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The members of the Governance Committee and the Board of Directors developed our Strategic Plan to guide our organization forward towards an ever uncertain future of healthcare. Our core mission is to serve our members, regardless of whether you have yet to start practice, have retired, or anywhere in between. Our role is, and always will be, to advocate on your behalf.
Member Engagement

All members feel informed by and connected to Doctors Manitoba.

Members view participation on Doctors Manitoba Board, committees and working groups as worthwhile.

Organizational Capacity

Doctors Manitoba has the capacity to successfully execute and monitor its strategic and operating plans.

Doctors Manitoba promotes the development of leadership skills of its members, at the regional, provincial and national levels.

Physician Health & Wellness

Doctors Manitoba provides assistance and training to its members for wellness activities that are increasingly utilized.

All physicians, residents and medical students will have access to a primary care physician.

Doctors Manitoba promotes professionalism

Remuneration & Benefits

Physician remuneration and benefits in Manitoba remain competitive

Advocacy, Innovation & Leadership

All members view Doctors Manitoba as a proactive and effective advocate for the medical profession.

Doctors Manitoba advocates on public health issues and opportunities for innovation where there is a clear consensus in the medical profession.

Doctors Manitoba advocates for members throughout their career, from student to retiree.
Dr. Shannon Prud’homme started her career as a physician working on a patient she knew very, very well: herself. As a young girl visiting her paediatrician, Dr. Prud’homme would often play with the instruments, and even check her own blood pressure.

“That’s where it all began. I was really curious. I have always been curious,” says Dr. Prud’homme, who was recently installed as Doctors Manitoba President.

That curiosity about human biology, health, and the science of ourselves, never waned. Dr. Prud’homme also discovered another important motivator a few years later: compassion. As a teenager, Dr. Prud’homme realized she really wanted to help people. Becoming a doctor would marry that curiosity with compassion. So Dr. Prud’homme set her sights on becoming a physician.

She became the first one in her family to graduate from university. At the University of Manitoba, she earned her Bachelor of Science in 1993, and completed her Doctor of Medicine in 1998. Rural medicine followed with a Family Medicine Residency through the Parkland Region in Western Manitoba.

In residency, she found her true calling: becoming a rural doctor. From 2000 to 2009, Dr. Prud’homme was a full-time locum family doctor, serving communities throughout Manitoba. She practiced in 44 communities before settling in Treherne, Manitoba in 2009. Today, she is happily ensconced in the town of about 700 people.

“I love the full-scope of practice as a family doctor in rural Manitoba. So, being able to cover the emergency, going to the care homes, to clinics, to the hospital, having all of that care was very satisfying. I work as a hospitalist, an emergency doctor, a generalist, I do plastic surgeries, prenatal care, and palliative care. We do all of that and that’s the crux of it,” says Dr. Prud’homme. “It’s extremely challenging. You don’t get bored in your career.”

But that passion goes deeper than the professional satisfaction of seeing and treating a broad range of conditions, she says.

“It’s the patients. You get to know the parents, the grandparents, the kids. Absolutely you develop relationships with patients, and the trust that is built within that multi-generational relationship is significant. And the continuity that you provide to them is, I think, a really, really important aspect to their care,” says Dr. Prud’homme.

Beyond medicine, Dr. Prud’homme has the leadership bug. Under a Minister of Health appointment, she currently serves on Manitoba’s Drug Standards and...
Therapeutics Committee. Over the years, she has also served on committees and boards, as a representative or as a member, for the College of Family Physicians of Canada; the Family Medicine Privileges Advisory Committee; the Canadian Medical Association; Canadian Society of Physician Leaders, College of Physicians and Surgeons of Manitoba, College of Family Physicians of Canada; and Canadian Association of Emergency Physicians.

In short, she is committed to the practice and profession of medicine on all fronts.

Dr. Prud’homme is also taking her Masters of Business Administration at the University of Manitoba and the Directors Education Program through the Institute of Corporate Directors.

Her advocacy on the Doctors Manitoba Board started in 2014 and continued on the executive when she was appointed honourary secretary in 2015. In May 2018, she was installed as Doctors Manitoba President in ceremonies held at the annual awards dinner and AGM at Winnipeg’s Fort Garry Hotel. She takes over from Dr. Aaron Chiu, who is a neonatologist at the Children’s Hospital and St. Boniface General Hospital. He served as president for the 2017-18 term. Dr. Prud’homme becomes the head of the Board as Doctors Manitoba turns the page on its own new chapter. After 22 years with the organization, CEO Bobby Cram retired in early 2018. Former Manitoba Health Minister Theresa Oswald, most recently the executive director of the Women’s Health Clinic in Winnipeg, has taken over the helm at Doctors Manitoba as its new CEO.

Dr. Prud’homme promises to continue the work of caring for doctors in her new role as president of the Board.

“Doctors Manitoba’s goal, the mission is really to advocate for physicians. And having the opportunity to give back to the profession and to contribute to improving the well-being of physicians, for me is really rewarding,” she says.

Advocating for doctors and looking out for their well-being is for Manitobans too, she says.

“You need to have a strong healthy, well-supported group of physicians because they are much better able to provide care to their patients when they are healthy, strong, and supported. That’s why it’s really important to me because ultimately, if you don’t have that physician workforce, then the patients suffer.”
Welcome and Good Evening!

Dr. Osler, thank you very much for being a part of this wonderful evening. I heard your presentation, “Medical Women: Take Your Own Leadership Journey” at the Federation of Medical Women of Canada AGM last September made quite the impact. We all wish the first female surgeon to serve as the Canadian Medical Association President, and a Manitoban to boot, the greatest success as you embark on your journey as President of the CMA this August.

Now a few words about Dr. Aaron Chiu…under Aaron’s stewardship, Doctors Manitoba had an excellent year – a year that included the launch of our 2017-2020 strategic plan. One reason for the ongoing success of Doctors Manitoba has been the outstanding quality of people at the helm…although I won’t start naming names, there have been superb Presidents in our organization’s rich 110 year history. And Aaron is certainly among them. He has served with absolute distinction. Aaron, you’ll also be an invaluable sounding board during my tenure in this new role. The University of Manitoba’s profile of Aaron fits the bill: “Born to care, trained to lead.” Thank you again Aaron for a fantastic year.

On this occasion, I especially want to welcome Theresa Oswald as our new CEO. It was her team leadership record and in-depth knowledge of the province’s health-care system and its issues that tipped the scales in her favour. In addition and in her own words: “Some of the most important times in my life have happened at the elbow of a physician…the birth of my son, the loss of both my parents, plus some palliative-care journeys that I’ve been on.”

I imagine that we’re in for a great ride with Theresa if a certain much talked about sign outside one of her offices is any indication; it quotes the American historian - Laurel Thatcher Ulrich. The sign reads: “Well behaved women rarely make history.” Also along for the ride are Allison Crolly, Matt Maruca, Rick Sawyer and the entire Doctors Manitoba staff who are ready for another trailblazing year ahead.

I am excited and eager to lead Doctors Manitoba as your president. Amid the greatest upheaval to Manitoba’s health-care system in at least two decades, we as physicians face many challenges, but also have an unprecedented opportunity to shape the future for our profession, our patients and all of health care for years to come.

The profession of medicine is an exquisite calling. We all know it can be grueling, taxing, and at times heart wrenching and humbling. But it is also stimulating, enriching, and profoundly rewarding. To practice medicine requires scientific mastery, inquisitiveness, vigilance, and compassion. It also requires analytical reasoning, sensitivity, sometimes humour and sometimes solemnity. Every physician here and all of those out there carry these skills and mete them out quietly, in measured ways, working diligently, serving the patients that we care for. Through the course of the coming year and into the future, I look forward to working with each and every one of you!

Let me begin now, by recognizing the people who helped pave the way for me being on this stage tonight. First, I want to thank my Doctors Manitoba board colleagues – for their leadership, their mentoring and their friendship. We have the strongest and most diverse board I can recall – an inclusive board that will continue to raise the bar in all
its endeavours. I also wish to thank many physicians and stakeholders in the room for their support and advocacy over the years – you know who you are.

Next – my most sincere gratitude to the entire Treherne team. If it weren’t for their willingness to encourage and support me over the years, I would not be in this position. I practice in a close collegial relationship where we look after our in-patients together, review challenging cases and avoid working in isolation. I cannot adequately express my appreciation to Drs. Alewyn Vorster and James MacTavish, who have supported me in both my practice and my leadership responsibilities.

Now, please indulge me as I recognize my wonderful family. I begin with my parents, Elizabeth and Jerry… your pride is showing tonight – please know that your unwavering support throughout my life is precious to me. You are my champions and biggest fans! I am delighted that my wonderful brother and sister-in-law have also joined us this evening – this event is a family affair!

