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Please contact your representative with any concerns or issues.

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Editor, Dr. Richard Bergstrom
PRESIDENT’S CORNER

Dr. Robert Broad

I wish you and your loved ones all the very best in this holiday season

November statements

- Membership fees are more than last year and AMA still has a couple of mail outs to go.

Membership count – As of today EZMSA membership sits at about 1100 members. Non-members would be in addition.

Insurance - Insurance has been purchased for D&O and general liability.

EZMSA has taken great care to have the entire zone well represented. We encourage you to contact your representatives and do not hesitate to call with any concerns.

It is our goal to have all medical staff in the zone join and participate in the activities of this Medical Staff Association.

Happy Holidays and Happy New Year

Letter from the Editor

It was the other night. My wife was out at a volunteer function. I was relaxing at home, reading and enjoying a moment of solitude. She was supposed to finish at 9pm and she had informed me that she was going to drive her fellow volunteer home. I continued to read and watch some television until I realized it was close to 10 pm. She had not returned. My brow furrowed and my breathing became a little bit faster along with my
heart rate rising. I picked up the telephone and gave her a call. Sigh; with laughter in her voice and the background she and her friends were “debriefing” and having a good time doing it!

So, why tell this story and how does it relate to health care? It has to do with (another Bergstrom moment) our flight around the world. Earlier this fall I had a conference in Manchester, England and then a speaking engagement in Perth, Australia. Instead of traveling to the U.K. and then back here and onto Australia, we did a “Round the World” ticket and had a great time. We took six weeks and when it was all over many people asked me “What was a highlight?” I had to excuse my answer (the whole trip was fascinating) as it was “Landing in Canada” (specifically Vancouver). Then I was asked about going back to work. I had to answer “I love my job!”

Landing in Canada. It was great to be home. Not only because I could changes clothes and see my friends. For me, it was the great opportunity to visit with my son (he is a software engineer in Vancouver). I am so happy for him as he has the dream job of working for EA Sports (ask your kids about EA....they know about video gaming). It is not just his job but his satisfaction with his work and his environs. I was just bursting with happiness for his success.

Canada is home for me and just “feels” special for me. We had been in wonderful places, all safe and interesting. It was just so nice to come back to the predictable and the known quantity. As one gets older, the familiar is a good thing!

Again, you ask, how does this relate to your wife having a good time with her friends? And more so, who does this relate to health care? It is that I, all too often, take my wife for granted. We are not constantly beside each other, in the same room or such. More often than not I am the one who is unpredictably late (patients do have the ability to become ill at the most inopportune times). I just wanted to make sure she was OK. Icy roads, crazy drivers, I have seen the results of this in the OR and, although it is uncommon, it is still real. I just wanted to make sure she was OK; it seems like a little thing but it is actually so much more. We all want our family and friends to be OK. When they are not, neither are we.

Now for the jump to health care and “Canada”. On our journey, all the places we traveled had excellent reputations for health care (England, Hong Kong, Australia, New Zealand). We have no (current) health care concerns, though I am hitting an age where I might be using as much health care as I deliver. It was that Canada is home and when health care comes into play, you want to feel “at home”. Although hospitals are pretty foreign environments, the surroundings (both people and place) can give some degree of “comfort” to the anxiety of loved ones in hospital. Yes, even Timmy’s can give you a sense of comfort!

We, as Canadians, have the opportunity to obtain excellent health care. Not the access we should have, nor the best care possible. We still get pretty good care, for the most part. As bad news makes good press, the media does celebrate error, mistake and misfortune.

Now we can celebrate the media’s celebration of error, mistake and misfortune (although no celebration of that anesthesiologist in Toronto, his actions on the vulnerable are disgusting). The point I am getting to is the central focus of what Dr. Jasneet Parmar represented her two years as President of the Zone Medical Staff. She spoke to the value of advocacy. We, as physicians are the people who should be deciding where health care needs are. The agencies that fund (government) and distribute funding and infrastructure (AHS) need to listen a little (or lot) more. What I hear is a constant whine of “How much health care costs are rising”. Money is the central focus, or it would seem.
I believe we must not think in that way. We do not need to send every patient for every test possible. We do not need to test to prevent litigation. We need to continue (notice I said continue) to be the primary advocates for the health and health care of our patients. We do this, much too some people’s frustration.

It would be a very sad day if Canadians lost what they have; the ability to obtain care; dependent upon need not ability to pay. Physicians provide access to so many for so much. Yes, we need to advance care and think about innovation (not costs). Innovation is the ability to improve the process at a lower cost. That does not mean decreasing physician compensation, it means better value.

As I worried about my wife, I worry about those individuals who cannot get adequate and timely access. Canadians can get great care, but what about those who fall through the cracks. That is why we need to continue to be the vocal advocates for care, for access and for keeping Canada a place to be when you need care. To be cared for and cared about, that is what we do as physicians.

Clinical Teaching and Clinical Academic Colleagues in the Edmonton Zone
T K Lee MB,BS FRCPC.
(Dr. Lee is a general internist at the Grey Nuns hospital and in private office practice. He is also Associate Dean, Clinical Faculty at the University of Alberta.)

Were you ever been intimidated when you were a student in medical school?

Have you ever been publicly embarrassed in front of your peers by a teacher, preceptor or supervisor? Subject to offensive sexist remarks, required to perform personal services for your preceptor, received lower evaluations or denied opportunities for training because of race, ethnicity or sexual preference?

A sizeable number of us have, hopefully less so with respect to the last few situations. What you have just read are questions on the Canadian medical school graduation questionnaire that every medical student gets to answer when they leave medical school.

On my first day on the wards as a clinical clerk, one of my preceptors asked me questions about my patient in front of my clinical group. After I couldn’t answer the third question in a row, he exclaimed, "if all my students were like you I’m going to have to quit teaching!" I was crushed. I made sure after that to ensure that I knew my patients really well. It may have been effective in obtaining the desired result, but such a tactic would never pass muster in today's teaching environment where in we try to focus on student strengths and avoid “education through humiliation”. It was unacceptable behavior even in those days, but unfortunately tolerated as part of the learning process.

How many of us may have behaved perhaps in such ways without thinking of the effect on the learner? An off hand remark, a joke perhaps that in retrospect was inappropriate under the circumstances? How many of us have had bad hair days where in the midst of stamping out fires we wished the learners weren't there to slow us down, and let them know that in no uncertain terms? Worse, how many of us have unintentionally or even intentionally bullied our students at one time or other?
The root of much of unprofessional behavior starts with loss of collegiality among physicians. With loss of the doctor's coffee room due to regionalization of services we have had less of an opportunity to relate to one another or to care about this relationship. This attitude creeps into how we relate to our junior colleagues and students. Add the stress of a busy practice within a sometimes (often?) dysfunctional health care system and you start facilitating these types of inappropriate behaviors and lapses of professionalism.

The University of Alberta medical school has unfortunately identified significant incidents of intimidation among its medical students as part of its accreditation surveys and exit interviews. Not just once, but many times, and consistently. We have one of the highest incidents of reported intimidation among Canadian medical schools. And clinical faculty, because of our large numbers as teachers, are probably statistically the largest at-risk group for displaying this behavior.

The medical school has created a new position of Assistant Dean for professionalism. The self-reporting MEDSIS website for medical students (and eventually, residents) to evaluate their teachers now has an electronic button for them to submit descriptions of incidents of intimidation or unprofessional behavior witnessed by them (as well as praise for a professional behavior). There will be due process, protection from frivolous or unwarranted reports, and feedback to both the preceptor and the individual filing the report. Further, clinical preceptors may use the button to report incidents and accolades related to student behavior as well. The chief goal in all cases is remediation rather than anything else.

We have a duty as clinical teachers to be aware of the issue of intimidation that affects ourselves and our learners. But perhaps we should start with ourselves, beginning with how we relate to one another. Start paying attention each day to what we do and say in front of our learners, who look to us as role models. After all, I don't want to be publicly embarrassed, subject to offensive sexist remarks, or perform personal services for someone in a position of authority over me. And neither should they.

TK
(Email: tzulee@shaw.ca)

Consultation 0006
Have your say on draft CPSA documents
Submit your feedback on the following documents until January 24th:

Delivery of Medical Services
- Authorization by Medical Practitioners of the use of Marihuana for Medical Purposes (new)
  Please note: The College does not, and will not require physicians to authorize the possession of marihuana for medical need. The decision to authorize the possession of legal marihuana must be made by each physician and depends on individual circumstances. This draft CPSA Standard of Practice outlines the CPSA’s expectations for Alberta physicians who choose to authorize possession of legal marihuana to individuals requiring access to marihuana for medical purposes.

Practice Management
- Telemedicine (revision)

CPSA Code of Conduct
- CPSA Code of Conduct (revision)
Three ways to provide feedback:

1) Submit your comments online

2) Email your comments to: consultation@cpsa.ab.ca
   Please include Consultation 0006 in the subject line of your email.

3) Mail your comments to:
   College of Physicians & Surgeons of Alberta
   2700 - 10020 100 Street NW
   Edmonton, AB T5J 0N3 Canada

Learn more about the consultation process here
Accessing the blue links - with your computer go on the link - hold down the Control key and click with the mouse.

Medical Resident Physicians Partner with Alberta Shelters for the PARAdime Initiative

Dr. Allison Sweeney
Rural Family Medicine Resident Physician

On a frigid day last February, cold winds blew along the partially deserted streets of Red Deer. Car exhaust lingered in the air, warning anyone in its path of the treacherous conditions outside. As resident physicians exited their vehicles to deliver donations to the Safe Harbour Society shelter, even the warmth of wool mittens and toques could not protect them from the assault of winter. This frozen landscape was a bone-chilling reminder that the PARAdime Campaign exists to serve countless individuals in Alberta communities who struggle to find the most basic of life’s necessities, as a result of poverty and homelessness. Shelter is essential for life in our Alberta winters.

In a quest to play a greater role in the community of Red Deer, resident physicians arranged to meet with a representative from the Safe Harbour Society, a local shelter, to gain insight into the organization and what it does. It was an eye-opening experience for us to hear about the challenges
that many of our less fortunate neighbours and sometimes patients face on a daily basis. Our discussions with the shelter staff, left us reflecting on the experience of some of our patients who do not have homes; where do they go after being discharged from the hospital and how much more difficult is it for them to stay healthy when meeting their basic needs, such as food and shelter, is already a struggle?

A strong sense of community is often what attracts graduating medical students to pursue a career in rural medicine; knowing your neighbors, having the clerks at the local grocery store know your name, and the friendly wave of a colleague at the neighborhood park are all aspects of community life that are not always available in the city. Rural physicians have the unique opportunity to know patients outside of the hospital walls and clinic doors, but even here, we are not always as aware of the day-to-day realities of the less fortunate within our communities. Access to food and shelter are fundamentally important to health; filling a prescription or returning for a follow-up appointment – health care basics that the rest of us often take for granted- are sometimes out of reach when survival is a struggle.

When the time came for resident physicians in Red Deer to be involved with PARAdime, a charity drive for the homeless, we decided the Safe Harbour Society would be a perfect organization with which to partner. The PARAdime encompasses the true spirit of rural medicine; being accountable to one’s neighbours and seeking to improve the community as a whole. Last year’s PARAdime drive marked the fourth annual campaign for Edmonton and Calgary, but was the first time Alberta’s rural resident physicians were involved in the initiative. Word spread quickly within the rural medical community, and soon Grande Prairie and Lethbridge resident physicians were also supporting their local shelters. After several months of collections from residents and attending staff physicians, numerous backpacks filled with warm clothing, non-perishable food, and other survival necessities were delivered to the Safe Harbour Society.

On that very cold drop-off day, we were inspired when we saw two of the backpacks going directly to individuals who had to leave the shelter that day. They would have otherwise had only the clothes on their backs, as they headed out into the cold. The backpacks ensured that these individuals left a little warmer with the knowledge that they were not quite so alone. For us, it was powerful to know that the bags were making a direct and immediate difference for two members of our community.

Following the delivery of the last bag, we climbed back into our warmed vehicles and returned to our homes a little wiser, a little more aware, and a little more grateful for what we have. The PARAdime initiative is a reminder that the goal of keeping Albertans healthy cannot stop at the doors of our medical centers; the nature of people’s experiences in the community plays an integral role in their health and in the well-being of our community. It is our duty as good neighbours and responsible citizens to address the gaps created by economic and social disparity – our communities will be stronger for it.

Photo caption: Resident physicians drop-off donations at the Safe Harbour Society in Red Deer. Dr. Allison Sweeney is pictured bottom right.

PARAdime in Edmonton is currently accepting donations until January 30th 2014. Collection bins can be found at the following locations:

- U of A Hospital - Dvorkin Lounge DTC 2G2
- Royal Alexandra Hospital – Resident Lounge DTC 2004
- Grey Nuns Hospital – Resident Lounge 0143
- Misericordia Hospital – Resident Lounge B-015
- Cross Cancer Institute – Room 0231

The link to EZMSA news is on the AMA website, go to: https://www.albertadoctors.org/about/zmsas/news

SUBMISSIONS: EZMSA monthly newsletter welcomes submissions (articles, notices, letters to the editors), announcements, photos, ec.) from practitioners and healthcare providers in Alberta. Please limited articles to 600 words or less.

Deadline: The deadline for article submission to EZMSA is the 20th day of the month for distribution.

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Dr. Richard Bergstrom, Editor