ALBERTA MEDICAL ASSOCIATION

Alberta Doctors' DIGEST

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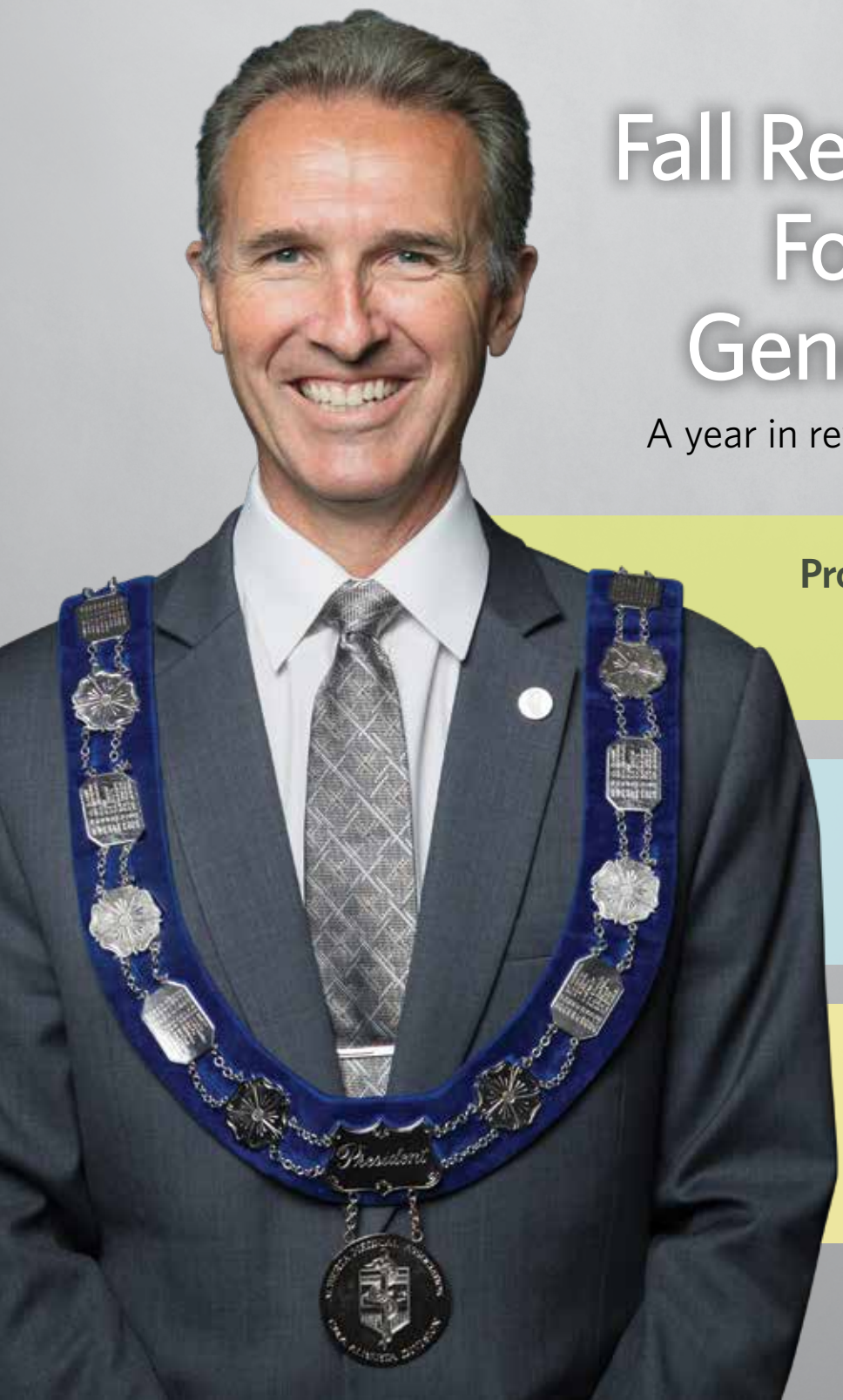

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Alberta Doctors' Digest is published six times annually by the Alberta Medical Association for its members.

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AMA MISSION STATEMENT

The AMA advances patient-centered, quality care by advocating for and supporting physician leadership and wellness.

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To request article references, contact:
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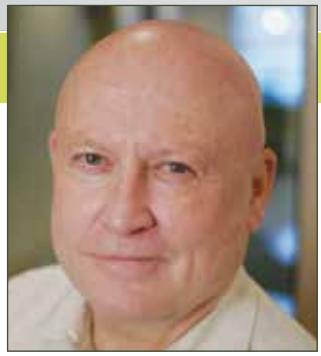
COVER PHOTO: Dr. Neil D.J. Cooper was installed as AMA president on September 16.

Drowning in optimism



Dennis W. Jirsch, MD, PhD | EDITOR

I'd like to make the case that we are awash in optimism and that it's not doing us any good. On the contrary, we've become stargazers, but we're dreamers with clouded vision, impaired reasoning, and constrained abilities to deal with the real issues in our lives.

Early in my career I shared an office with a surgeon whose "spot on the lung" turned out to be a cancer unrelated to cigarette use. Standard therapy involving surgery, chemotherapy and radiation was already the norm. But there was more – a husband and wife team had amplified our social response to cancers with something known as the Simonton Method,[1] to be used as therapy to complement standard protocols. Developed in the early 1970s by radiation oncologist, Dr. O. Carl Simonton and his wife Stephanie Matthews-Simonton, the method involves cancer patients imagining a series of images of the body fighting tumour cells, perhaps gobbling them up á la Pac Man.

> Studying positive thinking has always been difficult. Enthusiasts declared success early; naysayers were dismissive.

That there was some sort of relationship between the immune system and cancer was already known. Hans Selye[2] had already shown that, given enough stress, animals become unhealthy and disease prone. It was a short jump to consider that positive feelings might be the opposite of stress, so they might help boost one's immune system. How to develop positive feelings? Well, this might require so-called "inner work" with ramped-up visualization techniques replacing less optimistic beliefs.

To say that the Simontons and their colleagues changed things is an understatement. In short order, cancer sufferers bought into a new way of thinking, imagining triumphant success against their tumours.

John, my unfortunate colleague, was a pragmatist and decided there was too much hocus pocus and tub-thumping involved, so he decided to take his chances, electing to play golf in the Bahamas instead. He eventually died of his cancer, but not before the Simonton Method and its proponents became commonplace as citizens became resolutely convinced that by dint of will they could vanquish cancer, or for that matter, any other of life's burdens and miseries. Well-meaning slogans proliferated, from "You're going to beat this!" all the way to the rather suspect "Cancer was the best thing that ever happened to me."

There was an obvious downside to this high-blown rhetoric. Pity the patient who worked long and hard, visualizing faithfully, but whose cancer recurred. There were two failures now – advancing tumour, plus inept willpower or imaging ability.

Studying positive thinking has always been difficult. Enthusiasts declared success early; naysayers were dismissive. In 2007 James Coyne and co-authors published a systematic review of the evidence for improved survival in cancer patients and found no benefit associated with positive thinking.[3] Coyne went on to say, "If cancer patients want psychotherapy or to be in support groups, they should be given the opportunity to do so. There can be lots of emotional and social benefits. But they should not seek such experiences solely on the expectation that they are extending their lives."

Where had all this optimism come from? The answers are rooted in history, and I am indebted to Barbara Ehrenreich and her book, *Bright-Sided,* for filling in the details.[4]

As the North American continent opened up in the 18th and 19th centuries, general optimism was pervasive. This was, after-all, the land of opportunity, and the populace >

> had likely had enough of frosty Calvinist puritanism. A Maine clockmaker with the unlikely name of Phineas Parkhurst Quimby experimented with hypnosis; he became convinced that mental attitude could cure disease and that led to the New Thought movement which advanced the notion that illness has its origins in the mind, enabling "right-thinking" to have healing potential.

One of the first converts to Quimby's way of thinking was Mary Baker Eddy, who would go on to found the Christian Science Church. When Baker and Quimby met in the 1860s, the cultural phenomenon we know as positive thinking was launched. The work of philosopher Ralph Waldo Emerson was at least accommodating, as were the writings of William James.

The movement survives today in the form of loosely allied philosophers, religious movements, and holistic practitioners who share similar beliefs regarding a basket of things including positive attraction, creative visualization, life force, healing and personal power.

Come a new century and the loose amalgam of positive thinkers had their own pioneers. Norman Vincent Peale's book, *The Power of Positive Thinking* (1952),[5] was a runaway best seller for years and is still in print. Andrew Carnegie's earlier work, *How to Win Friends and Influence People* (1936),[6] counselled that agreeable people win. Maxwell Maltz's *Psycho-Cybernetics* (1960)[7] reframed positive thinking as psychological reconditioning. A massive self-help industry was born and the basis for thinking "good thoughts" became part of most everyone's existence.

The "cult of positivity" has found fertile ground in the vagaries of working life. As the 20th Century wore on, and as late stage capitalism tried to wring out ever more savings, disaffected, downsized, rationalized, routinized and otherwise pummelled workers needed all the help they could get. In the last two decades of the 20th Century an estimated 30 million Americans[8] – and a corresponding figure in Canada – lost their jobs in an epidemic of downsizing. Lacking support, the rejigged work force was encouraged to think in terms of selling something, with everyone a salesperson. The motivation industry was born, and with it a new way of solipsistic thinking – as management consultant Tom Peters called it, "the brand called you."

Yet another industry was launched, as coaches and motivational speakers were trained and hired to help with the uncomfortable business of corporate downsizing. Affected employees were turned over to outplacement firms, expert at convincing even the most dogged realists that "losing a job was a step forward in their lives" and was "a growth experience." The survivors of downsizing – those left aggrieved and anxious once the smoke had cleared – were fed more positive dogma, but it was repackaged as "team-building." The corporate world, it must be said, drank the Kool-Aid and glibly accepted positive thinking as a substitute for workplace security.

The scope and efficiencies of the renascent corporate world did not fail to impress some of the more ambitious religious leaders, who availed themselves of MBAs, mission statements and strategic business plans. Historic visions of sacrifice, suffering, and do-unto-others were turned upside down as a new evangelism promised wealth and redemption and health, if not at once, then very, very soon. It was once said of totalitarian regimes that they told their people how to think. This difference is no longer apparent in our brave new world; citizens can be counted on to impose it on themselves.

The movement survives today in the form of loosely allied philosophers, religious movements, and holistic practitioners who share similar beliefs regarding a basket of things including positive attraction, creative visualization, life force, healing and personal power.

In spite of the broad axe taken to the work force, positive thinking continues to hold sway, and with it, the relentless search for larger homes, lither bodies and easy ascendancy on the corporate ladder. The first decade of the 21st Century saw booming stock and realty markets, but it was also accompanied by general indifference to soaring debt and by bankers issuing subpar mortgages to persons of uncertain means and poor prospects. There were few dissenters. Economist Paul Krugman[9] was one of the very few clairvoyants, calling "the whole thing a Ponzi scheme" and offering as explanation: "Nobody likes to be a party pooper."

We can leave the story hereabouts: a market crash, a recovery, more debt, more starry promises. The dance continues, with the present eerily reminiscent of the recent past.

Czech author Milan Kundera[10] once wrote that optimism is the opium of the people. If there is a take-away to the story in our narcotized world, it is this: we must examine our optimism; we must do what we can to ensure that our sunny vistas have the possibility of being real.

References available upon request. ■

FROM THE EDITOR-IN-CHIEF

AGM, RF, ADD, eADD. We've got acronyms and abbreviations!

Marvin Polis | EDITOR-IN-CHIEF

In this issue of *Alberta Doctors' Digest (ADD)*, we are doing our annual coverage of the Alberta Medical Association Annual General Meeting (AGM) and Fall Representative Forum (RF).

Our pages are chock-full of information you need to know about your new president, president-elect and some profound thoughts from your immediate past president. These individuals are just the tip of the iceberg with respect to the many Alberta doctors who tirelessly volunteer their time to your professional association. A big high five to all.

Of course, we're also bringing you our coverage of the AMA Achievement Awards. All I can say is: "Wow!" Be sure to read through this section and learn fantastic things about some of your colleagues, their backgrounds and what they've been up to.

And of course, I want to bring you up-to-date on our progress toward launching the all-digital version of *eADD*. We've been busy working on wire-frames, site maps and content plans ... and we're still on track to launch early in 2018. Exciting times, indeed!

As I've mentioned before, with digital distribution we'll be able to enhance *eADD* beyond the printed word. We are exploring rich media such as video, audio and greater use of photography. We will have more tools at our disposal to bring you great stories about the business, politics and economics of practicing medicine in Alberta! In fact, if you or someone you know would like to volunteer as a local photographer, that's a resource we could definitely use. Perhaps you have a college-aged child, niece or nephew who wants to build a portfolio. Please let us know. It's a big province and we have lots of ground to cover.

I should also mention once more that some members have said they prefer reading a paper publication. So with the all-digital *ADD* you'll be able to print the entire issue on your own printer (or just certain stories) if you want a tactile experience. And one more note. If you've been a reader of the eBook (ePub) version of the existing *ADD*, you'll want to know that we are be discontinuing that format immediately as we concentrate our resources on building the new *eADD*.

We are still inviting AMA members to assist with the development of *eADD* by participating in small focus groups by phone, video or email. We've heard from some of you already, but the more the merrier. We want your feedback to ensure we get this right. So if you're interested, please contact Daphne Andrychuk at daphne.andrychuk@albertadoctors.org.

