July 2018

ZONE MEDICAL
STAFF ASSOCIATIONS
OF ALBERTA

VITAL SIGNS

COMMUNICATING WITH PHYSICIANS IN ALBERTA

JOINT PAIN DOESN'T NEED TO KEEP YOU FROM THE THINGS YOU LOVE.

Image-Guided Pain Therapy

Mayfair's expert pain therapy team has years of experience treating musculoskeletal and spine pathology.

Low-dose X-ray or ultrasound guidance accurately targets areas of concern to best treat joint and soft tissue pain. Procedures are low-risk and often provide pain relief right away.

MAYFAIR
DIAGNOSTICS

SERVICES

Bone Mineral Densitometry, Breast Imaging, Image-Guided Pain Therapy, Nuclear Medicine Imaging, Ultrasound, X-ray

All Appointments
403.777.3000

radiology.ca

VITAL SIGNS

A CALGARY & AREA MEDICAL STAFF SOCIETY PUBLICATION

July 2018

CAMSS
CALGARY AND AREA MEDICAL STAFF SOCIETY

ADVOCATING
FOR PHYSICIANS,
CARING FOR PATIENTS

MANAGING EDITOR: Hellmut Regehr, hregehr@studiospindrift.com

EDITORIAL ADVISORY COMMITTEE:
Dr. Sharron Spicer – sharron.spicer@ahs.ca
Adrienne Wanhill – adrienne.wanhill@albertadoctors.org
Hellmut Regehr – hregehr@studiospindrift.com
Dr. Tobias Gelber – tgelber@pinchermedical.ca
Dr. Steven J. Patterson – spatterson@plcgas.net
Dr. Alayne Margaret Farries – amfarries@me.com

Zone Medical Staff Associations
Mailing Address: 350-611 Meredith Road NE, Calgary, AB T2E 2W5
Reception: Suite #310, 611 Meredith Road NE, Calgary, AB T2E 2W5

COORDINATOR: Adrienne Wanhill 403-205-2093

SUBMISSIONS:
Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 1000 words or less.

Please send any contributions to: Spindrift Design Studio Inc. Hellmut Regehr, hregehr@studiospindrift.com

Vital Signs reserves the right to edit article submissions and letters to the editor.

The deadline for article submissions for the next issue of Vital Signs is August 20, 2018.

Contents:

Save the Dates!

CAMSS

Council Meeting:
September 12, 2018 | FMC Boardroom 152 – 5:30-7:30 pm

Zone Advisory Forum:
October 10, 2018 | Meredith Block – Boardroom 347, 5:30-7:30 pm

Annual General Meeting:
November 14, 2018 | Location TBD – 5:30-7:30 pm

Council Meeting:
December 12, 2018 | FMC Boardroom 152 – 5:30-7:30 pm

CZMSA

Executive Meeting: September 13, 2018 | WebEx

Zone Advisory Forum: October 18, 2018 | Red Deer (Tenative)

Executive Meeting: November 15, 2018 | WebEx

Executive Meeting: December 20, 2018 | WebEx

EZMSA

Executive Meeting:
September 20, 2018 | Misericordia 1N-106, 5:00-5:30 pm

Council Meeting:
September 20, 2018 | Misericordia 1N-106, 5:30-7:30 pm

Zone Advisory Forum:
October 18, 2018 | Misericordia 1N-106, 4:00-7:00 pm

Annual General Meeting:
November 15, 2018 | TBD, 6:00-9:00 pm

SZMSA

Executive Meeting: September 10, 2018 | Lethbridge, 5:30 pm

AGM & ZAF: November 5, 2018 | Medicine Hat, 5:30 pm

Transitions

Dr. Scott F. Beach

The refined transitions of management and flow of information will lead to better outcomes for both patients and providers throughout the province. However, as transitions in systems do bring opportunity, they to come with questions regarding accountability and responsibility.


Dr. Scott F. Beach

As a family physician providing primary care in the community, the word "transition" conjures up images of a patient migrating through the various levels of the healthcare system during the course of an illness. Upon satisfactory resolution of the presenting complaint in the acute setting, the patient is transitioned back to the community for follow-up and ongoing care. However, as I write, the word "transition" brings with it other connotations, both apropos for this particular time of year but also with implications for provision of care within the health system of Alberta.

