DRIVING FORWARD

DEPARTMENT OF MEDICINE 2014–15 ANNUAL REPORT
Development:
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Communications & Public Relations
Department of Medicine
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Available online in PDF format,
at thinkOttawaMedicine.ca

Design:
nineSixteen Creative Inc.

Photography:
Trevor Lush Photography

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University of Ottawa, The Ottawa Hospital

All persons profiled in this Annual Report
have agreed to their appearance and have
approved their individual stories.

Special thanks to Robson Racing Inc. for providing
the following high-performance vehicles used
in our Annual Report photography:

2008 Porsche GT3 RS
2012 Triumph Daytona 675R
2007 Audi A3 2.0T
VISION

To be recognized as a world leader in medicine.

MISSION STATEMENT

We exist to innovate, advocate and practice the highest quality of patient-centred care, medical education and research. We develop the next generation of physicians, researchers and educators. We champion the vision, mission and values of our University, our faculty and the hospitals we work in.

We leverage our unique position as academic clinicians to accelerate knowledge transfer to the bedside and clinic in order to improve the lives of our patients. We work with all stakeholders to find solutions to mutual problems and improve internal communication.

We seek out leadership opportunities at the regional, national and international levels. We lead by example, we listen and we challenge ourselves to be better. We create communities of trust, compassion and mutual respect.

We treat patients, trainees, staff, and colleagues with dignity and equity and we value the highest standards for professionalism, fairness and transparency in an environment of accountability to the people we care for, teach and work with.

We manage the resources of our faculty, hospitals, community and region competently and wisely. We make decisions that are just and ethical. We embrace a team philosophy to problem solving that encourages maximum input and participation from all our faculty and staff.

We recruit only the best people, nurture and value them. We celebrate both individual and collective achievements. We are mindful of ways to help our faculty and employees fulfill their professional and personal responsibilities.

We foster the development of life-long learning by ensuring sufficient support for continuing education programs, research and scholarly work.

When we operate according to these principles we should achieve our vision.
From left to right: **Dr. Susan Dent** (Vice Chair, Patient Quality & Safety), **Ted Waring** (Chief Administrative Officer), **Dr. Alan Karovitch** (Deputy Chair & Vice Chair, Finance), **Dr. Philip Wells** (Department Chair and Chief), **Dr. Barbara Power** (Vice Chair, Education), **Dr. Alan Forster** (Vice Chair, Quality & Clinical Services), **Dr. Greg Knoll** (Vice Chair, Research), **Dr. Ed Spilg** (Vice Chair, Physician Health and Wellness)
As usual, the past year demonstrates the excellence of the Department of Medicine, which was made possible through our superb faculty and support staff.

In this report, you will see the great success and achievements of the Department of Medicine in the past year. Grants, publications and scholarly achievements are all at record levels. Despite financial challenges and resource constraints, we continue to grow our membership, clinical programs, and academic activities.

I would like to thank the current and outgoing executive for the outstanding efforts they have made to advancing world leading patient care and academic excellence in the department. These individuals receive broad input and consultation from department members to enable the development of comprehensive plans and strategies and push the departmental efforts to create work plans with benefits to the entire faculty.

This last year marks the first year of our implementation of a team approach to achieve goals and priorities of the department, created through our strategic planning exercise in 2014. The early success has been the impetus for the theme of this year’s annual report that is “driving forward”. We have had much broader involvement of the faculty members in the Department of Medicine in crafting plans aimed at meeting needs, not only of our faculty members but also of the university and hospital, in our quest to provide world leading patient care and academics.
We take great pride in listening to all the members of the Department of Medicine and continue to make efforts to communicate all that we are doing within our membership. I could go on in greater detail but instead I encourage you to read the reports written by the Executive and our Chief Administrative Officer and the individual reports provided by the Division Heads in each of our divisions. I think you will agree that we are a world leading, truly outstanding department, which we can all be proud of.

Lastly, it must be acknowledged that the excellence of our department is made possible through the outstanding administrative support we have, not only in the Department of Medicine Executive Office but also in all of our divisions. Our success of course would not be possible without these individuals.

**Philip S. Wells**
MD FRCPC MSc
Chair and Chief, Department of Medicine
University of Ottawa & The Ottawa Hospital
2014–15 was another busy year with several staff coming and going. Several positions were consolidated and others expanded in scope but always with the hope and expectation that our Faculty would be served more effectively. We were joined by another 27 faculty members, 7 locums and 7 clinical scholars as well as 38 administrative staff.

The Department initiated a unique strategic planning process early in the academic year. We sought input through surveys, retreats, meetings and email. We focused on ensuring that our front line members’ voices were heard. Concept mapping techniques were used to reduce the number of suggestions to a manageable number. We asked for volunteers and in the end formed 30 teams comprising between 2–20 faculty members on each team. We tasked them to look at the problems that they were most concerned with and to present their findings and recommendations to the Departmental Executive. Each team was assigned a project manager to assist with research, coordination and to help prepare reports. Three project managers were actively working on the various portfolios at the end of the 2014–15 academic year. According to our physician team leads, the project managers have not only been invaluable in helping teams organize their projects but also in keeping them on track. The team phase is expected to continue into the fall of 2015 at which time we hope to start reviewing business plans and operationalizing many of the recommendations.
Disruptive changes, especially in last few years, such as the move to competency-based education and efficiency-based payments to hospitals for example are testament that the delivery and administration of healthcare and medical education is rapidly evolving. The speed of change taxes our ability to respond or contribute using traditional strategies of discussion and consensus building. The result is that we often don’t get things done or we are left dealing with solutions that don’t reflect or address our collective needs. To ensure that our members’ voices are heard and their livelihoods protected a new approach was clearly required. In response, the Department Executive has been proactively trying to address change by ensuring that it has an administration that has the knowledge, capability, and flexibility to do the background work so that informed decisions can be made in a timely manner. This allows our members to continue to do what they do best: provide the highest quality patient-centred care, medical education and research.

Our project management team (PMT) was tasked to identify, create or re-establish communication & support networks not only within the faculty and hospitals but with our regional and provincial stakeholders as well. Through thousands of emails, and hundreds of meetings and phone calls they have succeeded in developing an unprecedented level of understanding of the complex environment we work and practice in.

Our PMT has also been very busy working on other less obvious but equally important initiatives such as improving the utility of our databases, improving the accuracy and transparency of our points allocation system, assisting our Directors of Fellowship and Ambulatory Care in the development of department wide programs just to name a few.

“This allows our members to continue to do what they do best: provide the highest quality patient-centred care, medical education and research.”
Keeping the lights on during periods of significant change and uncertainty can be especially difficult but our staff has risen to the challenge. Our Human Resources office continues to provide timely and expert guidance when needed and works tirelessly to refine and improve its processes. One of these processes, relating to supporting foreign physicians entering or working in Canada, has become much more expensive, more time consuming and far more complex with additional accountabilities. Despite this we have been able to save approximately $60,000 in legal fees alone by doing the leg work ourselves.

Our formal DOM events continue to draw rave reviews and increasing participation from our physicians, staff and residents. We also introduced a new fundraising event called Dancing with the Docs, similar to the popular TV show “Dancing with the Stars”. Our staff actively planned and executed the event and in the end, raised thousands of dollars towards a Chair in Stem Cell Research while at the same time providing a fabulous gala event that enhanced physician engagement.

Finally in 2014–15 we developed a new departmental mission statement that ensures alignment with the Faculty of Medicine and the hospitals in which we work. We surveyed our physicians for ideas and then built key messages into the body of the document. We now feel we have a document that more clearly sets the standard for how we work together and with others. This will be especially important over the next few years as we adjust to further belt tightening of our funding bodies. Despite the uncertainty of funding, the Department Executive is resolute in its belief that its membership continues to receive timely, accurate and cost effective support and services so they can focus on furthering their own careers and academic development.

Edward Waring  MBA
Chief Administrative Officer
<table>
<thead>
<tr>
<th>Dr. José Pereira</th>
<th>Jeff Turnbull Medical Advocacy Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Palliative Care)</td>
<td></td>
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<tr>
<td>Dr. Lauralyn McIntyre</td>
<td>Joseph Greenblatt Award</td>
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<tr>
<td>(Critical Care)</td>
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<tr>
<td>Dr. Krista Wooller</td>
<td>Going the Extra Mile Award</td>
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<tr>
<td>(General Internal Medicine)</td>
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<tr>
<td>Dr. Wade Gofton</td>
<td>Meridith Marks Educator Award for Innovation and Scholarship in Medical Education</td>
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<tr>
<td>(Dept. of Surgery)</td>
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<tr>
<td>Dr. Steve Kravcik</td>
<td>Resident’s Clinical Teaching Choice Award</td>
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<tr>
<td>(General Internal Medicine)</td>
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<tr>
<td>Dr. James Paul</td>
<td>Peter MacLeod Ambassador Award</td>
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<tr>
<td>(Palliative Care)</td>
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<tr>
<td>Dr. Christopher Glover</td>
<td>Department of Medicine Mentorship Award</td>
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<tr>
<td>(Cardiology)</td>
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<tr>
<td>Drs. Daniel Soliman,</td>
<td>Resident Award for Excellence in Medical Education Scholarship</td>
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<tr>
<td>Samuel Lapalme-Remis</td>
<td></td>
</tr>
<tr>
<td>(Core Residency Program)</td>
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<tr>
<td>Cheryl Dupuis</td>
<td>Chairman’s Cornerstone Award</td>
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<tr>
<td>(Cardiology), Monica Skillen</td>
<td></td>
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<tr>
<td>(Medical Oncology)</td>
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<tr>
<td>Dr. Alaa Rostom</td>
<td>Department of Medicine Vision Award</td>
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<tr>
<td>(Gastroenterology)</td>
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<tr>
<td>Drs. Trevor Simard,</td>
<td>Chief Resident Awards</td>
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<tr>
<td>Mike Abunassar, Caitlin Hesketh, Habibat Garuba, Louis Philippe Gagnon (Core Residency Program)</td>
<td></td>
</tr>
<tr>
<td>(Core Residency Program)</td>
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**DEPARTMENT AT A GLANCE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tr>
<td>471 Physician Members</td>
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<tr>
<td>258 Full Time Academic (FTA)</td>
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<tr>
<td>142 Part Time Academic (PTA)</td>
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<tr>
<td>41 Scientist</td>
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<tr>
<td>5 Emeritus</td>
<td></td>
</tr>
<tr>
<td>25 Adjunct</td>
<td></td>
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</table>

| **299 FTA and Scientists (University Status)** |         |
| 125 Assistant                           |         |
| 88 Associate                            |         |
| 79 Professor                            |         |
| 7 Lecturer                              |         |
### DIVISION HEADS

Reflects the period of July 1, 2014 to June 30, 2015.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Rob Beanlands</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Dean Fergusson</td>
<td>Clinical Epidemiology</td>
</tr>
<tr>
<td>Dr. John Kim</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dr. Ken Kobayashi</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Erin Keely / Dr. Alexander Sorisky</td>
<td>Endocrinology &amp; Metabolism</td>
</tr>
<tr>
<td>Dr. Alaa Rostom</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Allen Huang</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Marc Rodger</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jonathan Angel</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Alan Karovitch</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Dr. David Stewart</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Peter Magner</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. David Grimes</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Lionel Zuckier</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. José Pereira</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Sue Dojeiji</td>
<td>Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Dr. Shawn Aaron</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Sue Humphrey-Murto</td>
<td>Rheumatology (Acting)</td>
</tr>
</tbody>
</table>
# DEPARTMENT FACULTY PROMOTIONS

Reflects the period of July 1, 2014 to June 30, 2015.

<table>
<thead>
<tr>
<th>Dr. Chris Kennedy</th>
<th>Full Professor Nephrology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. David Birnie</td>
<td>Full Professor Cardiology</td>
</tr>
<tr>
<td>Dr. Lynn Megeney</td>
<td>Full Professor Cardiology</td>
</tr>
<tr>
<td>Dr. Alexander Dick</td>
<td>Associate Professor Cardiology</td>
</tr>
<tr>
<td>Dr. Jim Dimitroulakas</td>
<td>Associate Professor Medical Oncology</td>
</tr>
<tr>
<td>Dr. Darryl Davis</td>
<td>Associate Professor Cardiology</td>
</tr>
<tr>
<td>Dr. Mike Froeschl</td>
<td>Associate Professor Cardiology</td>
</tr>
<tr>
<td>Dr. Alan Tinmouth</td>
<td>Associate Professor Hematology</td>
</tr>
<tr>
<td>Dr. Eva Tomiak</td>
<td>Associate Professor Medical Oncology</td>
</tr>
</tbody>
</table>
# POST GRAD PROGRAM DIRECTORS

Reflects the period of July 1, 2014 to June 30, 2015.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Rakesh Patel</td>
<td>Critical Care</td>
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<tr>
<td>Dr. Steve Glassman</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Janine Malcolm</td>
<td>Endocrinology &amp; Metabolism</td>
</tr>
<tr>
<td>Dr. Nav Saloojee</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Heather Clark</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Barbara Power/Dr. Lara Khoury</td>
<td>Geriatrics (change as of March 2015)</td>
</tr>
<tr>
<td>Dr. Dimitri Scarvelis</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Craig Lee</td>
<td>Infectious Diseases</td>
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<tr>
<td>Dr. Cedric Edwards</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Cathy Code</td>
<td>Internal Medicine Core Program</td>
</tr>
<tr>
<td>Dr. Christine De Meulemeester</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Xuan Pham</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. Neil Reaume</td>
<td>Oncology</td>
</tr>
<tr>
<td>Dr. Chris Barnes</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Gerald Wolff</td>
<td>Physical Medicine &amp; Rehab</td>
</tr>
<tr>
<td>Dr. Nha Voduc</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. John Thomson</td>
<td>Rheumatology</td>
</tr>
</tbody>
</table>
# NEW FACULTY POSITIONS (FTA & PTA)

Reflects the period of July 1, 2014 to June 30, 2015.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mylène Côté</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Paloma O’Meara</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Michel Shamy</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Lana Castellucci</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Paul James</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Carolina Rush</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Daniel Lelli</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Sunita Mulpuru</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Jacqueline Sandoz</td>
<td>Physical Medicine &amp; Rehabilitation/Respirology</td>
</tr>
<tr>
<td>Dr. Rajanjot Gill</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Michael Vickers</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Kerri Purdy</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. John Hilton</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Soraya Moghadam</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Michele Ramien</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Lisa Duffett</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Shirley Huang</td>
<td>Geriatrics</td>
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<tr>
<td>Dr. Edward Spilg</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Mouhannad Sadek</td>
<td>Cardiology</td>
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NEW FACULTY POSITIONS (FTA & PTA)

Continued from previous page

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Dr. Henrique Parsons</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Tina Hsu</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Jeffrey Sulpher</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Guy Ungerechts</td>
<td>Medical Oncology</td>
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</tbody>
</table>
MEDICAL EDUCATION
It is both an exciting time and a privilege to be involved in the Department of Medicine Executive Committee as we drive forward with our new strategic plan. The level of involvement, commitment, and innovation to education at the Undergraduate, Postgraduate, CPD and research level from our members, positions us as national leaders in medical education and highlights the importance and scope of this role within our Department.

It is through this excellence that we show how central education is to the mission of the Department of Medicine and why we continue to create a culture that supports and influences the lives of our medical students, residents and patients. This commitment is also demonstrated through the significant financial support that is provided by the Department of Medicine to support program directors, undergraduate teaching; medical education grants, career educator awards; the Distinguished Teachers Program; leadership positions and clinical teaching. As we move towards competency based training programs in residency education, the Department of Medicine’s educational strategy is to continue to evolve and improve to ensure we meet the needs of our residents so that we can better meet the health needs of the population. Our Department continues to recognize and value the important role of our clinician teachers and will explore strategies to support them through faculty development and continuing professional development opportunities.

We are fortunate to have strong partnerships and representations with the Faculty of Medicine;
the Royal College of Physicians and Surgeons of Canada (RCPSC), the Association of Faculties of Medicine of Canada (AFMC) and the Medical Council of Canada (MCC) which will help facilitate and foster growth and expansion for our educational initiatives.

I would like to take this opportunity to acknowledge the tremendous work and support provided by my predecessor, Dr. Erin Keely and to Dr. Phil Wells, the members of the Department of Medicine Executive Committee; the members of the Education Executive team—Drs. Cathy Code; Vladimir Contreras-Dominguez; Stephanie Hoar; Susan Humphrey–Murto and Heather Lochnan and to the guidance and ongoing support from the members of the project management team—Sue Somerset; Dave Allsop and Ed Gannon.

UNDERGRADUATE EDUCATION

I would like to thank Dr. Vladimir Contreras–Dominguez for the leadership he provides as the Department Director, Undergraduate Medical Education Program. The UG Medicine Program continues to grow in the number of students rotating every year. There also continues to be a very high demand for elective clerkship rotations during 4th year from University of Ottawa and from other Canadian universities and foreign medical schools. Elective spots are typically filled 9 months in advance, reflecting the significance and value of these highly sought after rotations.

Currently, we are aligning the content of the formal teaching sessions in different rotations to match with the objectives mandated by the University of Ottawa to ensure the students are well prepared for their MCC examinations. The University of Ottawa clerkship committee and other Canadian medical schools are finalizing agreements to exchange our exam question databases; the exchange will allow us to update our
“Currently, we are aligning the content of the formal teaching sessions in different rotations to match with the objectives mandated by the University of Ottawa to ensure the students are well prepared for their MCC examinations.”

exams and introduce a new set of questions that will better prepare our students for the MCC Part 1 exam. The results from the last MCC Internal Medicine section reported that our students improved their performance and our medical school is now above the average for Canadians schools. This is an important achievement and requires special recognition to the hard work and leadership provided by Dr. Melissa Forgie, our Undergraduate Vice Dean and member of the Department of Medicine.

The Department of Medicine has been very supportive in supplying iPads for students while rotating through their Medicine rotation and we are currently working on obtaining access to The Ottawa Hospital (TOH) iPad applications for elective students who have traditionally not been granted access. This will make TOH the only centre in Canada to provide iPad access to elective students. Some students are also part of the Structured Bedside Rounds pilot project, a quality improvement initiative, on CTU which has started at the Civic campus.

The students have the opportunity to present their patients orally in front of a group of allied health care workers, peers, residents, staff, patient and family members which may help them gain confidence, improve presentation skills and become and integrated member of the multidisciplinary team.

This project helps students work towards their CanMeds competencies. As we look towards 2016 we will be focusing on developing a handbook for the Medicine clerks, and on methods to include more ambulatory care and outpatient exposure to the clerkship experience.
2016 will be an exciting and challenging year for our Department as we prepare for accreditation of our training programs and start rolling out Competency by Design.

Dr. Cathy Code continues to provide tremendous leadership in her role as Program Director for the Core Internal Medicine program. She currently has 83 residents, which highlights the importance and scale of this role. I would like to thank Dr. Jim Nishikawa for his role as Assistant Program Director. Dr. Nishikawa is stepping down after over 10 years in this position. He has been instrumental in providing support and leadership to the program. Dr. Chris Johnson will continue in his position as Assistant Program Director as the Core Program gets ready to be involved in CBD in 2016. The Department continues to emphasize that the accomplishments of the core program are central to the success of education for the Department.

During the past year we introduced innovations to improve the residency experience which included a 2-day “onboarding” experience for all new PGY1 residents before they started their residency. This allowed residents to become familiar with programs at TOH and the University of Ottawa. We also dedicated two full days in June to develop the “Transition to Senior Medical Resident” initiative. Most house staff perceive this change in responsibility as a challenge in resident training so last year the Internal Medicine program implemented the ‘SMART card’. This tool was used by PGY1’s on their clinical rotations to help them track the experiences needed to assist with the transition to the PGY2- Senior medicine resident role. The ‘SMART card’ successfully steered the new transition process and was well received by the residents.

Under the leadership of Dr. James Chan, and with support from both the core program and the Division of General Internal Medicine, a group of residents created and launched “the CTU app” which is now available for download.
The app serves as a useful tool as it contains a wealth of information to assist all house staff during their CTU rotations.

The residency program continues to improve procedural skills training using simulation and is currently working on developing a curriculum to formally include ultrasound training (procedural and point of care). Dr. Melissa Rousseau in collaboration with Dr. Catherine Gray developed and improved the Harvey Cardiac simulation teaching program for the Core IM residents. Currently, the Harvey teaching is done at the simulation centre twice a month with residents on the consult service. While simulation and technology are exciting modes of teaching, the importance of bedside teaching has been championed by both Dr. Rousseau and a group of interested General Internists.

The Department of Medicine has 4 specialty programs (PGY-1 entry programs) and 12 sub-specialty programs. These programs are responsible for an additional 98 trainees, bringing the total residents to 172. All DOM subspecialty programs are accredited by the Royal College. Dr. Stephanie Hoar is the Director for the subspecialty programs and she continues to do a tremendous job on organizing regular retreats for Program Directors and running the annual Commando course for the residents who are preparing for their Royal College examinations. The CanMEDS series for subspecialty trainees continues to evolve with new sessions developed by Department faculty and the Royal College exam preparation course continues to expand its scope including sessions at the Simulation Centre.
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Dr. Heather Lochnan continues to be a leader and innovator in her role as the Director of Continuing Professional Development.

This past year we reintroduced the Dr. J Greenblatt Award for the “Best Medical Grand Rounds”. Dr. Ruth Ellen is our 2014–15 winner and will be recognized at our Recognition Ceremony for her presentation: “The Frailty Paradox–Caring for the Older Adult in Acute Care.” As part of the terms of the award we exchanged top speakers with the Department of Medicine at Queen’s University. Dr. John Matthews presented a historical perspective entitled “Two Foods Which Changed the Face of Medicine: The Story of Vitamin B12 and Folic Acid”.

Other highlights from Department of Medicine Grand Rounds include Dr. Ivan Silver, internationally recognized expert in medical education, who was our 2014 Ian Hart Memorial speaker in November on “Creatively engaging students and residents—from the classroom to the bedside” and Dr. Hedy Wald from Brown University who gave the 2014 Dr. John Seely Annual Lecture On Professionalism entitled “Reflection, Resilience, Humanism: Interactive Reflective Writing & Professional Identity Formation”.

In 2014, the strategic planning process identified numerous topics for future CPD events. The first workshop to evolve was designed to help faculty members learn about mindfulness and resiliency. “Living the ‘Full Catastrophe’ in the DOM: How mindfulness can help you to reduce stress and to find balance and joy in your personal and professional life,” held in December of 2014, was led by two Department of Medicine members, Drs. Heather MacLean and Carol Gonsalves. Moving forward, the department is currently looking at ways to expand its role in CPD to include educational activities for patients and families; faculty development strategies for clinical teachers and expanding CME to include national and international educational events.
FELLOWSHIP PROGRAM

Dr. Nha Voduc took on the position of Department of Medicine Fellowship Director in March, 2014. He is building on the great foundation started by Dr. Jolanta Karpinski. Under his direction, the Central Fellowship Office has begun to lay the groundwork for greater support of Fellowship training over the next few years. The goals of the fellowship office will include improving the training experience of fellows and facilitating the exchange of ideas and best practices between Department of Medicine fellowships. The Department hosts a diverse portfolio of Fellowships which are home to about 60 Canadian and international fellows.

Alongside the work carried out by the Central Fellowship Office, a strategic team led by Dr. Marc Carrier has investigated the difficult questions of minimum standards for Fellowships and options for providing enhanced funding. The initiatives undertaken by the Central Fellowship Office and the fellowship strategic team will coalesce in the upcoming year to enable the Department to improve the support we offer fellows & Fellowship programs and by extension, assist the Department in being recognized nationally.

