Did you hear about the time Rick Mercer met PARIM?

Dr. Edward Lyons
Distinguished Alumni Award for Lifetime Achievement

Battling Burnout!

Conflict between physicians and what can be done about it

FIT KIDS
HEALTHY KIDS
As part of a public education media campaign for Resident Awareness Week, PARIM invited CBC’s Rick Mercer to spend a day as a resident doctor so he could gain an appreciation for what residents do and the role they play in health care. On January 26, 2016, Rick and the crew from The Rick Mercer Report TV show came to the University of Manitoba, Faculty of Health Sciences to film the show, and much hilarity ensued.

Rick’s arrival was exciting and everyone was happy to discover that he is just as personable and funny in person as he is on the show. Rick introduced himself to everyone involved with the shoot and happily greeted, and posed for selfies with, anyone who approached him throughout the day as he moved to various locations throughout the Brodie Centre.

Did you hear about the time Rick Mercer met PARIM?
Rick was provided with scrubs, a white coat, and a stethoscope and jumped right into his role as “Dr. Mercer”. PARIM organized a variety of scenarios for the show that put Rick in the middle of a resident’s daily life. Eight hours of filming yielded a wealth of funny moments, only a few of which could make it in to the final 7-minute segment.

Dr. Kyle Martin (Orthopedics) showed Rick how to put a cast on a patient’s wrist, and Rick decided to make some improvements by adding a cup holder and a pen holder. He also thought it would be a good idea to place a loonie and a fork within the cast and asked to have the arm X-rayed to see what it would look like. Dr. Martin then demonstrated that the cast saw does not cut skin, and Rick cut the cast off the patient, but not before knocking over the cup of coffee he had placed in the newly created cup holder.

Next, Rick joined Dr. Rebecca Renkas (Family Medicine), Co-President of PARIM, to learn how to suture. Rick preceded to stitch his glove to the cow tongue, modeled it as a necklace, and even held the finished product as mistletoe over Dr. Renkas.

Pathology Residents Dr. Maha Haddad, Dr. Qi Yang, and Dr. Leslie Anderson (Co-President of PARIM) showed Rick a liver tumor and a gallbladder. Rick got to open the gallbladder on camera and discovered, much to his surprise, that there were actual, hard stones inside. Unfortunately, the pathology scene was cut from the final product, which may have been partly due to concerns that the public might not be ready to handle seeing human specimens on camera. One of the crew members had to be given a kidney basin after looking like he couldn’t quite handle the scene, yet the director and camera man had nothing but enthusiasm for getting close-ups.

In the afternoon, Dr. Lindsay Torbiak (Internal Medicine) showed Rick how to perform a neurological exam, which proved to be easier said than done. Rick got distracted by some of the other
equipment in the room, such as the otoscope, and interjected funny comments on every part of the exam. Dr. Torbiak nonetheless kept Rick on track for a very entertaining scene.

The day finished off with a mock code blue featuring Dr. Kristjan Thompson, Dr. Adriana Krawchenko-Shawarsky (both Emergency Medicine), Dr. Andrew Weiss, and Dr. Inderveer Mahal (both Anesthesia). Rick had not anticipated such an interactive simulator and was surprised that the “patient” could actually respond to him. He got right into the task and compared doing chest compressions to twerking, a dance move involving the shaking of one’s booty.

Rick had great enthusiasm for being doctor for a day and seemed to have a lot of fun with the residents of PARIM. He even kept the white coat.

The resident segment aired on The Rick Mercer Report on February 2, 2016 and can now be viewed online on the Mercer Report YouTube channel.
As part of its pre-budget push, the Canadian Medical Association (CMA) put forward key recommendations for improving the care of Canada’s aging population. The federal government committed to several of these measures in its 2016 budget, notably a reaffirmed commitment to work in partnership with provinces and territories to negotiate a new multi-year Health Accord focused on:

- the affordability and accessibility of prescription drugs;
- improved access to home care and mental health services; and
- support for pan-Canadian innovation in the delivery of health services.

“We’re pleased to see the federal government commit to taking a leadership role in health,” says Dr. Chris Simpson, past-president of the CMA. “Going forward, we hope the new Health Accord reflects the need for more community-based services, ensuring we improve care for seniors and for all Canadians.”

Another key issue raised by the CMA prior to the budget was to maintain tax equity for physicians. On that issue, the budget included special recognition that:

“... small businesses – from health care professionals to small manufacturers – provide important goods and services, create opportunities and strengthen communities across Canada.”

Budget 2016 also indicated that incorporation will continue to offer valuable tax deferral or income splitting opportunities for most Canadian physicians.

While the 2016 budget proposes to defer future reductions in the small business tax rate and to eliminate certain strategies for multiplying the small business deduction, the current Canadian-controlled Private Corporation (CCPC) framework remains mostly unchanged.

