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Please contact your representative with any concerns or issues.

EZMSA Executive – 2013

President - Dr. Robert Broad
Phone: 780-735-2924

Vice President -
Dr. Shelley Duggan
Phone: 780-468-3377

Past President – Dr. Jasneet Parmar
Ph 780-735-2048

Secretary-Treasurer – Dr. Pauline Alakija
Ph 780-451-3702 ext. 8105

Editor – Dr. Richard Bergstrom
Ph 780-407-8861

Member at Large – Dr. Bob Black
Ph 780-735-2924

Member at Large – Dr. Alison Martel
Ph 780-454-4242

Dr. Tim Gillese
Alberta Hospital
Phone: 780-342-5473

Dr. Jacek Slatnik
RAH
Phone: 780-735-5935

Dr. Gordon Gopien
UAH
Phone: 780-439-4945

Dr. Gurjeet Dulai
Leduc
Phone: 780-986-2712

Dr. Donna Klay
Devon
Phone: 789-987-3315

Dr. Ashraff Khan
Redwater & Fort Sask.
Phone: 780-475-3681

Dr. Melanie Currie
Stony Plain & Spruce Grove
Phone: 780-962-9888

Dr. E. Mori-Torres
Glenrose
Phone: 780-421-3925

Dr. Doug Faulder
Continuing Care: Facility Living
Phone: 780-449-2412

Dr. Jennifer Stickney-Lee &
Dr. Hark Sidhu,
Continuing Care: Supportive Living
Phone: 780-735-8800 &
780-944-8675

Dr. Sean Cahill
Strathcona & Sherwood Park
Phone: 780-464-0123

Dr. Mike Hogan
St. Albert & Area
Phone: 780-407-8887

Dr. Christine Kyriakides
Child Health
Phone: 780-455-5437

Dr. Asad Brahim
Community Mental Health
Phone: 780-342-5355

Dr. Robert Pearcey
Cross Cancer Institute
Phone: 780-432-8755

Dr. Robert Rennie
Lab Physician/Clinical PhDs
Phone: 780-407-8806

Dr. Alfonso Coccetini – AHE
Ph 780-342-5451

Dr. Saranjeev Lalh
Oral Max Surgeons & Dentistry
Phone: 780-439-4399

Dr. Allan Bailey
Edm Zone Comm.
Care–PCN (Interim)
Phone: 780-962-9888

Dr. Doug McCarty
Edm Zone Comm.
Care–Non-PCN
Phone: 780-462-3491

Dr. S. Kahlon & Dr. J. Nilsson
PARA

Dr. T. K. Lee (ex-officio)
Dean’s office, U of A
Phone: 780-445-6625 (pager)

Dr. Jim Adams PCN Lead
Phone 780-464-1179

AMA REP FORUM DELEGATES:
Dr. Matthew Tennant, Dr. Jasneet Parmar, Dr. Ernie Schuster, Dr. Sean Cahill, Dr. Susan Hutchison, Dr. Michael Jacka, Dr. Chris Rudinsky, Dr. John Elliott, Dr. Kent Stobart – GFT, Dr. Melanie Currie – Suburban, Administration office, Laurie Wear, Phone 780-735-2924 Fax 780-735-2517, Email
laurie.wear@covenanthealth.ca

Editor, Dr. Richard Bergstrom
PRESIDENT’S CORNER

Dr. Robert Broad

EZMSA AGM Thursday, April 18th 7:00-9:00 p.m. Bernard Snell Hall
Guest Speaker: Dr. R. Michael Giuffre, President, Alberta Medical Association
Subject: Negotiations, the provincial budget and what it all means to you.

Dr. Giuffre has been travelling the province, talking to physicians about the implications of current negotiations and gathering your feedback to help guide the AMA.

Discussions at the annual EZMSA AGM talked about the current state of negotiations with the provincial government and, of course, the memorandum of understanding between the Alberta Medical Association (AMA) and what government announced.

The MOU has nine elements and covers a seven year period:
1. Structure.
2. Financial term.
3. Programs.
4. Funding.
5. Representation.
6. Consultation.
7. Arbitration and dispute resolution.
8. Governance.
9. Approval of the agreement.

