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NEW President of Doctors Manitoba

Gala Extravaganza: Doctors Manitoba Annual Awards Gala 2019

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Board of Directors

District Representatives

6. Pending
   - Grace
7. Dr. Michael Boroditsky
   - Health Sciences Centre
8. Dr. Gerhardt Visser
   - Brandon
9. Dr. Ginette Poulin
   - Misericordia
10. Dr. Mark Boroditsky
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11. Dr. Meyer Nell
    - Assiniboine
12. Dr. Alon Altman
    - University Medical Group
13. Dr. Kelly Kaita
    - Health Sciences Centre
14. Dr. Selena Papetti
    - Eastman
15. Dr. Joel Myhre
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16. Dr. Elizabeth Thompson
    - Central
17. Dr. Yvette Emerson
    - Interlake
18. Dr. Marie Noel
    - Northern
19. Dr. Edin Tunovic
    - Concordia
20. Dr. Esther Kim
    - Professional Association of Residents and Interns of Manitoba
21. Dr. David Cram
    - CMA Board of Directors Representative
22. Ms. Fatemeh Bakhtiari
    - Manitoba Medical Students’ Association

Executives

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   - President
2. Dr. Cory Baillie
   - President Elect
3. Dr. Kristjan Thompson
   - Honourary Treasurer
   District Representative
   - St. Boniface
4. Dr. Candace Bradshaw
   - Honourary Secretary
   District Representative
   - Victoria
5. Dr. Shannon Prud’homme
   - Past President
I am honoured to be the new President of Doctors Manitoba and to be working on your behalf over the next year. As we move forward together, I would like to focus on the qualities that I feel are befitting of both physicians and their medical association: compassion, competence, commitment and courage. These qualities were identified by Mr. John Murphy in an article published on MDLinx, entitled “Do you have the 10 qualities that make a good doctor?” (September 11, 2018), whose words I often cite verbatim in the following.

Dr. John Saunders once said “Compassion is the ability to identify with the suffering of another or to imagine ourselves in a similar state.” As Manitoba doctors we must never lose our compassion. I truly believe compassion is what separates the good doctor from the great doctor. But compassion means caring and when we care, we often end up taking our work home with us. Not physically but emotionally. Sir William Osler was right - medicine is a calling in which your heart will be exercised equally with your head. Fortunately, our medical association reflects that compassion – for us and for our patients.

When we measure the quality of a doctor, we have to focus on intellectual skills such as the ability to make a difficult diagnosis, as well as emotional intelligence such as the ability to collaborate and effectively lead teams. Doctors in this province embrace lifelong learning and professional development in order to continuously enhance our skills. Similarly, Doctors Manitoba is recognized as one of the most competent medical associations in this country. I have experienced the competency of staff, I have worked with two CEOs and I will clearly state there is no better team to be found.

As physicians, we are committed to our profession, we are committed to our patients and we are committed to continued self-improvement. But the virtue of commitment is the most difficult to maintain. It is difficult to stay committed when you are continuously being bombarded in an ever-changing environment, when you are not sure what is waiting for you around the corner. Fortunately, our medical association is fully committed to its mission to serve the medical doctors of this province, advocating for their professional, economic and personal well-being. We have done this in the past, we will do so in the future, and we will do so without apology.

Nelson Mandela said, “I learned that courage was not the absence of fear, but the triumph over it.” Doctors in this province have always displayed moral courage - the voluntary willingness to stand up for and act on one’s ethical beliefs despite barriers which may inhibit the ability to proceed towards right action. Moral courage is critical to a doctor’s commitment to act in the best interest of his or her patients. At Doctors Manitoba, you will find courage aplenty. It is an organization built on the principle of taking a stand. It is an organization that will be there for you when your back is against the wall and never back down from advocating on your behalf.