ADDITIONAL HEALTH-RELATED COMMITMENTS IN THE BUDGET INCLUDE:

- $25 million over five years to the Public Health Agency of Canada to improve immunization coverage rates.
- $1.4 million over two years to allow the Public Health Agency of Canada to work toward harmonized concussion management guidelines across Canada.
- $38.5 million over two years on a cash basis to further strengthen and modernize Canada’s food safety system.
- $64.5 million over five years and $13.8 million per year ongoing to expand Nutrition North Canada to support all northern isolated communities.
- Increased support for patients groups under federal jurisdiction, including Indigenous Peoples, refugees and veterans.
- $50 million over two years to Canada Health Infoway to support short-term digital health activities in e-prescribing and telehomecare.
- Ongoing funding for the Canadian Partnership Against Cancer at $47.5 million per year.
- $39 million over three years to the Canadian Foundation for Healthcare Improvement to support its ongoing efforts to identify and introduce innovations in the health care system.
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Passages

Dr. Robert Tang Wai - December 27, 2015
Dr. James McDowell - January 4, 2016
Dr. Maurice Crocker - January 10, 2016
Dr. John McKenzie - January 15, 2016
Dr. Robert F. M. Myers - February 4, 2016
Dr. Frank Gunston - February 15, 2016
Dr. Wilfred N. P. Albi - February 6, 2016
Dr. Jaccques Comty - February 22, 2016

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Choosing Wisely Manitoba has created a resource to encourage healthy physician-patient conversations regarding appropriate vitamin D testing, sources and supplementation.

Request your pad of tear-off sheets: khand@dsmanitoba.ca.
Please include Docs MB in the subject line.

REMINDER - Phase II of the 25(OH)D Clinical Practice Change takes effect May 2: Testing will only be performed for patients meeting the new medically indicated criteria as per the new requisition; Incorrect or incomplete requisitions will result in samples being held until the correction is received, to a maximum of 30 days.

Read full CPC and access requisition: chimb.ca/events/New_VitaminD
chimb.ca/choosingwisely

Talking With Your Patients About vitamin D

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Dr. Darrel Drachenberg - Winnipeg, MB
How performance psychology is helping Manitoba doctors thrive under pressure.

By Shamona Harnett

Ear, nose and throat surgeon Dr. Gigi Osler heads a thriving practice, volunteers overseas and runs a busy household.

The consummate professional, mother and wife usually has no trouble pushing her limits in her work life—and even in her home life. But a few years ago when her two kids, now teens, became ill and her father passed away a short time after, the Winnipeg physician felt overwhelmed.

“Even though on the work side of things, I was running at 150 per cent and I was handling it, things I couldn’t control happened on the life side and I just felt stressed—more stressed out than I ever had been,” says Osler.

“And that was probably, for me, the most stressed I felt in my career.”

To get through the tough time, Osler turned to family, friends and colleagues for support.

Part of her coping mechanisms involved the lessons she learned years ago in a University of Manitoba course that teaches doctors how to handle the unique stresses that go along with the job.

The course is called High Performance Physician and it’s going strong after eight years.
“I think some doctors are afraid to ask for help because of fear—fear of seeming weak, fear of not living up to their own expectations and fear of what their colleagues will think.”

“And fear of admitting that we have challenges and limitations,” says Osler, noting that the cutting-edge program is “de-stigmatizing” doctors’ hesitation to seek advice.

High Performance Physician is the creation of retired sports psychology professor and researcher Cal Botterill. The Winnipeg expert spent years working with professional athletes, helping them boost their mental power and recover emotionally from their losses.

Over the past eight years, he and his colleagues have turned their attention to physicians, teaching them how to shed what he calls their “bullet-proof” image. That means arming them with methods to cope with excessive work hours and the stresses that come with saving lives.

“A small percentage...ever open that door and ask for help. So as a result, we have major problems. We have drug problems in medicine, we have suicides, we have a lot of things that could be prevented,” says Botterill.

More than 300 doctors—including residents and senior physicians—have completed the 12 to 14-hour program.

“I would wager some of the people who got through the course were on the verge of some form of breakdown. As a result many have turned things around and have gone on to become “sustainable high performers.”

High performance runs in Botterill’s family: His daughter, Jennifer, is an Olympic gold medalist in hockey. His son Jason is a three-time world junior hockey champion. And his wife, Doreen, is a former Olympic speed skater.

Botterill, who teaches High Performance Physician with colleagues Jason Brooks and Aman Hussain, says the class offers a “sanctuary” for doctors who are often afraid to ask for help because of the stigma associated with doing so.

“It’s a place where you can share your fears, your mistakes, your difficulties and find solutions,” says Botterill, noting that course has led to medical departments that encourage openness.

“In a field so important... to not provide this seems insane.”

Osler, who now acts as a physician advisor to Botterill and his team, says no such sanctuary was available when she first became a doctor 18 years ago. “There were no courses. There really was no training in medical school or residency curriculum. I relied on my role models to help,” says Osler, who believes that High Performance Physician is a first of its kind in Canada.

According to a 2014 editorial in the Canadian Medical Association Journal, more than half of physicians surveyed reported that being tired, exhausted or sleep deprived had a negative effect on patient care.

Botterill says while there is an abundance of scholarly statistics about the job-related stresses physicians experience, there’s not much information about how to overcome such stress.

“What do you do about it? Or how do you prevent it? And so we think that our program is pretty unique,” says Botterill, who is sure High Performance Physician not only helps doctors, but also impacts patients since mentally-centred doctors are less likely to make mistakes.