If we fast forward to May 2019, I hope that my presidency will be associated with unity and team leadership for Doctors Manitoba. In my mind, team leadership embodies the heart of our values: unity, influence, foresight and professionalism. Simply put, we are stronger together.

Team leadership is modeling the behaviours we need from others; working constructively and in collaboration; developing solutions by consensus; improving care by drawing on the skills of each other and exhibiting integrity, respect and compassion in our interaction with others.

As the representative of Manitoba’s physicians, the success of Doctors Manitoba hinges on strong team leadership: We lead the way by pushing the envelope on the issues that physicians and their patients uniquely understand and developing solutions to improve the quality and delivery of health care in this province. We lead the way by listening to, supporting and empowering physicians and medical students in their quest to provide superior patient care. And we lead the way in bringing life to our mission and values through our five strategic goals: 1) member engagement; 2) physician health and wellness; 3) remuneration and benefits; 4) advocacy and innovation and 5) organizational capacity and leadership.

These tenets demonstrate our cohesive commitment to helping physicians grow professionally, solving physician workflow needs and enhancing the practice environment. I am passionate about this work, as with the right direction and tools, we will be better equipped to give better patient care. And being able to provide better care restores joy to the practice of medicine.

When I speak to student and resident groups, I urge them to be engaged with relevant professional organizations – especially Doctors Manitoba. Why? Mainly because physicians need to champion one another more than ever before. Our network of professional support is a vital ingredient in the antidote to burnout. We lift one another up during trying times and embolden one another to be our imperfect best while developing the vigilance to learn from our experiences. When it comes to inspiring and mentoring others in our profession, look to Doctors Manitoba.

Last summer, I had the privilege of representing Doctors Manitoba at the Canada Games – I learned a great deal about the obvious parallels of team leadership. Just like the Canada Games stimulates investment in young athletes, in coaching programs and in sporting venues, Doctors Manitoba promotes investment in our physicians, residents and student members – to propel peak performance.

Like the legacy of the Canada Games, Doctors Manitoba is working hard to provide a legacy of financial stability and professional development (through negotiations with government) – to support the physicians that will follow in our footsteps.

And like the Canada Games, this evening is a celebration of excellence. I want to congratulate all of our very deserving award recipients as we celebrate their dedication to the profession.

Tonight, I encourage each of you, and re-dedicate myself, to be the team leaders that our patients, our practices, our hospitals, and our profession need us to be. Let us be the team leaders who bring consensus solutions to difficult issues in an imperfect world. Let us be the team leaders with the innovation and drive to shape the future of medicine in an imperfect world. Let us be the team leaders who mentor our next generation of physicians in an imperfect world.

I want to echo the words of Dr. Joanne Liu, the Canadian pediatrician and current International President of Médecins Sans Frontières (Doctors Without Borders): “I have worked in the most modern medical facilities and in the most challenging war zones and epidemics; in world-class emergency rooms, and in isolated, forsaken refugee camps…and we try to give people our best. It is through action based on need and nothing else that we confront the imperfections of our world. By giving. Not always perfectly, but by giving nonetheless.”

Thank you very much, we are going to have a great year… and… Go Jets Go!
What’s your fondest memory of growing up?

The honest answer? Standing up to the school bully in grade 10. He won the fight but he paid the price. His reputation was ruined. Changed my life and the life of some of the other kids for the remainder of our high school careers.

Besides family, what do you miss most about South Africa?

Braaivleis (a South African-style open-fire barbecue with grilled meat), great weather, rugby, cricket, telling jokes in Afrikaans. I love Canada. I am a Canadian Citizen. I would not go back for all the tea in China but I miss home every day.

What place do you want to visit most? And why?

I have been fortunate enough to travel extensively as a physician. My favourite country is Italy and my favourite place is the Amalfi Coast. The people, the food, the weather, the wine, the scenery. It’s unbeatable.

Why did you want to become a doctor?

All the credit belongs to Hawkeye Pierce; the funny, well liked, skilled, rebellious, always in command, life-saving surgeon from the TV Series M*A*S*H. I mean, who wouldn’t want to walk around in his robe all day long, save lives, sip martinis, rebel against authority and be the favourite doctor of all the nurses on staff?
Why do you love being a doctor?

Several reasons. The ability to make a difference in people’s lives, the opportunity to contribute not only in my medical practice but also in areas outside of medicine because of the respect that comes with the profession. Physicians have the opportunity to contribute to all aspects of society. But most of all, I love the responsibility that comes with being a doctor. That responsibility should be accepted, even embraced. Yes, at times it weighs heavily on the shoulders but that is what has always set our profession apart from others.

If you weren’t a doctor, what would you be doing?

I have never given it much thought. Perhaps a teacher? A police officer? Or firefighter? There’s a common theme: people and responsibility.

What was the moment in your medical career, where you realized ‘I love my job?’

I am unable to recall a specific moment in time. Being a physician was really all I ever wanted to be. I knew intuitively there would be good times and bad and I was ready for it. That is why I never assigned much value to either the highlights or lowlights of my career.

What do you love to do when you’re not working?

I enjoy a good Old Fashioned, made by a bartender who knows their stuff.

I love following the Winnipeg Jets, especially the young prospects. I love looking at the stats, reading blogs and so on. Yeah, I know. As if I don’t have better things to do with my time! But most of all, I love watching a good movie with my wife, relaxed in front of the big screen. Nothing better.

What has been the hardest thing about being a doctor?

Witnessing the sacrifices my family make on a daily basis as I pursue my career. You pay a price being a physician. If you don’t, then you are doing something wrong. Problem is, your family pays that price with you.

There has been a lot of discussion lately about physician burnout. How do you maintain a healthy work-life balance?

Physician burnout is a sad reality of the profession. Fortunately, there has been a lot of work done on this front across Canada. Doctors Manitoba has been fortunate to have physicians like Dr. Pravin Mehta and Dr. Gigi Osler lead the way in terms of physician health and wellness. There is still a lot of work to do but things are looking better. As for myself, I have to confess I am not the poster boy for ‘work-life balance,’ but I am working on it.

What’s your most treasured possession?

My wife, my son, my daughter. Not something I possess but something I was blessed with.

Who do you admire?

The man who not only talks the talk but actually walks the walk.

What do you despise?

I have no use or sympathy for a lazy person. But most of all, I despise selling out when things get difficult.

What’s your best character trait?

A question best answered by those who know me. Having said that, I believe I have developed the ability to critically evaluate myself on a daily basis and with that the recognition that falling short of my own expectations is not necessarily a failure. Giving up, lying down, not having expectations, that will be the failure. What defines us is not out successes or failures but the choices we make along the way.

What’s your idea of success?

As a physician, it is easy to fall into the success trap. Make a checklist of necessary achievements, chase them down, compare yourself to others, ensure financial security, get published. The list goes on and on. I consciously walk away from those things. Albert Einstein said, “Try not to become a man of success. Rather become a man of value.”
I believe we are living in very interesting times.

I have been in the role of CEO at Doctors Manitoba for nearly six months, taking over from the very steady leadership of Bobby Cram. Bobby has been generous with his time and expertise in helping me transition into this new role, and I owe him many thanks. I am also most grateful to our Board of Directors, and its Executive in particular, who have invested many hours in ensuring I have what I need to do the job to the best of my ability.

I am the first woman to lead the organization, which has existed for over 110 years. At a moment when society is experiencing a seismic shift in its approach to workplace attitudes and behaviours, I can’t help but feel that the timing is just right.

The Board of Directors have formulated a strong strategic plan, and staff are working every day to move us all forward in ways that support the plan, which ultimately exists to support you.

Each and every one of our members is experiencing varying levels of disruption as a result of the government’s announcements to restructure the health care system. For many, there is inconvenience and uncertainty. For others, there is opportunity to lead a change that may hold us in good stead for the future, and consequently, there are hours and hours of work being invested that aren’t apt to inspire giant waves of applause. At least not yet. We know we can all count on the utmost professionalism of our members during these changing times, because you always put your patients first.

No matter where you work and live in Manitoba, the plans for restructuring have already had an effect on your work-life balance. Staff at Doctors Manitoba want you to know we are here to listen and we are here to help. We welcome your feedback, concerns, inquiries and ideas as we endeavour to advocate on your behalf during these very interesting times.

Thank you for this opportunity to serve you. I know how important it is for physicians to be well, and well-supported. We need you to be strong when our families need you the most, and that’s a responsibility I take very seriously.

Fond regards,
- Theresa
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Dr. Cheryl Rockman-Greenberg, Distinguished Professor of the University of Manitoba, and clinician scientist in the Children’s Hospital Research Institute of Manitoba, has devoted her career to bringing advanced medical knowledge and care to isolated and often vulnerable indigenous populations. Working closely with the communities themselves, Dr. Rockman-Greenberg developed diagnostic tests, screening programs, and treatments for disorders once poorly understood, improving the lives of generations of children and their families. As an academic clinician, Dr. Rockman-Greenberg’s research focused on applied molecular genetics and the identification of the molecular basis of genetic disorders overrepresented in unique populations, notably hypophosphatasia (HPP), a metabolic bone disorder, and glutaric aciduria type 1 (GA1), a complex disorder of organic acid metabolism, affecting Mennonite and Indigenous populations respectively. She was the Canadian principal investigator for an industry-sponsored clinical trial of a new enzyme replacement therapy (ERT) drug for the treatment of HPP, a treatment that recently received Health Canada approval and has already transformed an untreatable disorder into a treatable one. Dr. Rockman-Greenberg assured that residency training would include mandatory rotations in rural and remote areas to improve access to health care throughout the province.

Canadian Medical Hall of Fame 2018 Inductee

Leadership in health promotion, illness prevention and care

Dr. Cheryl Rockman-Greenberg

Distinguished Professor of the University of Manitoba, and clinician scientist in the Children’s Hospital Research Institute of Manitoba, has devoted her career to bringing advanced medical knowledge and care to isolated and often vulnerable indigenous populations. Working closely with the communities themselves, Dr. Rockman-Greenberg developed diagnostic tests, screening programs, and treatments for disorders once poorly understood, improving the lives of generations of children and their families. As an academic clinician, Dr. Rockman-Greenberg’s research focused on applied molecular genetics and the identification of the molecular basis of genetic disorders overrepresented in unique populations, notably hypophosphatasia (HPP), a metabolic bone disorder, and glutaric aciduria type 1 (GA1), a complex disorder of organic acid metabolism, affecting Mennonite and Indigenous populations respectively. She was the Canadian principal investigator for an industry-sponsored clinical trial of a new enzyme replacement therapy (ERT) drug for the treatment of HPP, a treatment that recently received Health Canada approval and has already transformed an untreatable disorder into a treatable one. Dr. Rockman-Greenberg assured that residency training would include mandatory rotations in rural and remote areas to improve access to health care throughout the province.
The ICF Films | University of Manitoba

2017 Canadian Medical Hall of Fame Award for Medical Students

Alyssa Archibald

Born and raised in the small town of Killarney, Manitoba, Alyssa has devoted herself to advocacy and improving the experiences of others. Serving as an Academic Representative, she worked closely with faculty to update and improve the University of Manitoba’s renewed pre-clerkship curriculum. Further, she led student advocacy efforts to successfully broaden summer research opportunities for students, advocated to increase examination feedback and brought initiatives such as student-led mock-OSCE examinations to her peers. Alyssa’s interests in pediatrics have driven her to conduct research in neonatology and maternal-child health both before and during medical school, as well as to serve as an Executive for the Pediatric Interest Group. Prior to medical school, she completed her BSc (Hons) in Biology at the University of Manitoba, where she shared her passion for science while teaching over 800 students in undergraduate science labs. She also assisted in the development of a new lab curriculum for an advanced undergraduate course, and travelled to South Africa where she designed and conducted behavioural ecology research. Inspired by her mentors and colleagues, Alyssa looks forward to continuing to advocate for students in her role as Vice-Stick Internal for her medical society this upcoming year.
It’s amazing to be recognized by your peers for the work that you’re doing. Every day we go to work and we do what we do never realizing that people recognize you for that. It’s wonderful.

We’re helping people, we’re advancing science. It’s what we trained to do. We’re spreading knowledge, the knowledge that took me years to acquire. I’ve been able to synthesize, distill and condense to make it easier for others and hopefully have them avoid the effort I had to put in to acquire the knowledge.

Winning an award like this is fantastic, but it is important to acknowledge that there are many physicians who aren’t honoured in this way who are equally deserving.

You develop deep and enduring relationships in medicine. These are people you work with every day to provide the best patient care and so it’s extra special to have people who know you in that way, honour you like this.

It might be somewhat surprising to some for an Emergency Physician to get an award for health policy and administration, because we usually choose this career for its clinical challenges and excitement. But every ER physician who practices for more than a few years learns that the system, like our patients, is unwell. The system needs healing and if it is not healed, our patients won’t have access to the healthcare they need. Outside the realm of health, we see the results of social inequity in the vulnerable populations who come to the emergency department. These are people who maybe didn’t have the parental support like I did, or proper nutrition, who are impoverished, addicted or are victims of trauma, broadly defined. Until we address the broad social determinants of health, we’re never going to stop the avalanche of patients who come into our emergency departments. So, that’s how an emergency doc gets into health care administration, policy and advocacy. I’m very grateful to have had a career in medicine that gave me the opportunity to do both.
Dr. James Bolton
HEALTH or SAFTEY PROMOTION

Receiving this award is very meaningful and a great honour. All aspects of my work — clinical, research, administrative, and teaching — focus on suicide prevention and health promotion. We have worked tremendously hard in the Mental Health Program to develop new care pathways that provide evidence-based treatment for people who are in great need. This award acknowledges the work of many people, and most of all reflects our commitment to helping people in crisis achieve a stable and hopeful life. This award provides a wonderful foundation on which I will continue to innovate, to pursue new research, and develop better care systems for people with mental illness. It provides recognition for the work of our team and motivation for our continued efforts to move science forward.

Dr. Signy Holmes
RESIDENT OF THE YEAR

I’m very grateful to be able to thank all the people I have worked with over the last five years and the four years proceeding that in medical school. It means that I have a lot of support, not only in my program but from colleagues I have worked with over the past five years. I always felt that I had a very good residency experience. Radiology is kind of removed, we’re kind of in the background so we don’t necessarily see patients on the frontline. We don’t necessarily get involved that way so it would be kind of easy to miss out on a lot of things. I’ve always been a little bit snoopy in the sense that I always wanted to find out things from the physician’s perspective. I would be wandering around the emergency department at three in the morning to actually see what’s going with the patients that we’re scanning. So to have the emergency department, and my program director, and my co-residents support (my work) as something helpful to the other services and good for patient care and not just my own education, it does really mean a lot to me. In particular, I was on maternity leave when I was nominated so I didn’t actually know I had been nominated until after I was back. Having that support here just reinforces what a great five years it has been.

Dr. Robert Menzies
PHYSICIAN OF THE YEAR (posthumously)

It’s a profound privilege to accept this award on behalf of our dad. His job gave him a lot of joy and it was a big part of his identity. It’s a beautiful recognition of the work he did. He was always honoured but never felt worthy of the awards and recognition he received throughout his lifetime. So, though he would have said he is not the only deserving person nominated for this award, he is, without mistake, top among them. He worked tirelessly to bring and provide the best quality of care to his community and it was his honour to do so. It has become common practice these days to refer to people as clients, but he always thought of them as patients. For him, medicine was not a business exchange but a personal encounter in which, for the gift of trust from his patients, he offered healing and hope. We are truly grateful to accept this award on behalf of our father.

It’s a privilege to be able to honour our father. He worked tirelessly at his job. He was very humble when he received awards like this. Personally, I’m his daughter so I believe he deserves the recognition but he was always very humbled.
I am truly honoured to receive this award. This is a moment of great joy, pride and gratitude for me. With collaborative efforts in patient care, we have been able to address many complex issues in patient rehabilitative care and thereby improve the quality of life for patients in many areas. We have helped patients with chronic musculoskeletal myofascial pain with innovative treatment techniques. These techniques were demonstrated and promoted by local physicians and visiting faculty. We have developed a comprehensive Amputee Rehabilitation Program for amputees in Manitoba since 1980, including for war veterans and indigenous peoples. Veterans have made sacrifices for our safety and our security. They have made our country proud. Soldiers deserve the best rehabilitation care possible. Better access to care for indigenous people remains a significant health care issue. I am proud of the work we have been able to do at the Day Hospital and Rehab Clinic for diabetic foot ulcers and amputations in this population.

I am also proud for being founding co-director of the stroke rehabilitation program at St. Boniface Hospital and was involved in treating a significant number of patients in this unit. I have been deeply involved in improving the quality of life for seniors with arthritis and chronic pulmonary obstructive disease. Seniors have helped build our cities and communities and they deserve extraordinary attention and care to improve their quality of life.

I am also very proud of being an active member of the College of Medicine, at the Faculty of health Services at the University of Manitoba, and have been actively involved in mentoring and teaching students and residents throughout my career.

I am the one standing here accepting this honour but the award should be shared with the great teams of doctors, nurses, therapists, and other health-care providers that I have had the good fortune to work with at various stages of my career.