Marvin Polis
Editor-in-Chief
Alberta Doctors' Digest

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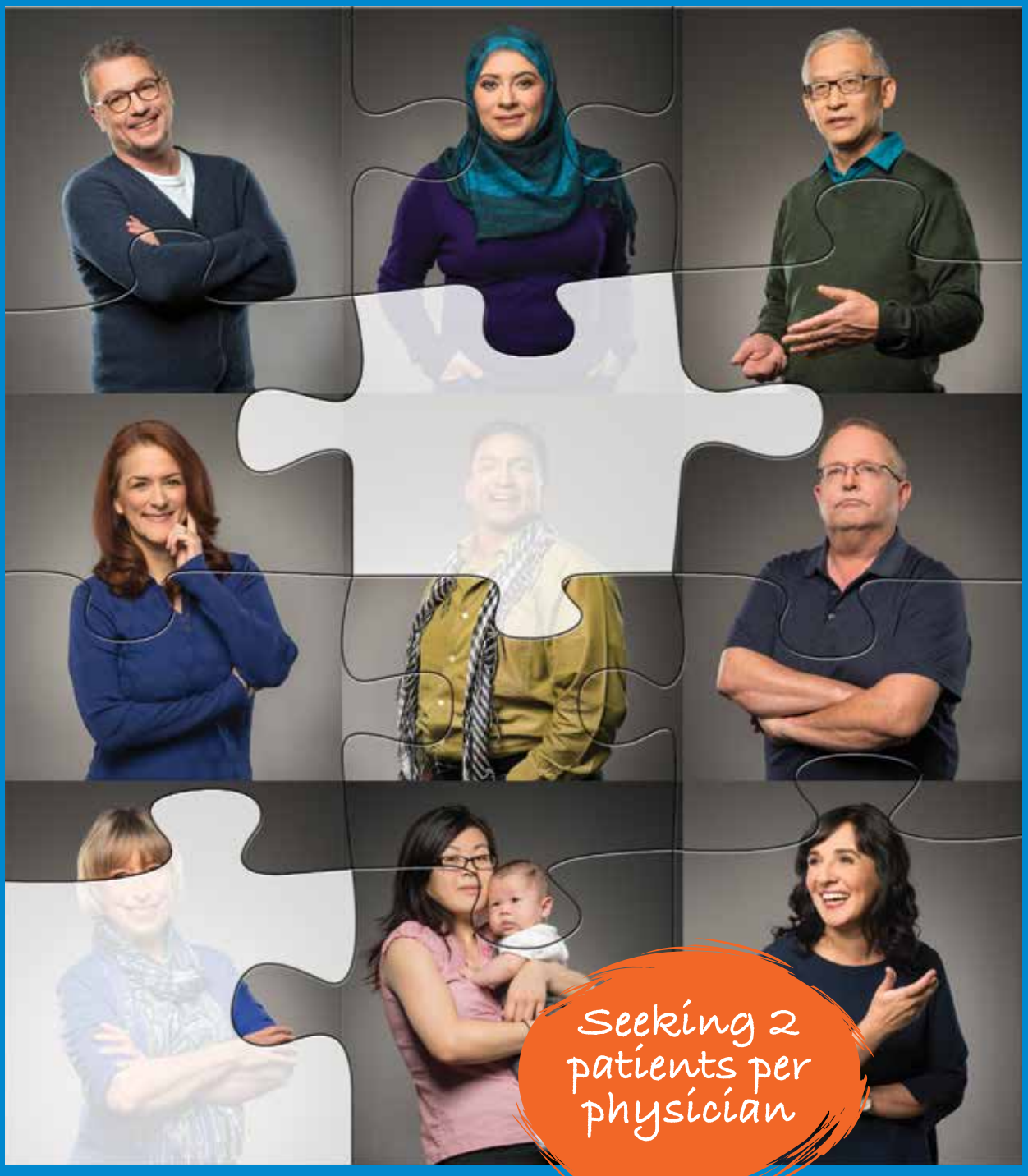

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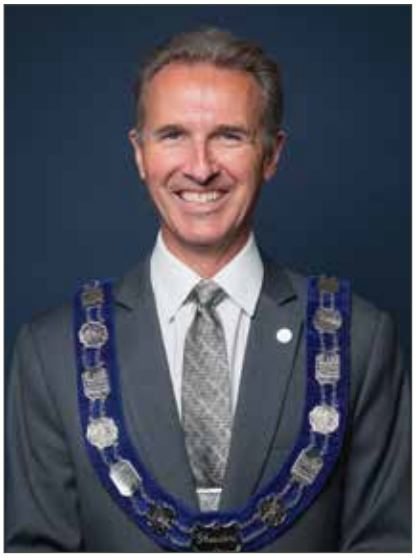
ALBERTA MEDICAL ASSOCIATION

FALL RF/AGM *A year in review and opportunity ahead*

A message from your new president



AMA President, Dr. Neil D.J. Cooper

I want to introduce myself as your new president. I am a Calgary pediatrician who has been active with the Alberta Medical Association for almost 20 years in various roles, mostly related to fees and information technology. I am honoured to have been elected to serve as your president for the 2017-18 year.

Like you, I have been struggling to care for my patients in our health care system, which is really a series of people and programs working extremely hard but without any real coordination. For as long as I can remember, physicians have been asking to have input into the system.

The good news is that recently, with our Amending Agreement, things have turned a corner. We are now seen as necessary leaders in system transformation. I am hopeful that as we move ahead over this next year, we will see real progress on many system-wide initiatives.

Representative Forum update

We recently completed a very successful Representative Forum meeting, and I want to give you the highlights and a sense of the year ahead.

First of all, it was awesome to see the RF in action. It is always amazing to watch so many smart and articulate people with different viewpoints come together and get to the heart of what is important so that the AMA has clear direction as we continue to plan for the next steps. This was especially obvious at this meeting as we watched specialists and general practitioners work together to solve some potentially contentious issues. As always, putting the patients' needs as the top priority served us well.

New Vision, Mission and Values statement

Over the last year, with the input from the RF, the Board developed our new Vision, Mission and Values statement. This document will help guide us as we use it to mold our positions on all of our activities. It focuses on physician leadership, professionalism and stewardship and highlights how a high-performing health care system will work toward patient-centred quality care.

Session with the Minister of Health

Minister of Health Sarah Hoffman joined the RF to address delegates and partake in a question and answer session. The Minister has attended every meeting of the RF since taking on the health portfolio. Her openness to questions and the value she clearly places on the relationship between her government and the profession are greatly appreciated.

Negotiations 2018

We had a presentation from our Negotiating Committee who will begin discussions with Alberta Health later this fall. Our position builds on a foundation from the Amending Agreement and further works to solidify physicians as leaders within the system and stewards of resources. We want to further the work with government and Alberta Health Services toward a high-performing health care system in Alberta.

Income Equity Initiative Plan

At the Spring 2017 RF, the AMA board was directed to produce an Income Equity Initiative plan in time for this Fall RF. The AMA >

> Compensation Committee and health economics staff worked tirelessly over the summer to come up with this plan. They had many consultations with section representatives during this time. The plan was presented at the RF, and several resolutions arose that will guide us in the next steps.

The leaders of the Section of General Practice, Section of Rural Medicine and the newly formed Specialist Care Alliance worked together to bring an important set of guiding motions that allowed sections to have more time to discuss the plan with their members, while continuing to pursue the Income Equity Initiative data-collection phase. Watching this group in action was the highlight of the RF for me as we saw leadership, collegiality and an incredible sense of unity in the room. I have never been so proud to be an RF member.

I think of this project as a slow moving train with its tracks being laid in front of it. There will be mountains along the way to go around or tunnel through, but the destination is clear and the resolve to get there is great.

In my first RF as "the new guy," I was excited to meet and talk to so many people. I discovered that it is a very long walk to the washroom when there are so many people with whom you want to communicate. I think future RFs will require a certain degree of dehydration. I continue to look forward to hearing from and meeting many members over the coming months.

I would really like to explore other ways to communicate with members to give you more choices around how you receive information from the AMA. As a beginning, the AMA has developed a new discussion tool for sections that will be rolled out soon.

I look forward to working with and learning from you in the year ahead. ■

FALL RF/AGM *A year in review and opportunity ahead*

Valedictory address from immediate past president

AMA Immediate Past President, Dr. Padraic E. Carr

Highlights follow from the valedictory address of outgoing President, Dr. Padraic Carr. His term began September 24, 2016 and ended September 16, 2017.

I would like to thank the membership for allowing me to serve as president of the Alberta Medical Association. I am humbled by the trust that has been placed in me. Serving as president is a tremendous responsibility, which I have taken very seriously.

For me, it has been a rewarding experience. Meeting with many of you around the province, I have been reminded of your intelligence, compassion and expertise. You have invested many years in training. You work long hours and spend late nights on call. You see patients and families at their most difficult times and help guide them through. You balance responsibilities of caregiver, business manager and system protector, any one of which is more than a full-time occupation. You do all of this often with little thanks or appreciation, but for the personal satisfaction of helping people. As I look back over the year, I can think of no other group which I would have been more proud to represent.

This year included an introspective look for the AMA at who we are, who we represent and where we see our future. In that spirit, the Board undertook the task of reshaping our Vision, Mission and Values statement. If we are going to represent our members in the health care system, we need to be confident that our representations are in keeping with our values and beliefs. I am proud of what the Board has developed with the input of the Representative Forum (RF). I believe it will serve us well for years to come.

There is no greater example of the need to affirm our fundamental mission than our Amending Agreement and all of its multi-layered elements. It was ratified by the general membership this year and is still unfolding. Some of its dimensions have been:

- Limited financial risk-sharing in exchange for a stronger position in the health care system.
- The Primary Care Networks Governance Framework will assure the place of PCNs in health care delivery for the citizens of Alberta.
- Physicians who work under Academic Alternative Relationship Plans will now have the AMA sitting at key committees, making sure their interests are protected as they serve in clinical care, research, teaching and leadership roles.
- The Strategic Agreement gives some of our members who did not have proper representation rights the support they need and the ability to use binding arbitration.
- Creation of a Physician Resource Planning Committee – now established in regulations – to develop a needs-based physician resource plan.

The question of income equity has also been prominent this year. As a medical resident in the 1990s, I would hear discussions from staff about income equity and relative value guides. Those discussions have not abated over time. This year the RF has directed that we address the issue.

We believe we need to seek information so that we can understand why payments are distributed as they are. Then we need to consider whether there is any cause for concern in what we learn. If so, then we need to develop a plan so that concerns can be addressed in the future.

How we treat each other regarding compensation speaks to who we are as doctors, and I look forward to the work ahead. At the end of the day, we must do what is best for the profession and the patients we serve. >

> That concept will be key to the upcoming negotiations for a new master agreement in 2018. Whether we are examining incomes and payment models, physician resources or health care system improvements, our upcoming negotiations will have ramifications for years to come. There are many opportunities here to improve how we care for our patients. We may have differing opinions on various issues at times, but I believe we can remain united behind this main objective. The greatest wisdom comes from the discussions of the whole.

I want to thank our Board for all of their advice, wisdom and leadership. I wish Dr. Neil Cooper and the new Board every success for the coming year.

It is also important to remember that as we look after our patients and advocate through our Association, we need to look after ourselves. Take breaks, set limits and spend time with those who matter in our personal lives. It makes us more effective caregivers.

Thank you for giving me the honour of serving as your president. ■

FALL RF/AGM *A year in review and opportunity ahead*

Meet your new president and president-elect for 2017-18

Dr. Neil D.J. Cooper

2017-18 PRESIDENT

Dr. Neil Cooper is a pediatrician and sports medicine physician in Calgary. He graduated from the University of Calgary Medical School in 1990 and completed a pediatric residency at the Alberta Children's Hospital in 1994. He received a Diploma in Sports Medicine in 2007.

Since 1995, Dr. Cooper has had a diverse pediatric practice. He has a general pediatric consulting practice in Calgary and he is a consultant pediatrician with Matrix MSK Sports Medicine Clinic, the Sheldon Kennedy Child Advocacy Centre – Child Abuse Service, and the Alberta Children's Hospital. He has offered his expertise on external committees locally, provincially and nationally, and he has many invited addresses and publications to his name. Dr. Cooper is also a clinical assistant professor in the Department of Pediatrics at the University of Calgary.

For 25 years Dr. Cooper has been Calgary Chapter Medical Director and Organizer of Dreams Take Flight, taking 150 children to Disneyland every fall. He has also been involved with Samaritan's Purse International Relief where he's been team physician on mostly youth teams travelling to Nicaragua, Honduras, Argentina, and most recently, Cambodia.

Dr. Cooper began activities with the AMA in 1996 with the Section of Pediatrics, serving as its fees representative, then president and past president. He later served for seven years as a member of the Fees Advisory Committee and then nine years as a member and co-chair of the AMA Compensation Committee. He has served as a member of many other internal AMA committees. Currently, Dr. Cooper sits on the Board of Directors (since 2012) and is a Representative Forum delegate (since 2006).

In his role as president, Dr. Cooper will continue on the Board of Directors and will serve on various internal and external committees such as the Representative Forum Planning Group, Executive Committee and Provincial Physician Liaison Forum. >

Dr. Alison M. Clarke

2017-18 PRESIDENT-ELECT

Dr. Alison Clarke is a family physician and fellow of the College of Family Physicians of Canada who has practiced for over 20 years. She has been involved with primary care networks since the PCN concept was first established and participated in the original planning and implementation. She serves currently as the medical director of the Calgary Rural PCN and also as an admitting physician in acute care for Strathmore District Health Services.

Dr. Clarke has a strong background with the AMA. She was a Board of Directors member from 2010-13 and a Representative Forum delegate from 1999-2013. Other AMA positions have included the Nominating Committee, the Ad Hoc Committee to Review AMA's Regional Structure and delegate to the Canadian Medical Association General Council.

She has also been a leader in other roles including president of the Rural Medical Staff Association and chief of staff of Strathmore District Health Services. Her writing has appeared in *Vital Signs* magazine on the topic of medical practice from a rural perspective. She provided the following commentary when nominated as president-elect:

I have devoted time with the Alberta Medical Association over the years because I feel it is an organization that unifies our profession and allows us to speak with one clear voice. I see how we have helped to guide the delivery of medical care in the province. There will always be changing influences with different government visions but the AMA has allowed us to continue to focus on what is important.

On a more personal note, I have been honoured to be a rural family doctor for over 20 years now. I have enjoyed the scope of medicine I have been able to provide in my town and I have been rewarded in the relationships I have developed with my patients and their families. I have worked with tremendous colleagues in all areas of my practice and leadership roles that show the commitment of individual physicians on a daily basis.

I am married and the mother of two sons. We are a sport family and I know far more about soccer than I ever thought I would! My older son is in his second year of engineering at Queens and my younger son is in Grade 12.

My husband is from Croatia. Our experiences visiting his family and enjoying that culture have brought a richness to our lives. In general, I love to travel and after my time on the Board of Directors, we took the kids out of school and travelled around Europe, Africa and the Middle East for a number of months.

On the website, Board members remember their favourite memories of their association with the AMA. Mine would be that my son and I were the poster people for the Negotiating 2001 public awareness campaign about physician fees and there were posters of us in medical clinics and hospitals throughout the province. I will also always recall that my younger son attended the Representative Forum with me at two months old, so participation with the AMA is a family affair. ■

FALL RF/AGM *A year in review and opportunity ahead*

Recognizing outstanding achievement in health care

The Alberta Medical Association Achievement Awards were created to honor physicians and non-physicians for their contributions to quality health care in Alberta. The Medal for Distinguished Service and the Medal of Honor are the highest awards presented by the AMA.

Medal for Distinguished Service

The AMA Medal for Distinguished Service is given to physicians who have demonstrated an unwavering commitment to their communities and passion for their work. This year, three recipients have made outstanding contributions to the medical profession and to the people of Alberta. In the process, they have raised the standards of medical practice for our province.

Dr. Gary A.J. Gelfand
(no photo available)

Dr. Gary Gelfand has devoted his career to improving care and advancing treatment for patients living with thoracic illness. He is considered a national expert in the care of patients with complex airway diseases, including subglottic tracheal stenosis and thoracic outlet syndrome. A pioneer in the use of bronchoscopic endobronchial ultrasonography (EBUS) as a staging tool for lung cancer, he has trained dozens of physicians and surgeons who have travelled to Calgary specifically to learn from him.

Dr. Gelfand is a skilled, compassionate clinician, a dedicated educator and researcher, and a champion of the importance of collaborative medicine, who has had a profound and measurable impact on Alberta's health care system and patients.