Looking at the calendar, it strikes me that the academic journey of our colleagues-to-be from medical school classes and residency has, or will shortly, bring transitions in title that will come with tremendous opportunity, as well as evolving accountability and responsibility. Late this summer, bright and energetic men and women, having completed successful undergraduate journeys, will become members of the medical school classes at both the University of Calgary and the University of Alberta. This brings to my mind a poignant memory of meeting an incoming member of the class of 2022 as a then-bright-eyed nine year old, who I now can welcome as a colleague-to-be. More proximal, a few days from now, members of the class of 2018 will transition from medical students to residents, as the culmination of their first chapter as an evolving physician comes to an end. I remember this exciting transition as I looked forward to applying my newly accumulated knowledge in the context of patient care (not truly knowing that there was a steep learning curve ahead in the attempt to meld the two). Along a similar vein, July 1st will bring to our communities newly minted attending physicians whose resident journeys will have come to a satisfying end. I remember (with slight palmar diaphoresis and mild resting tachycardia) the revelation that mine now was the name at the bottom of the sheet. This transition opened a world of new opportunities but also brought a host of concomitant responsibilities and magnified expectations. These transitions along the pathway of our early careers highlight that change will always be an interesting, but not necessarily smooth, endeavour.

The same can be said with transitions in the system of care here in Alberta. Moving from paper charts to the EMR brought opportunities for greater efficiency, reduced workload, and seamless communication. Though welcome on some levels, this transition has brought its own challenges, which stand to potentially become more so in the years ahead. Challenges in transition of care that have resulted in tragic endpoints for patients have galvanized caregivers and system providers to refine communication strategies and information management to enhance transitions as part of the continuum of care, from in-house protocols that reinforce the handover of care to the exciting macro-projects of the Community Information Integration (CII) program, the Central Patient Attachment Registry (CPAR), and the pending launch of ConnectCare. The refined transitions of management and flow of information will lead to better outcomes for both patients and providers throughout the province. However, as transitions in systems do bring opportunity, they too come with questions regarding accountability and responsibility. Though I look forward to the potential enhancement to patient care that CII, CPAR, and ConnectCare promise to bring, I know that these transitions, like all others, will not be without bumps along the way.

As I bring this to a close, one final transition comes to mind. For thousands of excited children across the province, another school year is coming to an end. As this nodal point of change comes to pass, I extend warm wishes to my colleagues and their families for a safe and truly enjoyable summer.

Scott F. Beach, MD, CCFP
President-Elect, Calgary & Area Medical Staff Society
Calgary, Alberta

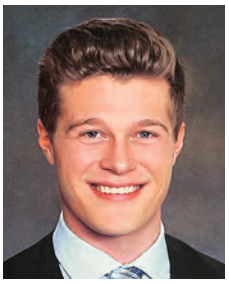
***Vital Signs* is seeking writers!** Our magazine is not so much an academic journal as a way to connect with other physicians about important topics. We publish a magazine for physicians by physicians, as a venue for advocacy and a way to stimulate conversation about health care issues, with a voice independent of AHS and AMA. We ask that articles be 800 to 1500 words and we welcome accompanying photos.

You'll be compensated for your writing – all authors whose articles of 800 words and over are published will receive a $50 Good Earth or Chapters gift card as a thank you for contributing! The deadline for our September issue **Monday, August 20**. Please visit **http://**albertazmsa.com/vital-signs/ to view past issues.

"STUDENT" TO "MEDICAL STUDENT":
Sailing on Foreign Seas

Daniel Bailey

To students aspiring to be physicians, like myself, the acceptance letter into medical school seems like the penultimate finish line. In my case, the acceptance email from Cumming School of Medicine arrived within 24 hours of my last exam at Mount Allison University. The acceptance and the diploma were my goals of for the past four years, so, in that moment, that was the end of the race. A sigh of relief and a few days of relaxation and celebration were in order. In reality, we know that these accomplishments are just the beginning of a much larger journey, and as such the inevitable question was posed: what next?


Daniel Bailey

The response to this question was anticlimactic. Despite the effort I had put in to get to this position, I realized I didn't have the foggiest clue what medical school (and beyond) is actually like. All of us pre-meds had heard stories from those who had gone before us. Common themes were the new, challenging, but also enjoyable nature of the MD program. In addition, my mother is a pediatrician which provided some awareness of what the job of a physician entails. However, I am still quite unaware of what will change going into medical school, and what will remain the same. I suppose it is about time to figure that out, given that my first day of classes is a week away.

I spent the four years of my undergraduate degree on the Canadian East Coast, so I feel I can use the analogy of a sailor to describe my current state of transition. A competent sailor knows their craft. They can manage all moving parts of their ship with an ease that can only be acquired from years of learning and practice on the water. Knowing the features of the area is most important in a sailor's repertoire. If you watched a seasoned maritime fisherman navigating the Northumberland Straight between Nova Scotia and PEI, they resemble a wizard on water. The best can seamlessly ride currents, avoid hidden reefs, and tack into trade winds, while the average individual could only react to these elements. Now, put the same sailor in the Indian Ocean and you might be less impressed. The basic sailing knowledge remains, but the foreign waters present challenges they are not accustomed to.