Thank you very much. I would like to thank my colleagues for honouring me with this award. Travelling to foreign countries and working there is very difficult. As Manitobans we are very blessed with the health care system we have. It’s a privilege. My partner and I, when we were on our second trip to the Philippines, on our very first day we were in an earthquake zone with a Richter rate 6.8, and we watched the total destruction of the health care system. The hospital we were at didn’t have a single physician present. It was totally managed by nurses and we tried to help out. We are very privileged in what we have and I hope Doctors Manitoba tries to maintain what we have.

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Return to Work is Part of Recovery
- Dr. Sarvesh Logsetty

An athlete doesn’t stop playing a sport when they’re injured. They go for therapy and slowly reintroduce themselves to the sport with shorter time on the field or special equipment. If a runner fractures their foot, running in water and gradually transitioning to land can have them back to full performance quicker than being confined to bed rest.

As is the case with sports, rest isn’t always best with workplace injuries.

Work can be therapy and part of rehabilitation when your patient returns gradually or performs transitional duties that are meaningful and productive. A Return to Work plan can help workers recover faster, maintain emotional wellbeing, maintain relationships with their coworkers and keep their skills sharp.

As healthcare providers, we all have an important role in helping maintain our patients’ overall health – and that includes promoting activities and plans that benefit both physical and mental wellbeing, support active recovery and help individuals lead productive, meaningful lives.

Unless returning to work is dangerous for the patient, they should be encouraged to resume some, if not all, of their activities in a safe and timely manner – and it is our job as physicians to ensure we are helping them participate in a Return to Work plan with their employer.

Yet, despite the evidence and guidelines supporting a Return to Work strategy, only 1/3 of physicians recommend this as an option.

Studies show that a patient’s misunderstanding and fear about their injuries is the main barrier for participation in a Return to Work strategy, followed by non-supportive supervisors and co-workers. Your ability to explain the nature of the injury, dispel patient’s fears, and provide information about accommodating injured workers in the workplace is crucial to their timely return.

So how can we facilitate this shift?

Developing strategies for occupational rehabilitation begins with the patient’s first visit. Explore options for prompt Return to Work and workplace adjustments. The focus should be on what your patient can do rather than what they can’t. It’s important to understand the type of work the patient does and recommend timelines for their Return to Work and provide information about their capabilities for them and their employer.

Our role is to advise and support the injured worker, communicate their capabilities to the worker and the WCB, work with other involved healthcare professionals to facilitate improvement and complete WCB reports promptly and send them directly to the WCB.

The Return to Work program is a partnership among workers, employers, healthcare providers and the WCB. It’s good for the worker’s recovery and good for the employer who gets their valued worker back sooner.

most recently the executive
director of the Women's Health
Clinic in Winnipeg, has taken
over the helm at Doctors
Manitoba as its new CEO.

When asked how it feels to leave
Doctors Manitoba after more
than two decades, Mr. Cram
quotes from Julius Caesar by
Shakespeare.

“It was time,” Mr. Cram adds.

But before it was his time, Mr.
Cram put in a lot of hard work
and determination as he steadily
ascended up through the ranks
of Doctors Manitoba.

After seven years as the
assistant executive director of
negotiations, in July 2003 Mr.
Cram took over as the director
of negotiations.

He was a skilled negotiator, and
a tough but fair adversary. He
was a straight shooter.

Those personality traits served
him well at the negotiating table,
on the frontline and also behind
the scenes. Mr. Cram built lasting
professional relationships with
the governments and health
ministries of the day.

It was January 29, 1996. Bobby
Cram was starting his first day at
a new job.

He had been hired as the
Manitoba Medical Association’s
new assistant executive director
of negotiations.

Like any new employee on
their first day of work, Mr. Cram
wanted to make a favourable
impression.

His body, however, had another
idea.

“I had the worst case of strep
throat you can imagine but I still
went to work. My first day was
not my best day,” Mr. Cram says
with a chuckle. “But you can’t
call in sick your first day.”

He managed to make it through
that first day, and the following
day, and the one after that, and
the one after that.

And for the next 22 years, Mr.
Cram made it his mission at
Doctors Manitoba to better the
professional lives of physicians,
in turn, the delivery of health
care, and ultimately, the health
of Manitobans.

In January 2018, his tenure at
Doctors Manitoba came to an
end with Mr. Cram’s retirement.
The former CEO leaves Doctors
Manitoba in good stead, and in
good hands. Former Manitoba
Health Minister Theresa Oswald,

‘There is a tide in the affairs of
men, which taken at the flood,
leads on to fortune.’

“Bobby Cram is a force of nature. I suspect this is true in all
aspects of his life, but when it came to negotiating, he was
without peer,” says Ms. Oswald, Doctors Manitoba’s new CEO.

“He had many accomplishments along the way.

In February 1999, after protracted discussions with Manitoba
Health and the anesthetists, Mr. Cram established the Anesthesia
Relative Value Guide. It included a relative value-fee schedule,
rules of application, payment for out of hospital on-call, and an
anesthesia committee.

“The deal has, in my view stood the test of time, kept unity in the
anesthesia community, including GP anesthesia,” says someone
who worked closely with Mr. Cram at Doctors Manitoba during
this time.
In September 1999, Mr. Cram, still in his role as assistant executive director of negotiations, established fee schedules for Ultrasound and MRI. “These fee schedules are critical in preventing radiologists from outside the province bidding for the work which was a potential if the payment structure continued to be on the basis of contract,” Mr. Cram’s colleague says.

With those accomplishments and more, Mr. Cram ultimately earned his place at the top of the organization.

In 2010, Mr. Cram took over as acting CEO before taking the position permanently in May 2012.

Mr. Cram came by his interest in labour relations and negotiations honestly.

He grew up in Cowdenbeath, a coal mining town north of Edinburgh, Scotland. He was immersed in the culture of labour relations, working conditions, the plight of miners, and the influence and impact of unions. Labour relations was in his DNA. That interest never waned and carried him throughout his professional life. Mr. Cram worked for Manitoba Health on the other side of the table, before coming to Doctors Manitoba.

As CEO of Doctors Manitoba, he was a focused leader, and developed lasting relationships with Board members.

Mr. Cram encouraged lively debate on the Board, says Dr. David Cram, former Board president, and current Canadian Medical Association Board representative for Manitoba.

Dr. Cram credits Mr. Cram (no relation) with transforming the Board into a place where frank talk was valued. He brought the Board into a new era of collaboration.

Dr. Barbara Kelleher, also a past president on the Board, was impressed how Mr. Cram shifted from his role as tough, and sometimes “hot-headed” negotiator to a steady, capable, and widely respected CEO.

“When he turned to focusing on being the CEO, I think that was a tough transition but he did it really well,” says Dr. Kelleher.

There was always, and remains, a counterpoint to Mr. Cram’s tough negotiator side

“He is a gentle giant. Just an honest, hard working, down to earth guy who knew his stuff,” she says.

Dr. Aaron Chiu, current president of the Board for Doctors Manitoba agrees. Mr. Cram never forgot the big picture and his responsibility to those he served.

“He always challenged us. There were times when we were discussing things at the Board or other places where we’ll have a bit of a jaded view or a bias and he was often willing to turn around and go back and challenge us,” says Dr. Cram. “Boards should have a lively debate and Bobby encouraged that. Sometimes discussions were colourful but I always appreciated that, how he was able to challenge us and align our thinking.”

“I really valued the year of Cram and Cram when I was president,” says Dr. Cram.

“That’s a complete different side to him, a big teddy bear instead of being hard as nails; being really soft individual to recognize what we do as a profession, and that is look after our patients and our community.”

Mr. Cram is now looking after a new ‘community.’

Spending time with his wife Donna, and helping out with his toddler grandson George, are top priorities. There will be golf games this summer, including rounds with former colleagues and past presidents. There has already been an extended vacation in Mexico over winter 2018. A Mediterranean cruise is also on the horizon.

Reading more literature and history books are also on the agenda, says Mr. Cram.

But this avid history lover isn’t one to dwell on his own past.

When asked what he is most proud of from his time at Doctors Manitoba, Mr. Cram hedges.

“That’s not one I can answer, really. But I can say I had quite a lot of fun,” he says. “If you can have fun at your job you are very, very fortunate. And I was very fortunate.”
Medicine and health care are changing faster than ever before. How do we adapt? How do we take advantage of technology and innovation to deliver the best care possible? How do we embrace innovative practices to reach vulnerable patients, or expand access to care?

Explore these questions and more at the CMA’s inaugural Health Summit this August 20-21 in Winnipeg.

Hear from Peter Diamandis, Alika Lafontaine, Tara Kiran, Aranka Anema, Philip Edgcumbe and Zayna Khayat. Find out how to dream big, shoot for exponential change and leverage innovation to foster patient-centred care.

The more than 25 speakers and panelists at this year’s event are just one part of the program. Expect a larger experience that will stimulate your thinking, help you build an innovation mindset, and equip you to lead change.