In 2011, Dr. Gelfand was instrumental in developing and launching the Alberta Thoracic Oncology Program, which brings together lung cancer specialists in all fields to help improve the patient experience. His collaborative, patient-first approach helped ATOP refine existing triage processes so that patients saw the most appropriate health care provider first, and reduced critical wait times.

Dr. Gelfand's commitment to clinical excellence and multidisciplinary care is matched by his dedication to teaching and research. A clinical assistant professor in the Department of Surgery at the University of Calgary, he has shared his skills and experience with hundreds of medical students. In 2001, he received the Gold Star Letter for Excellence in Teaching. He has published and presented extensively on a wide range of topics relating to lung cancer, thoracic surgery and improving patient outcomes.

Dr. David S. (Shaun) Gray
(no photo available)

Dr. Shaun Gray's commitment to improving the lives of people living with neurological injury has guided the trajectory of his medical career. He is considered one of Canada's preeminent experts in neurologic rehabilitation and is highly respected for his clinical expertise and his impassioned advocacy on behalf of patients and families living with devastating brain injuries. Over the past quarter century, Dr. Gray has demonstrated a level of compassion for and commitment to his patients that has improved outcomes and quality of life, created new approaches to rehabilitation and strengthened the medical profession in innumerable ways.

Dr. Gray is director of the Division of Physical Medicine and Rehabilitation for the University of Alberta and the Edmonton Zone clinical section chief for Physical Medicine and Rehabilitation. He is also a consulting physiatrist at the Halvar Jonson Centre for Brain Injury in Ponoka, and a clinician at the Vestibular Clinic and the Spasticity Clinic at the Glenrose Rehabilitation Hospital. Under his leadership, the integration of services between acute care hospitals, rehabilitation hospitals and long-term centers has been strengthened, improving both continuity-of-care and patient outcomes.

Dr. Gray's research has advanced the science of medicine and helped provide much-needed tools to address brain injuries. Recently, this included the discovery that individuals with severe brain injury – who are considered slow-stream recovery or not suitable for admission to conventional rehabilitation – are >

> capable of significant functional recovery, months or even years post injury. This has dramatically changed the rehabilitation path for many individuals and improved their quality of life.

Dr. Nairne W. Scott-Douglas

Dr. Nairne Scott-Douglas' impact on improving the health of people living with kidney disease cannot be overstated. He has played a pivotal role in advancing the practice of medicine in Alberta and was instrumental in establishing Canada's top clinical and academic nephrology group in Calgary. He is recognized and respected as an outstanding clinician and educator, a driven researcher and a visionary leader who has helped unite Alberta's entire renal community.

During his 12 years as division chief of nephrology at the University of Calgary, he spearheaded several important initiatives that improved both care and outcomes for patients living with kidney disease. This included the development of the Glomerulonephritis Clinic, which provides care to the most acutely ill outpatients with kidney disease, and the Outreach Nephropathy Prevention Clinics in First Nations' communities in southern Alberta. He played a pivotal role in establishing the Roy and Vi Baay Chair in Kidney Research, one of the largest research chairs at the University of Calgary.

Dr. Scott-Douglas is senior medical director of the Kidney Health Strategic Clinical Network. This past year saw his team at the SCN gather 350 nurses, doctors, allied health professionals, scientists and community partners, in partnership with the Kidney Foundation, to host Alberta Kidney Days – a two-day symposium that featured presentations on the latest innovations and research in kidney care. He also contributes countless hours to the Kidney March, an annual 100 kilometer walk over a three-day weekend in September that raises awareness about kidney disease and organ donation.

AMA Medal of Honor

The AMA Medal of Honor is presented to non-physicians who have made significant personal contributions to ensuring quality health care for the people of Alberta.

Sangita (Gita) Sharma, PhD

Dr. Gita Sharma, a professor and Endowed Chair of Indigenous Health in the Department of Medicine at the University of Alberta, focuses on improving the health of Indigenous, youth and immigrant populations in Alberta and across Canada. She has received more than 40 research grants and has engaged many national and international multidisciplinary collaborators in her work. Her global experience has provided her with a unique insight into the interplay between cultural factors and health, and she has become well-known for examining the nutritional value of various Indigenous and modern diets. Her research has had a significant impact on the scientific understanding of the effect of remote environments on nutrition and health.

Dr. Sharma's unique, collaborative community approach has brought together a broad range of partners and informed government policy, practice and services. As the principal investigator for "Healthy Foods North," Dr. Sharma worked closely with six Indigenous communities in the Northwest Territories and Nunavut to develop a nutrition intervention that was based on an extensive dietary assessment. Her "Why Act Now" project saw her work with students and teachers at Edmonton public and Catholic schools to gather and analyze health data on urban youth.

Dr. Sharma is considered to be one of the world's preeminent health and nutrition researchers. She has published 134 papers and been cited over 2,240 times throughout her career. She is a recipient of the Global News Edmonton Woman of Vision award and was featured on the cover of the August 2015 issue of *Avenue* Edmonton.

AMA Award for Compassionate Service

The AMA Award for Compassionate Service honors physicians who, during their careers, have served as an inspiration to others with outstanding compassion, dedication and extraordinary contributions to volunteer or philanthropy efforts to improve the state of their communities.

Dr. Moosa Khalil
(no photo available)

Dr. Moosa Khalil is an anatomic pathologist and cytopathologist at the Foothills Medical Centre, in conjunction with the University of Calgary and Calgary Laboratory Services. His unwavering commitment to patients and to ensuring they receive the most accurate, timely diagnosis possible – and to helping future generations of pathologists do the same – is his most important contribution and his extraordinary gift.

He is known and respected by his colleagues for his commitment to doing right by each patient, and for devoting himself to giving each diagnosis the time and attention it deserves. He never loses sight of the fact that there is a person behind every result, and his attention to detail and his diagnostic standards have made him the "go-to" person for other pathologists who turn to him for advice.

Dr. Khalil has devoted considerable time and effort to improving laboratory health care to underprivileged parts of the world. This has involved multiple journeys to Cameroon and Laos, where he has worked with locals to establish or improve diagnostic capabilities, providing guidance and much needed equipment and supplies.

His passion for teaching and mentoring is also evident in his work as a clinical associate professor >

> of pathology at the University of Calgary. Dr. Khalil is known as a dedicated teacher, whose ability to describe and depict the complexities of pathology has influenced hundreds of young residents. He received the Teacher of the Year Award by residents in pathology at the University of Calgary on four separate occasions.

Dr. Daniel M. Li
(no photo available)

Edmonton psychiatrist Dr. Daniel Li has dedicated his career to caring and advocating for people living with severe mental illness, both at home and in China. He has gone above and beyond in his treatment, care and compassion for an often marginalized patient group, and in the process has changed the lives of patients and their families.

Since 2001, he has practiced general adult psychiatry at Alberta Hospital Edmonton and at the University of Alberta Hospital. As president of the Alberta Hospital Edmonton Medical Staff Association and chair of the Medical Advisory Committee, Dr. Li advocated diligently to halt the threatened closure of Alberta Hospital, and succeeded in securing $25 million in funds for new units. He was instrumental in developing Young Adult Mental Health Services, which filled an important service gap within the Edmonton region, and in developing a Medical Clearance Protocol for the hospital.

His volunteer work with EMAS (Education, Medical Aid and Service), China East, has been equally impactful. For the past 15 years, Dr. Li has travelled annually to China to provide desperately needed mental health, medical and dental services to patients, as well as teaching and training to local medical professionals.

As a clinical assistant professor at the University of Alberta, Dr. Li shares his compassionate approach to mental health with generations of young physicians. His work as a clinician, a teacher and mentor, and a champion for the needs of people living with mental illness has made the world a better place.

Recognizing outstanding service

Each year, the Alberta Medical Association and Canadian Medical Association bestow awards to a group of dedicated physicians whose service and contributions to the associations and the profession have made a significant difference. Below we highlight the 2017 recipients, along with their personal reflections on their service.

L to R: Michael A. Gormley, AMA Executive Director, Dr. Phillip W. van der Merwe, Dr. David W. Wildeboer, Dr. Carl W. Nohr, Dr. Paul E. Boucher, Dr. Shelley L. Duggan, Dr. Maeve O'Beirne, Dr. Derek R. Townsend, Dr. Scott F. Wilson and Dr. Padraic E. Carr, AMA President. Missing from photo Dr. Paul Parks.

AMA Long-Service Award

The AMA Long-Service Award recognizes physicians with 10 years of AMA service who contribute their knowledge, skill and time to the advancement of the profession. Their work, whether on the Board of Directors or its committees, supports and encourages the association's development.

Dr. Paul E. Boucher
Intensive Care, Calgary

I was the section representative for Intensive Care for three years and was introduced to the Representative Forum and the fantastic work the AMA does. I have served for the past six years on the Board of Directors and have sat on a variety of board-related committees such as the Nominating Committee, the Provincial Physician Liaison Forum, and the Executive. I have found my time serving on the board most rewarding.

Over the years we have seen an evolution in our relationship with government and a change in our role in the system. Being part of this evolution has been interesting and challenging. I am looking forward to seeing how our role evolves over time. My goal is to help ensure we have a better health care system; better for patients and better to work in.

The AMA values our role in the health care system and the time we put forward in the service of the profession. Being a part of this has shown me how a group of people working together can accomplish great things.

Dr. Shelley L. Duggan
Critical Care and Nephrology, Edmonton

I have had many roles at the AMA, most recently as a board member, which offers a new and exciting challenge. I am part of the exciting changes the AMA is advancing regarding physician stewardship and participation in decision making in the health care system. I also thoroughly enjoyed my time as president of the Edmonton Zone Medical Staff Association and my role on the Council of Zonal Leaders, where I was able to advocate for Edmonton Zone doctors and join forces with the other presidents to discuss province-wide issues physicians face.

Working with the AMA allows you to you meet physicians in different disciplines from all over the province >

> and gain a wealth of knowledge and insight. You realize that many of the struggles are the same, regardless of where you practice. You also get a chance to meet the important players in the system, which enables one to bring about change by discussing ideas.

Dr. Carl W. Nohr
General Surgery, Medicine Hat

It is a privilege to serve patients and our profession in any capacity. Serving as Speaker fulfilled my personal passion for order, progress and respect for all. My term as President gave me many opportunities to learn from and be of service to our profession and the public. My participation in AMA activities and the many positive, supportive and influential interactions it has afforded me, has helped me better appreciate AMA staff, fellow physicians, allied health workers, politicians and patients. This is very meaningful to me; thank you.

I believe the most useful things that occurred during my time of service were demonstrating the possibility and worth of good relationships with politicians, the value of good meeting management, the importance of our role as stewards in the health system, highlighting the terms of the social contract, and advancements in equity.

I would like to be remembered as a doctor and as an advocate for stewardship and observance of the social contract, for providing service to society and profession, and for assisting in developing effective relationships across the system. I will always believe it is possible to respect the best interests of all as we work together to craft an integrated and sustainable health system. I support compassionate service rather than self-interest as the path to anything good in life, including effectiveness as a leader, professional satisfaction and personal happiness.

Serving in the AMA has helped me realize the importance of loving my job, remembering who I am and who I work for, giving something back, choosing service over self-interest and practicing compassion in all I do.

Dr. Maeve O'Beirne
Family Medicine, Calgary

I served on the Board of Directors at a time when we were starting to look at fee equity. There were many interesting discussions around how to do this without alienating whole sections. I was also on the Toward Optimized Practice Steering Committee when TOP was moving into other areas besides clinical practice guidelines, including AIM (Access Improvement Measures) and other quality improvement initiatives. I later served on a committee that was exploring accreditation for primary care. Ensuring that primary care is practiced as efficiently and effectively as possible continues to be my primary interest. Introducing quality improvement methods into primary care practice is one of the most important concepts of the committee work I was involved in.

Being a part of the leadership of the AMA helped me understand the big picture of organized medicine, why things move so slowly, and why decisions are made that do not necessarily make sense in each medical setting.

Dr. Paul Parks
Emergency Medicine, Medicine Hat

I've enjoyed my work with the Section of Emergency Medicine and the opportunity to serve as an advocate to improve system-wide Access Block, which involved bringing about provincial patient-oriented objective measures of acute care access through site-specific provincial reporting. This required advocating with government for transparent reporting of access benchmarks and addressing system-wide Access Block. I've also enjoyed my ongoing work as an AMA board member, focusing on improving patient access, system efficiencies and advocating for physicians through trying to address fee/income equity.

The AMA is a very strong organization that helps with the professional components of a physician's career – specifically around advocating for system improvement. An important component of our professional duty is to act as system stewards and patient advocates, and the AMA provides an excellent vehicle to do this.

Dr. Derek R. Townsend
Critical Care Medicine, Edmonton

I began my AMA contributions working with the Section of Intensive Care as the secretary-treasurer, then as president and now past president. Representing intensive care medicine at Representative Forum was a valuable learning experience that readied me for committee work on the Fees Advisory Committee and the After Hours Working Group.

Recently I have been elected to the Board of Directors, representing all physicians and learning about their many disciplines and practice patterns. I think the most important issue facing health care is financial stewardship of our health care resources. The biggest threat to sustainable, value-added patient care is wasteful and inappropriate use of resources and finances in an ever-expanding health care system without the incremental improvements in patient care. This will be the primary underlying issue of health care in the future.

My experience with the AMA has provided time with old and new friends, and given me perspective into others' patient care, practices, management approaches, and strategic thinking that has expanded my appreciation and knowledge of our physician team providing care to all Albertans.

Dr. Phillip W. van der Merwe
General Practice, Calgary

I was a founding member of my "home" PCN 11 years ago, now numbering close to 400 members. It has been my honor to have been a co-chair of the Provincial PCN Leads Executive for the past six years representing 3,900 members. These fledgling grassroots networks are succeeding in driving the integration of primary care, influencing the AMA, AHS and government, and having a profound impact on health care in this province.

With the 88% ratification vote on a new PCN Governance Framework, we can celebrate a clear mandate and engagement of family doctors, >

> who have demonstrated that we are reaching beyond personal gain to achieve system gain, through patient-centric team-based care. We can celebrate that Alberta is seen as a federal leader in primary care reform in collaboration with our specialist colleagues, which is integral to this success.

I want to specifically stress the remarkable respect and support (and patience!) from the AMA and its staff. I have immensely enjoyed my experience with them, now part of my extended family. I offer that the AMA is only as good as its members. And I encourage all my colleagues to not be afraid to question or challenge the status quo – healthy debate and disagreements are integral to growth.

Dr. David W. Wildeboer
Family Medicine, Lacombe

Two things come to mind. The first is time spent with many different stakeholders working on primary care reform in ad hoc committees with AMA staff and other family doctors. The second is serving as one of the Section of Rural Medicine's Representative Forum delegates and working together with physicians of all specialties. One of the accomplishments I'm most proud of was helping to define and establish primary care networks. Lots of people were, and continue to be, involved and I'm happy to have played a small part. Built on the idea of team-based care, PCNs deliver the right care at the right time, which is good for patients and for the entire health care system.