DISTINGUISHED TEACHERS PROGRAM

The Faculty of Medicine’s Distinguished Teachers Program (DTP) has started again this year and remains under the leadership Dr. Robert Bell, a member of the Department of Medicine. This innovative program is designed to select and recognize excellent teachers within the faculty, to provide them with extensive development and teaching opportunities as well as invite them to become part of a community of dedicated teachers. Members of this program dedicate up to 140 hours per year over a two year commitment.

Our Department is pleased to provide funds to support three new members to the program—Drs. Amel Arnaout (Endocrinology & Metabolism); Justine Chan (General Internal Medicine) and Steven Nadler (Nephrology).
### LEADERSHIP ROLES IN UNDERGRADUATE MEDICAL EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Responsibilities</th>
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<tr>
<td>Dr. Melissa Forgie</td>
<td>Vice Dean, Undergraduate Medical Education</td>
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<td>Dr. Louise Laramée</td>
<td>Assistant Dean, Student Affairs</td>
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<td>Dr. Robert Bell</td>
<td>Director, Curricular Delivery</td>
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<td>Dr. Heather MacLean</td>
<td>Pre-clerkship Director, Anglophone stream</td>
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<td>Dr. Barbara Power</td>
<td>Director, Clinical Skills, Anglophone stream</td>
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<td>Dr. Michael Schlossmacher</td>
<td>Director, MD/PhD Program</td>
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<td>Dr. Robert Bell</td>
<td>Director, iMED</td>
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<td>Dr. Robert Bell</td>
<td>Director, Distinguished Teacher Program</td>
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<tr>
<td>Dr. Anna Byszewski</td>
<td>Director, Professionalism, Anglophone stream</td>
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<tr>
<td>Drs. Jean-Francois Marquis</td>
<td>Unit Leaders for the Undergraduate Programs, Unit 1</td>
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<td>and Robert Bell</td>
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<td>Drs. Pierre Bourque and</td>
<td>Unit Leaders for the Undergraduate Programs, Unit 3</td>
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<tr>
<td>Heather MacLean</td>
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**Unit Leaders for the Undergraduate Programs:**
- Unit 1: Drs. Pierre Bourque and Heather MacLean
- Unit 3: Dr. Pierre Bourque and Heather MacLean
The Department of Innovation in Medical Education (DIME) was inaugurated in 2014 and is a merger of the Academy for Innovation in Medical Education (AIME), the Division of Clinical and Functional Anatomy, and Medicine and Humanities. AIME continues as an education research facility providing invaluable support to busy clinicians engaged in education scholarship. It is currently under the Interim Directorship of one of our Department members, Dr. Susan Humphrey-Murto and is supported by Kathy Day (Senior Project Manager).

Dr. Claire Touchie — Chief Medical Education Advisor for the Medical Council of Canada.

Dr. Debra Pugh — Vice-Chair of the Central Examination Committee at the Medical Council of Canada.

Dr. Catherine DeMeulemeester — Chair of the Royal College Examination Committee in Neurology.

Dr. Jolanta Karpinski — Associate Director of the Specialties Unit at the Royal College of Physicians and Surgeons of Canada.

SCHOLARSHIP IN EDUCATION

Dr. Susan Humphrey-Murto continues to be a champion and mentor for medical education research and leadership. With her support, the educators in our department disseminated their scholarly work at the local, national and international level; some key publications, external grants and presentations include:

KEY PUBLICATIONS


EXTERNAL GRANTS

Kosycki, D (PI), Bradwejn J, Gonsalves C, Archibald D, MacLean H, Danilewitz M. CPHI (Canadian Physicians Health Initiative) Research Grant Award 2014, $46,563. Development and usability of an online mindfulness-based program for medical student wellness.

Wood T (PI), Touchie C, Chan J, Pugh D. Medical Education Research Grant (MERG) 2015, Royal College of Physicians and Surgeons of Canada, $18,800. The influence of first impressions on OSCEs: Does scoring format and type of assessment matter?

INNOVATIONS

Dr. Pierre Cardinal developed three online simulations that are available at the following link (http://www.royalcollege.ca/portal/page/portal/rc/resources/ebola/e-learning_modules). These three simulations were peer-reviewed by IPAC (Infection Prevention and Control Canada). They utilize a novel platform, are evidence-based and reflect a series of upcoming simulation that will be part of the revised ACES (Acute Critical Event Simulation) program. They will complement the ACES online e-book which uses a novel platform, is interprofessional and peer-reviewed.

INTERNAL PROJECT GRANTS AWARDED BY THE DEPARTMENT OF MEDICINE

The Education Grants program within the Department of Medicine developed these awards to provide members of the Department of Medicine with an opportunity to develop research projects in medical education or design, implement, and evaluate innovations in medical education. This year’s awards include:

• Saidenberg E (PI), Pugh D, Gonsalves C. Evaluation of a Team-Based Learning Initiative in Pre-Clerkship

• MacPherson P (PI), Balfour L, O’Byrne P, Touchie C, Makadon H. Learning how to deliver informed and culturally appropriate healthcare to gay men. Medical Education Innovation

• Khoury L (PI), Menard P, Spilg E, Huang AR. Becoming a better team player. Interprofessional team learning for medical residents to enhance collaborative care. A formative evaluation study in a Geriatric medicine unit.

McCarthy A (PI), Rekman J, Yeh S, Ying Y, Varpio LK. How Best to Be Prepared? Strengthening Pre-Departure Global Health Training for Surgeons

CAREER EDUCATOR AWARDS FOR SCHOLARSHIP IN MEDICAL EDUCATION

The Department continues to demonstrate its commitment to developing medical education through its career education awards. This year the Career Educator Award winners for Scholarship in Medical Education are: Drs. Sue Humphrey-Murto, Debra Pugh, Anna Byszewski, Pierre Cardinal, Anne McCarthy, Carol Gonsalves, Isabelle Desjardins, Nadine Gauthier, Samantha Halman and Heather Lochnan.

TEAM REPORTS

Team reports based on key initiatives identified through the strategic planning process were presented to the Department of Medicine Executive with the support of our project management group. These reports demonstrate the hard work, dedication and commitment that individuals have given to the vision of our department. These three are examples of outcomes to date.

COMPETENCY BASED MEDICAL EDUCATION

Dr. Neil Reaume led this team as he has demonstrated leadership in CBE and sits on the national committee for Medical Oncology—the first division in our department to be involved in this national process. The team’s report highlighted the roll out of CBE across our Department focusing on the potential impact on trainees and on faculty time. These measures will be used to estimate the total departmental burden on time so the department can advocate for its members. As next steps, Dr. Wells will discuss the implications of the CBD program.
with TOH senior management, the faculty leadership, and with other department chairs within and outside of our organization.

NATIONAL AND INTERNATIONAL COLLABORATIONS IN MEDICAL EDUCATION

Dr. Pierre Cardinal led this team and reported on ways in which the Department could expand the interest in medical education throughout and build on the skills of individuals who have training and expertise in this area. The team’s report highlighted the difference between the appreciation and acknowledgment for innovation, scholarship and research and how we as a Department champion different aspects of scholarship. It also suggested that the Department look at other methods to support and foster non-clinical support for medical education research.

BEDSIDE TEACHING

This team was led by Dr. Michele Turek. The group felt that delivery of bedside teaching should be an important departmental goal. A study published in *Academic Medicine* and the group identified core strategies to overcome barriers to bedside teaching delivery including the need for Faculty skills development; diminishing the performance pressure of delivering bedside teaching; finding ways to communicate the value of bedside teaching and establishing a teaching ethic. The group came up with a number of proposed solutions including bedside teaching awards, online evaluation forms, providing links to assessment resources for staff and providing a forum for bedside teachers to meet and share best practice.
RECOGNITION OF OUTSTANDING FACULTY

Members of the Department of Medicine are recognized both locally and nationally for their excellence in medical education. Awards & recognition given to Department of Medicine staff in 2014/15 include:

The Meridith Marks Educator Award for Innovation and Scholarship in Medical Education recognizes excellence and commitment to scholarship in this domain. This past year it was awarded to Dr. Wade Gofton from the Department of Surgery. Dr. Gofton’s publication on the Ottawa Surgical Competency Operating Room Evaluation (O-SCORE) reflects an important piece of work that is advancing the field of medical education and assessment.

Dr. Cathy Code received the 2015 CAME/ACÉM Certificate of Merit Award. The aim of this award is to promote medical education in Canadian medical schools and to recognize and reward faculty’s commitment to medical education.

Dr. Steve Kravcik received the Department of Medicine Resident Choice Teaching Award.

Dr. Karima Khamisa received the UGME Award for Person Competency (Anglophone Stream) in recognition of her work promoting the health and well-being of physicians and physicians in training.

Dr. Jolanta Karpinski received the Clinical teacher of the Year award from the Canadian Society of Nephrology.

Dr. Pierre Antoine Brown received the UGME Educator Award for Collaborator Competency (Francophone Stream). This is awarded to a faculty member who demonstrated a high level of collaboration with peers, students and / or administrative team members.
Dr. Paul Wheatley-Price received the UGME award for Best ePortfolio Coach of The Year Award (Anglophone Stream). This is awarded to the coach who has completed the four years of the program, who has demonstrated excellent attainment of the coach competencies and who has consistently received exceptional evaluations from the students in his/her group.

Dr. James Paul received the 2014 Department of Medicine Peter MacLeod Ambassador Award. This award is given annually to a resident who has consistently demonstrated all CanMEDS roles, is highly respected and leads by example.

**DRIVING FORWARD**

The next year will be both challenging and exciting for our Department as we prepare for the Royal College accreditation of our residency training programs (November 2016). We are looking forward to the outcome of the recently launched Royal College Competence by Design (CBD) initiative. This multi-year change initiative is being rolled out in stages and will introduce a competency-based medical education (CBME) model to learning and assessment in residency and specialty practice across the country. The first round of adopters for the Department of Medicine (Medical Oncology) started in Fall 2014 (Cohort 1). The second round of adopters (Gastroenterology and Internal Medicine) started in 2015 (Cohort 2). The CBME model will help prepare physicians for practice by being geared towards patient needs while also structured to support continuous learning and enhanced skills and abilities and we are excited to see its outcome in our three participating divisions.
The Department of Medicine at the University of Ottawa continues to be committed to excellence in clinical teaching, to supporting our medical students and residents through change and to fostering scholarship and innovation through ongoing salary support and grants.

Barbara Power MD FRCPC
Vice Chair, Medical Education
On her down-time, Dr. MacLean enjoys hanging out with her kids and taking her dog Teddy for walks at Conroy Pit.
On a warm summer day a four year-old Heather MacLean attempted to end a lasting feud between two long-time rivals, hoping that if they “just got to know each other, they’d see that they really like one another.” With a sense of hope and optimism, she snatched up her pet tomcat and set off to introduce it to the dog next door. Sadly, Heather quickly realized that her cat had no interest in being a welcoming neighbour and in defiance climbed her like a tree, using her face as a launch pad to get away from forced union.

While this experiment left her with a valuable lesson about animal relations, and a scar next to her left eye, it did not deter her from future attempts at combining unlikely things, namely introducing a level of spirituality into medicine. Her drive to integrate a more personal method into her role as a medical educator and in her work as a Multiple Sclerosis sub-specialty physician is in part why others have described Dr. Heather MacLean as an innovative, and universally loved individual.

In the context of Heather’s work, the term spirituality should not be mistaken for religion, it refers more to bringing a level of empathy and humanity to treatment. “I think it’s important for patients to see me as human, as approachable and relatable so they can ask me questions. These are the things that you really need in order to connect with them and to ensure that their experience is as comfortable as possible.”
This connection is particularly important when working in the field of MS—a disease that often has devastating outcomes. As a glass-half-full kind of person, Dr. MacLean also uses her naturally joyful spirit to present an optimistic view to those she cares for. She understands that for most, MS is a harsh diagnosis but she’s also quick to point out that not every case is severe. At the end of the day she wants her patients to know that regardless of severity, she will do everything she can for them.

She takes this same approach with her medical students. She feels that the two roles of doctor and educator overlap in terms of empathy and communication. “When I’m with my patients, especially if they’re MS patients, I try to understand where they’re coming from, so I’m able to better communicate with them. It’s the same thing with teaching.”

As a mother of two, Heather admits that she can sometimes feel like a mom in this role. “The first day I just feel like I adopted 111 new babies. But I think that’s another reason why I feel like it works well for my personality, because in a way helping these students is a little bit like parenting.” Her relatively recent experience as a medical student also gives her the perfect perspective to oversee the program and guide its students.
Heather is confident that she can help rectify some of the issues that she herself struggled with as a student, specifically the overwhelming volume of material and exam-time stress. “That’s my driving goal: to keep the students well, have them perform well and be well while they’re going through the first two years of medical school before they hit clerkship. I want to keep them on the optimal side of the stress-performance curve.”

Heather perfectly typifies the maritime personality—specifically a Haligonian [one who hails from Halifax]. She describes her hometown as, “Soulful and full of character.”—words that could easily be used to describe the woman herself. Halifax is a place where everyone knows everyone, and anything you do is noticed, talked about, and forgotten for the next tid-bit of neighbourhood gossip. It’s a place where the rainy weather, and eerie silence are seen as whimsical, and where your faults will quickly be forgiven. A place where even the worst of situations have a silver lining. No matter where her family roamed during her childhood, Heather held onto this silver lining attitude.

She describes her memories of her family as, “1970s, happy-go-lucky”, reminiscing about long car trips to camp sites, napping away in the back window. With her father in the military, Heather and her three siblings did their fair share of moving, which made Heather well-versed in change at an early age, and gave her the ability to roll with the punches while still being able to throw in a couple of her own.

Heather didn’t always dream about being a doctor. In fact, there are no doctors in her family, and her parents wouldn’t take a trip to the hospital unless someone was on death’s door. In her earlier years she wanted to be a vet, but unfortunately her allergy to most animals sent that dream packing faster than a tom cat escaping the neighbourhood dog. Still, Heather had a fascination with science, particularly biology and “brain stuff”. A career in medicine hadn’t occurred to her until a biology professor suggested that it might be a good fit. She checked it out, and ended up absolutely loving it. The medical field is quite broad, and there was still the matter of picking a specialty.
“When I went into medicine I was sort of undifferentiated. I didn’t know what I wanted to do until the minute I got in and saw my first neurology patient.” Heather’s eyes light up as she regales the pivotal point in her medical career. “It would have been first rotation in the summer of third year. It was a mandatory rotation in neurology and we were rounding, and the first patient that we saw was a young woman. She was fairly young and had a very selective stroke where she lost her language ability. She could understand everything but she couldn’t speak and she couldn’t write, and although I felt really bad for her, at the same time I was like, this is awesome!” She laughs guiltily and tries to explain, “It was fascinating to me, the whole concept of language either spoken or written, it was gone, it was forgotten, and it was amazing.”

For Heather, the subspecialty of Neurology was a perfect fit. Her decision to pursue a fellowship in Multiple Sclerosis was also a perfect fit. “MS patients resonated the most with me. Most of them are young women, they’re in my age group, going through the same stages of life as I am, they have children, they have careers—and I just thought this is where I belong. If I were a patient that was faced with this diagnosis, my goal is to be the type of doctor that I would seek out to be responsible for my care.”

Looking back she’s glad she made the choices she did and has absolutely no regrets. She did however have to make one compromise: the decision to move away from her happy Halifax home. “I liked the people in Halifax, I liked the neurology staff. I could have easily stayed there but they didn’t offer a direct entry neurology program and I knew I didn’t want to do another sub-specialty in medicine, I just wanted neurology.” With a clear path set before her, Heather said goodbye to a deeply rooted donair addiction, and set off for Ottawa. “I’m very happy...in the end it was just... you know, how it was supposed to happen.”

Her transition from doctor to educator was also part of Heather’s destiny. Dr. MacLean was among the first teachers to go through the Distinguished Teachers Program at the Faculty of Medicine, a program designed
to select and recognize excellent teachers within the faculty, to provide them with extensive development and teaching opportunities as well as invite them to become part of a community of dedicated teachers.

She describes the experience as highly rewarding, not just because of what she learned, but because of the people she met there. “We were able to benefit from each other’s experiences and since then we have done a lot of networking and liaising.” Heather tapped into this network when she spearheaded the development and introduction of an innovative longitudinal curriculum of Mindfulness in undergraduate medicine the University of Ottawa. What started off as a hand full of like-minded people quickly swelled to a much larger group, all of whom were focused on developing a curriculum whose goal was to teach mindfulness to students and to determine whether the degree of mindfulness in students correlates with three other factors: empathy, resilience and stress. “The hope is that the more mindful students are, the more empathic, the more resilient, and the less stressed they will be, which, ultimately, will translate to better patient care.” Over the course of a year Heather and her peers had monthly meetings to carve out a formal program. They were successful in their effort, and the curriculum was launched in September 2014. Heather is eager to see what the results will show.

Like so many other things in her life, Heather fell into the concept of Mindfulness by pure serendipity. She stumbled upon it in a book called A New Earth by Eckhart Tolle. “It was one of those things where the first chapter says something like ‘this book will either change your life or it will be meaningless’, and I was like, I wonder which one it’s going to be,” she laughs “I was kind of leaning towards the meaningless at that point but as I read through it all of a sudden it was like wow, this is really eye-opening.”

Mindfulness is a therapeutic technique in which a mental state is achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s thoughts and feelings. Although some may perceive this notion as a little too new-age-y
“There is a high degree of burnout in residents and even medical students, so you have to be able to set an example. That’s a challenge I think, making sure that as physicians we’re doing okay in order to set the example for them.”

for their tastes, Heather is confident that spiritual wellness is a fantastic benefit for doctors, teachers, and students, who may be on the verge of burning out. “When I was teaching, I was noticing how stressed the students were getting. They were worried about passing an exam, worrying about things that may not even happen, and then when things did happen, some of them were not particularly resilient. I started thinking, would mindfulness help with these students? Because it might help reframe them in terms of thinking, asking the question ‘how much of this stress and suffering is real and how much is being created inside my mind?’”

When asked what her biggest challenge was as an educator, her response made it clear that her role requires her to be much more than just a motivator. “You don’t really need to motivate medical students. They want to do well; they really care for their patients. It’s more in terms of being a touchstone, and an educator in terms of how to not get overwhelmed, how to prioritize things, how to balance your life. There is a high degree of burnout in residents and even medical students, so you

have to be able to set an example. That’s a challenge I think, making sure that as physicians we’re doing okay in order to set the example for them.” And what a powerful example she sets. With two daughters, three pets, and a lot on her plate, it’s easy to wonder how Heather MacLean strikes balance between her professional and personal life. “A lot of it has to do with mindfulness and meditation, but the recent purchase of my Arctic Spa hot tub doesn’t hurt either.”

A hospital is often not a happy place. It takes a lot of strength to smile in the face of adversity, but it is a lot easier when your outlook is naturally sunny. Heather MacLean is a perfect blend of professionalism and optimism. Although she never would have dreamed that she’d be practicing neurology, let alone teaching it, there seems to be no doubt in Heather’s mind that she followed the right path professionally. “I think that this is where I’m meant to be at this stage. I’m just so happy doing pre-clerkship right now, I don’t have any big ambitions to change that, because I do feel well-suited and I do really, really enjoy it.”
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<th>Q &amp; A</th>
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<td><strong>What is your greatest fear?</strong></td>
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<td>Snakes—there is something about an animal that is basically just a</td>
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<td>mouth and a body that is super creepy.</td>
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<td>**If you were to die and could choose what to come back as, what</td>
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<td>would it be?**</td>
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<td>A woman again but next time I want to have a terrific singing voice!</td>
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<td><strong>On what occasion do you lie?</strong></td>
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<td>I tend not to lie. But I could be lying about that. 😊</td>
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<td><strong>What do you dislike most about your appearance?</strong></td>
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<td>I would like to be back to the weight I was before I had my kids.</td>
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<td>Will it happen?...we will see.</td>
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<td><strong>How do you unwind after a long day?</strong></td>
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<td>This past summer I made a really wise investment; I purchased an</td>
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<td>Arctic Spa hot tub. Best. Purchase. Ever. I also hang out with my</td>
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<td>kids a lot and we take our dog Teddy for walks at Conroy Pit.</td>
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<td><strong>Name one thing you never leave the house without.</strong></td>
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<td>Lip balm.</td>
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<td>**In a movie about your life, which actor would you choose to</td>
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<td>portray you?**</td>
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<tr>
<td>I’ve always had a kinship with the actress that played Scully from</td>
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<td>the X-Files. I think her name is Gillian Anderson? She’s intense.</td>
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<tr>
<td>Question</td>
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<td>----------------------------------------------------------------</td>
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<tr>
<td>Name one word that best describes you.</td>
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<td>Do you have any hidden or unknown talents?</td>
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<td>What is your emcee name?</td>
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</table>
Describe a funny or embarrassing moment.

When my youngest daughter was about three we had to go to school for my oldest daughter’s parent teacher meeting. So all the parents were in one room, and the teacher was introducing himself and describing who he was and why he liked teaching, blah blah blah blah… So we’re sitting there for about forty five minutes, and he’s still talking about himself and answering questions, and all of a sudden my three year old sitting at the back yells out “Boooooooring”. It was hilarious and I thought oh my god she just said exactly what I was thinking.
MEDICAL RESEARCH
The Department of Medicine (DOM) continues to be a national and international leader in medical research. As you will see in this section of the Annual Report, our members have done a phenomenal job this past year in terms of high-impact publications and peer-reviewed funding. The work ranges from lab-based discoveries to randomized trials across all the sub-specialties and Divisions. The research carried out in our Department is defining clinical practice today and setting the stage for new breakthroughs tomorrow.

The Ottawa Hospital/Ottawa Hospital Research Institute (OHRI) and the University of Ottawa have become national and international leaders in health research. A recent report ranks The Ottawa Hospital (which includes OHRI and the Ottawa Heart Institute together) 5th overall in research intensity among Canadian hospitals. The Faculty of Medicine, uOttawa ranks 7th overall in research among Canadian universities. Members of our Department have contributed enormously to this success. Over the past five years, DOM members have received a remarkable $165 million in peer-reviewed funding which represents 75% of the total amount received by all OHRI investigators. Our goal is to support our researchers so that the DOM can further grow, expand and enhance our research productivity.
DOM SUPPORT FOR RESEARCH

The DOM strives to support excellence in medical research and in 2014–15 more than $5.6 million was allocated to members for research salary awards, operating grants, and fellowship grants. This includes $5.2 million of direct salary support that has allowed DOM researchers much needed time to carry out their research. Members of the Research Advisory Committee, with representation from most Divisions in the Department, met regularly throughout the year to adjudicate the awards via peer-review processes. I am very grateful for the commitment and dedication of these members to advance the Department’s research mission.

MENTORSHIP FOR RESEARCH

The Research Mentorship Program continued to develop in 2014–15. More than 30 mentees have now been assigned to research mentors, who meet with them twice yearly and review their research progress, opportunities, as well as potential barriers. The Department is fortunate and thankful for the contributions made by the mentors; initial feedback from mentees has been very positive.

RESEARCH FACILITATION

In addition to the excellent administrative support provided by Tara Routh, the DOM now has a Clinical Research Facilitator, Dr. Rosendo Rodriguez. In collaboration with the Ottawa Methods Centre, Dr. Rodriguez is providing formal assistance to young investigators with the goal of obtaining peer-reviewed funding to successfully launch the next generation of DOM researchers.
I would like to thank Dr. Curtis Cooper for organizing another successful DOM Resident Research Day. This event represents an opportunity to showcase the high caliber of research that is conducted by our residents with faculty assistance. Once again, an impressive number of abstract submissions were received—nearly 50 in total. The caliber of work and presentation skills observed was superb. Thank you to the residents for their dedication and to the research supervisors who have invested their time and expertise into supervising these projects.

A new component added to the 2015 agenda was a two hour interactive session in which core research related topics were discussed with the residents. Topics included ‘How to Publish’ and ‘Key Elements in a Research Salary Award Submission’. This session was well received and generated considerable discussion. The keynote address was given by Dr. Shariq Haider from McMaster University who outlined the structure and many successes of their resident research training program which he was instrumental in developing.

Drs. Alan Karovitch and Bill Cameron concluded the event with an entertaining and thought provoking debate on the role of industry sponsored research in the academic setting. The award winners from this year’s Resident Research Day are listed below:

**ORAL PRESENTATION WINNERS**

- Dr. Kevin Boczar, Clinical Science, R1–R3
- Dr. Thomas Tran, Clinical Science, R4–R5
- Dr. Tushar Shukla, Epidemiology
- Dr. Shipa Gupta, Quality, Safety and Education

**POSTER WINNERS**

- Dr. Yingwei Liu, Overall Poster Winner, R1–R3
- Dr. Chris Tran, Overall Poster Winner, R4–R5

“Our goal is to support our researchers so that the DOM can further grow, expand and enhance our research productivity.”
In addition to Resident Research Day, there were 9 core internal medicine residents who had their work published in peer-reviewed journals. This is a major accomplishment for any physician and especially for those still in training. Highlighted below are the papers in which one of our residents was the first author.

**Resident: M Abunassar, Faculty: T Asmis**

**Resident: KE Boczar, Faculty: G Dwivedi**
Boczar KE, Alam M, Chow BJ, Dwivedi G. Incremental prognostic value of estimated LV end-diastolic volume by cardiac CT. *JACC Cardiovasc Imaging* 2014; 7(12):1280–1

**Resident: I Druce, Faculty: J Malcolm**

**Resident: DT Harnett, Faculty: SF Hamilton** (non-uOttawa)

**Resident: D Harnett, Faculty: C Glover**
Resident: N LeVasseur, Faculty: A Arnaout

Resident: Y Liu, Faculty: BJ Chow and G Dwivedi

Resident: JA Shaw, Faculty: G Knoll

Resident: T Shukla, Faculty: J McCurdy
DRIVING FORWARD

The DOM is actively working on key priorities generated as part of the strategic planning process. Research is obviously a major focus of our Department’s work moving forward.

There are six project teams currently assembled to tackle various issues in research including streamlining the regulatory process, enhancing research infrastructure, improving access to data such as the TOH Data Warehouse, building interdisciplinary research teams to foster collaboration, enhancing resident research and integrating PhD DOM members into the research process.

This process requires considerable time and input and I would like to thank the leads and team members for their hard work and dedication moving these projects forward. Many of the research teams have presented their findings and recommendations to the DOM Executive Committee with several areas identified as a priority for improvement.

As an example, the Resident Research Team has identified the strategic need to enhance the research training of our residents and to establish a better culture of research within our residency programs. The Resident Research Team is focusing on building a structure that will support resident research training and mentoring using both new resources and leveraging existing resources such as the Clinician Investigator Program.

Greg Knoll MD MSc
Vice-Chair Research, Department of Medicine
HONOURS AND AWARDS

Dr. Phil Wells received The Lifetime Achievement Award from the Faculty of Medicine at the University of Ottawa. The Lifetime Achievement Award serves to honour alumni who have accomplished a lifetime of significant contributions and achievement in the advancement of health outcomes and patient care. This award is presented to an alumnus or alumna who is recognized as a leader in their respective field, has demonstrated professional excellence and dedication to their community.

Dr. Michael Rudnicki received the prestigious Till and McCulloch Award for his ongoing work in stem cell and regenerative medicine research. The award is named in honour of Drs. James Till and Ernest McCulloch, who first identified stem cells and demonstrated their properties in Toronto in 1961. Dr. Rudnicki was given this year’s award for his continuing research into muscle regeneration and the role that stem cells play in skeletal muscle’s ability to regenerate and repair after injury.

Dr. Marc Rodger received the OHRI Chrétien Researcher of the Year Award for his trial that was published in The Lancet on anticoagulation in pregnancy. For this work Marc also received the Canadian Hematology Society’s clinical paper of the year award. The Society noted that this paper has “exceptional impact and represents the best of Canadian hematology”.

Dr. Jeremy Grimshaw was named a Fellow of the Royal Society of Edinburgh along with an elite group of outstanding scientists, celebrated writers and eminent academics for his expertise in knowledge translation. Dr. Grimshaw was also awarded the Najoua Mlika-Cabanne Award for Innovation by the Guidelines International Network which helps its global healthcare members to create high quality clinical practice guidelines that foster safe and effective patient care.
Dr. Douglas McKim has been honoured by Muscular Dystrophy Canada with the Dr. George Karpati Award for Researcher of the Year in recognition of his ongoing work to advance treatments for Muscular Dystrophy. Dr. McKim’s research focuses on non-invasive ventilation and improving lung function in people who suffer from Duchene Muscular Dystrophy and other neuromuscular diseases.

NOTABLE PUBLICATIONS

Over the past year there was a remarkable number of DOM research studies published in high-impact peer-reviewed journals. Although space limits us from mentioning all these publications, a selection of the outstanding papers from 2014–15 is presented below.

Drs. Dean Fergusson (CEP) and Alan Tinmouth (Hematology) were co-first authors on a ground-breaking trial published in the New England Journal of Medicine. It found that contrary to popular belief, blood stored for three weeks is just as good as fresh blood for transfusions in critically ill patients. The definitive results are expected to put the debate about blood freshness to rest and avert an unnecessary and costly reorganization of the blood supply system. Other DOM co-authors included Dr. Lauralyn McIntyre (Critical Care).

A national clinical trial led by Dr. Marc Carrier (Hematology) has found that contrary to expectations, a CT scan of the abdomen and pelvis does not improve cancer detection in people with unexplained blood clots in their legs and lungs. The results, published in the New England Journal of Medicine, are expected to improve patient care and reduce screening costs around the world. Dr. Carrier’s study shows that the rate of cancer is actually less than half that in these patients and CT scanning does not help detect additional cancers or improve survival. Other DOM co-authors included Drs. Gregoire Le Gal (Hematology), Phil Wells (Hematology) and Marc Rodger (Hematology).


Dr. Marc Rodger (Hematology) and the thrombosis team have published a paper in The Lancet concerning a clinical trial that proved a commonly used anticoagulant to prevent pregnancy complications is ineffective. As many as one in 10 pregnant women have a tendency to develop blood clots in their veins, a condition called thrombophilia. For decades, women with thrombophilia, and even those without thrombophilia, have been prescribed low molecular weight heparin to prevent pregnancy complications caused by placental blood clots. This trial provides conclusive evidence that anticoagulants have no positive benefits for the mother or child and may even cause some harm. Other DOM co-authors included Drs. Erin Keely (Endocrinology), Alan Karovitch (General Internal Medicine), Gregoire Le Gal (Hematology), and Phil Wells (Hematology).


Dr. John Bell has published an article in Nature Reviews Cancer concerning the promise of using immunotherapy in combination with cancer-fighting viruses. The article outlines how oncolytic viruses have been clinically shown to initiate antitumor responses in the human immune system, and that harnessing oncolytic virus therapy with various forms of immunotherapy (e.g. vaccines) could significantly improve future outcomes for many cancer patients.


A national trial led by Drs. Greg Knoll (Nephrology) and Dean Fergusson (CEP) showed that contrary to observational studies, levofloxacin was not effective at preventing BK virus infection following kidney transplantation. The study, published in the Journal of the American Medical Association, is important for clinical practice as levofloxacin prescribing was becoming very common and the trial showed evidence of harm for those who received the intervention.

Drs. Lana Castellucci (Hematology) and Marc Carrier (Hematology) have published a study in the *Journal of the American Medical Association* that will help physicians determine the best oral blood thinners to use for patients suffering from blood clots in their veins. The research team reviewed 45 randomized trials involving nearly 45,000 patients and found that a higher percentage of patients taking a combination of unfractionated heparin and warfarin experienced a recurrent blood clot and a lower percentage of patients taking newer agents (e.g. rivaroxaban) experienced major bleeding. Other DOM co-authors included Drs. Marc Rodger (Hematology), Gregoire Le Gal (Hematology), Phil Wells (Hematology), Esteban Gandara (Hematology) and George Wells. Castellucci LA, Cameron C, Le Gal G, Rodger MA, Coyle D, Wells PS, Clifford T, Gandara E, Wells G, Carrier M. Clinical and safety outcomes associated with treatment of acute venous thromboembolism: a systematic review and meta-analysis. *JAMA* 2014; 312(11):1122–35

Dr. Vicente Corrales-Medina (ID) published a paper in the *Journal of the American Medical Association* that shows that your chance of having a heart attack or stroke increases significantly if you have been hospitalized for pneumonia. While other studies have made the short-term association between pneumonia hospitalization and cardiovascular disease, this is the first to only look at pneumonia patients with no previous history of cardiovascular disease, while also taking into account the effect of other established cardiovascular risk factors. By doing so, their results strongly indicate that hospitalization for pneumonia should be considered its own risk factor for future cardiovascular disease. Corrales-Medina VF, Alvarez KN, Weissfeld LA, Angus DC, Chirinos JA, Chang CC, Newman A, Loehr L, Folsom AR, Elkind MS, Lyles MF, Kronmal RA, Yende S. Association between hospitalization for pneumonia and subsequent risk of cardiovascular disease. *JAMA* 2015; 313(3):264–74
Dr. Michael Rudnicki published a paper in *Nature Medicine* concerning a new discovery about why muscle stem cells lose their capacity to repair damage as the human body ages. Dr. Rudnicki’s team found that, with age, the reduced function of muscle stem is not the result of exhaustion but a change in the instructions they receive through a specific signaling pathway called JAK/STAT. Dr. Rudnicki’s team is exploring the therapeutic possibilities of drugs that will dampen the JAK/STAT pathway as an avenue for treating muscle-wasting diseases such as muscular dystrophy.


Dr. John Bell’s team published a paper in *Nature Medicine* suggesting that molecular cross-talk between normal and cancerous pancreatic cells make both cell types vulnerable to oncolytic viruses. After deciphering the key molecular components of this cross-talk, the researchers were able to develop a novel oncolytic virus that was even better at treating pancreatic cancer in laboratory models, with minimal side-effects. Other DOM co-authors included **Drs. Avijit Chatterjee** (GI) and **Harry Atkins** (Hematology).

Drs. Dean Fergusson (CEP) and Greg Knoll (Nephrology) published a paper in the *British Medical Journal* suggesting that the anti-rejection medication, sirolimus, was associated with more harm than previously known. Sirolimus was once thought to be a promising new kidney transplant drug, because it seemed to be able to prevent organ rejection without an increased risk of cancer. In this individual patient level meta-analysis of nearly 6,000 transplant patients from 21 trials, they found that sirolimus lowered the risk of cancer but patients on this medication were 43% more likely to die. The paper was accompanied by a very positive editorial.


Dr. Dean Fergusson (CEP) was the senior author in a study published in the *British Medical Journal* that found that 63 per cent of trials of stalled drugs, involving more than 20,000 patient volunteers, did not publish their results. Over a four-year period, a total of 81 drugs for cancer, cardiovascular and neurological diseases stalled during late stage clinical trials and never made it to market. The authors argue that valuable information that could lead to better trial design or drug development is being lost.


Dr. David Birnie (Cardiology) published a paper in the influential journal *Circulation* on anticoagulation around pacemaker defibrillator surgery.

Dr. Rob Beanlands (Cardiology) and colleagues published a randomized trial in *Circulation* examining the effects of positive airway pressure sympathetic nerve function in patients with heart failure and sleep apnea.


Dr. Darryl Davis (Cardiology) published a study in *Circulation* showing that diabetes mellitus reduces the ability of cardiac stem cells to repair injured myocardium.

Dr. Hsiao-Huei Chen (Neurology) published a study in the journal *Neuron* suggesting that a drug currently in clinical trials for weight loss also holds the potential for treating anxiety. Dr. Chen and her colleagues were originally studying the effect of a gene called LMO4 on brain development and regeneration. The new research, together with a prior study shows that an enzyme called PTP1B plays a crucial role in a molecular pathway that links LMO4, anxiety, obesity and the body’s natural marijuana system.


Dr. Jeff Dilworth (Neurology) and his team published a study in the journal *Genes and Development*, which shows how two proteins, called MSK1 and KAP1, ensure that muscle formation operates smoothly. Identifying this key molecular pathway could lead to the development of new therapies with fewer side effects to treat diseases such as muscular dystrophy.

NOTEWORTHY GRANTS AND SALARY AWARDS

2014–15 was another highly successful year for DOM researchers seeking peer-reviewed funding and external salary awards. It was also a year of uncertainty as CIHR launched its new suite of grants and phased out the traditional open operating grants competition. Although there were record numbers of applications, our success was well above national averages. In the inaugural CIHR Foundation Grant competition four DOM researchers were successfully awarded 7-year grants:

- **Dr. Jeffrey Dilworth**
  Epigenetic Regulation of Muscle Regeneration in Health and Disease, $2,313,740

- **Dr. Duncan Stewart**
  From endothelial biology to meaningful clinical impact, $4,178,066

- **Dr. Dr. Jeremy Grimshaw**
  Promoting implementation of evidence-based care, $2,128,006

- **Dr. Greg Knoll**
  A Research Program to Improve Patient Outcomes in Kidney Transplantation, $3,871,800

**Drs. Darryl Davis, Gregoire Le Gal and Hsiao-Huei Chen** received external salary awards this past year. They should be congratulated on these prestigious awards given the very stiff competition.

- **Darryl Davis** received a CIHR clinician scientist Phase II Award on Strategies to Enhance Cardiac Repair by Resident Cardiac Stem Cells, $180,000.

- **Gregoire Le Gal** received an Ontario government Early Researcher Award for his thrombosis research, $150,000.

- **Hsiao-Huei Chen** received a Heart and Stroke Foundation award on stroke risk and recovery, $320,000.
There were also several large funding announcements this past year involving DOM members as leads on major team/project grants. Dr. Michael Rudnicki (Neurology) and colleagues received $28.5 million from The Canada Foundation for Innovation and $2.9 million in matching funds from the Government of Ontario to expand their work on epigenetic control of stem cells and the development of new regenerative therapies.

Dr. Duncan Stewart (Cardiology) is leading a group of Ottawa researchers with a $3.5 million grant from the Ontario Research Fund—Research Excellence competition. Dr Stewart and his team are aiming to develop genetically enhanced stem cell therapies for diseases that affect the heart and lungs. Dr. John Bell (Oncology) and colleagues were very successful at securing peer-reviewed funds this past year. Dr. Bell also received a $3.5 million grant from the Ontario Research Fund—Research Excellence to develop innovative manufacturing processes to accelerate the testing and commercialization of biotherapeutics such as cancer-fighting viruses, vaccines and antibodies.

The Ontario Institute for Cancer Research awarded Dr. Bell $7 million to further his work into oncolytic viruses, immunotherapies and oncolytic vaccine therapies.

Finally, Dr. Bell received $25 million from the Government of Canada, with an additional $35M from partners, to create the first Network of Centres of Excellence devoted to cancer research. The network, called Biotherapeutics for Cancer Treatment (BioCanRx), will focus on oncolytic viruses, immune cells, synthetic antibodies and other promising biotherapeutics. The network includes more than 40 researchers from 17 academic institutions, as well as 24 non-profit and industry partners.

Dr. Rob Beanlands (Cardiology) received a $3.5 million grant from the Ontario Research Fund to study novel heart failure imaging techniques. Dr. Peter Liu (Cardiology) received $5.8 million from Ontario Ministry of Research and Innovation—Research Infrastructure Program to develop a centre to fast track the translation of genomic/proteomic targets into patients.
Dr. George Wells (Cardiology) was a Principal Applicant on a $6.9 million CIHR grant evaluating novel methods for dug comparisons (Methods and Applications Group for Indirect Comparisons). Dr. Lauralyn McIntyre (Critical Care) was a Principal Applicant on a $1.5 million CIHR grant to further develop the highly successful Canadian Critical Care Trials Group.

Dr. Marc Rodger (Hematology) was a Co-Principal Applicant on a $1.5 million CIHR grant to further develop the Canadian Venous Thromboembolism Clinical Trials and Outcomes Research Network. Drs. Rashmi Kothary (Neurology) and Jodi Warman (Neurology) are two of the Principal Investigators in the newly launched Canadian Neuromuscular Disease Network. Funded by CIHR ($575,613) and Muscular Dystrophy Canada ($155,820), the Network aims to improve clinical care and advance research in neuromuscular disease with expertise from around the country.

DOM members have been Principal Applicant on numerous other CIHR grants over the past year. These are listed below:

Dr. Girish Dwivedi (Cardiology), Myocardial blood flow reserve and vascular inflammation in psoriasis & psoriatic arthritis: response to biologics, $315,577.

Dr. Peter Liu (Cardiology), IGFBP7—A Novel Biomarker, and a Clue to the Pathophysiology of Heart Failure with Preserved Ejection Fraction? $595,099.

Dr. Derek So (Cardiology), Reassessment of Anti-Platelet therapy using InDividualized Strategies—Ticagrelor in Patients with Acute Coronary Syndromes Treated by Coronary Artery Bypass Graft Surgery—A Pharmacodynamic and Clinical Study to Decrease Bleeding Risks and Ischemic Complications—The RAPID-TITRATE CABG study, $512,179.

Dr. Marjorie Brand (Hematology), Role of oncogenic transcription factors in T-cell acute lymphoblastic leukemia.
Dr. Lauralyn McIntyre (Critical Care), Crystalloid FLUID Choices for Resuscitation of Hospitalized Patients: A Pragmatic Cluster Cross Over Pilot Trial, $99,504.

Dr. Robin Parks (ID), Epigenetic Regulation of the Adenovirus Genome, $790,647.

Dr. David Picketts (Neurology), Genetic control of epigenomic landscapes by the ISWI protein family during differentiation, $898,403.

Drs. Alan Tinmouth, Dawn Sheppard and Jason Tay (all from Hematology), Platelet Transfusions in Hematopoietic Stem cell Transplantation—The PATH Study, $213,400.

Drs. Michel Le May (Cardiology) and George Wells (Cardiology), The Safety and efficacy of Femoral Access versus Radial access for primary PCI in STEMI, $100,000.

Drs. David Birnie, Rob Beanlands and Pablo Nery (all from Cardiology), Cardiac Sarcoidosis Multicenter Prospective Cohort, $100,000.

Drs. Shane English (Critical Care) and Lauralyn McIntyre (Critical Care), Aneurysmal SubArachnoid Hemorrhage—Red Blood Cell Transfusion And Outcome: a Pilot Randomized Controlled Trial, $157,172.

Dr. Alan Tinmouth (Hematology), Examining the relationship between repeated blood donations in female donors on maternal/neonatal outcomes: a cohort study, $135,657.

Dr. Mark Clemons (Oncology), Systematic review of non-hormonal interventions for management of hot flashes in breast cancer and prostate cancer, $100,000.

Dr. David Park (Neurology), Cellular Bioenergetics in Neurodegenerative Diseases: A system-based pathway and target analysis.

Dr. George Wells (Cardiology), New oral anticoagulants for the treatment and prevention of venous thromboembolism: A systematic review and network meta-analysis, $119,896.
Dr. George Wells (Cardiology), Pharmacological treatments for rheumatoid arthritis and inflammatory bowel disease: A network meta-analysis, $175,292.

Dr. Rashmi Kothary (Neurology), Common Pathogenic Pathways and Therapeutics for SMA and ALS motoneuron diseases, $390,000 (CIHR and E-Rare).

Dr. Jeff Dilworth (Neurology), Epigenetic regulation of muscle gene expression during muscle regeneration, $834,000.

Dr. Gonzalo Alvarez (Respirology), Preventing tuberculosis in Inuit communities: Predicting what may work, $142,000.

Dr. Frans Leenen (Cardiology), Activation of cardioprotective brain mechanisms post MI, $846,061.

Dr. Ruth McPherson (Cardiology), Molecular Basis of Weight Loss Variability in Response to Energy Restriction, $853,441.

Dr. Paul MacPherson (ID), Health care delivery to gay men, $75,000.

Peer-reviewed grants from other agencies are listed below:

Dr. Angela Crawley (ID) has been awarded a $175,000 grant from the Natural Sciences and Engineering Research Council of Canada to study how cells in the liver can influence the immune response.

Dr. David Picketts (Neurology) has received $307,000 from the MS Society of Canada to further his lab’s research on the potential therapeutic effect of a protein called VGF in multiple sclerosis.

Dr. Gregoire Le Gal (Hematology) was awarded a $235,000 grant from the Heart and Stroke Foundation for research that could enhance the diagnosis of venous thromboembolism.
Dr. Kumanan Wilson (General Internal Medicine) was awarded a $100,000 Grand Challenges Explorations grant from the Bill and Melinda Gates Foundation to develop a model that predicts gestational age based on newborn screening test results.

Drs. Paul MacPherson (ID), Girish Dwivedi (Cardiology), Jonathan Angel (ID) and George Wells (Cardiology) received a $375,000 grant from The Ontario HIV Treatment Network to study potential new ways to reduce the risks of heart attacks in people who are HIV positive.

Dr. Edward Lemaire (Physical Medicine and Rehabilitation) was awarded a $670,000 VIP II grant from the Ontario Centres of Excellence to evaluate and develop the new ARKE exoskeleton.

Drs. Christina Addison and Mark Clemons (both Oncology) received a $448,959 grant from the Canadian Breast Cancer Foundation to study the drug Chloroquine and its effect on autophagy in breast cancer.

Dr. Hsiao-Huei Chen (Neurology) received a $280,000 grant from the Canadian Diabetes Association to study the neural and immune control of metabolism.

Dr. Kevin Burns (Nephrology) received $100,000 from the Kidney Foundation of Canada to study the therapeutic effect of exosomes in acute kidney injury.

Dr. Alex Sorisky (Endocrinology) received a $276,000 grant from the Heart and Stroke Foundation to study human pre-fat cells in obese people and see how they respond to stress.

Dr. Michael Schlossmacher (Neurology) and colleagues have been awarded $300,000 from the Weston Brain Institute for two research projects aimed at developing new therapies for Parkinson disease and dementia with Lewy bodies.
Dr. Mark Freedman (Neurology) received a $4.2 million grant from the Multiple Sclerosis Society of Canada to conduct a trial of mesenchymal stem cells for multiple sclerosis.

Dr. Dean Fergusson (Clinical Epidemiology) and colleagues have been awarded $103,000 from Canadian Blood Services to examine if donor characteristics such as age, sex and blood match have an effect on the outcomes for patients receiving red blood cells.

INTERNAL RESEARCH FUNDING (2014–15)

The Department of Medicine ran two competitions for Internal Research Funding and granted awards to its Members in the following categories:

DEVELOPMENTAL GRANTS

Dr. Dar Dowlatshahi (Neurology) received a Developmental Research Grant entitled “Prospective evaluation of intraluminal internal carotid artery free-floating thrombus”

Dr. Sunita Mulpuru (Respirology), Dr. Kathryn Suh (Infectious Diseases) and Dr. Alan Forster (General Internal Medicine) received a Developmental Research Grant entitled “Investigating Respiratory Infection Control Practice in Canadian Hospitals: A National Survey”
**RESEARCH FELLOWSHIPS**

**Dr. Juthaporn Cowan** (Infectious Diseases) received a research fellowship for one year for her research project entitled “Immunoglobulin Therapy for Secondary Hypogammaglobulinemia: Hemopoietic Stem Cell and Renal Transplantation (HSCT and RT)”

**Dr. Andrew Aw** (Hematology) received a research fellowship for two years to evaluate cost-effectiveness of different therapies for Non-Hodgkins Lymphoma

**Dr. Heidi Dutton** (Endocrinology and Metabolism) received a research fellowship for two years to focus on antibiotic use in pregnancy and increased gestational weight gain

**Dr. Grace Christou** (Hematology) received a research fellowship for two years to study the anti-leukemic effect of CMV specific T-cells

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**Dr. Sanjay Murthy** (Gastroenterology) received a Developmental Research Grant entitled “Development of Diagnostic Algorithms To Predict Disease Phenotype And Validation Of Service Codes In Adult-Onset Ulcerative Colitis Patients Using Ontario Health Administrative Data: A Pilot Study”

**Dr. David Allan** (Hematology) received a Developmental Research Grant entitled “Exosomes derived from mesenchymal stromal cells to treat graft versus host disease”

**Dr. Gonzalo Alvarez** (Respirology), **Dr. Shawn Aaron** (Respirology), **Dr. Bill Cameron** (Infectious Diseases) received a Developmental Research Grant entitled “The feasibility of a new 12 dose treatment (3 month) for latent tuberculosis infection in Iqaluit, Nunavut”

**Dr. Lana Castellucci** (Hematology), **Dr. Alan Karovitch** (General Internal Medicine), **Dr. Marc Rodger** (Hematology) received a Developmental Research Grant entitled “Twice Daily vs Rivaroxaban Once Daily for the Treatment of Acute Venous Thromboembolism”
RESEARCH CHAIRS CURRENTLY HELD BY DEPARTMENT MEMBERS

Dr. David Birnie (Cardiology)
uOttawa Tier 1 Clinical Research Chair in Cardiac Arrhythmia

Dr. Gregory Knoll (Nephrology)
uOttawa Tier 1 Clinical Research Chair in Clinical Transplantation Research

Dr. Grégoire Le Gal (Hematology)
uOttawa Tier 1 Clinical Research Chair in Diagnosis of VTE

Dr. Marc Rodger (Hematology)
uOttawa Tier 1 Clinical Research Chair in Venous Thrombosis and Thrombophilia

Dr. Gonzalo Alvarez (Respirology)
uOttawa Tier 2 Research Chair in Tuberculosis in Canadian Aboriginal Communities

Dr. Darryl Davis (Cardiology)
uOttawa Tier 2 Research Chair in Cardiac Regeneration

Dr. Lisa Mielniczuk (Cardiology)
uOttawa Tier 2 Research Chair in Heart Failure and Pulmonary Hypertension Research

Dr. Shawn Aaron (Respirology)
uOttawa Tier 1 Clinical Research Chair: Obstructive Lung Disease

Dr. Rob Beanlands (Cardiology)
Saul and Edna Goldfarb Chair in Cardiac Imaging Research

Dr. Robert Beanlands (Cardiology)
Vered Chair of Cardiology

Dr. Rob Beanlands (Cardiology)
uOttawa Tier 1 Clinical Research Chair: Cardiovascular Imaging Research
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<td>Dr. Marjorie Brand</td>
<td>Hematology</td>
<td>Canada Research Chair, Regulation of Gene Expression</td>
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<tr>
<td>Dr. Marc Carrier</td>
<td>Hematology</td>
<td>uOttawa Tier 2 Clinical Research Chair: Cancer and Venous Thromboembolism</td>
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<tr>
<td>Dr. Curtis Cooper</td>
<td>Infectious Diseases</td>
<td>Ontario HIV Treatment Network’s Applied HIV Research Chair</td>
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<td>Dr. Jeffrey Dilworth</td>
<td>Neurology</td>
<td>Canada Research Chair, Epigenetic Regulation of Transcription</td>
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<td>Dr. Dean Fergusson</td>
<td>Clinical Epidemiology</td>
<td>OHRI/uOttawa Clinical Epidemiology Program Endowed Chair</td>
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<tr>
<td>Dr. Jeremy Grimshaw</td>
<td>Clinical Epidemiology</td>
<td>Canada Research Chair, Health Knowledge Transfer and Uptake</td>
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<td>Dr. Rashmi Kothary</td>
<td>Neurology</td>
<td>University Health Research Chair</td>
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<td>Dr. Frans Leenen</td>
<td>Cardiology</td>
<td>Pfizer Research Chair in Hypertension</td>
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<td>Dr. Ian Lorimer</td>
<td>Medical Oncology</td>
<td>J. Adrien and Eileen Leger Chair in Cancer Research</td>
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<td>Dr. Ruth McPherson</td>
<td>Cardiology</td>
<td>Merck Frosst Canada Chair in Atherosclerosis</td>
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<td>Dr. Leo Renaud</td>
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<td>J. David Grimes Research Chair</td>
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<td>Dr. Michael Rudnicki</td>
<td>Neurology</td>
<td>Canada Research Chair, Molecular Genetics</td>
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<td>Dr. Michael Schlossmacher</td>
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Dr. Michael Schlossmacher (Neurology)
Bhargava Research Chair for Neurodegenerative Diseases

Dr. Manish Sood (Nephrology)
Jindal Research Chair for the Prevention of Kidney Disease

Dr. Peter Tugwell (Rheumatology)
Canada Research Chair, Health Equity

Dr. Kumanan Wilson (General Internal Medicine)
The Ottawa Hospital, Department of Medicine, Ottawa Hospital Research Institute Chair in Public Health Policy
When not at the hospital, Dr. David Allan can often be found enjoying one of his many outdoor pursuits.
A perfect day at work for Dr. David Allan goes something like this—“up early enough in the morning for a quick trip to Gatineau Park for either a swim in Meech Lake or a ski in the winter, then home, shower and get ready for clinic—those are great days and I’ve managed a few here and there”.

What makes those days even more perfect, he adds, is getting inspiration from the peace and quiet of the woods and having an idea pop into his head that can advance a project and that he can actually put into motion later that day. He explains that with research, ideas can come at anytime but require “the prepared mind” and sometimes only really develop after a period of mulling things over for a while; one rarely has the best solution right away.

“People may see you riding your bike or something and they assume that you’re not working, but in fact ideas can be incubating all the time. Eventually you may see something that makes you think…that’s the solution, that’s the idea we can use.”

Dr. Allan’s research ideas are focused on regenerative therapy and stem cell treatments, an emerging area of research that has been associated with some controversy. To the non-scientific world, the words “stem-cell research” can be a hot topic and have often sparked considerable debate. Dr. Allan admits, “I haven’t been at the centre of these heated debates since we’re not working with embryotic or foetal stem cells.” The stem cells used in David’s research come from fresh umbilical cord blood, he explains, and the samples are easily harvested after the birth of a baby.
This process doesn’t impact the baby or its health in any way. “In fact,” he explains, “it’s saving what is otherwise regarded as biomedical discard... we’re kind of recovering something that would otherwise not be used.” Indeed with David’s research experience with cord blood, he is now a consultant for Canadian Blood Services’ Cord Blood Bank.

Like the field of regenerative therapy, David is often times misread. Despite his signature funky dress shirts that hint at his genuine easy going nature, at work he tends to get down to business. His outward appearance may appear reserved, always professional, always disciplined—attributes you’d generally associate with someone with a military background, but he’s never served. His colleagues describe him as intense, a machine, a finisher. “I’ll take it as a compliment I guess,” he chuckles. “Those comments probably relate to getting papers out, getting projects finished especially when you’re working with trainees, graduate students or postdoctoral fellows...they’re highly motivated and engaged and they want to get their projects moving.

Plus,” he says, “there’s always a certain amount of intensity needed when you get on task, and want to perform at a high level—whether in research, sports or life in general; zeroing in on what it takes might not ensure success but it can at least promote success.”

Dr. Allan is no stranger to high-level performance. In addition to publishing multiple high impact manuscripts related to the clinical translation of fundamental advances in cell-based experimental therapy, his drive has also led him to co-edit a book on this topic. Added to this, he’s co-authored a policy document on the role of blood establishments in cell-based therapy for the European Blood Alliance and he organizes an annual symposium on cord blood banking and transplantation.

He has an interest in working on projects that have a practical or applied aspect. He believes that what you’re doing has to have some relevance or importance because you’re sacrificing your time, so in his mind it has to be worth it. “How much value it truly has in the end though”, he says “is a different story and depends on how it is received by the broader community.”
David often uses the word ‘practical’, an adjective that may be useful in describing himself. “Another word that comes to mind lately is principled,” he reflects, “which some might consider a polite word for stubborn. I think my wife may have used that word to describe me recently.” His own definition goes more like this: “It suggests you’re sticking to your ground because you strongly believe in the underlying purpose for something.”

David is also perceived as someone who enjoys extreme sports. Tales of crazy mountain biking trips ‘riding on the edge of death’ have trickled their way through the office. But is this the “man” or the “myth”? The reality, he says is 1) mountain biking is not as crazy as people think and he doesn’t even consider it an extreme sport, 2) he always stays within his abilities and keeps his helmet on and 3) it wasn’t Death Valley, it was Moab, a city in Grand County, in eastern Utah. “You seem to have the illusion I’m the guy from the Dos Equis commercial. I’m not,” he laughs. “I’m not into sports that have a higher risk of injury. You’d think that in my age bracket we’d all be joining a golf club, but we’re not. I’m very interested in remaining fit—mountain biking keeps me active and outdoors.”

David’s favourite sport at the moment is cross-country skiing. “It’s really beautiful up in Gatineau Park and you can get a great workout in a relatively short period of time. My wife and kids also ski so it’s something we can do as a family,” he says. Staying active is important to the entire Allan family. Both he and his wife are runners, though he is quick to point out, they are not in the elite squad. “We’re not up in the very front at a race I’ll tell you that much. And despite what you’ve heard we’re not that competitive with each other. She’s beaten me for sure, and I’ve beaten her, mind you it was the same year she broke her leg and I took full advantage of that,” he laughs. “Right now I’d have to say the level of competition is being elevated by my kids, and it won’t be long until they are all running past me”. David is the quintessential Canadian family man. He describes happiness as a peaceful lake, a hot summer day, kids swimming or canoeing in the water nearby.
He has a fondness for nature—of the people he most admires; David Suzuki is high on the list. After reading *A Short History of Progress* by Ronald Wright, specifically the quote that said, ‘The health of the land, the trees and the water are the keys for any civilization’s survival and success,’ Dr. Allan took this fondness to a new level of awareness. The book sparked ideas of cause and effect as it described the fall of human civilizations over thousands of years. “I remember it had a profound effect on me because in many ways we repeat the same mistakes over and over again. We have to see ourselves living in a larger world and understand that everything we do has an impact—it lead me to make some changes for sure. I’m not the world’s best environmentalist by any stretch of the imagination but it made me think more about how humans fit into the larger picture and the impact we have on the world around us for sure.” Dr. Allan’s consciousness of cause and effect are also reflected in his attitudes towards research, with every assignment big or small having an obvious or inadvertent effect, each one driving towards the bigger question.

David faces a challenge many of us share, and relent; time—more specifically the lack thereof. David is a man who dreams of more time, and is simultaneously aware of the minutes ticking by. He’s patient though, and takes his time to think out and answer every question he is asked thoroughly. His attention to detail can be seen at times in his demeanour, fixing his sleeve here, or his pant leg there. Standing at 6’3”, David is actually the shortest (and youngest)—of three brothers. David was born into, and raised around science, “My dad was a university professor and a scientist, my brother is a physicist—he’s the smart one in the family, and my other brother is an engineer—he’s more practical. My mother was a grade 1 teacher and emphasized the basics in life lessons. I don’t really know what it was but somehow we all ended up on the science side.” While his family brought him into science, he chose medicine for more humanitarian reasons. “In my mind medicine embodies the combination of science with application and usefulness. There’s a greater good, there’s societal benefits. It’s a bit more of a tangible way to try and help people.”
The eight years he spent in Kingston for undergrad and medical training were formative, the scenic classic university town worked well for him and was in contrast to Thornhill, a northern suburb of Toronto where he grew up. “Kingston had a different feel...a small town feel. You saw the same people more often and people knew each other well.”

With his background in biochemistry, specializing in Hematology, a subspecialty where the basis of disease is more cellular and molecular, was a natural fit and spans the spectrum from lab to clinic. David’s main thrust is finding ways to repair tissue damage and developing cell-based therapies using blood stem cells. He is studying how to accelerate vascular repair using blood derived progenitor cells across a wide array of disease states. For example, he would like to develop ways of repairing tissue damage after bone marrow transplantation and cancer treatments like chemotherapy or radiation, repairing renal function in patients with kidney failure, and improving recovery after vascular damage such as heart attacks and strokes.

“It’s really just harnessing what already happens, we all have these repair processes, and if we could just figure out how to accelerate or augment them then we could make repair better or faster and that would help patients”. While the approach to repairing a kidney might be different than say the heart, brain or peripheral blood vessels, the potential for this type of treatment is widely applicable to almost any organ. An important recent contribution stems from a collaborative effort with other investigators in Ottawa, describing how the expression of specific genes can be tweaked using epigenetic modifier drugs that act on the histones that open and collapse DNA. Changing the expression pattern of certain genes can improve the repair function of vascular progenitors that come from umbilical cord blood. We continue to optimize this approach and to develop strategies to increase the function of these specialized progenitor cells for clinical application. In addition, David is developing knowledge translation strategies to move the field of regenerative therapy closer to clinical application.
Despite his reputation as a finisher, Dr. David Allan does not always focus on the end result—his goal is also momentum—keeping the field progressing ahead. “If you believe in the greater idea, then moving things forward, even in small increments, helps”. When asked what he wants his legacy to be, he did not answer with something concrete he would accomplish, not directly anyway. “I would say that at the end of it all—it’s a success if I could generate interest and momentum for more people to work in this area to help propel things forward. If I could encourage and motivate new investigators to work in the same area, I would view that as an important legacy of my efforts.”
<table>
<thead>
<tr>
<th>Q &amp; A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your greatest fear?</td>
<td>Forgetting.</td>
</tr>
<tr>
<td>What is your greatest extravagance?</td>
<td>Maple syrup on anything!</td>
</tr>
<tr>
<td>What do you dislike most about your appearance?</td>
<td>That I cannot grow an awesome moustache.</td>
</tr>
<tr>
<td>What would your pro-wrestling name be? I don’t know, how about Bruiser? ... because it relates to the blood system. Bruiser sounds like a bit of a bad name but not too bad.</td>
<td></td>
</tr>
<tr>
<td>What’s the best gift that you have ever or could ever receive?</td>
<td>Time. More time. Is that a standard answer? Time is the limiting factor in life.</td>
</tr>
<tr>
<td>What was the most delicious thing you’ve ever eaten?</td>
<td>Pecan Pie. Because when I was dating my girlfriend — now my wife, she made me the most delicious pecan pie for my birthday, it’s always struck me as the ultimate delicious dessert.</td>
</tr>
<tr>
<td>What is your biggest pet peeve?</td>
<td>These days it’s people who walk down the middle of a groomed cross-country ski trail, especially if it freezes afterwards ... it can be kind of irritating.</td>
</tr>
<tr>
<td><strong>If you could have dinner with anyone dead or alive who would it be?</strong></td>
<td>It would be my mother, my mother passed away a long time ago, actually I was only sixteen at the time, so just to meet and talk to her now would be very very special for sure.</td>
</tr>
<tr>
<td><strong>If you could be reincarnated as any animal what would it be?</strong></td>
<td>Probably a moose. It’s always calm and unflappable. It lives outdoors and is untouchable in some ways.</td>
</tr>
<tr>
<td><strong>What’s one thing that you’ll never leave the house without and why?</strong></td>
<td>These days it’s my smart card — to get into this office or anywhere in this hospital you need one of these cards right here. I’ve forgotten it before and it just completely paralyses you ... out of fear, I’ve driven back to get it. Other than that, I don’t feel too heavily attached to anything else, not that I’m attached to this smart card by the way, I’m just afraid of not having it. It’s almost like part of my brain must have been encoded in this black strip here or something.</td>
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QUALITY & CLINICAL SERVICES
Although newly appointed as Vice Chair of Quality and Clinical Services, I am aware of the great efforts in patient quality and safety in the Department of Medicine, so it is an honour to write this report.

I feel privileged to have this job; as physicians from the Department of Medicine continue to play a leading role in supporting and setting standards for clinical care not only regionally but also internationally. These contributions should be considered even more important given the rapid changes in our health system. Our Department of Medicine Strategic Teams and Quality Award recipients are working hard to redefine ways to enable us to adapt to these evolving care delivery systems. Their initial work has laid the foundation to ensure we continue to meet the needs of our patients and community while at the same time creating an environment conducive for highly innovative research and education.

THE WORK WE PERFORMED LAST YEAR

Despite our department’s enormous size, its diversity of expertise, and the varied practice settings, we are united in our common purpose of providing high quality clinical care. As specialist physicians, our common role is to provide advice on how to optimize the quality of life for individuals and populations with disabling and life-threatening diseases in a manner that is consistent with their choices as defined by their values, personal situation, and resources available.

Demonstrating how we are accomplishing our common role is a challenge. One way is to simply describe the number of services we provided last year (see table). While these numbers under-estimate the overall volume of clinical services we actually delivered, they do highlight the scope and breadth of our commitment.

When assessing these statistics, one should consider that for many of the services described below, we are providing complex care not provided by other physicians in our healthcare region either because service provision is so
complex or because only we possess the proper training and expertise. The Department of Medicine is clearly a very important service provider in our community.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Visits to DOM Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Consults</td>
<td>18,060</td>
</tr>
<tr>
<td>Inpatient Encounters</td>
<td>19,412</td>
</tr>
<tr>
<td>Ambulatory Care Consultations</td>
<td>62,098</td>
</tr>
<tr>
<td>Ambulatory Care Follow Up Visits</td>
<td>157,931</td>
</tr>
<tr>
<td>GI Endoscopies</td>
<td>11,996</td>
</tr>
<tr>
<td>Bronchoscopies</td>
<td>909</td>
</tr>
<tr>
<td>Outpatient Hemodialysis Visits</td>
<td>85,452</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Visits to DOM Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Catheterizations</td>
<td>5,828</td>
</tr>
<tr>
<td>Ablation Procedures</td>
<td>482</td>
</tr>
<tr>
<td>Stem Cell Transplants</td>
<td>147</td>
</tr>
<tr>
<td>Renal Transplants</td>
<td>93</td>
</tr>
<tr>
<td>New Patients with Solid Organ Malignancies Treated</td>
<td>3,950</td>
</tr>
</tbody>
</table>
While these numbers illustrate the breadth of expertise in the Department and the services we provide, they do not help to describe the value of the care we provide. Undoubtedly, there are literally thousands of patients in our community who are alive and healthier today as a result of our care. For many of our services, we can be confident that the care received was effective and safe given the quality assurance processes in place to monitor them and the dedication and diligence of our care teams.

Unfortunately, for many of the specific patient populations we treat, we are lacking externally agreed upon objective measures for many attributes of care quality. This gap is a reflection of the healthcare industry rather than our Department. However, for us to achieve the high standards we have set for ourselves, we must strive to not only develop these measures but also incorporate them into our evaluation and decision-making. Ideally, we would have a suite of objective measures to quantify our impact and reflect whether all aspects of our role were fully met.

Typically, care is evaluated from several perspectives including wait times for service, effectiveness of treatment, efficiency of care, patient safety, equity, and patient-centeredness.

While we do not have a comprehensive set of measures for all patients, we do have some; in particular for our inpatient populations. Our hospital mortality rates are exceptionally low from a national perspective, suggesting we are responding well to emergency patients and providing highly effective and safe inpatient care. Our wait times for emergency department assessments and treatment are better than most in the province. This again shows a high degree of commitment to supporting the sickest patients in our community and making sure they receive specialist care quickly.

On the other hand, while we are highly efficient for most of our inpatients treated, we do have some challenges with respect the management of frail and disabled patients requiring increased support in community settings. While this is out of the control of an individual
provider at the hospital, we can collectively help by supporting new models of care and enhancing our ambulatory services.

Finally, in terms of patient experience, there are several opportunities for improvement. On this front, we see a particular need to better support the care of patients beyond hospital discharge, to increase the patient’s perception of physician availability and responsiveness to their needs, and to improve pain management.

During the coming years we will continue to strive to meet patients needs while at the same time working with hospital and healthcare leaders to optimize our care delivery systems. In meeting these goals, we will have to contend with several evolving challenges, four in particular:

1. **Changing societal expectations** — An important societal change is the increasing expectation for accountability, which in Ontario has been translated into the ‘Excellent Care for All Act’. This law has a number of components designed to improve the care of individuals and populations, including increasing requirements to obtain patient feedback on the quality of services. It means that physicians will need to be very involved in ensuring high quality care.

2. **Fiscal challenges at provincial and hospital level** — Since 2008, Ontario and many governments around the world have struggled with reduced revenues and increasing entitlements. In addition, the health system is undergoing “Health System Funding Reform”, which is leading to re-allocation of funding between hospitals and regions. Unfortunately, over the past years, health system funding reform has led to proportionally less funding coming to the Champlain LHIN compared with other LHINs, which in turn means less money for The Ottawa Hospital. This means physicians will have to lead efforts to determine how to deliver better care for less money.
3. **A complex health system** — Our system is increasingly complex. As an example, the DOM alone provides patient care in over 125 different sub-specialty clinics. For patients and providers, it is becoming increasingly difficult to navigate the system. It also makes it difficult to define accountability: When something needs to be fixed, who is responsible? This can become incredibly demoralizing for all of us when we continually try to make up for system defects.

4. **Competing demands** — Patient care is clearly a priority for the members of the Department of Medicine. There is also a need to focus and spend resources on the research and education missions of our department. With all the changes described above, there is an increasing need to focus on administrative tasks. We must work hard to ensure that these tasks complement rather than come in conflict or undermine each other.

**DRIVING FORWARD**

The challenges listed above are taxing but I am confident that we can use these challenges as opportunities to further build upon our national and international reputation for innovative care and education. To do so, we will need to invest time and energy in addressing critical gaps in our care delivery system. We will also have to be brave enough implement change. In many instances, our current way of organizing our care is the same way it was 25 years ago (or longer).

I have had the pleasure of reviewing all of the excellent work being contributed through the strategic initiatives launched by Dr. Phil Wells and the Executive Committee last year. It is very impressive to see the ideas and work being generated by the work teams within the Quality and Clinical Services Portfolio. I do not have sufficient space to go through them all in detail but feel it is important to at least summarize their progress as they will inform our activities in the years to come.
In summary:

- **The Transitional Care Team** identified a need to improve documentation of hospital care and post-discharge treatment plan within the electronic Discharge Summary. This group’s efforts are now being translated into action through the hospital’s health records committee and in turn the IS Department. There is a desire to couple any changes in the form design with a robust education and evaluation effort.

- **The Ambulatory Care Team** identified a need to enhance our clinic operations such that the referral process was standardized across the department. The need has been brought forward to the hospital’s ambulatory care leadership to facilitate the changes be brought into operations.

- **The Patient Quality and Safety Team** identified a need to enhance our quality assurance practices throughout the department. This is so that exceptional circumstances are identified and acted upon.

This will require changes to how we work together with operational leaders and clinical providers in other divisions and departments. To start this effort, we have begun new work on Morbidity and Mortality rounds, ensuring we close the loop on operational issues.

- **The Evidence Based Cost Effective Academic Care Team** identified several opportunities to standardize our approaches for managing common patient complaints and conditions. The cases represent situations where there is overuse of a specific treatment or test beyond the clinical evidence supporting the practice. In theory, this kind of initiative has the potential to reduce costs while at the same time improve quality of care. The next task for this group is to translate these ideas into actions to actually reduce use.
I have also had the pleasure of reviewing the recently awarded Quality and Safety grants, a program started by my predecessor, Dr. Susan Dent. I am grateful to her for having championed this granting and funding initiative. These projects are an excellent way of generating interest and commitment to quality improvement. These are exciting projects because while they are relatively small investments by all of us, they have the potential to translate into large improvement opportunities.

A critical next step to enhance the impact of these initiatives is to align them with broader health system initiatives. This accelerates the impact and sustainability of the initiative. The most successful projects funded through our program are those in which a DOM physician partnered with a health system leader.

The efforts by Drs. Wooller and Hasimja to reduce Catheter Associated Urinary Tract Infection on the GIM inpatient service are a testament to this.

An exciting opportunity for the DOM is to increase its efforts to amplify the voice of patients in planning and evaluating our services. Many of us would rightly argue the patient’s voice is heard, as we are working on behalf of patients. However, there is substantive evidence that a failure to explicitly seek the input of patients on what they feel is important, limits our ability to provide patient centered services. We, like others, can do more to ensure our services are meeting patients’ needs. Initiatives such as the SPOR in Canada and Patient Centered Outcomes Research Initiative in the US are two examples of how research funding is aligning with this realization. This growing trend creates an opportunity to align our substantial research strength with our clinical services. Over the coming year, I hope that as a group we can do more to capture patient feedback in a manner that makes sense for them and, as importantly, provides valuable information for our decision making.

I am convinced more active patient involvement will lead to better decision making at all levels.
CONCLUSION

In summary, I look forward to supporting the physicians of the Department of Medicine in their ongoing efforts to provide excellent patient care. I am humbled by this opportunity to work with you all.

Sincerely,

Alan Forster  MD  FRCP  MSc
Vice Chair, Quality and Clinical Services
One of Dr. Krista Wooller’s favourite places in Ottawa is an old stone-walled English garden called Maple Lawn.
When asked which historical figure she most identifies with, Dr. Krista Wooller, General Internist with the Department of Medicine, answered, “No idea—probably some nameless peasant somewhere.” To say that she is humble, both about herself and her achievements would be a colossal understatement and yet this is a woman who deserves to be noticed.

As site chief for General Internal Medicine at the Civic Campus she has earned the trust and respect of her clinical colleagues. She is widely considered an excellent physician leader and exemplifies all that is good in The Ottawa Hospital. She possesses a great balance that makes her the consummate clinician, teacher, administrator, educator, mentor and colleague. Last November, in recognition of her extraordinary commitment to her profession, she received the Department of Medicine ‘Going the Extra Mile Award’, an accolade which speaks for itself. But above all else, what is most notable about Wooller is her untiring efforts to improve herself, her division, her Department and most importantly her patient’s care.

Krista’s manner is genuine. She is someone who laughs often, especially when talking about herself, which is hard to tell if it’s because she’s extremely uncomfortable in the spotlight or just finds most things funny. Probably a little of both. Her voice, much like her laugh sounds as if she is slightly out of breath. And while her voice is not full, it is most certainly kind. “It might sound trivial, but I’d like to have a more authoritative speaking voice”.

commitment to her profession, she received the Department of Medicine ‘Going the Extra Mile Award’, an accolade which speaks for itself. But above all else, what is most notable about Wooller is her untiring efforts to improve herself, her division, her Department and most importantly her patient’s care.
She also hates the task of cooking after a busy day at work, admits she’s not very good at it, and finds a vegetarian diet at home much easier. “When I was a teenager and learning to cook, my Mom was on a health kick so we became more of a vegetarian household. After my husband and I had our kids I tried to make more traditional meat meals because I thought it might be healthier for them, but they didn’t eat it anyway and I didn’t like it either. I’m not a strict vegetarian, I’m more of a flexitarian”.

Her office, like her choice of clothing, is understated—functional—no fuss. She is noticeably tall. She often wears her hair pulled back. She eschews makeup and never wears jewelry, not even her mother’s wedding ring, which is her most cherished possession. She regrets having her ears pierced and complains about ‘being stuck with these ridiculous holes’. And yet real regret, while it might sound Pollyannaish she says, is not a part of her true character. Krista Wooller grew up one of four children in Saskatoon, Saskatchewan, part of an estrogen rich extended family of 2 older sisters, a fraternal twin sister and a female cousin who was there so often she gets sibling status. “We got along remarkably well when we were younger and we get along really well now that we live in different cities,” she jokes. Her parents, Geoff and Sheila were both teachers but Krista notes that schooling wasn’t an intense thing for her and her siblings. She recalls that all of the fun stuff or things that interested and influenced her, she did at home not at school. “As teachers, my parents were off all summer and I loved it. When we’d go on holidays we’d often go to archeology sites. I even considered becoming an archeologist”.

Krista possesses unaffected warmth and habitually uses the word ‘golly’. Like the horizontal landscape with which she grew up, she conveys an image of wholesomeness and simplicity. Her idea of perfect happiness is spending the day at the beach building sandcastles and then sitting around the campfire at night with her family. She is fond of the outdoors, of nature and its beauty and has a passion for gardening, an affection she shares with her husband Scott.
“One of my favourite places in Ottawa is an old stone walled English style garden called Maple Lawn. We’re trying to morph our garden at home to look like this. The kids love it there, it’s such a relaxing and beautiful place”.

As an extreme introvert Krista describes herself as a wallflower while her twin, Karen is most certainly the social butterfly. “It wasn’t like I lived through her, we were a good pair—I quieted her down and she livened me up. We were the best of friends—and still are—but we’re very, very different”.

Krista and her twin do share one thing in common—their love of art. Every Saturday morning while they were in University they used to go and draw live models. “I’m not as good as my sister or father,” she says, her sister is now an art teacher and so was her dad, ”but I did seriously think about becoming a medical illustrator for a while, I really liked the combination of science and art but I didn’t think my art skills were at a level to make it a career.” Krista doesn’t remember the moment she chose her path in medicine, “I excelled at the science part of school, I liked physiology and anatomy and medicine seemed like a natural expression of those interests. But,” she admits, “I could have been happy and reasonably successful doing a lot of things.”

Fortunately for the many patients treated at The Ottawa Hospital, Krista decided to be successful at doctoring and has spent a large amount of time working on projects that will improve the lives of those in her care. In her role as Site Chief, she implemented a ‘surge’ team to deal with increased patient volumes during times of peak demand. MEX as it’s called (ME for medical, X for extra) not only benefits patients but also protects physicians in terms of workload.

As physician lead for internal medicine she has been involved in improving the safety and efficiency of discharge by helping introduce daily interprofessional ‘discharge rounds’ on the internal medicine service at the Civic.
This has led to an increase in the volume of patients discharged at 11 a.m., improved patient flow and more importantly, will improve the safety of discharges by being planned and organized. Feedback from staff and residents has been very positive. Krista is quick to point out that there are still a lot of improvements that could be made around the time of discharge but for the time being the hospital plans to implement this process hospital-wide over the next one to two years. “I liked being around the table trying to come up with a process that would be better for patients. I think lots of other people tend to view these things with a lot of cynicism—its just another project the hospital’s doing, why bother, nothing really changes—but I enjoyed having a voice in changing how we do things. It’s worked on our wards and time will tell if others find it an improvement as well.”

Wooller’s commitment to quality initiatives seems to be a natural extension of her personality. “I want to contribute and do a good job, my division and division head Alan Karovitch has put a lot of trust in me and I want to live up to that. I think there’s something wrong with you if you always think you’re doing a great job. Which is probably why I like quality—I like the idea of continual improvement, of trying something, testing it, and if it’s not working trying something else. And even if things are improving you don’t stop there. You can always be better.”

In 2013 Krista completed the Telfer School of Management Improving Quality and Patient Safety Leadership Program, a project-based 8-month course designed by her colleague Dr. Alan Forster. It was during that time that she began work on the Foley catheter project aimed at reducing the rate of urinary catheterization on the inpatient internal medicine ward.

While the project wasn’t finished after the 8 months, the course had given her all of the tools to keep going with it. In the months following, Krista and her co-lead, Dr. Hasimja implemented an education program amongst residents and nursing staff, a standardized order set for urinary catheterization and are now
working with a hospital working group to develop an institution-wide strategy. “We hope this will ultimately lead to a decrease in the number of adverse events caused by catheters such as infection, urinary tract trauma, delirium and immobility”, says Wooller. So far the results are promising—urinary catheterization is down from 22% to 15% and there has been a measurable decrease in inappropriate antibiotic prescriptions for asymptomatic urinary tract infections.

Krista understands that a quality approach to patient care requires teamwork, that nobody does it by him or herself and that what you really need are invested, engaged people. “If you have a vision to improve something, the biggest challenge is getting the people you work with to share this vision, to come along and accept change. It’s not half the battle but 90% of the battle,” she insists. “One of the things I took away from the Telfer course that is going to sound kind of trite is an appreciation for the complexity of the hospital. After listening to a talk addressing the topic of ‘how do you understand the institution you work in’, it was like the lights were turning on”. Krista explains that if you want to make changes that are going to impact people then you need to really understand how they will impact all of the different players, because most certainly everyone involved will come at it from his or her angle. “By taking that course, a lot of lessons have stuck with me. And it’s not just the lessons but the relationships that I’ve developed, it created a network of people who are all interested in quality improvement.”

So what is Krista’s view on the most important factor to ensure we continue to drive forward a quality approach to patient care? Number one: imaging her own loved one being admitted to hospital and asking herself if she would trust the current system 100%. “Every patient that you take care of is obviously someone’s loved one and you want the system to work for them every time.” Number two: creating a path for quality improvement work to be scholarly. “It’s a big challenge for me as I think it is relatively new so there are less role models to help lead the way.”
Many people take on quality because it’s part of their job; but Krista does it because she wants to do it. She sees the importance, it’s not tagged as one of her responsibilities, and she’s not being paid for her efforts. Bringing about meaningful change will certainly be part of this physician’s legacy. But Krista doesn’t believe in legacies. She’d simply like to be a good doctor and a good mom so that her kids will grow up to be happy. “I am humbled that the Department would choose me for this profile. I feel like I’m only at the beginning of the whole quality journey, I don’t want people to read this and think that I’m an expert in it. I’m learning along with many other people in this institution. I simply want to be better”.

### Q & A

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What is the trait you most deplore in yourself?</td>
<td>My squeaky voice.</td>
</tr>
<tr>
<td>What is the trait you most deplore in others?</td>
<td>Cruelty.</td>
</tr>
<tr>
<td>On what occasion do you lie?</td>
<td>When I tell my kids I’m not doing anything after they are in bed.</td>
</tr>
<tr>
<td>Which living person do you most despise?</td>
<td>Anyone who uses “reply all” to listserv emails. Only people worse are the ones who then “reply all” to tell everyone else not to reply all. They will be remembered as history’s greatest monsters.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>When and where were you happiest?</td>
<td>Birth of my kids is the obvious moment, but right now is actually pretty great.</td>
</tr>
<tr>
<td>What is it that you most dislike?</td>
<td>When other drivers get confused in traffic circles...they really are so simple if you follow one rule.</td>
</tr>
<tr>
<td>If you were to die and could choose what to come back as, what would it be?</td>
<td>Our cat Sweetie has a pretty envious life.</td>
</tr>
<tr>
<td>What is your motto?</td>
<td>Don’t let the bastards grind you down. It doesn’t apply to my situation all that much.</td>
</tr>
<tr>
<td>Describe an embarrassing/funny thing that happened to you.</td>
<td>Probably any time I try to golf. That’s pretty embarrassing.</td>
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PHYSICIAN HEALTH & WELLNESS
After being recruited from Glasgow, Scotland, I was invited to Chair the new Physician Health and Wellness portfolio. I subsequently arrived in Ottawa in the midst of one of the coldest winters ever recorded. However, the welcome I received has been nothing but warm and collegial, and it is a privilege to be part of such a progressive and dynamic executive team within the Department of Medicine.

I care about my patients and I care about my colleagues and I hope to be able to kick start a process here, which can bring about change for the better to the everyday lives of my new physician friends and colleagues and to support them as they deliver compassionate, high quality patient-centered care. The Department of Medicine, through this newly created portfolio, is dedicated to helping its members thrive in their chosen careers through its commitment towards physician advocacy, leadership and support.

The ‘Big 4’ factors, which are considered to contribute to the development of stress and burnout, are time pressures, lack of control of work conditions, chaotic workplaces and lack of alignment of values. Evidence is growing to suggest that relieving physician burnout can have a positive impact both at an individual and institutional level.

Resiliency is the ability to adapt and bounce back from the stress of the healthcare environment. Resilient physicians are better equipped to handle the many challenges they face by caring for patients in today’s complex
environments and therefore less likely to experience burnout. This can have additional positive effects such as increasing patient compassion and empathy, reconnecting with the meaning and joy of clinical practice and improving physical, mental and emotional health. Organizational benefits can follow, including improved recruitment and retention of physicians, increased patient satisfaction, and fewer medical errors and less need for regulatory disciplinary action. In both research and in practice, physician resilience can be enhanced and the risk of burnout reduced through a number of already established processes.

Currently several of the Department of Medicine’s key partners have supportive processes in place, designed to maintain and improve physician’s personal health and wellbeing. Locally, the Faculty of Medicine at the University of Ottawa offers a Faculty Wellness Program and The Ottawa Hospital has a Physician Health and Wellness Committee. Provincially, the Ontario Medical Association leads a Physician Health Program and the Canadian Physician Health Institute exists as a national program governed jointly by the Canadian Medical Association, the Canadian Medical Foundation and the provincial and territorial medical associations.

A strategic review began in 2014 to support Department of Medicine physicians working within a constantly changing and ever increasingly complex health care system in Canada, a system that is coming under increasing political, social and economic pressures. Through this process, the Department of Medicine identified a number of key priorities moving forward over the next 5 years. Up until then, it had focused on its key mandates, namely clinical services, patient quality and safety, medical education and research. Following analysis of the feedback from the physician engagement process, it appeared loud and clear that a new area of focus around the concept of physician health and wellness was needed. The top 20 highest-ranking themes derived from this process included the ‘Big 4’:

“The Department of Medicine, through this newly created portfolio, is dedicated to helping its members thrive in their chosen careers through its commitment towards physician advocacy, leadership and support.”
• Time — “many physicians struggle with balancing workloads”*  

• Control — “physicians feel that they are not involved in the choosing, planning and rollout of computer technology”*  

• Chaos — “many workflows and processes are inefficient, complicated, taxing and/or non-standardized”*  

• Values — “teaching is undervalued in the department”*  
*  Concept mapping statements, Department of Medicine Strategic Planning  

The Department set up nine physician-led project teams to address areas within these key themes. Over the last 6 months, with support from our Program Analysts, the teams have been meeting to develop project charters in the areas of physician orientation and onboarding, mentorship, succession planning, career transitions, continuing professional development, career development, recognition of clinician teachers, professionalism and collegiality and financial planning.  

To date many of the initial assessments have been presented to the Department of Medicine Executive Committee with some notable areas of improvement identified as:  

• Clarification of the University promotion process by developing tools for Department Faculty to assist them with decisions of when to engage with the promotions process and of how, on a practical level, to do so;  

• Examination of internal and external mentorship programs and recommending the creation of a Department-wide mentorship program that would support members in all careers paths, including an onboarding program for all new Departmental recruits;  

• Promotion and recognition of role models in professionalism and fostering collegiality amongst Department Faculty;
• Review of the environment and tools provided to assist with leadership succession planning in the Department.

Moving forward, the Department aims to base the foundation of its three cornerstones of physician health and wellness, namely physician advocacy, leadership and support, on the content of these project charters. Given the challenging time restrictions faced by many physicians, it is a true testament to the commitment level of our members that they have devoted so much of their personal time to tackling these issues thus far. I would like to formally acknowledge their efforts and commend them on their dedication.

Through close collaboration with our partners we envisage that, as well as engaging Department of Medicine physicians in both established and newly developing processes and projects, new and better ways of supporting physicians can be established as the norm for all Department of Medicine physician members as they transition from appointment until retirement.

The Department of Medicine aims to meet its strategic objectives in physician health and wellness by:

1. Ensuring physician members have the right tools, at the right time, to make informed choices relating to their own career development and transitions;

2. Promoting the Department of Medicine as an organization that is aware of and sensitive to work/life issues as they relate to career development;

3. Advocating for physician members, ensuring that mechanisms for supporting their health and wellness are suitable and communicated;

4. Equipping physician members with administrative and/or mentorship responsibilities with the necessary training and support, to effectively fulfill their roles;
5. Identifying physician health and wellness training and education requirements necessary to assist individual physician members, and by extension, the Department of Medicine as a whole, meet strategic objectives;

6. Engaging Department of Medicine partners and peer institutions to share best practice and to establish peer networks for delivery of physician health and wellness initiatives;

7. Identifying and collecting key performance indicators suitable to assess the success of the Department of Medicine’s physician health and wellness provision, and individual tools as appropriate;

8. Working within the Department of Medicine Executive to appropriately deliver and resource requirements for physician health and wellness;

9. Developing a physician health and wellness research work stream in collaboration with the newly funded Canadian Medical Foundation Chair of Physician Health and Well-Being at the Faculty of Medicine, University of Ottawa, that enables the Department of Medicine both to support its physician members and establish a position in a nascent field both nationally and internationally.

The portfolio of the Vice Chair Physician Health and Wellness is a cornerstone on which we can build our commitment to providing high quality compassionate clinical care; care that is delivered by physicians who are supported to ensure they achieve optimum performance. By focusing on physician advocacy and leadership and support, physician health and wellness can and should sit at the very heart of physician knowledge and learning, clinical competency and expertise, and professionalism and collegiality.
I genuinely believe that Ottawa has what it takes to lead the way in this emerging field of physician health and wellness both in terms of physician engagement and in carrying out world-class research. I look forward with great enthusiasm and excitement to being a part of developing and realizing this portfolio within the Department of Medicine.

Thank you,

Ed Spilg  MBChB MSc FRCP (UK)
Vice Chair, Physician Health & Wellness
“I could have been a chef,” Pierre says. “After retirement I can see myself taking classes and really getting into it.”
The view from Pierre Antoine Brown’s office showcases a beautiful slice of Ottawa scenery. Lansdowne Park peeks out from behind rows of old brick houses and dense trees part to reveal the Ottawa River. Dr. Brown both works and plays in this area, an avid sports fan he regularly attends Ottawa Redblacks games at TD place, he shops for groceries in the Glebe market and from behind his desk he can point out where he lived during residency, a charming old Victorian just across the river.

And he still resides not too far from there, in a ‘striking’ modern home that’s been featured on ‘Houzz’ an online community website about architecture, interior design and landscaping. Over the course of two years, he and his wife Dominique (along with a team of contractors and designers) crafted and constructed this magazine worthy dream home. The front door of which makes you feel like you’re walking into a home in Beverly Hills, fitting, as it was custom ordered from California. But make no mistake; they are neither ostentatious, nor pretentious people.

Occupying his stellar office still comes as somewhat of a surprise to him given he only has 6 years under his belt. "My colleague Dr. Nadler gave it up for me," Pierre said. "He’s closer to the end of his career and felt it was very important that, as a starting guy, I be up here with the rest of the crew, so he relocated—it was incredibly generous of him."
Dr. Brown has a close relationship with many of the staff across the Department of Medicine, which has been an excellent benefit for him professionally. “People often say that there’s a bit of a downside to staying in the same city, but being a truly homegrown physician—I did my medical school, residency and nephrology training here—is sometimes an advantage in that you get to know people really, really well and they get to know you too.”

Coming from a francophone family, traces of his French Canadian heritage texture his voice. Pierre Antoine speaks with a noticeable French accent. In fact, he didn’t start speaking English regularly until medical school. Although he answers the phone “Pierre Brown”, his full first name is Pierre (no hyphen) Antoine. On forms, he leaves the middle name blank. His father was insistent that his son carry on his own first name (Pierre), his mother vehemently opposed to her son being a “Jr.”—so to compromise he was named Pierre Antoine. When he started at The Ottawa Hospital the translation did not transfer well.

His Anglophone colleagues refer to him as “Pierre”, which he says does not bother him but it would break his mother’s heart.

Pierre Antoine Brown has lived in the Ottawa region pretty much his whole life, so he knows the city like the back of his hand. If you’re looking for a delicious meal in the nation’s capital he can give you a running list of top restaurants to try; Pierre’s favourite—Fraser Café. As a bona fide “foodie” his modern kitchen was designed to support his passion for cooking. This past summer he and his family vacationed on the east coast and rented the beautifully pointed house that’s used as the backdrop for filming Chef Michael’s Kitchen—a popular Food Network show (surprisingly not actually owned by its host Chef Michael Smith). “I could have been a chef,” Pierre says. “After retirement I can see myself taking classes and really getting into it.”

But for now this almost 40 doc has more than enough on his plate. He co-parents 3 young children with physician wife Dominique, manages a busy nephrology
practice, focuses on quality improvement and quality assurance initiatives, and on the application of information technology to improve health care delivery. Most recently he led the Professionalism and Collegiality team for the Department of Medicine, an area of focus within the recently established Physician Health and Wellness portfolio.

Dr. Brown responds to questions with the candor of an old friend, and this approachability means that his peers are drawn towards him when initiating discussion. Problem-solving seems to be his forte as he is continuously shaking the framework of The Ottawa Hospital ensuring that its processes will support and accommodate not only the patients, but the staff, to the best of its ability. Pierre comes across as extremely confident and has never shied away from voicing his opinion. His ability to form close working relationships and communicate ideas effectively is no doubt one of the reasons he’s already been successful in his endeavours and was certainly one of the reasons he was selected to lead the Professionalism and Collegiality team. “Our goal is to try and look at how we can be better professionals,” he says. Within his own division, he started a campaign to encourage his male colleagues to wear ties to work. “It’s a small thing,” he admits, “but simple enough to do,” and points out that many times these little things, like wearing a tie to work, can go a long way. Dr. Brown says that there are many aspects to improving professionalism, appearance being only a small part of it, but overall the most important is communication; how we communicate with each other and how we communicate with patients. “My weakness is I’m not a patient guy, I mean, I need to develop a lot of patience and that’s something I’m working on. I’ve been described as a bit of a hothead. I tend to get a little too excited and upset and quick draw on an e-mail and then I’m like oooh, maybe I shouldn’t have said that. There’s a 24-hour email rule I’m trying to use. Sometimes you just need to cool off. I’m getting slowly better at it.”

Pierre Antoine admits that while you may be a fantastic doctor in your own right, if your bed-side manner is lacking you could be perceived as unprofessional.
The trick, in his opinion, is to know how to effectively relay information to your patients in a way that makes them feel comfortable. Pierre Antoine has been described as having a great sense of humour and uses this attribute as part of a healthy interaction with his patients. His belly laughs are ‘classic Pierre’ and are a sure fire indication that he’s in clinic. Developing a good report with patients is particularly important to Dr. Brown in a subspecialty like Nephrology where there is a lot of chronic disease. “A really attractive part of nephrology is that you get to have these close relationships with your patients that you follow for years and years,” he says.

To date Pierre Antoine’s workgroup have identified what they perceive as key to addressing their team’s objectives, noting that concepts relating to work-life balance, absenteeism and wellness were already being addressed by others within The Ottawa Hospital and the Faculty of Medicine. As such, efforts were devoted to two areas—increasing professionalism and collegiality amongst department members and also at large, and ensuring that members feel valued and engaged. Several recommendations came out of the group including a) promoting a simple, easy to use professionalism reporting system b) celebrating professionalism by creating an annual award that recognizes these role models and c) fostering collegiality by promoting informal events outside work hours to enable members to meet and share common interests and simply get to know one another. The group has already practiced what they preach, calling their first meeting at Taylor’s Genuine Kitchen and Wine, a cozy setting in Old Ottawa South, just a few blocks from Pierre Antoine’s house.

Pierre Antoine is a big picture thinker. While many physicians opt for career paths in education or clinical epidemiology he went a different route and obtained a masters in Science and Medical Informatics from Northwestern University.
“It was a very different kind of further learning opportunity,” he says. “I worked with people who were on the complete opposite end of the spectrum from me, computer engineers and IT people. It was a very enriching Masters. If you want to be in a Department like we have here in Ottawa then you need something a little bit more edgy to stand out.” The masters program was designed to put IT knowledge into a clinical setting, to bridge the gap between IT and doctor. Although his favourite sitcom is the Big Bang Theory, Dr. Brown wouldn’t describe himself as particularly geeky. “I have been described as being slightly socially awkward and I’ll admit I’m a bit nerdy but I’m nowhere near that nerdy”. And while he may not have been so computer-savvy at the start, the end result was a fresh perspective on his clinical work and he feels it may have helped him land a job in Ottawa, home to the largest renal program in Ontario. That’s a lot of patient files and an ideal setting for the application of information technology to be put to good use. Dr. Brown is currently involved with other colleagues in the development of a unified clinical database to track nephrology program patients and their clinical outcomes.

His drive does not go unnoticed, and his colleagues would describe him as enthusiastic. He doesn’t disagree with this judgment of character, although he does feel that at times enthusiasm can be a double-edged sword. “It’s a very common thing for young physicians. We all want to do a lot. Most of us are very enthusiastic about work so we say yes, and when you’re starting that’s okay because your plate’s not necessarily full. But as time goes by and the responsibilities increase, then you have a lot of stuff to do.” With a laugh, Dr. Brown admits that he’s right there at the “too much stuff to do” point, although it doesn’t seem to be reflected in his demeanor. His office is tidy, with small stacks of paper neatly arranged on his desk. There’s not a pen or paperclip out of place, even the patterns on his shirt, tie and socks coordinate effortlessly. (Insert kudos to wife here). Organization, Pierre Antoine states, is how he strikes a balance between his home and work life, rating himself an eight out of ten and is quick to point out that nobody’s a ten. My wife and I are very organized—everything is in the calendar. There’s not a lot of room to wing it.
When you come home you’ve got to make dinner, feed the kids, get them ready for an activity or get them ready to go to bed, or do homework. I can’t see myself being one of those people to stop at the grocery store and decide what we’re going to eat tonight. We make a list every weekend or beginning of every week, we go to the grocery store once, we buy everything we need, we have our meals planned out, and away we go.” He wasn’t always this way, he admits with a chuckle, “It happened after a few children and two busy careers.”

This busy home life and career does not stop Pierre Antoine from being on time however. He makes quite an effort to be punctual, so it makes sense that his biggest pet peeve is people who are late. He also has strong feelings about social media sites like Facebook and Instagram, swearing that he will never become a member. “I don’t have time to post things about how I spent my weekend,” he laughs. He is however an advocate of Twitter, which he says, adds value to his career. Dr. Swapnil, his colleague and office-neighbour, was the one who introduced him to the world of ‘Nephro Tweeting’, which Pierre Antoine says, can be used as a learning tool by connecting medical professionals across the world. Nephrology in particular has a large enough following to carry competitions like #nephmadness, which pits nephology topics against each other march-madness-style.

“Although there is a personal aspect to Twitter, the professional networking experience is invaluable.” Medical professionals aren’t just using their Twitter accounts to share dog photos and re-tweet celebrities; they are sharing information in their field. This makes Twitter more than just a networking platform. It is also a way to stay current in your research. Even #nephmadness invites participants to explore the topics in order to make an educated selection. “In terms of staying current, everything now is on twitter, not just news but also big articles. If somebody publishes a big research paper, I follow enough people that it would be tweeted before it ever hit any sort of e-mail feed.”
Aided by his impeccable organization, contagious enthusiasm and undeniable, there is no doubt that Dr. Pierre Antoine Brown will achieve great things in his career and he may well very become one of the Department’s great long-haul leaders. For now he says, “What shape this new Health and Wellness portfolio is going to take, I don’t know, it’s still new but it’s very exciting that’s for sure.”

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<th>Q &amp; A</th>
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<tr>
<td>Are you a dog person or a cat person?</td>
<td>I’m going to say cat person, which is a bit ironic because I’m allergic to cats.</td>
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<tr>
<td>If you were to die and could choose what to come back as, what would it be?</td>
<td>Me, I’d love to do it all over again, it would be more fun the 2nd time around</td>
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<td>In a movie about your life, what actor would you choose to play you?</td>
<td>I couldn’t answer that one, so I asked my brother who is an aspiring actor. He’s obviously very into movies and such, he lives in Paris now ... so anyways I sent him an e-mail last night and he came up with two, Bradley Cooper and Ewan McGregor— I think Ewan McGregor won.</td>
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<tr>
<th>Question</th>
<th>Answer</th>
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<td>What instrument best describes your personality?</td>
<td>I don’t know but it needs to be something a bit loud and obnoxious.</td>
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<tr>
<td>What is one thing that most people don’t know about you?</td>
<td>That I take yoga classes once a week.</td>
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<tr>
<td>What is your idea of perfect happiness?</td>
<td>Sitting at a cottage, on a beach, in summer with nothing to do (preferably beer in hand).</td>
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<tr>
<td>What is your greatest fear?</td>
<td>Dying in a plane crash.</td>
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<tr>
<td>Which living person do you most admire?</td>
<td>David Johnston (Canadian academic, author, and statesman who is the current Governor General of Canada).</td>
</tr>
<tr>
<td>What do you dislike most about your appearance?</td>
<td>My double chin.</td>
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CARDIOLOGY

65 Faculty Members
12 Residents
22 Fellows

CLINICAL ACTIVITIES

Clinical

The Clinical Task Force continued its work, chaired by Dr. Chris Glover (members include Drs. Rob Beanlands, David Birnie, Lloyd Duchesne, Mike Froeschl, Lyall Higginson and Lisa Mielniczuk). In the past year, the task force has enhanced patient care on University of Ottawa Heart Institute’s (UOHI) inpatient ward services. There has been enhanced coverage on the Cardiology wards during holidays and week-ends with an extra Cardiologist covering on week-ends and holidays. This has been well received by patients and nurses.

After a review of our CCU care, there has been re-structuring with a reduction in attending staff with subsequent increased CCU coverage for the CCU staff. We now have a closed unit with 24-hour coverage by the CCU attending.

A HEART TEAMS concept was established by UOHI engaging Cardiology, cardiac Surgery, cardiac Anaesthesia and Nursing to enable new models of care. Initial focus has been initiating HEART Teams in Complex revascularization (Cardiology Representatives include Aun Yueng Chong and Chris Glover) and Complex Arrhythmia (Cardiology Reps include David Birnie, Mo Sadek and Ben Chow) and Womens Heart Health (Cardiology Representatives include Thais Coutinho, Lisa Mielniczuk and Michele Turek). Other HEART Teams include Heart Failure, Imaging and Critical Care and will be launched next year.
The Ottawa Hospital — General Campus

More integration across inpatient sites with service cardiologists attending at both sites. To date, Drs. Michele Turek, Chris Johnson, Nadine Gauthier, Rob Beanlands, Marino Labinaz, Rick Davies, Lloyd Duchesne, Thais Coutinho, Girish Dwivedi, Aun-Yeong Chong, Ellie Stadnick and Sharon Chih, have all participated.

Intervention

Under the direction of Dr. Marino Labinaz, Interventional Cardiology continued to expand. There were over 6000 procedures performed in the cath lab with over 2400 PCIs. The TAVI program [Marino Labinaz, Chris Glover, Alexander Dick in collaboration with Marc Ruel, Khan Lam, Munir Boodhwani (Cardiac Surgery) and Ian Burwash (Echocardiography)] performed close to 100 procedures. As well, Dr. Glover performed the first percutaneous Mitral and Tricuspid Valve implantations Dr. Marquis performed more Left atrial appendage closures and Dr. Labinaz continued to expand the Mitral Clip program. Drs. Derek So, Alexander Dick and Aun-Yeong Chong expanded the CTO program. Dr. Benjamin Hibbert was recruited as a Clinician Scientist.

Dr. Aun-Yeong Chong has established a ‘Radial Lounge’ where patients will be assessed and observed to enable more efficient and comprehensive care.

Electrophysiology

- Lead extraction program
- Recruitment of Dr. Mo Sadek
- New model with joint leadership between EP (Sadek) and CT surgery
- Inherited Arrhythmia Clinic
  - New model with closer integration with CHEO Inherited Arrhythmia Clinic [Drs. Martin Green, Darryl Davis and Rob Gow (CHEO)]
• Endocardial LV lead implant program started (Dr. Calum Redpath)
  • Option for patients where lead cannot be implanted via CS

Imaging
Cardiac MRI program up and running (as of Dec 2014) (lead by Alexander Dick and Carole Dennie (Radiology). Girish Dwivedi is a strong contributor to the program and supervises Cardiac MRI fellows.

A Special Access Program for Cardiac FDG PET for limited access uninsured indications has been established and is led by UOHI on behalf of CCN, CCO and the province. Recent evaluations have indicated that it is an exemplary model of review. It is led by Rob Beanlands, Linda Garrard, and Ann Guo. Physicians involved in case review include Ben Chow, David Birnie and Pablo Nery.

Drs. Kwan Chan and John Fulop continued their work for the Ontario Echocardiography Accreditation Initiative.

Heart Failure
• Initiation of dedicated clinic for mechanical circulatory support program (Sharon Chih, Lisa Mielniczuk, Ellamae Stadnick, Haissam Haddad, Ross Davies)
• Growth of regional heart failure program to Renfrew
• Initiation of rapid intervention clinic for heart failure
• In patient HF service expanded to include Transitional Care Navigator
  • Recruitment: Sharon Chih
  • Transplant:
    • Retreat 2015
    • Team Spirit Award
    • Creation of transplant (TAPS) research cluster (S. Chih)
• Heart Failure New Models of Care:
  • HF HEART TEAM
  • Growth of fellowship program (E. Stadnick)
  • Cardio-oncology program (H. Haddad)
  • Transplant HLA (S. Chih)
  • BNP (S. Chih)

Programs Impacting the Community
• Regional HF Program Regional Heart Failure Program has been expanded to Renfrew under the guidance of Dr. Lisa Mielniczuk and Ellamae Stadnick in collaboration with Heather Sherrard
• Regional Echo Program
• Thunder Bay Interventional Cardiology Program now complete; planning for similar program in Sault Ste Marie under the guidance of Dr. Chris Glover

• Women’s Heart Health Centre Program, UOHI
• Champlain Cardiovascular Disease Prevention Network

Dr. Andrew Wielgosz was the site PI for the Prospective Urban Rural Epidemiological Study (PI: S. Yusuf, McMaster), which enrolled 14,000 residents of the Champlain Region over 12 years to measure behavioral, physical and biological variables to better understand the development of cardiovascular outcomes (published in NEJM 2014).

Dr. Joel Niznick has developed a cardiovascular management website (CV toolbox) which is a resource to educate patients, allied health staff, multidisciplinary care team members, medical students and physicians.

Drs. Haissam Haddad, Chris Johnson, Michele Turek and Ellie Stadnick in collaboration with Dr. Susan Dent in the Cardio-Oncology Team are developing a regional clinical program and a research program.
Programs Impacting Global Health

• Quidong China Collaboration

• Healthy Schools 2020 and the Healthy Foods in Champlain Hospitals Program—led by Drs. Andrew Pipe, Robert Reid and Sophia Papadakis in Prevention and Rehabilitation.

• Drs. Andrew Pipe and Robert Reid, the Ottawa Model for Smoking Cessation was recently recognized by Accreditation Canada as a Leading Practice, named as a main initiative in the 2013–2018 provincial health plan of New Brunswick, and has now been adopted in nearly 300 health care settings in Canada. The Ottawa Model is also the basis of an annual, highly successful event ‘The Ottawa Conference: Clinical Approaches to Smoking Cessation’ which attracts hundreds of practitioners from a variety of disciplines from across Canada and beyond.

• Drs. Jean-Francois Marquis, Rick Davies, Mike Froeschl Kwan Chan and Lyall Higginson participate in the Baffin Island Cardiology Clinic provide cardiac services to this underserviced region. The program was recently expanded to Iqualuit and Pond Inlet, Pangnirtung, Hall Beach and Igloolik.

Patient Advocacy

Patient safety and quality projects include:

i) Aun Yeong Chong has developed a Radial Artery Catheterization to increase utilization as well as safely evaluate and monitor those with a radial approach

ii) Sharon Chih leading the development of Code Shock for the rapid response to patients in cardiogenic shock;

iii) Dr. Haissam Haddad will test the safety of continuing anticoagulation for right heart catheterization procedures.

Drs. Martin Green, Ben Hibbert and Peter Liu participated in giving seminars at patient engagement forums with the University of Ottawa Heart Institute Patient Alumni organization.

Dr. Aun Yeong Chong received funding from the UOHI Alumni Patient Group for a cath lab ultrasound machine.
EDUCATIONAL ACTIVITIES

Dr. Nadine Gauthier awarded a Medical Educator Career Support Award from the Department of Medicine 2014–15.

In 2014–2015, 29 members of the Division of Cardiology participated in Unit 1 of the undergraduate medical curriculum as a lecturer, seminar leader or CBL tutor. The cardiovascular component of Unit 1 was once again headed by Dr. Nadine Gauthier, and Dr. Jean-Francois Marquis continued to serve as Unit Co-Chair.

Residency Training — UOHI recruited its Top 4/4 ranked Residents in the CARMS match for 2015–16 (Paul Boland, Habibat Garuba, Rebecca Mathew, Trevor Simard).

The annual Canadian Cardiovascular Society Academy Trainee Review Program ran again this year. The weekend helps prepare final-year cardiology residents from across the country for their Royal College fellowship exams. The faculty included Drs. Chris Glover and Chris Johnson, and the program was chaired by Dr. Michael Froeschl.

Area Focus Competence—First Cardiac Programs Approved in Canada

- Echocardiography (Luc Beauchesne) / EP (Martin Green) / Intervention (Derek So) AFC programs were initiated.
- The University of Ottawa is now the only university in Canada to have all three of its AFC-eligible fellowship programs certified: Adult Interventional Cardiology, Adult Cardiac Electrophysiology and Adult Echocardiography.

CME/CPD Program

- First Academic Half Day established by Dr. Ross Davies.
- Dr. Peter Liu chaired the Toronto-Ottawa Heart Summit.
• The 14th annual Eastern Ontario Cardiovascular Summit for specialists took place in conjunction with the University of Ottawa Office for CME/CPD for the first time. It was chaired by Dr. Michael Froeschl, and the planning committee included Dr. Ross Davies and Dr. Cathy Code from the Division of Internal Medicine and Dr. Paul Hendry, Cardiac Surgery.

• The annual Cardiology Refresher Course for Family Physicians was chaired by Dr. Chris Glover. The planning committee included Drs. Ross Davies, Michael Froeschl and Derek So.

University of Ottawa Academic Medical Organization (UOHIAMO) awards were distributed to Ellamae Stadnick (Undergraduate Education) and Michael Froeschl (Postgraduate Education).

RESEARCH ACTIVITIES

• 8 New National peer-reviewed grants
• 56 active peer-reviewed grants
• Amount: $4,480,747 for 2014–15
• 5 salary awards (Drs. Rob Beanlands, David Birnie, Darryl Davis, Lisa Mielniczuk and Girish Dwivedi)
• >160 publications
• University Research Chairs (David Birnie (Tier 1), Lisa Mielniczuk (Tier 2), Darryl Davis (Tier 2))

Major Grants

Birnie D [PI], Nery P, Redpath C, Beanlands R, deKemp R [Co-Investigators]. NCE. Canadian Arrhythmia Network.


Dwivedi G, Beanlands R (Co-PIs), Chow B, deKemp R (Co-Investigators). Canadian Institutes of Health Research (Bridge Funding). The Effects of Psoriatic Arthritis on Coronary Flow Reserve and Markers of Inflammation and Evaluation of the Response to Biological Therapy.

Leenen F (PI). Canadian Institutes of Health Research. Activation of cardioprotective brain mechanisms post MI.


Tulloch H (Co-PI), Le May M, ... (Co-Investigator). Heart and Stroke Foundation. Neurocognitive Outcomes after Out-of-Hospital Cardiac Arrest.


Davis D (PI). Heart and Stroke Foundation. Strategies to Reverse the Effect of Hyperglycemia on Cardiac Stem Cells.

Davis D (PI). Canadian Institutes of Health Research (Salary Award — ranked #1). Strategies to Enhance Cardiac Repair by Resident Cardiac Stem Cells.
Davis D (PI). JP Bickell Foundation Medical Research Grant. Novel Assessments of Ventricular-Arterial Interactions to Enhance our Understanding of the Pathogenesis of Heart Failure with Preserved Ejection Fraction (HFpEF).

Dwivedi G (PI). Canadian Institutes of Health Research [New Investigator Award]. Interdisciplinary Approaches to Explore Mechanisms Underpinning Coronary Atherosclerosis in Inflammatory Conditions.


Liu P. Canadian Institutes of Health Research. IGFBP7—A Novel Biomarker, and a Clue to the Pathophysiology of Heart Failure with Preserved Ejection Fraction?

So D [Co-PI], Chong, Hibbert B, .... [Co-Investigators]. Canadian Institutes of Health Research. Reassessment of Anti-Platelet therapy using InDividualized Strategies—Ticagrelor in Patients with Acute Coronary Syndromes Treated by Coronary Artery Bypass Graft Surgery—A Pharmacodynamic and Clinical Study to Decrease Bleeding Risks and Ischemic Complications—The RAPID-TITRATE CABG study.

Birnie D, Beanlands R, Nery P [Co-PIs], Aaron S, De Kemp R, Liu P, .... [Co-Investigators]. Canadian Institutes of Health Research [Bridge Funding]. Cardiac Sarcoidosis Multicenter Prospective Cohort.

Le May M, Wells G [Co-PIs]. Canadian Institutes of Health Research [Bridge Funding]. The SAfety and efficacy of Femoral Access versus Radial access for primary PCI in STEMI. [The SAFARI-STEMI trial].

Tulloch H [Co-PI], Le May M, ... [Co-Investigator]. Canadian Institutes of Health Research [Bridge Funding]. Neurocognitive Outcomes after Out-of-Hospital Cardiac Arrest.
Noteworthy Publications


Lewis KB, Nery PB, Birnie DH. Decision making at the time of ICD generator change: Patients’ perspectives. JAMA Intern Med 2014; 174(9):1508–11


Pen A, Yam Y, Chen L, Dorbala S, Di Carli MF, Merhige ME, Williams BA, Veladar E, Min JK, Pencina MJ, Berman DS, Beanlands RS, Shaw LJ, Chow BJ. Prognostic value of rb-82 positron emission


HONOURS AND AWARDS

Awards

• **Ruth McPherson** inducted into the Royal Society of Canada

• **Chris Glover** awarded the Department of Medicine Mentorship Award

• **Cheryl Dupuis** awarded the Department of Medicine Chairman’s Cornerstone Award

• **Thais Coutinho** paper selected for Highlights of the Year for JACC

• Pushpinder Kanda (supervised by **Darryl Davis**) — CIHR Doctoral Research Award

• CSE Research Award — B Banihashemi (supervisor **Ian Burwash**)

• Division of Cardiology Research fellowship: Siok-Ping Lim (supervised by **Drs. Rob Beanlands** and **Ben Chow**), Myra Cocker (supervised by **Dr. Rob Beanlands**), Hanbin Lin (supervised by **Dr. Peter Liu**)

• Strategic Research Fellowship: Fiona McMurray (supervised by **Dr. Ruth McPherson**)

Promotions

Promotions have been awarded to **David Birnie** (Full Professor), **Darryl Davis** (Associate Professor), **Sandy Dick** (Associate Professor) and **Mike Froeschl** (Associate Professor)

• **Benjamin Hibbert** received the University of Ottawa Canadian Fellowships for New Faculty Award

• **Dr. Terrence Ruddy** elected Council Secretary for the Society of Nuclear Medicine and Molecular Imaging Cardiovascular Council

• US Patent has been issued to **Terry Ruddy** and his team for radiolabelled rotenone derivatives

• European Patent has been issued to **Rob deKemp** for Rubidium PET technology
Leadership

• Benjamin Chow — co-Chair Cardiac Care Network of Ontario subcommittee on Cardiac Imaging

• Haissam Haddad — President /Board Chair Canadian Heart Failure Society

• Sam Haddad — Elected Chair of the Board of Directors of Canadian Heart Failure Society

• Lisa Mielniczuk — Elected to Council for Canadian Cardiovascular Society

• Rob Beanlands — Treasurer/Chair Finance Committee American Society of Echocardiography

• Rob Beanlands — Appointed Program Co-Chair for ICNC-13

• Terry Ruddy — elected Council Secretary for the Cardiovascular Council Society of Nuclear Medicine and Molecular Imaging

• Martin Green — Chair of the AFC committee at the Royal College

• Chris Johnson — Primary Panel Member. Canadian Cardiovascular Society Position Statement on Evaluation of Patients at Risk for CV Complications of Cancer Therapy

Leadership (Chairs to June 2015)

• Lyall Higginson — D.S. Beanlands Chair in Cardiology Education

• Marino Labinaz — Minto Leadership Chair in Interventional Cardiology

• David Birnie — Chair in Electrophysiology

• Frans Leenen — Pfizer Research Chair in Hypertension

• Ruth McPherson — Merck Frosst Canada Chair in Atherosclerosis

• Benjamin Chow — Goldfarb Chair in Cardiac Imaging

• Rob Beanlands — Vered Chair in Cardiology
Other

- **Ruth McPherson** — Chair, the Ruddy Canadian Cardiovascular Genetics Centre

- **Michele Turek** is an examiner and member of the Executive Committee for Adult Cardiology for the Royal College of Physicians and Surgeons of Canada.

- **Ross Davies** — President, Canadian Society of Cardiovascular Nuclear and CT Imaging

- **Ben Chow** — Certification Board Cardiovascular Computed Tomography (CBCCT) Exam Development Committee: Co-Chair. 2014–16
CLINICAL EPIDEMIOLOGY

2 Faculty Members
6 Doctoral Students
8 Masters Students

CLINICAL ACTIVITIES

Overview
The Division of Clinical Epidemiology is integral to enhancing and enabling research excellence in the Department of Medicine. Aside from their own research activities, Drs. Dean Fergusson and Jeremy Grimshaw contribute significantly to the Department’s research activities through collaborations, consultations, mentorship, training, and liaisons with the Ottawa Hospital Research Institute (OHRI) and The Ottawa Hospital. The focus of the Division is to ensure high quality practice-changing research. Drs Grimshaw and Fergusson founded the Ottawa Methods Centre in 2006 to provide dedicated expertise in study design, statistics, data management, and continuing education which has created a dynamic, multi-talented and productive research environment within the Department of Medicine.

New partnership: Division of Clinical Epidemiology’s Ottawa Methods Centre (OMC) and the Ontario Strategy for Patient-Oriented Research (SPOR) Initiative

The Federal and Provincial Governments are due to formally announce Ontario’s Strategy for Patient-Oriented Research (SPOR). This is part of a larger Canadian SPOR initiative funded by CIHR and eligible provincial partners. The Ottawa Methods Centre (OMC) has been designated one of twelve SPOR research partners across Ontario, which is coordinated by the Ontario SPOR SUPPORT Unit (OSSU). Drs. Fergusson and Grimshaw lead the OMC SPOR unit. This provincial strategy aims to transform how health research is conducted in Ontario and Canada by ensuring patient engagement throughout the process. Locally, the OMC SPOR are tasked with providing methodological guidance to Ontario-based investigators conducting Patient-Oriented Research (POR).
This guidance involves providing methods consultations on research protocols to Ontario researchers, who will be applying to OSSU-specific calls for funding. OMC SPOR will be providing methods training related to POR both in-house and externally with the aim of developing a suite of training materials across the vast area that POR encompasses. Moreover, OMC SPOR will be identifying gaps in evidence through the consultation and training process and a POR methods research agenda will be developed and prioritized with two POR-related methods projects completed annually. For more information email: SPOR-OMC@ohri.ca

EDUCATIONAL ACTIVITIES

Drs. Grimshaw and Fergusson have been very active in the education, mentoring, and training of University of Ottawa graduate students, residents, and fellows. Dr. Fergusson teaches EPI7113: Advanced Topics in Systematic Reviews and Meta-Analyses. In terms of supervision and mentorship, Dr Grimshaw currently supervises 2 Masters and 4 PhD students and Dr. Fergusson currently supervises 6 Masters and 2 PhD students. In terms of postgraduate training, Dr. Fergusson has taken the lead in developing clinical research workshops and lectures for the University of Ottawa Departments of Otolaryngology-Head & Neck Surgery, and Surgery. The series exposes residents to the basics of clinical research including statistics, study design, and ethics. The development of these workshops stemmed from previous lectures and workshops that he has given over the years to Divisions within the Departments of Medicine and Surgery. The series has taught basic clinical research principles to over 300 residents since its inception in 2007. In addition, Dr. Fergusson provides significant methodological and statistical mentorship to academic researchers and clinical investigators at the University of Ottawa and The Ottawa Hospital.
Contributions to Administration

Dr. Fergusson is the Director of the OHRI Clinical Epidemiology Program (CEP). He provides institutional oversight and stewardship for over 63 Scientists, 830 Clinical Investigators, and staff, providing a robust, supportive, and dynamic environment for them to conduct their research. One example of this robust research environment is the weekly Rounds (Systematic Review Roundtable, CEP Rounds, CEP Debates, and a Philosophy of Medicine reading group) organized by CEP to provide Scientists and Investigators a platform to share their research with the research community both internally and externally.

RESEARCH ACTIVITIES

Dr. Jeremy Grimshaw leads the internationally renowned Knowledge Translation group. They are recognized as a world leader in implementation science, patient-decision aids and patient/provider decision-making. Key entities within the KT program are KT Canada, Patient-Decision Aids Research Centre, the Canadian Cochrane Network and Centre, four Cochrane entities, and the Knowledge to Action Research Program. Dr. Grimshaw continues to garner international acknowledgment for the training of local, provincial, national and international stakeholders in knowledge translation and implementation science.

Dr. Fergusson is an active member and former Director of The University of Ottawa Centre for Transfusion Research. The UOCTR is a well-established research group with an international reputation for producing high quality evidence in transfusion medicine and organ transplantation.
The research of the UOCTR is recognized and supported within the Ottawa Hospital Research Institute and The Ottawa Hospital strategic priorities. Dr. Fergusson has designed and conducted practice-changing trials including BART assessing antifibrinolytics in cardiac surgery, and the ABLE, ABC & ARIPI studies assessing age of stored blood in adult, paediatric, and neonatal critical care respectively. In 2014–2015, Dr. Fergusson collaborated on the design and conduct of clinical trials in the Divisions of Critical Care, Infectious Diseases, Nephrology, Medical Oncology, and Respirology.

Key Peer-Reviewed Grants in 2014–2015

In 2014–2015 Dr. Fergusson holds $3.5 million as principal and co-principal investigator and $20.4 million as co-investigator in funding (predominantly CIHR funding). Dr. Grimshaw was principal investigator on 6 grants and co-investigator on 23 grants awarded in 2014–15.

Fergusson D, Grimshaw J (Co-PIs). Canadian Institutes of Health Research (CIHR) SPOR. Canadian Institutes of Health Research Strategy for Patient-Oriented Research (SPOR).


**Key Publications**

56 manuscripts were published by the Division of Clinical Epidemiology in 2014–2015. Key high-impact publications include the following:


CRITICAL CARE

12 Faculty Members
2 Fellows
8 Residents

CLINICAL ACTIVITIES

Critical Care delivered clinical care to over 2800 critically ill patients at both the Civic and General Campus Intensive Care Units (ICU) in 2014. Critical Care also maintained a strong presence in managing acute in-patient emergencies with the Rapid Assessment of Critical Events (RACE) team, present at both the General and Civic sites. The RACE team provided assistance for over 1350 patients at both sites combined, and follow-up for over 1110 in-patients. Critical Care continued its expansion of care for acutely ill patients in the Neuroscience Acute Care Unit, in direct collaboration with the Division of Neurology and Division of Neurosurgery. The NACU provided care for over 1150 patients.

Programs Impacting the Community

Critical Care’s ongoing REACHout initiative continues to impact system-level change at the Cornwall Community Hospital, and the publication of the system-level change methodology used was published in Critical Care Medicine, with the potential for use by Critical Care centers across North America and beyond. Critical Care also believes the SIMONE oncology simulation training curriculum, the National ACES program and the novel TIPS program will ultimately improve the care of all patients in acute care settings across Canada.

Patient Advocacy

Drs. Michael Hartwick (3x), Hilary Meggison (2x), Erin Rosenberg (2x), Gwynne Jones were awarded the Ottawa Hospital Guardian Angel Award for 2014–15, in recognition of their exemplary roles as advocates for patient care.
Dr. Aimee Sarti served as clinical lead for the Critical Care task force that conducted a system-level needs assessment for Ebola Virus Disease (EVD) preparedness, that helped enabled TOH to fulfill its role as a regional center for management of potential EVD. The methodology and findings were published in CMAJ Online in 2015, and re-affirmed Critical Care as a leader in system-level change management to provide the highest levels of care to critically ill patients.

EDUCATIONAL ACTIVITIES

The following represents some of the Critical Care-led innovations in medical education for 2014–15:

REACHout: A collaborative project and feasibility study to improve the care of critically ill patients of the Champlain LHIN—Deployment Phase

Delivery of optimal care for critically ill patients requires a well-coordinated system of infrastructure, policies, and clinical tools to support care teams and individuals. As part of a system level intervention, a needs assessment and gap analysis of the current practices at Cornwall Community Hospital (CCH) and of the collaborative processes between CCH and The Ottawa Hospital (TOH) was completed in 2011–2012. The Needs Assessment phase was started in 2012–13, and the system intervention and evaluation phase was completed by the end of September 2014. This development includes complex interventions to improve patient care, safety, and collaboration.

This includes education, tool development, and system changes based on the findings of the needs assessment, that target health practitioners, teams, organizations, and inter-site collaboration. It involved an exploratory trial based on the MRC framework for complex intervention examining the long-term outcome of increased capacity for care for critically ill patients. The REACHout initiative represents a system-level tool for knowledge translation that will potentially bridge medical education to effect change in clinical care. The methodology for its implementation was published in *Critical Care Medicine*, the leading publication in Critical Care.
Acute Critical Events Simulation (ACES) Program—National-Level and Local (Family Medicine)

ACES is a formative assessment program developed to improve the competency of individuals and teams of health care professionals involved in the early management of patients who deteriorate and are at a high risk of death.

The ACES course was initially created in 2001. The ACES Program is delivered to health care providers (individuals and teams) from various clinical backgrounds; nurses, respiratory therapists, and physicians who are the first to respond to a patient in crisis. Since its creation, it has undergone assessment, peer-review, customization and continued modification. It is becoming more widely known across Canada and in other countries. Courses have been customized for Anesthesiology, Family Medicine, and now Internal Medicine, and are routinely offered in New-Brunswick, Quebec, Ontario, Manitoba, and Alberta. In addition, courses are now being offered in the Middle East.

The processes and experiences in the creation of the ACES program were accepted for publication in multiple formats in 2014–15 (Drs. Pierre Cardinal and Aimee Sarti). The methodology used for dissemination of a simulation-based curriculum is now available to the education community at large.

In addition to the national initiatives, Dr. John Kim collaborated with the Faculty of Family Medicine to initiate an Instructor Training program within their faculty to facilitate a sustainable model of delivery of Family Medicine ACES program to its residents in training, and in the revision of the Family Medicine ACES curriculum. The Department of Family Medicine now delivers simulation-based training and the Family Medicine ACES program independently.
Collaboration in Simulation—Medical Oncology on the development of a pilot national simulation training curriculum (SIMONE)

Advances in technology and a growing body of evidence showing the effectiveness of simulation has encouraged educators to incorporate a wide variety of simulation modalities within existing and new curricula. Simulation educator training is variable across Canada.

Drs. Kim and Cardinal have played integral roles in establish a national network of Critical Care simulation instructors, through collaboration with multiple Critical Care academic centers across Canada, and the Royal College of Physicians and Surgeons of Canada (RCSPC). At present, no such network exists in Medical Oncology.

In 2014–15, Dr. Kim collaborated with Dr. Neil Reaume and Dr. Shelly Sud from the Division of Medical Oncology in the development of a pilot Medical Oncology simulation curriculum that aligns with the RSCPC’s transition to competency-based education. The findings were presented in 2014, and based on its results, funding for SIMONE II was obtained to further develop an oncology-based simulation curriculum.

RESEARCH ACTIVITIES

Critical Care continues to maintain a successful translational research program. 160 patients were enrolled in randomized clinical trials, and over 450 patients were enrolled in clinical research projects. From a faculty perspective, 20 Principal Investigator research grants and 29 co-Investigator grants were awarded in 2014, totalling over 4.4 million dollars. Critical Care has also extended its support for innovation in clinical research, including (but not limited to) support of the following innovative areas of clinical research:

- Dr. Lauralyn McIntyre’s ongoing work in transfusion research in critical illness, and her innovative work with mesenchymal stromal cells (MSC) in patients with severe septic shock and acute lung injury. This has led to the initiation of the CISS trial, with enrollment of patients into clinical trials beginning in 2015.
• **Dr. Shane English’s** work in neurocritical care, both in traumatic and nontraumatic brain injury.

• **Dr. Aimee Sarti’s** work in qualitative research with the REACHout initiative, Ebola Virus preparedness, and palliative care in the acute care setting.

**Key Peer Reviewed Grants**


**McIntyre L (Co-PI).** Canadian Institutes of Health Research. Efficacy and Safety of Mesenchymal Stromal Cells for Pre-Clinical Acute Lung Injury: A Systematic Review and Meta-Analysis. Funds awarded: $97,638.

**Tinmouth A (PI), McIntyre L, English S (Co-Investigators).** Canadian Blood Services. Program Support Award for Canadian Transfusion Medicine and Science Research: University of Ottawa Centre for Transfusion Research. Funds awarded: $718,286.


**Kanji S (PI), McIntyre L, Rosenberg E (Co-Investigators).** Canadian Society of Hospital Pharmacists, Research and Education Foundation. Validation of a Pain Assessment Tool (CPOT) in Critically Ill Patients with Delirium. Funds awarded $8,000.

**Kanji S, Patel R (Co-Investigators).** Kidney Foundation of Canada. Antimicrobial Pharmacokinetics in Critically Ill Adults During Sustained Low Efficiency Dialysis (SLED). Funds awarded: $33,333.

Noteworthy Publications

A total of 49 peer-reviewed publications (9 principal author) were authored by Critical Care faculty in 2014. Highlighted publications include:


HONOURS AND AWARDS

Dr. Michael Hartwick was awarded the AMS Phoenix Fellowship in 2014, for a second consecutive year.

Dr. Lauralyn McIntyre was the Greenblatt award winner for best Grand Rounds in 2014.

Dr. Paul Westergaard received the 2014 Garner King Award for best oral presentation at the Critical Care Canada Forum, Toronto, ON Canada.

Dr. Mohammed Al-Khamis (Critical Care Fellow) was the 2014 winner of the Critical Care Rick Hodder Scholarship Day Presentation Award.
DERMATOLOGY

20 Faculty Members
16 Residents
1 Fellow

Dermatology has been a Division within the Department of Medicine at both the Civic and General Hospitals since 1967, and will be celebrating its 50th Anniversary in 2017! This year, as a result of consolidating services to one campus, the Division provides ambulatory care at the Civic campus effective last February, and continues to provide inpatient and emergency department consultation services at the General and Civic campuses. The plans for the new Dermatology Centre of Excellence are moving along.

The Division managed approximately 15,200 TOH outpatient visits this past year and provided over 480 in-patient consultations, approximately 390 at TOH and a further 100 at the Children’s Hospital of Eastern Ontario (CHEO). In addition over 3,400 outpatients were cared for at CHEO and additional patients at Elizabeth Bruyère.

The Division is busy growing in a measured fashion — please see below. While our Mohs’ Surgeon, Dr. Jillian Macdonald was on maternity leave, we had the pleasure of retaining Dr. Eiman Nasseri as a locum. This year we have brought on board Dr. Ivan Litvinov as a new Clinician Scientist, with a focus in Cutaneous Lymphomas.

Clinical Activities

The General Dermatology clinics at the Civic Campus were staffed by Drs. Jennifer Beecker, Steven Glassman, Nordau Kanigsberg, Lauren LaBerge, Jennifer Lipson, Melanie Pratt, Kerri Purdy, John Goodall and Jim Walker with a great variety of patients providing a broad educational experience for our own as well as off-service Residents and Medical Students.
Dr. Michele Ramien, having completed her Fellowship in Pediatric Dermatology with a focus in vascular lesions, returned to a new staff position as Assistant Professor in Dermatology, at CHEO, with a part time TOH commitment. In addition to caring for TOH patients on the consult service she has added a new complement of teaching in our Postgraduate program.

Dr. Kerri Purdy, Assistant Professor in Dermatology from Dalhousie University, joined our Division staff for a two commitment and has already become a valued and integral part of our Resident Program and patient care.

Dr. Ken Kobayashi, Division Head, started a Dermatology Melanoma Clinic at the Irving Greenberg Family Cancer Centre to support the Oncology teams. A Solid Organ Transplant Recipient Dermatology Clinic is now planned for the near future.

Plans for our Mohs’ Surgery Unit, staffed by Dr. Jillian Macdonald, to increase to a full five days per week of operating time were put on temporary hold with the need to migrate to a temporary home at the Riverside. We plan for eventually recruiting a second Mohs Surgeon in the foreseeable future. This will enable our Division to better manage the increased demand for Cutaneous Oncology care that is developing in the Champlain LHIN and Western Quebec.

Programs Impacting the Community

We focus on malignant skin diseases as the prevalence of skin cancers continues to increase and the cure rate for malignant melanoma is directly related to early recognition and appropriate treatment. Inflammatory disorders, such as severe psoriasis, complex eczema and chronic wounds are also very disruptive to individuals’ quality of life hence are also a priority for the Division. These cancerous, inflammatory and ulcerative conditions can be managed more effectively, given a better practice environment.
Our new Dermatology Centre, planned for the fourth floor of the Civic Parkdale Clinic building will help us to effectively address challenges. The anticipated date of completion is mid-summer 2016. We will increase our clinical capacity and be able to initiate other programs including a Rapid Diagnosis Melanoma clinic. Finally, our Phototherapy unit and Mohs’ Surgery suites will migrate back to the Civic campus into fully renovated surroundings. The focus of the Centre will be in alignment with The Ottawa Hospital priorities: cancer, minimally invasive care, tertiary care, and chronic disease management.

Existing services will be upgraded and new elements and services will be added. These will include a larger capacity for Mohs micrographic cancer surgery, phototherapy, contact dermatitis, melanoma-pigmented lesions, cutaneous ulcers, general dermatology, solid organ transplant recipients, melanoma rapid diagnosis and management, systemic therapies and teledermatology services.

We are recruiting new staff for translational clinical research and a clinical trials unit has been added into our plans. The planned introduction of a basic sciences research program in Dermatology will also support clinical research. Growing the research agenda for the Division remains a top priority and has already established global collaborations and networks. These will help us achieve a superior level of care for our own patient community and the global population. An education centre will promote the transfer of knowledge and skills relevant to Dermatology for Dermatologists in practice, our Residents, medical students, and the general public.

Our comprehensive plan will enable not only enable further reduction in hospitalization for severe skin diseases and malignancies but also facilitate innovations in patient care for our community.
Patient Advocacy

Drs. Jim Walker and Cathi Ruddy have been our physician leads on the community fundraising committee since May 2013. During the past year, the committee, through ongoing activities has continued to build the financial resources to upwards of $2.6 million towards the estimated $3.2 million construction and equipment cost of the new Charlie Logue Dermatology Centre of Excellence. The Division recognizes and appreciates immensely the challenging work of the fundraising committee and The Ottawa Hospital Foundation. All have dedicated innumerable hours and energy with tremendous success — two golf tournaments this year have raised $322,000. These efforts, in addition to those of our generous individual sponsors, will enhance Dermatology patient care in the Champlain LHIN and surrounding area, by significantly increasing the number of patients with cutaneous malignancies and inflammatory skin diseases that we will be able to treat.

On the Patient Quality and Safety side, the Division continues an established M & M Rounds program with material action items to improve patient care and safety.

EDUCATIONAL ACTIVITIES

The gem of our Division, our Residency Training Program, is in its 48th year. We have successfully trained over 80 dermatologists since the inception of this program in 1967. This program has always been fully accredited by the Royal College of Physicians and Surgeons. Our Program Director, Dr. Steven Glassman, has very successfully completed his first year, and has initiated some positive changes in the program. We provide a full spectrum of clinical and academic opportunities for our trainees. Our clinics include general adult and paediatric dermatology, as well as specialty clinics for cancer, contact dermatitis, psoriasis, Mohs surgery, melanoma-pigmented lesions, leg ulcers, systemic therapy of skin diseases and now Solid Organ Transplant Recipients.
In addition our residents attend elective clinics twice yearly in Iqaluit with Dr. Jacqueline Shukle, and are supported for numerous electives around the world. We provide strong one-on-one mentorship for all our residents. In addition we provide classroom and clinical teaching for medical students and residents from other specialties.

In addition, the Division has a significant contribution to the Undergraduate medical program. Approximately 60% of all medical students at the University of Ottawa rotate through our Division at some point in their training.

RESEARCH ACTIVITIES
Noteworthy Publications

The Division has been fortunate to have Dr. Melanie Pratt as Division Director of Research, guiding our research activities. She has now stepped down, but remains very active in research projects including collaborating with the North American Contact Dermatitis Research Group on several projects including: Atopic Dermatitis and Allergic Contact Dermatitis. We thank her for her great contributions to the Division in this role. Dr. Jennifer Beecker is our, new Division Director of Research.

The Division’s Staff and Residents published over 30 papers this year. A sampling of some of these is presented below.


**HONOURS AND AWARDS**

Guardian Angel honour roll for 2014–15 included Dr. Jillian Macdonald who was named a Guardian Angel for the fourth time and also Dr. Eiman Nasseri.
ENDOCRINOLOGY & METABOLISM

19 Faculty Members
5 Residents
2 Fellows

CLINICAL ACTIVITIES

The Division of Endocrinology and Metabolism is based at the Foustanellas Diabetes and Endocrine Centre at the Riverside Campus where over 20,000 outpatient visits occur per year. In addition, the Division is active in several multidisciplinary clinics, including pituitary disorders (with Neurosurgery, Civic Campus), diabetes in cardiac patients (with cardiology at the University of Ottawa Heart Institute), cystic fibrosis-related diabetes (with Respirology, General Campus) and Obstetric Medicine (with General Internal Medicine, General Campus). We also provide inpatient consultation services at the General and Civic Campuses.

The Division is committed to excellence in patient care. We have embarked on a number of Patient Safety and Quality of Care initiatives under the leadership of Dr. Janine Malcolm. The major focus of our projects has been improving the patient experience through patient engagement, standardized orders and patient education materials. A summary of the projects is listed below:

Improving the Care of Patients with Pituitary Disease at The Ottawa Hospital (TOH)

At The Ottawa Hospital (TOH), over 100 new patients present yearly for evaluation and treatment of pituitary disorders. The care required for individuals with pituitary disease is complex and fragmented as it often involves multiple healthcare providers (ie. Endocrinology and Metabolism, Ophthalmology, Neurosurgery, ENT) and many visits across different TOH sites. The Division of Endocrinology and Metabolism is currently working on a quality improvement project.
Following a gap analysis, we identified a number of opportunities. An advisory committee with representatives from Endocrinology & Metabolism and Neurosurgery was established. The novel approach of a patient advisory group helped to ensure changes were aligned with patient preferences and were patient-centered. Terms of reference, a confidentiality policy, and guidelines for participation were developed specifically for the patient advisory group. The patient advisory group participated in the development of a biannual patient information evening and networking event, the revision of patient information booklets on pituitary disease and pituitary surgery, and the development of a list of web resources for patients. A patient information handbook on pituitary disease has been published and is now distributed to patients newly diagnosed with pituitary disease. Key priority areas in 2014–2015 included the streamlining and integration of care through the development of 1) a central triaging criteria and process 2) the implementation of a bimonthly multidisciplinary peri-operative clinic, and 3) review of corticosteroid treatment policy.

**Improving Screening and Referral Practices for Hyperglycemia Induced by Glucocorticoid Treatment**

Glucocorticoids are often prescribed during treatment of hematological malignancies and increase the risk of hyperglycemia. Hyperglycemia in hematology patients is associated with increases in infection rate, in-hospital mortality, length of stay and graft-versus host disease. The Division of Endocrinology and Metabolism, together with the Division of Hematology, has embarked on a quality improvement initiative to identify and screen patients at risk. Screening rates for glucocorticoid-induced hyperglycemia increased from 22% at baseline to 65%. A medical directive/clinical pathway to automate the screening process is now in development.

**Improving Surgical Site Infections through Glycemia Management at TOH**

The Division of Endocrinology and Metabolism is co-leading a corporate initiative to improve surgical site infection rates through management of hyperglycemia during the perioperative period.
The project team, is developing a process to systematically identify and manage patients at risk of post-operative hyperglycemia. This project is multifaceted and includes the identification and management of hyperglycemia in patients by a standardized protocol that includes a nurse specialist diabetes team operating according to medical directives, standardized insulin management in the pre-operative, intra-operative and post-operative period. This project has been piloted by Gynecology Oncology. An audit of patients from February 2015 to May 2015 showed the following: 100% of patients were screened appropriately, 96% of screen-positive patients received letters about their diabetes risk, 100% of patients had appropriate post-operative orders and 89% of patients had an appropriate alert for a high blood glucose level.

Improving Diabetes Foot Care in the Champlain LHIN

The Champlain Foot Care Expert Committee (co-chaired by Dr. J. Malcolm) continues its work to improve foot care for patients with diabetes in the Champlain LHIN. Phase 1 of the project to improve standardized screening for foot care is complete. Funding from the Champlain LHIN was obtained this year to support this initiative. Phase 2 of the project to improve wound care for patients with existing ulcers is starting.

Champlain BASE (Building Access to Specialty Advice through eConsultation) Service Continues to Grow

The Champlain BASE eConsultation service, led by Dr. Erin Keely and Dr. Clare Liddy (Department of Family Medicine) in collaboration with the Champlain LHIN continues to improve access to specialist advice for primary care providers. As of 31 August 2015, 804 primary care providers (674 MD’s, 130 NP’s) from Ontario and Nunavut have access to 79 different specialty services, many of which are provided by TOH Department of Medicine physicians.
Almost 9000 eConsults have been completed since 2011, and over 3600 face-to-face referrals have been avoided. Several grants were received this year to support this work including funding from CIHR, MOHLTC, and TOHAMO.

**Patient and Community Advocacy**

*Dr. Shajia Khan* advocates for patients and physicians through her committee and community work. She is a past-Chair of the Section on Endocrinology and Metabolism at the Ontario Medical Association and past-President of the Federation for Medical Women of Canada. She has worked with the ethno-cultural Council of Canada to translate basic diabetes information into 17 languages and has given workshops and lectures to increase the awareness and skills for culturally appropriate services for women and families.

**EDUCATIONAL ACTIVITIES**

The Division of Endocrinology and Metabolism provides education across the spectrum of undergraduate, postgraduate and continuing professional development.

We have a fully accredited Endocrinology and Metabolism training program led by *Dr. Janine Malcolm*. Our numbers expanded in July 2014 with 3 new residents joining us—there are currently 5 residents, 2 Fellows and 1 Clinical Scholar.

Our 11th Annual Endocrine and Diabetes CME event is scheduled for this fall, co-organized by *Drs. Amel Arnaout* and *Dora Liu*. This year, we have a new session that will incorporate questions commonly asked through the eConsult service. This innovative “needs assessment” will ensure we are teaching what is most important for primary care providers.
Our members continue to be recognized as leaders in education and as excellent teachers. **Dr. Heather Lochnan** is the Director of Continuing Professional Education for the Department of Medicine. This year she was instrumental in delivering a new session during obesity week entitled: BMI: Be More Informed, an educational game for medical students created by medical students. The BMI game will be presented at the Association of American Medical Colleges (AAMC) Medical Education meeting in November. At the national level, she co-chairs the Association of Faculties of Medicine Canada (AFMC) Professionalism group whose current project is to create a national guide to remediation of professionalism lapses for medical schools.

**Dr. Amel Arnaout**, in recognition of her outstanding teaching, was accepted to the Distinguished Teachers program which she will begin September 2015. She continues to serve as the content expert for the Endocrinology and Metabolism portion of the second year undergraduate medical teaching, which receives excellent reviews by our students.

**Key Education Research Grants**


**Lochnan H, (Supervisor of Devaux B). 2015 UGME Summer Studentship Expanding the use of customized board games in Obesity Week.**

**Lochnan H, Ziring D, Frankel R, Danoff D. 2014 AAMC NEGEA (North Eastern Group on Educational Affairs). Using Concept Mapping to Identify Influences on Faculty Reporting of Medical Students with Professionalism Lapses.**
RESEARCH ACTIVITIES

We are linked to the Chronic Disease Program of the Ottawa Hospital Research Institute (OHRI) led by Dr. Alexander Sorisky, and we contribute to the vascular health priority of the OHRI and the University of Ottawa.

Our clinical research centre located in the FEDC at the Riverside will undergo substantial renovations this fall to improve our ability to offer clinical trial studies to our patients. There are four ongoing trials in our role as a specialty site within the JDRF Canadian Clinical Trial Network for type 1 diabetes research. This past year, we have initiated a trial on the effect of dietary gluten on glycemic control in type 1 diabetes.

Our annual research retreat, held May 2015, for our faculty and residents was a great success. There were presentations from faculty and residents, encompassing the scope of research from basic science to models of health care delivery.

Our faculty members provide mentorship to many Internal Medicine as well as Endocrinology and Metabolism residents who actively pursue research projects over the year. There were 6 presentations at the 2015 Department of Medicine Resident Research Day with Dr. Chris Tran, PGY-4 in Endocrinology and Metabolism receiving the Best Poster Award. In addition, there were 5 national abstracts and 6 peer reviewed publications by trainees.

Key Peer Reviewed Grants

The Division of Endocrinology and Metabolism held $3,680,300 in research grants for 2014–2015. Key grants include:

Liddy C, Keely E, King B (Co-PIs). Canadian Institute of Health Research, Knowledge to Action. Building Access to Specialist Care Through eConsultation (BASE).


Zha X (PI). Canadian Institute of Health Research (CIHR). ABCA1 Regulates Inflammatory Response and Cholesterol Efflux through Disrupting Lipid Rafts in Macrophages.

**Noteworthy Publications**

Members of the Division of Endocrinology and Metabolism published 34 peer-reviewed articles this year. Key publications include:


**HONOURS AND AWARDS**

The value and impact of the Champlain BASE eConsult service was recognized by the following awards this year:

- Ontario Minister of Health’s Minister Medal—Honour Roll Recipient (2014)
- Canada Health Infoway Challenge, Monthly Max Impact Award, January 2015
- Canada Health Infoway Challenge, Overall Award for e-Request of Services, Second Place, July 2015

**Promotions**

Dr. Xiaohui Zha was promoted to Senior Scientist in the Chronic Disease Program, OHRI. She is investigating cholesterol regulation and transport, and its relationship to cardiovascular disease.

**Retirements**

After 26 years at T0H, Dr. Tim O’Leary retired in August 2014. His expertise in bone and mineral metabolism as well as his sense of humour was appreciated by students, colleagues and patients.
GASTROENTEROLOGY

14 Faculty
4 Residents
1 Fellow

BACKGROUND

The division of gastroenterology at the University of Ottawa is a strong clinical division providing excellent clinical gastroenterology, hepatology and therapeutic endoscopy services. The division maintains a strong, fully accredited gastroenterology residency training program, supports undergraduate and post graduate medical education, and conducts investigator initiated, industry funded research predominantly in the area of inflammatory bowel disease and Therapeutic endoscopy. It also supports a growing number of resident research projects each year. The division has seen significant challenges and changes over the last several years. Last cycle’s Divisional retreat identified several key human resource, clinical care and academic gaps many of which have been addressed this past year through recruitment in key areas, institution of a divisional academic practice plan and through strengthened collaboration locally and with Calgary, McGill and other Centres. This cycle also sees the Division’s establishment of two key community directed programs at TOH: The Registered Nurse Flexible sigmoidoscopy program for average risk colorectal cancer screening, and the opening of the Skills enhancement Endoscopy Training Centre and Program.

KEY ACCOMPLISHMENTS

Recruitment

The 2014–2015 academic year saw the recruitment of 1 new Hepatologist and TOH approval for the recruitment of another hepatologist to bring the base state for the City/LHIN to 4 hepatologist.
Work continues on the recruitment of a motility expert as well as our partnership with General Surgery to develop a Motility Centre of Excellence that encompasses expertise to treat pan-gastrointestinal motility disorders from esophagus to anus.

Work also continues on the final clinical care gap area of Medial Nutrition for intestinal failure patients and to support the TOH Obesity program.

**Divisional Retreat and Identifications of a 5 Year Plan**

The Division held a retreat in January 2014 to identify divisional strengths; clinical care gaps; academic gaps and to develop a 5 year plan for divisional growth and improvement. The retreat was supported by a detailed pre-retreat survey, assessment of the current state, as well as suggestions for areas of concentration and growth.

**Key Clinical Care Gaps and Risks**

Two of the four clinical care gaps identified have already been addressed in the last cycle (hepatology and therapeutic endoscopy). Work actively continues on the remaining two items (gastrointestinal motility diagnosis and long term care and medical nutritional/obesity expertise).

The Division also identified central triage, tracking of referral volume, and providing efficient service to ER as key areas of work. This past year saw further growth of the use of a custom-built patient management system. This system allows extensive assessments of referral volumes and time to care analysis. The following clinical areas have now been centralized for referral: Therapeutics, endoscopic ultrasound, colorectal cancer screening and Nurse Flexible sigmoidoscopy, and the large polyp referral pathway.
**Divisional Practice Plan**

A full GI divisional Academic Practice plan with 100% participation was initiated in Jan 2015. The division also established a representative finance committee to transparently oversee the GI divisional finances and redistribution of practice plan funds. This year will see further refinement of the Divisional Plan and priority setting for academic spending.

**CLINICAL ACTIVITIES**

The division of gastroenterology is a strong clinical division providing expert tertiary care GI services to the Champlain catchment area and beyond. The division provides world class service to patients needing expert GI and hepatology consultation and management of complex and chronic gastrointestinal disorders.

The Division has a strong therapeutic endoscopy group in Dr. Sylvie Grégoire, Dr. Harry Dhaliwal and Dr. Avi Chatterjee. Added to the group is Dr. Paul James who brings additional endoscopic ultrasound expertise to the program started by Dr. Chatterjee. Dr. Alaa Rostom also plays a supporting role to the therapeutics group with expertise in large polyp removal, endoscopic mucosal resection, balloon enteroscopy, and stricture dilation and stenting. Dr. Lee provides support for polypectomy and general endoscopy. The group is continually updating techniques and introducing new surgery saving techniques to the hospital such as endoscopic management of Zenkers diverticulum.

Dr. Dhaliwal is now preparing to publish one of the largest cohorts on outcomes with endoscopic management of Zenker’s. Dr. Paul James was recruited to expand Therapeutic endoscopy research in collaboration with Drs. Chatterjee and Rostom.

The IBD group is a world-class clinical group led by Drs. Richmond Sy and Nav Saloojee. Dr. Sanjay Murthy and Dr. Jeff McCurdy have joined them and were also recruited for expansion of investigator initiated research. Drs. Alaa Rostom and Catherine Dube have a long standing expertise in IBD and support the IBD program.
and the research initiatives. The Group has also built ties and work closely with Drs. Phil Hassard, and Lili Oliviera who have joined in study to optimize the use of Biologics in IBD.

The IBD group in collaboration with the hospital and Department of Medicine has opened a multidisciplinary IBD Centre of Excellence at TOH. The Centre includes research staff, a nurse practitioner, a dietician and psychology services to round out a program for excellence in clinical care research and education.

Dr. Linda Scully was awarded the TOH Clinician Recognition Award this year in recognition of her dedication and caring.

**Quality and Safety**

Dr. Catherine Dube has been appointed the Divisional and Endoscopy Quality lead. The divisional Quality monitoring and improvement committee is led by Dr Dube with the assistance of Dr. Ralph Lee, Dr. Alaa Rostom, Dr. Avi Chaterjee, Erica Reichl and Karen Stockton. The group has already implemented the first phases of the Global Rating scale at both hospital endoscopy units. This quality scale is used internationally and will shortly be mandated for Ontario by Cancer Care Ontario. Dr. Dube has also collaborated with Dr. Alan Forster, and Karen Stockton to create a quality assurance nurse position for endoscopy for the coming year. The division has also rolled out biyearly endoscopist report cards for the Divisions of Gastroenterology and General / Colorectal surgery, and has piloted an electronic patient experience feedback system using Ipads which will go into general use this year.

**Corporate Endoscopy Director**

Dr. Sylvie Grégoire has been appointed the Medical Director of Corporate Endoscopy. This is a dyad role with Karen Stockton and aims to standardize and improve delivery of endoscopy at the corporate and divisional levels.
National and Regional Leadership Roles

Dr. Catherine Dube was selected by Cancer Care Ontario (CCO) to be the Clinical / Medical Lead for the Ontario colorectal cancer screening program (coloncancercheck).

Dr. Alaa Rostom was appointed by CCO and the regional VP for cancer care to take on the role of Colorectal cancer screening and endoscopy lead for the Champlain region. More details are provided under patient advocacy.

Dr. Alaa Rostom is the Canadian Association of Gastroenterology national endoscopy training Co-lead. The CAG skills enhancement in endoscopy program (SEE) was modeled after a similar program supporting endoscopy quality in the UK. The program aims to improve endoscopy through multiple interventions: improving endoscopy educational at each of the residency training programs through ‘train the trainers’ methodology; improving the endoscopy skills of practicing endoscopists and surgeons; supporting provincial screening program endoscopy education and delivery; and providing mechanisms for remediation of endoscopists identified through quality monitoring and improvement program. Dr. Rostom achieved a key goal the past year by establishing a SEE training centre at The Ottawa Hospital modeled on the one he had developed in Calgary.

Dr. Sanjay Murthy belongs to two inflammatory bowel disease research consortiums: CINERGI (Consortium of IBD-focused iNvEstigatoRs and Gastroenterologists) and Canadian Gastro-Intestinal Epidemiology Consortium.

Patient Advocacy

Colorectal Cancer is the 3rd commonest cancer and the 2nd leading cause of cancer death in both men and women. This cancer can be prevented entirely if caught at the polyp stage and has a greater than 95% cure rate if caught at the early cancer stage. Dr. Dube is the Provincial medical lead for Colorectal Cancer screening. Her work is to bring effective, safe and high quality colorectal cancer screening to all Ontarians.
Her work involves working with government, the college and providers to provide appropriate screening for colorectal cancer. She has also been interviewed by the CBC and other media on multiple occasions related to how the population should and can be screened for colorectal cancer. She is actively working on introducing a new fecal occult blood testing method (called FIT) to Ontario. Dr. Alaa Rostom has taken on the Regional lead for colorectal cancer screening and is working on several strategies to improve screening in the region including introducing a new nurse flexible sigmoidoscopy program to TOH to complement stool based testing for average risk individuals. Other division members are involved with advocacy in areas of IBD (Drs. Sy, Murthy and Saloojee) to provide patients without drug coverage expensive biologic therapies. Dr. Rostom is also engaged in improving endoscopy quality throughout the Champlain Region.

In collaboration with cancer Care Ontario and TOH, the division has trained two endoscopy Nurses to perform independent nurse flexible sigmoidoscopy for colorectal cancer screening. This program is overseen by Drs. Rostom, Dube, and Grégoire and aims to expand access for CRC screening for our community in addition to bringing advanced practice endoscopy nurses to TOH.

EDUCATIONAL ACTIVITIES

The division continues to have a strong educational program. Dr. Nav Saloojee leads education for the division and runs the GI residency training Program. Dr. Saloojee is an award winning educator who has been recognized by the faculty, department and his trainees. Dr. Jeff McCurdy is the program’s deputy head and is preparing to lead the program after the next program review. Dr. Ralph Lee has completed his Master’s in Education. The Division supports his upcoming 6 month sabbatical with world renowned Australian therapeutic endoscopist and research Dr. Michael Bourke. Dr. Lee will use these new skills to support endoscopy and therapeutic skills program development and training. He currently leads the English GI block for undergraduate medical education while
Dr. Sylvie Grégoire leads the French block side. Dr. Richmond Sy is the IBD program director while Dr. Avi Chatterjee is the therapeutic endoscopy Program Director.

This fall sees the opening of the GI division’s Skills Enhancement in Endoscopy Training Centre at TOH. This is an upskilling, training, and remediation program for practicing endoscopists (GI and Surgery) in Ottawa and the Champlain LHIN. Dr. Rostom Co-leads the national endoscopy skills enhancement program for the Canadian Association of Gastroenterology, and this centre will allow running this national curriculum locally with local and nationally respected endoscopy expert trainers.

Drs. Catherine Dube and Richmond Sy are Royal College examiners for Gastroenterology.

RESEARCH ACTIVITIES

This year the Division has seen a significant expansion in the number of staff with Master’s degrees or greater level training in research (Drs. Rostom, Dube, James and McCurdy). The Division has built monthly divisional research rounds and linkages with divisions and departments. The division has also for the first time funded a 70% researcher (Dr. Murthy) in IBD and a 50% researcher in Hepatology (Dr. Kelly).

The Division of Gastroenterology has also expanded student/resident research project contributions to the department with over 12 student projects presented, some of which led to publications or abstracts, for example:

- Yvonne Dawkins: Isolated perianal fistulizing disease cohort control study.
- Simon Parlow: Clinical radiologic prediction model for identifying TNF responders in patients with perianal Crohn’s disease.
- Tushar Shukla: Role of anti-viral therapy in preventing colectomy in UC patients with CMV and Role of medication exposure in the development of CMV in IBD patients.
Noteworthy Publications

Members of the division published 18 peer-reviewed articles this past year. Key publications include:


Dubé C. Minor adverse events postcolonoscopy. *Can J Gastroenterol Hepatol* 2014; 28(11):606

**Key Peer-reviewed Grants**

*Murthy S (PI), Benchimol E, Benchimol E, Ramsay T (Co-Investigators). AHSC AFP Innovation Fund Grant (administered by TOHAMO). Impact of Repeat Colonoscopy Following a Negative Colonoscopy on the Risks of Colorectal Cancer and Colorectal Cancer-Related Death in Average-Risk Patients. $30,754.*

*Murthy S (PI), Benchimol E, Nguyen G, Ramsay T (Co-Investigators). Department of Medicine. Development of Diagnostic Algorithms for Predicting Disease Phenotypes in Adult-Onset Ulcerative Colitis Patients Using Ontario Health Administrative Data. Developmental Research Award, $42,000 (Nov 2014).*

*Murthy S (PI), Bernstein C, Benchimol E, Nguyen G (Co-Investigators). FLIBD (Future Leaders in Inflammatory Bowel Disease). Application of Ontario Algorithms in IBD to Manitoba Health Administrative Data. $25,000.*

The Division of General Internal Medicine remains active academically and clinically. The division is committed to excellence in clinical care with a focus on patient quality and safety, medical education and health care system performance. General Internal Medicine continues to be at the forefront of systems innovations and patient care initiatives at The Ottawa Hospital (TOH).

**CLINICAL ACTIVITIES**

**In-Patients**

The Division of General Internal Medicine cares for a large volume and proportion of TOH in-patients, mostly in the setting of the Clinical Teaching Units. There are six units, three at each of the Civic and General campuses. These include fourteen monitored beds (Civic eight and General six) and four telemetered beds (Civic).

Almost eight thousand patients were admitted to General Internal Medicine over the past twelve months, representing an increase of 30% over 3 years, most of which were referred from the Emergency Department of The Ottawa Hospital. It’s worth noting that approximately 35% of all patients admitted to The Ottawa Hospital via the emergency department are cared for by the General Internal Medicine team. There is also a non-teaching unit, supervised by attending physicians from the Division and staffed by 3 Physician Assistants. At the Civic Campus a non-teaching team has also been developed. This team accepts patients with acute medical conditions and is staffed solely by an attending physician.

In addition, to the in-patient units, General Internal Medicine provides an inpatient consultation service to other departments and divisions, staffed by a designated attending physician and by senior medical residents. A second consult service for ward-based referrals started 2 years ago. This allows one team to provide
peri-operative care and other services on the wards and one team to dedicate its efforts on patient care and flow in the Emergency Room and Intensive Care Unit.

Out-Patients

General Medicine out-patient clinics are conducted at two sites, the General and Riverside campuses. We see more than 5,500 patients per year in ambulatory care settings. One third of those are new consults. The clinics include a specialized preoperative evaluation assessment unit for patients with known medical illnesses. The clinic works closely with the PAU and liaises with our ward based peri-operative consult service. Our Rapid Referral Clinics operate five days a week and decant patients from the CTU’s and the Emergency Room. It also serves as our GIM fellows/longitudinal clinic.

As well as General Medicine clinics, our medical staff participates in special interest clinics namely Medical Complications of Pregnancy, HIV, Diabetes, Pulmonary Hypertension, Thrombosis and Weight Management.

Divisional members participate in the Champlain LHIN e-consult pilot project. Dr. Alison Dugan acts as the Consultant Internist for Baffin Island and the administrative liaison between The Ottawa Hospital and the Nunavut Specialist Physician Group.

In the past year the Division established a postpartum clinic for patients with ongoing medical complications and vascular risk factors. Dr. Paloma O’Meara will lead this initiative upon her return from her Obstetric Medicine training.

Administration Roles

General Internal Medicine members occupy a variety of key leadership roles.

- Dr. James Chan — International Medical Graduate (IMG) Director at the University of Ottawa. He was appointed co-chair of the Physician Wellness Committee at The Ottawa Hospital.
• Dr. Alison Dugan & Dr. Krista Wooller — Service Chiefs for General Internal Medicine at the General and Civic Campuses.

• Dr. Alan Forster — Chief Quality and Performance Officer at The Ottawa Hospital.

• Dr. Glen Geiger — Chief Medical Information Officer at The Ottawa Hospital.

• Dr. Alan Karovitch — Vice Chair of Finance, Department of Medicine. Deputy Head, Department of Medicine. He has also been appointed to TOHAMO Board of Directors.

• Dr. Jim Nishikawa — Associate Editor ACP Journal Club.

• Dr. Jeff Turnbull — Chief of Staff at The Ottawa Hospital.

• Dr. Carl van Walraven — Site Director ICES@uOttawa.

• Dr. Debbie O’Keefe — Evaluation Subcommitee member, University of Ottawa

Patient Advocacy

Dr. Jeff Turnbull – remains active as the medical director of the Ottawa Inner City Health Program. He was named to the Order of Ontario for this work.

EDUCATIONAL ACTIVITIES

The division of General Internal Medicine remains very active in important educational endeavors.

Education Roles & Highlights

• Dr. Craig Campbell — Director, Continuing Professional Development, Offices of Specialty Education at the Royal College of Physicians and Surgeons of Canada.
• **Dr. James Chan** was honoured to be part of a four person teaching group that was sent to teach at the newly formed Ottawa Shanghai Joint School of Medicine in August 2015. The group taught Chinese medical students clinical skills and ethics/professionalism courses. Opportunities for future collaboration in medical education research were discussed.

• **Dr. Justine Chan & Dr. Isabelle Desjardins** — Associate Directors Medicine Clerkship University of Ottawa.

• **Dr. Justine Chan** has been accepted into the University of Ottawa Distinguished Teachers Program.

• **Dr. Heather Clark** — GIM Program Director University of Ottawa.

• **Dr. Cathy Code** — Core Internal Medicine Program Director, Department of Medicine, University of Ottawa.

• **Dr. Vladimir Contreras-Dominguez** — Director, UGME, University of Ottawa.

• **Dr. Catherine Gray and Dr. Melissa Rousseau** — continue to lead GIM Cardiac simulation teaching at the University of Ottawa Skills and Simulation Centre (uOSSC), University of Ottawa.

• **Dr. Samantha Halman** — Associate Program Director GIM University of Ottawa. She is also the OSCE Chief Examiner, Francophone Stream, UGME, University of Ottawa.

• **Dr. Akshai Iyengar** — Site Chief of General Internal Medicine rotations at the Queensway Carleton Hospital.

• **Dr. Steve Kravcik** — Chair of Faculty Appeals Committee University of Ottawa.
• **Dr. Hassan Mustafa** — He was recognized this year as an instructor and examiner for bedside ultrasound by CEUS (Canadian Emergency Ultrasound Society). He has taken a leadership role in developing a bedside curriculum for residents along with **Dr. Catherine Gray**.

• **Dr. