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**Correction Notice:** In the June 2018 issue of Rounds on page 18, we incorrectly transposed the captions on photos of Dr. Mathen and Dr. Arneja. We apologize for the error.
OUR VISION
TRUSTED ORGANIZATION,
STRONG VOICE

OUR MISSION
SERVING PHYSICIANS, ADVOCACY
AND PERSONAL WELL-BEING

OUR VALUES
UNITY, INFLUENCE, FORESIGHT,
PROFESSIONALISM

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17. Dr. Yvette Emerson
    - Interlake
18. Dr. Marie Noel
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19. Dr. Edin Tunovic
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20. Dr. Mellissa Ward
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    and Interns of Manitoba
21. Dr. David Cram
    - CMA Board of Directors
    Representative
22. Ms Achieng Tago
    - Manitoba Medical Students’ Association
President’s Message

There are few things more important to me as your president than ensuring you are engaged with Doctors Manitoba and that we are meeting your needs as you work to care for patients across the province. It is with deep gratitude, then, that I extend my personal thanks to the hundreds of physicians who participated in our consultations for our upcoming Master Agreement negotiation.

Your dedication to the process, and the informed, insightful and innovative ideas you brought to the table have been critical in formulating the heart and soul of our proposals. I commend you for the generosity you have shown in giving your time and expertise to our staff, without compensation, beyond the occasional after-hours meal.

Our discussions with government will be challenging, taking place on the landscape of massive system restructuring and heavy-handed legislation, albeit unproclaimed. Now, more than ever, we need to ensure physicians in Manitoba have the support they need in the facilities in which we work to provide the care that our patients rightly deserve. Physician compensation must be competitive to enable our recruitment and retention efforts to take hold, and to ensure we have the help we need from a healthy workforce of colleagues, loaded with experience and expertise.

For this reason most of all, I am so proud of your efforts. The consultation and dialogue among our physicians has been, at its core, a demonstration of what it means to truly care for one another. Your ideas have guided our preparation, and your passion will fuel our negotiation. I feel confident that a unified voice and a sustained selfless effort to care for each other will keep our profession strong, and by extension, our patients as healthy and well as they can possibly be.

Thanks to you all,
Dr. Shannon Prud’homme
President
Physicians in Manitoba have known for a long time that more resources are needed to support patients struggling with addictions. You have offered sage advice to regional health authorities and government on matters of grave concern for your patients and the realities they face as they fight battles with meth, opioids and more. Sometimes your ideas are heard, but many times they are not.

Doctors Manitoba understands the inherent danger that exists when patients present with serious addictions to meth and other drugs. We continue to advocate for enhanced safety and security protocols in Manitoba facilities to ensure you and your colleagues are able to provide care and expertise, even in the most challenging situations. Our conversations with government and Shared Health continue, because we believe your safety and well-being is very important.

You recently received a letter from your president, Dr. Shannon Prud’homme, asking for your feedback about your experiences when safety initiatives were insufficient. Your responses have been passionate, raw and deeply moving. Even more, the ideas you have shared to make working environments better for your fellow physicians and their patients have been excellent.

I humbly request that you keep these responses coming, to ceo@doctorsmanitoba.ca. Our pleas to system leaders carry the most weight when we can cite the authentic and powerful, on-the-ground challenges you face. Concrete evidence is our best hope of yielding meaningful change and positive results.

I have worked with and for physicians in Manitoba in one way or another for many years now. I am sincere in saying that there is nothing more important to me than your safety, and I know I share this belief with the entire staff at Doctors Manitoba. Your expertise and wisdom in improving the working lives of your colleagues cannot be understated.

Respectfully submitted,
Theresa Oswald
CEO
Victoria Representative

Dr. Candace Bradshaw

Connections are what matter most to Dr. Candace Bradshaw.

It’s important to her to maintain close relationships with colleagues in order to properly represent the interests of Manitoba physicians.

“It helps me identify what challenges doctors are facing and where Doctors Manitoba may be able to step in and help with day-to-day frustrations,” she says.

Dr. Bradshaw is adamant that she will stand up to anything that threatens the well-being of her colleagues. At Doctors Manitoba, she intends to advocate for changes to physician health. But you won’t see her focusing too much on resilience and individual techniques.

“I am more interested in tackling the issue of unrealistic expectations and demands from the broader system. When physicians struggle to keep up with increasing pressures, they become irritable, depressed and make mistakes. Healthier physicians lead to healthier patients.”

Dr. Bradshaw is now in her 18th year of Family Practice at Tuxedo Family Medical Clinic in Winnipeg, which she co-owns and operates with her partners. She considers the original group of physicians that started the clinic her personal heroes.

“I learned the ropes of medical practice and how to run the business from them. The medicine they practiced was solid,” she says. “Every single one of them had or still has a sixth sense about their patients. If something was wrong they would find it. And fast. I have always wished we could give awards to doctors like these for practicing phenomenal medicine for decades.”

She finds inspiration in the profound moments she’s able to share with her patients. Whether they are in the process of adopting a major lifestyle change, coping with a stressful diagnosis, or finding peace in the midst of a difficult crisis, she values the opportunity to work with her patients as they overcome obstacles.

“Being part of the process alongside them is a gift,” she says.