AMA service is important, as it isn't just about the profession; it's more importantly about advocating for a better health care system for our patients. Get involved early – it's rewarding!

Dr. Scott F. Wilson
Neurology, Calgary

There have been two major components of service to the AMA through the Representative Forum as the president of the Section of Neurology and information technology. I became involved in the Physician Office System Program (POSP) and served as a representative of the Board of Directors on the POSP Committee and subsequently the AMA Information Management/ Information Technology Coordinating Committee.

Computers and information technology is a big part of medicine and touches all aspects of our current practice of medicine. It is amazing to see how much this has changed over my practice lifetime. We've gone from analog to digital. This will only continue to deepen and physicians and the AMA need a strong voice in this theatre.

For me the reward of my work at the AMA has been largely about the collegiality of fellow physicians and AMA staff with whom I've worked with all along the way.

CMA Honorary Members

CMA Honorary Members are those who have distinguished themselves by their attainments in medicine, science, the humanities or who have rendered significant services to the association, are members in good standing, and have attained the age of 65 years. Honorary members have also significantly contributed to the goals and aims of the AMA and have been recognized with Member Emeritus distinction.

Dr. Daniel J. Hryciuk
(no photo available)
Emergency Medicine, St. Albert

After serving for many years on the executive of my section, I became a member of the AMA's Committee on Membership Benefits in 1990, serving as chair from 1993-96. In 1991, I joined the Schedule of Medical Benefits Subcommittee and, until 2016, represented the AMA in negotiations with the government to manage the schedule of payments for the physicians of Alberta. Along with the amazing AMA staff, we worked with government to change the billing system to the CCP that is still in place today. I also represented the AMA on the development of alternate relationship plans that allows physicians to move away from fee-for-service. I served with many wonderful physicians during those years.

My wife called my time at the AMA "my hobby." I would encourage all physicians to get involved with any level of service to your organizations. The knowledge you will gain and the people you meet will more than compensate your time.

Dr. Christine P. Molnar
Nuclear Medicine/PET CT and Diagnostic Radiology, Calgary

The past six years on the AMA Board of Directors stands out as my most meaningful professional experience beyond my clinical engagement. During my time of service on the board we have successfully negotiated a master agreement with Alberta Health, and a subsequent strategic Amending Agreement. The AMA Amending Agreement provides a potential first step towards collaborative engagement in system change in the delivery of health care with Alberta Health and Alberta Health Services. We have worked on fee relativity in the Schedule of Medical Benefits, equity issues in the profession and increased engagement of sections.

My career goals have been focussed on patient advocacy, quality improvement and clinical excellence. Through the power of the AMA we can support excellence in care and enable change to achieve our vision. Hearing the voice of Alberta physicians, their professional integrity, and devotion to achieving the highest quality of medicine possible for Albertans is a powerful experience. It is inspiring to be part of that team. I have enjoyed my connections with other physicians from across the province. By working together we can accomplish so much more than if we go it alone. >

AMA Member Emeritus Award

The Member Emeritus Award recognizes significant contributions to the goals and aims of the AMA, seniority, long-term membership and distinguished service (20 years) based on criteria determined by the Board of Directors. Members Emeriti enjoy all the rights and privileges of a full member, but shall not be required to pay annual dues.

L to R: Dr. Padraic E. Carr, AMA President, Dr. Noel W. Grisdale, Dr. John E. (Jack) Bromley, Dr. Christopher G.M. Evans and Michael A. Gormley, AMA Executive Director.

Dr. John E. (Jack) Bromley
General Practice, Red Deer

My original involvement with the AMA was in the late 1980s when, as president of the NWT Medical Association, I worked, with AMA's support, to bring the NWT into active participation as a division of the CMA. After moving to Red Deer, I became involved with the PSA Screening Guideline Committee and, for 17 years now, have served on Representative Forum as a regional rep. Most recently, I have worked with the Central Zone Medical Staff Association.

A lot of issues came through RF over these years and there have been both successes and disappointments. I am most encouraged by the recent direction of primary care reform, and am greatly pleased to see RF recognize the inequities in remuneration within and between different sections and the need to make significant adjustments.

I have always been proud to be a part of the AMA. We are a strong organization with a genuine interest in both the public and the profession. I encourage younger colleagues to get involved for the opportunity to have an active influence.

Dr. Christopher G.M. Evans
Emergency Medicine, Edmonton

I served on the Board of Directors for six years and have been a member of numerous committees and working groups, largely centered around financial-related issues. I have been the emergency medicine representative for the RVG Commission, and fees representative for the Section of Emergency Medicine for the past 18 years. During this time, we completely revamped our fee schedule to be fairer, by using a mathematical model developed by me in my RVG dealings that assesses intensity and time as determined by an expert group (the section executive) to determine the mathematical inputs to arrive at a fair INRV for any given code.

My AMA service has unquestionably brought deep satisfaction to my career. The AMA is a noble organization, and having served my fellow physicians via the AMA has brought me much pride. I would highly recommend that new physicians get involved with the AMA as soon as they are comfortable enough with their clinical practice to do so.

Dr. Noel W. Grisdale
Rural Family Medicine, Black Diamond

I have been very fortunate to have had a number of rewarding experiences via the AMA, however, my time with the Board of Directors and, specifically, my year as president, stand out prominently. It was truly an honor and a privilege to serve my profession in that manner. I enjoyed travelling the province, meeting and engaging with so many talented physicians in all phases of their careers, while working with and getting to know the terrific AMA staff at all levels with the organization.

I spent a number of years chairing the AMA's Governance Oversight Group and while the work we did to create accountability within the Representative Forum, as well as to enhance the functioning of sections, was perhaps not sexy, it was very important. It's been a privilege chairing our Negotiating Committee during the most recent Amending Agreement, as our profession is at a critical juncture attempting to help find solutions to the health care sustainability challenge.

The AMA team has been a terrific one to be a part of; the relationships have been the best part – so many bright and engaging people. All I can say is my AMA service has enriched my life and career immeasurably. ■

TD Insurance is a one-stop shop for AMA members

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Jessica Gallant | RELATIONSHIP MANAGER, AFFINITY MARKET GROUP, TD INSURANCE MELOCHE MONNEX

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The TD Insurance Auto Claims Convenience Centres are there when you need them. They are open 8 a.m. to 8 p.m. Monday to Friday and 9 a.m. to 4 p.m. on Saturday. Currently, there is one location in Edmonton and two in Calgary, with future locations to be announced soon. Find out more at www.tdinsurance.com.

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Reminder All AMA members benefit from a dedicated toll-free phone line at 1.844.859.5655 which offers a preferred level of customer service. Please use this phone number when calling to speak with one of client service center advisors.

Residential claims advice Our advisors are able to provide advice with respect to your residential claim. The advice may include information such as policy coverages, deductible information and impact of claims on premiums. For more information, please contact our claims center toll-free at 1.877.323.0343. ■

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AMA Award for Compassionate Service

Nominate your colleague

The Alberta Medical Association Award for Compassionate Service honours a physician who is an AMA member and who has demonstrated outstanding compassion, philanthropy and/or volunteerism to improve the community where he or she is giving back.

Compassionate service

For this award, compassionate service is defined as follows.

- Demonstrating a significant and extraordinary contribution to volunteer or philanthropic efforts.
- Enhancing the reputation of physicians as compassionate members of the community by giving back locally, nationally or internationally.
- Going outside of one's normal duties and practices to care for others who would otherwise not receive care or support.

Nominations

Please submit the following to the chair of the AMA Committee on Achievement Awards, c/o Janice Meredith, AMA Public Affairs by email to janice.meredith@albertadoctors.org.

- The completed nomination form (must be typed; hand-written submissions are not accepted).
- A letter of support.
- The nominee's curriculum vitae.

The nomination form is on the AMA website. https://www.albertadoctors.org/about/awards/AMA-Award-for-Compassionate-Service.

Alternatively, you may fax the documents to Ms Meredith at 780.482.5445.

Deadline for nominations is February 1, 2018. ■

DR. GADGET

No news is no news

Wesley D. Jackson, MD, CCFP, FCFP

"No news is good news" is a phrase that many patients hear when asking about the results of tests ordered during their clinic visit. This expression originated many years ago when the logistics of contacting patients with the outcome of each of their tests was overwhelming. However, to many patients, the phrase instead means "no news is no news."

Mainstream outlets and social media efficiently announce the failures in this notification system, thereby increasing consumer concern. Many European countries task the patient with maintaining their own medical records and lab tests in an attempt to mitigate risks, but sometimes this results in lost records and disjointed care. Especially in developed nations, technological advances that have resulted in the digitalization of medical records also allow consumers unprecedented and timely access to information of all kinds, including highly personal and confidential information such as banking. Unfortunately providing medical records and results to consumers in the form of patient portals has been delayed considerably in many areas of the world for various, often political, reasons. Modern patients, more and more, would like to change the phrase to "my news is news."

The physician-patient relationship is changing as our connected patients take more control of their own health. A 2014 study suggested that 69% of doctors globally report that patients often look up conditions prior to consultation, and 62% of doctors say that patients often arrive self-diagnosed. My own personal experience would confirm this estimate. Canada Health Infoway data show that approximately 80% of Canadians want access to their health records or other digital health solutions. Currently, most patients do not have their own information, and Dr. Google provides little control over the quality or specificity of the information patients are able to access, leaving users often to assume the worst, triggering increased, rather than decreased, levels of anxiety. Tools that will allow for more active and specific patient involvement have the potential to reduce stress and waste and improve service quality and outcomes.

Especially in developed nations, technological advances that have resulted in the digitalization of medical records also allow consumers unprecedented and timely access to information of all kinds, including highly personal and confidential information such as banking.

Patient portals can be loosely categorized as "tethered," those portals associated with a specific electronic medical record vendor and care provider, and "untethered," those tools designed to gather information from many sources with no specific communication with a care provider. Each type of portal has distinct advantages and disadvantages, with several examples of successful portals of both types in the USA and Canada. Mobile apps associated with patient-facing information have been and are being developed with variable degrees of success. >

> Both types of patient portals are currently undergoing trials in Alberta. MyHealth.Alberta.ca is promising an untethered portal:

> "We are working to make a personal health record feature available on MyHealth.Alberta.ca. With a personal health record, you'll be able to track your height, weight, allergies, conditions and more. You'll also be able to get information from the provincial electronic health record. This means you'll be able to see a list of your medications and some of your lab test results."

Unfortunately providing medical records and results to consumers in the form of patient portals has been delayed considerably in many areas of the world for various, often political, reasons.

This portal will not allow direct communication with a provider, but does give access to key data for many patients.

Dr. Tim Graham, in the July-August 2017 edition of *Alberta Doctors' Digest* describes a tethered patient portal involving seven clinics in the Edmonton Zone piloting a portal called eCLINICIAN MyChart, where more than 90% of patients were extremely satisfied with their use of this service. This portal provides results and information and allows for secure communication with health care providers and patient scheduling. I would encourage the reader to access Dr. Graham's article for more details.

Tools that will allow for more active and specific patient involvement have the potential to reduce stress and waste and improve service quality and outcomes.

While there are concerns associated with the use of online patient portals including, but not limited to patient confidentiality, patient difficulty in interpretation of tests, and difficulty in navigation of the portals, the benefits seem to significantly outweigh the risks in most studies. We are firmly entrenched in the digital age which allows us to bank online, track our packages and even order groceries without leaving our home. As health care providers, we must welcome and carefully prepare for the opportunity to abolish the phrase "no news is good news" for all of our patients. ■

FEATURE

Emerging Leaders in Health Promotion

Promoting health in Edmonton through the Men who have Sex with Men project

Vanda Killeen | AMA PUBLIC AFFAIRS

The ELiHP grant program

The Emerging Leaders in Health Promotion grant program provides funding to help medical students and resident physicians conceive and implement health promotion projects that support the development of their CanMEDS/FM core competencies, particularly health advocacy.

Jointly sponsored by the Alberta Medical Association and the Canadian Medical Association and its subsidiaries – MD Financial Management and Joule™ – Emerging Leaders in Health Promotion (ELiHP) projects facilitate the growth of physician leadership and advocacy skills in a mentored environment while enhancing the wellbeing of the general Alberta population through education, advocacy or community service.

The primary purpose of the Emerging Leaders in Health Promotion grant program project *Digital Approaches to Health Promotion in Edmonton MSM (Men who have Sex with Men)* is to address a significant gap in the provision of accessible, evidence-based and locally relevant health information and resources for this group. This ELiHP project was conducted by a team of medical residents and students at the University of Alberta: Dr. Ian Armstrong, Dr. Riley Davidson, Derek Fehr, Dr. Daniel Friedman, Kai Homer, Dr. Luiz Lisboa, Dr. Ryan Stubbins and Henry Wiebe. The team collaborated with Brook Biggin, a local activist in the GBQT community, to design and deploy a website and related social media tools.

The group researched other jurisdictions and their success as they engaged with their MSM populations through digital platforms that provided specific, targeted health education. A key source was Vancouver's Health Initiatives for Men, who effectively use social media to generate awareness of their websites and the availability of local mental and physical health resources for their MSM populations.

> Respecting your community plays a big role in health promotion advocacy.

Lack of targeted resources

Educational interventions designed to modify risk behaviour in MSM populations do exist, but a dearth of resources targeted directly toward the Edmonton MSM population remains, and this group often lacks cultural relevance.

The statistics speak for themselves. In their ELiHP grant program application, the group noted that MSM populations continue to experience higher rates of the human immunodeficiency virus epidemic, representing 50% of new HIV diagnoses in Edmonton, and 49.3% nationally in 2013.

The incidence of other sexually transmitted infections, including syphilis, gonorrhea and chlamydia remains notably higher in MSM populations, as do depression and anxiety disorders and a dramatically increased risk of suicide attempts. MSM populations are predisposed to alcohol and substance abuse disorders and a higher prevalence of tobacco use.

The foundation of the project's digital outreach platform is the website, with its mixture of static and interactive evidence-based health education materials – developed and curated by volunteer professionals – that address key health disparities in the Edmonton MSM population.

Edmonton Men's Health Collective

www.yegmenshealth.ca

The Edmonton Men's Health Collective website addresses topics that include HIV/STI prevention and treatment, mental health and substance abuse disorders, and some of the social determinants of health that affect the MSM population such as homophobia and social stigma. Actively promoted via social media (Facebook, Twitter and a blog), the EMHC website also provides information about community health resources.

Within a few months of its launch in April 2016, posts and activities on the EMHC's Facebook page had been served directly to individual's newsfeeds approximately 425,790 times and about 60% of website visits routed through Facebook. This demonstrates that a dynamic social media presence plays a vital role in the EMHC's success. >

> Benefits of health promotion

One of the features of the EMHC that the group is proudest of is the significant involvement and solicitation of input, through all stages of development and deployment, of Edmonton's GBQT community. "Respecting your community plays a big role in health promotion advocacy," commented Dr. Stubbins. "We attribute our continuing success in curating conversations with local GBQT men around matters related to their health at least partly to the fact that community – right down to the leadership of the project – was involved at every step of the process. Too often, public health interventions are conceived with little or no input from members of the communities they're designed for."

