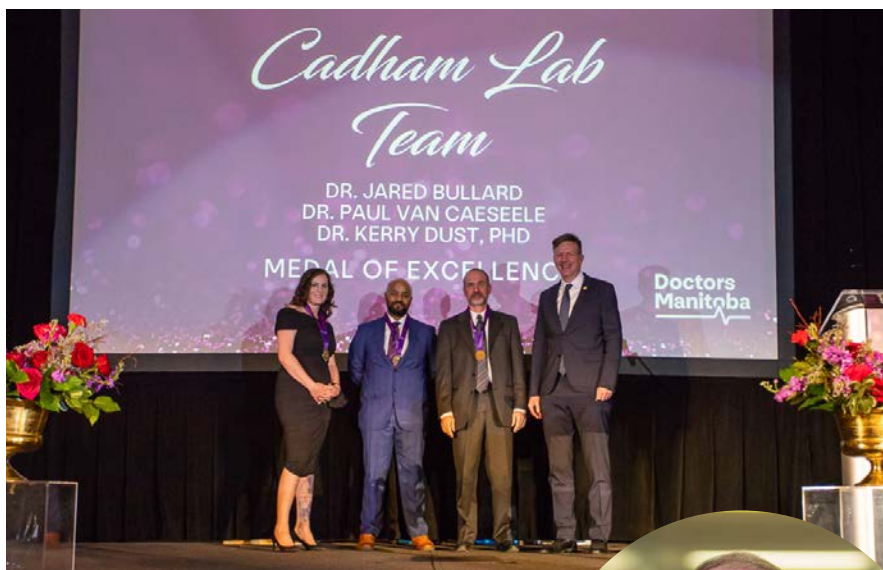


Medal of Excellence recipient Dr. Kerrie Wyant arrives with her family.



Dr. Demitre Serletis, Medical of Excellence recipient, stops to celebrate with his family





**The Cadham Laboratory leadership team** is recognized for spearheading COVID-19 specimen processing during the pandemic, developing innovative solutions to worldwide shortages in lab supplies and creative changes to speed up turnaround times. The team has been an instrument part of the pandemic response in Manitoba, but also in advancing the science surrounding COVID-19 testing and advising provincial and federal governments in helping develop policies and practices for testing. The leadership team includes:

**Dr. Paul van Caeselele, Medical Director**

A specialist in medical microbiology, he has served as medical director since 2000, and also participates in travel medicine clinics and inpatient consulting on pediatric infectious diseases.



**Dr. Jared Bullard, Associate Medical Director**

He also serves as section head for pediatric infectious diseases and has joined several Doctors Manitoba public town halls.



**Dr. Kerry Dust (PhD), Scientist**

As a virologist, she is responsible for the development of viral diagnostic tests at Cadham Provincial Lab. It is rare for Doctors Manitoba to recognize someone who is not a physician, but Dr. Dust is a vital part of this team and has contributed her scientific expertise in medical microbiology and infectious diseases.

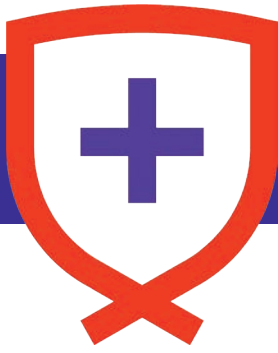






Watch for a feature of the  
2022 Award Winners and Awards Gala  
in our next issue of Rounds.



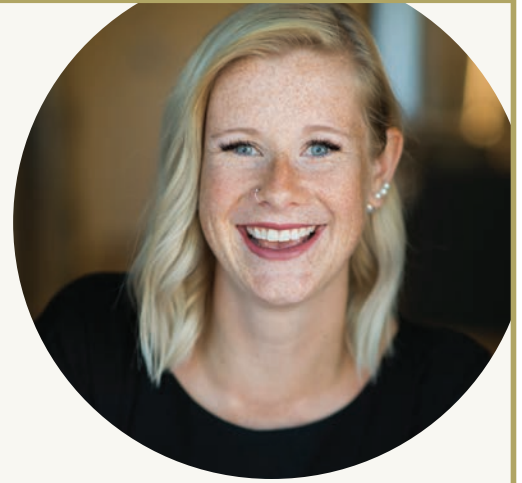


## Are you & your practice adequately protected?

Doctors Manitoba offers non-profit insurance, designed by physicians for physicians.