INFORMATION SESSION ON THE TENTATIVE AGREEMENT WITH GOVERNMENT

EDMONTON ZONE
Wednesday, May 15, 2013
7 – 9 p.m.
Bernard Snell Auditorium
Walter C. MacKenzie Health Sciences Centre
University of Alberta

IMPORTANT MEETING REGARDING THE TENTATIVE AGREEMENT WITH GOVERNMENT

About 200 of you came out on April 18 to talk about the memorandum of understanding (MOU) that was announced April 15. Now a complete 2011-2018 tentative agreement with government has been completed on the basis of the MOU. Therefore, on Wednesday, May 15 at 7 p.m., I will return to Edmonton to speak with you about the tentative agreement. Physicians will be receiving ballot and information packages for the ratification vote (May 8 – May 29), but this is your opportunity to listen to a presentation and ask questions you may have.

Come learn more about the agreement before you cast your vote. We will talk about the implications for the medical profession and the great opportunities – and challenges – that lie ahead.

RWB
Thank-you….

Thank-you, yes, thank-you physicians and surgeons to have given so much to provide care for Albertans and others who access health care. From helping couples conceive, healthy births, healthy children, chronic conditions needing long term care, the curing of disease, the caring of for those who have no cure, the education to providing care; when I sit back and reflect 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.

Complacency occasionally abounds in the Western World, often due to our extreme success. Again, remember I am reading history, for this is where we come from. Just think about one hundred years ago. It is nearing the end of WWI (The Great War) and then the Spanish Flue devastated the world--yes, the world. With the advent of vaccination the world suddenly became healthier. We, not quite the whole world, look at North Korea.

North Korea now, the Ukraine last century. Places of despots and despair. Famine and failure flourished. Can you imagine starvation? (pretty hard with North America the leader of the BMI club) Now, can you imagine watching your child starve? Do you remember the tragedy of Romania, the abandoned children; their formative years empty. Their lives destroyed whilst others bathed in luxury and ignored the suffering that surrounded them. Look at the riches of Saddam Hussein opposite some of the worst health care let along care in the rural areas. These are but a few examples of true inequality; literally lies, deceit, decadent excess and completely guiltless for the hurt they inflicted.

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

I also believe that care has two components; caring for and caring about. Can you imagine someone you love, a parent, spouse, child, best friend who is injured or needs help. Your parent gets a stent, your spouse vital cancer care, your child an appendectomy, your best friend reconstructive surgery after a dreadful accident. We see this happening all the time and the care is good. But what about the caring. Sure, you got your mastectomy, but the doctor was cold and the nurses frozen. Your child is in pain post surgery and someone says, just wait, we will be right with you; you know your child is crying because of pain that can be alleviated. You see care happening but not the caring.

In anesthesia, I have to create a relationship within three to five minutes and then patients put their trust in me. How amazing, how powerful. When I look at pediatrics it is even more amazing; to hand over your most loved to someone you do not know and you surrender all your power so this person can care for and about your loved one.

I believe that one of our roles is that of “care giver” where we gain trust, give advice, encouragement, deliver our expert opinion all within an atmosphere of care. That is what patients rave about “My doctor really cares about me”, “The nurses were amazing”, “The care I received was second to none”. That is the part that makes my day special.
I would advocate for these two components in care delivery. I would also put them front and center when it seems to all come down to money. As the Beatles say “Can’t buy me love”. I would encourage all of you to take the high road this stormy season. The wind is blowing, the rain is lashing and our patients still need us and they need us to care. Let us not wallow in the mud, hurl the only thing that the Alberta Government can fling “They make the most in the country” which when you translate it is “They make far too much money”. The focus is on money, not trimming waste, effecting efficiency and innovation. We are certainly painted as the “bad guys”. Well, when I talk with patients and families it is not our profession that is seen as arrogant and excessive.

Let’s keep the care in caring. And of course, thanks for all your work!

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 part-time Associate Dean, Clinical Faculty at the University of Alberta.)

How important is it for you to be recognized as a teacher of medicine?

For Full-time Tenured Faculty, this is sometimes an under recognized endeavor. Among the many items in the cornucopia of an annual report submitted for promotional considerations to a Faculty Evaluation Committee, it’s easier to measure how many papers you published or dollars you got in grants last year, than counting the harder to measure metrics of teaching excellence.