Don’t miss this opportunity to connect, explore and inspire a future of better health for Canada.

REGISTER at cmahealthsummit.ca
A New Option in Continuing Professional Development

In 2017, the Canadian Medical Protective Association (CMPA) announced the launch of Saegis, a new subsidiary offering specialized safety programs and services for physicians, healthcare professionals and institutions, as well as practice management solutions for team-based practices and clinics across Canada.

According to Dr. Hartley Stern, Chief Executive Officer at the CMPA, its members’ medical liability protection and risk reduction needs were changing, and the Association’s services needed to evolve to most effectively support the delivery of safe medical care across the country.

“With Saegis, the CMPA family of organizations offers a continuum of services, resources and solutions to Canadian physicians, healthcare professionals and institutions” explained Dr. Stern. “We believe Saegis will have a long-term, meaningful and positive impact on the safety of the Canadian healthcare system, by providing solutions that influence change at both the individual practitioner and systems level. This will result in fewer patient safety incidents and lower medical liability protection and healthcare system costs.”

Intensive Communications Programs

Because the CMPA and Saegis recognized communication as an important contributor to patient safety and as a significant factor in medical-legal issues facing physicians, two of Saegis’ programs are focused on effective physician-patient and physician-colleague communications skills: Successful Patient Interactions and Effective Team Interactions. The programs are skills-based, full-day workshops designed to have an immediate, direct and positive impact on physicians’ interactions with patients and with other healthcare professionals.

Dr Todd Watkins, the CMPA's Managing Director of Physician Services, sees the impact of communications first-hand, as leader of a team of physician advisors at the CMPA. “Our figures show that approximately 20% of all our closed cases have some element of communication as a contributing factor in the litigation or complaint. Furthermore, our ability to successfully defend a medical-legal case is reduced when poor communication plays a role. Although technical skills do cause medical-legal issues, communication with either the patient or the healthcare team is by far the most common risk factor leading to errors and unsafe care".

In addition to offering the one-day courses, Saegis has developed a more intensive three-day clinical communications program that is taught to very small groups and includes highly personalized action plans, coaching and follow up.

Addressing the Opioid Crisis

Saegis is also involved in efforts to address the opioid crisis through continuing medical education. It has partnered with the University of Toronto to expand a program that helps physicians navigate the complexities of opioid prescribing and reduce the risk of misuse and addiction. The University of Toronto’s existing program, “Safer Opioid Prescribing - A Multimodal Program for Chronic Pain and Opioids” was specifically designed to address educational gaps in chronic pain and opioid prescribing, and is among the first to be compliant with the 2017 Guidelines.

In determining the format of the program, faculty recognized the need to make it accessible to busy physicians, especially those in rural and remote communities that have been hardest hit by the opioid crisis. For this reason, the program consists of three webinars held in the evenings and one full-day in-person workshop. To date the workshop has been offered only in the Toronto area but it is being expanded nationally in 2018 through the U of T’s collaboration with Saegis, including sessions in Saskatoon and Edmonton on June 14 and 21, 2018 respectively.

As Dr. Abhimanyu Sud, Academic Director at the University of Toronto explained: “We are facing a national crisis and need to collaborate widely to expand access to evidence-based interventions.”

Helping Leaders Manage Unprofessional Behaviour

Saegis also saw a need among hospital and healthcare team leaders for help dealing with unprofessional behaviour. According to Risk Management in Canadian Healthcare (RMCHC), the number of hospital proceedings involving physicians exhibiting disruptive behaviour increased 87% from 2006 to 2015. Leaders have voiced concerns that they lack the necessary knowledge and skills to know how to handle difficult team members.

With these concerns in mind, Saegis developed a customized program for institutional leaders called Strategies for Managing Unprofessional Behaviour, which was very successfully piloted in a Canadian hospital during November 2017. The program is now offered nationally, onsite at hospitals or institutions to minimize time away for participants and fit with busy hospital schedules. It is carefully designed to include the development of personal and institutional improvement plans to ensure the program has a lasting impact.

Ongoing New Program Development

According to Dr. Tom Lloyd, Director of the Saegis Safety Institute, Saegis continues to develop new programs, in addition to those described above. “We’ve been carefully examining the needs of physician and healthcare professionals across Canada, and we’re working on several new programs to help them navigate the complexities and challenges they face in the current system. For example, we are just about to launch an operating room safety program.”

Physician healthcare professionals, team leaders and hospital executives interested in learning more about Saegis programs can contact Dr. Lloyd at tlloyd@saegissolution.ca or 1-833-435-9979.
What to do if you’re notified of a College complaint

At the end of a busy day, a physician sits down to read her mail. One letter is from her regulatory authority (College). Intrigued, but confident she is in good standing with the College, she opens it.

She is surprised by the first line, "This letter is to inform you that a complaint has been filed against you by...." Her heart races and her anxiety begins to rise.

Immediately she recalls a visit with the young man a few weeks before. She searches her office for his medical record and remembers that he wanted a prompt referral to a spine specialist, claiming a work-related injury. He reluctantly agreed to her examination, and was distressed when she insisted on filling out a workplace injury report. He was even more upset when she did not make the referral, but recommended non-narcotic analgesics and physiotherapy. As she reads her office notes on the visit, she realizes she did not adequately document the physical examination and did not record his anger. She picks up her pen...STOP!

This physician may be about to make a potentially serious mistake.

This scenario is similar to many real accounts told by CMPA members to our physician advisors.

In the CMPA’s experience, contacting a physician advisor, a physician with extensive clinical and medical-legal knowledge, is a good first step after being notified of a complaint. The advisor can help you with the complaint process, including managing the stress, clarifying relevant issues, and answering effectively. Most complaints do not require legal counsel, but a physician advisor can arrange legal assistance if needed.

Dealing with the stress

Many physicians who face a College complaint or an investigation suffer significant anxiety. To lower that stress, the CMPA suggests keeping the following in mind:

- Call the CMPA. We can guide you through the process and provide collegial support.
- You are not alone. Most physicians face at least one College complaint during their career.
- In complaint cases where a member requests and receives assistance from the CMPA, the large majority are dismissed outright or dismissed with concern (e.g. caution or advice).
- Help on managing stress can be found in the CMPA article, “Coping with a College complaint: Suggestions for reducing anxiety.”

Assess the complaint

Colleges typically notify physicians of a complaint by email, letter, or telephone. Usually they provide a copy of the complaint letter, but they may simply enumerate the complaint issues. Most review your prior experience at the College.

To assess the complaint, begin by determining who complained about what. Anyone—patients, family members, employers, insurers, social service agencies, or colleagues—can complain if dissatisfied with your care or conduct. Although most stem from a patient interaction, occasionally complaints involve activities outside your professional practice. These can be a concern to the College if they reflect poorly on your professionalism or fitness to practice.

Review the patient’s medical record when the matter is about a clinical event. However, if the record belongs to a hospital or other institution (e.g. clinic owner), contact the CMPA before accessing it. You may not be entitled to see the record if you are not part of the patient’s circle of care. A complaint does not necessarily mean you are in the circle of care. Irrespective, there are steps that need to be considered before accessing the hospital record to respond to a College complaint.

If the College requests a copy of the patient’s record and it is under the custodianship of another organization or individual, make them aware of the request.

After reviewing the record you may find inaccuracies or omissions. If this is the case, contact a CMPA physician advisor to help you decide on the next best course of action. Do not alter the existing record and carefully consider whether to add any information. Any changes to the record can impact your credibility and may lead to an additional charge of unprofessional conduct.
Finally, confirm that you understand what the College is asking you to do. If asking you to respond, Colleges typically give directions on how and when, including deadlines. While they expect a reply within their timeframe, they will amend a deadline when informed if there is genuine need.

Write a response

Before writing your response, contact the CMPA and speak to a physician advisor for guidance.

Your initial response should reflect what factually happened; the interactions with the patient, or a third party, or both; and your rationale for providing that particular care. Include your recollections of the encounter and the appropriate information from the medical record, clearly indicating where the information is from.

Use a respectful and professional tone. Avoid expressing anger, or being defensive, condescending or disparaging of the complainant or patient. Remain factual and avoid making subjective comments on others involved in the clinical situation.

It can be helpful if you can demonstrate to the College that you are able to assess your practice when an interaction with a patient was unsatisfactory. This means being able to consider the key issues in the complaint and determine if there are steps you could take to improve and mitigate the risk of a recurrence.

What’s next?

Many Colleges will send a copy of your response to the complainant, asking for further comments. Occasionally, this satisfies the complainant. Frequently, however, the complainant will send a second letter to the College, which the College may send to you for further comments.