Explore your insurance options or contact us for an insurance check up!

[DoctorsManitoba.ca/Insurance](https://DoctorsManitoba.ca/Insurance)



*Graham Andersen Group*  
YOUNG PROFESSIONAL INNOVATIVE  
**WINNIPEG REALTORS®**

*Fantastic service & communication to make your real estate experience special.*

[DanaGrahamHomes@gmail.com](mailto:DanaGrahamHomes@gmail.com)  
204.396.4610

**Doctors  
Manitoba**

# 2022 COVID-19 Education Rebate

Doctors Manitoba has another special rebate to recognize the unparalleled level of medical learning during the pandemic.

If you haven't already applied,

Learn more at [DoctorsManitoba.ca/covidcme](https://DoctorsManitoba.ca/covidcme)





# Empower Your Staff, Protect Your Patients

## How can your staff be your most effective protection against cyberattacks?

While cyberthreats have been on the rise for many years, the past months have proven to be especially fruitful for hackers. Newfoundland faced a catastrophic attack this past fall, Ontario has seen multiple breaches with privacy issues and, in Saskatchewan, an employee using an infected device while it was connected to their workstation compromised an entire network.

Scammers prey on those who are weak, vulnerable, or distracted and the pandemic is a perfect storm. While healthcare teams are doing their best to keep themselves and their family healthy, cybercriminals are leveraging the concern about the pandemic to roll out attacks. Fraudulent emails have been sent posing as everyone from the World Health Organization to the Public Health Agency of Canada and have offered everything from personal protective equipment to an update on your COVID-19 test results.

On top of the pandemic, the war in Ukraine has added to concerns about cyberattacks. Cybercrime groups loyal to the Russian government have pledged to carry out digital extortion attacks against Western targets. A cyberattack on Global Affairs Canada in January 2022 is suspected of being carried out by Russian hackers. Big companies and institutions are not the only subjects of these attacks. Smaller businesses and individuals are increasingly the subjects of attacks and are proving to be easy targets. Scams include emails that use emotional appeals to provide aid or funding to those fleeing Ukraine. Senders have also posed as military personnel asking for payments in exchange for rescuing at-risk relatives.

Cybercriminals prey on human vulnerabilities – fear, curiosity, distraction, anxiety, exhaustion, burnout – and busy healthcare organizations in the middle of a pandemic are a ripe target. We are not alone in facing these threats, but the risks may be greater than they appear. Canadian health professionals simply cannot afford to wait to address cybersecurity vulnerabilities and they also do not need to.

### Not an Information Technology issue

Many healthcare professionals, especially those in smaller clinics or family health teams, may assume that cybersecurity is a technical issue that demands a technical solution.

Cybersecurity expert John Riggi points out that “Cybersecurity is not an IT issue; it’s a patient safety issue.” Digital solutions for storing and sharing medical records and patient data create attractive opportunities for cyber criminals. With clinics increasingly sharing electronic medical records with labs, hospitals and pharmacies, the risk multiplies. Many clinicians have been working from home networks and computers that create additional vulnerabilities in the system.



The increased usage of electronic medical records in sometimes vulnerable contexts provides more opportunity for attacks to lock clinicians out of vital patient data or interrupt healthcare delivery altogether. In September 2020, it was reported that a patient in Germany died when University Hospital Dusseldorf was hit by a ransomware attack and network outage that prevented critical care. The nearest hospital was 20 miles away and the patient, who was in a life-threatening condition, died from treatment delays. Cybercriminals exploited this urgent need for continued operations to exact swift payment with minimal negotiation.

Any cyber incident can have devastating consequences to a clinic or healthcare institution by affecting patient safety, the ability to deliver care and patient confidence. Beyond disruptions to patient care and communication, protected health information is often sold online and held for ransom again. Not surprisingly, cyberattacks can lead to complaints and subsequent investigations by lawyers, hospitals, colleges, and privacy commissioners.

## The Human Defence

While the attacks do leverage sophisticated technology, the most impactful solutions are not necessarily technical in nature. A cyberattack constitutes any deliberate attempt to breach the information system of an organization or individual but these

attacks often exploit a vulnerability in people or process.