Born and raised in Winnipeg, Dr. Bradshaw completed her medical degree and residency at the University of Manitoba. She is married with two teenagers and enjoys spending as much time with family as possible, while enduring the torture of being a ‘hockey mom’.
Dr. Yvette Emerson is interested in the human side of medicine and believes that leadership and compassion are integral to creating change within the current healthcare system. As a new Board member, she wants to see a healthcare system where the skills and knowledge of physician leaders are leveraged to create sustainable and improved delivery of care.

“I would like to encourage as many physicians as possible to involve themselves in leadership roles,” she says. “We have a vital role in contributing to the vision of a changing and high quality health care system. No one else can do this work but physicians. Change is coming and unless doctors are integrally involved it will not be for the better.”

Dr. Emerson firmly believes that compassion plays a crucial role in providing quality healthcare, which must be balanced with various other competing priorities, such as emerging technologies and pharmaceuticals. She values the relationships that are formed with her patients and being able to witness the love between families during times of illness.

“It’s the little things I learn from my patients and the hundreds of small kindnesses offered by colleagues, clerks and nurses,” she says. “It’s an honour to be allowed into people’s lives when they are often at their most vulnerable.”

Dr. Emerson completed medical school at the University of Manitoba and her Family Medicine Rural-based Residency at the University of British Columbia. She brings a wide range of clinical and academic experience with her as a new Board member. She has provided remote Family Medicine in Northern B.C., North Western Ontario, Nunavut and fly-in communities in Manitoba. Currently Dr. Emerson works as an ER physician at the Selkirk Regional Health Centre.

A self-proclaimed introvert, she enjoys growing her own food, spending time with her ten-year old son, camping at Steeprock Beach, and long walks down the Prime Meridian Trail with her retriever, Barley.

“I love noting the changing seasons,” she says. “I have picked Saskatoon berries on my walks and learned that dogs love them too! Now I am watching the leaves fall, mostly without changing color this year due to the early snowfall. I love my walks and will even wake up early to get them in.”

For Dr. Emerson, it’s important to recognize the seemingly small details that are all too often overlooked.
NEW Doctors Manitoba Board Members

Dr. Joel Myhre

Parkland Representative

He understands that engagement is required in order to lead change within the evolving medical profession, and wants to ensure that he provides a voice for other physicians in his region. “As a new Board member I believe my role is primarily to educate myself about the issues we are facing and ensure that I bring the concerns from the physicians in my region to the discussions,” he says. In terms of the specific concerns facing doctors in small rural satellite communities, he’s experienced these first-hand, such as gaps in patient care that are increasingly being filled by Nurse Practitioners. Dr. Myhre’s approach to these issues is consistently about finding equilibrium.

“There is a balance to working together with them and maintaining our roles as primary care providers.”

Dr. Myhre was born and raised in Dauphin, Manitoba. After completing medical school and his residency at the University of Manitoba, he returned to Dauphin where he has been practicing as a GP Anesthetist for the last 5 years. He’s inspired by the dedication of his colleagues who have long-standing practices in the Dauphin area.

“I see how hard my colleagues work, often behind the scenes, for the good of their patients,” he says. “The desire to provide wide-ranging services while maintaining continuity of care is exceptional.”

Dr. Myhre is able to manage his own well-being with time spent in the ER, his Family Practice clinic, and providing anesthesia in the OR, while his two boys keep him busy with their extracurricular activities. “Minor hockey is a wonderful way to ensure that your free time does not go unoccupied!” he says. However, this masterful juggling act is by design.

“I have consciously put value on time spent on my own physical and mental health as well as on the time I spend with my family,” he says. “These things hold value in my mind in the same way that a twelve-hour ER shift has its rewards.”

While he may not be able to claim the proverbial moderation in all things, there is no doubt that Dr. Myhre has found a fine balance.

“I don’t wish for a redistribution of my time,” he says, “only that I had more time to spend on the things that I put value on.”

Dr. Myhre brings this balanced approach to the Board, which will no doubt serve him well.

“I think that I have the ability to absorb information from all sides of a discussion in order to formulate an opinion and push for a reasonable resolution that will work for physicians,” he says.

Dr. Joel Myhre maintains a steady balance when it comes to his family, career and his new position on the Doctors Manitoba Board. He knows what his priorities are and ensures that his time is spent accordingly.
Dr. Marie Noel is very focused on understanding the specific needs of her community and the region she represents. As a new Board member, her goal is to become more familiar with the physicians in the Northern Health Region.

“Our geography in the North limits direct contact with physicians, but I would like to make a point of travelling throughout the region in order to meet the physicians in person to help understand their concerns,” she says.

Dr. Noel attended medical school at the University of Manitoba and completed her family medicine residency training through University of Manitoba Rural Family Medicine program in the Parkland region in 2004. Her work in The Pas has changed over the years, initially starting in the emergency department and medical ward, with a shift in focus from acute care towards family practice. She currently has a solo family practice clinic and has incorporated other interests including coverage in the chemotherapy department, dialysis, long-term care and more recently The Pas Correctional Centre. Her main practice interests are geriatrics and oncology, as well as neonatal care.

Her breadth of experience will certainly come as a benefit to the Board and members alike.

“I have been fortunate enough to work in different settings including acute care in the hospital, nursing stations, long term care, as well as group family practice and solo family practice. With these varied work experiences, I have been able to broaden my understanding of different funding models which will improve my ability to represent the needs of the members.”

Despite her full schedule, Dr. Noel does ensure to take some time for herself.

“It took me a few years into practice to recognize that I need to take time off of work at least every 3 months, and if I am nearing the end of that 3 month stretch, I can see that the quality of my work suffers and I need more time with friends and family,” she says.

She’s a fan of outdoor activities such as fishing, snowshoeing, snowmobiling and camping with family and friends. She’s also recently gone back to boxing class, which she claims to be very effective in helping her unwind after a busy day. Whether it’s her commitment to representing her colleagues or her capacity to undertake new challenges as a medical professional, Dr. Noel doesn’t pull any punches.
NEW Doctors Manitoba Board Members

Dr. Selena Papetti
Eastman Representative

Dr. Papetti’s singular voice and strong convictions are a welcome addition to the Doctors Manitoba Board.

“I’m not afraid to say what I’m thinking” she says.

She does not shy away from speaking up for her colleagues and addressing the challenges facing Manitoba physicians.

One of the issues she’d like to focus on is ensuring that the Maternity/Parental Benefits Program is modernized, so that it reflects a culture shift toward equal parenting and gender equity for physicians.

Dr. Papetti also has concerns about the sustainability of the healthcare system as it relates to the well-being of both patients and doctors.

“When we discuss physician wellness I think we need to take a hard look at systemic issues that lead to burn-out and loss of compassion. In my own practice there is a daily struggle to have my patients access the care that they need in a very broken system, and I go home at the end of the day feeling like I did my best but that it fell short of being enough.”

Originally from St. Boniface, Dr. Papetti graduated from the bilingual residency program at the University of Manitoba. She now practices Family Medicine in Lac du Bonnet, where she has been since graduating in 2012. She and her partner have started a family in Seven Sisters Falls and are currently undertaking a renovation project on their home.

“What began as a labour of love has now become reminiscent of the ‘80s movie The Money Pit,” she says, “a movie which I have encyclopedic knowledge of.”

Despite being busy with work and home improvements, Dr. Papetti tries to maintain a diverse set of interests, such as knitting, listening to ‘80s hair metal and new wave on Sirius XM, and going to concerts.

“I also love reading biographies of people more interesting than myself,” she notes, although she may be selling herself short in this regard.
Dr. Elizabeth Thompson brings with her a pragmatic approach as a new Board member at Doctors Manitoba. One of her goals is to encourage the Board to focus on issues that are of highest importance for physicians on the ground-level.

“I'm interested in value for money for our members,” she says.

She’s a firm believer in the democratic process and isn’t afraid to voice a contrary opinion.

“I'm not afraid to vote against the majority. After all, democracy is letting your vote stand and the majority rules.”

Dr. Thompson hopes to effect change through understanding and deep involvement. Alongside sitting on the Doctors Manitoba Board, she also holds a leadership position at her hospital.

“I'm a big believer in not being able to complain unless you have actually been involved,” she posits. She’s dedicated to understanding the interests of physicians in order to properly represent them. “For the physicians in Central District - please drop me a line anytime,” she offers.

Born and raised in Manitoba, Dr. Thompson completed medical school and her residency in General Surgery at the University of Manitoba. She now works as a general surgeon at Boundary Trails Health Centre and CW Wiebe Medical Centre in Winkler, where she has been since 2015.

For her, one of the joys of working as a general surgeon at a rural community hospital is the privilege of not just treating adults but children as well. Each child admitted at Boundary Trails receives a stuffed animal as part of a program supported by the organization Katie Cares.

“Seeing a toddler sick with appendicitis and then watching them bounce back after a successful appendectomy makes my day!”

In terms of finding inspiration that keeps her going, Dr. Thompson’s practical mind reaches for thoughts of warmer climes and sandy beaches rather than deeper reflections.

“I have a sign in my office that says keep calm and think of Hawaii,” she muses. “Does that count as inspiration?”

As winter fast approaches in Manitoba, visions of a tropical paradise couldn’t be more fitting.
Dr. Mellissa Ward

PARIM Representative

As the President of PARIM and new Doctors Manitoba Board member, Dr. Mellissa Ward wants to ensure the resident voice is heard.

“Residents are often invited to meetings but not heard. At Doctors Manitoba, the resident voice is valued and I want to ensure I am doing justice to the group I represent,” she says. As a resident, the perspective that she brings is both distinctive and complementary. “Residents are often the first doctor a patient sees and as such we are in a unique position, which has its own rewards and challenges.”

Dr. Ward is loud and clear when it comes to voicing the challenges facing physicians and believes that initiating change starts with talking about what isn’t working.

“I think one of the biggest issues facing doctors now is burnout,” she says. “More and more, this is being recognized but little is being done at the system level to ameliorate the situation. There is emphasis being placed on recognizing burnout and seeking help, but this is at the individual level and even still there is a stigma associated with it.”

Dr. Ward wants to focus more on the causes of burnout and how these issues can be solved at a higher level rather than focusing solely on individual solutions such as resiliency.

She is generous about sharing her own experiences and how she was able to manage through her own challenging times.

