

June 2007
Spring Edition



Our Vision

“Building the medical network of the 21st century, a network without walls, without boundaries, without limits to quality patient care, research and education”

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Department of Medicine

DOM Newsletter

Message from the Medicine Site Chief at the Foothills Medical Center, Dr. Maria Bacchus

Greetings from the Foothills Medical Centre!

Over the last few months we have been focused on building In-Patient capacity and improving patient flow.

The Region has developed both short and long term strategies to respond to the complex challenge of capacity. The System Capacity Action Plan was recently implemented at FMC to expedite admissions from the Emergency Department to the In-Patient Wards. To augment capacity, over-complement spaces on all In-Patient units have been created to care for stable patients and those close to discharge. A discharge lounge in AED172 frees up beds for patients already discharged but awaiting transportation. In addition, the Day Medicine Unit has expanded its hours and is now open from 7 am to 7 pm with the goal of facilitating early discharge and avoiding Emergency Department visits and hospital admissions.

Early results in evaluating these System Capacity measures indicate that we are using approximately 15 over complement beds per day at this site with an encouraging decrease of about 2.5 hours in the time span from decision-to-admit to transfer to an In-Patient bed. Many thanks to all of you for your collaboration with the multidisciplinary team and for your support with implementing these strategies.

The GRIDLOCC Project at the FMC (i.e., Getting Rid of Inappropriate Delays that Limit our Capacity to Care) complements the goals of the System Capacity Action Plan. It implements and evaluates proposals designed to improve the flow of patients from arrival in the Emergency Department to discharge. These projects include the role of flow coordinators, the early morning physician bed huddle and discharge planning educational tools.

Please check our “Awards and Recognitions” section of this newsletter for an update on Departmental members who have received recognitions and promotions. Congratulations to all for this well deserved recognition.

Message from the Medicine Site Chief at the Peter Lougheed Center, Dr. Elizabeth Mackay

Greetings from the Peter Lougheed Centre!

We have begun the process of identifying some key initiatives in ‘patient and family-centered care’ at the PLC with the help of Planetree, a non-profit organization dedicated to assisting health care systems to integrate these practices. We are presently completing some focus groups with staff, patients and families and will begin some initiatives in the fall. We also continue with the building of the new wing and are expecting to have about 150 new beds with about 50-70 new medical beds.

From the Department of Medicine Head, Dr. John Conly

The Importance of Mentorship

Mentoring is an important component of career development for junior members of a department, and provides a mechanism whereby the wisdom of experience may be shared amongst department members. It is based on the tenant that the members within a department represent its most precious resource. Literature on mentoring suggests that effective mentoring can enhance the productivity and success of junior faculty members and enhance career development and ultimately career satisfaction. Mentoring can take place in many formats, both informal and formal. Informal mentoring relationships are very common, but structured programs that support and develop mentoring have been found to enhance the success of individual faculty members and thus to contribute to the health of the department as a whole. More structured programs in mentoring ensure that opportunities are made available for all new department members to touch on teaching skills, understanding ethics, professional integrity, conflict resolution, strategic planning, management skills, communication, organization, and appropriate goal setting.

A mentor should be considered as a guide for the career development of another person through advice, support, teaching, counseling, and at times promoting or sponsoring. The mentor is considered someone to point the way, smooth the path, and point out pitfalls.

Formalized mentoring programs often address the following areas:

- Facilitate an understanding of both the explicit and implicit roles and procedures for career advancement
- Provide advice in problem-solving in the context of a new position and role
- Facilitate an understanding of the questions to ask
- Provide role modeling
- Provide recognition of the importance of adequate work-life balance
- Provide advice on professional development seminars
- Provide assistance in developing a personal network
- Recognize the need for team-based mentoring

It is also important to recognize that new department members may require different emphasis within the mentoring process dependent on their ultimate career aspirations and interests. Identification of mentors is also an important process. As a component of improving the mentoring process many programs have training for mentors to take on this role. Part of this training includes the provision of expectations for mentoring and specific advice on topics to cover in regular meetings with new department members. In general mentors are more senior members in a given discipline who are willing to share their wisdom and experience. Appropriate pairing of individual mentors with mentees is also an important part of the process and may require adjustments over time.

The Department is embarking upon a redevelopment of its current mentoring program and we may be calling upon many of you to help facilitate the process over the upcoming months.

Some important “Do’s and Don’ts” in the mentoring process are provided in the following table.

Mentoring Do’s and Don’ts

Do	Don’t	Do	Don’t
Advise	<i>Direct</i>	Model	<i>Mouth</i>
Mentor	<i>Parent</i>	Suggest	<i>Choose</i>
Nurture	<i>Smother</i>	Encourage	<i>Disparage</i>
Observe-give feedback	<i>Take over</i>	Work with reality	<i>Expect perfection</i>
Expect improvement	<i>Accept mediocrity</i>	Praise good work	<i>Praise <u>everything</u></i>
Enjoy	<i>Endure</i>	Demand the best	<i>Accept less</i>
Cheer	<i>Jeer</i>	Demonstrate	<i>Describe</i>

From the Vice Chair Career Development

Dr. Jane Lemaire

Greetings and happy spring to everyone! I have the privilege of writing to you from the rested and fresh perspective that a sabbatical leave can bring. John Conly, Jean Wallace and I have been reviewing the results and recommendations of the **SEEKING BALANCE** study and are planning on how to implement change. We were invited to share the results of the study at the University of Saskatchewan and Dalhousie University. Their Departments of Medicine are very interested in this body of work accomplished by our members and are eager to discuss both the results and the impact of this study upon health and wellbeing for physicians.

I have just returned from a month in Sweden where most Swedes benefit from a very enjoyable lifestyle. Physicians there are more likely to be considered employees and thus benefit from set vacation time, protection post call, limits on work hours per day, week and month (in fact the European Union has just mandated regulations on physician work hours for both staff and trainees). The contrast with our system is that most physicians in Sweden are government employees rather than independent contractors paid for services rendered: as always, there are benefits and disadvantages. The clear message through the recent actions of the European Union is that physicians need to be ensured of enough rest, recovery and sleep time to maximize the quality of patient care and minimize adverse events.

Where do we go from here as a Department of Medicine committed to the delivery of quality patient care and the health and wellbeing of our physicians? We need to educate physicians, health administration organizations and the public about the importance of caring for the health of our health care providers. The responsibility for physician health and wellbeing is two fold: part lies with the individual physician and their responsibility to care for one's self. The other half of the equation and equally important is the need for organizations (government, health regions, hospitals, clinics) and the public to recognize the value of providing healthy workplace environments for physicians.

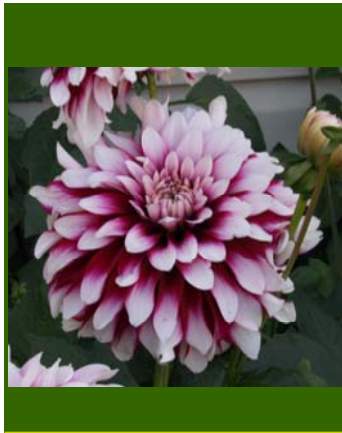
Both of these accomplishments will require major change from the status quo. The individual and organizational changes will not and cannot happen overnight. Adjustments must be integrated in a responsible manner. For example, in the last 3-4 years we have recruited over 60 new members to the Department of Medicine. Between 2004 and 2006 the **SEEKING BALANCE** study demonstrated a decline in self reported working hours from 53.5 to 49 hours per week (not including the 11 hours of work we take home and being on call!). Along with other factors, this pro-active workforce planning facilitated a reduction in work hours without a sudden negative impact upon the delivery of care. The respondents to the **SEEKING BALANCE** study identified recruitment as one of the most important and beneficial items for change within the DOM that would help to facilitate physician health and wellbeing.

Over the next year, we will launch a new initiative entitled **WELL DOC?**. The idea is to target both physicians and health care administration outlining the positive impacts of caring for ourselves. Our concept is to provide education about and access to a selection of tools for physician health and wellbeing. Concurrently, we need to work in conjunction with the health care region and the government of Alberta to ensure that the workplace for physicians includes the resources and time to access healthy behavior programs. I have been very impressed by the region's interest and initiative in establishing a healthy workplace for all of their employees. Physicians need to be actively included in this strategy, with consideration of the distinct circumstances under which we often work.

From the **SEEKING BALANCE** study, some new initiatives have surfaced. Ghazwan Altabbaa, Jean Wallace and I have surveyed new recruits and division chiefs to understand how we can improve the recruitment and orientation process (**PROS 1** and **PROS 2, Physician Recruitment and Orientation Survey**). The administration staff from the Department of Medicine (Nola Voth, Rod Mohr and Christine Blinn) has been actively involved in this project and their input has been invaluable. We have learned much about where we are being successful and how we need to improve the recruitment and orientation process. A major theme that has been identified is the need for a strong mentorship program within the DOM. Work is beginning to accomplish this goal. In addition, Colin Powell, Ray Lewkonja, Jean Wallace and I are launching a project relating to our senior physicians in their late career (**SPI - Senior Physician Initiative**). We are exploring how we can develop career opportunities that will benefit both the department and the senior physicians as well as facilitate the senior physician's exploration of a worthwhile, purposeful, and enjoyable life outside of medicine. A focus group dinner on the topic will be held on June 6th.

To all of you, wishes of a wonderful summer with time for yourself, your family, your friends and new adventures. Target one thing on your wish list of fun things to do and make it happen! Thanks again to all department members for their active participation in this ongoing wellness initiative.

From the Vice Chair, Strategic Planning & Clinical Affairs, Dr. Maria Bacchus



Planning for new buildings, new hospitals and bed expansion at our acute care sites is part of the Region's strategy to increase our capacity to care for our growing patient population. This population surge creates both a challenge and an opportunity to re-engineer our models of care to best meet our patients' needs. Regional capital projects centre on either In-Patient or Out-Patient care. However, care of our patients is not isolated to one setting and the Department of Medicine continues to focus on strengthening integration of care, not only the transition from In-Patient to Out-Patient settings, but also maintaining our patients' health in the community.

The vision of the Department of Medicine is "Building the medical network of the 21st century, a network without walls, without boundaries, without limits to quality patient care and education". As we continue to explore processes to enhance patient care outside of the traditional hospital and clinic walls, we are seeking your creativity to help us develop models which go beyond these walls. These care models are facilitated by innovations, technology and skills of our valued team members to promote a patient centred experience. In addition, we will continue to foster partnerships with other faculties, disciplines and community organizations to help us maintain patients' wellness in the community. Chronic Disease Management is one of several integrative care models within the Department of Medicine and we look to build on successes within this program.

We ask you to consider our patients as a part of our community rather than a patient in a particular clinic or a specific hospital bed. Their visits to our acute care and ambulatory sites are temporary stops in their journey through the health care system. Our challenge is to make this journey as seamless as possible. As we continue to plan the inside of these buildings, it's therefore essential that we also plan what's outside these buildings and strengthen our links to the community.

We invite you to share your innovative ideas and successes to help maintain our patients' health in the community. Please feel free to contact me at maria.bacchus@calgaryhealthregion.ca or 944-3324. I look forward to hearing from you.

Best wishes for the summer.

Yours Sincerely

C. Maria Bacchus



From the Regional Clinical Department of Medicine Rod Mohr, Manager

Welcome back to Rhoda Borsig. Rhoda will continue to support Rod Mohr with physician payments, contracts, and document management. Rhoda will also take over in May the responsibilities for People Soft payroll time entries from Donna Bohn.

Marge Tracey has supported Rod Mohr for the last three months, and now moves to a temporary assignment with Medical Services. Thanks, Marge, for all your efforts.

Donna Bohn moves to a new role as a Project Coordinator. In this role she will assume responsibilities for information gathering and communication projects as a support to the ARP and the Department as a whole.

Ninfa Fernandez is the new Administrative Assistant for Dr. Conly. Joining her and Dr. Conly is Shari Derksen, who works primarily on academic matters.

Elizabeth Adolf is the new Administrative Assistant to Dr. Maria Bacchus.

From the Internal Medicine Residency Training Program

Dr. Otto Rorstad, Program Director

The recruitment for Internal Medicine Residents is nearly complete for the new academic year starting July 1, 2007. We expect to have 54 residents in the R1 to R3 years with 17 being in the first year. Our program will include eight residents supported by the Alberta International Medical Graduate Program. It is expected that the number of ministry funded new residency positions will increase in 2009 based on the increased enrollment of medical students presently occurring.

The sixth Annual Resident retreat was held in February 2007 with special lectures being given by Drs. Gaetane Michaud on International Medicine, Dr. Elizabeth MacKay on Interpretation of EKGs, and Dr. Ron Read on Infectious Diseases in the Pre-antibiotic Era. This year concurrent small group clinical sessions were held by the Division of Rheumatology and the Department of Diagnostic Imaging and were very well received.

The 20th Annual Resident Research Days was held on May 7 and 8, 2007. Dr. Jon Meddings, Head of the Department of Medicine at the University of Alberta, was the guest lecturer. Presentations by residents included both poster and oral podium-type formats. A recognition dinner was held on May 8, 2007 and residents were awarded as per the list below.

Best Resident Abstract:

Dr. Sayeh Minoosepehr

Honorable Mentions to:

Dr. Kathryn Scobie, Dr. Idan Roifman, Dr. Mitesh Thakrar and Dr. Ling Ling Ma

RESIDENTS CHOICE

Best Poster Presentation:

Dr. Sayeh Minoosepehr

Honorable Mentions to:

Dr. Jennifer Grossman, Dr. Jay Hochman

Best Oral Presentations:

Dr. Laura Stinton

Honorable Mentions to:

Dr. Patrick Champagne, Dr. Idan Roifman

Best Basic Science Project Presentation:

Dr. Jennifer Grossman

Honorable Mentions to:

Dr. Kathryn Scobie, Dr. Ling Ling Ma

Best Medical Education:

Dr. Mitesh Thakrar

Honorable Mentions to:

Dr. Lee Oviatt/ Dr. Aleem Bharwani, Dr. Tara Lohmann

Best Clinical Research Presentation:

Dr. Laura Stinton

Honorable Mentions to:

Dr. Dan Niven

Best Bench to Bedside/ Knowledge Translation:

Dr. Idan Roifman

Honorable Mention to:

Dr. Patrick Champagne

Quality Assurance/ Quality Improvement:

Dr. Amber Fripp/ Dr. Bonnie Meatherall

Clinical Vignette:

Dr. Lesley Street

Honorable Mention to:

Dr. Louis Girard

Dr. Aleem Bharwani was the 2007 recipient of the Foothills Medical Staff Award for Resident Leadership. Dr. Jiao Yang received the 2007 Resident of the Month Award from the Professional Association of Residents of Alberta for her contributions to resident education. Congratulations Aleem and Jiao!

From the Head Division of Dermatology
Dr. Richard Haber

Dr. Laurie Parsons joined the Division of Dermatology in a major clinical position as of March 1, 2007.

Dr. Parsons has a special interest in wound care and patch testing for allergic contact dermatitis. As well she is very active in medical education and will be supervising the undergraduate teaching in dermatology at the University of Calgary.

With Dr. Parsons joining Dr. Regine Mydlarski and Dr. Richard Haber, we now have 3 full time members in the ARP in the Department of Medicine.

Dr. Regine Mydlarski has established a multidisciplinary dermatology solid organ transplant clinic at the Foothills Hospital site. Solid organ transplant patients are very prone to dermatological conditions, especially skin malignancies and need close dermatological follow-up.

Dr. Richard Haber established a pediatric dermatology clinic at the new Alberta Children's Hospital and will be conducting teledermatology consultations with Vulcan, High River and Didsbury.



From the Head Division of General Internal Medicine
Dr. Robert Herman

We are thrilled to announce the promotion of the following Division members:

Dr. Jane Lemaire to Clinical Professor

Dr. Peter Sargious to Associate Professor

Dr. Troy Pederson and Paul Leblanc to Clinical Assistant Professor

Joining the Division this summer are:

Dr. Kelly Zarnke, Associate Professor of Medicine and Clinical Epidemiology from London, Ontario with his wife Patty and two daughters.

Dr. Brian Forzley, Clinical Scholar in GIM and Nephrology also from London, Ontario.



From the Head Division of Geriatric Medicine
Dr. James Silvius

Dr. Schmaltz replaced Dr. Burbach as site chief, Geriatrics at the PLC in January 2007.

Dr. Silvius accepted a position as Executive Medical Director, SWCP effective May 1, 2007 and has resigned as Head and Chief, Division of Geriatric Medicine effective April 30, 2007.

Dr. Hogan has accepted the position of Acting Head and Chief, Division of Geriatric Medicine for a term of May 1, 2007 – June 30, 2008.

Dr. Holroyd-Leduc has accepted the position of Medical Coordinator, Clinical Informatics for the Department of Medicine.

Dr. Silvius received the Department of Medicine Innovations Award 2006 for his work on Telehealth development across the region.

At the 2007 Annual Meeting of the Canadian Geriatrics Society (CGS), Dr. David Hogan was given the Society's highest award (the CGS Distinguished Service Award) in recognition of his clinical and scientific contributions to Canadian geriatrics over the last twenty years.

From the Head Division of Infectious Diseases
Dr. Ronald Read

We have successfully recruited two nurse practitioners, Patti Long and Karen Craig, to work in the HPTP clinic and to expedite inpatient discharges to the HPTP program. They will be instrumental in the coming transition between hospital-based HPTP clinics and the coalescence of the RGH and FMC clinics to the Richmond Road Diagnosis and Treatment Centre (RRDTC). We have completed our CPG project with the 8th and 8th Medical Centre and will continue collaboration with that group. We are planning for a regional MRSA/decolonization clinic to be located at the RRDTC in phase 4 of that project. The Calgary STD Clinic will be opening an outreach program in collaboration with Dr. Tanya Pentelichuk in Banff to offer service to the highly transient population of travellers and temporary workers.

No news to report this time from the Divisions of Nephrology, Respiratory, Rheumatology, Gastroenterology and Hematology and Hematologic Malignancies

Updates from Medical Access and Innovation
Ed Mantler, Director

The functional planning process for the TRW building is now underway with extensive input from user groups representing clinics that will be located in it. The functional planning process will quickly move into the production of Detailed Designs, which will be used in construction.

An operational committee has been established to plan the detailed site operations in conjunction with new business process development. It is led by Dr. Maria Bacchus, Medical Lead, Outpatient Strategy, and Ed Mantler, Director, Medical Access and Innovation. Operational planning activity will focus on supporting the clinic clusters and collective operations of the two floors.

The Teaching Research and Wellness building (TRW) is a seven-storey, 24,000-square-metre structure that will contain clinics, offices and dry labs. It is on the Foothills Medical Centre site and is one half of the Health Research Innovation Centre. The other structure is the HRIC Lab, right next door. The first five floors of the TRW connect directly to the Lab building to help unite research and patient care. Both buildings are also joined to the existing Heritage Medical Research Building and through there to the Foothills Hospital.

The TRW was built as a shell and still needs to be fitted out. The space for the clinics has been allocated but the actual move is not expected to take place until mid-2008. The CHR will lease two floors of the TRW for several clinics, including specific clinics in the divisions of Clinical Neurosciences, Respiratory, Cardiac Sciences, GI, Hematology, Infectious Diseases, Nephrology and Rheumatology.

In 2004, the Calgary Health Region undertook an extensive review of outpatient services. All clinics were reviewed, decisions on where they should reside were made and a functional space plan led by the Region and the Faculty of Medicine's Clinical Affairs resulted. The decision to move certain clinics is largely a result of that plan.

This project will not only be a new, modern space for clinics but will help us all work together more efficiently and effectively. It's a great opportunity for all of us.

For more information, please contact Ed Mantler or Maria Bacchus via regional email.

Report from Medical Access to Services
Allison Bichel, Project Manager

Medical Access to Service: Funding Announcement

For the past number of months there has been a collaborative effort between the Department of Medicine and Medical Services, Family Medicine, Rural Medicine and the Primary Care Networks to understand how to improve the referral process and enhance access to specialized medical services. Two conferences were held in October 2006 and January 2007 to understand issues related to the referral process and to create a blueprint for transforming the system.

Issues identified, by stakeholders across the continuum of care, include variability of referral process and lack of process standardization, lack of referral confirmation and an information road map, not using wait time as action time, and wasted or insufficient resources.

In late March we received word that we have been successful with our proposal to the Provincial Wait Times Steering committee to address a number of issues related to the referral process and to implement the ‘ideal design’ referral model. Since then we have been working out a detailed implementation plan and finalizing the funding approval.

We have set a number of goals related to improving access, streamlining the referral process and enhancing care integration. Specifically, we will achieve the following:

GOAL 1: Referral process redesign and creation of central intake processes

A few of the specialty areas have already implemented various forms of central intake. We will use their learnings as a departure point. We hope to launch new central intake points in early 2008.

<p>Central Intake to be developed piloted & implemented.</p>	<p>Various forms of Central Intake already developed & implemented. Focus on standardizing process across all divisions and development of Western Canada Waitlist prioritization tools</p>
<ul style="list-style-type: none"> • Cardiology • Endocrinology • General Internal Medicine • Hematology • Respiriology 	<ul style="list-style-type: none"> • Gastroenterology • Nephrology • Geriatrics • Rheumatology

GOAL 2: Improve access and efficiency in Primary Care and Specialized Medical Clinics

Streamlining referral is one element of improving care. We also recognize the need to enhance access, efficiency and clinic flow in primary care and specialized medical ambulatory clinics.

We are organizing a series of collaborative learning sessions to work with clinic teams (physicians and office staff) to implement proven, high leverage changes to reduce backlog, improve access and better utilize resources. Planning is underway for the first series which will begin in the Fall, 2007.

GOAL 3: Plan and pilot service model for patients with chronic complex needs

This will be a highly supported clinic based approach to enhance access to specialized medical services for patients with a history of frequent inpatient admissions, and complex chronic needs. We will be developing this concept between now and the end of December, and piloting it in early 2008.

For more information contact Allison Bichel at 943-5703 or allison.bichel@calgaryhealthregion.ca.

From the Medical Services Portfolio
Valerie Wiebe, Executive Director

Medical Services Portfolio Summary 2006-2007

Enhanced Access

- Accountability for infrastructure projects i.e. CCSC, RRDTC, TRW assumed by Medical Services. Steering, sub-committees, user groups established and operationalized.
- Service agreement (UofC /CHR) submitted for Cancer Colon Screening Services.
- “Medical Access to Service” Project System wide model developed to enhance access by primary care to specialty services was. AHW funding in place (\$3.9 million) to proceed with implementation.
- Flow coordinators recruited for all adult sites. Evaluation processes in place
- Five GRIDLOCC projects submitted across three sites. Implementation underway.
- “Living Well” spread to 15 community sites. DHCC expanded to the SCHC.
- Unit 46 FMC opened October 2006

Safety /Best Practice

- Evaluation and Decision Support Unit established in collaboration with QSHI to provide evaluation and decision support to Medical Services, DOM, Department of Family Medicine
- Safety Action Teams established on 80% inpatient and outpatient units.
- Safety walkabouts completed on 100% of inpatient and outpatient units.

Collaboration and Wellness

- Integrative Medicine Program established through partnership b/w DOM, Wellness & Department of Psychiatry.
- Collaboration between Medical Services and Mental Health:
 - 4 Medical beds operationalized for management of patients with eating disorders.
 - Planning underway to pilot a 6 beds Medical / Psychiatry unit for joint management of medically unstable patients experiencing co-morbid psychosis.

Advanced Technology

- SCM / PCIS implemented all sites
- EMIS pilot successfully implemented by Rheumatology at UCMC FMC and RGH
- Clinibase scheduler successfully piloted at DHCC

Innovation

- Evaluation of 17 ARP Innovation initiatives demonstrated improved access, best practice, and use of alternate care providers. Sustained operational funding approved.
- Ward 21st Century initiatives used in planning SHC.
- Funding secured for testing of innovative equipment
- CIHR and AHFMR funding secured for “Physical plant design and engineering controls to prevent nosocomial infections and antibiotic resistant organism colonization events: a prospective controlled trial”

Recruitment and retention

- Medical services participated in CHR and NECP recruitment and retention strategies: (mentorship programs, succession management, recruitment fairs, focus groups, fast track recruitment initiative, Leadership Network)

Valerie Wiebe assumed the role of Executive Director Medical Services in February 2007 leaving her most recent role as Director Regional Pain Program. Valerie has leadership experience in the areas of pain management, public health, long term care and nursing instruction. Valerie has lead initiatives involving multiple programs and stakeholders in Manitoba and in the Calgary Health Region. Her past education includes Bachelor and Master of Nursing Degrees from the University of Manitoba.

Message from the Medicine Site Chief at the Rockyview General Hospital

Dr. Jeff Schaefer

Greetings from Rockyview General Hospital!

Site expansion and patient flow have been the major themes in recent months. We are hopeful that our 8th and 9th floor projects will be completed in the Spring of 2008. The bed map will change as the new patient care units (104 additional beds) become available. Until then, the site is working hard to improve the efficiency of care by reducing wait times for investigations and consultations, increasing clinical support through our nurse practitioner and clinical associate programs, and increase the level of integration between the multiple components of the health care system. The Southern Alberta Referral Coordination Center (SARRC) is an example of how an integrated approach reduces redundancy and improves access.

The academic year is coming to a close. I'd like to express my appreciation to our resident staff for their hard work and dedication over the year. I also wish to thank our many excellent teachers and Monica Horne in the Medical Education Office.

Dr. James Silvius is the new executive medical director of the Southwest Portfolio which is based at RGH. We look forward to working with Dr. Silvius and thank Dr. Robert Abernathy for his years of leadership.

Lastly, my term as RGH Site Chief for the department is coming to an end this summer. I wish to thank the membership for their support over the years. 'The Rock' has changed a lot over the last 6 years but the kindness, dedication, and friendly atmosphere of the site persists.

Departmental Awards and Recognitions

Class of 2006 Clerkship Awards

Gold Star Award:
Dr. Paul Leblanc

CMSA Letter of Excellence:
Dr. Jane Lemaire
Dr. Melanie Stapleton
Dr. Marcy Mintz

Class of 2008: Gastroenterology

Gold Star Award:
Dr. Remo Pannaccione
Dr. Sylvain Codere
Dr. Kelly Burak

CMSA Letter of Excellence Preceptors:
Dr. Paul Belletrutti
Dr. Ralph Lee

Class of 2008 Medical Skills

Gold Star Award Preceptors:
Dr. Mike Parkins (Physical Exam)
Dr. Vicky Parkins (Physical Exam)

Class of 2008 Infectious Disease

Gold Star Award:
Dr. Harvey Rabin

PeopleFirst Awards Lifetime Achievement

Dr. Lorne Price is a highly regarded and outstanding individual who has been dedicated to clinical care, research and education for close to 30 years. While maintaining a busy practice in Gastroenterology, Dr. Price stood out in the area of medical education as a teacher and mentor. Dr. Price has been previously honored with distinguished awards, such as the Long Term Education Contribution award from the U of C. He is now being honored by the Calgary Health Region for lifelong commitment as achievement in his field

More Awards...

Dr. James Silvius received the Department of Medicine Innovations Award 2006 for his work on Telehealth development across the region.

At the 2007 Annual Meeting of the Canadian Geriatrics Society (CGS), Dr. David Hogan was given the Society's highest award (the CGS Distinguished Service Award) in recognition of his clinical and scientific contributions to Canadian geriatrics over the last twenty years

Dr. Paul Singh received a 2007 RGH Medical Staff Association award

Dr. Idan Roifman, Internal Medicine resident received the AGA Student Research Award

Dr. Maria Bacchus, General Internal Medicine, recipient of the 2006 Award of Excellence in Clerkship Teaching

Dr. Christopher Andrews, Gastroenterology, recipient of a Master's Degree in Clinical Health Research, Mayo Clinic Rochester, Minnesota

Dr. Paul Beck, Gastroenterology, Letter of Excellence for Teaching, GI Fellowship Excellence in Endoscopy Teaching Award

Dr. Patrick Hanly, Respiriology, Gold Star Award, Respiriology System Teaching

Dr. Kevin Laupland, Infectious Diseases, Teacher of the Year, Critical Care Medicine 2006, BioMed Central Top 100 Active Author and Reviewer 2006

Dr. Richard Leigh, Respiriology, Receipt of CIHR-GSK Endowed Professorship in Inflammatory Lung Diseases 2007

Dr. Liam Martin, Rheumatology, Gold Star Award

Dr. Stefan Mustata, Nephrology Gold Star Teaching Award Class 2008

Dr. Braden Manns, appointment as Chair, Canadian Expert Drug Advisory Committee

Dr. Kevin McLaughlin, Nephrology, receipt PhD Medical Education University of Rotterdam, NL June 2007

Dr. Kevin Rioux, Gastroenterology, Clinical Teacher of the Year

Dr. Sharon Straus, General Internal Medicine/ Geriatrics, receipt Canada Research Chair Knowledge Translation

Dr. William Whitelaw, Respiriology, receipt JR Neilson Award in recognition of national contributions to the History of Medicine

Dr. Laura Stinton, and Dr. Sayeh Minoosepehr residents in the Internal Medicine Program, have won the 2007 CSCI Award for Excellence in Resident Research

Acknowledgment

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