It will be through compassion, competence, commitment and courage that we will make great strides for the profession in Manitoba. We must maintain a united front, now more than ever. It is in this spirit that I want you to share your concerns and insights with me now and throughout the coming year. Please reach out to me anytime at president@doctorsmanitoba.ca

Sincerely,

Dr. Fourie Smith
President, 2019-20
We’ve been busy here at Doctors Manitoba. As we move forward on a dual track of preparing for arbitration while negotiating our Master Agreement, our focus continues to be maintaining unity within the profession. To that end, I want to send my sincere gratitude to all physicians and families who attended our Annual Awards Gala on May 3, 2019. In an environment of government fiscal restraint, it’s important to take advantage of every opportunity to support each other and acknowledge the incredible contributions and sacrifices physicians make each and every day. The gala was an inspiring celebration of medicine in Manitoba, and the award winners showed humility and grace in accepting their much-deserved awards.

We made some changes to the gala this year, which is always a bit risky... new venue, new ticket price, new format, new emcee, and more. The feedback has been very positive, and I am thankful to the board and to our staff for their trust and hard work in making these changes happen so seamlessly.

Any assessment or evaluation of an event must always ask the basic question: What did we miss? I really want to hear from you about the process and product of the Doctors Manitoba Annual Awards Gala.

Have we given you an effective opportunity to nominate your colleagues so they can be honoured for the profound contributions they make to the art and craft of medicine in Manitoba?

Do our current awards reflect a modern and evolving profession?

Have you wanted to nominate someone in the past, but couldn’t find the right fit in our existing categories?

Was the nomination process too vague or cumbersome?

Do you have a suggestion for a process or a type of award we should be offering to showcase the incredible talents among us?

Please take some time to think about this and send me your ideas at ceo@doctorsmanitoba.ca. I want to work with our board over the next year to make our annual celebration even better, and the best way to do that is to ensure the event reflects our mission, vision and values, and the amazing contributions you are making to the health and well-being of Manitoba families every single day.

Respectfully submitted,

Theresa Oswald
CEO

Photo by: Michele Bouvier
In Paris, on April 23, 1910, former U.S. President Theodore Roosevelt gave what became one of his most quoted speeches. The so-called ‘Man in the Arena’ speech, given at the Sorbonne in front of thousands of university students and dignitaries, was a rallying cry against cynics who bashed people who were trying to make the world a better place.

Roosevelt told the crowd: “It is not the critic who counts; not the man who points out how the strong man stumbles or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs; who comes short again and again because there is no effort without error and shortcoming.”

Dr. Fourie Smith has a longer excerpt on a placard hung in his office at Dakota Medical Centre in Winnipeg.

When he is asked about it, the 49-year-old replies it is first of his two favourite quotes. And then Dr. Smith recites the second one:

“It was Martin Luther King who said, ‘The ultimate measure of a man is not where he stands in moments of comfort and convenience but where he stands in times of challenge and controversy.’”

“It’s clear the words and deeds of those two historic individuals have imprinted on the South Africa native. These are words Dr. Smith lives by and is trying, in his own way, to make things better for the world through his patients and alongside his fellow physicians.

And now he steps into a new role which will put him in an entirely new arena. In early May, Dr. Smith was officially installed as Doctors Manitoba’s new President of the Board during the Annual Awards Gala at the Canadian Museum of Human Rights. He takes over the role from outgoing president Dr. Shannon Prud’homme, who served from 2018 to 2019.
Dr. Smith was recruited by the South-Eastman Regional Health Authority to come to Canada and lived in the small rural community for six years before moving to Winnipeg. The couple had two children, a boy and a girl, who are now both teenagers. He and Anza have been married for 25 years. At Dakota Medical Centre, Dr. Smith works alongside a multi-disciplinary team of physicians in a thriving practice. Anza, who has a degree in business and human resources, is the current executive director of the clinic.