“I have experienced burnout and I’m incredibly thankful to my close friends for helping me recognize the problem and encouraging me to get help,” she says.

“I’ve been very open with my colleagues about taking time off and needing that space to re-center. I think it takes some of the stigma away when we talk about our challenges. The more I talk about it, the more I realize I’m not alone and this is something a lot of people go through.”

Born and raised in Saint John, New Brunswick, Dr. Ward completed her medical degree at Dalhousie University before moving to Winnipeg for residency. She has been involved in the Canadian Association of General Surgeons Resident Committee in addition to her roles on the PARIM executive. This year she also starts her Master of Science in Health Sciences Education through McMaster University in addition to sitting on the Doctors Manitoba Board. Somehow, she still manages to find the time to bake something sweet for her team a couple times per block.

“I enjoy the process of baking but definitely shouldn’t eat all the treats!” she says.
A homebody can be described as someone who likes to stay at home. It’s kind of what the Home for the Summer program is all about. It encourages medical students from rural communities to think about practicing there and enticing those from urban settings to think about what a new home could be like.

“It was a great opportunity for me to participate in Home for the Summer in Brandon, which is my home community. The physicians and program coordinators were all very welcoming, supportive, and encouraged me to learn. I know I greatly enhanced my clinical skills during the seven weeks I was in Brandon Regional Health Centre, and I really enjoyed being able to put what I had learned during my first year of medical school into practice,” said Carrie Bergen, a medical student originally from the Brandon area.

The Home for the Summer Program, operated by Manitoba’s Office of Rural and Northern Health, pays medical students to work in medical clinics and hospitals throughout Manitoba to gain clinical experience and to expose them to rural medicine. The diverse experiences, typical of most rural physician practices, struck Bergen.

“I got to experience a wide variety of areas of medicine, including CancerCare, orthopedics, general internal, and emergency medicine. I would definitely recommend this program to people wanting to gain some clinical experience during the summer.”

Cole Kubay echoed that sentiment after seeing rural physicians in action, saying, “it was very interesting to see the wide scope of practice for many of the physicians that work in the Selkirk area.”

During the program, the students must complete a research project drawing on their experience in the
community. They then present their findings to a panel of physicians with the winners receiving a small cash prize.

One of the award winners, Cailyn Cheasley, who spent the summer at the Selkirk Regional Health Centre studying drug overdose, said, **“I couldn’t have asked for a more perfect summer experience. Home for the Summer allowed me to connect with amazing local physicians, work with other health care professionals, and practice my clinical skills, all in my home community.”**

Doctors Manitoba played host to those presentations along with a special dinner to celebrate everyone’s experience. The panelists included Dr. Shannon Prud’homme, President of Doctors Manitoba, Dr. Holly Hamilton, Dr. Don Klassen, Dr. Ira Ripstein, and Dr. Tamara Buchel.

Doctors Manitoba and Manitoba’s Office of Rural and Northern Health were pleased to work together to help show medical students that their work and ideas can flourish in rural Manitoba.

Reconnecting with her rural upbringing was crucially important to two-time participant Allison Furness.

**“I could not think of a better way to spend my past two summers than with the Home for the Summer program. I grew up in a rural town so it was great to return to my roots - and the experiences I had with the program were invaluable. Rural medicine is so cool, and thanks to HFTS, I definitely could see myself doing this as a future career.”**

Homebody, indeed.
A Steady Calm

Long-time Doctors Manitoba Board member Darcy Johnson leaves lasting legacy

After nearly a quarter century serving on the Board of Doctors Manitoba, Dr. Darcy Johnson is moving on.

“After 23 years, I think it’s time to go,” he says.

After serving as a constituency representative, a prior Chair of Governance committee, and a term as president, Dr. Johnson is stepping down from his role on the Doctors Manitoba board. He will, however remain an Urban member at large on the Section of Family Practice Executive committee.

“I look at the amazing people with all the energy and the ideas. They are the ones that should be taking things forward now,” Dr. Johnson says. “And we have an incredible line-up of presidents coming up. I look at our superb, new board that will take Doctors Manitoba forward. I think we’re in really good shape.”

“I am so pleased with our new CEO Theresa Oswald because she is a skilled strategist,” he adds.

Dr. Johnson also enjoyed working with “so many great past presidents,” Bobby Cram and John Laplume, previous CEOs. He praises Doctors Manitoba’s “superb staff, who were always helpful to me,” he says.

In 23 years, he never missed a single board meeting, despite juggling a busy family practice in East Kildonan, hospital service at Concordia Hospital, caring for offenders, part-time at Stony Mountain Institution, and serving as the Manitoba CMA board representative as well as on numerous CMA committees. He was also named one of Canada’s Family Physicians of the year in 2009. He is currently the Manitoba CMPA councillor.

His career accomplishments would not be possible without the support of his wife and family, he says.

During his time at Doctors Manitoba, Dr. Johnson was instrumental in helping the organization make changes that would benefit physicians, and ultimately their patients.

His list of accomplishments are long, varied and lasting. In 2008 as the Manitoba Medical Association also marked its 100th year, Dr. Johnson served as the 100th president. That year, he proposed renaming the MMA to Doctors Manitoba. “I felt it was time to refresh,” he says.
During his year as president, he also successfully advocated for a smoking ban in cars when children are present. Dr. Johnson also lead the charge to build a new office for Doctors Manitoba, moving the headquarters from Sherbrook Street to the brighter and more spacious home on Desjardins Drive, where it lives today.