If there are new issues to be addressed or clarification of previous statements, you should consult again with a CMPA physician advisor and send a second response to the College, if appropriate.

The College will consider the information from the complainant and the physician. If the medical issues are complex, the College might seek an expert peer opinion from an independent, uninvolved physician. On occasion, the College will seek information from witnesses such as your office staff or laypersons.

How does it get resolved?

In most cases, physicians successfully demonstrate their actions were appropriate medically and professionally, and the College takes no action on the complaint. Sometimes physicians are criticized for being unprofessional in their interaction with the patient, even though the medical advice was appropriate. In these cases, physicians may receive a counsel or caution from the College. The College may suggest remedial actions such as targeted education or professional development, or other solutions, particularly where there are concerns about the care provided.

In more severe cases, where the physician’s actions lead the College to have serious concerns about conduct or competence, the matter may be referred to the College committee responsible for assessing professional misconduct or competency. Issues with physical or mental health may be referred to the committee responsible for assessing the physician’s fitness to practise.

How did our fictitious physician deal with her College complaint? Fortunately, she put down her pen, leaving the medical record unaltered, and contacted the CMPA. She successfully demonstrated to the College that her care was appropriate, but was required to do professional development on record keeping.

The bottom line

If you are notified of a College complaint:

• Call the CMPA. Speak with a physician advisor and visit our website to access helpful information on College complaints (see the Additional reading list, below).
• Assess the complaint. Determine what the complaint is about and what the College is asking you to do.
• Respond professionally. In a respectful manner write to the College, addressing the concerns.

Additional reading

• "Coping with a College complaint: Suggestions for reducing anxiety"
• "Understanding how Colleges handle complaints or allegations of professional misconduct"

References


DISCLAIMER: The information contained in this learning material is for general educational purposes only and is not intended to provide specific professional medical or legal advice, nor to constitute a "standard of care" for Canadian healthcare professionals. The use of CMPA learning resources is subject to the foregoing as well as the CMPA’s Terms of Use.
KidsGrief.ca
New free, online tool helps caregivers support children in times of grief

When someone important to a child is dying or has died, families struggle with what to tell children, when to share information and how to address tough subjects like should children be at the bedside of someone who is dying and cremation.

To mark the First Annual National Bereavement Day in Canada, a new national initiative by the Canadian Virtual Hospice with funding from the Canadian Internet Registration Authority and Hope & Cope was launched to help parents, guardians and caregivers with a difficult challenge: talking with children about dying and death. KidsGrief.ca is a free, bilingual online resource that addresses these and other topics in a straightforward, practical way providing strategies, talking points and video clips of families sharing personal stories.

KidsGrief.ca consist of three learning modules written by grief experts. People can easily navigate the modules to find the information they need. Topics include: words, phrases and concepts to use and what to avoid; responding to difficult concepts such as suicide, medical assistance in dying and cremation; preparing children for funerals, and other ceremonies; “teachable moments” including pet death and talking about tragic world events; and how to support grieving children.

Parents and caregivers often turn to health providers and educators for help in these situations. Now they have an accessible resource to which to refer parents.

KidsGrief.ca builds on MyGrief.ca, an online resource for grieving adults launched by the Canadian Virtual Hospice in 2016, with funding by the Canadian Partnership Against Cancer. For more information, email: Marissa@virtualhospice.ca
KidsGrief.ca

“How do I tell the kids?”

Helping parents help kids

• Developed by families and grief experts
• A resource for healthcare providers, educators and others who support families

“Nothing prepared me for this...”

Your spouse is diagnosed with a serious illness; how do you tell your children? Or your teenager dies in a car accident and your other children are struggling. Or someone dies by suicide and your child asks what happened.

Find out how to:
• Recognize common signs of children’s grief
• Start conversations about a serious illness, dying and death
• Know which words and phrases to use and which to avoid
• Respond to questions about tragic world events, suicide, medical assistance in dying and cremation
• Prepare kids for funerals, memorials and other rituals
• Recognize when kids may need more help

For more information: info@virtualhospice.ca
virtualhospice.ca
Over a year ago, the provincial government introduced two major pieces of legislation. The first was Bill 28 – The Public Services Sustainability Act, which proposed to freeze the wages and pay rates of all public sector workers and physicians. The other was Bill 29 – The Health Sector Bargaining Unit Act, which proposed to reduce the number of bargaining units in the health care field through votes or mandatory amalgamations.

Shortly after, the provincial government and the WRHA embarked upon major health care restructuring including the closure or conversion of emergency departments, urgent care centres and intensive care units.

So, where are we now?

The Public Services Sustainability Act (Bill 28), while approved by the Legislature, has not yet been proclaimed, meaning that legally it is of no force and effect. That said, it has sent a chill across public sector bargaining in part because it could be proclaimed by provincial cabinet at any time.

Upon proclamation, the law would impose a ‘sustainability period’ upon physicians beginning at the expiration of the current Master Agreement (March 31, 2019). It would freeze all rates and fees for two years followed by maximum increases of 0.75% and 1.0%, respectively. These figures would apply as well to all our negotiated benefit programs such as CME and Mat/Par Leave.

Doctors Manitoba fought against Bill 28 when proposed and continues to oppose it. We do not favour any government law that negates good-faith bargaining and neuters our independent arbitration process.

The Health Sector Bargaining Unit Act (Bill 29) became law on May 9, 2018. Under the new law, the government has appointed Commissioner Robert Pruden to implement the legislative requirements. We have already met with Mr. Pruden to ensure a little disruption to physicians as possible.

Doctors Manitoba looks out for the best interest of our members. We have over 250 members who are impacted by this law because they are covered by a Doctors Manitoba bargaining unit under The Labour Relations Act.

Doctors Manitoba has been busy studying the law and communicating with the physicians who are affected. The law is designed not to change any substantive contractual rights but rather to amalgamate groups of physicians and decrease the total number of contracts.

If you have any questions about this law and how it applies to you, if at all, please contact Doctors Manitoba.

Legislative Update

Doctors Manitoba Insurance Services

Not-for-Profit means more money in your pocket in 2018

The Doctors Manitoba Insurance Services once again delivers solid results for our members. Participants in the Doctors Manitoba Group Disability Plan (underwritten by Manulife Financial) will see lower rates for the 2018-19 policy year. The refund will be 10%, up from 5% from the previous policy year. The non-profit nature of the plan allowed us to return excess premiums (gross premiums less claims and expenses) to plan participants. And, for the first time ever, enrollment has exceeded 1600 members!

We are also very pleased to advise that participants in the Doctors Manitoba Group Overhead Expense Plan (Underwritten by Manulife Financial) will receive a 75% refund for the 2018-19 policy year. This is not an anomaly. The 5 year average rate of refund has been 75%, making our Overhead Expense Plan an industry leader year over year. If you have a medical practice where you are responsible for overhead costs, overhead expense coverage can protect you in the event of a personal illness or accident.

In addition, the Doctors Manitoba Group Term Life Plan (underwritten by The Great-West Life Assurance Company) will see a 50% refund for the 2018 policy year and the highest participation levels of any of our insurance plans.

We are very proud of these results, and they happen because members put their trust behind Doctors Manitoba and the products and the service that we provide.

Have you reviewed your coverage lately?
It is likely time to review your insurance needs and Doctors Manitoba is prepared to help you. You may contact one our Insurance Services staff:

| Mr. Gord Brennan (Mobile Account Representative) | 204-985-1140, gbreannan@doctorsmanitoba.ca |
| Mr. Mark Venton (Insurance Manager) | 204-985-5846, mventon@doctorsmanitoba.ca |
| Ms. Amber Pauls (Insurance Administrator) | 204-985-5847, apauls@doctorsmanitoba.ca |

Whether you need a summary of your insurance, a quote on new/additional coverage, or a needs analysis related to; debt, line of credit, mortgage insurance, funds for surviving dependents, we are available to help.
CRITICAL ILLNESS INSURANCE

Coming in 2019

Critical Illness Insurance (underwritten by SSQ Financial) will be added to the Doctors Manitoba Insurance product shelf. Coverage will be made available for members, spouses and eligible dependents for 24 covered conditions including Cancer, Heart Attack and Stroke.

A non-medical Open Enrollment of up to $60,000 will occur in October, November and December 2018 for coverage effective January 1, 2019. Watch for announcements this Fall.

Insurance Services
After 33 years with Doctors Manitoba, Insurance Coordinator Glenna Murray retired. Glenna plans to spend her retirement with family and travelling to warmer climates. A retirement dinner was held in her honour and she will be missed by members and staff alike.

Mortgage Insurance
If you have questions about Mortgage Insurance, please contact us.

The purpose of Mortgage Insurance is to pay your off your house loan in the event of your death.