Osler agrees. “Physicians who are stressed out and burnt out can’t provide the same high quality healthcare that patients deserve. And physicians are starting to realize that,” she says.

To create the program, Botterill and his team each spent time observing emergency room shifts and asked doctors about their needs and concerns.

“One of the ways Osler copes with stress? She travels to Uganda for a few weeks a year to help ENT specialists and their patients in the east African country.
“It helps me combat stress by re-finding my purpose,” says Osler, noting that although travelling across the world may not be for everyone, there are other ways to rediscover passion for being a doctor.

“I always talk to physicians about how if you’re feeling stressed, burnt out, and the day to day little things are starting to wear you down, look back into yourself and try to rediscover what it was that made you want to be a physician in the first place.

“What is it about being a doctor that brings you joy and brings you meaning in life?”

Botterill, Brooks and Hussain have written a companion book, Sustainable High Performance. It contains input from several local physicians including emergency medicine specialist Dr. Chau Pham as well as Osler. (The book, released in 2014, is available at McNally Robinson, the Health Sciences BookStore and through Doctors Manitoba).

So what’s the parallel between professional athletes and doctors? Botterill says there are many similarities; each job is stressful and requires intense training, concentration and time away from family.

He says most physicians and pro athletes are perfectionists.

“(They) have these obsessive compulsive elements in their training, historically, that they’re almost afraid to deny,” says Botterill.

“What we have are doctors and athletes and they’re wasted. They’re so close to burnout it’s unreal. And they just haven’t been able to get the rest they need to maintain a high level of performance.”

Botterill says although he loves working with athletes, working with doctors is exceptionally rewarding.

“The biggest joy I have in meeting the graduates of this program is seeing them (when) they’re smiling, they’re happy, they’re working harder than they ever have. They found a way to have a happy life…and be a really good doctor.

“I don’t know about you but that’s the kind of doctor I want.”

Shamona Harnett is a Winnipeg-based journalist. You can e-mail her at shamonawfp@yahoo.com
FEELING STRESSED OUT?

CAL BOTTERILL SAYS THESE TIPS CAN CALM YOU DOWN, BRING ORDER TO YOUR LIFE AND MAKE YOU A MORE EFFECTIVE DOCTOR:

Remember the airline oxygen mask protocol.
“Before you try to help anyone, look after yourself,” says Botterill, noting that too many physicians only think about their patients and not themselves.

Carve out personal space in your day.
You don’t need to block out a couple of hours of “me” time to find some personal space. Instead, use the few minutes that you’re showering, shaving or brushing your hair to go over things you want to be ready for. “By the time it comes around, it’s like déjà vu. (You feel like) ‘I’m ready to go’, ” says Botterill.

Take a block of holiday days, if possible, rather than dividing them up.
“You don’t rest for the first week— you’re just learning to rest. So you need a block sometimes to get recovery.”

Accept your mistakes and forgive yourself.
Instead of fixating on a patient you lost or a mistake you think you made, accept it and see a solution to it.

Focus on the process and not the outcome.
“You don’t have control in the end whether someone lives or dies, but you have control about how well you handle the process,” says Botterill.

Ask for help.
Set up an appointment with a mental health professional. Take a course. Read a book. Share your experiences with friends, family and colleagues.

Realize you can’t know it all.
“No one ever knows everything,” says Botterill.

Eat and drink well.
Kick your junk food habit and eat more nutrient-dense food that fuels your body. Don’t forget to hydrate— preferably, with water.

Make recovery a priority.
“If you don’t recover, you will go down. It will hurt you sooner or later. You are a human being and you can only overload and overwork so long before you or someone pays,” says Botterill.

To reach sports psychologist Cal Botterill, e-mail him at calbotterill@gmail.com
Can’t we all get along? The popularity of a workshop by that name at the CMPA’s 2015 symposia series reflects a desire by physicians for information about resolving conflict with colleagues. Interest in the topic also highlights a growing recognition that professional behaviour promotes safe medical care, and is important in the doctor-patient relationship and with physician colleagues — and indeed among all colleagues in the workplace.

Ideally there would be no conflict in the workplace or elsewhere. But the reality is that conflict is inevitable in both our personal and professional lives. Rather than fearing or avoiding conflict (as is often the case), it can be seen in some cases as a positive opportunity to better understand other points of view, to grow as an individual, and to improve communication and interactions within an organization.

While many everyday problems can be easily resolved, unresolved conflicts that are allowed to fester can lead to a toxic work environment, heightened anxiety and stress, and even professional burnout. In a healthcare environment such situations can negatively impact the quality and safety of patient care, which in turn exposes providers to greater risk of liability.

Causes of conflict
Conflict can arise from well-intentioned but poorly communicated expectations, shifting priorities, or lack of resources. Conflict may result when there are competing perceptions, goals, or values about an issue where people care about the outcome. In healthcare, competition for limited resources and the interdependencies among health professionals create conditions for disagreements that may escalate into conflict.

Impact of conflict on patient safety
Addressing conflict is important to achieving a workplace culture that values respect and collegiality. Ignoring or mismanaging conflict may not only be detrimental to care providers’ workplace engagement and personal well-being, but it may also create unsafe conditions that can lead to adverse outcomes for patients. Health professionals working in an environment of simmering conflict generally do not communicate effectively and may perform suboptimally.