While serving on the board, Dr. Johnson and his colleagues adopted OPA as a benchmark process for fee setting. “This has helped maintain unity among Manitoba physicians and improve our fee competitiveness across Canada.”

About a decade ago, the Board underwent an extensive governance review which took it from being “largely operational to more strategic in nature,” says Dr. Johnson.

None of Dr. Johnson’s accomplishments surprise Dr. Susan Fair, who has known him for 41 years. They were in the same medical school class in 1977. Later, they served on the Board together. Dr. Johnson’s skill during and after meetings with the province and health ministry made him an invaluable resource for Doctors Manitoba, says Dr. Fair.

“His best feature is he has an incredible memory. He’s the memory of the institution,” she says.

“If you’re working on policy, he would remember the conversations with the minister. He was always very calm and had that corporate memory that is so valuable.”

Dr. Johnson and his board colleagues have also kept Doctors Manitoba fees the lowest in the country, and helped develop physician benefits and support programs for his members. Doctors Manitoba was the driving force in obtaining professional incorporation for doctors.

But he isn’t one to toot his own horn, says Dr. Fair.

“He’s modest,” she says. “He is never out there in the front. He’s there behind you, supporting you.”

Dr. Johnson was typically part of any collaboration to move things forward for physicians and patient care, says long-time colleague and Doctors Manitoba board representative for Misericordia, Dr. Sheila Domke. He worked with stakeholders, jumped on initiatives and championed pilot projects, she says.

They worked on the Medical Review Committee for Manitoba Health, where his calm, steady and thoughtful demeanour was invaluable, says Dr. Domke, who has known Dr. Johnson for 20 years.

He was a physician leader for family practice and a physician leader for his constituents, she says.
On the Medical Review Committee, Dr. Johnson and the team made substantive change, including pushing for MRI requisition power for family physicians, she says. The committee also helped universalize paperwork between all city hospitals, thereby eliminating major communication hurdles.

“He has been part of the action and early innovation,” says Dr. Domke. “He comes historically with good sense. He comes with some sensibility about what’s happening in the community and the changes that have to be made to help to support our patients. He has always stepped up,” she says.

On the Doctors Manitoba board, he was thorough and thoughtful, whatever the issue at hand.

“I will miss his sensibility and common sense and primarily his integrity. He considers everything before he makes up his mind, and you don’t often find that,” says Domke.

Making up his mind, and guiding the decisions and direction of Doctors Manitoba going forward is something Dr. Johnson will have to learn to live without.

When asked what he will miss the most after 23 years at Doctors Manitoba, Dr. Johnson answers quickly.

“The people. I will miss the wonderful relationships with board members and staff. The Board has been my extended family,” Dr. Johnson says.

After a career of helping shape the profession and physician care, it will also be hard to push back from the Doctors Manitoba table where important decisions are made, Dr. Johnson admits.

“I have enjoyed physician advocacy at the local, provincial and national levels and appreciate the respect afforded me by physicians.”

Written by Robin Summerfield
When you look back at your training, you can probably think of a teacher, coach, or peer that really helped you and shaped your outlook.

When a physician signs up for the Doctors Manitoba Mentorship Program, he or she agrees to do just that – to help, to be honest, and to provide a broad range of perspectives and supportive resources to residents and medical students.

Indeed this has been the case with medical students and residents providing great feedback about the breadth and depth of knowledge being shared with them by mentors. “Getting into medical school is incredibly exciting, you feel simultaneously proud, nervous, and full of joy. Actually starting medical school is very humbling, all of a sudden you are in this new environment, with new people, new rules, and you have no idea how to navigate through it. By matching medical students to physician and resident mentors, the Doctors Manitoba Mentorship Program clears away some of the murkiness of medical school; it provides students with someone to answer their questions, big or small, someone to provide them with guidance and advice; students feel that the program has reduced a lot of their fear and anxiety and enabled them to get back to feeling excited about the journey ahead of them,” said Achieng Tago, MMSA Vice-Stick External and third-year medical student.

But that type of mentorship, while valuable, wasn’t all that Doctors Manitoba had in mind when it created its Mentorship Program along partners at MMSA, PARIM and the College of Medicine (Students Affairs).

“We really wanted to create something unique for the entire profession where all participants enjoyed their experience and learned something from it,” said Matt Maruca, General Counsel at Doctors Manitoba.

With a view to also promoting professionalism and collegiality, the Doctors Manitoba Mentorship Program aims to connect practicing physicians, residents and medical students based on professional areas of interest. Those areas of interest can range from specialty to life experience to family to career stage. “What we’ve seen is some really great and meaningful connections being formed – connections that have helped those participants in the short-term but that will undoubtedly benefit the profession in the long-term,” said Theresa Oswald, Doctors Manitoba CEO.

The surprise for many involved has been seeing the benefit to the physicians themselves who act as mentors. Dr. Louis Fourie Smith, a family physician and Medical Director at Dakota Medical Centre in Winnipeg, was surprised by the unexpected return he has experienced. “Being a mentor, sharing the values of the profession, providing insight where it matters, where the rubber meets the road, was rewarding. But that I expected. What was unexpected was what I received in return. A fresh perspective, a different point of view, an appreciation for the challenges the next generation of young physicians are facing. Their enthusiasm reminded me why I became a doctor myself. What a privilege to be trusted with influencing, teaching, mentoring and caring for your own.”

That privilege was also recognized by Dr. Sara Goulet, a family physician with Ongomiizwin – Health Services, and a house medical officer and hospitalist at HSC. Dr. Goulet stated, “Mentors are the core of medical education and fundamental to the creation of healthy communities in
Now in its third year, the Doctors Manitoba Mentorship Program is funded wholly by Doctors Manitoba, and operated in partnership with MMSA, PARIM and the College of Medicine (Students Affairs). We need more physicians to be mentors. More information can be found at doctorsmanitoba.ca/mentorship

Manitoba. As a student, mentors helped me to understand the art and humanity in medicine. As a mentor, students help me to understand my own humanity in medicine, as I am humbled by the new and innovative ways they view this aged tradition.”

The Doctors Manitoba Mentorship Program tries to avoid being overly-formal and structured in order to accommodate physician’s busy medical practices. The informal design also allows participants to determine how best to form meaningful relationships. That could be meeting for coffee periodically, breaking bread while catching up, chatting via FaceTime or checking in now and again with the odd text message. This allows the participants and indeed the nature of the mentorship itself to change over time.

“Throughout medical school and into residency there were many people who supported me along the way. The Doctors Manitoba Mentorship Program provides an opportunity to give back and to help future colleagues navigate exciting and potentially stressful times at critical junctures in their career trajectories. The further I get from medical school the more I forget about how it felt. Intellectually you remember, but I think it’s nice to be able to pass some specific things on to those who are going through what you just went through, while it is still fresh and relevant. As I mature and grow in my career I hope to continue to mentor learners, but the nature of that mentorship relationship will evolve as I do,” said Dr. Annie Finlayson, an emergency medicine resident who mentors several medical students.

Dr. Jordyn Lerner, a resident who has a mentor while also acting as a mentor himself to medical students, sees value in the dual role. “I really like my mentor. Him and I have a lot in common. Since meeting him through the Mentorship Program, I’ve seen him at different Doctors Manitoba committees and events. We talk about everything from burnout to practice management to clinical scenarios. It’s great having a connection with a senior physician who’s in a non-evaluative role. I can share things without fear of those things appearing on an evaluation,” said Lerner.

And about acting as a Mentor too, Dr. Lerner quipped, “I like meeting with my med student mentees. They keep me young.”

Amongst the greatest mentorship success stories is Dr. Aaron Chiu and Dr. Leslie Simard-Chiu. Together, the have mentored a large group of residents and medical students for years. They take a hands-on approach, meeting with each regularly to talk about career planning and while also having dinner with the entire group a few times a year. This has allowed them to see first-hand the growth and

the medical students and residents they have mentored, which has, in turn, allowed them to be a part of it.

“We have been mentors for years. My wife and I share the mentoring role and we greatly enjoy being mentors! Over the many years, we shared in their successes and helped during times of stress. Our mentor students have become an extended family.”

Photos by: Michele Bouvier
A missing quality indicator

Experts stress that there is now so much evidence linking physician wellness to patient outcomes, medical-legal risk, and the performance of healthcare teams that wellness should be assessed as an independent indicator of health system quality.

For instance, physician stress and burnout have been associated with “suboptimum” patient care practices. Burned out physicians report: taking short cuts, failing to follow established procedures, not answering patient questions, not discussing treatment options, and making treatment or medication errors that cannot be attributed to a lack of knowledge. Research has shown that patients of dissatisfied physicians tend to be less adherent to treatment plans and may take longer to recover after discharge from hospital.

Higher burnout levels have been linked to an increased likelihood of residents reporting a major self-perceived medical error. In turn, self-perceived medical errors have been linked to higher burnout scores and worse depressive symptoms in residents. A survey of over 7,000 U.S. surgeons found that burnout was strongly associated with having been named in a recent medical malpractice suit. Medical malpractice suits lead to less career satisfaction, suggesting a reciprocal relationship between medical errors and burnout among residents and practising physicians.

In addition, a number of studies suggest that burnout can be infectious and spread from one team member to another, and that the departure of a burned out physician can increase burnout among remaining team members over the following 12 months. Burnout at the team or unit level can adversely affect patient care. A Swiss study of 54 intensive care units found that high levels of burnout were associated with a poorer sense of teamwork and higher patient mortality rates.

Like other quality indicators, physician wellness is measurable and actionable. Burnout can be assessed using existing instruments, and evidence-based interventions can reduce burnout among physicians.

Costs to the healthcare system

Two recent reviews have stressed the need to view physician wellness from a financial perspective. The “business case” for wellness is relatively new, and encourages physician leaders and other stakeholders to recognize the impact that burnout can have on the healthcare system as a whole.

Physician burnout has been linked to decreased productivity. One study of physicians at the Mayo Clinic found that every single-point increase in burnout scores increased the odds of physicians reducing their hours over the subsequent 24 months. Burnout scores are also a strong predictor of physicians planning to leave practice entirely for reasons other than retirement. Reduced work hours among physicians mean fewer elective surgery cases, fewer admissions, and less imaging, while physician departures signal disruptions in care for existing patients and decreased access to care for individuals who need physicians.

Physician turnover triggers costs associated with finding replacements and increases the cost of providing care to individual patients, who may have to see a different physician every few years. Burned out physicians who stay on the job may increase costs by ordering more tests and making more referrals; they may also increase costs associated with medical-legal complaints. Turnover due to burnout deprives younger physicians of mentors, represents a loss of expertise at the team level, and reduces the ability of organizations to pursue grants and implement clinical trials.

A 2014 study by researchers at the University of Toronto estimated that burnout cost the Canadian health system $213.1 million as a result of early retirement and reduced work hours. The authors stressed that the costs and inefficiencies associated with burnout are a significant problem in a healthcare system already struggling with long wait times and physician shortages.

References:


This past August, the Canadian Medical Association (CMA) set out to launch a national conversation about innovation in health care at its inaugural Health Summit in my hometown of Winnipeg. The event brought together 750 physicians, innovators, policy-makers and patients to discuss technology, innovation and improving health care across Canada.

To set the stage for the Summit, the CMA and Ipsos released a study entitled Shaping the Future of Health and Medicine, which asked Canadians how they felt about technological developments in health such as virtual care, big data and more. The Google Generation (Canadians aged 18–34) turned out to be frequent users of the health care system, with a self-reported average of 11 or more visits each year. The study also revealed that 7 in 10 Canadians would take advantage of virtual physician visits and many believe that they would lead to more timely and convenient care. Video highlights of the Summit are available as well as a summary of panel discussions and participant led discussions. We invite you to stay tuned to www.cma.ca to learn more about the next steps for this important conversation.

Following the Summit, physicians gathered for the CMA’s Annual General Meeting and General Council. Throughout a spirited discussion, we learned that physicians want to use these meetings as an open policy forum to help shape CMA’s advocacy work. You spoke — and we listened. Our 2019 meeting will include the Health Summit, an in-depth policy discussion within the context of General Council, and the Annual General Meeting.

The annual meeting is just one way the CMA is engaging with its members on policy and advocacy discussions. Members can submit policy proposals year-round, ensuring that timely issues are considered and acted upon.

Members can also participate in Communities of Interests. The initial group of communities will focus on sparking change in Indigenous health, gender equity, the health of marginalized communities, medical assistance in dying and substance use. Grants to support communities of interest will be awarded next year, and the CMA will be launching a virtual platform where even more communities can be hosted and supported online.

We’re also making our way to you, in different regions of our vast country. We will be hosting regional member forums in early 2019, where we’ll connect directly with our members. We hope to see many of you as we make our way across Canada.

Dr. Gigi Osler, CMA President
When she took the stage at the Annual General Meeting of the Canadian Medical Association (CMA) this past August, Dr. Gigi Osler knew she was taking a leadership role in an organization and a profession that was facing significant change.

"Change isn’t easy, but it’s necessary, especially in the world we find ourselves in. And sometimes we have to disrupt the way we’ve always done things to find a better way moving forward," she explained to an audience of physicians who had gathered in her hometown of Winnipeg. While some people see the road ahead for the medical profession as a daunting challenge, Dr. Osler chooses to see this as an important opportunity.

To understand her passion for medicine, look no further than her upbringing. Dr. Osler was born and raised in Winnipeg and is a proud promoter of “The Peg.” Her mother was a nurse and her father a family physician. If that wasn’t enough, her great, great, great uncle-in-law was the famous Sir William Osler. Take one look at her family tree and there’s no question she was born to be a leader in medicine.

A graduate of the University of Manitoba, Dr. Osler is the head of the Section of Otolaryngology – Head and Neck Surgery at St. Boniface Hospital and is an assistant professor with the Department of Otolaryngology – Head and Neck Surgery at the
University of Manitoba. She has also taken her expertise internationally, working with Canadians Helping Kids in Vietnam and volunteering to help train other surgeons in Africa.

So, as CMA president, what are her priorities for the next year?

“What we’re looking to do is change medical culture to make it a healthy place for everyone,” she told her colleagues at the AGM. This means creating a healthy workforce and thinking innovatively about physician health and the strategies needed to improve it. She knows Canada’s physicians are burnt out and that this can influence the care that patients receive. She understands that healthy physicians lead to quality care for patients.

As a woman of colour, she also hopes to work toward more diversity in the profession, including more representation of traditionally under-represented groups in leadership roles. With women representing 55% of medical students in Canada, the face of medicine is changing, which offers the potential for a more inclusive workforce that can provide exceptional care to Canadian patients.

Supporting the CMA’s advocacy will also be an important part of Dr. Osler’s role. She hopes to continue the association’s work on cannabis, the opioids crisis, seniors care and much more. In connection with these efforts, the CMA hopes to advocate for sufficient postgraduate training positions while it continues to work with provincial, territorial and federal governments to help improve our overall health care system.

