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Please contact your representative with any concerns or issues.

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Edmonton Zone Medical Staff Association

President’s Corner

Dr. Robert Broad

The Edmonton Zone New Working Group – Locum Privileging
The EZMSA has established a working committee with key stakeholders from AMA and AHS to resolve some of the issues raised around locum privileging.

Zones continue to have complex problems around privileging. Intent for the working group is to review the locums’ privileging issues and improve overall efficiency. Timelines, process and clarification of different types of locums are some of many concerns. Physicians have to submit a business case to AHS to obtain a locum. These can be cumbersome. This working group would bring different issues and points of view into discussion with overall goal of making the process more efficient and effective for all.

Edmonton Zone Clinical Information System Program - AHS
The CIS agenda envelopes the Care Transformation, AHS 5-Year Plan, Provincial Discharge (Path to Home), Access, Health Quality Council of Alberta (HQCA) and other system-wide drivers. In this context, the introduction of a CIS solution is much more than a technological undertaking; it is a transformational one that will see focused consolidation of effort and investments to achieve the targeted outcomes.

The CIS vendor selection is scheduled to be completed by February, 2013 with the selection of either Cerner or Epic. The sequence of hospitals in which the solution will be deployed has yet to be determined. Facilities carrying the greatest risk from a systems perspective, especially those that are dependent on VAX or Tandem systems will be the first priority, as determined the CIS Steering Committee. Although the release approach has yet to be confirmed, it is likely that the program will undertake CIS implementation initiatives at multiple facilities concurrently. Even for smaller facilities, preparatory work necessary to safely deploy the CIS solution – and the associated transformation of work process and care-delivery practices – will take many months. At larger hospital facilities preparatory work will take more than a year before the CIS can be safely ‘switched on’. All dates and schedules are subject to change.

MyHealth.Alberta.ca. - AHS
The portal will allow patients and family members access for Laboratory & DI information in the spring of 2013. The site itself has been in operation for about a year.
Save the Day – EZMSA Golf Tournament
Wednesday June 5, 2013
The Links – Spruce Grove
2:00 Shotgun Start
Fun filled inclusive day – more details to follow

RWB

Letter from the Editor

Thank-you, thank-you, thank-you all of you doctors who have given so much to provide care for Albertans and others. From helping couples conceive, healthy births, healthy children, helping those with chronic conditions needing long term care, the curing of disease, the caring for those who have no care, the dedication to providing care. When I sit back and reflect upon this I am blown away. I say this in contrast to some of the “bad press” and “negative comments” we have been exposed to over the last year. The care you have provided over the past year has changed lives and helped people live longer, better and with comfort.

Remember that I am reading history. Just think about one hundred years ago, it is nearing the end of WW1 (The Great War) and then the Spanish Flu devastated the world, yes, the world. With the advent of vaccination the world suddenly became healthier. Well, not quite the whole world, look at North Korea today. North Korea today, it was The Ukraine last century. Places of despots and despair. Famine and failure flourished. Can you imagine starvation (pretty hard with the North America the leader of the BMI club). Now can you imagine watching your child starve? Do you remember the tragedy of Romania last century, the abandoned children; their formative years empty. Their lives destroyed whilst others bathed in luxury. Look at the richness of Sadam Hussein opposite some of the worst health care or let alone care in the rural areas. These are only a few examples.

What I am getting at here is the effects of despots and their “care less” behavior. The central component to the results was the lack of care. I am so proud to be amidst that group of professionals for whom care is the central tenet of our work. Care is more than service. Changing your oil is service, providing care is an experience.

I also believe caring has two components, caring for and caring about. One of the guys I like to quote is Fred Lee, a hospital administrator in the USA. He wrote a great book “9 1/2 Things You Would Change if Disney Ran Your Hospital”. Sounds goofy, right? Disney and healthcare? What is that about? Fred talks about the difference between service and experience. For me, rendering someone unconscious and immobile for surgery is easy. I can do this and not engage the patient, just do your job, kind of what the Government seems to want. But as for us, we physicians care about the patient not just the care.

So, what about despots, care, caring, physicians and the Alberta Legislative Assembly. Governing agencies seem to be self absorbed, I could be wrong. What is important to patients? Not who the Government is, it is what they do for us. As physicians, our duty is to our patients first and foremost. We need to continue to focus on care and challenge those who are responsible for facilitating care (AHS, AHW and the Alberta Legislative Assembly) to support our work or take the responsibility for the
patients. I am not saying we are so special (my comment about me is that I am not important but what I do is indispensable).

Physicians are the ones who decide about patient care. The Ministry can decide what they will fund, but they need to be responsible and accountable for same. Let's realize that we have a voice and speak for our patients......for that is true care.

Again, thank-you for all your work, your advocacy, your voices and your zeal. Just wonderful, just wonderful.