Dr. Smith has come a long way from his beginnings in South Africa, and not just geographically. As a teenager back home, Dr. Smith was on a path leading nowhere fast. He was running with a questionable crowd and getting into fights and scuffles, fueled by teenage bravado and underage drinking.

It was the 1980s in South Africa and getting in trouble was not unusual at that time, Dr. Smith explains. Two things ultimately happened to change his life. One was rooted in fiction, while the other was rooted in reality.

As a kid, Dr. Smith loved watching M.A.S.H, the television show starring Alan Alda as Hawkeye Pierce, a rogue, dashing and highly skilled Army Surgeon who saved the day too many times to count.

“Physicians are faced with constant uncertainty. It is challenging to provide care, it is challenging to advocate on behalf of your patients when you don’t know what awaits you around the next corner,” he says.
“Who in high school didn’t want to be Hawkeye Pierce?” says Dr. Smith.

But at age 16, something else happened. Dr. Smith shadowed his family physician for a week. Dr. Smith’s life and attitude was transformed.

He watched his mentor relieve his patients physical suffering, from putting in stitches to giving something for pain. And he watched his mentor relieve emotional suffering, by treating patients to extend their lives or talking to family who had lost a loved one.

“He did this every day for 45 years. Isn’t that amazing?” Dr. Smith says.

Later, the teenage Smith went home and told his mother about his experience shadowing the doctor.

“She said, ‘So, do you think there is anything in the world that comes close to that?’ and I thought to myself, ‘No, there is nothing that even comes close.’”

His path was set. Fast forward to today.

Dr. Smith draws from his past, including that crucial experience he had shadowing the doctor, to inform his new role as president of Doctors Manitoba.

He is a big proponent of the Doctors Manitoba’s Mentorship Program which partners medical students and residents with physicians. The program encourages physicians-in-training and practicing physicians to make life-long collegial and personal connections through informal and more formal meetings and interactions.

Also on his radar: Physician resources in Manitoba. He is keen for a new master agreement to be finalized between physicians and the provincial government. The agreement expired at the end of March but Dr. Smith is confident that “the different stakeholders all have the patients’ best interest at heart and as such I am confident in a timely and satisfactory resolution to the issue.”

“He made me realize in that one week there is nothing more powerful on this earth than the ability to ease another person’s suffering,” says Dr. Smith.
A master agreement is crucially important to recruiting and retaining physicians Manitoba, he says.

When asked about what he hopes to achieve in his year as President of the Board, Dr. Smith pauses. His role is to support and stand behind the organizational goals. He believes strongly in the work Doctors Manitoba is doing and wants to support and bolster that as its new President of the Board.

But with physician physical health and wellness at the forefront of many current discussions, Dr. Smith hopes to not only advance these efforts but also extend them to include a new cohort of people under the umbrella of Doctors Manitoba.

“It’s a cause and an issue worth exploring, says the father of two. “In fact, recognizing the impact on the families of those practicing medicine is long overdue.”

“When we talk about physician health and wellness we all get it, doctors take the blows on a regular basis. But we never stop to think about who takes those blows with them,” he says. “And that’s a big deal.”

“We have never stopped to ask what the effect is on the family when Dad or Mom misses the recital five years in a row or has to cancel a vacation on short notice because a colleague fell ill.”
It was clear that this was no ordinary affair. A group of women, scattered at tables throughout the ballroom, wore brightly coloured feather fascinators in their hair. Baristas at a pop-up coffee bar served late-night lattés to guests. Friends and colleagues wrapped their arms around each other and struck fun poses at the instant photo booth.

The 2019 Doctors Manitoba’s Annual Awards Gala was an affair to remember.

“The gala this year was an EVENT,” says Past-President Dr. Aaron Chiu. “Past galas were pleasant events but this year was fun and exciting.”

