Breaking Down Barriers: Black Medical Students Association

Meet New Doctors Manitoba Board Members

Improving Physician Health and Wellness for Manitoba Doctors

Balancing increased connectivity and cybersecurity
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SERVING PHYSICIANS,
ADVOCACY
AND PERSONAL WELL-BEING

OUR VALUES
UNITY, INFLUENCE, FORESIGHT,
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As our pilot project to launch evidence-based physician health and wellness programs in Manitoba gets off the ground, I am truly optimistic about the strides we are making to combat physician burnout. The loss of joy in the workplace and the erosion of overall physician wellness is an occupational hazard we are no longer willing to ignore or accept.

This 3-year project will assess the environments and systems in which physicians work and will identify achievable changes which can be implemented at both organizational and system levels. We will be identifying community-specific needs by engaging with you, health care administrators, and other community stakeholders in three specific communities with the goal of incorporating the successful outcomes of the program into the core operations of Doctors Manitoba.

Make no mistake, while the challenges physicians face may be obvious, the solutions are far from simple. Access to resources and ongoing system changes continue to be contributing workplace stressors affecting both physician and patient health. With a shortage of ICU beds and nurses, changes to workflow, coverage models and more, it is clear that the provision of critical care and general healthcare continues to suffer in this province and there are no quick fixes within reach.

As always, Doctors Manitoba continues to work closely with the RHAs and Shared Health, advocating on your behalf. Alongside our ongoing efforts, this new project will bring local health authorities, physicians and administrators together to better understand how various health systems can improve your health and wellness. In spite of these challenging and uncertain times, what is certain is our dedication to creating meaningful change to the environments in which physicians work. The learnings from this pilot project will inform future health and wellness planning and enable us to contribute to improving the culture and practice of medicine in Manitoba.

Sincerely,

Dr. Fourie Smith
President 2019/20
Winston Churchill once suggested “however beautiful the strategy, you should occasionally look at the results,” and I agree with him on this matter wholeheartedly. As we find ourselves already quite deep in the re-imagination of the strategic direction for Doctors Manitoba, I am keenly focused on taking stock of the successes and challenges of the past to ensure our plans going forward yield the results our members want and need.

The sun will set on our current strategic plan in the fall of 2020, and you have seen several messages from us asking you to engage in the dialogue as we shape our direction for the next few years. Our board is committed to developing a strategic plan that reflects your ideas and rises to your call for a new way of doing business. While we have seen solid performance throughout our negotiation of Master Agreements and other contractual matters in the years gone by, you are telling us that we could be even more for you, and we take those suggestions seriously.

Documented issues regarding physician health and wellness across the country have inspired us to engage with the Canadian Medical Association to start a new project with and for physicians in our rural and northern communities. Significant restructuring activities by the government have been a source of considerable upheaval in the system, and you have been clear that you want physician voices heard at the tables when these decisions are being made. Discussion about access to a more accessible locum service has led to the negotiation of resources for and involvement by Doctors Manitoba to improve what is available to Manitoba physicians who need to take time away. All of these ideas have come from you, and have shaped our activity over the last year.

I encourage you to lend your voice to additional upcoming engagement opportunities as we work to shape the new strategic plan. Your insights and challenges must be at the heart of all that we do. We will listen carefully to your ideas and input, and we shall make even Churchill proud in our efforts to focus on results.

Respectfully submitted,
Theresa Oswald
CEO
Dr. Biniam Kidane stands at the lectern in a theatre inside Max Rady College of Medicine at the Health Sciences Centre.

The thoracic surgeon is speaking to about 100 undergraduate university students and high school students of colour who are considering careers in medicine. Medical students and residents of colour are also in the crowd at the Black Health Symposium.

His message is simple yet complicated all the same.

“We're all told we can be anything we want to be but those are just empty words in many ways. We may intellectually receive that message but in reality it can be hard to truly grasp it at our core. We, and more specifically our potential, are all shackled by the limits of where we see ourselves going,” Dr. Kidane tells the assembly.

When he was a child in Toronto, he met his family doctor, who was Ethiopian, and Dr. Kidane’s own proverbial chains were broken, he explains. Before that moment, he had just accepted as a fact of life that black people were not doctors in Canada, he says. Seeing that self-representation at the doctor’s office was pivotal to breaking a mental chain, he says.

“The breaking of those chains is a lifelong process,” adds Dr. Kidane, who immigrated to Canada from Ethiopia as a youngster.
Dr. Kidane encourages the young adults in the crowd to break their own mental chains and to help future generations also unshackle themselves.

The thoracic surgeon is delivering one of the keynote speeches at the Black Health Symposium, a one-day conference and information session to inspire more young people of colour, particularly black students, to pursue careers in medicine. The day-long event also featured talks from Markus Chambers, Winnipeg’s deputy mayor, Dr. Marcia Anderson, an internist and the WRHA’s Medical Officer of Health, and a panel of medical students and residents, fielding questions about how to get into medical school, what to expect, how to manage your student and personal life, along with a host of other topics.

“*The best part is seeing these kids, so enthusiastic, so forward with the way they are asking questions,*” says Amir Ali, one of the organizers, and a 4th year med student who is interested in emergency medicine.

Ali, along with 4th year medical students Achieng Tago, Helen Teklemariam, and Yohanna Asghedom, started the University of Manitoba’s Black Medical Students Association (BMSA) in early 2019. The symposium was the first large event the group has held. The event was also sponsored by Doctors Manitoba and the Canadian Medical Association.

The symposium was a way to “pay it forward,” adds Achieng Tago, a co-organizer of the event and a co-founder of the BMSA. It’s her responsibility and duty to step up and make the path easier for those who come after her, Tago says.

And the BMSA, through this symposium and the work to come, is also paving the way for the next generations of physicians of colour.

The BMSA, says Ali, was formed because they noticed a “lack of diversity in the physicians present in our health-care system.”
“We often see ourselves reflected in other staff in the hospital but not as physicians on the health care team.”

The group wants to try to improve this lack of representation, Ali says.

Today, the BMSA has 13 members, and they are taking “the upstream approach by reaching out to young adults in the community while they are in high school and university,” Ali says.

“We provide mentorship and resources to bridge the gap between thinking about a career as a physician and actually going through and succeeding in making that dream a reality for them.”

The group also takes a long view.

“Studies have shown that increased diversity among the health care team directly relates to better patient care and better health care outcomes,” he says.
Studies have shown that increased diversity among the health care team directly relates to better patient care and better health care outcomes.

The U of M has also identified this need for more diverse medical students, and has changed its admissions process to try and increase diversity, says Ali.

If just one student comes away from the symposium and ultimately goes into medicine, that will mean we have been successful, adds Ali.

Looking ahead, the BMSA hopes to host an annual symposium to reach out to more young students contemplating careers in medicine. The group also hopes to connect with other black medical student groups across Canada. In the immediate future, they will follow-up with participants at the summit to offer advice, support or simply answer questions about how to navigate the application process and pre-requisites.

That help, says Ali, can be instrumental in getting more black students into medical school.

It can “help youth avoid costly errors that could ultimately prevent them from achieving a career in medicine; errors that may be as simple as how important your first year of university is, but also what type of extra-curricular portfolio to build over the pre-application years,” Ali says.

Along with his fellow BMSA members, he is already well down the path to become a physician and if he can help young people follow his footsteps or clear the path in any way, then it’s worth it.

“That’s why we are doing this, the need is there, so let’s see how we can blow that door open and remove the barriers.”
Dr. Alon Altman grew up in Port Coquitlam, B.C. and finished his Bachelor of Science in Honours Genetics and Doctor of Medicine at the University of British Columbia in 2004. He then went on to complete residency in the Department of Obstetrics and Gynaecology at Dalhousie University in 2009 and his fellowship in Gynecologic Oncology at the University of Calgary in 2011. He currently works as a Gynecologic Oncologist and Associate professor at the University of Manitoba, and the Winnipeg Health Sciences Centre/Cancercare Manitoba. He is the director of education for the Society of Gynecologic Oncology of Canada (GOC), the program director for the department of Obstetrics and Gynaecology, chair of the University Medical Group (UMG), vice chair for the Medical Management Safety Committee (MMSC) at CancerCare Manitoba, and the co-chair of the Canadian Obstetrics and Gynecology Review program (COGRP). His clinical research interests involve gestational trophoblastic disease, hormonal management of malignancy and postoperative clinical care.

What are the challenges facing doctors today that keep you up at night?