Dr. Luke Harmer
Orthopedic Surgery Resident Physician, Year Five

“Everything in its right place”
Both change and the absence of change can be frustrating. Communication, decision-making, and strategy execution in complex organizations seems different for this generation than it has been for previous ones. Some physicians seem to have been insulated from this change for the last decade, but change is increasingly unavoidable for all of us as social media, instant information, and changes in medical education make this age a more complicated one in which to practice. The business community has been quick to recognize the need to adjust organizational patterns and have responded with seminars, courses, and books like the recently popular, The Starfish and the Spider: The Unstoppable Power of Leaderless Organizations. While “leaderless” is not necessarily an adjective that intuitively makes sense in terms of organizing people, it does suggest that our assumptions about organization need to be revisited. We as physicians need to be responsive to the quickly evolving world around us and begin to structure ourselves differently to be more effective advocates for our patients.

My reflections around leadership and organization were further tested through my experience participating in the organizational design project with the Professional Association of Resident Physicians of Alberta (PARA). The goal of this project is to allow the organization to better serve its resident physician members. The aim is a more efficient and more representative body that will enable five core objectives: 1) a balanced and competitive working contract 2) recognition of all resident physician perspectives, while still ensuring that resident physicians can be represented as a unified whole, 3) flexibility around how resident physicians can volunteer for PARA, 4) a culture of accountability, and 5) enhanced volunteer continuity and information capture. Many of these concepts may seem rather amorphous, but involvement in this project has made it clear to me that flexibility, accountability, continuity, and perspective sharing are all behaviors that can be encouraged (and discouraged) by how an organization is designed to work. The redesigned organization is far short of being leaderless; the resident physician board of directors and executive staff are still guided by the organization’s vision and bear the fiduciary responsibility for the organization’s activities; nevertheless, the proposed redesign is more member focused so that the voices and disparate perspectives in our
various cohorts (eg. international medical graduates, surgical resident physicians, rural resident physicians, etc.) can be given appropriate freedom and weight within the organization.

The challenges that PARA identified and have begun to respond to through this design process are not limited to resident physicians; in fact, similar concerns can be identified through exploring the work of other health-care organizations. Although it may be uncomfortable for many physicians to contemplate, health systems in the future may benefit from increased flexibility and an exploration of innovative designs building off current successes like Twitter or Alcoholics Anonymous, rather than the more traditional institutions of the past and present\(^1\). Though challenges like accountability and advancement obviously require consideration, the advantages of decentralized organizations as described by Brafman and Breckstrom could apply well to physician communities\(^1\). Two points are worthy of note. First, decentralized organizations tend to be better at spreading their intelligence through the entire organization, rather than concentrating it in an executive team alone\(^1\). The constituency of physicians has an abundance of formal and informal intelligence that can be leveraged within new organizational contexts. Second, decentralized organizations are optimally positioned to maximize profits for consumers (or, in our case, outcomes for patients), rather than for the organization itself\(^1\). The decentralized nature of the Civil Rights movement serves a powerful example of how a decentralized group can create change that reaches far beyond those who were directly involved. The 250,000 people who “Marched on Washington” in 1963 did so without advertisement or formal coordination. They marched to create change and participate in a cause beyond themselves. As physicians, our raison d’être is to serve our patients before ourselves and intelligent organizational design may help us better accomplish that mission.

Given our social and political context, our medical organizations and institutions must continue to evolve to help us provide care for our patients. My experience with the PARA organizational design project suggests that system design contributes significantly to how we are able to achieve our mission. Medicine is less and less the practice of individual practitioners; increasingly, patient care is dominated by the organizations and systems in which care occurs. Without a doubt, our patients will be best served through the intelligent design of patient-focused systems.


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**Upcoming events**

**Events open to the medical community:**

The EMWC is hosting a talk for physicians and spouses, residents, EMWC members and non-members:

**Pandora’s Box - The art and science of creativity and what that can mean for you.** Dr. Marc Cherniwchan of the Physician and Family Support Program will present on this topic Tuesday April 16th, from 6:30 to 8 p.m. at the Lois Hole Library (17850 69th Avenue). Please RSVP by March 18th to edmonton.medwomen@gmail.com.
Member events:

**Gallery hop:** Saturday March 9th, meet and visit the four galleries located on the west end of Jasper Avenue.

**Edmonton Medical Women’s Club Welcome Event:** If you are interested in our club, please join us on the evening of Wednesday, Apr. 10th. This will be a small, casual get-together providing an opportunity to gather information and meet some of the current members. Please RSVP by April 5th to edmonton.medwomen@gmail.com.

**Spring meeting and lunch:** Save the date. Tuesday May 14th at the Selkirk Hotel in Fort Edmonton Park. Special guest Sherri Sommerville, well known singer, actress and Edmonton personality to entertain us and make it an event to remember.

**Golf:** Beginning in May. Join other members who enjoy golfing at different courses around the city. Golfers of all abilities welcome. Can’t regularly attend? Consider joining other EMWC members at the EZMSA golf tournament June 5th.

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

**Deadline:**
The deadline for article submission to EZMSA is the 15th day of the month for distribution the first week of the following month.

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