Styles of managing conflict
The CMPA Good Practices Guide looks at various styles of handling conflict, as elaborated by conflict experts. Some styles are better suited to maintaining or improving relationships, while others are more likely to be used to achieve goals.

- Avoiding: While avoidance means the issues are likely to fester and cause frustration, it can be useful as a temporizing measure when the issues are of low importance, when more time is needed and delay is inconsequential, or when emotions are too raw.
- Competing or controlling: A competing or controlling style can be useful when quick decisions and actions are required, such as during emergencies or when reaching a goal is more important than what others think. However, creative solutions may be lost, and a climate of fear and resentment may surface if diverging points of view are repeatedly ignored.

- Compromising: Compromise is likely to result in a middle-ground resolution, which may be suitable for time-sensitive issues of low importance, and when other solutions have failed and a temporary solution is needed. But it may mean the real issues fail to get addressed and may result in dissatisfaction among all parties.

- Accommodating: An accommodating style may be useful when goodwill is desired to resolve conflicts of limited long-term importance and when pushing a particular view would damage the relationship. However, “giving in” too often may build later resentment.

- Collaborating: A collaborative style is assertive yet cooperative and attempts to satisfy all parties equally. It is most useful for arriving at creative, long-term solutions, and to sustain relationships and a positive environment. While it is best to collaborate when an issue is too important for compromise, it can be time consuming and lead to frustration if the process for reaching a final decision is regarded as too slow.

**Tips for resolving conflict**

Conflict resolution is the subject of a great deal of literature and numerous professional development programs; we will touch on a few practical tips here.

Active listening and effective communication are the keys to de-escalating and resolving conflict. Better communication starts by applying the maxim, “Seek first to understand, then to be understood.” As Dr. Michael Kaufmann of the OMA Physician Health Program advises, “Planning to listen is a conscious choice and a deliberate act. Silence is your tool. Head nodding and similar gestures at the right time demonstrate active listening. Clarifying questions to understand the other’s perspectives are signs of cooperative listening.”

Individuals involved in conflict may see issues differently or want different outcomes, but through good communication they should be able to identify underlying common interests. When in conflict situations, physicians should focus on these interests rather than the position the conflicting party is taking. They should strive to understand their own needs and the needs of the other individual, and to explore options on which both parties can agree, especially if patients are involved. Focusing on the issues rather than on personalities helps prevent personal attacks that can further aggravate the situation. Finding common ground validates the individuals involved and moves them closer to reaching a solution.

Escalation of disputes can be avoided by calling a “time out” in which the parties agree to disagree and revisit the issue at a later time. When the conversation does take place, it may be more effective to use statements that begin with “I” (and “but” is avoided), and if the parties can speak freely in a private setting. The help of a neutral party to mediate the conflict may also be beneficial.

While there are system-level mechanisms — such as workplace legislation, College sanctions, and institution policies and procedures — that effectively address specific incidents of disruptive behaviour, respect and civility cannot be legislated or otherwise imposed. These must be woven into the fabric of an organization and the people who comprise it. And when conflicts occur, as they inevitably do, the participants can use various proven tools and techniques to resolve them. Physicians in leadership roles, for their part, can help by fostering a culture of respect, setting clear expectations, modelling exemplary behaviour, and facilitating access to training in such areas as teamwork, communication, and conflict resolution.

**Helpful CMPA resources**

In addition to symposia and regional conferences offered to its members, the CMPA provides other helpful resources. For example, the CMPA Good Practices Guide includes a section titled “Dealing with conflict”, and our medical officers are available to provide individual assistance and collegial support.

- originally published in the December 2015 issue of CMPA Perspective
Canadians in general are under prepared for retirement. According to Statistics Canada1, one in three Canadian adults (33.8%) is not preparing financially for retirement, and almost 6 in 10 (59.6%) do not know how much money they would need to save to maintain their desired standard of living during retirement.

With a physician’s grueling schedule, it’s often difficult to find the time and energy to manage your finances effectively. Start by considering these tips for each phase of your career.

1. Medical Students: Create a budget and have an overall debt plan

Most medical students are not earning enough to save or invest, and debt is simply a reality at this stage. To help you better manage your money, create a budget at the beginning of every school year. This will help you estimate your costs, potential income and how much you need to borrow.

2. Residents: Determine your net worth and set goals

Knowing your net worth – what you own versus what you owe – is key to reducing your debt and accumulating savings.

Once you’re earning a salary and able to live within your means, you have the option to invest or pay down debt. Typically, paying down high-interest bad debt, like credit card balances, is the first priority. You can then consider a number of strategies such as contributing to a Registered Retired Savings Plan (RRSP) or a Tax Free Savings Account (TFSA). An RRSP contribution, for instance, could trigger a tax refund that you can use to pay down debt.

3. Practicing Physicians: Leverage your incorporation

Key things to remember if you’re incorporated:

- To manage cash in a corporate bank account, separate the incorporated money from your own personal money. Make regular deposits into a well-allocated investment account for your corporation.