This year, Doctors Manitoba moved the AGM and gala to The Canadian Museum for Human Rights from the Fort Garry Conference Centre, its previous venue. A pre-dinner cocktail party, which included the ‘PRN Punch’ signature cocktail, was held inside the museum’s Garden of Contemplation, a bright, sunlit and open space. Guitarist and singer Keith Macpherson performed while guests mixed and mingled.
After the AGM and cocktail party, guests wandered down the looping walkway inside the CMHR, making their way to the main-floor ballroom, where 40-tables were set beautifully for dinner. The evening had an intimate feeling even though nearly 400 guests attended, making it the largest gala hosted by Doctors Manitoba.

The dinner opened with a special blessing from Anishinaabe elder Dave Courchene. He called on everyone to become more connected to the earth and nature as that connection can actually boost your physical, emotional and spiritual health.

Fit Kids Healthy Kids, a program that encourages and supports kids to become more active through programs and events, also took a bigger role in this year’s gala. Doctors Manitoba has been a long-time supporter of the program. This year, that support was amplified at the gala. A short video about the active-living program was shown and donation cards were tucked inside every gala program.

“Adding new elements, like our video montage and slide show, changing the venue and having a musician playing before and after dinner made this year’s gala lively and refreshing,” says Dr. Shannon Prud’homme, who ended her year-long term as President of the Board at the gala. (Dr. Fourie Smith was officially inducted as Doctors Manitoba's new President in a special passing on the Chain of Office ceremony that night.)

“Especially this year, there was a blend of traditional elements with new elements. Maintaining elements of tradition reminds us of all the great work that has been done in the past by members of the profession as well as the improvements in care and medical developments that have taken place,” Dr. Prud’homme says.

Those traditional elements included the presentation of the Canadian Medical Association Honorary Member Awards. This year’s honorary members include: Dr. Jagmit Arneja, Dr. Allan Becker, Dr. Harold Booy, Dr. Catherine Cook, and Dr. James Ross.
The evening was also a chance to shine a light on the outstanding work of several Manitoba doctors, during the annual Doctors Manitoba Annual Awards ceremony. This year’s recipients included: Dr. Deborah Wirtzfeld, Scholastic; Dr. Don Klassen, Health Administration; Drs. Kenneth Kasper and Laurie Ireland, Health or Safety Promotion; Dr. Terry Colbourne, Resident of the Year; Dr. Gerard McCarthy, Dr. Jack Armstrong Humanitarian (Posthumously); Dr. Wes Palatnick, Distinguished Service; and Dr. Joanna Lynch, Physician of the Year.

“Doctors Manitoba wants to celebrate our members, recognizing their work, their contributions and their visions for better healthcare for the people of Manitoba,” Dr. Prud’homme says. “Being a physician is a tireless job that doesn’t end when you go home at night and recognizing the dedication that our members have for their calling and for their patients is of paramount importance. We value our members for their contributions and dedication and we want to celebrate this.”

The celebration included at least one touching moment during the evening. Dr. McCarthy’s Humanitarian award was accepted by his son, Dr. Brendan McCarthy. He spoke about the dedication his father, an ob/gyn, had for his patients and his commitment to passing on his knowledge to new generations of physicians. After Brendan’s speech, about 30 of the late physician’s colleagues, mentees, and former residents, who all purposely came en mass to the gala, gave a long standing ovation.

“It is the evening we celebrate our colleagues for their achievement, recognizing those who deserve recognition and who often may not receive the daily accolade they deserve for their dedication to their patients and to the profession,” adds Dr. Chiu.

This year’s gala also had some new faces.

“There was a greater cross-section of medical professions at the gala: from students, residents, practicing physicians and retired physicians,” says Dr. Chiu.

Indeed, Dr. Chiu’s wife, family physician Leslie Chiu purchased a table for the evening and invited a group of first and second year-medical students.
“Our eldest daughter is in the first year class and the students were her friends and classmates. That made the evening more special for us. We got to experience it through the eyes of our most junior colleagues! And they were excited and thrilled to be there and to hear the stories of award recipients,” says Dr. Chiu, a neonatologist.

