

VITAL SIGNS

MAY 2020





Kids on the *move*

Alberta Medical Association

**YOUTH
RUN
CLUB**



With 16 YRC fun runs hosted by schools across the province last spring, we wrapped up the school year in busy style!

Two adaptive fun runs – featuring the Paralympic Sports Association’s Trail Rider – 36 Go! (Girls Only) Run Clubs and 32 Indigenous School Community clubs demonstrated the YRC’s commitment to health equity and inclusion.

Goals for the 2019–20 season include adding to last year’s 402 schools and 20,000 students; and continuing to develop club resources in support of inclusivity.

Moving kids of all abilities!

amayouthrunchub.com



A CALGARY & AREA MEDICAL STAFF SOCIETY PUBLICATION

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SAVE THE DATES!

CAMSS

Council Meeting: May 13, 2020
Zone Advisory Forum: June 10, 2020
Council Meeting: September 9, 2020

CZMSA

Executive Meeting: May 21, 2020
Executive Meeting: June 18, 2020
Executive Meeting: September 17, 2020

EZMSA

Executive Meeting: May 14, 2020 | 5:30-7:30 pm
Zone Advisory Forum: May 21, 2020 | 4:00-7:00 pm
Council Meeting: June 18, 2020 | 5:30-7:30 pm
Executive Meeting: September 10, 2020 | Location TBD



View from the Beach

Message from Vital Signs Medical Editor Dr. Scott F. Beach

All good things
must come to an end.





Dr. Scott F. Beach

In the case of *Vital Signs*, this speaks to a poignant and somewhat sad truth. What follows, dear readers, is my last column for *Vital Signs*, as this issue signifies the end of its journey as the platform for the independent voice of physicians in Alberta.

And what a journey it has been.

From a humble newsletter to a province-wide publication, *Vital Signs* has stood as a showcase for physicians' trials, tribulations, and indeed, triumphs. The stories it contained highlighted the journeys taken by those that worked as advocates to address challenges facing their patients and colleagues, across the five

Zones here in the province, and on both the national and international stages. *Vital Signs* has been here as a testimonial to the compassion, collaboration, and consummate professionalism embodied by the physicians of Alberta.

From said humble beginnings to what is now a provincially consumed periodical (and touchingly so, a much appreciated one) a number of leadership luminaries have invested much in stewardship that nurtured the evolution that ultimately resulted in the professional offering that is the *Vital Signs* of today.

Slocombe. Maybaum. Comm. Patterson. Spicer. Mrkonjic. Names that will forever be part of the pantheon of Zonal leadership, and whose voices will echo within the historical record of medical publication here in Alberta. To paraphrase Newton, it has been a humble pleasure to stand on the shoulders of these giants as the final Medical Editor of this publication of such storied form.

This final issue stands as a coalescence of many years of physician experiences throughout the province, encompassing their clinical, political, and philanthropic endeavours. Contained in these pages are historical notes, quips, and quotes from submitting physicians and interviewed colleagues that highlight the impact we as physician citizens have had across the five Zones here in Alberta.

Some are serious. Some are humorous. Yet all were derived from the heart of truth. To complement are the visuals of a collection of covers that over the years have captured the interest of the reader to draw them in to consume the content within. Ultimately this synergy of word and image will hopefully challenge and inspire us to embrace the role of advocate within our own paths as physician healers and leaders.

As we celebrate the end of this journey, many have questioned what comes next in terms of an independent voice for physicians in Alberta. As with the topical uncertainties of the COVID-19 crisis and the conflict with the current provincial government, what lies ahead post-*Vital Signs* is also undiscovered country. As the twilight of this platform is upon us, much feedback from readers has brought to light the value *Vital Signs* brings. From this, as the embers cool from this phoenix form, earnest thought is being given to what may replace it so as to support the Zonal voices as the future unfolds. Stay tuned is all I can say.

Before closing, I would be remiss if I didn't offer a few notes of thanks. First, to all the operational staff supporting the work of the ZMSAs over the last many years, and in particular those efforts made to publish *Vital Signs*, I offer my deepest gratitude. To Mr. Hellmut Regehr, I am deeply indebted to your stalwart and unfailing support of the voices of physicians, and your exemplary professionalism as our publishing partner. To Ms. Shauna McGinn, who as our professional staff writer elevated our form to an exquisitely refined level. To all the contributors who invested their time and shared their voices, I thank you for your courage.

Finally, my thanks to you, dear reader, for standing with us throughout the journey of *Vital Signs*. It is you who made us great.

Thank you all again for the privilege to be part of your professional lives. Be safe and be well.

Scott F. Beach, MD, CCFP
Medical Editor, Vital Signs

Politics and Government

As physicians and other health professionals know, healthcare is inextricably linked to government. Since Vital Signs began in 1996, Alberta has seen seven different premiers. From Ralph Klein to Jason Kenney, physicians in this province have been writing about their complex, ever-evolving relationship with government for more than two decades.

This section offers some historical highlights of that relationship, and reminds physicians that making their voices heard is a key part of maintaining a dynamic, robust healthcare system.



April 2008

Dr. Linda Slocombe, first column

"As we try to continue to provide medical care for our patients in this crisis-driven environment, we must all try to look ahead to the future and plan for a sustainable system. The trilateral agreement between the government, regions and the doctors is a start but we have a long way to go. The gatekeepers of the system (the frontline healthcare workers) must have more influence and real decision making abilities."



September 2010

Dr. Lloyd Maybaum, first column as CAPA President – Calling physicians to advocate

"Think of that day when you first learned that you had been accepted to medical school: the wonderment, the excitement, the belonging. Where is that wonderment now? Has it been eroded by time or lost in overcrowded hallways, surges and overcapacity? The fatigue of working flat out, never seeming to catch up as well as the despair in watching waitlists grow and waiting rooms overflow have likely taken a toll on all of us. The harsh economic realities of running a clinic have certainly helped. Being forced to see dozens of patients in a turnstile fashion in order to make overhead will quickly stifle wonderment. I am a firm believer that, as physicians, we need to use our voice. We must have presence. We must find greater cohesion and begin to process the issues that divide us. We must take pride and interest not only in our own practice or specialty but also in those of each other."



May 2011

Dr. Linda Slocombe, commentary on the 2011 federal election

"We look at the platforms of the political parties and are dismayed by the lack of vision. We keep expecting them to come up with real insight. We keep expecting them to provide us with direction. At the same time we know that addressing the healthcare crisis is political suicide. How do we really help our politicians? The answer may be to simplify the issues. There are too many organizations, too many studies, too many think tanks and too many competing interests. Regardless of the outcome in the federal election, it is time to take back control. As physicians, we need to simplify the answers. Would we give our patients a list of 10 possible treatments for their diagnosis, all with equal validity and cure rate? Then wait for the patient to come back and tell us what they will do. Our patients would go out the door more confused than when they came in. The politicians may be those patients, faced with too many options with no clear choice. I suggest that it is time to focus on two or three key issues, crystallize and clarify them and give our politicians a vision. They need our help."

...these goals will be most successfully achieved by government adopting the fundamental principle that physicians and the AMA should play a strong role in the planning, development and implementation of health care in Alberta.

– Dr. Michael Giuffre, 2013



December 2012

Dr. Michael Giuffre, commentary on issues facing physicians after new contract

“The minister has been trumpeting Alberta’s success in attracting physicians and the amount physicians are paid. Under our expired, eight-year trilateral master agreement, the AMA and past governments did work well together to make Alberta a good place to practice. This took a long time and we’re proud of our successes. The minister obviously recognizes that, but I wish he would also recognize that what was gained through so much hard work can very easily be lost.”



March 2013

Reprint of a letter written by Dr. Michael Giuffre, sent to then-Premier Alison Redford

“The AMA is focused on how we can improve patient care and make our health care system more efficient and effective. We believe that the government of Alberta shares these goals. But, these objectives will not be achieved by allowing health care policy and operations to be crafted in a vacuum by Alberta Health, or by publically singling out physicians for special criticism. On the contrary, these goals will be most successfully achieved by government adopting the fundamental principle that physicians and the AMA should play a strong role in the planning, development and implementation of health care in Alberta. Doctors are not the problem, but are willing and able to help craft solutions.”



October 2013

Dr. Steve Patterson, first column as CAMSS President

“There are changes coming — yet again. This is the third reorganisation of the health care system in the last ten years, and the fourth since I began practice. However, at the end of the day, we as physicians are still responsible for the care we give. If by being part of the process we can channel the changes to make improvements in our patients’ care, then our engagement is well worth the effort. In order to continue to advocate for regional physicians and our patients please join and, more importantly, participate in our medical staff associations.”



January 2015

AMA President Dr. Richard Johnston, comments on healthcare infrastructure

“Let’s find ways to de-politicize some of the decision making, because in many cases, the political answer is simply not the right answer. As physicians we have a role to play in this. When considering infrastructure investment — or investment in primary care, health information technology or any number of important areas — we are the experts when it comes to the potential impact on patients. We can help identify the expected benefits, the risks of harm arising from under-investment and the value of investing in quality. This is really important input into broader questions that society needs to answer. These include considering what we value as a society as well as the boundaries between individual and social responsibility.”



November 2019

Dr. Scott Beach on the difficult road ahead with new provincial government

“As the journey unfolds, as it has in times past, physicians may be defined in terms most unkind: rich, greedy, and selfish. Yet, as in times past, we will remain in high order and focused on our poignant mantra: patients first. Those from the patient’s ranks who are aware of our compassionate provisions of healing measures will stand with us, much needed allies for the road ahead.”

Disaster & Emergency Management

Through the ongoing management of the COVID-19 pandemic, physicians are among the crucial frontline workers who step up everyday to protect Albertans. From public health crises to devastating wildfires, physicians have seen and responded to some of the most challenging emergencies in this province's history.



April 2010

Dr. Francois Belanger and Dr. Cheri Nijssen-Jordan, H1N1 - interview

"Vital Signs: What challenges did you face and would you recommend anything different be done should we face a similar situation?"

Nijssen-Jordan: What we heard from our docs was that communications, relating to the plans initially, were too much from too many sources... As we went along, our communications got more targeted and crisp which showed that we were able to learn. The biggest frustration, from my perspective, was the communication between federal and provincial health authorities, its impact on AHS and the public and the difficulty responding to new information as quickly as it came out..."



July 2013

Physicians rally together during Calgary/Southern Alberta floods in 2013

As Vital Signs goes to press, officials are saying this second 100 year flood is four times as devastating as the one experienced in 2005. Many of your colleagues have lost their homes. This is a time to pull together. After a suggestion by CAMSS president, Dr. Lloyd Maybaum, the AMA introduced a flood help line for physicians who were flooded out of their homes with nowhere to go. Three physician families needed help and over 90 volunteered to house them!



June 2017 – The Fort Mac wildfires

Dr. Sandra Corbett, Lessons Learned

“What we learned helped us plan our addiction and mental health resources to respond to the increase in acute stress and anxiety that was experienced in the immediate aftermath. We knew from the previous disasters that we should anticipate an increase in demand for our services in the year after the fire. We expanded access to these services to cope with the grief and depression that people experienced when dealing with what they had lost, the increase in PTSD and the substance use issues people developed when trying to cope with their stress.”

Dr. Brian Dufresne, A Personal Perspective

“The evacuation had an astounding impact on the community, and a lasting impact on the health care providers who worked throughout the evacuation, while managing their own personal struggles along the way—some losing homes of their own.”

STARS and the Fort McMurray fire

“The preparatory work on our EMP positioned STARS well for when, on May 3, 2016, the STARS Emergency Link Centre (ELC) Director received a call from the Director of the Alberta Health Services (AHS) Central Communications Centre providing an update on the Horse River fire. A second call shortly after the first advised us that plans were underway to evacuate the Northern Lights Regional Health Center (NLRHC) in Fort McMurray. With that, the STARS EMP kicked in. This combined team effort enabled STAR 6 to fly 13 missions and transport seven patients. In addition, we provided a secure and reliable safety net for the province and for all the people impacted by, or working on, this incredible fire disaster.”

Dr. John Ascah, A wakeup for physician involvement in disaster planning

“The Fort McMurray fire has taught us a valuable lesson: all Canadian physicians should actively engage in the disaster planning process. Though Canada is a developed country, we are not immune to devastating and crippling disasters.”



April 2020

Dr. Scott Beach, column on COVID-19

“Under the harsh lens of history, quiet heroes have always emerged to stand as bright points of light beaming in this tapestry of darkness. Our Chief Medical Officer of Health (CMOH) Dr. Deena Hinshaw: composed, compassionate, and eminently capable as she allays our fears and guides our journey... Our Executive Leadership Team composed of Drs. Francois Belanger, Laura McDougall, Ted Braun, and Mark Joffe, who, in synergy with the field marshals at the Emergency Command Centre in Edmonton, create nimble and granular processes to guide physicians during this dynamic crisis... Our teams at the labs throughout the province, who, incredibly, have found the resources as well as a sixth gear to create a COVID-19 screening system that, per capita, is second to none in the world. Finally, the physicians and allied health providers who are on the front lines, ready to stand with our fellow Albertans; many of whom, when encountering this virus, will face the fight of their lives. To all of those above — and to many, many more I did not mention — I offer my deepest personal thanks.”

Dr. Greg Sawisky, reflections on grief and COVID-19

“We weren’t ready for this pandemic. No one was. There wasn’t enough of any- thing ready to go, and there won’t be. Not enough PPE, swabs, information — every corner reveals another challenge we must meet without ‘enough.’ That is why I chose to write about my son in the last days of Vital Signs. He gives me purpose, he fills me with love and he has helped me realize how fortunate I am to be able to continue to work and help people at this chapter in human history. He has helped me see that it is okay to mourn and grieve that which we have lost and all that we have yet to lose moving forward into this new reality. If this pandemic lasts for months then the losses will continue to build, each loss begetting more grief. But perhaps, in all of that loss, pausing for a few moments to not only recognize what we still have, but what will remain, can keep us grounded enough to make it through this pandemic and out the other side.”

Time for change

“The comfort zone is a psychological state in which one feels familiar, safe, at ease, and secure. You never change your life until you step out of your comfort zone; change begins at the end of your comfort zone.” – Roy T. Bennett



Dr. Sharron Spicer

In this final issue of *Vital Signs*, I am pondering the nature of change. I can't help it, really — we're in the midst of a pandemic, after all! Never before in our generation have we experienced such rapid and widespread societal change as that imposed on us by COVID-19. For many of the country's physicians, the

changes have manifested in how we practice, from setting up virtual appointments, to implementing social distancing, using personal protective equipment, and learning new billing codes.

It is not just our workplaces that are affected, though; we worry about our children, our aging parents, and other loved ones who are at risk. Dr. Tait Shanafelt, well-known American expert on physician health, has [thoughtfully outlined some of the specific anxieties](#) that medical staff may experience during this pandemic.

Significant practice changes have also been imposed on us by the Alberta government. Changes in billing codes, overhead costs, and contractual agreements have had real consequences for real people, the result being that some Alberta physicians are leaving practice or restricting their services in order to remain financially viable. In this case, the changes are not only hostile to physicians, they threaten to set back successful models of primary and community care by decades, particularly in rural areas, with negative impact on patient access to various services.

Change is inevitable. Sometimes, it is uninvited. Sudden change, especially that which originates from unwelcome circumstances, is often associated with grief at the loss of what “once was” or “could have been.” Grief is a social experience, individually felt yet shared collectively. In the April issue of *Vital Signs*, [I wrote of the changes in my career](#) as part of my family's journey with cancer — a story of personal grief.

Now, in a pandemic, we are all experiencing losses; whether it's the loss of routine, physical contact, or perhaps very serious financial losses. While some change comes quickly, at other

times, we desire to create change, and this is usually slow and intentional. Advocacy stems from what we hope for, work toward, and influence. As physicians, we all have strong roles in advocacy.

My time with the Calgary and Area Medical Staff Society (CAMSS) put me in contact with many physicians who have created and responded to change. *Vital Signs* has been one of the tools to push for change, and although it will no longer be published, the Medical Staff Associations (MSAs) continue to advocate for physicians and the work we do.

Writing and editing for *Vital Signs* has sometimes pushed me to the edge of my comfort zone. There is a vulnerability in putting opinions in print, and I extend my sincere thanks and admiration to other physicians who have submitted articles and letters. Usually, they have been on the edge of their comfort zone as well, either in the work they have done or in the writing of it, not wanting to bring attention to themselves.

I have loved reading others' stories, especially hearing about their passions. Over the years, certain themes have stood out for me. I recall those who have served overseas and in their local communities; the issue of [April 2017](#), in particular, highlighted physicians' volunteer efforts. Others have passionately advocated for [Indigenous health](#). Increasing attention has been given to [physician health](#) and the importance of system factors such as leadership, diversity and inclusion on physician well-being. The stigma of mental illness, even among physicians, is challenged, and resources are made known to those who need them.

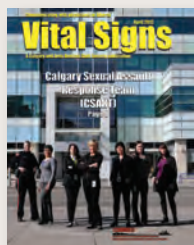
For these and many other articles, I am proud to be associated with such fine colleagues!

Sharron Spicer, MD

*Former CAMSS President and Vital Signs Medical Editor
Department of Pediatrics, Calgary, Alberta*

Physician Leadership & Patient Advocacy

In addition to providing exceptional care, part of being a physician is advocating on behalf of patients, as well as providing leadership within the medical community. This section demonstrates the hard work physicians have done to raise awareness about important issues, call for better care, and show support and appreciation for colleagues close and far.



April 2012

Feature piece on CSART (Calgary Sexual Assault Response Team)

"Dr. Kathy Reynolds is a family physician who has been working with CSART since 2006. 'What attracted me to this job is not what is keeping me here,' Reynolds says. 'I joined because I was really interested in the forensic medicine part of the work. What keeps me here is working with an incredibly cohesive team of professionals who each have a role in dealing with every patient care aspect. It is such rewarding work, and the patients are very appreciative of what we do.'"



March 2013

Article about CUPS expanding neonatal at risk program

"Several years after the CUPS formation, the department of obstetrics noticed women were presenting in labour under the influence of drugs and alcohol at an alarming rate. Additionally, these women were sometimes homeless and suffered from severe mental illness and were victims of domestic violence. 'So they asked, how do we stop this tragedy from occurring at the end of their pregnancy?' says Gwen Moncayo, nurse practitioner and women's health centre coordinator. 'Why don't we try to put preventative services in earlier? In 2005, CUPS began treating these complex prenatal patients.'"



July 2014

Feature by PARA about residents and refugee care

"Teaming up with others who had an interest in public health, these resident physicians formed the Alberta Refugee Care Coalition. They rallied together with many other frontline providers who had recognized the access challenges refugees face, and met with members of all provincial political parties, updating them on the key research emerging on this issue. In February 2014, they had an important victory when changes were made to the Alberta Adult Health Benefit plan that allowed some refugee claimants to access limited funding for medications and services."



November 2015

Dr. Stan Houston – Editorial on the importance of harm reduction

“We, as health care workers have a professional obligation to those of our patients who use drugs, and we are uniquely placed to advocate for evidence-based policies and services.”

June 2015

Dr. Richard Bergstrom on being a voice for patients

“We can provide better care. We can provide solutions, not just a diagnosis. And that is worth the cost. I know it is hard and onerous to continue to speak for our patients. We need to speak for them, for they ask us to. Let us be strong, vocal, challenging and continue advocacy.”

July 2016 – Indigenous health issue

Dr. Richard Musto and Nicole Eshkakogan on racism and Indigenous Peoples in healthcare

“With a heightened awareness of the lived context of Indigenous Peoples in Alberta, practitioners can be deliberate in discussing investigation and treatment plans to include explanations for timing and available options, and including the person in the decision. Recognizing that the experience of trauma is a result of historical and contemporary colonial processes driven by racism, practitioners can also become informed about and practice trauma-informed care...”

Dr. Alika Lafontaine

If we are going to achieve equity in Indigenous health — something 7 in 10 Canadians desire in a poll taken by the National Healthcare Leadership Conference — we need to approach the challenges with the same hope we have towards mainstream health. Things can change. We can become more effective. We have no other option because health is a fundamental human right.

October 2017

Dr. Sharron Spicer on gender equity and leadership

“To create the opportunities for women to enter and thrive in leadership positions, we must understand why women are not equally seeking or filling these roles. We need to create systems where those who wish to be in leadership positions have equal opportunity, and where those who would be effective are encouraged to do so.”

October 2018

Dr. Andrea Hull and Erika Friebe on why doctors are concerned about climate change

“Adapting to the fallout of a changing climate will require more and more money, while the health consequences become increasingly dire. Respiratory related illness, heat related illness and death, contaminated water and food insecurity represent a few of the serious health problems we are already facing.”

September 2019 – Physician wellness issue

Dr. Rachel Grimminck on awareness around physician mental illness

“A doctor with cancer would see an oncologist, so why wouldn't a doctor with depression see a psychiatrist? We need to be wary of blurring the lines between the concepts of improving mental health, and seeking treatment for mental illness. By minimizing illness and focusing only on wellness, we perpetuate stigma, and run the risk of conveying the message that mental illness is more of a personal failing. This notion misses the enormous complexity of mental illness.”

December 2019

Dr. Caley Shukalek on what it's like to be 'out' in medicine

“In a province (and world) where conscious rights objection is being proposed, I know more than ever that I need to be unapologetically myself in all situations. It's also especially important as healthcare workers that identify as women, persons of colour, Indigenous, gender non-binary and/or trans also continue to experience harassment and discrimination. Normalization of diversity is necessary, and requires participation from all of us.”





Hellmut Regehr

Your voice was heard

In January of 2015, I sat in the CAMSS boardroom across the table from Dr. Steve Patterson and Dr. Sharron Spicer.

We discussed *Vital Signs*; its beginnings as well as future. As I listened I became more and more intrigued, hopeful they would hire me and my small company as a CAMSS partner in the next phase of the magazine. Five years later, I am grateful to both doctors for trusting me with their publication.

One of the privileges of producing *Vital Signs* has been the opportunity to attend CAMSS meetings, as well as the occasional ZAF and AGM. While impostor syndrome occasionally reared its head, the many physicians I met were always gracious and supportive in the work we were doing.

In producing *Vital Signs*, I have read every article in every issue for the past five years and attempted, along with my graphic designer wife, Leona, to present each one with imagery and layout that would help convey the author's story.

I have had the good fortune of working with four CAMSS presidents, and witnessed how doctors have had to transition through three provincial governments. All of these experiences have helped me to better understand healthcare in Alberta, from systems, to procedures, to people.

Community

No matter your profession, who your boss is, or your income level, we all need community — not only in our social and personal lives, but in our work lives as well. The COVID-19 pandemic only reinforces that point of view. Our professional community challenges us, inspires us, educates us, holds us accountable, and supports us.

I have always viewed *Vital Signs* as a place of community for doctors in Alberta. Having read hundreds of articles, it became clear to me the servant heart of the physician. That heart extends not only to patients, but also to colleagues. The beauty of the healthcare community is that even though opinions and solutions vary, the passion and dedication to serve and do good is consistent. That common thread builds community within healthcare, and part of *Vital Signs'* mandate was to build community.

Healthcare

Healthcare is complicated — big money, big organization, big choices, and big consequences. *Vital Signs* has published many articles on difficult healthcare topics: rural care, Indigenous health, opioids, physician suicide, the EMR, medical marijuana, medical assistance in dying, homelessness, safe consumption sites, political issues, and volunteerism to name just a few.

Many doctors were willing to share ideas and opinions on a wide variety of difficult and complicated subjects such as these. There are few easy answers, and *Vital Signs* has been a vehicle for doctors to share ideas and opinions, helping move conversations forward, always with the goal of improving healthcare in Alberta.

Doctors

For any number of reasons, this profession has always been prone to stereotyping. Perhaps that is because of the enormous number of “doctor” shows, or perhaps it is because there are certain qualities that every doctor needs to have to be successful. That being said, we know no two doctors are alike, and lumping them all into one monolithic TV character is unfair. As I flicked through the pages of *Vital Signs* back issues, I was impressed by the variety of writers we have had over the years.

Great stories, both personal and professional. Great informational pieces on technologies and procedures, and fantastic opinion pieces with doctors willing to share their thoughts on many tough issues. *Vital Signs* was for and about doctors, showcasing the amazing diversity in the medical profession. It helped highlight that diversity, and allowed doctors to grow and learn from one other.

Vital Signs

Vital Signs was about communicating ideas and solutions, and connecting a group of professionals who are part of an enormous, complicated healthcare system — a system made up of individuals, all with unique goals and skills. *Vital Signs* attempted to bridge that gap between the collective and the individual by providing a forum for doctors to communicate on a larger platform, in a personal way.

It has been a pleasure producing *Vital Signs* for the past five years. Leona and I have learned much about healthcare and how it works in this province. More importantly, we have learned about the doctors at the centre of healthcare in Alberta. My hope is that *Vital Signs* has helped doctors learn more about each other as well.

I want to thank Dr. Scott Beach and the *Vital Signs* Editorial Committee for the opportunity to contribute an article to the final edition of *Vital Signs*.

Keep communicating,

Hellmut Regehr

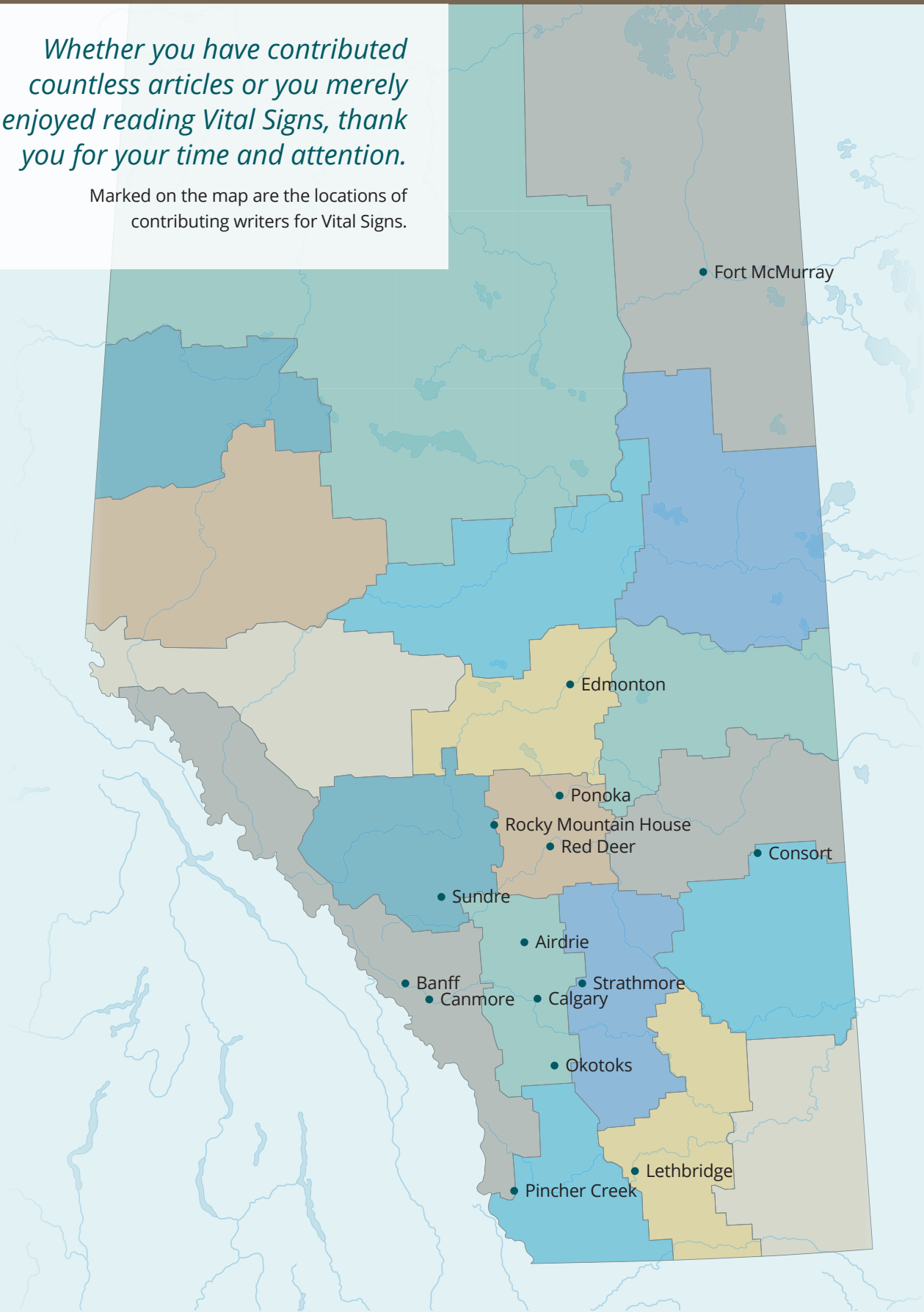
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Vital Signs contributors throughout the province

Whether you have contributed countless articles or you merely enjoyed reading Vital Signs, thank you for your time and attention.

Marked on the map are the locations of contributing writers for Vital Signs.



VITAL SIGNS MAGAZINE

TIMELINE 1996-2020

**JULY
1996**



Vital Signs began as a black-and-white stapled newsletter on plain paper. What is now the Calgary & Area Medical Staff Society (CAMSS) was then known as the Calgary Regional Medical Staff Association (CRMSA). It was led by the first elected President, the late Dr. Josephine Wilson. In the political realm, Ralph Klein was four years into his 14-year tenure as premier of Alberta.

The newsletter makes a brief shift in format, with Dr. Wilson continuing to oversee its beginnings.

**FEBRUARY
1998**



Vital Signs tries out another look, with the late Dr. J. Brock Dundas taking over the helm of the CRMSA. The small 'We're on the Web' notice at the top of the page marks the beginning of the publication's online presence.

**APRIL
2000**



A front-page index and CRMSA logo nudge Vital Signs toward a more refined newsletter.

**SEPTEMBER
2000**



**FEBRUARY
2001**



The year 2001 brought significant change to Vital Signs, both visually and in editorial direction, including a brief experiment with a more newspaper-style front page. This was one of the first issues to publish specific editorial guidelines for submissions.

**JUNE
2001**



Dr. J. Brock Dundas, still serving as CRMSA President, comments on the changes to Vital Signs in his opening column, indicating his desire for it to be the go-to publication for physicians in the region. The Calgary Health Region logo appears for the first time.

Here, we finally see Vital Signs move away from the newsletter format and closer to a full magazine, with proper binding and a colourful layout. This issue included a submission from Dr. Kabir Jivraj who, at the time, served as Senior Vice President and Chief Medical Officer of the Calgary Health Region.

**JULY/AUGUST
2001**



After just over a year, Vital Signs switches to a green design, which remains for the next couple of years. The bottom tagline delineates that it is a joint publication between the CRMSA, Calgary Health Region, and Physician Partnership Steering Committee.

**NOVEMBER
2002**



Vital Signs finally makes the transition to a full magazine, with a design and style that will remain for more than a decade. Dr. Michael Giuffre was CRMSA President at the time. At the beginning of 2003, freelance journalist Dave Lowery joined the magazine, and would go on to write and edit for Vital Signs for the next 12 years.

**MAY
2004**



Before Vital Signs underwent its next major transition, four CRMSA/CAPA Presidents served: Dr. Glenn Comm (2006-2008), Dr. Linda Slocombe (2008-2010), Dr. Lloyd Maybaum (2010-2013), and Dr. Steve Patterson (2013-2015). Each of them made tremendous contributions to their organization, and drove Vital Signs forward with issues and ideas that helped shape its future.

**APRIL
2015**



With the addition of Hellmut Regehr and Spindrift Design, Vital Signs steps up a notch with a sleek, modern magazine look. Dr. Sharron Spicer is Medical Editor, and President of what had by then become CAMSS, helping push Vital Signs to become a more widespread, provincial publication. Since the last major design shift, Alberta saw five premiers: Ed Stelmach, Alison Redford, Dave Hancock, Jim Prentice, and Rachel Notley.

After undergoing an update, Vital Signs ends on this current design. Preceded by Dr. Linda Mrkonjic, Dr. Scott F. Beach serves as CAMSS President and Medical Editor. The tagline 'Communicating with physicians in Alberta' was ultimately changed to, 'The voice for physicians in Alberta'.

**FEBRUARY
2019**



Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 December 2013

The AMA Olympic torch relay team in Banff

CAPA
 Calgary and Area Medical Staff Society

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 October 2013

Help wanted
 Vascular surgery in crisis
 Page 5 & 8

CAPA
 Calgary and Area Medical Staff Society

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 March 2014

High River's Charles Clark medical centre
 championed by Dr. Ron Gorsche
 Page 6

CAPA
 Calgary and Area Medical Staff Society

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 September 2013

Adult hydrocephalus - Uncovering the tip of the iceberg?
 Page 7

CAPA
 Calgary and Area Medical Staff Society

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 November 2013

CAMSS wants you!
 Please support your local society.
 Registration insert inside.

Family care clinics
 You asked, we found out - Page 10

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 October 2012

It's here!
 South Health Campus is partially open.
 Page 6

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 November 2013

How large is your carbon healthcare footprint?

Choosing Wisely and the Healthcare Footprint initiatives
 Page 8

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 April 2014

Swimming induced pulmonary edema (SIPE)
 Page 11

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

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Vital Signs
 A Calgary and Area Medical Staff Society publication
 February 2014

What's your kidney worth?
 Page 9

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

Communicating with physicians in Alberta
Vital Signs
 A Calgary and Area Medical Staff Society publication
 November 2014

Come up for air some time... healthcare lessons from scuba diving
 Page 1

CAMSS
 Calgary and Area Medical Staff Society
 Advocating for physicians, caring for patients

Communicating with physicians in Alberta
VITAL SIGNS
 A Calgary and Area Medical Staff Society publication
 April 2014

Supreme Court Rules on Doctor-assisted Suicide

President's Message: Putting Patient Care First in Tough Times
 AMA Update
 The GOOD, the BAD and the UGLY 2014 Physician Inquiries
 Doctor Assisted Suicide: The Next Steps for Calgary Physicians
 The Global of Medicine Yet to Come: Doctors Killing Patients
 The World Doctor Needs Care

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 May 2014

President's Message: Difficult Choices
 Through the Looking Glass - And What Alberta Found There
 A New Budget, Another Day, New Year, What will be the health care we see?
 Changes in the Central Zone Medical Staff Association
 The Jobs of Work...
 Workplace Health: The Physician's Perspective

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 June 2014

President's Message: What's Next?
 AMA Update
 Making it in Alberta: Conquering the Unconquered
 The Operational Dilemma in Docs - Long List Patient & Family Complaints
 Handover: Transfer of Care
 The Return of Community
 Rocky Mountain General Hospital Medical Staff Association
 Annual General Meeting June 21, 2014

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 November 2014

The First Five Years of Practice

Advice to be from My Younger Self
 Who Will Be Our Future Self?
 Concept of Opportunity Cost
 The First Five Years
 Five Months to Know When You Finish Your Residency
 Five Months into Practice
 Before You Sign Your Letters
 Celebrating Young Alberta Doctors
 Shining Light On Physician Suicide

Communicating with physicians in Alberta
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 May 2014

WORK SPACES

President's Message: Where Do You Work?
 A Choice of Emotions Today
 South Health Culture
 Physician Assisted Death

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 October 2014

Economic and Public Medicine as Politics
 Patients' Bill
 2014 PMSA Service Recognition Awards
 Time to Subdue Canada's Chronicity Underfunded Medical Health System: Advocates

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VITAL SIGNS
 A Calgary and Area Medical Staff Society publication
 August 2014

HEALTH CARE IN A NON-TRADITIONAL ENVIRONMENT

Colouring Outside the Lines
 What if We Had Better
 Operation Experience,
 Helping Kids in Vietnam
 Hospitality and the World
 Inclusive Health
 Research in the Footsteps of Chronic Disease
 Outside the Box
 The GI Goals
 The Performance Arts as Calgary Arts in Jeopardy
 The Legacy of the E2M5M Goal Tournament

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 May 2014

WORKFORCE PLANNING

What's Actually in it for Me?
 A Former Locum's Look at the
 Challenges of Employment in Medicine
 A Calgary in the Questionnaire's View on Healthcare in Alberta
 Workforce Planning, Transparency
 and Physician Mobility
 Navigating through Physician Residency Planning
 Testing Variables when You're in an
 Economic Medical Market
 Remote... is it Residency or just
 The Residency Chair?

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 March 2014

Optimizing Physician Health
 A Physician Public Health Perspective
 Physician Self-Care
 Public Health: What Works For Physicians?
 Physician Mental Health
 Opening Pandora's Box of Professional Country
 What the AMA Youth Risk Reduction
 Community Based Medicine in Alberta

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 June 2014

EMERGENCY

READY ...or not?

Are You Ready?
 Emergency Response Within APE
 Code of Conduct
 In Flight Medical Emergencies - By Air Numbers
 Tolls, We Are No Longer in Kansas!
 Skills in The New Currency
 Activities: Getting from Complex to Comprehensible

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 February 2014

What's in Your Village?
 Northern Power: Quality Screening
 for Cervical Cancer: Next Steps
 PREVENT COOL-5: A Proactive Initiative to
 Reduce Cervical Infection in Calgary Women
 Sudanese Immigrants: Hearing Loss
 Will you remember to take your eye off
 Everything's Free (Is It?)
 What is more important to you?
 Run - Blue: The Tobacco Project
 Health is Complex
 Second Opinion

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 April 2014

**Managing Communication Fatigue in an Organizational
 Transition**
 How to Stay "On-Track" in Medical School
 or Did They?
 Publishing in EClinical Practice
 Publishing in Docs: The Importance of Inspiring
 All That Alberta PaCIS Project
 Let's Talk About Sex
 What's the Best Approach?

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 MAY 2014

CHANGE

Communicating with physicians in Alberta
VITAL SIGNS
 A Calgary and Area Medical Staff Society publication
 MARCH 2014

Communicating with physicians in Alberta
VITAL SIGNS
 A Calgary and Area Medical Staff Society publication
 October 2013