- Update your estate within the corporation or you could end up with a substantial tax burden on the estate.

- Life insurance can be an effective way to minimize taxes. The fixed-income portion of your investment portfolio held in your life insurance contract is not taxable during the accumulation phase and when paid out to your estate it can also be tax-free.

Talk to your advisor

To get practical financial advice for phase of your career, talk to a financial advisor. He or she can help you create a plan that meets your unique needs.
Collaborating and Volunteering at the “Lend a Helping Hand” Event

On a chilly February day, Resident Doctors (PARIM) and the Manitoba Medical Student Association (MMSA) joined forces with Doctors Manitoba and MD Financial to “lend a helping hand” at Siloam Mission.

On February 17th, representatives of the different stages of the medical profession came together to contribute in a variety of ways to the Mission. Some spent time in “drop in”, where they helped serve meals, clear plates, and interacted with Siloam’s clients. Others worked in the kitchen preparing food for over 1000 meals. Still more worked in the donation sorting centre, where clothing and various goods were sorted and organized.

In addition, Doctors Manitoba brought in a large amount of brand new, collected goods that appear on the Mission’s Urgent or Ongoing Needs List, while MD Financial generously sponsored a Meal Program to feed over 1,600 clients.

There were over 50 volunteers through the day and into the evening. Many of the volunteers were also helping to mark Resident Awareness Week, a national campaign that takes place each year in February to help raise awareness of the important contribution that residents make to the health of communities in Canada.

Siloam Mission is a Winnipeg humanitarian organization that provides opportunities and works to lessen the difficulties of those affected by homelessness. The Mission has been in operation since 1987 and serves hundreds of people every day through such services as meals, transition, health, and lodging.

The spirit of giving and collaboration was evident throughout the day and evening, and the feedback from volunteers was very positive. Many welcomed the opportunity to volunteer alongside others at different stages in the medical profession and expressed a desire to participate in further events. Clearly, more such volunteer opportunities will need to be planned in the future.
Distinguished Alumni Award for Lifetime Achievement

Edward Lyons

doctor - renowned researcher - visionary

- originally published in the University of Manitoba’s UM Today

March 4, 2016 —

The Distinguished Alumni Awards recognize graduates who have achieved outstanding accomplishments in their professional and personal lives. Join us May 5, 2016 at the Celebration of Excellence where we’ll honour our 2016 Distinguished Alumni Award recipients, including Dr. Edward Lyons, OC [BSc/63, BSc(Med)/68, MD/68].

Lyons helped to make ultrasound one of modern medicine’s most widely used diagnostic tools. As a U of M medical student in the 1960s, he was among the first to use the technology to detect blood clots and brain tumours, and in the decades since became a global expert.

His groundbreaking work also helped to show ultrasound is safe for fetuses and mothers, influencing hospitals around the world to adopt the technology. The renowned radiologist worked with manufacturers and shaped the evolution of ultrasound machines—once the size of refrigerator and now no larger than a cell phone. Lyons was inducted as an Officer of the Order of Canada in 2007.

IN HIS OWN WORDS

In almost 50 years we’ve gone from an image that looked like a snowstorm, to being able to look inside the body with exquisite detail at all the major solid organs, to lifelike 3-D images of fetuses. I didn’t know that [in 1964]. Nobody knew. The 1970s was the onset of the rapid evolution of computers. Medical imaging and the medical applications skyrocketed as computer hardware and software evolved.

In 1978 I published the first color atlas of sectional anatomy, complete with a set of slides for teachers. This was done with the help of the anatomy department and was a compilation of hundreds of body slices in different planes. With the advent of sectional imaging, there was now a need for an annotated anatomical reference guide. Prior to that, anatomists and surgeons dealt only with gross anatomy, visible to the naked eye, and had no need for cross sectional imaging, which allowed for viewing inside the body.
I was a traveller on a stream of new imaging technology that for me was not only fascinating but life and career altering.

People open doors and not everyone walks through, but I chose to explore the opportunities that were available to me.

I always liked technology, especially new technology. I did all kinds of experiments with this technology. In the ’70s we started to look at pregnancy especially the early developing fetus. Of course the big question is: You can see things but are you harming anyone? I did experiments on chicken eggs to see if excessive exposure to ultrasound would result in abnormal chickens. We found no abnormalities, nothing, and there were many studies done. The healthy chickens from the experiments were donated to my wife’s Grade 5 class—a homemade coop and all. They were a big hit with the children.

I was lucky to get into the field at that time. Had I come in 10 years earlier or 20 years later, I would have missed the boat and the chance to do some of the early work, meet and work with other international ultrasound pioneers and in some way, help to influence the field.

I was able to ride the wave of technology and work very closely with international imaging companies. We had a big established ultrasound lab very early on; we were the first lab in Canada doing general ultrasound. Companies were looking to work with labs doing clinical work to test and then highlight their technology at various imaging meetings. Our ultrasound team was more than willing to do that: to be able to use the latest technology to realize better imaging of all organs. This was in return for spending a little more time or doing things slower in the lab. Ultimately, I spent a lot of time lecturing on the new technology I had an opportunity to use. In 1985 we were the first lab to use a newly developed probe that could be placed within a few centimeters of a developing embryo. These images of a 3mm, six-week embryo were mind-blowing.