Similar to our sailor away from home, going from "student" to "medical student" brings up new obstacles while relying on a pre-established skill set. Medical school is, of course, still school. To put forward a strong application to medical school, a solid GPA and MCAT score are a must. Despite the large spectrum of backgrounds in medical school classes, each student has met these requirements and proven that they are a proficient learner. The study habits, work ethic, and passion for learning that are acquired during past education is what I think will carry over into the medical degree. However, like our sailor, the surroundings have shifted, and the student must learn the layout before they can appear competent.

I come from a science background, so studying the scientific method and problem-solving within medicine seems familiar. However, medicine is not just a science. It is a profession that helps people, and with people there are no controlled variables. The carefully designed experiment is replaced by complexity and incomplete information and the uniqueness of each individual patient. Working in these waters is neither easy or straightforward. Learning to navigate the art of medicine seems quite daunting to a novice like myself. But… it can be learned. Moving into medical school and starting to learn in the clinical setting, I believe the same habits of study and practice that were honed during undergraduate degree will be useful with some adjusting to fit the new environment.

The average pre-med can study efficiently and convey knowledge and problem-solving skills on a test, but the medical field demands that this be done in conversation with a patient. This brings up the question for myself and my fellow classmates: what characteristics and experiences will help you the most in the clinical setting? The medical school application process and the interview evaluate this as best they can, but it is an imperfect venture at best. During these stages, we shared our stories where we demonstrated or learned one quality or another, but how exactly does that serve you going forward into the medical profession? While I may claim that my time playing competitive hockey has built resilience and a strong sense of teamwork, how does that stack up against someone else's experiences for the same trait? And what about those other ineffable qualities that individuals carry naturally? Everyone comes in with their own unique traits: from charisma and personability to attention to detail and quick problem-solving. This makes me wonder what combination of characteristics along the (very) broad spectrum of people helps the most in terms of being a good physician. All of these experiences and aspects were judged and ranked in the application and the interview, so they must be looking for something, right?

When we as new medical students are asking these questions, we are really just questioning our ability to succeed in an unfamiliar place. The average pre-med student hopes that their characteristics and their past experiences will benefit them in medicine, but how that happens is a mystery. In reality, each student gets in by simply being who they are. During this current transition, I have started to see some of the backgrounds of my future peers. The University of Calgary medicine class of 2021 consists of people with undergraduate degrees all the way to PhD's. We have people that studied health sciences, engineering, and arts. We have nurses and professional athletes. With all this diversity, it is obvious that there was never "one thing" that the admission committee was looking for to make a good physician. Rather, there are several ways to be a good physician, just as there are many styles of sailing. The variety in the med class reflects the incredibly broad field it represents, where each individual can find a position that suits their character.

With all this diversity, it is obvious that there was never "one thing" that the admission committee was looking for to make a good physician. Rather, there are several ways to be a good physician, just as there are many styles of sailing. The variety in the med class reflects the incredibly broad field it represents, where each individual can find a position that suits their character.

So, going forward into medical school I think it is key to remain confident in yourself and where you came from. At the same time, one must keep an open mind to adapt to a new way of learning in unfamiliar waters. Learning the ropes from experienced physicians/sailors is a must. Mistakes will be made along the way, and this is expected. Through it all, it is important to remind yourself that you still know the basics of sailing, and that you will master these seas with study, practice, mentorship, and a lot of time.

Daniel Bailey,
Medical Student, Cumming School of Medicine
Calgary, Alberta

The transitions we experience on our life's journey, whether our choice or not shape us into the individuals we become. From immigrant child to Cumming School of Medicine graduate to Stanford University Scholar, Amy Li has embraced those transitional moments in her life.

Photo by Riley Brandt/University of Calgary

Class of 2018: Cumming Grad Builds Legacy of Caring and Improved Mental Health Supports for Students

Immigrant Isolation Fuelled Amy Li's Passion for Brain Science and Health-Care Innovation

Barb Livingstone, for University Relations

When 10-year-old Simei (Amy) Li and her parents immigrated to Calgary from China, everyone here was a stranger.

Li's personal experience of immigrant isolation, accompanied by years of watching the progression of her grandfather's Parkinson's disease, fueled the now 23-year-old Li's passion for brain science and health-care innovation.

This June, Li graduates from the Cumming School of Medicine with a medical degree and a bachelor's degree in neuroscience. This fall, she will enter prestigious Stanford University in the inaugural class of Knight-Hennessy Scholars, designed to develop future global leaders to address complex challenges through collaboration and innovation.

Li — who will pursue a master's degree in community health and preventive research — leaves the University of Calgary with educational accolades, but as importantly, a history of leadership in fighting for social change.

She received the Canadian Medical Association Young Leader award in 2017 and was selected as one of five 2018 President's Award winners. She received multiple neuroscience research grants, chaired the Calgary chapter of the Canadian Federation of Medical Students Government Advocacy Committee, was a Scholars Academy member and started the Brainiacs Club, which encourages young peoples' interest in neuroscience.