Many awards recipients also brought their children and grandchildren, including some infants. The multi-generational crowd added a dynamism and energy to the mix.

After dinner, the museum opened its main-floor Mandela exhibit and guests walked through the powerful and moving tribute to the anti-apartheid leader. Musician Keith Macpherson entertained the crowd, bookending the celebration with his live music.

The new-and-improved gala has set a new standard for how Doctors Manitoba celebrates and recognizes physicians in this province.

While doctors may have lost some opportunities to connect with one another as they dedicate more and more time to their patients, “we are a community,” says Dr. Prud’homme, “and we need space as a group to congregate, celebrate and commemorate. The gala provides such a space and hopefully over the next few years as we continue to refresh the evening, the value to our members will grow and along with that I hope we outgrow the current venue.”
Manitoba Schools Science Symposium

Over 400 grade 4 to 12 students attended the 48th annual Manitoba Schools Science Symposium (MSSS) at the Max Bell Centre on the University of Manitoba campus from Friday, April 26th to Sunday, April 28th, 2019. On Friday, the students participated in interactive and hands-on science activities designed to stimulate their interest in Science, Technology, Engineering, Art and Math (STEAM). On Saturday, the students presented their projects and received feedback from over 150 judges hailing from industry and academia. The winners were announced on Sunday during the Grand Awards Ceremony. Doctors Manitoba sponsored the awards for the Best Group and Individual projects at each grade level, as well as three of the MSSS representatives for the Canada-Wide Science Fair that was held in May, in Fredericton, New Brunswick.

Award Presenter Dr. Cory Baillie

Doctors Manitoba is proud to be a major sponsor of the 2019 Manitoba Schools Science Symposium. Doctors Manitoba sponsored the following categories. Congratulations to all the winners.

Best Overall Group Elementary
How to Kill Bad Bacteria at Home?
Students: Sarah Mohamed and Roaa Yousif
School: Ecole Julie-Riel

Best Overall Group Junior
The Stain of My Existence
Students: Beta Hodgkinson and Olivia Render
School: The Laureate Academy

Best Overall Group Intermediate
Iodine Photochemistry
Students: Sean Ticsay and Eunice Fabricante
School: Sisler High School

Best Overall Group Senior
Absorbance of BIDIPY in Acidic Solutions
Students: Nhu Nguyen and Gabriel Cohen
School: Shaftsbury High School
Best Overall Individual  **Elementary**
What Colour is your House?
*Students*: Aiyaan Faisal  
*School*: Samuel Burland

CWSF & Best Overall Individual  **Junior**
Master your Mind: Determining Cognitive Abilities of Individuals Through Associative Memory Games
*Students*: Annika Paliwal  
*School*: Acadia Junior High

Best Overall Individual  **Intermediate**
Improving Current Stock-Trading Infrastructure Using a Peer-to-Peer Blockchain Network
*Students*: Sparsh Agrawal  
*School*: Fort Richmond Collegiate

CWSF & Best Overall Individual  **Senior**
Regulation of Periostin Gene Expression by Scleraxis
*Students*: Leah Schwartz  
*School*: University of Winnipeg Collegiate

CWSF7
Can a Computer Diagnose Diabetes?
*Students*: Angelo Giovanni Gaillet  
*School*: Shaftsbury High School
Dr. Stephane Lenoski comes to the final slide of his presentation. He has been speaking to a room full of delegates, including experts from the United Nations, at the International Conference on Physical Literacy which was held at the Fort Garry Hotel in Winnipeg in early May. He pauses, choking up for a moment. The final slide is a photo of high school students in Winnipeg. They’re inside their school’s large fitness centre.

“I was asked to give a health literacy presentation to students at Fort Richmond Collegiate and as I walked into the school I was astonished to see almost 100 students working out with their teachers. Look at this program. The school has a gym, and offers free yoga, spinning, and TRX classes to all its students. These courses are all supervised by the school’s physical education teachers, two of which are former University Sport Athletes. It was beautiful to see. Kids of all shapes and sizes were all engaging in physical activity. It was inspiring,” says Dr. Lenoski.

“Because of this program, the 1,000 students who attend this high school are going to know how to be physically literate for life. Think of the impact that this will have. Every one of them will know how to avoid chronic diseases through exercise,” says Lenoski.

The conference crowd, made up of exercise, sports and active-living professionals, educators, academics and advocates from across Canada, the States, and farther afield, enthusiastically applaud his passion for the cause.

This high school program, which gets kids to be physically literate early on, so that they keep active and ultimately healthy for life, is a promising sign for the future. But Dr. Lenoski — who is a family doctor, sports medicine physician, and an exercise physiologist — wants more.

He wants more doctors to write exercise prescriptions for their patients with chronic diseases who haven’t been as fortunate to know what it is to be physically active. And he wants more support for physicians to help refer these patients to exercise professionals.

In addition, he says that the number needed to treat (NNT) for one patient to meet the Canadian Exercise Guidelines through exercise counselling is 12, compared to 50 to 120 for smoking cessation.

“Unfortunately, most of the patients we see as physicians are on the other end of the health spectrum. They are plagued with chronic diseases, mental health conditions, are smokers, and cannot afford to get a gym membership or to see an exercise professional, which is not covered by medical insurance,” says Lenoski, who is a preceptor at Legacy Sports Medicine and the vice-chair of the Doctors Manitoba Physician Health & Wellness Committee.

These patients, he explains, are in the pre-contemplative phase of lifestyle change.

The stages of lifestyle change are: pre-contemplative, contemplative, preparation and action.
“If physicians can help their patients progress through the stages of lifestyle change there is a chance that these patients will become physically active,” says Lenoski. This is a “massive opportunity” for physicians to influence these patients. However, the professional exercise community often has no access to these patients.

Moreover, Lenoski explains that exercise has benefits for the treatment and prevention of 42 chronic diseases, including: hypertension; diabetes, cardiovascular disease, osteoporosis, osteoarthritis, mental health and many cancers, to name a few. And exercise, he says, “is as effective as its pharmacological counterpart in the treatment of hypertension and diabetes.”

“Type 2 diabetes has now reached epidemic proportions. This represents a failure of our health care system to provide an organized, structured lifestyle intervention program for patients who so desperately need it,” says Lenoski.

And he’s in a good position to make people listen. Lenoski played 4 years in the Western Hockey League. He was a three-time, Canadian Inter-University Sport academic all Canadian in men’s hockey and represented Canada at the 2009 World University Games in men’s hockey in Harbin, China, earning a silver medal. These experiences taught him how to be physically active. Today, he stays active by biking, running, snowshoeing, walking his dog, weight lifting, and interval training.

Lenoski’s credentials as a physician and exercise physiologist put him in a unique position to help bridge the gap between medicine and active-living literacy. He is believed to be the first fully practicing family physician/sports medicine physician/exercise physiologist in Canada.

He is also part of the National Exercise is Medicine Working Group. The group’s goal is to implement an exercise prescription curriculum at all medical schools. He would like to see mandatory exercise prescription and exercise physiology curriculums in Canadian medical schools and residency programs, so that every physician will have the training to appropriately tailor an exercise program for their patient no matter their specialty.

Lenoski sees a simple solution to a complex problem: getting people to move more, get active, and stay active.
What drew you to rheumatology? Why do you like this specialty?

As I was entering my rheumatology residency, we were just entering the era of biologic therapies in rheumatology. It has been exciting to see the immense changes we have been able to make on the lives of those with rheumatic diseases that previously had been refractory to all therapies.

I also had some excellent mentors at University of Saskatchewan who were staff rheumatologists while I was making decisions about my career. (Dr. Baillie will attend his 25-year medical school reunion in June in Saskatoon.) They definitely aided me in my choice of subspecialty. That's why I feel that the Doctors Manitoba Mentorship Program is so valuable. The insights and wisdom of experience that mentors can provide to their more junior colleagues can be invaluable in helping provide guidance regarding some very important career and life decisions.

What do you love about being a physician?

There's no better feeling than the reward of seeing someone who was just diagnosed with a new rheumatic disease, who had been having difficulty with even basic functioning, returning for follow up, and they feel like their life has been given back to them, because they feel so improved.
What do you find most challenging about being a physician?

As rheumatologists, we most frequently deal with chronic diseases. Although our treatments have become markedly better during the 20 years that I have been in practice, complete disease remission is still an unmet goal for most of our patients. The challenge of being unable to meet our patient’s expectations is one we face daily, and yet doesn’t become any easier.

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

If Kevin Cheveldayoff’s job ever becomes available I’d love to try my hand as GM for the Jets. Seriously though, I considered public administration and economics during my undergrad years at U of S, so I might have pursued something in either of those fields.

What do you like to do in your spare time?

I enjoy staying active. Golfing, curling and going to the gym. In summers, I love getting away to our cottage at Clear Lake in Riding Mountain National Park. In the winter, you’ll find me at Bell MTS Centre cheering on the Jets. This season finished about two months too early though.

What is something people would be surprised to know about you?

I won a coveted blue jacket as a member of the 2004 Canadian Medical Curling Bonspiel championship team.

What are you passionate about?

I truly enjoy having the opportunity to share my experience with junior colleagues like medical students and residents. As I enter the back nine of my medical career, I am energized by being able to teach from my successes and failures with students and residents.

What's your favourite place in the world to visit and why?

We love going to new places, experiencing different cultures and having great food and wine while we do. We’ve (with his wife Leah, a periodontist) just returned from a trip to Japan for cherry blossom season. Fantastic! We’ve enjoyed all of our vacation travels but I’d probably say that Paris is my favourite.

Who do you admire the most?

I admire those who face up to a challenge with hard work and perseverance.

What do you think is the most pressing issue facing the profession of medicine right now?

I think technology will change the practice of medicine beyond anyone’s current imagination. We have seen disruption of so many industries by the digital revolution. Health care has been only minimally affected to date, but artificial intelligence and virtual medicine will transform both the practice of medicine and the expectations of health care consumers. I’m proud that both Doctors Manitoba and the CMA have been taking a leadership role in learning and educating about how this will result in change for physicians and their patients.

What places would you like to visit that you haven't visited yet?

I’ve wanted to visit both China and Russia for some time.

Why has it been important for you to have a role at Doctors Manitoba?

It’s important for me as a physician to know that I have a united organization that’s advocating on behalf of the profession so that we can best serve our patients and communities. I’m very proud that my colleagues have entrusted me to serve in a leadership role. In addition, however perhaps selfishly, my work with Doctors Manitoba contributes to my own personal physician wellness. I enjoy that my work on the Board of Directors gives me the opportunity to exercise a different part of my brain compared to my day to day clinical medicine work.
As part of the Canadian Medical Association’s (CMA) commitment to building more connections with its members, it’s fitting that the theme of this year’s CMA Health Summit is “Connected in Care.”

Through panels, keynotes and policy discussions, we’ll be connecting with our members, patients and other stakeholders on some of the most pressing issues in Canadian health care: how to tackle the barriers to implementing virtual care, how to better integrate services for our most at-risk populations, and how to get health back on the agenda during this fall’s federal election.

To ensure participants have the chance to join the discussion and share their insights, we’ve extended the length of this year’s sessions and set aside more time for audience interaction.

With more than 700 participants expected – from physicians to patients to policy-makers and innovators – the summit is also a unique opportunity to connect with others. Attendees with specific research interests or goals can use the CMA Event App to find like-minded participants, while the Grand Central area provides a meeting place to network between sessions and catch small-scale presentations on a variety of topics.

The PTMAs and our other partner organizations will also have a space within Grand Central: a digital interactive display wall showcasing provincial and territorial success stories, change-makers and innovators through videos, infographics, demos and more.

We’re proud to announce that this year’s summit is also Patients Included Accredited. Patients are an integral part of our event: we have incorporated patient feedback into the program, included patient representatives on the panels, and made sure the event is fully accessible.

I look forward to getting “Connected in Care” with many of you this August in Toronto. For more information on this year’s event, please visit cmahealthsummit.ca.
Inadequate disclosure can make a patient feel that his or her clinical, emotional, or information needs are not being met. Poor communication is recognized as a leading cause of patient dissatisfaction overall. Moreover, data from the Canadian Medical Protective Association show that communication issues are often present in medical-legal cases in which the clinical care met the standard, highlighting the importance of provider-patient communication following an event.

**Patient-centered communication**

Discussion of an unexpected clinical outcome must occur when a patient has suffered any degree of harm, there is potential for future harm, or there will be a change in the patient’s care or monitoring. This discussion can occur in stages, with the initial disclosure made as soon as reasonably possible, focusing on the available facts and next steps for further care. Following an appropriate fact finding process, a further discussion will focus on the reasons for harm based on the known facts[1].

Although disclosure is a team function, who should be involved in and who should lead the discussion depends on the circumstances of the event. The leader can be the healthcare professional who feels most responsible for what happened, the one with
the most information, or one that the patient trusts. If the most responsible healthcare professional cannot attend the discussion, this should be explained to the patient.

When the need to communicate an unexpected clinical outcome has been identified, team members responding should:

- Attend to the patient’s clinical needs and address any immediate safety issues
- Plan ahead for the discussion to:
  - Involve an accountable leader or disclosure consultant, if needed
  - Anticipate questions (but do not script the discussion)
  - Determine if the patient requires an interpreter or other skilled personnel, or would benefit from having a caregiver present for the discussion (note that consent must be obtained ahead of time)
- Support team members during the disclosure discussion
- Listen to the patient and express compassion at every encounter
- Acknowledge and apologize within the context of what is known
- Commit to improve or gather more information, as the situation warrants

Above all, healthcare professionals should avoid speculation and blame.

Communicating bad news to a patient is one of the hardest things a healthcare professional faces in practice, but proper support from leaders within a culture of accountability can help team members work together to achieve patient-centred disclosure.

Accountability in a just workplace culture

Just culture balances system and individual accountabilities. In just cultures, leaders are responsible for improving processes and for modelling and managing behaviour. For their part, individual healthcare professionals are responsible for fostering that culture, making sound behavioural choices, reporting vulnerabilities and events, and contributing to system improvements. This approach acknowledges the potential for human error and the innate fallibility of humans and complex systems. A Just Culture also allows for management of unexpected outcomes in a psychologically safe environment that respects the individual and values feedback and learning. In this setting, the goals of disclosure are focused on learning and preventing a similar event from recurring, not on punishment [2].

Because psychological safety reframes how events are viewed, teams are free to coordinate meaningful patient disclosure when the need arises.

In today’s complex healthcare environment, disclosure is everyone’s responsibility. A culture of accountability that supports individual team members can help reduce unnecessary variation when communicating unexpected clinical outcomes to patients.

Saegis offers courses on Communicating Unexpected Outcomes for clinicians and leaders, as well as a range of programs related to just culture and communicating with patients. To learn about current offerings, visit our Programs for Physicians and Healthcare Professionals page.


Passages

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<td>Dr. Alan Rich</td>
<td>January 21, 2019</td>
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<td>Dr. Lloyd C. Bartlett</td>
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<td>Dr. Gwilym H. Evans</td>
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<td>Dr. Constantine (Tino) Ethans</td>
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