I loved doing what I was doing. I love medicine. My role model was my father, Dr. Ruvin Lyons, a dedicated obstetrician and community leader. He practiced for 50 years and retired at age 82. He loved medicine and his patients idolized him. And I saw that and it inspired me.

My parents, my wife Harriet, my son Sami, his wife Rose, my daughter Mara, her husband Sheldon, and our four granddaughters also played a major role in supporting and encouraging me throughout my career.

I loved working with new technology. I loved dealing with patients. I loved working with clinicians to solve difficult problems. It was an exciting time and still today I love it just as much.

The future? We still haven’t realized it. As I say in my lectures to first-year Medicine, I show people what the technology used to be, what it is today, and what it could be tomorrow when they have these ultrasound machines in their pockets instead of a stethoscope. Whether they are in a high-tech environment like Winnipeg or a low-tech environment in some rural communities, they should be better able to evaluate their patient’s problems.

The best part of my day is when a clinician calls me and says, “Ted, I have a problem. Can you help me?” And I do what I can do using ultrasound technology to help them out. It’s something I find very rewarding.

My advice to medical students is that medicine is a never-ending journey of listening, learning, practicing and helping. Enjoy your journey. I certainly have. If you can, find a role model and follow his or her path.
Fit Kids Healthy Kids would LOVE to have Doctors who are interested in the program, come out and volunteer. We have a variety of programs and events throughout the city, and can find something to fit your schedule and your availability. So if you are interested in participating once or once a week we have something that will work for you.

Motion Zones – Unstructured free play areas for children and parents. We put out equipment and show the children how to use it. These are typically large events and festivals such as the Teddy Bear Picnic, Manyfest, Kids’ Fest or school barbeques.

Fit Kids Drop In Programs – A one-time structured program typically reserved for rural events, large programs and schools. Drop in programs are all over the province in places like Steinbach, Souris, La Broquerie, Headingley, Brandon, Dauphin and Portage La Prairie.

Long-term Programs – This is where we really make a huge difference. We set up weekly visits with our community partners such as daycare centers,
after school programs or community development programs for 8 to 12 weeks. Each week we focus on a few different Fundamental Movement Skills and run a well thought out and structured program for the children. We work alongside the staff to help them learn how to structure activity in their facility. These programs are all over Winnipeg and in some rural areas in different capacities.

If you are interested or know of a colleague who might be interested in helping out at any of these programs please feel free to contact Caleb DeVries at caleb.devries@sportmanitoba.ca.

We would appreciate getting you involved and are open to ideas you may have on what your role would look like within our program.

We are very thankful for the support given to us by Doctors Manitoba. They are a driving force behind the physical literacy movement in Manitoba. We have been making a huge impact in communities all over the province and could not do so without the support of this great organization.
Respect and civility are intertwined. It’s easier to interact with others in a civil fashion when we view them with respect, and civil behaviour both conveys and fosters respect. To respect is to recognize a sense of worth, to hold in esteem admired qualities, and to acknowledge the intrinsic value of oneself and others. Respectful relationships are fundamental to worker engagement and high-quality job performance and, in health care, high-quality patient care. If respect is fundamental to civility, questions arise: Is it possible to respect and convey respect to everyone? What is the role of self-respect?

Respect for Those We Know and Like
It’s easy to respect our good friends, close colleagues and mentors; they have already earned our positive regard. There are ways we can demonstrate respect for them that enhance civility in our interactions.
- Be present. In conversation, pay attention. Put the smartphone aside.
- Give everyone personal space — physical and psychological. Don’t stand too close; don’t pry or over-divulge.
- Maintain professional dress and grooming.
- Be mindful of time and timeliness.
- Consider others’ feelings and needs.

Respect for Those We Don’t Know Well
There are ways to demonstrate respect for people we don’t know well, such as junior colleagues, colleagues we don’t work with frequently, or people working in other departments or support services. Respect is inclusive — and civil.
- Acknowledge them. Make eye contact. Smile.
- Learn and use their names, and engage in friendly conversation.
- Learn more about their role and duties within the organization.
- Invite their opinions when appropriate. Listen carefully and express appreciation.
Special mention must be made regarding power imbalance and workplace relationships. Leiter reports that uncivil behaviour from individuals of higher status directed toward subordinates has a greater negative impact than such behaviour between peer co-workers. Even unintended slights can convey disrespect. As for intentional incivility, I’m not aware of any research that supports shaming as an effective teaching or workplace engagement strategy.

Respect for Those with Whom We Don’t Agree

When thinking about people who hold opinions or values that we don’t share, it gets more interesting. If we can’t support their choices, how can we demonstrate respect for them?

• Assume positive intent. Generally, health-care practitioners have the same goal: positive outcomes for patients.
• Seek to understand other perspectives by listening carefully and thoughtfully. Find common ground.
• Engage in assertive, but courteous, discussion that enables expressions of support or dissent to be heard.
• Remember and value the individual’s fundamental humanity and worth.
• Respect the established systems and roles that govern and guide our work and our profession.