Too often, public health interventions are conceived with little or no input from members of the communities they're designed for.

In addition to learning the value of community engagement, the members of the team acquired leadership skills in project management and community representation. "Because physicians spend so much time working closely together, we can become almost insular in our perspectives and attitudes," Dr. Stubbins explained.

"This health promotion project helped us recognize that, as physicians, we must work with those outside of our profession in order to creatively and effectively address the health challenges people face. We need to learn how to collaborate with individuals who might approach the task or challenge from a different, but equally valuable, angle."

Lastly, the EMHC project team learned the importance of leadership through advocacy. "Throughout our work with the EMHC, we've had the opportunity to represent GBQT men at a variety of tables. This has helped us learn how to effectively represent and advocate on behalf of a priority population while working with numerous stakeholders."

References available upon request. ■

FEATURE

Emerging Leaders in Health Promotion

Welcome to Canada! Now for the challenge of accessing health care

Vanda Killeen | AMA PUBLIC AFFAIRS

Karl Narvacan

For University of Alberta medical student Karl Narvacan, his Emerging Leaders in Health Promotion grant project is near and dear to his heart. As an immigrant, Karl has "walked in the shoes" of immigrants and refugees, so he has experienced and can understand the many often overwhelming challenges faced as newcomers to Canada.

"I have first-hand experience with migration into a new country and the struggles an average family faces, knowing almost no one in this new place," said Karl. "With several barriers – including learning a new language; overcoming their fear of seeking medical treatment because of potential consequences to immigration status; and understanding the Canadian health system model and methods for accessing health care – there's a real danger that immigrants and refugees with chronic health conditions may not seek the medical attention and treatment they need."

Therein lies the premise of Karl's ELiHP project *HealthLINC: Health Literacy and Information for Newcomers to Canada.*

"Migrant and refugee health remains an under-served sector of public health care, despite the growing immigrant population in Alberta and Canada," said Karl, adding that this situation exists for a number of reasons.

> I've always been interested in migrant health and our experience through this project – of decreasing the gap between health care access and newcomers to Canada – has been phenomenal.

"Health care information specific to newcomers to Canada is lacking, even in immigration service centres," Karl explained. "And despite the proven benefits of having a family physician, particularly for vulnerable populations such as migrants and refugees, the search for a quality family practice within convenient, accessible proximity – that is accepting new patients – can prove very challenging."

Karl knows from both anecdotal and personal experiences that new migrants and refugees are often coming here with understandings and perceptions of health care models based on their countries of origin.

And as mentioned, they may fear consequences to their immigration status as a result of seeking medical treatment. "These factors can make our Canadian model seem very foreign and difficult to navigate," says Karl.

With its free information seminars on the health care system and how to navigate it, HealthLINC aims to bridge these gaps. Integrated within the context of services provided by Migrante Alberta – an organization that supports temporary foreign workers – the half-hour *HealthLINC* sessions provided information on many topics including the following:

- basic tenets of the Canadian health care system
- financial coverage of drugs and health care services
- how to get an Alberta Health Care card
- organ donation
- hospital services
- 911/ambulance services
- when to go to the emergency room

The two presentations, made to members of Migrante Alberta, were followed by 10 to 15 minutes of guided exploration of the Primary Care Network website and other related web resources in search of available family physicians that are geographically suitable (located near the client's residence or workplace).

Project co-leads and fellow University of Alberta medical students Shez Kassam and Christine Patterson assisted with presentations and other aspects of *HealthLINC*. The pair helped draft an ethics application and create the presentation materials and a >

> poster for the AMA Advocacy Night, and they helped Migrante Alberta clients navigate the PCN website and find family doctors. "I couldn't have done this without their help," Karl said.

Also essential to the success of *HealthLINC* was project mentor Dr. Jill Konkin, Associate Dean of Community Engagement, Faculty of Medicine & Dentistry, U of A.

"I was most grateful for the mentorship and supervision provided by Dr. Konkin," Karl commented. "As a physician, educator and social advocate, she helped guide me through the whole concept of *HealthLINC* and the identification of its goals and objectives."

At some point, Karl intends to perform quantitative evaluations of his project but more presentations will be required. However, the feedback he and his two project co-leads gathered from the two presentations to date was positive.

"This was a well-received project, and both Migrante Alberta coordinators and members were receptive and appreciative of the project goals," he explained. "We've received several requests for more information from the presentation participants such as telephone numbers of relevant agencies, websites for related resources and information about mental health resources available to newcomers."

Karl expressed appreciation of the support offered by the ELiHP grant program and the opportunity the funding provided him to "give back to the community ... and to work on something that I'm truly passionate about and have been thinking about since I got into medical school."

"I've always been interested in migrant health and our experience through this project – of decreasing the gap between health care access and newcomers to Canada – has been phenomenal. I believe that the experience has made me a better person," concluded Karl.

References available upon request. ■

FEDERAL TAX REFORM: COMPLEX & CONTROVERSIAL

We need a strong voice.

It is time to renew your CMA membership. And it's never been more important.

With the legalization of cannabis, proposed federal tax reform and our aging population, Canada's health care future requires leadership from physicians across the country. The CMA is there for you, and together we are advocating to address these national priorities. By renewing your membership, you'll strengthen the voice of physicians on matters critical to the medical profession and the health of Canadians.

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Association médicale canadienne | Canadian Medical Association

1867–2017 150

What could happen if you leave your comfort zone?

Fernando Mejia, MD, PGY3 | PUBLIC HEALTH AND PREVENTIVE MEDICINE, UNIVERSITY OF CALGARY

Everyone has a comfort zone, which in this context represents a mental or physical state (or in some cases a combination) where we feel 100% in control. Most of the time, a comfort zone is created unconsciously as a result of developing certain habits and skills that allow us to know exactly what needs to be done to obtain a desired outcome.

Although there is nothing wrong with living in a comfort zone, have you asked yourself what could happen if you get out of it? I think it's worthwhile to purposely challenge ourselves and explore beyond the boundaries of our comfort zone, as we might face experiences that would broaden our view point, understanding or meaning of certain things in life.

Leaving my comfort zone

Twelve years ago, I decided to leave my comfort zone. After almost a decade of a rewarding general practice in Colombia, where I finished medical school, I opted to leave my comfort zone by immigrating to Canada. My goal was to have a completely different life experience, and what could be better than going to a new country where even the language was going to be a new challenge?

I remember coming to Calgary in the middle of the winter (not a very smart decision!) with my wife and my daughter, who was five years old at the time. We chose Calgary because some friends told us that it was booming at that time and there were lots of opportunities for newcomers. They said Alberta was a province so rich that the government was sharing the surplus, sending cheques to people. (Do you remember getting a special cheque from the Government of Alberta in 2006? Unfortunately I did not qualify as I came by the end of 2005). My friends set my expectations so high that I did not think twice about it. Now I realize how important that was to starting my journey, as having high expectations was the main reason to move on when I had to start from scratch.

Fortunately, what they said turned out to be true and just a week after arriving I was working! As a matter of fact, I had a full-time and a part-time job! You may ask: As a doctor? Well, not even close to that ... I was hired full-time at a retail store (working in shipping and delivery) and part-time at a convenience store (whose manager was a foreign doctor too). To be honest, those were not the kind of jobs I was expecting to have, but I needed to support my family, and I could not work on anything related to health care as I did not have a license or adequate English communication skills. At that time I did not know it, but there was a long road to get back to my medical career.

Although there is nothing wrong with living in a comfort zone, have you asked yourself what could happen if you get out of it?

The long road

Time went by and after many English courses and job experiences, I started to improve my language skills (still a work in progress). My continued search for something better allowed me to find a job with a group of ophthalmologists working as an ophthalmic technician (the person in charge of making the visual assessment prior to the check with the eye specialist). In that office, all the technicians were international medical graduates (IMGs), one of them an ophthalmologist. That was the place where I heard for the first time about the Canadian medical licensure process and how difficult it was to obtain a medical license. Although the income was not the best, I decided to take advantage of the new opportunities offered by this job, such as interacting >

> with the medical staff and patients, performing visual exams, creating medical notes and improving my communication skills in a professional environment.

As some of my co-workers were active in the licensure process, I asked for some guidance and opted to start my application process with the firm decision that I would persist until achieving my medical license. My only option was to work during the day and spend evenings at the public library preparing for the Medical Council of Canada (MCC) exams. After three years of failing these exams multiple times and spending a significant amount of money (which I borrowed from a line of credit), I passed the MCC exams required to apply to medical residency programs through the Canadian Resident Matching Service (CaRMS).

While passing the MCC exams was very challenging, the hardest part of my process was getting matched through CaRMS, because the number of spots available to IMGs is small, it is very competitive, and every province has its own restrictions and conditions.

I think it's worthwhile to purposely challenge ourselves and explore beyond the boundaries of our comfort zone, as we might face experiences that would broaden our view point, understanding or meaning of certain things in life.

Tough decisions

As my line of credit reached the limit, I realized I had to look for a better income, so I decided to apply for another job. I took advantage of my previous work experience in the pharmaceutical industry and found a full-time job as marketing coordinator in a multi-national health insurance company. Even though I could improve my income, the downside was that I was going to be out of the health care field. It was a tough decision to make, but the well-being of my family was more important than my personal goal. That did not mean I was going to quit, but somehow I had to find the way to work during the day and continue studying and volunteering in the evening to have observerships with local doctors and stay close to practice.

After a few years working in that insurance company, I got the approval to work more hours a day so that I could have one week day off that I could dedicate to observerships, one of which was in a supervised clinical practice that allowed me to get good letters of reference (a crucial component of the CaRMS application).

I applied through CaRMS consistently for four years with no result, not even an interview! Every year, I struggled to fulfill requirements and pay application fees. I would lie if I said I didn't consider quitting. I was very fortunate to have my wife's support every time I failed, and after dealing with my frustration I always tried one more time. Was it easy to do? Certainly not, but I had put so much effort, time and money into that process that I could not leave without getting the big reward.

L to R: Maria Mejia, Marianna Mejia and Dr. Fernando J. Mejia. What can you learn from Dr. Mejia and his family about leaving your comfort zone?

Waiting game

Finally in 2015, after five years applying through CaRMS, I got an interview, which I prepared for with my heart and soul, knowing this was an all-or-nothing day. I spent hours visualizing myself doing a great interview, responding appropriately to any type of question and obtaining the desired outcome. When I finished that interview, I had that inner satisfaction knowing I truly did my best, but the competition was tough because there were other candidates with better backgrounds and experiences than mine.

I patiently waited two months for the matching day, and asked my wife to be with me at the time of checking the final result. My daughter, who was always aware of my challenging journey said she wanted to be there too, so she stayed with us. At 10 a.m. on matching day, the three of us got together in front of the computer, holding hands to check my CaRMS result. With mixed feelings of excitement and fear, I clicked on the link to find that I had matched with the program of Public Health and Preventive Medicine at the University of Calgary. >

> It has been one of the happiest days in my whole life, as I reached that goal after eight years of pure persistence from writing my first MCC exam until getting matched. I still remember my daughter saying loudly, "Dad, we made it!" Feeling that happiness was enough to pay off all my eight years of struggles.

Take the first step on your journey

It has been three years since then. Despite many obstacles and challenges, I have been able to move forward enjoying every moment of my residency training. I have learned so much from many people including preceptors, teachers, fellow residents and patients. I have realized that the most important thing is not to reach the goal; what really matters is the person you become during that journey.

I wanted to share my story to encourage you to get out of your comfort zone. I challenge you to leave your fears aside and embark on the adventure of your life. Whether this is starting a new venture, moving to another place to start a new life or doing that trip you have delayed for years. I want you to make that decision and take the first step now!

Think about this: If not now, when? If not you, who? I promise you: once you take that first step, your life will never be same!

These five tips might help you to start your journey.

1. Define exactly what you want to achieve and why.
2. Identify small steps that will take you to achieve that goal.
3. Start to implement those steps now (not tomorrow) and track your progress regularly.
4. Be grateful for whatever you have now.
5. Last but not least, make the decision to be happy now (not tomorrow when you achieve the goal).

Do not hesitate to reach out if you think I could help. It would be a privilege to help you through your journey.

PS: This is dedicated to my wife, Maria, to my daughter, Marianna, and to those IMGs who made the decision to leave their comfort zone to pursue a better future in this wonderful country. ■

FEATURE

Calling for 2018 TD Insurance Meloche Monnex/AMA Scholarship applicants

The Alberta Medical Association, with TD Insurance Meloche Monnex, is providing $20,000 in scholarship funds for 2018. By committee selection, four deserving applicants will each be awarded $5,000 for additional training in clinical areas of recognized need in Alberta.

If your situation fits that description, apply for the TD Insurance Meloche Monnex/AMA Scholarship by **March 31, 2018.**

Scholarship applicants must be all of the following:

- An AMA member.
- Seeking additional training in a clinical area of recognized need in Alberta.
- Enrolled and accepted in a clinical program of at least three months duration in a recognized educational facility.

The proposed program of training must be supplementary to completion of a Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada certification program, or the physician may be in an established practice and seeking supplemental training.

To request a scholarship application form, contact Janice Meredith, Administrator, Public Affairs, AMA: janice.meredith@albertadoctors.org, 780.482.2626, ext. 3119, toll-free 1.800.272.9680, ext. 3119. Or visit the AMA website at www.albertadoctors.org/about/awards/tdama-scholarship. ■

FEATURE

Tarrant Scholarship 2017

Helping future doctors put down rural roots

The Tarrant Scholarship, awarded to third-year medical students from the University of Calgary and the University of Alberta who demonstrate a strong interest in studying and developing a career in rural medicine, will fund a full year's tuition and related fees for the winning students. The scholarship is bestowed each year by the Alberta Medical Association Section of Rural Medicine.

The two most recent worthy recipients are Taylor Nelson and Lauren Galbraith. They accepted their 2017 Tarrant Scholarships at a luncheon on October 4 in Calgary.

Taylor Nelson, U of A

Taylor Nelson was born and raised in the small northern community of High Level. Her interest in medicine began when she completed work experience at the Northwest Health Centre in grade 10. Throughout her years of study, she continued her partnership with the centre in various positions (volunteer, intern and employee).

Throughout Taylor's first two years of medical school, she participated in various Rural Medicine Interest Group activities such as clinical skills weekends and shadowing in rural communities. For her third year, she has returned to High Level as a participant of the Integrated Community Clerkship. Her plan is to work in a northern rural community with a special interest in women's and Indigenous health. She would also like to complete additional training in obstetrics and gynecology to provide more services within her practice. She hopes that throughout her career she can make health care services more accessible to remote communities.

Taylor has been inspired by many of the rural physicians in her home community who host clinics in surrounding communities so their patients do not need to travel to access the care they need.