I think that the biggest challenge doctors face has to do with patient care and administrative/educational responsibilities. From a patient care perspective, I am concerned when what I consider appropriate care is not available for the people of Manitoba yet is approved elsewhere. This varies from testing to accessible treatments to new technology. From the administrative/educational perspective I see many colleagues working hard to lead teams, teach learners, and do research, yet do not have appropriately allocated time and reimbursement. Many are approaching burnout. Some have dealt with this by choosing to not be involved, which in turn weakens our education system and puts more strain on fewer individuals. While I am still not sure what the right answer to this is, I think we have to all work together, support our colleagues and push to improve health care and health care education in our province.

How do you hope to create change and represent the interests of physicians in Manitoba?

I hope that I can adequately represent all physicians for the province, GFT and non-GFT alike. I bring a perspective on a specialist physician working in an academic setting as well as the perspective on how things are done elsewhere, having also trained/practiced in multiple provinces. I would like to make sure that I bring any concerns that I hear to the board to address including alternate funding plans, protected research/admin time, educational reimbursement, call stipends and any other issues that arise.

Who are your mentors or heroes?

My heroes are my parents. They immigrated from an oppressive regime and made their way to Canada for a better life. They worked at menial jobs to create a comfortable life for me and my brother, allowing us to succeed in our careers and families. My father worked in a job that did not highlight his education or skills, and my mother opened a successful restaurant without any culinary training or abilities when she started. They had moved to a new country, with very few contacts, no family and no knowledge of the language. I only hope that if I was faced with the difficulties they had, that I could adapt and succeed as well as they did.

How do you unwind after a hectic day?

True unwinding involves watching movies with my kids, reading books or painting. The definition of hectic has changes over time, and it keeps changing. I had thought I was busy as a resident, then worse as a fellow, and both don’t compare to my current work. I have learned to say no and to focus on specific tasks that I really enjoy or feel have impact. I wish I had more time during the day for my kids. I try to optimize weekend and vacation time with them, and we have spent most of the past summer building a treehouse together.
Dr. Kelly Kaita
Health Sciences District Representative

Dr. Kaita is a third generation Japanese Canadian born and raised in Winnipeg. He attended the University of Manitoba for his medical school training, internal medicine training and finally a fellowship in Hepatology. He was the first Canadian trained hepatologist under the direction of Dr. Gerald Minuk. He also received training at Tokyo University and Western University in the area of liver transplantation. After he completed his training, he started practice at the Winnipeg Clinic where he worked for three years before coming on staff at the University of Manitoba. He currently oversees the viral hepatitis investigative unit and runs the clinical trials unit within the Section of Hepatology. His interest is in the area of viral hepatitis and non-alcoholic fatty liver.

What are the challenges facing doctors today that keep you up at night?

Medicine today is moving so fast and the advances continue to challenge me to keep up to date with all the changes. It seems that doctors continue to face so many new challenges in their daily role that many of us have not been adequately trained on them. This may include advances in electronic charting, new applications to facilitate improved health care delivery and more. Perhaps, the ever-changing climate within our province in the way we deliver health care and where we might deliver it is an unexpected stress that leaves many of us wondering what next challenge will be for us to adapt to.

How do you hope to create change and represent the interests of physicians in Manitoba?

I was humbled by the opportunity to join Doctors Manitoba as a board member to represent the best interests of physicians in my area. I want to be able to have hallway conversations and meetings with members in my area to listen to their concerns and bring these concerns forward to facilitate change. Being given the opportunity to be the voice of my colleagues is a privilege which I will do my best to uphold.

What strengths do you bring that complement the existing Board?

Having been in practice since 1995, I hope to bring to the board the wisdom that I have developed after having seen so many changes in the Manitoba landscape of health care delivery. As one of the academic members on Board, I hope to bring an understanding of the challenges of other research-based members. I have been a director of a large and mostly successful model of delivery of services to a unique population of those needing medical attention. This has allowed me to better understand the needs and challenges of the marginalized population in Manitoba. We need to prioritize the movement of healthcare delivery and ensure a smooth transition for the citizens of Manitoba. Cluster 3

What inspires you in your everyday practice?

Even though I am getting older and more fatigued every day I go into work, it is the love and devotion of my wife and my grown children that gives me the most motivation to continue doing what I do best. I am thankful for my wife Lisa, and sons Brennan, Reid, and Nicholas for all their support. They have been by my side through good times and bad and their unwavering support will always continue to inspire me.

What tools do you use to ensure that you take time for self-care and caring for your family?

Time! There is no better tool than time. Spend it with those you treasure the most and the rest of your life will fall into place.
Dr. Esther Kim
PARIM Representative

Dr. Kim was born and raised in Winnipeg, where she completed both her Bachelor of Science (Honours) and Doctor of Medicine degree at the University of Manitoba. She transitioned residencies from Internal Medicine to Diagnostic Radiology. Dr. Kim has a passion for medical education, and has been involved as a clinical reasoning tutor for the medical school and will be evaluating the “Nightmares Course” for residents in the 2019-2020 year. She is planning to pursue a Masters of Medical Education during her residency training.

What are the challenges facing doctors today that keep you up at night?

I believe that the biggest challenge that doctors face is ensuring we provide and continue to provide the best patient care. Unfortunately, the ability to do this is limited by multiple patient, system, and personal factors. For example, a patient now may have several medical issues with multiple medications. Whether it is in a clinic, emergency department or hospital ward, there is limited time and space for any physician to address everything at once.

How do you hope to create change and represent the interests of physicians in Manitoba?

The most important aspect to creating change is to create a safe space for people to share their opinions and concerns. I hope to be transparent and have open communication with our members. My goal as a new Board member is to represent the extremely hardworking residents in Manitoba. I will be a strong advocate and voice to ensure resident issues are being heard. In doing so, I hope that the resident experience will be improved.

What inspires you in your everyday practice?

I believe inspiration comes from within. The sole purpose of residency is to learn as much as I can so that I can be a capable, self-sufficient physician to provide proper care for my patients. Wanting to be the best physician I can be is my inspiration. I have also been very lucky to have so many physician mentors around me. In particular, Dr. Jillian Horton, Dr. Isanne Schacter and Dr. Lauren Garbutt are my mentors, to name a few. I am very lucky to have met these strong, independent women physicians who have shared their experience and life stories with me. Whether it is a short text or a meet up for coffee, I feel most supported because they are open and genuine about their career paths, and always lend a listening ear. I believe it is very important for medical trainees and professionals to talk about their struggles because that is the best way to overcome difficulties. I hope to be that type of mentor to my colleagues as well.

How do you unwind after a hectic day?

The best way that I unwind after a hectic day is to have quality time with my husband. He is the most supportive partner anyone could ask for. A couple of episodes of Friends also helps!
Dr. Ginette Poulin
Misericordia District Representative

Dr. Poulin was born and raised in Thompson, MB. She went to medical school in Ottawa (Université d’Ottawa) and started her career primarily in Northern Manitoba and surrounding reserves. Dr. Poulin is a Family Medicine Physician and Addictions Medicine Physician. Her practice and leadership roles take her across the province. She is the consult, media and expert advisor in Addictions Medicine provincially and nationally as well as the Director of the Mentorship and Clinical Enhancement Program for IMG, PGME and the University of Manitoba.

What are the challenges facing doctors today that keep you up at night?

Many of us are faced with various challenges throughout our career. In listening to my colleagues and reflecting on my personal journey, I find that time constraints, workload demands, work-life balance, paperwork, politics, and finances are key areas identified as stressors. I have taken on leadership roles to help advocate, strategize and take action to help address and change our health care system for better outcomes for patients and health care professionals. In ways that I can feel I can contribute meaningfully.

What is the most rewarding aspect of your profession?

Helping to improve access to medications, care and services through advocacy and development on multiple levels across the province. I find my heart flutters when I am able to see patients through challenges from diagnosis to management both medically and socially; it’s rewarding to see my patients succeed and overcome, and knowing that I contributed to helping them get there.

What inspires you in your everyday practice?

The people I serve each and every day; whether a patient in my office, a colleague I encounter in the hallway, other health care professionals in the work force, and the public at large - they remind me why I am here and to inspire me to use my ability to the fullest. While we have much to be grateful for as Manitobans and as Canadians, I observe how things can be done differently and I feel strongly that we can do better!

What are your goals as a new Board member?

In challenging times across the province and in our health care system, I want to help to solidify a place for physicians at the table. I will support physicians, the board and team members in any way I can. I’ve been told my energy, work ethic, resilience and principles are what stand out as my strengths. I am also someone who likes to think outside the box and is prepared to challenge the status quo.

How do you hope to create change and represent the interests of physicians in Manitoba?

Given I work and travel throughout all the regional health authorities, I actively listen and observe what is and isn’t working and seek opportunities to offer ideas, suggestions and initiatives for change. I am always prepared to put in the required work and effort, and by participating in provincial and national work, I hope to help bring evidence-based practice and initiatives that have been successful elsewhere to our province.
Dr. Richa Tandon
Grace District Representative

Dr. Tandon was born in India and immigrated to Canada at a young age. She grew up in Winnipeg where she completed all of her training from med school to residency. After completing residency, she moved to Calgary, where she has been for the past 5 years. While in Calgary she served on the Board of Directors for the primary care network for the west central region. She is now establishing practice back in Winnipeg and has special interests in dermatology, lactation medicine as well as pediatrics.

How do you hope to create change and represent the interests of physicians in Manitoba?

I initially applied to be on the board at Doctors Manitoba after being asked by a colleague of mine. I was previously a board member for the Calgary west central primary care network and I enjoyed my time on that board and felt that I had made a difference in the realm of family medicine. Coming back to Manitoba was challenging after working in Alberta. There have been numerous improvements to the health care system here, as well as some degradations. I wanted to get involved because I want to be part of the change that can come through a communal voice of physicians. It’s important to have all types of physicians on the board including specialists and generalists at large.

What are the challenges facing doctors today that keep you up at night?

Some of the challenges for today’s physicians in life include struggle with work/life balance, pleasing patients while making sure we are doing the best for them medically and working with the restraints of an already stretched health care system. These challenges also lead to great victories when we succeed in them. I love my family practice and the diversity that I have been able to achieve since moving back. My greatest encounters are when my struggling patients come back and say “you saw me, you didn’t run and you helped me find my way back.” This is why we do what we do. My hope is that my experience on the board of CWCPCN will help me in promoting the importance of healthy and happy physicians. The happier a physician is often is demonstrated through their work and the success of their patients.

Who are your mentors or heroes?

I look up to my parents as my greatest mentors, who immigrated to Canada with minimal family, twenty Canadian dollars and two young girls. They taught us that working hard, staying focused and motivated would get us far in this world. Every day they are thankful and humble for what this country has given them and their daughters.

What tools do you use to ensure that you take time for self-care and caring for your family?

It’s often hard for me to wind down at the end of the day with a one-year old and three-year old - they make work look easy! But I value my physical health and enjoy working out at boot camps which help me both physically and mentally. I wish I had more time for this but hopefully that will come later. Currently, I am not doing enough to take care of myself but I believe that recognizing that is important. I am hoping on improving my work/life balance, which is a constant work-in-progress.
The Doctors Manitoba Awards recognize the outstanding contributions of Manitoba physicians. Awards are presented at the annual Awards Gala. Recognize those who excel by nominating a colleague today.

Visit doctorsmanitoba.ca/awards to submit your nominations. Nominations are due by November 30, 2019.

The Doctors Manitoba Disability Income Insurance Plan includes coverage for childbirth. You may be eligible to make a retroactive claim if you had this plan at the time of your delivery.

Visit doctorsmanitoba.ca/DI-coverage for details.
The Home for the Summer Program, operated by Manitoba’s Office of Rural and Northern Health, brings medical students to clinics and hospitals throughout Manitoba to gain real-life experience in a clinical setting and with patients.

As part of this program, students complete a research project based on their experience working and living in the various rural communities. Their findings are presented to a panel of physicians who select the winning presentations.

This year, the panelists included Dr. Selena Papetti, Dr. Holly Hamilton and Dr. Don Klassen with opening remarks from Theresa Oswald, Doctors Manitoba CEO and Beth Beaupre, Lead of Shared Health. Doctors Manitoba hosted the event and dinner. Winners received a small cash prize as well as a complimentary copy of the most recent book by former Winnipegger, Dr. Jen Gunter.
“This summer was my second-year part of the Home for the Summer program in Selkirk. The staff and preceptors in the region gave me a lot freedom and ability to come up with my own care plans and treatments compared to the previous year. My skills, knowledge, and abilities were pushed in a way that provided me with great educational opportunities.”