But asked what she is most proud of, Li cites her work tackling mental health challenges faced by students. She founded the Mental Health Alliance, the Distress Centre on Campus Club and co-founded, and is executive director of, Outrun the Stigma — now the largest student-run, non-profit mental health awareness organization in the country.

She brought her experience as an immigrant and an understanding of the anxieties university students face to fill a campus gap. "I knew how important it was to have resources and support from peers."

Jenna Dobry, a fellow student and now clinical research co-ordinator at UCalgary, says Li was an early champion ahead of the curve, in addressing campus mental health issues.

"She will leave the university better off than when she arrived. She had an impact wherever she went. People are drawn to her and trust her," says Dobry, who has faced her own mental health challenges. Dobry adds that, with Li's encouragement, she joined both the Distress Centre and became program director at Outrun the Stigma.

"Amy has no fear. She recognizes obstacles that may stop the rest of us, but she just looks for ways around them."

Or as Li's mentor throughout medical school, Dr. Aleem Bharwani, MD, puts it: "She is the full leadership package. She is as bright as she is kind. She is not a self promoter, is not playing 'the game.' Her actions come from integrity, from her heart and from her values."

Li initially sought help from Bharwani, the director, public policy and strategic partnerships at CSM and an internal medicine specialist, on establishing a peer consulting group. He is convinced there is no ceiling on Li's capabilities.

"She has raw skills of intuition, strategic thinking, and executive function second to none. Whatever she chooses to do, what she sets her sights on, she will do."

Li hopes to combine her passion for medicine and leadership to address health-care challenges in innovative ways. She is particularly interested in improving care in mental health, chronic disease, and refugee health *(she was also a student clinician at Mosaic Refugee Clinic).*

Those interest areas are true to what has guided Li through medical school. "I have always gone where the gaps are greatest and tried to find solutions."

Aleem Bharwani is a clinical assistant professor in the Department of Medicine, director, Public Policy and Strategic Partnerships, and member of the O'Brien Institute for Public Health at the CSM.

Reprinted by permission:
Originally published June 7, 2018
UToday http://www.ucalgary.ca/utoday/

Management

A Leading Question?

Garry Spicer

Garry Spicer

In her recent article about Medical Administration, Dr. Cheri Nijssen-Jordan describes some of the challenges she encountered in the fields of Human Resources, Finance, Operations, External Relations, and Risk.[1] As she led teams through a variety of undertakings, she had to refine organizational skills that were not directly taught in her medical training, such as prioritization and planning, resourcing, execution under pressure, and measuring the effectiveness of choices to improve future decisions. These competencies closely parallel the key tenets of management skill that appear in classic textbooks.[2] Dr. Nijssen-Jordan also mentions the need for communication, negotiation, discipline, facilitation, system-wide thinking, reflection, and a focus on outcomes. We tend to consider these capacities as facets of leadership skill under the headings of influence, people skills, strategic thinking, vision, and results orientation.[3] So, the question arises: Is Dr. Nijssen-Jordan a manager, or a leader?

The question of leadership versus management has bred a great deal of pontification, and has led to the writing of many books — which I will refrain from listing in the end notes, as I'm sure the editors will appreciate. Instead, let's look briefly at a couple instances of this debate.

Rear Admiral Grace Murray Hopper is credited with saying that one should lead people and manage things.[4] People are certainly a unique type of resource, and one cannot manage them in the same way as one manages, say, a supply chain. However, merely exercising leadership influence by inspiring, motivating, and encouraging people to achieve organizational goals[5] fails to address many of the Human Resources management activities that Dr. Nijssen-Jordan mentions in her article. So, while Admiral Hopper provides us with a valuable cautionary note against treating human beings as inanimate objects, it would appear that we should also avoid reaching for the extreme position of saying that we do not manage people.

Dr. Sharron Spicer points out in a recent article that some authors employ a dichotomous framework for describing leadership and management.[6] Specifically, she notes that management author Peter Drucker defines leadership as doing the right things and

– continued on page 8

– *continued from page 7*

Transitions involve change. Management and leadership are crucial to the success of individuals, teams, and organizations during times of change. Individuals need encouragement and direction; teams need plans and resources; organizations need vision and measurable objectives.

management as doing things right. Certainly, leadership involves providing a vision for the organization and choosing paths that lead to success. What's more, management does encompass measuring results and altering plans to implement a cycle of continual improvement. However, does it ever make sense to do the right things, and then be satisfied with doing those things poorly? If leaders were to claim that quality is not their responsibility, then would this not be perfectly absurd? Conversely, what point is there in doing a better and better job of those things which ought not to be done at all? When managers can escape accountability for wasting the organization's resources on well optimized but ill-chosen undertakings, then that organization is in trouble, indeed!