Lauren Galbraith, U of C

Lauren Galbraith was born and raised on a farm in Manitoba. Community engagement was a key component of rural life through participation in the 4-H Horse Club, public speaking, the local Rotary Club, youth group and sports such as hockey and soccer.

Prior to beginning medical school, Lauren worked as a medic in rural and northern Alberta (Peace River, Lubicon Lake First Nation and Drayton Valley). She later completed a Master's of Science in Health Services Research at the University of Calgary.

As vice-president academic for the MD Class of 2018, Lauren has advocated for her colleagues on several academic issues, including promotion of rural medical training programs. She is an active member of the Rural Medicine Interest Group and strives to promote rural medicine at every opportunity. She currently lives in the Crowsnest Pass, where she is completing the University of Calgary Longitudinal Clerkship Program.

The variety and complexity of rural medicine is what motivates and inspires Lauren to pursue a career as a rural family physician. A recent day in the life of this rural doc had her rounding on inpatients, then managing labor and delivering a baby, followed by a patient home visit and then an afternoon clinic with prenatal visits, primary prevention discussions and minor clinic procedures.

Given her passion for rural and remote medicine, she has sought out placements for mandatory rotations, such as surgery in Lethbridge and obstetrics and gynecology in Yellowknife. Lauren's passion for rural medicine is centred around relationships and caring for rural communities.

Lauren believes that when we truly understand where our patients come from, we are better suited to provide appropriate patient-specific care. ■

L to R: Dr. Tobias N.M. Gelber, President, AMA Section of Rural Medicine, Taylor Nelson, U of A recipient, Mrs. Jean Tarrant and Lauren Galbraith, U of C recipient.

FEATURE

CRPCN Patient Information Road Map

Seeking timely and seamless patient communication

The Patient Medical Home (PMH) model in Alberta began in 2013 when the Alberta Medical Association's Primary Care Alliance introduced the *PCN Evolution Vision and Framework* to Primary Care Networks (PCNs) and, in turn, family physicians. This model, embraced by Alberta Health and Alberta Health Services (AHS), places the patient at the centre of their care, and it is in alignment with the direction that other provinces in Canada are taking with their patient care delivery.

A key dependency for patient continuity of care is the timely exchange of patient information. Indeed, robust communication between health care providers in Alberta's complex health care system is paramount to ensure informed decision making toward optimal patient care and safety. In order for the PMH model to be effective, communication between all parties within and linked to the PMH must be reliable, timely, secure, legible and effective.

And yet, digital patient information does not flow seamlessly between health care providers, which results in missing data, medication errors, duplicated or absent testing and adverse events that include serious injury and even death. Four years after gaps in Alberta's health care system led to the highly publicized death of Greg Price in 2012, both Price's family and family physicians are not seeing the changes required to prevent such an event to occur again, despite the numerous and thorough investigative work, reports and recommendations that followed these discussions.

As such, the Calgary Rural Primary Care Network (CRPCN) launched the Patient Information Road Map (PIRM) Project to define the problem in a new way. This project illustrates how digital patient information currently flows within the PMH, and it identifies gaps, barriers and bottlenecks to timely delivery of this information. While the PIRM Project is viewed from the lens of CRPCN representatives, confirmation with family physicians and PCN executive directors assures that the implications highlighted extend across Alberta.

The PIRM project was guided by a steering committee of equal representation from CRPCN member physicians, nurses, clinical and administrative staff across 14 communities. The steering committee identified the types and sources of digital patient information based on the highest volume of referrals. This included diagnostic imaging, laboratory results, transcribed reports, electrocardiogram results, and prescriptions from consultants, acute care and urgent care.

The PIRM project was guided by the steering committee vision statement: *The delivery of digital patient information must be current, legible, easily accessible, and captured in the patient's medical home system to inform patient care and ensure patient safety. This information is delivered as soon as it is processed, prioritized by the need for patient follow up and that follow up is clearly specified.*

Robust communication between health care providers in Alberta's complex health care system is paramount to ensure informed decision making toward optimal patient care and safety.

The project conducted a review of publicly available discussion papers, reports and presentations offered by Alberta Health, the AMA, AHS, the College of Physicians & Surgeons of Alberta (CPSA), the College of Family Physicians of Alberta (CFPA), the PCN Project Management Office, Calgary Laboratory Services, peer-reviewed journal articles and national reports. Further discussion ensued with representatives from these organizations and regular meetings with the PIRM steering committee. By use of a high-level process mapping technique, the PIRM project examined the current state of digital patient information flow from the types and sources of information identified by the steering committee to the PMH. >

> Perhaps ironically, instead of integrating the Alberta health care system, the introduction of various health information technologies have started to create bigger gaps in the timeliness of digital patient information delivery and in relaying pertinent details to the PMH regarding patient care and follow-up. Part of the reason for this is a misunderstanding of the function, purpose and interconnectivity of current health information technologies in the Alberta health care system. Further, compartmentalized work from each organization in providing patient-centred care also results in fractured care via missing, delayed or incomplete digital patient information. With the current state flow defined by the PIRM project, the opportunity to strengthen existing and create new partnerships is at hand to solve this problem. Failure to do so risks continuity of care, preventable costs, patient safety and trust in the health care system.

As with the introduction of any change, there are many components to consider – partnerships, policies, procedures, processes – in meeting the goals laid out for the PMH model. This will take time and effort, as the PIRM project highlights the needs for a cultural change to truly adopt the PMH model, or Albertans will continue to be at an otherwise preventable risk. The next steps are to ensure stakeholders within the PMH model, the medical neighbourhood, other information producers, Alberta Health, AHS, AMA, CPSA, CFPA and other decision makers are aware of these challenges so that, collectively, we can work to improve the continuity of patient information flow.

The complete PIRM report and process maps can be found at http://crpcn.ca/resources/Pages/Professional-Resources.asp ■

LETTERS

Oh, the naiveté, innocence and idealism

I refer to a handful of Canadian physicians who support the federal government's proposed tax reforms, which are opposed by the vast majority of physicians, the Canadian Medical Association, the Alberta Medical Association, other CMA provincial/territorial divisions, small businesses and the Canadian Taxpayers Federation.

According to this cadre, Canada needs adequate tax revenues to fund social programs such as our universal health care system, which is commonly known as Medicare. But, what is "adequate?"

In the early 1980s, provincial governments were spending about 30 to 35 cents of every taxpayer dollar on health care. Today, it's in the 40-to-50 cent range, and Alberta's minister of health, Sarah Hoffman, has raised the fiscal elephant-in-the-room with estimates that Medicare will consume 67 cents of every taxpayer dollar by 2035. This will leave pennies for other health-related government services and non-health programs such as income support, social housing, seniors, education and the environment.

Canada's health care system is one of the most expensive in the world and one of the worst performers – ranking ninth out of 11 countries! Still, one physician has argued that diverting dollars from doctors would benefit her patients far more that it would harm physicians. Oh, if only our health care system was so efficient and cost-effective that these dollars would actually follow patients and be spent on their care. The expression "throwing good money after bad" comes to mind.

On the other hand, family physicians and medical specialists across the country have explained how the proposed changes will negatively impact their ability to provide access to quality care by laying off office staff and by reducing office hours. These physicians and their financial advisors have done the math. Unlike Prime Minister Justin Trudeau's navel-gazing prophecy that "deficits take care of themselves," overhead is overhead: it doesn't take care of itself; it has to be paid.

Ronald Kustra
St. Albert AB

(Mr. Kustra is spokesperson for the Association of Canadians for Sustainable Medicare, a non-profit society registered in Alberta.) ■

FEATURE

You just need to do something: The philosophy and practice of social engagement and advocacy

Calgary physician works and volunteers to strengthen communities

MANY hands™

The Alberta Medical Association is proud of the many Alberta physicians who volunteer in support of projects and programs that help build stronger communities in our neighbourhoods, towns and cities, province, country and throughout the world. Through Many Hands™, we celebrate and share the stories of these inspiring physicians and their altruistic endeavours.

As a physician at the Alex Community Health Centre, Calgary's innovative health and social services centre, Dr. Kerri Treherne works on the front lines with some of Calgary's most vulnerable people. The Alex is a multi-service community health centre that offers health clinics, housing programs, a wellness centre, a community kitchen and a youth health bus.

"I've been there since I was a resident, and once I graduated in 1996, I stayed," explains Dr. Treherne, who today works mainly at the Alex's family clinic. "I love the team environment and working in an alternative model of care, where you have more time with clients. And I enjoy working with clients who are considered challenging, because I know no one is difficult on purpose. Everyone has something great inside; you just have to take the time to find it. Being on the frontlines is tremendously rewarding ... I stay there because I love it."

Dr. Treherne is also active in community projects and initiatives that have enriched her own community. "I started with school council work when my daughter was in elementary school," she recalls. "I also began working with the board of the community association. We built two playgrounds and tackled a lot of other community projects, including an area redevelopment and revitalization plan. But I always tell people you don't have to be on the board to get involved – you just need to do something."

One of the biggest projects she was involved in was Bow to Bluff, a community engagement project that aimed to transform the public corridor along the Sunnyside LRT line between the Bow River and McHugh Bluff into a usable, attractive public space.

"We had these pocket parks that were created when the C-Train went through," explains Dr. Treherne. "And there were a lot of complaints about drug use and other issues. So we partnered with Calgary Transit, wrote an application for innovation funding to get input from the community, and then came up with a plan to use those spaces more effectively." The framework that emerged from the project has proven so successful that it's been used to model similar citizen-led engagement projects around the world.

> I really love the community engagement and social connection that comes with volunteer work. And in a lot of ways, it aligns with my work as a physician. Social engagement and advocacy are at the core of both.

As a resident of Calgary's Sunnyside neighbourhood, devastated in the 2013 flood, Dr. Treherne has led local flood emergency planning and relief efforts. "We had more than 400 households affected by the flood, and we've been working to make things better than they were before. We were a strong community before the flood, and this has just made us stronger." >

> When not immersed in community work, Dr. Treherne makes time to participate in events such as Jane's Walk and the annual Pride Parade. She's an avid runner who particularly enjoys running in the mountains close to Calgary and participating in races. "It's my stress reliever," she explains.

> Everyone has something great inside; you just have to take the time to find it. Being on the frontlines is tremendously rewarding ... I stay there because I love it.

Dr. Treherne is currently working on a community safety initiative that will address drug use and crime in the neighbourhood, something she believes is connected to the opioid crisis.

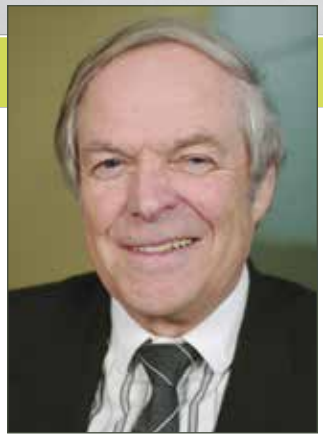
"I really love the community engagement and social connection that comes with volunteer work," she explains. "And in a lot of ways, it aligns with my work as a physician. Social engagement and advocacy are at the core of both. It's about the health of the people living in that community; bringing them together to make the community healthier." ■

Dr. Treherne proudly (and brightly!) participates in the Calgary Pride Parade.

Green Fools circus training camp, featured at Alberta Culture days in Calgary's Sunnyside neighbourhood.

IN A DIFFERENT VEIN

Hair in your comb? Join a support group.



Alexander H.G. Paterson, MB ChB, MD, FRCP, FACP | CO-EDITOR

There are support groups and support groups. Support groups for serious illnesses are now major forces in health care. Like many other physicians, I was asked to talk to one such group recently.

Perhaps you have a brief maybe-I-can-get-out-of-this panic and a look at the calendar for "I think I might be away." But then a distant bugle calls, you breathe in, purse the lips, jut the jaw, and happily ended up talking in Edmonton to the Wellspring Patient Support Group, a Canadian organization for patients with cancer.

My talk to this PSG gave me a chance to ruminate on the relationship between organized medicine and the many patient support groups, on why these groups did not exist to any extent 50 years ago, and on why they are so important to our patients now.

With increasing specialization in our medical lives and narrower and deeper vaults of arcane scientific knowledge stuffed into our brains, that Shangri-La vision, that Elysium of administrators – a seamless journey through a serious illness – has in many cases become a do-it-yourself exercise, resulting occasionally in a successful trip, sometimes a manageable adventure, but often a bewildering drift with nightmarish characteristics, punctuated with advice from navigators giving directional snippets like the Graeae in Perseus's Gorgon-slaying quest, passing their one eye around.

The importance of receiving a kindly word of advice and help from a family doctor, an unhurried specialist or a kind nurse cannot be underestimated. But such is the complexity of the journey, the rarity of running into a helpful Athena and the likelihood of meeting a medical Procrustes squeezing you into a box to meet his needs. Patient support groups have become oases of comfort, advice and supplementary therapy for the rattled, frightened patient traveller, and they have become critical in helping patients through frightening episodes in their lives.

Edmonton Wellspring's Ukelele Band. Second from left is guest ukelelist Dr. John Boyd, on loan from the Dixie Docs Band.

Like many PSGs, Wellspring (a cross-Canada support group for patients with cancer funded by non-governmental donations) quietly works behind the scenes. In Edmonton, they have a large modern building with facilities for talks, discussion groups, music and art. It's a place where fear of the unknown, of treatments, and of dying is discussed, challenged and assuaged. It is a place of comfort and community; it is therapeutic. Discussion groups led by a skilled facilitator foster the socialization of a medical diagnosis and create in a fearful patient a sense of community, that they are not alone. When a disease is medically diagnosed, the devil is named, labelled. But the label hangs outside the individual, in a plastic badge card, isolating the patient. When it's discussed in a group, it becomes socialized, internalized yet shared, the fear dispersed. It's comforting to talk to folk who've walked a similar road. >

> So the job of a physician giving a talk is to support the PSG's work and contribute to patient education by giving clear explanations of current practice. I was, however, firmly asked by Marilyn Hundleby, the Director of Programs and Volunteers, to be entertaining. Hence the corny title: "Never consult an oncologist whose office plants have died." The theme was the importance of maintaining cheerfulness and an optimistic attitude balanced by realistic expectations.

There have been so many changes, even cultural revolutions, in medical practice and science over the last 50 years. The physician/patient relationship has changed, probably for the better. As an old friend Dr. Roy Humble, retired anaesthetist, nicely wrote: "If anyone of my vintage looks back at the methods they used in the past, they will be amused by what they did 10 years ago, alarmed by what they did 20 years ago, and astonished by what they did 30 years ago."[1]

So I focused on the medical cultural changes over the last 50 years. No longer are patients passive lumps doing what they're told. The idea of really getting to know your patient is not new, as the aphorisms of luminaries like Sir William Osler have taught: "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has."

What has this medical cultural revolution, this paradigm shift, consisted of? In the tradition of the Great Helmsman, let's call them "The Four Blossoms."

Patient support groups have become oases of comfort, advice and supplementary therapy for the rattled, frightened patient traveller, and they have become critical in helping patients through frightening episodes in their lives.