Civility Toward Those Whom We Are Unable To Respect, and The Role Of Self-Respect

Perhaps the greatest challenge arises when interacting with others who appear not to respect us. Self-respect is always an important component of civil interactions, and in this instance, it’s key.

• Consider how you wish your behaviour to be perceived by others, and how your actions will make you feel when you reflect on them later.
• Understand the steps that should be taken to deal with a colleague whose behaviour toward you is unacceptable.
• Show leadership by demonstrating the assertive, but courteous, communication and regard for others you wish to see.
• Demonstrate self-respect and compassion by seeking advice and personal support if you feel distressed or victimized by the behaviour of others in the workplace.

Humility

Medical culture has bred an aggressive self-assurance in many of its practitioners that can be interpreted as arrogance. Many of the physicians referred to the Physician Workplace Support Program see themselves as heroic champions for patients and health care improvement. Despite their positive intent, their vociferous, belligerent approach is not respectful of others. Arrogance is disrespectful and uncivil — but humility is the opposite.

A humble person has an open mind, recognizes his or her own limitations, and is willing to consider other ways of being, thinking and behaving. Even a modicum of humility in our manner can convey respect for others and help us reach our goals.

Respect for others and oneself is at the heart of a caring and civilized profession. Choose civility.

Dr. Michael Kaufmann is medical director of the OMA Physician Health Program and Physician Workplace Support Program.

References


“Respect is like air. As long as it’s present, nobody thinks about it. But if you take it away, it’s all that people can think about.”

– Crucial Conversations
The Doctors Manitoba Health and Wellness Committee has begun the process of developing a Family Physician network of physicians (called the Family Physician Connection) who would be willing to take on physicians as patients. The Family Physician Connection will be a phone line where physicians can call to access the confidential list of physicians who are willing to take colleagues as patients (when possible) in their practices.

The committee believes that peer-to-peer support is important for the health and sustainability of our profession and contributes to improved patient care in our communities. As well, being selected to provide medical care to other physicians or their family members represents not only a gratifying professional recognition of competence by one’s peers but also a very rewarding challenge.

While the Family Physician Connection has a considerable number of physicians on the list, it is important for the network to enlist greater numbers of family physicians who are distributed across all parts of the province. So the Health and Wellness Committee is inviting family physicians to be part of the process of improving the health of all physicians in Manitoba.

You can contact the Family Physician Connection at bhallman@docsmb.org. We would be proud to have your name on our confidential list of physicians for physicians who will provide care to your colleagues in Manitoba.

Winnipeg

204.985.5888

Rural Manitoba

1.888.322.4242

You will get the name and contact information of a participating physician-provider.
This January, medical students across Canada organized a month-long program, Wellness Challenge Month, targeted at fostering positive habits in the daily activities of medical students and professionals. Throughout the month, medical students participated in daily and weekly challenges centered on a different pillar of wellness each week: nutrition, physical health, mental health, and social balance. Challenges included a free yoga night, a healthy cooking competition, a talk by Deri Latimer (a motivational speaker), and a #BellLetsTalk tweet-a-thon.

Twenty five teams were registered; 23 pre-clerkship and 2 clerkship. Over 1000 tweets were posted under the hashtags #mbWellness and #keepsmewell. Prizes were donated by Doctors Manitoba, Shortline Moving Solutions, Thermea Nordik Spa, Manitoba Medical Students’ Association, Canadian Federation of Medical Students, and various other local Winnipeg businesses.

The Wellness Challenge Month Committee (pictured) would like to thank Docs MB for their generous donation and support of this initiative. Any questions about the month can be directed to Dorothy Yu at yudj@myumanitoba.ca
Students thank College of Med faculty members for giving back

Teachers, leaders, healers.
— February 24, 2016 —

These are the individuals who can make an impact on a student and on a community according to Ovide Mercredi, the keynote speaker at this year’s Teacher Recognition and Manitoba Medical Students’ Association (MMSA) Teaching Awards Dinner.

Now in its sixth year, this annual event, hosted by the College of Medicine and the MMSA, gives University of Manitoba students the opportunity to recognize the outstanding teachers who have made important contributions to their education.

Addressing 160 faculty members, medical students and residents on hand for the dinner and reception, Mercredi, a highly respected lawyer, activist and former National Chief of the Assembly of First Nations, also spoke of the importance of Indigenous culture and how these teachings can benefit all members of society.

“There is a place for our knowledge and our thinking and I’m sure that combining western knowledge of healing and our own cultural understanding of what will help and heal a person would greatly enhance the quality of health your patients would be getting,” he said.

Mercredi noted a demographic shift in Manitoba that has seen a dramatic increase in the number of Aboriginal students attending university and how these students will contribute to our province.

“When I was an undergraduate student at the U of M in the 1970s there were only 11 Aboriginal students. Now, there are over 6,000 in post-secondary education in this province,” he said. “This is a change that will alter the way we live together in a positive way, one that’s going to uplift the Indigenous people from inside our own ranks. When our young people become leaders in our society they will make a transformation that will make our people strong again.”

Dr. Brian Postl, Dean, College of Medicine and Vice-Provost (Health Sciences) thanked all of the faculty members, teams and College leadership for their dedication to the College of Medicine by educating and training learners to become the next generation of competent, caring physicians.