However, Mortgage Insurance benefits decrease as you pay your mortgage down, but your premiums stay the same. Term Life insurance can replace mortgage insurance, pay off other debts, and provide beneficiaries with flexibility.

Home Insurance
Doctors Manitoba is pleased to announce a new Partnership with Garriock Insurance.

Garriock Insurance is a Manitoba brokerage with 6 convenient locations and on-line capabilities to shop the industry for the right policies at the right premiums. For a no obligation quote for house, cottage, rental home, recreational vehicle, and more, please contact 204.942.7563 or toll free 1.877.942.7563 www.garriock.ca

Identify yourself as a Doctors Manitoba member and take advantage of group rates.
This year the Manitoba Schools Science Symposium (MSSS) had 330 students present their projects to over 150 judges from industry and academia. In addition the students had the opportunity to participate in interactive science activities on the University of Manitoba campus.

Doctors Manitoba was again proud to provide bronze, silver, and gold medals to the participants at the awards ceremony, as well as providing awards for the best projects in each age group. Additionally, Doctors Manitoba helped to send three students to participate at the Canada-Wide Science Fair in Ottawa. At the national fair, the MSSS team won three medals including a bronze, silver, and gold.

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Award Presenter Dr. Shannon Prud’homme

Doctors Manitoba is proud to be a major sponsor of the 2018 Manitoba Schools Science Symposium. Doctors Manitoba sponsored the following categories. Congratulations to all the winners.

**Best Overall Group Elementary**
Does the temperature affect the bounce of a tennis ball
*Students*: Hamza Haque, Umair Razi
*School*: Dalhousie Elementary

**Best Overall Group Junior**
Guilty As Charged.
*Students*: Adil Hayat, Michael Adebisi
*School*: Acadia Junior High

**Best Overall Group Intermediate**
Formation of Trihalomethanes in Water Distribution Systems and Their Removal
*Students*: Erin Montebruno Schatkowsky, Giovanna Esteves
*School*: Shaftesbury High School

**Best Overall Group Senior**
Bactericidal actions of allyl isothiocyanate in liquid culture and on biofilms
*Students*: Fatima Saqib, Laiba Saqib
*School*: Fort Richmond Collegiate
Best Overall Individual **Elementary**
Which insulation retains the most heat?
**Students:** Heleyna Moniz  
**School:** Holy Ghost School

Best Overall Individual **Junior**
A Novel Approach to Efficiently Recycle Used Diapers in Optimizing Plant Growth  
**Students:** Madhumita Chandrasekaran  
**School:** Acadia Junior High

Best Overall Individual **Intermediate**
The effect of secondary metabolites of Pseudomonas chlororaphis strain PA23 on hydroponic  
**Students:** Jasmine Cheng  
**School:** Fort Richmond Collegiate

Best Overall Individual **Senior**
Qualifying and Quantifying DNA Damage in Breast Cancer Cells Induced by Natural Products via High Th  
**Students:** Tooba Razi  
**School:** Fort Richmond Collegiate

**CWSF7 Plaque and CWSF**
Bactericidal actions of allyl isothiocyanate in liquid culture and on biofilms  
**Students:** Fatima Saqib, Laiba Saqib  
**School:** Fort Richmond Collegiate

**CWSF8 Plaque and CWSF**
Investigating the Application of Bio-Inspired Computing in Financial Portfolio Optimization  
**Students:** Sparsh Agrawal  
**School:** Acadia Junior High
Imagine trying to foster a group of leaders capable of making a difference not just years into the future, but right now. That’s exactly the challenge faced by the Max Rady College of Medicine and Doctors Manitoba. Both organizations committed to enhancing leadership skills within the medical profession, and teamed up to tackle the challenge together.

Led by Dr. Debrah Wirtzfeld, the Director of Leadership Development for the Max Rady College of Medicine, the Medical Student Leadership Selective continued in conjunction with Doctors Manitoba for the second straight year.

“The medical student leadership selective is my favourite part of the undergraduate leadership curriculum,” said Dr. Wirtzfeld. “The students have a passion for and are invested in making themselves better leaders by learning how to lead themselves, interacting with important stakeholders, and developing business approaches that will lead health care transformation. Doctors Manitoba has been very open in supporting our initiatives over the past two years. They are invested in developing the successful medical leaders of tomorrow.”

This year’s focus was the initiation of a campaign designed to reduce bullying, harassment and intimidation in the workplace – basically to create a more positive, productive workplace and learning environment for medical students, residents and practicing physicians.

Working many days at the Doctors Manitoba offices, the students, all of whom have since graduated medical school and are preparing for residency, brainstormed many different ideas and put together the plan.

Part of the process is designed to allow the medical students to work intensively together, thus forcing them to figure out how to best utilize each other’s skills to complete the task in a short time period. They each undergo an Emotional Quotient Inventory Assessment to gain insight into their own strengths and weaknesses.

“This Selective definitely taught me the importance of adapting to a team’s strengths and weaknesses. I feel Doctors Manitoba provided a great mentoring environment, where skills in project establishment could be improved,” said participant Neelan Sriranjan.

The project culminates in a formal presentation to members of the Doctors Manitoba Board of Directors, with a robust question and answer period. After deliberation, the Board agreed to provide some funding for the initiative to ensure the long-term involvement and collaboration of the MMSA, PARIM and Doctors Manitoba.

That transition is already in the works. General Surgery resident, Dr. Megan Delisle, herself instrumental in helping make this project a reality, is keen to ensure the project continues on and becomes a success. The enthusiasm of the medical students helped inspire her.

“The Medical Student Leadership Selective was very rewarding as it allowed me to see first hand how passionate the next generation of doctors are and it makes me confident that we will continue to improve as a profession. It inspires me to see that medical students are not afraid to speak up and do not accept the status quo without questioning it first. They are pushing the boundaries to make improvements. We will never fix today’s problems with the same ideas that got us here. We need to foster the development of our incoming medical leaders to ensure a bright future for our profession! This leadership selective was a perfect example of creative ways that we can achieve this.”

Delisle also drew inspiration from the ongoing collaboration between medical students, residents and Doctors Manitoba, stating, “Doctors Manitoba’s dedication to the initiative and desire to help us achieve positive changes was inspirational and truly demonstrated the core values of their organization. The partnership made me feel like we could have an impact on a broader level even as medical learners. Doctors Manitoba made us feel empowered.”
Resident Appreciation Reception

When the news was delivered to PARIM late in 2017 that the Resident Appreciation Dinner would no longer be supported by the WRHA, Residents were disappointed to see the event discontinued. Thankfully, the medical staff of SBGH, HSC and the University of Manitoba took on organizing a new event, a reception and dinner, hosted at the Canadian Museum for Human Rights, and the event took place on Friday, April 13, 2018. Those in attendance included Residents, Attending Physicians, staff from both PARIM and Doctors Manitoba, including the new CEO, Ms. Theresa Oswald, who gave the keynote address.

Residents are very aware of the difference that Educator Attendings make to their time in residency and were eager to celebrate the contributions made by several. The On-Site Educator of the Year was awarded to Dr. Cheryl ffrench, the Off-Site Educator of the Year was given to Dr. Sherief El-Gaaly, and the Staff Mentorship Award went to Dr. Michael Johnson. Each of the awards was presented by the Resident or Residents who nominated them.

In addition, three new awards were presented by the respective nominators to outstanding Residents. Dr. Janine Reid was awarded the Resident Professionalism Award, Dr. Colin Barber was given the Resident Mentorship Award, and the Resident Teaching award was given to Dr. Mihail Guranda.

The final award of the evening, Resident of the Year was presented by the medical staffs to Dr. Justin Cloutier.

The CMHR was a beautiful space in which to hold the event, and all guests were given the option of a tour after the dinner and awards. The evening was a wonderful opportunity for all to mingle with colleagues and celebrate accomplishments, and we are certainly hoping that it will prove to be the inauguration of a new tradition.
Come for the Science: 
**An Evening with Dr. Jen Gunter**

When Gwyneth Paltrow’s wellness and lifestyle company, Goop, tells women to carry a jade egg in their vagina for health reasons, Dr. Jen Gunter rolls her eyes.

When Paltrow’s company tries to convince you to buy a special blend of coffee to irrigate your colon, Dr. Gunter simply laughs with worry.

And when Paltrow tries to make Psychic Vampire Repellent healing oils the next health care craze, Dr. Gunter just says NO!

Dr. Gunter, a board-certified specialist in obstetrics and gynecology and pain medicine, is a fierce advocate for women’s health. She wields what many have called her lasso of truth to debunk pseudo-scientific myths used by many to sell products.

And her chosen means to do so? Primarily social media. With over 72,000 followers on Twitter alone, her reach in promoting scientific, unbiased, evidence-based health information is growing by the day. She has combined her scientific prowess with her humour and social media savvy to quickly and thoroughly debunk Goop’s claims that their products can help improve the health of those who can afford to pay the prices.