In the case of Clinical Faculty however, teaching medical and dental students and residents is mainly what we do. A study done across Canada by the late Dr. David Cook* found that recognition of teaching was top of the list of what we desired, over and above anything else (e.g. remuneration).

I mention this because it is the time / season of the year for clinical faculty to submit annual reports to our department chiefs for promotion considerations. Yes, some departments have completed their exercise already, and some of you as you read this will have been informed of your new rank at the University of Alberta Faculty of Medicine and Dentistry (FOMD). Congratulations on now being Assistant, Associate or (full) Clinical Professor in your department / division! It is the way the FOMD can recognize your contribution to education. Please display your title (with pride) on your professional correspondence. Since I started my role with the U of A 2 years ago, there has been increasing awareness and activity by many department chairs (thank you!) towards recognition of clinical teaching. Many of you are now being recognized with promotions that were probably overdue.

So what does it take to get recognition? In brief (check out link for more details: http://www.med.ualberta.ca/about/faculty/clinicalfaculty/cacresources/promotionsappointments) here is a summary of the four university ranks for Clinical Faculty.

Clinical Lecturer – what we all start out as, for 1 – 3 years. All you need is a medical license and be willing to teach!

Subsequent principles for recognition are simple: one major (teaching) plus 2 minor criteria (e.g. administration, scholarly activity, etc.) in increasing levels of excellence.
Assistant Clinical Professor – you continue to teach, but have also shown interest or participated in activities to improve your teaching. You may also have been involved in committee work (not necessarily educational) or clinical research, or published (e.g. case reports, review articles). Usually 3 – 5 years before pursuing the next level of recognition.

Associate Clinical Professor – not only is teaching continuing as part of your life but you are now recognized by peers as an excellent teacher and competent clinician. You may have received teaching awards, been a program director or developed a special interest in your field, been active in professional committees or presented at continuing medical education meetings with university, provincial or national organizations, and published in clinical or educational research. Again, 5 – 10 years perhaps, or for many this is a comfortable level at which to remain throughout their careers.

Clinical Professor – you have put teaching as the other main activity of your professional life in accompaniment with patient care. Your peers recognize you as an enthusiastic, effective and devoted leader in education and an excellent and stimulating teacher. You are also recognized for contributions to medical practice / health care delivery, perhaps held office in leading provincial, national or international organizations, contributed to policy functions in university or professional organizations (e.g. CPSA, AHS, AMA, Royal College of Canada) and demonstrated scholarly activity (e.g. published in peer-reviewed journals or presented at national or international meetings).

Do you recognize yourself in any of the above descriptions? – contact your department chair or site chief! It is never too late to be recognized for what you do.
And again, contact me if I can help – tzulee@shaw.ca or tzulee@ualberta.ca or page me 780-445-6625 anytime. I'll even help you fill in your annual report!

TK

*David Cook et al. 2009: Study of Clinical Teachers in Canadian Faculties of Medicine: A Discussion Paper. Published by Association of Federation of Medical Colleges.

Progress through Collaboration

Dr. Maryana Duchcherer
Psychiatry Resident Physician

“Coming together is a beginning. Staying together is a progress. Working together is a success”
-Henry Ford

Picture Caption: Ms. Yanina Vihovska and Dr. Maryana Duchcherer with some of the technology used in their community project “Early Intervention Strategies in Children Exposed to Domestic Violence.”

The Future of Medical Education in Canada (FMEC) project recently provided a nation-wide vision to guide the training of future generations of medical doctors based on current societal needs. According to the FMEC project, leadership is one of the key qualities that future physicians need to acquire in order to work effectively within health-care teams helping to better serve society. The Alberta Medical Association (AMA), being an exceptional leader in patient care and physician advocacy, fosters leadership development through the newly established program “Emerging Leaders in Health Promotion;” a program that funds community-based projects led by medical
students and/or resident physicians who are further supported by physician and non-physician mentors.

As a resident physician in the psychiatry program at the University of Alberta, I have gone through a number of rotations that helped me to appreciate the scope of mental illness from very early childhood to adulthood. Mental health is an area where you constantly work and interact with multidisciplinary teams made up of various health-care providers. Thus, I recognized the AMA Emerging Leaders in Health Promotion program as an excellent opportunity to translate the FMEC recommendation into a practical educational tool that directly impacts mental health care through multidisciplinary teams.

Our community project was designed to help one of the most marginalized cohort of kids who have been exposed to domestic violence. Numerous studies demonstrate how the experience of multiple traumatic events in childhood is linked to social and interpersonal dysfunction later in life. Toddlers and preschool children tend to express their traumatic stress by adopting various patterns of affect changes and distinct emotions. Early childhood identification of and intervention in these patterns can prevent and alter the developmental trajectory of potential behavioral, cognitive and psychiatric issues. Technology and multiple assisting devices are an integral part of our daily interactions and serve as tools to indicate a child’s emotional state of mind, which can then enable identification. This process is particularly important for the traumatized child who can be emotionally volatile and have a significant impairment of social reciprocity among his or her peers.

Our project “Early Intervention Strategies in Children Exposed to Domestic Violence” was aimed at giving the children an opportunity to learn how to express themselves and their emotional stresses through the use of modern technology and to gain confidence in expressing their thoughts and feelings. In addition, it concentrated on children’s ability to engage in positive interactions with other peers and slowly heal with the use of technology.

Our team, in cooperation with child- and youth-care leaders, worked at a shelter for women and children who escaped domestic abuse or violence in the family. We used iPods and various educational applications to create paintings, videos and melodies. Through the use of these interactive tools, children learned how to express and share their feelings and emotions, particularly those related to their personal traumas and experiences. The area of social difficulty was addressed through the use of technology in the socializing and teaching activities, and there was a significant improvement in the behavioral status of every child. The participating children showed positive changes in their community social skills and behaviors. Furthermore, a number of extremely rewarding outcomes were detected during direct observation of the children including their improved ability to recognize and communicate emotional states that serves as a major force for the integration of healthy attachment framework.

One of the learning aspects of this experience for me was coordinating and witnessing the collaboration between the various individuals and groups who worked hard to develop this idea and transform it into a practical tool that could produce a strong change in the mental and potentially physical wellbeing of our future generation. Our team was lucky to have Ms. Yanina Vihovska as a lead-teacher; Ms. Vihovska is one of the first teachers in Elk Island Public School Board to create and implement lessons with the use of iPods in grades 5 and 6. Ms. Vihovska has extensive knowledge and experience working with technology and multimedia tools. Her commitment and
passion towards the children is truly inspiring. Dr. Rowan Scott, a staff psychiatrist, generously provided his mentorship and guidance for the project. Dr. Edna Wakene, a psychologist at the Family Centre in Edmonton, also generously contributed her knowledge and expertise in the design of the delivery and assessment process. Further, this idea would not have been transformed into practice without our cohesive and collaborative team work and without the support received from the AMA.

Our team cannot fully express our gratitude for the sponsorship of this preventive intervention that proved to be highly effective at the preliminary stages of its implementation. The experiences of the participants in this study demonstrate that this intervention has the potential to translate into significant health outcomes without the utilization of high-priced medical approaches. We strongly believe that the AMA has enabled this group of disadvantaged children to secure a strong start towards healthy development. Further, the AMA has helped identify effective prevention strategies that will help reduce the incidence and impact of mental disorders in adulthood.

Events open to the medical community:

**Wednesday June 5, 2013– Shotgun start 2:00 p.m.**  
The Links – Spruce Grove [www.linksgolfcourse.com](http://www.linksgolfcourse.com)

$120.00 per golfer  
$109.00 Resident & Senior (65+ age) Special

**REGISTRATION**  
Please register and pay in advance

**Laurie Wear**  
[Laurie.Wear@covenanthealth.ca](mailto:Laurie.Wear@covenanthealth.ca)  
Ph: 780-735-2924 or Fx: 780-735-2517

Visa & Mastercard accepted.

**Cheques Payable: EZMSA**  
Misericordia Hospital, 1N-108C, 16940–87 Avenue, Edmonton, AB, T5R 4H5

Golfers - Physicians, Residents, Clinic Managers, Nurse Practitioners, Healthcare staff of all skill, levels and experience welcome!

Price all inclusive:
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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.

Laurie Wear, Phone 780-735-2924 Fax 780-735-2517, Email laurie.wear@covenanthealth.ca
Dr. Richard Bergstrom, Editor