Lastly, she hopes to continue working with her colleagues on a range of important issues as the CMA enters a new era of engaging with its members. “Communities of interest and member proposals are just two of the ways we are empowering our members to make a real difference in Canadian health care,” explains Dr. Osler. As we head into unfamiliar territory, Dr. Osler recognizes that first and foremost, the CMA will continue to be a strong national voice of the profession.
Improving Organizational Culture to Support Patient Safety

By Dr Tom Lloyd, LLM, MB ChB, MD, MRCS, MFFLM
Director, Saegis Safety Institute

While there has been a great deal written about organizational culture recently, it is still difficult to define and a complex concept for leaders to tackle. Yet there is evidence that it is a critical issue that must be addressed to improve patient safety.

A flawed organizational culture in a healthcare context adversely affects teamwork and communication, and consequently increases risk and impacts safety. The Joint Commission has estimated 80% of serious medical errors involved miscommunication between caregivers during transfer of care.

A hospital culture felt to be unsupportive, unfair and blame-focused will often engender disruptive behaviour, which is also known to have a negative impact on patient safety as it leads to ineffective care and poorer clinical outcomes.
Conversely, substantial improvement to hospital culture can successfully improve organizational outcomes and patient safety. The challenge for institutional leaders is how to bring it about. It has been reported that to achieve cultural improvement, organizations need to foster a learning environment wherein assessment of errors and incidents is consistent, transparent and not just punitive. This requires sustained and visible support by management for teams, as well as promotion of psychological security and the ability to safely speak up when individuals feel something is wrong.

The concept of installing a “just culture” has for many years, in a number of industries, been seen as an effective way to meet this need. It combines law, human factor science and system design, and focuses on shared accountability between team members and leaders, while also taking into account the interplay between behavioural choice and system design.

One approach to instilling a more just culture is through an investment in training. For example, one program, Just Culture Certification by Minneapolis-based solutions firm Outcome Engenuity, has been very successful worldwide in turning around flawed cultures in high-risk, safety-driven industries, such as aviation and manufacturing as well as healthcare. The program aims to lead organizations away from judging events on the severity of the outcome to understanding the root causes and learning from the error. Through a mix of online learning and in-person course work, it is intended to provide knowledge and tools for leaders and teams to establish a more open and fair culture. One key tool of the program is the Just Culture Algorithm™, a decision-making tool for managers to determine consistent, appropriate and constructive responses to an incident or error.

In Canada, the just culture concept appears to be gaining traction, and training is now more accessible due to a recent partnership between Outcome Engenuity and Saegis, a subsidiary of the Canadian Medical Protective Association (CMPA). Through this collaboration, Saegis now offers a range of Just Culture courses and programs onsite at hospitals across Canada.
Dear Doctors,

On behalf of the staff at Doctors Manitoba, we want to extend our sincere gratitude to all those who contributed to the development of our proposal for the upcoming Master Agreement negotiation.

We are very thankful for the contributions from the blocs and working groups, the chairs and the members, and to individual physicians who sat down with us to help frame the best possible ideas for a go-forward plan.

Consultations over the past year have been extensive. Doctors Manitoba staff travelled nearly 15,000 kms to meet with physicians across the province. Despite your busy lives, you attended over 200 meetings and reviewed 3,612 tariffs, with 167 physicians involved in fee-for-service working groups, and many others involved in alternate funded and regional meetings.

The numbers are staggering and speak to the dedication you have to ensuring a better future for all physicians.

At Doctors Manitoba, we are putting our strategic plan into action; our values of unity, influence, foresight and professionalism are truly exemplified in the contributions made towards developing the Master Agreement proposal.

With this new proposal, we enter into negotiations with the confidence that the physicians of Manitoba are positioned for the best possible outcome.

With deep respect,

Allison Crolly, Chief Negotiator, on behalf of the team at Doctors Manitoba
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With this new proposal, we enter into negotiations with the...
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Sean Kliewer
CEO

If you are interested, please contact Dr. Rob Kippen at rkippenmd@mymts.net

PHYSICIAN VOLUNTEERS NEEDED!

Manitoba is part of a national movement to help protect youth participating in sport from the effects of concussions and we need your help.

The Province of Manitoba, in conjunction with Sport Manitoba, has initiated the process of bringing into law The Concussion in Youth Sport Act, which addresses concussions in youth in amateur, competitive and school-based sport.

This Bill will require provincial sport organizations to adopt a return-to-play protocol for youth athletes who sustain or are suspected of sustaining a concussion. This protocol requires coaches to remove athletes suspected to have sustained a concussion from play until medically cleared to return and – perhaps more importantly – dictates that young athletes and their caregivers receive concussion awareness information and training.

We need your help in ensuring the information is disseminated and we will provide you with a standardized presentation to familiarize yourself with the content and basic training.

For more information please contact the Sport Medicine and Science Council at sport.med@sportmanitoba.ca or at (204) 925-5750

Canadian Society of Senior & Retired Physicians

Are you interested in being part of a group of physicians who work to create a structure to advocate for physicians who have retired or have remained in practice after age sixty-five? We are currently assessing interest in Manitoba to form such a section within Doctors Manitoba. The group may function best on a provincial-section basis to co-ordinate local activities while having a representative on the national body. The vision is to support, inform, and empower retired and still practicing senior physicians and provide them with a united voice in advocacy issues and an opportunity for social and educational interaction and interchange of ideas. Those interested could meet to chart a path forward.
With **Doctors Manitoba** you’ve got a team advocating for your professional, economic and personal well-being.

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