- **Phishing constitutes emails that are made to seem familiar to recipients, enticing them to click on a link that can enable data theft.**
- **Ransomware, malicious programs that lock owners out of crucial data in exchange for a fee, is often enabled when staff click on unsafe links, use an unsafe USB stick, or click on an infected email attachment.**

Healthcare professionals typically feel overwhelmed by the urgency of these threats, alongside the technical knowledge and tools they perceive are required for cybersecurity.

Experts say that the best defence against cyberattacks is empowering your staff with the knowledge they need to spot, report and safeguard against cyberattacks. In other words, your best defence is the human defence.

A staggering 93% of cyberattacks exploit unsuspecting and uninformed employees, and nearly all successful threats leverage social engineering and human interaction.

## Our Role in Cybersecurity

If the human defence is the best defence, why are breaches still happening?

For many, the risk is still unknown or underestimated. This is at odds with experts like Riggi who note that attacks are inevitable. “Eventually, you will be breached. It’s not a matter of if, but when.” In the last two months of 2020, healthcare became the industry most frequently targeted in Canada, with attacks increasing by 250% according to reports from security vendors.

Others recognize the threat but assume that attacks are only executed on organizations that are large, sophisticated, or frequented by high profile patients. Breaches in Canada have impacted a broad range of medical practices from large institutions to small family health teams. No one is immune and anyone who uses digital information and file sharing is at risk.

Some organizations deprioritize cyber training assuming the resourcing required is unfeasible, while the impact on patients is low relative to other urgent priorities. We know that outages directly affect patient care and that even core staff training can have a significant positive impact on the development of cybersafe habits and the protection of data.

Cybersecurity training has been shown to effectively enable staff to better protect data, and with attacks increasing, it is timely as well. Simple training programs for healthcare teams remove the administrative burden so staff can focus on learning and applying their knowledge.

At its core, cybersecurity is not about bits and bytes of data. It’s about living many of the values assumed by healthcare professionals: safety, privacy, respect, and accountability. We have both the imperative and the knowledge needed to secure our patient data from cyberattacks. To continue to protect the Canadians who need us most, we must activate our human defence – our staff – now.

For more information on cybersecurity, visit [saegis.solutions](https://saegis.solutions)



# Passages

**Dr. V. Rao Adduri**  
2022-03-13

**Dr. David R. H. Bird**  
2021-02-07

**Dr. Denis H. Hosking**  
2021-01-02

**Dr. Harry Prosen**  
2021-06-21

**Dr. Edward F. Anhalt**  
2021-03-07

**Dr. Drummond H. Bowden**  
2021-04-20

**Dr. Homer K. Janzen**  
2020-11-21

**Dr. Melville G. S. Roberts**  
2021-10-12

**Dr. Paul M. Barchet**  
2021-10-26

**Dr. Wlodzimierz Czarnecki**  
2021-02-16

**Dr. Allan Lysack**  
2021-02-03

**Dr. Gordon A. Robertson**  
2021-11-08

**Dr. Bhupinder S. Bedi**  
2020-11-23

**Dr. John Foerster**  
2021-08-30

**Dr. Stacy J. McPhee**  
2021-11-24

**Dr. Robert G. Stark**  
2022-01-06

**Dr. Mark J. Bernier**  
2021-08-14

**Dr. Godfrey K. M. Harding**  
2022-01-07

**Dr. Neil Mowchun**  
2021-01-19

**Dr. Wayne A. Van Horne**  
2021-07-26

## Vision

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

## Mission & Purpose

Strengthen and support the whole physician.

## Values

Forward-Thinking | Committed | Human | Courageous

## Pillars

Cultivate physician unity

Ensure economic well-being of all members

Advocate for the health and wellness of every physician

Be the compelling voice for physicians in Manitoba

Deliver exceptional service to and for members



# COVID Isolation Support

Physicians are now eligible for a support benefit if you've had to isolate due to COVID-19.



Learn more at

[DoctorsManitoba.ca/isolation](https://DoctorsManitoba.ca/isolation)



# COVID Information and Resources

Doctors Manitoba maintains physicians-focused pandemic information and resources.

This includes virtual care resources, pandemic wellness tips, PPE info, and tips to keep your practice open.



[DoctorsManitoba.ca/covid](https://DoctorsManitoba.ca/covid)

# Mentors Needed!



## 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:  Manitoba Medical Students' Association



Financial & program support generously provided by:

