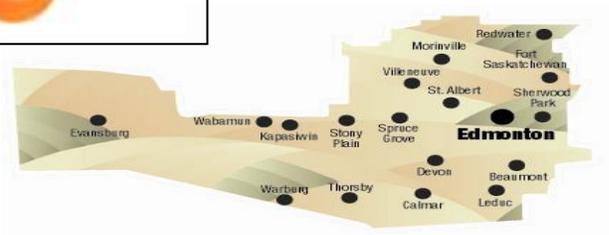


OCTOBER 2016

Edmonton Zone Medical Staff Association Publication

Communication



EZMSA - Edmonton Zone Medical Staff Association

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Successful EZMSA Quality Improvement Grant Launch



Approximately 120 health care workers and physicians attended the launch along with seven AHS QI trades staff providing useful information. ZMSAs have grown over the past few years and increased membership has resulted in a stronger voice for physicians. We advocate on your behalf to help you care for patients. We assist you if you are the subject of a disciplinary action or feel you have been intimidated.

We represent you at AMA meetings and more recently, are even trying to **give back to the system in Edmonton, for example, using funds to launch a Quality Initiative competition.** <https://www.eventbrite.com/e/ezmsa-quality-improvement-grant-fund-launch-reception-tickets-27586864053>

It is easy to belong to your ZMSA. If you are working or have an appointment in a zone, you are eligible to be a member. Dues are collected by the AMA annually but you can also email info@albertazmsa.com.

You can also go to the ZMSA website at <http://albertazmsa.com> for contact information.

I strongly encourage you to get involved with your ZMSA. It is your voice – one that can get stronger with having a large and engaged membership

Letter from the Editor



Dr. Richard Bergstrom

“But that is not what I said!!”

Have you not heard that sentence before, or rather, have you not used that sentence. You truly believe that it is true. That is absolutely not what I said; indignant to the mere thought that someone could possibly have mis-heard so well.

I applaud my wife for teaching me about communication (as a lawyer she was well trained as a wordsmith...not a word and thought twister...rather a true master of communication) I also applaud a couple of courses I took from what was The Canadian Society of Physician Executives. We had sessions wherein we were exposed to mis-steps in communication. Most profoundly, you heard yourself in these gaffs.

It all starts with hearing yourself and framing the comments/argument . The next part is having a common understanding of the context (the emotional and social framework in which you find yourself).

So let me begin with hearing what you said (and you can do that before you start to speak, or more commonly now, use electric technology as I am doing now). I am sure, I know I have, fired off an email in haste only to have the reply fly back and hit me in the face. But of course I never meant to to be taken like that. We all have learned (well most) that there is no emotional content in email and we all (well most) have learned to reread emails and maybe delay sending (for your own sake). I advise the residents on oral exams to tell the story of what they are going to do, not just think about it. They often get themselves into trouble when they “step outside the Operating Room” on their oral exam and do not focus on what they really would do.

Communication, in my mind, is a reflective process wherein I ask myself “What is the other person going to hear?”. I need the words right, first off. Then there is the medium, oral or written. Oh, and then, that spawn of Satan, autocorrect! Satan is not always evil, just most of the time. So, maybe we should call autocorrect “Satan-ette” since it can be helpful (especially when you have fat fingers on a small screen keyboard). An example of when it failed was an autocorrect when someone sent me an email regarding an invitation for me wife to come to an event where I was going to be present. The autocorrect for a misspelled “Barbara” turned out to be “Barbarian”. We all had a chuckle at that one as we understood the next, oh so important, part of communication. That is “context”.



Given the current United States pre-election debates and gaffs, you get the sense of “lack of context” when Mr. Trump speaks. He has the memory of a gnat when it comes to speaking. He just says whatever comes into his, rather non-discriminatory, mind. We do speak, write and communicate differently in different situations. I think of the Operating Room where there is a particular flavor of communication. Now, it should never be demeaning nor derogatory. It is often like a celebrity “roast” where comments taken out of the “humorous environment” could be interpreted as true slander. You need to understand the context and environment.

Take your conversations with your colleagues and your patients. You cannot say the same thing to each of the players and expect the same result. You need to be attentive to the context and the person(s) with (not to) whom you are communicating.

With the example of a cardiac arrest, you can be friendly but remain firmness and direction. Even when you have tried everything and all seems hopeless and the patient’s fate sealed, you can serve the patient and the team with proper communication. You need to ask if anyone has a suggestion (this allows people to offer their thoughts and their emotions in these dark, dark situations) or question. You can do that in a number of ways. you can ask in a way that no one will offer a suggestion or you can ask in a manner that will allow the participants to offer their thoughts and, more importantly, it will allow some emotional closure for the people around the dying patient. You can bark orders with anger and threat or be a leader of the team for both the patient and engages the participants.

Even, or especially, with patients the discussion (not monologue) can allow them to listen, to hear and to respond. I applaud Dr. Carl Nohr (past President of the Alberta Medical Association) when he offered the following jewel.(paraphrased) It was what we did “to” the patient, then “for” the patient and now “with” the patient.

So, I think it is about knowing what you want to say, what the individual is going to hear and then the context. Then you can get it right.



MEDICAL STAFF ~ NEWS AND MUSES

From the office of Ed Stelmach, Board Chair & Patrick Dumelie, President & CEO

Physician Engagement Survey Nov. 1-30'16

October 24 , 2016

From the office of Dr. Owen Heisler, Chief Medical Officer



SHARE THE POWER

Covenant Health has launched and is conducting a comprehensive Physician Engagement survey **NOVEMBER 1-30, 2016** as part of our commitment to build and engage our team.

Gallup is conducting this survey on our behalf. Gallup was selected for their reputation and experience in conducting surveys with Physicians and healthcare organizations. Their systems also ensure the confidentiality of individual responses, the integrity of the process and effective reporting of the results. Physician access IDs will be emailed directly to physicians on Tuesday, November 1st 2016. Your participation in this survey will help me, and the entire Senior Leadership Team, identify how we can improve Covenant Health for both our Physicians and for those we serve. The results from this survey will be shared with all of our Physicians following the survey and we will use them to guide our actions and decisions as we move forward. Please take a few minutes to complete this survey on or after November 1. It is important that we hear from you. Sharing your opinion and insights is a powerful way to help create a healing community that we can all be proud of.

Unique access codes will be distributed by email on November 1, 2016.

Three Ways to Participate

By Phone: 1.800.398.8785

By Web: <https://qx.gallup.com/covenanthealthce11.gx>
(survey link available starting Nov 1, 2016)

By Text: Text "**SURVEY**" to **393939** for a link to survey on a mobile device.

(You can access the survey by using text to link on a mobile device. Send a text to 393939, in the message type SURVEY. You will receive a text with a link to the survey. You'll need to connect to the internet on your mobile device to complete the survey.)

Survey Stations will be set up at the GNCH Library and at the MCH Cafeteria.

A Gallup Representative will also contact physicians by phone during the survey period.

NEED ACCESS CODE? - CALL 1.888.217.8202



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EZ LabLink - Laboratory Information/Stats/Education/Bulletins of Interest.

Laboratory bulletins that have been issued since the last newsletter that impact physicians in the Edmonton Zone include:

1. Changes to the Pap Test Collection vial
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-pap-test-collection-vial-change.pdf>
2. EZ-Clinical History Provided for Hysterectomy Specimens performed for Benign Disease
3. <http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-ez-clinical-history-provided-for-hysterectomy-specimens-performed-for-benign-disease.pdf>
4. Lysosomal Enzyme Testing (Leukocytes)
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-lysosomal-enzyme-testing-leukocytes.pdf>

5. Implementation of RIDA@GENE Bordetella Assay at ProvLab
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-pl-implementation-of-rida-gene-bordetella-assay-at-provlab.pdf>
6. Specimen Acceptance Policy for STI Testing
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-pl-specimen-acceptance-policy-for-sti-testing.pdf>
7. Changes to Microbiological Testing of Vaginal Specimens
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-changes-to-microbiological-testing-of-vaginal-specimens.pdf>
8. Fetal Fibronectin Result Comment for Discontinuation of Testing
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-fetal-fibronectin-result-comment-for-discontinuation-of-testing.pdf>
9. Ewing and Synovial Sarcoma - Change in assay methodology
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-ewing-and-synovial-sarcoma-change-in-assay-methodology.pdf>

If you have suggestions or comments for dealing with this issue, please don't hesitate to let me know.

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Edmonton Zone Home Parenteral Therapy Program

TO: Edmonton Zone Physicians

FROM: Dr. Lesia R. Boychuk, Medical Director
Edmonton Zone Home Parenteral Therapy Program

Deb Van Haaften, Executive Director
Pharmacy - Edmonton & Area

RE: ***CADD Solis VIP Pump Conversion for Edmonton Zone
Home Parenteral Therapy (HPT) Program***

Beginning 18 October 2016, patients on the Home Parenteral Therapy Program will start using the new CADD Solis VIP pumps for infusion of parenteral medications in the Edmonton Zone, and Curlin pumps will be phased out.

Who will this effect?

- All HPT patients in the Edmonton Zone.
- All patients starting HPT *on or after* 18 October 2016.
- For patients discharged to the HPT Program *prior to* 18 October 2016, a 5 week transition period will be in effect:
 - patients currently receiving medication via the Curlin pump, and who are scheduled to complete therapy *on or before 21 November 2016*, will remain on the Curlin pump;
 - patients currently receiving medication via the Curlin pump, and who are scheduled to complete therapy *after 21 November 2016*, will be converted to the CADD Solis VIP pump, as soon as possible *on or after* 18 October 2016;
 - if for whatever reason a patient cannot be converted to the new CADD Solis VIP pump by 21 November 2016, every effort will be made to facilitate completion of HPT in a safe and dependable manner.

Why are patients being converted to a new pump?

- The Province of Alberta is now using CADD Solis VIP pumps, in order to standardize delivery of parenteral medications in the community.
- The number of HPT patients in the Edmonton Zone has increased, leading to a shortage of Curlin pumps.
- Software for the Curlin pumps will no longer be updated by the parent company.

Where will patients be converted?

All conversions to the CADD Solis VIP pump will be performed at the healthcare facility where the patient had been discharged to the HPT Program. Pump conversions will *not* occur in the community.

How will patients needing conversion be identified?

- Each healthcare facility where patients are discharged to the HPT Program will be responsible for scheduling appointments with patients who need to be converted to the CADD Solis VIP pump.
- HPT Pharmacy staff will be notified of the scheduled conversion dates.

Thank you for your ongoing support of the Edmonton Zone HPT Program.

If you have any further questions or concerns, please do not hesitate to contact your site HPT Program staff member.



Neil E Gibson

OMM,CD,BSc,MSc,DOHS,DTMH,MD,FACP,
FRCPC

Associate Dean, Clinical Faculty
Director of Simulation
Clinical Professor
Department of Medicine
Division of Critical Care Medicine

Clinical Faculty

A number of initiatives are brewing with respect to Clinical Faculty, and I thought that I would reinforce and repeat items of interest from past newsletters.

Firstly, I would point you to the Clinical Faculty webpage which outlines privileges available to Clinical Appointments within the FoMD. This can be reached at <https://www.ualberta.ca/medicine/about/faculty/clinicalfaculty/benefits>

I have also been asked by the Faculty Learning Committee to remind Clinical Faculty that are doing research, and involving FoMD learners that they should be consulting TRAC (Trainee Access Committee) to ensure that approval for your projects is not held up, and appropriate resources within the Faculty can be accessed. The website outlining the requirements and process is at ["https://www.ualberta.ca/medicine/programs/resources/trac"](https://www.ualberta.ca/medicine/programs/resources/trac)

I'm always happy to hear from you with respect to Clinical Faculty matters, large or small. I can be contacted at neil.gibson@ualberta.ca

SUBMISSIONS: EZMSA monthly newsletter welcomes submissions (articles, notices, and letters to the editors), announcements, photos, etc.) From practitioners and healthcare providers in Alberta.

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