– Cole Kubay, 2019 Winner

“You can only learn so much in the classroom - really learning medicine can only be achieved by experiencing it. I felt that Home for the Summer helped solidify what I had learned in class and made me feel more prepared for starting clerkship.”

- Carrie Bergen, 2019 Winner

“This summer I was able to do the last few prenatal appointments with a patient, and then be present to help deliver her baby. It was so wonderful to be able to share a small portion of that journey with her, and to be welcomed into the birthing room as a member of the care team by not just the staff, but also the patient.”

- Augusta Stobbe, 2019 Winner

“I’m so grateful to all the rural doctors who gave up their time to show me the ropes. I was able to see a range of specialties from family medicine and emergency to anesthesia and general surgery. To me, one of the biggest benefits of the program was the large volume of face to face interactions with patients which played a huge role in improving my interview skills.”

- Kristen Braun, 2019 Winner
As CEO of Doctors Manitoba, Theresa Oswald remembers her reaction when the Canadian Medical Association’s (CMA) national survey on physician wellness was released in 2018. “Can we get the Manitoba data? Can we find out how to better help OUR doctors?”

In the end, the answer was more complex. The themes of the CMA survey – burnout, depression – were not centered in one region. In fact, they existed amongst physicians and residents across the country.

But Ms. Oswald remained convinced that improving wellness for doctors in her province started with understanding their specific challenges. It was this thinking that led to the creation of a new three-year pilot project, to improve physician wellness in Manitoba.

With a funding contribution of $1.022 million from Scotiabank, in collaboration with the CMA and MD Financial Management, Doctors Manitoba is developing a community of practice model to reach out to physicians, health care administrators, and other community stakeholders, to identify specific needs in individual communities. The pilot will focus on Northern and rural communities.

“This community of practice is not going to be about a one-size-fits-all solution,” explains Ms. Oswald. “It’s going to be about hearing the voices of physicians, in a region, that maybe haven’t had as much support or access, and doing concrete things to try to address the specific issues that might be unique to the region. And then scaling it up.”
A key element of this project is the plan to include local health authorities in these communities, so that physicians and administrators can meet face-to-face, to better understand how health systems impact physicians’ wellness challenges. She says as a small association, Doctors Manitoba couldn’t have launched this project on their own, and she’s grateful to CMA, MD and Scotiabank for seeing the value.

The approach being taken by Doctors Manitoba echoes the CMA’s current wellness work and its emerging focus on the institutional and systemic factors that impact physician wellness.

The Canadian Conference on Physician Health, hosted by the CMA in early October, centered on shifting medical culture, and the CMA is currently conducting a national analysis on the state of physician wellness supports and structures across the country.

The CMA has also released a new report - based on data from its 2017 physician wellness survey - linking wellness and the workplace. Physician Health and Wellness in Canada: Connecting behaviours and occupational stressors to psychological outcomes provides an in-depth look at occupational and behavioral factors that may be linked to burnout, depression and other wellness factors.

“The challenge now is to change the environments in which we practice medicine, and the culture in which we practice,” says Dr. Sandy Buchman, CMA president.

Physician health and wellness is a key priority for the CMA. In the coming year, the association will be crossing the country to meet with members face-to-face, to hear their ideas for ways to support wellness, and to build on the work of provincial associations, such as Doctors Manitoba.

For more information, please visit doctorsmanitoba.ca/PHW-partnerships

Please contact general@doctorsmanitoba.ca to get your free copy today!
Family Medicine Resident Retreat

By Dr. Summer Debreuil and Dr. Kurtis Carlson

Each year, the University of Manitoba Family Medicine residents host their annual Family Medicine Retreat. They spend the long weekend experiencing a different community in Manitoba, embracing the local culture and touring the area.

Residents, their family as well as staff members spent the weekend of September 13-15 in Gimli for the 2019 Resident Retreat.

The weekend was a great success, with outstanding feedback from residents and families. The group was greeted with a warm welcome from several local and nearby friendly political figures and was presented with a generous gift basket put together by eleven surrounding communities.

The annual job fair was very informative and everyone had a great time meeting all of the representatives from each community. The evening events, which were all sponsored by Doctors Manitoba, went off without a hitch. On Friday night, the group ventured off the resort for bowling at Bowlers Lane, followed by a karaoke pub night at the local Ship and Plough Pub. The Lakeview Resort conference room was transformed into a Las Vegas Themed Casino Night on Saturday evening, with blackjack, wheel of fortune and many other games.