Samantha Klassen, an awards presenter and Med III student, was also quick to recognize the important role of leaders and teachers at the University of Manitoba.

“‘We are here tonight to acknowledge the enormous amount of effort and commitment it takes to teach a class of students. For this we want to thank the wonderful teachers here at the University of Manitoba,’” Klassen said. “‘We believe it is the inspiration, innovation and mentorship incorporated into each interaction between the students, teachers and mentors that is the real indication of the quality of education here at the university. Without you guys there would be no foundation upon which we can base our education and ultimately our future career in medicine.’”

This year the MMSA presented the following awards:

- Class of 2018 -

  Innovation: Dr. Adrian Gooi
  Inspiration: Dr. Dave McCrea
  Mentorship: Dr. Merril Pauls
  Best Small Group: Sari Hannila
  Best Course: Cardiovascular – Dr. Anita Soni

- Class of 2017 -

  Innovation: Dr. John Embil
  Inspiration: Dr. Debbie Robinson
  Mentorship: Dr. Jillian Horton
  Best Small Group: Dr. Jenisa Naidoo

- Class of 2016 -

  Resident – Clinical Teaching: Dr. Justin Penner
  Resident – Mentorship: Dr. Justin Cloutier
  Resident - Patient advocacy: Dr. Amir Shamlou
  Resident – Professionalism: Dr. Ben Fultz
  Attending – Clinical Teaching: Dr. Carmen Hurd
  Attending – Mentorship: Dr. Claudio Rigatto
  Attending – Patient Advocacy: Dr. Chris Hohl
  Attending – Professionalism: Dr. Devon Ambrose

- originally published in the University of Manitoba’s UM Today
Diagnostics in Gastroenterology

Friday June 10, 2016

Registration is free
Topics include optimizing the preparation for colonoscopy, diagnostics in irritable bowel syndrome and inflammatory bowel disease, diagnostic algorithms and approaches in pancreaticobiliary cancers, hereditary colon cancer and polyposis syndromes, endoscopic approaches in Barrett’s esophagus and inflammatory bowel disease and panel discussions of complex gastrointestinal cases.

Section of Gastroenterology
University of Manitoba
Theatre C, Basic Medical Sciences Building
730 William Avenue, Winnipeg, Manitoba

To register, or for a copy of the full program, contact:
Dorothy Miller
Section of Gastroenterology, University of Manitoba
Phone: (204) 789-3369 Fax: (204) 789-3972
email: dorothy.miller@umanitoba.ca

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Sponsorship & Exhibiting 2016
April 28 & 29, 2016
The Fort Garry Hotel, Winnipeg, MB

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- ED Clinicians
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Conference rates starting at $139 CDN/night. Ask for “WEDOC 2016” rate at time of booking, or book online.

Reservations must be made by Mar 26, 2016. Rooms and rates are based on availability.

To make a reservation:
T 1.204.942.8251
W http://bit.ly/FortGarryHotelWEDOC

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ColonCheck News!

March Colorectal Cancer Awareness Month is now over but you still can promote colorectal cancer screening with your patients.

What can you do?

- Talk to your patients about the importance of cancer screening.
- Order pamphlets, posters for your clinic today!

New! 2016 Colorectal Cancer Screening Guidelines

The Canadian Task Force on Preventive Health Care has released its new colorectal cancer screening guidelines. The key points are:

- FOBT will be divided into two categories: a weak recommendation for 50-59 year olds and a strong recommendation for 60-74 year olds
- Flex sig will be recommended equally as strongly as FOBT for screening
- Colonoscopy will *not* be recommended for routine screening.

CancerCare Manitoba will be reviewing the new guidelines to determine the potential implications on the ColonCheck program operations and participant recruitment.

For more information visit GetCheckedManitoba.ca or call 1-855-95 CHECK.

Coming Soon…

FOBT Request Form
ColonCheck has developed a new process for health care providers to request an FOBT for eligible under-screened patients. The FOBT Request Form will soon be available on select EMR systems. To learn more about this new form contact Linda Starodub, Health Educator/Primary Care Liaison at 204-788-8480 or lstarodub@cancercare.mb.ca

Comprehensive psychiatric care to Manitoba physicians and their dependents.
2016 ANNUAL GENERAL MEETING
The Victoria Inn, Brandon Manitoba
FRIDAY, May 6, 2016

REGISTRATION FORM

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

YOUR NAME (print) ______________________________ GUEST’S NAME ________________________________

ADDRESS ___________________________ TOWN/CITY __________________ POSTAL CODE ___________

EMAIL ______________________________ PHONE ______________________ FAX ____________________

Please tick the activities you/your guest will attend:

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<th>Activity</th>
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<tr>
<td>6:00 pm Annual General Business Meeting</td>
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<td>7:00 pm Awards Dinner &amp; Installation Ceremony</td>
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* Physicians, Residents or Medical Students who attend the Annual General Business Meeting (AGBM) may attend the Awards Dinner & Installation Ceremony at no cost.

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

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

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

Return Instructions: You may fax your registration to (204) 985-5844, email to general@docsmb.org, or visit www.docsmb.org to register online.

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

March-2016