Having graduated Manitoba medical school at the age of 23, Dr. Gunter was all too happy to accept an invitation from Doctors Manitoba to return home to speak to doctors, medical students and interested members of the public about her relentless battle against health myths.

Dubbed by New York Magazine as Twitter’s Resident Gynecologist, Dr. Gunter was greeted at the Winnipeg Art Gallery on May 11th by almost
300 people. Dr. Gunter was praised and thanked by many in attendance simply for her truthful, plainspoken and unwavering commitment to science and medicine.

She spoke to the audience about how to spot pseudoscience online, how to find sources of reliable, credible health information and about the role of media in all of this.

Sponsored by Doctors Manitoba and the Doctors Manitoba Mentorship Program, this event was a chance for the medical profession and the public alike to greet one another, hear Dr. Gunter speak and discuss the role physicians play in ensuring people can make sound and informed health decisions for themselves – without being unduly influenced by those who lack training or who have a financial motive, or both. All proceeds from the event were donated to the North End Women’s Centre.

“I’m so thrilled that Doctors Manitoba decided to put on an educational event for the public tackling pseudoscience in the media and how to find reliable health information online. Dr. Gunter delivered the message in her uniquely savvy and humorous style that kept everyone engaged. It was very well received and I hope that Doctors Manitoba continues to engage with our community in creative ways going forward,” said Dr. Rebecca Renkas, a Winnipeg-based family doctor who helped organize the event, interviewed Dr. Gunter during the Question & Answer portion of the event, and is soon to start a podcast of her own to discuss similar issues as Dr. Gunter.

Now practicing full time in California, Dr. Gunter is the author of The Preemie Primer - a guide for parents of premature babies. She has written for The Cut, USA Today, The Hill, and Self and writes regularly for The New York Times. Her new book, tentatively called The Vagina (and Vulva) Bible, will be published soon. You can follow Dr. Gunter on Twitter @DrJenGunter.
A View of Restructuring from the Inside, Out

Some people may debate the notion that change is good. Almost nobody will dispute that change is hard.

We have been hearing from members from Winnipeg and across the province about their concerns and aspirations as the Winnipeg Regional Health Authority continues its process of restructuring. We have received clear signals that our members working in rural and remote communities will hear of restructuring plans for them in the weeks ahead. Some members believe these changes are long overdue, and they are actively involved in leading the process of change. Others have expressed concerns about the lack of consultation with front-line physicians, and have deep fears that the changes are happening without appropriate communication, preparation and concern for the well-being of the patients they serve. And, not surprisingly, there are many physicians in the middle, having shifting sets of feelings as time goes on.

Here is what we know so far:

In Phase I of the WRHA’s restructuring plan, we saw the closure of the Misericordia Urgent Care Centre and the conversion of the Victoria Hospital Emergency Department into an Urgent Care Centre. We have seen the beginning of the transition of some hospitals to sub-acute and transitional facilities, with a corresponding increase of acuity at other sites. The Mature Women’s Centre has closed, and we have seen the development of Clinical Assessment Units. Each one of these changes has had a ripple effect on other aspects of the system.

Some details for Phase II were announced to the public on May 31, 2018, and they include the closure of the Concordia Emergency Department and the conversion of Seven Oakes Emergency Department to an Urgent Care Centre. The expansion of the Grace Hospital Emergency Department has opened, and work continues at HSC and St. Boniface Hospital. Concordia and Seven Oaks will see their ICUs close, and beds shall be transferred to other facilities. Medicine beds at Concordia and Seven Oaks will be designated for lower acuity patients which will shift surgical and anesthesia services among various sites. A consolidation of mental health services is planned at HSC, St. Boniface and Victoria Hospitals. These changes will occur over the course of the next calendar year, and beyond. We encourage members to view materials on the WRHA website that provides estimated target times for the changes to occur.

Some people may debate the notion that change is good. Almost nobody will dispute that change is hard.
We know that our members all share a vision for an efficient, sustainable and compassionate health care system, and Doctors Manitoba seeks to play a significant role in ensuring your voices are heard. While it has not always been the tradition of our organization to join planning tables and to actively participate in the dialogue about changes in our system, the time has come for us to do just that. The magnitude of the change being contemplated by the provincial government is too big to ignore, or even to risk being criticized for providing “tacit approval” by engaging with those charged with making the changes. Now more than ever, Doctors Manitoba must proactively engage with system leaders to ensure your voices are heard, and to play a role in offering your best advice to support physicians and the patients you serve.

Simply put, it is much better to be at the table than on the menu.

We welcome information from you, in real time, as these changes are taking place. We want to work with you to help create the conditions for smooth transitions and to understand the potential ripple effects before they happen. We want to do all we can to ameliorate the pain of decisions as they occur. We will strive to be a source of accurate and timely information to enable you to avoid feeling the anxiety that can come from rumours and innuendo. We need you to assist us in being the eyes and ears for physicians and their patients, and we value the sage advice you have to offer.

We know that doctors in Manitoba have always done their very best to provide excellent care for the families they serve. Your commitment to care will never waver, and during these challenging times, neither will our commitment to you.
A message to CMA Members from the CMA

Our announcement on May 31, 2018 that the CMA is selling MD Financial Management (MD) to Scotiabank has generated a lot of discussion. We’re glad our members are asking good questions and letting us know what they think - we wouldn’t want it any other way. It speaks to your passion and involvement with the CMA, and your interest in what happens next. And you deserve answers.

We’d like to address the four most common questions we’ve received, in more detail. And we’ll be frank, as you’ve asked us to be.

1. Why did we sell MD?

The decision to sell MD supports us in executing our strategic vision - and ensures your association is secure and supporting members and better health for decades to come. Additionally, the time was right to partner with a large bank to secure MD’s continued success, in the context of a highly competitive environment. MD has been an industry leader on many fronts and wants to continue to evolve its offer to meet the financial needs and life goals of physicians. A new owner will enable MD to enhance its full suite of products and services, across multiple channels, while still providing the objective advice it has always committed to. This next phase on MD’s journey will enable it to deliver even more value to all of Canada’s physicians and their families.

2. Why weren’t members consulted?

You’re right when you say that the CMA is your association. And consultation with our members is key. Over the years members have asked for
improved banking services. Combining this information with financial industry changes and our strategy, we knew we had to act. However, in this specific instance, we simply couldn't ask the membership at large, as this public knowledge would have destabilized MD and clients, not to mention the impact this would have had on employees. The acquirer, as a publicly traded company, also had particular considerations for when the transaction could become public.

3. What happens to the proceeds?

The CMA will create an investment board to be the steward of the proceeds for the future, in support of the CMA’s vision and mission. MD was not created as a cooperative or a publicly traded company. As set out in the CMA Act of Incorporation from 1909, the proceeds of the sale are to the CMA. Board members received no bonuses as a result of this sale. Moving forward, we will be working closely with members to map out the best areas to effect change and to create programs to support physicians and better health.

4. How can I know you made this decision in the best interest of your members?

Trust and loyalty are so important to us as a medical profession, and these values were key in the CMA board’s deliberations. While the announcement surprised many of our members and clients, the board was diligent in using a principle-based approach, considered the long-term benefits of this sale and relied on the guidance of many experts. With Scotiabank, we have a legal agreement that acknowledges and protects our advocacy and policy independence, so we can continue to be your voice on national issues affecting the profession and the health of Canadians. Scotiabank has committed to preserving MD’s unique physician-specific approach to financial services and will maintain the MD team, recognizing the in-depth knowledge of our highly skilled staff. MD will operate as a distinct, stand-alone brand within Scotia Wealth Management®. MD advisors will retain their independence, and will continue to work on salary, not commission. This means that MD clients will continue to receive the independent, objective and client-centric financial advice and outstanding service they need to meet their unique financial goals. We hired the best legal minds to make this agreement for the benefit of our members. Moving forward, an advisory committee made up of an equal number of representatives from Scotiabank and the CMA is being created as part of the collaboration, and the CEOs of both Scotiabank and the CMA are equally accountable to resolve any issues that may emerge.

We hope this email has helped answer some of your questions. And we’re sure there will be more to come in the days ahead. Please keep asking - and we’ll continue to do our best to provide timely answers. We invite you to visit our website where we’ll continue to provide more detailed information about this decision. If you don’t find the answer you’re looking for, please reach out to yourvoice@cma.ca, and we’ll respond to you directly.

Let us assure you that although this was not an easy decision, we believe it was the right one. We’re positioning our association to be able to take real action on issues that matter to us all - physician burnout, support for our medical students and residents, and improved health care - and to be a strong voice for medicine for decades to come.

Sincerely,

Dr. Brian Brodie
Chair, Board of Directors

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