So, what shall we say then? Can one lead without managing or manage without leading? Are these terms interchangeable or is there a difference between these roles? If there is a difference, is it of primary effect or could there be some sophistry going on here? Let's have a look at this to see if we can do some sense-making.

Mary Parker Follett, an influential author in the early twentieth century, is credited with defining management as "the art of getting things done through people."[7] Ms. Follett proposed that managers should build communities that uphold common interests, where individuals are respected and strive toward organizational goals based on shared principles. She believed that managers who empowered their people were likely to have more long term success than those who lead by coercive imposition.[8] Much of what we read in today's leadership literature has clearly been influenced by Mary Parker Follett's ideas about effective management.

Perhaps my favourite author on this subject is Henry Mintzberg, a professor of Management Studies at McGill University. In his book Simply managing, Professor Mintzberg calls out this artificial distinction between leadership and management, saying that "we should be seeing managers as leaders, and leadership as management practiced well."[9] He also states that being managed by someone who doesn't lead can be dispiriting and being led by someone who doesn't manage becomes disengaging.[10]

I would take Mintzberg's perspective a step further. If managing really is getting things done through others then can managers who do not lead possibly be successful? Haven't we all met people with the title of 'manager' whose deficient leadership skills render them inert? On the other hand, leaders who do not manage are dangerous, as they often fail to comprehend the implications of their actions. Many people have experienced the tragedy of being motivated over a cliff by an inspirational 'leader' who has become so detached from reality that he or she can only encourage enjoyment of the long fall and sudden stop that awaits. Suffice it to say that I believe management and leadership are inextricably linked. Attempting to take them apart is like trying to manufacture a one-sided coin. It reduces both sides to unidimensional aims that match neither objective analysis nor subjective experience.

So, does any of this matter, or is it merely academic? The theme of this month's Vital Signs publication is transitions. Transitions involve change. Management and leadership are crucial to the success of individuals, teams, and organizations during times of change. Individuals need encouragement and direction; teams need plans and resources; organizations need vision and measurable objectives. If leaders convince everyone of the need for change, but fail to provide practical plans and implementable objectives, then anxiety and confusion will take over. If, alternatively, managers devise those plans and objectives, but fail to communicate the vision and purpose for the change, then productivity suffers as suspicion and resistance build. Going back to our earlier example, Dr. Nijssen-Jordan clearly applied both management and leadership skills to achieve organizational change in the context of her Medical Administration roles. Ultimately, it's not an either/or scenario. Both ends of the rope must be held up and there is clearly much practical need for the manager-leader.

So, the next time you are called upon to contribute to the administration of your organization, keep these principles in mind. When you are managing, don't forget to keep leading; and while you lead, remember that you must also manage. To be successful, you must firmly grasp one while not letting go of the other.

Garry Spicer (M.Sc. Management) is a Management Consultant in Calgary. He is the spouse of Dr. Sharron Spicer, Medical Editor of Vital Signs.

No financial compensation was paid or provided for this article, although re-allocation of household chores was offered in exchange for the submission.

Garry and Sharron Spicer remain divided on whether leadership and management are dichotomous or intertwined. While Sharron did propose flipping a zero sided bitcoin to settle the matter, Garry's analysis of the highly volatile bitcoin exchange rate finds this approach to be economically infeasible. Dinner table debate on the issue continues.

REFERENCES:

[1] Nijssen-Jordan, C. *Things They Didn't "Teach" in Medical School – or Did They?*. In Vital Signs: communicating with physicians in Alberta, April 2018.

[2] Bergeron, Pierre G. *Modern Management in Canada: concepts and practices.* Methuen Publications (1987).

[3] Maxwell, John C. *The 21 Irrefutable Laws of Leadership: follow them and people will follow you.* Thomas Nelson Inc. (2007).

[4] Retrieved 28 Jun 2018 from https://en.wikiquote.org/wiki/Grace_Hopper

[5] Bergeron, Pierre G. *Modern Management in Canada: concepts and practices.* Methuen Publications (1987), p.438.

[6] Spicer, S. *Managing Compassion Fatigue*. In Vital Signs: communicating with physicians in Alberta, April 2018.

[7] Retrieved 28 Jun 2018 from http://www.azquotes.com/author/20869-Mary_Parker_Follett

[8] Retrieved 28 Jun 2018 from https://www.allbusiness.com/mastering-the-art-of-getting-things-done-through-people-12023-1.html

[9] Mintzberg, H. *Simply managing: what managers do and can do better.* Berrett-Koehler Publishers Inc. (2013), p.8.

[10] Mintzberg , H. p.7.

Do you know the impact on your corporate tax if you start to lose your small business deduction?

- ☐ A. Tax Increases by 33%
- ☐ B. Tax Increases by 48%
- ☐ C. Tax Increases by 52%
- ☐ D. Even higher... (Are you kidding me?)

SORRY TO BREAK IT TO YOU, BUT THE ANSWER IS D. AT ALMOST 130%*

While tax should rarely dictate investment decisions, there are a few simple steps medical professionals can do to grow their savings:

1. **HOLD LONGER-TERM GROWTH STOCKS** to defer paying taxes until sold
2. **SHIFT INCOME-PRODUCING BONDS** and dividend-paying stocks into corporate class funds
3. **PAY ENOUGH PERSONAL SALARY** to maximize RSP contributions, or potentially into an Individual Pension Plan for greater savings
4. **TAKE ADVANTAGE OF THE TAX-SHELTERED GROWTH** of investments held in a permanent life insurance policy owned within your Professional Corporation.

These are just a few of the integrated planning ideas we provide to our clients, based on their individual needs and goals.

Not sure how to best update your planning to balance your cash-flow needs, debt repayment, risk management and retirement goals?

Give us a call - you'll be surprised how simple and effective your planning can be.

PLAYCHEQUES IS A FEE-BASED FINANCIAL PLANNING FIRM WITH OFFICES IN CALGARY AND VANCOUVER. FOR MORE INFORMATION ON THESE AND OTHER TOPICS, VISIT US AT WWW.PLAYCHEQUES.COM, OR CONNECT AT INFO@PLAYCHEQUES.COM, & (403) 837-9344

**combining the passive corporate income tax rate on passive corporate income with the 5-for-1 reduction in your small business tax rate limit*

Deeper Problems

Dr. Lori Montgomery

Dr. Lori Montgomery

We've all been there, to some extent.

I'm sitting at my desk with a great yawning gap in my schedule, and nothing I can do about it. My patient Lisa has no-showed again. For the 11th time.

This time it's because her father was arrested for shooting someone last night and she has to find him a lawyer. Last time, it was because her eight-year-old — she's 23 — was suspended from school for hitting a classmate, and she had no one to watch him while she went to the doctor. The time before that, it was because she ran out of money sooner than expected that month, and couldn't buy a bus pass. She can't apply for any assistance programs because she hasn't filed taxes — ever — and doesn't know how to start. I have the luxury of having a social worker on our team, but she can't make it to those appointments either.

Lisa has been referred to me for back pain. No kidding. I'm in pain just imagining what her days must be like. And I have absolutely no idea how to help her.

She joins a long line of patients who keep me awake at night — the ones who can't afford to fill prescriptions that might help them; who struggle to navigate a new culture where they recognize nothing; who try to change their children's trajectory while bowed down themselves under the weight of intergenerational trauma.

I leave my underground parking spot and curse yet another frigid, snowy day of endless winter, on my way to my underground parking spot at home. I'm too exhausted for groceries, so I drop a ridiculous $30 for Pad Thai online and try to anesthetize myself with Netflix.

I'm staring at compassion fatigue. There is so much that affects Lisa's health that I can't possibly address in an office visit and even less so if she can't get here to see me. From genetic vulnerabilities to early trauma to a complete absence of positive role models in her life — my frustration approaches total despair, and I know from my few conversations with her that my own feelings don't hold a candle to her own sense of helplessness.

I do what I can in the clinic, but I need to feel like I'm part of a solution to the deeper problems, and for me, that's my annual commitment to the United Way. Their signature programs seem to me like they get to the heart of social determinants of health: financial empowerment, support for kids, and building healthy communities.

Here's a set of numbers that makes me a little bit optimistic: last year, 8445 tax returns were filed by 857 trained volunteers through the Financial Empowerment strategy, resulting in $3.72 million in tax refunds for low income Calgarians.

Here's another: 245 students registered for math tutoring tables through YMCA, and 92% saw an increase in their math grades. 458 students were linked to United Way-sponsored Success Coaches through the All In for Youth strategy, and 92% reported increased confidence in their ability to complete school.

This is the kind of impact that I can't make on my own. But when I make my contribution to the United Way, I feel like I'm part of something larger, and I feel just a little more hopeful. For Lisa and for myself.

Lori Montgomery, MD CCFP
Medical Director, AHS (Calgary)
Chronic Pain Centre
Calgary, Alberta

New CME eLearning Module:

Healthy Pregnancy Weight Gain

You are invited to register for the new continuing medical education (CME) e-learning module, Healthy Pregnancy Weight Gain, available for free to all health care providers in Alberta. This project is a collaboration between Healthy Children and Families (Alberta Health Services); the University of Alberta ENRICH project; and the University of Calgary CME and Professional Development Office.

Promoting healthy weight gain and supporting women to eat healthy and be physically active during pregnancy is important for the health of both the mother and child. Evidence shows that gaining too much or not enough weight during pregnancy is associated with adverse health outcomes. Studies also show that women want to discuss pregnancy weight gain with their health care provider and that these discussions can often help facilitate weight gain within the recommendations.

The goal of the new module is to assist health care providers in supporting women to achieve healthy dietary intake, regular physical activity and healthy weight gain during pregnancy. The module also includes information on:

- Recent recommendations from Health Canada and the Institute of Medicine
- Normalizing weight gain discussion with all women regardless of their pre-pregnancy BMI
- Weight gain counselling skills and how to have comfortable conversations with women about weight
- Practice tips from local health care providers and quotes from pregnant women about their experiences of weight gain

This program meets the accreditation requirements of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada (1.5 Mainpro+ and 1.5 MOC Section 3).

To register, visit **http://ecme.ucalgary.ca** *and select* **"e-Learning Programs"** *from the homepage.*

Alberta Health Services
Healthy Children and Families

ENRICH

UNIVERSITY OF CALGARY

The Rockyview General Hospital Physician Recognition Awards

presented on Tuesday, June 5, 2018 at the RGH Medical Staff Association AGM held at Heritage Park.
Please join us in congratulating the recipients of the 2018 awards!

Dr. Michele Burns, Division of General Internal Medicine
Dr. Kevin Carlson, Division of Urology
Dr. Megan Hayter, Department of Anesthesia
Dr. Kevin Krause, Emergency Department
Dr. Emily Kwan, Geriatric Medicine
Dr. Ingrid Kristensen, Department of Obstetrics & Gynecology
Dr. Maggie Lee, RGH Hospitalist Program
Dr. Jennifer Williams, Section of Gastroenterology
Dr. Wendy Yee, Department of Pediatrics – Neonatology

The EZMSA Golf Tournament was held on May 31, 2018.

The Results

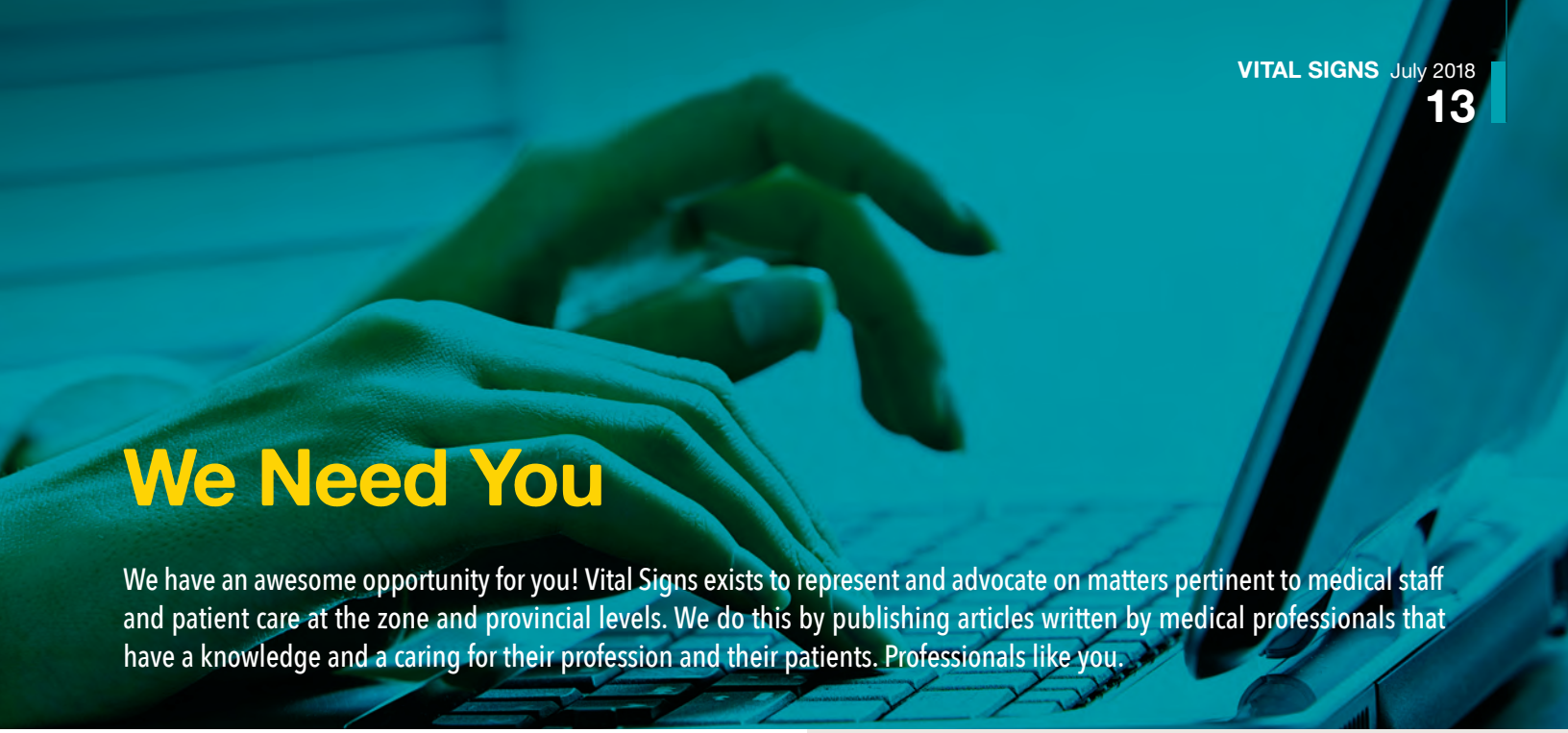
Men Low Gross	**Dr. Mark Hnatiuk**
Men Low Net	**Dr. Aubrey Uretsky**
Women Low Gross	**Dr. Gail Black**
Women Low Net	**Dr. Sonia Fairfield**
Senior Low Gross	**Dr. David Bond**
Senior Low Net	**Dr. Jim Metcalf**
Resident Low Gross	**Matt Grossi**
Resident Low Net	**Chris McIntosh**
Labour in Vein	**Dr. Charlene Barnes**
Longest Drive Men	**Jeff Wagner**
Longest Drive Women	**Erika MacIntyre**
Closest to the Pin Men	**Elliott Sampson**
Closest to the Pin Women	**Kristyn Kurio**
Longest Putt Women	**Nargis Rayani**
Longest Putt Men	**Adam Brahim**
Visitor Callaway Low Net	**Darla Cote**

Dr. Jeffrey Odenbach, Resident

SAVE THE DATE!
Next year's EZMSA Golf Tournament will be held on Thursday May 30, 2019.

Laurie Wear and Dr. Mark Hnatiuk

Laurie Wear and Dr. Gail Black



We Need You

We have an awesome opportunity for you! Vital Signs exists to represent and advocate on matters pertinent to medical staff and patient care at the zone and provincial levels. We do this by publishing articles written by medical professionals that have a knowledge and a caring for their profession and their patients. Professionals like you.

Why Write?

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

With that said, we've got big plans for Vital Signs and we hope you'll join us on our journey. Certainly continue to keep reading Vital Signs but we encourage you to do more. Tweet about the things you read and interest you, share links to our online version with friends and colleagues and write for Vital Signs. The doctors who have contributed always find it a rewarding experience.

Here's way:[1]

Writing Makes You a Better Thinker

In an effort to create content that is succinct, reveals new ways to look at common things, or apply simple solutions to seemingly complex problems, you might think about healthcare differently.

Writing Makes You a Better Listener

As you write more you begin to listen in different way. Considering new ideas and they can be developed into a story or article.

Writing Makes You a Better Speaker

Your written work will produce some of your best presentation material.

Writing Keeps You Learning

The discipline required to create even somewhat interesting content forces you to study and contemplate your subject matter.

Writing Allows You to Create Bigger Ideas

Producing content over time affords you the opportunity to create larger editorial ideas that can be reshaped and repurposed for other settings.

REFERENCE

[1] https://www.ducttapemarketing.com/benefits-of-writing/

Editorial Guidelines

CONTENT:

1. Content submitted to Vital Signs should represent and advocate on matters pertinent to medical staff and patient care at the zone and provincial levels, such as:
   - Quality and safe patient care
   - Service planning and delivery
   - Practitioner workforce planning
   - Inter-disciplinary patient care
   - Workplace and wellness
   - Medical Staff bylaws and rules
2. Content submitted should be original and is published at the discretion of the Editorial Committee. Content should reflect the goals of the ZMSAs and be respectful and constructive.
3. Content with commercial interests will only be accepted as paid advertisements. The following may be submitted for possible inclusion as paid advertising in Vital Signs:
   - Third-party sales/product and promotional offers
   - Private/for-profit conferences or seminars
   - Job ads
   - Want ads

FORMATTING:

1. Articles submitted should be approximately 800 - 1000 words in length and in MS Word format with sources cited and trademarks and copyrights honoured.
2. Please observe writing conventions:
   - Be brief, but engaging. Limit unnecessary words and adopt plain language where possible.
   - Use action words and make it clear how this information will directly benefit the reader.
3. Graphics are welcome. Please provide logos in .eps format if available; jpegs should be at least 300 x 300 to allow for cropping. Images should be supplied at 300dpi at original size. Stock photos may be provided at the discretion of the managing editor.
4. Articles are approved and may be edited by the Editorial Committee prior to being published.

Please send submissions and inquiries to: Hellmut Regehr, Vital Signs Managing Editor at hregehr@studiospindrift.com

Invite Two Patients

Help us make albertapatients.ca the most recognized online patient community in Canada.

albertapatients.ca

ALBERTA MEDICAL ASSOCIATION