We left the retreat with a lasting, positive outlook on the region for making us feel exceptionally welcome, and very thankful for all of the sponsors who made the weekend possible.

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Icebowl 2019

IceBowl is the annual can’t-miss event that brings together all five Western Canadian medical schools including the Universities of British Columbia, Alberta, Calgary, Saskatchewan and Manitoba.

The weekend hockey tournament is for all skill levels and aims to provide the opportunity for students to meet and build relationships that will last throughout medical school and beyond. In addition to allowing medical students who play hockey to engage in friendly competition, IceBowl allows non-players to come out and cheer on their classmates and attend evening social events which are great places to make new friends and lasting memories.

This year, IceBowl was held in Winnipeg from Sept. 13-15. Doctors Manitoba was pleased to be able to sponsor this event and along with the Icebowl Planning Committee congratulates the University of Manitoba non-competitive team and women’s teams, and the University of Alberta men’s competitive team for winning in their respective divisions!
Advances in technology continue to shape the practice of medicine in Canada, and small- and medium-sized clinics are at the forefront of this evolution. Presently between 75%–80% of physicians use electronic records and 38%–47% offer patients at least one e-service [1]. Still Canadians, particularly those who belong to younger generations, want more technology in healthcare.

Despite the growing desire for more connectivity with their healthcare providers, patients are concerned about privacy with so much of their personal health data online [2]. For their part, many physicians who are interested in expanding the use of technology in their practice to enhance patient care find themselves faced with a number of challenges, not the least of which is safeguarding patient health information.

Enabling virtual care and electronic communication with patients

A May 2018 survey found that 7 in 10 Canadians say they would take advantage of ‘virtual’ physician visits, and over half of them would prefer to do so for more than half of their physician visits, citing convenience and better overall care [2]. Indeed, virtual care can have many benefits including easier triaging of minor medical concerns from the point of view of clinicians and improved access to care for Canadians living in remote locations or those with physical limitations.

Despite patient demand for electronic communication with their healthcare team and the growing popularity of virtual clinics and e-consultation services in the Canadian market offering almost instantaneous care, physicians in Canada have been slow to implement
these services. A recent 10-country survey of primary care physicians saw Canada rank last in offering their patients the option of emailing about a medical question [3].

In early 2020, a taskforce that includes the Canadian Medical Association, Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada will provide recommendations to address the barriers to virtual care in Canada, particularly those related to regulatory issues surrounding cross-jurisdictional care and the sharing of health information [4].

Whatever this new regulatory landscape might look like, expanding the use of electronic communication with patients and providing virtual care must go hand in hand with changes in a practice’s security culture.

**Prioritizing cybersecurity**

With the expansion of virtual care and electronic communication, the issue of cybersecurity becomes even more important. Currently, the number, significance, and complexity of cyberattacks is increasing in Canada and globally [5] and CMPA members have alerted the association about ransomware incidents affecting their practices and EMR systems. The consequences of a cyber-attack are significant, in terms of interruptions in practice administration and cost – both financial and to a physician or clinic’s reputation. Furthermore, healthcare professionals are realizing that cybersecurity is a patient safety issue rather than just an administrative concern [6].

In the U.S., particular attention has been paid to cybersecurity risks faced by small medical practices given the unique vulnerabilities. These vulnerabilities stem from limited internal expertise and resources in cybersecurity. This is reflected in a desire for shared security management solutions [6]—a situation that is likely similar for small- and medium-sized clinics in Canada.

A 2017 survey by HealthcareCAN found that 86% of HealthCareCAN members said that their organization has detected a breach or narrowly avoided incident [5]. Since then Canadian organizations including HealthcareCAN, ITAC Health, Canada Health Infoway, Digital Health Canada, and CIHR have initiatives underway to raise awareness of these evolving risks.

**Cybersecurity solutions for clinics**

In addition to firewalls, anti-virus applications and other software solutions, there are also tools and training to help clinics with cybersecurity and privacy issues. For example, Saegis, a subsidiary of the CMPA, is developing an online cybersecurity and privacy risk management and education platform specifically designed for the needs of small and medium-size clinics. Information can be found on the Saegis website.

**REFERENCES:**


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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.

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