Communication

Clinical information used to be dispensed sparingly. Sometimes it still is.

An old lady phones Calgary's Foothills Hospital: "Can I speak to someone that can tell me how a patient is doing?"

Operator: "I'll be glad to help, pet." (Operators from north-east England call you "pet.") "What's the name and room number, pet?"

Old lady: "Noreen, Room 302."

Operator: "I'll put you on hold and check with her nurse."

The operator returns. "Good news, pet. Her nurse just told me Noreen's doing well. Blood pressure's fine; blood work is normal. Her doctor thinks she'll be discharged Tuesday."

Old lady: "Thank you. That's wonderful! I was so worried. Bless you for the good news."

Operator: "You're welcome, pet. Is Noreen your daughter?"

Old lady: "No. I'm Noreen in Room 302. No one tells me bugger-all."

Now, there are still chuckles at that story, but it's nothing like it used to be. As a patient 50 years ago you weren't told much. Sometimes you weren't told anything – this was to save you worrying – perhaps also because the doctor thought you wouldn't understand.

In the Edinburgh Royal Infirmary as a nervous student shuffling round the ward with the surgeon, Mr. Farquharson (British inverse snobbery – a surgeon passing the FRCS exams casts aside being called doctor and reverts to Mister – a hangover from the Barber-Surgeon Guild days; today, surgeons only shave hair and charge extra for cutting). We came to a side-room. A young man lay in bed with a swollen abdomen, eyes closed.

"Testicular cancer all over," whispered Mr. F. "Nothing to be done. He's sleeping." "Should we go in?" I asked.

"But we've got nothing to say," said Mr. F. eyes blank, moving on. The idea of palliative care was for a later day.

Cancer patients, particularly those recurring (there being little medicine or surgery to help them), were either avoided or code lingo was used, even to family members.

"It's inflammation in the bowel, the tummy." – This to a wife wondering why her husband with metastatic colo-rectal carcinoma was deteriorating. Likewise, syphilis was called "luetic disease" (lues is Latin for "calamity").

The idea was to reduce distress by saying little. Of course it didn't work. And over the last 50 years, open discussions that would have astonished Mr. F. together with detailed anatomical lessons – how many metastases and where, what might be worth trying, how much time is left and so on – have become the norm. This has gone hand-in-hand with patient education and information. It does, however, take longer to get through a clinic.

And there is often miscommunication. An old man is lying on a stretcher in the corridor of the Foothills Hospital outside the ER. The nurse comes along to check how he's doing. "What's happened to my testrizuls?" The nurse whips back his bed clothes and looks. "They look fine to me," she says. "No," he says, "what's happened to my test results?" >

> Oncologists give information about toxicities, but still may avoid acknowledging the full emotional distress of some treatments and tend to hedge about overall prognosis, and objectives (objectives, because often your words don't convey the precise meaning you want). For example, the word "palliative" to me means a therapy designed to address symptoms but that does not negate the probability of an effect on survival – sometimes a huge effect, sometimes an effect greater than patients undergoing "curative" therapy. Some patients interpret "palliative" as an immediate death sentence.

Conveying bad news is a hard-earned skill. Some doctors never learn it, and a few seem to enjoy giving bad news even when they can't find a problem.

"Mr. Smith, you're in perfect health, which I'm afraid is an early sign of something eventually going wrong."

And then there's the fallibility of prognosis. Errors in prognosis are made all the time. It's like predicting the weather: the closer you are to current conditions the easier it is to be nearly correct. "The doctor gave me six months to live 10 years ago" is the cause of so much trouble when ill-informed, off-the cuff prognostication occurs. Some doctors are quite bad at it, quoting five-year survival figures, forgetting these are averages and that within the bell curve are large ranges. Some tend to beat patients around the head with bad news forgetting that you must never quench hope. Sometimes that's all we've got.

Wise doctors will deliver bad news but emphasize things that can be done. And, critically, the patient him/herself is the conduit for information. Rarely now are there secret huddles with family members unless there's been a decline in cognition.

Expectations and the internet

"Good morning Doctor. Umm, I've already diagnosed myself on the internet, so I'm only here for a second opinion."

Nowadays there can be the opposite problem – too much information leading to confusion and miscommunication. Information is not education. And it's not always better than nothing. Education is like learning a language. You start at the basics and work your way up from there: "A little learning is a dangerous thing. Drink deep or taste not the Pierian Spring."

I have a patient who's convinced she has Lyme disease. A blood test showed a small increase in anti-Borrelia antibodies. No amount of earnest dialogue on variability, false positives and negatives of biological tests can persuade her otherwise. She's consulted the internet and has all the symptoms for Lyme disease except she also has the symptoms of a slowly evolving metastatic breast cancer.

Patients now expect to be seen quickly – and they are if the condition is an acute emergency. However, waiting times for minor ailments seem to have increased. My old friend and consulting wit, John, told me a story: At the Citadel Theatre in Edmonton, a period Shakespearian play was playing. In a fight scene, two armoured knights were slugging it out on stage. A mishap – a sword thrust drew blood from one knight's arm. He was taken to the ER still in his armour. As the knight sat in the waiting area, a drunk weaved into the ER, stared long and hard at the armoured actor: "My God … how long have you been waiting?"

Perhaps you have a brief maybe-I-can-get-out-of-this panic and a look at the calendar for "I think I might be away." But then a distant bugle calls, you breathe in, purse the lips, jut the jaw, and happily ended up talking ….

Clinical support

Supportive care (or complementary care) is the better term, not "alternative" care. Music/art therapy is great. I listened to Wellspring's ukulele band (led by CKUA's Brian Dunsmore), 10 George and Georgina Formby's strumming away. We should have much more music in hospitals, more art, more discussion groups, and at Calgary's Foothills Hospital, more car parking therapy.

The knowledge explosion has led to the big issue of continuity of care. In hospital, you may have four or five specialists consulting on one case. There's a critical need for a "most responsible clinician," preferably the family doctor or lead specialist. The "hospitalist" designation is to me only a compromise since daily handing over to a different physician exacerbates the "who's my doctor?" complaint, which was rare three decades ago.

And the nurses! Every eight hours they change and usually are shifted around every day. Occasionally the charge nurse may know what's happening. In 50 years they're going to look back on this "Who's in charge?" problem and say: "They did what?" >

> Consent and research

Three years ago, I was skewered by the *Toronto Star* who'd dug up an FDA review of a trial I did with Kathleen Prichard in Toronto, a clinical trial of tamoxifen in women with pre-menopausal metastatic breast cancer. The FDA reviewer, a Mr. Fish, after five days of going through the charts said:

"Dah-cter, d'yah want the good noos or the bad noos?"

I thought the good noos might be best.

"Every patient on this trial actually existed."

"That's good news? And the bad news?"

Mr. Fish held forth on a litany of blood tests and X-rays not done on the precise date in the protocol but what exercised him most was the lack of written consent in half the patients.

"But written informed consent started in 1986. This trial started in 1983," I said.

But he was adamant in his "presentism," so it was written into the report and dug up by the *Toronto Star* reporter. While written informed consent is a good legal and informational move, I'm not convinced that a 30-page legalese document explains things better than a simple document and a good face-to-face discussion. Clinical research now is hugely bureaucratic, but not necessarily more patient friendly.

I do have great respect for well-run PSGs. They should have our full support – ensuring that they receive good medical advice – particularly in the thorny area of new treatments. Perhaps experienced representatives of PSGs could participate more formally in discussions and funding of new therapies.

I finished off the talk with an exhortation to keep informed because change happens fast these days. Exercise, weight control and a balanced diet are important to a healthy life. But most important of all: sustain your loving relationships.

Reference available upon request. ■

CLASSIFIED ADVERTISEMENTS

LOCUM WANTED

BLOOD RESERVE AB

Locum physicians needed who are dedicated to providing comprehensive and compassionate evidence-based medical care to tribal members on the Blood Indian Reservation (southern Alberta; two hours south of Calgary). This clinic is on the reserve in a town site with a spectacular view of Chief Mountain and the Rocky Mountains. Waterton Lakes National Park is a 35-minute drive.

In 2015 we started prescribing Suboxone to our patients. This therapeutic skill would be of some benefit. We have been recognized by Health Canada and funding has been provided for expansion of our services. This is an extremely rewarding practice.

Contact: Dr. Susan Christenson
T 403.737.8459
dtcsac@yahoo.com

PHYSICIAN WANTED

CALGARY AB

TruCare Medical Center is an ideally located family and walk-in clinic close to Lions Park LRT Station and North Hill Mall.

This opportunity will suit part- or full-time physicians looking to build a new practice or with existing panel. Flexible hours with competitive fee split.

Contact: Dr. Farhan Khan
T 587.315.6838
drfarhankhan@hotmail.com
www.trucaremedical.ca

CALGARY AB

Drs. Young & Wouters, Calgary Vein & Laser, has an immediate opening for a part- or full-time physician. Calgary Vein & Laser has been providing venous disease treatment for 25 years, injectable cosmetics and a variety of laser treatments are also provided by our office. This practise is a patient-centered experience and is very gratifying practice for the physician. A team of nurses, medical assistants and laser technicians assist in providing excellent patient care.

Training will be provided and experience is an asset. Physician must be licensed with the College of Physicians & Surgeons of Alberta and member of the Canadian Medical Protective Association.

Contact: Debbie McFarlane, Manager
calvein@telus.net
www.veinlase.com

CALGARY AB

Start practicing right away. Westside Medical Clinic, a collaborative family medical centre is seeking general practitioners to join our team.

We've been operating for over 10 years but recently moved to a beautiful new clinic at 110, 1923 17 Avenue SW.

This clinic offers an ideal location for physicians wanting to practice family medicine, build a patient panel, or for established doctors that would like an ideal, central location from which to anchor their practice.

With over 45,000 vehicles a day passing by, in a high-density area, we are seeing a lot of interest from the public in the area and have excellent signage opportunity for promotion of a new doctor. With a highly diverse patient demographic, we are offer an excellent opportunity for doctors, and a great service to the community.

Brand new equipment, modern design; our clinic strives to provide both patients and doctors with a terrific environment and experience. Westside Medical provides shared access to PCN collaborative health care professionals, two surgical suites, and ample well-trained staff.

We are one kilometre from Sunalta C-train and the #2 transit stop is right in front of our building. Richmond Diagnostic Centre is two blocks west.

Contact: Rob Filyk
T 403.815.8488
robfilyk@shaw.ca to arrange a visit with our doctors and learn more

CALGARY AB

Med+Stop Medical Clinics Ltd. has immediate openings for part-time physicians in two of our Calgary locations. Our family practice medical centres offer pleasant working conditions in well-equipped modern facilities, high income potential, low overhead, no investment, no administrative burdens and quality of lifestyle that is not available in most medical practices.

Contact: Marion Barrett
Med+Stop Medical Clinics Ltd.
290-5255 Richmond Rd SW
Calgary AB T3E 7C4
T 403.240.1752
F 403.249.3120
msmc@telusplanet.net

CALGARY AB

Pristine Health is looking for family physicians and specialists to join our clinic. We offer Med Access electronic medical records, competitive overhead split (75/25) and opportunity for partnership. We have a branch each in north and south Calgary. We can help with transitioning from another clinic and provide relocation assistance.

Contact:
T 403.402.9593
pristinehealthclinic@gmail.com >

> CALGARY AB

Pain specialist Dr. Neville Reddy is looking to recruit physicians (general practitioners and specialists) to join his team of dedicated health care professionals. Innovations Health Clinic has two locations (southeast and southwest); favorable 25% expenses offered.

Contact: Neville Reddy, MB ChB, FRCPC (Anesthesia)
T 403.240.4259
C 403.689.4259
nreddy@innovationshealth.ca
www.innovationshealth.ca

CALGARY AB

Silver Springs Medical Centre is a brand new family and walk-in clinic in northwest Calgary. A very exciting opportunity for family doctors looking to build a new practice as well as physicians with an existing panel. We offer a very competitive fee split, flexible hours, part- and full-time positions available. Ideal location with accessible diagnostic imaging clinics, pharmacy and Calgary Laboratory Services clinic nearby.

Contact: Alma Grace Adriano, BSN, RN
Clinic Administrator
T 403.930.6090
T 403.612.1851 or
Dr. Alvin Adriano, CCFP
Medical Director
T 403.612.3482

CALGARY AND EDMONTON AB

Metro City Medical Clinic is seeking family physicians or specialists who are interested in providing treatment for substance use disorder in Calgary. In the midst of Alberta's drug overdose epidemic, this practice is a rewarding opportunity to make a difference in the lives of patients, families and communities.

This newly built clinic is two blocks from an LRT station in downtown Calgary and you would join a friendly and dynamic complement of physicians with credentials in family medicine, psychiatry, public health/preventive medicine, addiction medicine, emergency medicine and toxicology. The practice features efficient processes, electronic medical records and competitive overhead.

Positions are also available in Edmonton.

Contact:
hr@metrocitymedicalclinic.ca

CALGARY AND EDMONTON AB

Western Medical Assessments (WMA), headquartered in Edmonton, is one of Canada's most respected independent medical assessment companies. We are currently seeking College of Physicians & Surgeons of Alberta licensed physicians to assist in the following roles:

Occupational health independent medical examinations (IMEs) – Calgary/Edmonton. The ideal candidate(s) would have experience with assessing impairment, disability, safety and accommodations in varied workplace settings, as well as familiarity with the IME process. Semi-retired senior general practitioners/family physicians preferred, with excellent writing/editing skills. WMA has its own fully supported clinics in Calgary and Edmonton.

Document reviews for permanent impairment and disability assessments, part-time – Edmonton. The ideal candidate(s) would be a semi-retired GP/FP/emergency physician with a background in insurance or WCB file reviews. Applicants must have excellent writing/editing skills and a willingness to work from a home office.

Contact: Dr. Roger Hodkinson
CEO and Medical Director
T 780.433.1191
rhodkinson@westernmedical.ca

EDMONTON AB

Sphinx Medical Group (SMG) is a well-established Edmonton-based medical group with seven sites across the city. We are currently looking for part- and full-time associate physicians to join our group. We have positions available at Hampton Medical Clinic, 6274 199 Street to start in January 2018; Rabbit Hill Medical Clinic, 14030 23 Avenue and Current Medical Clinic, 5548 Windermere Way.

SMG can help transfer existing practices or help build your practice. Our prime location clinics run a one-to-one staffing ratio to ensure appropriate administration support for each physician. SMG uses Healthquest electronic medical records which are user friendly for all levels of computer knowledge. We offer flexible hours that include evenings and weekends with a negotiable split. Bonuses are available for full time equivalency.

Contact: Heather Parslow
Operations Manager
T 780.909.4635
operationsmanager@
sphinxmedicalgroup.com

EDMONTON AB

Capstone Medical Clinic is a brand new family medicine clinic in west Edmonton. It is in close proximity to an assisted-living facility, diagnostic imaging and multiple pharmacies. This is an ideal location for family doctors looking to build a new practice, as well as physicians with an existing panel. Both part- and full-time positions are available.

Clinic hours are flexible and payment is fee-for-service. We use TELUS Health Solutions (Wolf) electronic medical records. We are part of the Edmonton West Primary Care Network (PCN) and have access to a PCN nurse on site. Interested physicians must be licensed with the College of Physicians & Surgeons of Alberta.

Contact: Dr. Christopher Gee
T 780.708.3012
info@capstonemedicalclinic.com

EDMONTON AB

Lessard Medical Clinic and West Oliver Medical Clinic are in need of family physicians.

MD Group Inc. is looking for walk-in/family practice physicians to join the team. We have positions available in each of our Lessard Medical Clinic and West Oliver Medical Clinic, each with eight examination rooms. Excellent location and facility; courteous and energetic support staff.

Benefits and incentives include the convenience of multiple locations around Edmonton to support your living arrangements, staff familiarized with primary care programs and promotion, support staff including nurses for patients to provide one-on-one care, on-site diabetic management care and comprehensive medical follow-up visits.

Therapists within our clinic provide priority consults; onsite respiratory clinic as well as rotation of various specialists for your convenience and priority use. Seminars and dinner workshops are well documented and monitored for CME credits. Flexible hours, vast patient population at both >

> locations, continuing care and learning opportunities for accredited physicians. Full-time chronic disease management nurse for co-morbidity patients, billing support and attached pharmacy.

Work with friendly and dedicated staff, nurses available for doctor's assistance and referrals as well as on-site mental health and psychology services. There are two to four positions available now.

This is a permanent, full-time, fee-for-service position. The physician will provide primary care to patients of the clinic, including diagnosing and treating medical disorders, interpreting medical tests, prescribing medications and making referrals to specialist physicians as appropriate. Ability to work effectively, independently and in a multi-disciplinary team, and effective written and verbal communication skills.

The Lessard Medical Clinic is located at 6633 177 Street NW, Edmonton AB T5T 4K3. The West Oliver Medical Clinic is located at 101-10538 124 Street NW, Edmonton AB T5N 1R9.

The physician must be licensed with the College of Physicians & Surgeons of Alberta (CPSA). Qualifications must comply with the CPSA license requirements and guidelines. Certification with the College of Family Physicians of Canada (CCFP) (required). Preference will be given to candidates who have or are eligible for a certificate with the Royal College of Physicians and Surgeons of Canada.

Retention Benefit Program supports and promotes the retention of physicians in Alberta by rewarding their continuous years of service to Albertans. Physicians receive between $5,141 and $12,852 depending on their years of service to Albertans. This money will not be paid in 2017 but may be paid in 2018.

Medical Liability Reimbursement reimburses physicians for their medical liability protection costs less a $1,000 deductible.

Continuing Medical Education reimburses physicians for eligible continuing medical education costs. Each eligible physician receives $2,656 annual allotment, which can be carried forward for up to three years.

Parental Leave Program provides $1,063 per week for up to 17 weeks to physician parents of a newborn or newly adopted child.

Business Cost Program addresses escalating practice costs in community based practices. This fee modifier of $2.92 is added automatically to the first 50 select office visits and consultations. This program applies across the province and all physicians who provide visit services in an office-based setting will receive the modifier.

We use Healthquest electronic medical records and maintain memberships with local primary care networks.

Contact: Stephanie Harris
Operations Manager
MD Group Inc.
T 780.756.3090
F 780.756.3089
mdgroupclinic@gmail.com

EDMONTON AB

Two positions are immediately available at the West End Medical Clinic/M. Gaas Professional Corporation at unit M7, 9509 156 Street, Edmonton AB T5P 4J5. We are also looking for specialists, internist, pediatrician, gynecologist and orthopedic surgeon to join our busy clinic. Full-time family physician/general practitioner positions are available.

The physician who will join us at this busy clinic will provide family practice care to a large population of patients in the west end and provide care to patients of different age groups including pediatric, geriatric, antenatal and prenatal care.

Physician income will be based on fee-for-service payment and the overhead fees are negotiable. The physician must be licensed and eligible to apply for licensure with the College of Physicians & Surgeons of Alberta (CPSA); qualifications and experience must comply with the CPSA licensure requirements and guidelines.

We offer flexible work schedules, so the physician can adopt his/her work schedule. We also will pay up to $5,000 to the physician for moving and relocation costs.

Contact: Dr. Gaas
T 780.756.3300
C 780.893.5181
F 780.756.3301
westendmedicalclinic@gmail.com

EDMONTON AB

To meet our growing needs, we have a practice opportunity for a pediatrician at the Parsons Medical Centre. The clinic is in south Edmonton and is a high patient volume clinic. You can enjoy working in a modern environment with full electronic medical records, friendly reliable staff for billing, referrals, etc., as well as an on-site manager.

Parsons serves a large community and wide spectrum age group (birth to geriatric). The Parsons Medical Centre has a pharmacy on-site, ECG machine and offers a large array of specialist services.

Parsons Medical is a member of the Edmonton Southside Primary Care Network which allows patients to have access to an on-site dietitian and mental health/psychiatry health services. Overhead is negotiable, flexible working hours and open seven days a week.

Contact: Harjit Toor
T 587.754.5600
manager@parsonsmedicalcentre.ca

EDMONTON AB

Our fully operational clinic in one of the busiest areas of Edmonton is looking to fill three full-time family physician positions. We aim at finding a reliable physician that provides all characteristics of primary care service to all patients. The physician will also assist patients in administering preventative health procedures. The job is highly demanding and substantially rewarding with a competitive package.

Contact:
vacancyapp016@gmail.com
to send your resume

SHERWOOD PARK AB

Well-established, very busy clinic in Sherwood Park is looking for a part- or full-time family physician to replace a departing physician who has relocated to another city. We are in a professional building with lab and X-ray on site, primary care network nurse support and excellent office staff. We use TELUS Health Med Access electronic medical records.

Contact: Dr. Sharmeen Shaikh
T 780.399.0381
dr_sharmeen@hotmail.com >

> **ALBERTA**

Western Medical Assessments, headquartered in Edmonton, is one of Canada's most respected independent medical assessment companies. We are currently seeking College of Physicians & Surgeons of Alberta licensed physicians across Alberta to perform independent medical examinations involving marijuana/opioid usage in safety-sensitive positions.

Ideal candidates would have significant experience in occupational addiction medicine, with a focus on chronic pain management without narcotics or cannabis.

Contact: Dr. Roger Hodkinson
CEO and Medical Director
T 780.433.1191
rhodkinson@westernmedical.ca

PHYSICIAN AND/OR LOCUM WANTED

CALGARY AND EDMONTON AB

Imagine Health Centres (IHC) is currently looking for family physicians and specialists to join our dynamic team in part-time, full-time and locum positions.

Imagine Health Centres are multidisciplinary health clinics with a focus on preventative health and wellness. Come and be part of our team which includes family physicians, specialists, physiotherapists, chiropractors, psychologists, pharmacists and more.

Imagine Health Centres prides itself in providing the best support for family physicians and their families in and out of the clinic. Health benefit plans and full financial/tax/accounting advisory services are available. There is also an optional and limited time opportunity to participate in equity opportunities in IHC and related medical real estate. Enjoy attractive compensation with our unique model while being able to maintain an excellent work-life balance.

We have two clinics in Calgary and three clinics in Edmonton. All inquiries will be kept strictly confidential.

Contact: Dr. Jonathan Chan to submit your CV in confidence
T 403.910.3990, ext. 213
corporate@imaginehealthcentres.ca
www.imaginehealthcentres.ca

DRAYTON VALLEY AB

Two physicians/locums required immediately to fill positions at the Malone Medical Clinic in Drayton Valley. Drayton Valley is one and one-half hour drive to the Edmonton International Airport and a three-hour drive to the Rocky Mountains.

The 6,000 sq. ft. modern, very busy rural clinic is fully computerized and the hospital is half a block away. We have onsite laboratory and do pulmonary function testing, hearing testing and minor surgery. We are very flexible as to hours and days of the week to work. On-call is on a rotational basis at the local hospital.

Contact: Dr. Mike Peyton or
Heather Barrett, Office Manager
T 780.542.3366
malone@telus.net or
mpeyton@incentre.net
to submit your CV
www.malonemedicalclinic.com
to view pictures of the clinic

EDMONTON AB

To meet the growing needs, we have a practice opportunity for family physicians to start as a locum (with an option to join part- or full-time) at Parsons Medical Centre (PMC) and Millbourne Mall Medical Centre (MMMC). Both clinics are in south Edmonton. PMC and MMMC are high patient volume clinics with friendly reliable staff for billing, referrals, etc., as well as an on-site manager. Enjoy working in a modern environment with full electronic medical records.

PMC and MMMC serve a large community and wide spectrum age group (birth to geriatric). Both clinics have on-site pharmacy, ECG machine, lung function testing and offer a large array of specialist services including: ENT, endocrinologist, general surgeon, internist, orthopedic surgeon, pediatrician and respirologist.

PMC and MMMC are members of the Edmonton Southside Primary Care Network which allows patients to have access to an on-site dietitian and mental health/psychology/psychiatry health services. Overhead is negotiable, flexible working hours and both clinics are open seven days a week.

Contact: Harjit Toor
T 587.754.5600
manager@parsonsmedicalcentre.ca

EDMONTON AB

Exciting opportunity for family medicine physicians; become a member of our team of professionals. Newly renovated state-of-the-art facility, clinic member of the community for over 30 years and one of the largest members of the Edmonton West Primary Care Network (PCN).

We offer permanent full-time, locum opportunities, daytime, evening and weekends. You choose your work hours.

We are one of the busiest clinics in Edmonton and a highly motivated full-time physician can earn $500,000 to $700,000 or more annually.

Plus we provide other great perks such as flexibility with your schedule, how you wish to organize your work days, no need to arrange locum coverage for your vacations as you are part of a large physician team. In addition to a busy booked schedule, we have a large walk-in patient population so you can see as many or as few walk-in patients as you want.

Full-time physicians have their own dedicated medical office assistant, on-site PCN resources such as chronic disease management nurse, two licensed practical nurses, panel coordinator and offsite PCN resources such as a nurse/pharmacist that updates our patient medication profiles upon their discharge from hospital.

Required completion of appropriate university and degrees, licenses and certificates include College of Physicians & Surgeons of Alberta certification, licensure by provincial or territorial authorities. Two years of experience would be preferred, fluent in English, professional liability insurance and active license with Med Access electronic medical records (we can help with this if needed).

Skills and duties include examining patients, taking histories, ordering appropriate testing and diagnostic procedures. Prescribing and administering medications and treatments. Advising patients on health care and communicating health promotion, disease prevention and performing patient advocacy role. Consult with other medical practitioners. >

> To become part of our team, please contact.

Contact: Nanci Stocks
nanci_anne@hotmail.com or
Amy Markovitz
amy.ccmc@hotmail.com
F 780.444.0476 to attention of
Nanci or Amy

SHERWOOD PARK AB

Dr. Patti Farrell & Associates is a new, busy, modern family practice clinic with electronic medical records. We require locum coverage in December. Fee split is negotiable. Current clinic hours Monday to Friday 8 a.m. to 4 p.m. are negotiable. Dr. Farrell is a lone practitioner (efficient clinic design built for two doctors) looking for a permanent clinic associate.

Contact:
C 780.499.8388
terrypurich@me.com

SHERWOOD PARK AB

The Sherwood Park Primary Care Network is looking for several physicians to cover a variety of locum periods in a variety of Sherwood Park offices. Practice hours vary widely. Majority of practices run electronic medical records. Fee splits are negotiated with practice owners. Some practices are looking for permanent associates.

Contact: Dave Ludwick
T 780.410.8001
davel@sherwoodparkpcn.com

CHILLIWACK BC

A busy well-established, well-appointed, five-physician medical clinic is looking for two family physicians for permanent part-time, full-time or locum positions.

Clinic is close to the hospital, laboratory, X-ray and pharmacy, and free parking for physicians and patients. Option to do hospital work/maternity is available. We use OSCAR electronic medical records. Each physician can enjoy their own private office and two examination rooms, shower and change room. We have caring and knowledgeable staff and medical office assistants. Excellent split of 75/25 with many more perks, flexibility, help with transitioning from another clinic and a moving allowance where applicable.

Enjoy all the advantages of living in an established farming community with excellent housing, schools, shopping, golf and other outdoor recreational activities – just over an hour away from Vancouver.

Contact: Nazlin Khamis
T 604.780.4579
nazlinkhamis@gmail.com

SPACE AVAILABLE

ST. ALBERT AB

Sturgeon Medical Centre has medical office space for lease and is now pre-leasing the most prominent medical location in St. Albert. Located adjacent to the Sturgeon Community Hospital, this medical office building will feature a dynamic mix of health care tenants in a highly efficient, modern building.

Contact: Michael Lobsinger
Leasing Manager, Edmonton
NorthWest Healthcare Properties
T 780.293.9348
michael.lobsinger@nwhreit.com
www.sturgeonmedicalcentre.com

SERVICES

ACCOUNTING AND CONSULTING SERVICES

Independent consultant, specializing in accounting and tax preparation services, including payroll and source deductions, using own computer and software. Pick up and drop off for Edmonton and areas, mail or courier options available for rest of Alberta.

Contact: N. Ali Amiri, MBA
Consultant
Seek Value Inc.
T 780.909.0900
aamiri.mba1999@ivey.ca
aliamiri@telus.net

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Contact: Sid Soil
DOCUdavit Solutions
TF 1.888.781.9083, ext. 105
ssoil@docudavit.com

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Makes me feel

(Comments from YRC members, Mee-Yah-Noh School, Edmonton)

… "healthier and happier." (grade 4)
… "more less stressed." (grade 6)
… "welcome and needed." (grade 6)

Favorite thing

(Comments from YRC members, Mee-Yah-Noh School, Edmonton)

"I feel that running club is my family." (grade 6)
My favorite part of run club is "running with my friends." (grade 6)
My least favorite part is "that it's only once a week." (grade 6)

YOUTH RUN CLUB

IMPROVING COMMUNITY HEALTH THROUGH PHYSICIAN LEADERSHIP AND ADVOCACY

Survey says … healthy students are better learners

AMA Youth Run Club supports physician health advocacy in schools

Evidence shows that active children are physically, mentally and socially healthier and happier, and they're also better learners.

The AMA is proud to partner with Ever Active Schools on the AMA Youth Run Club, a school-based program that through organized activities (running, walking, hiking, snowshoeing and more) and *School Health Advocacy Talks* helps children and youth develop lifelong, healthy habits.

How can you get involved with the AMA Youth Run Club?

Be an AMA YRC CHAMPion! Run with or help coach a club, help school staff set up and manage a YRC, or give a *School Health Advocacy Talk* (talking points for seven suggested topics are available on *albertadoctors.org/YRC*).

For more information, contact: Vanda Killeen, AMA Public Affairs
vanda.killeen@albertadoctors.org / 780.482.0675

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* Applicable to new clients and accounts.

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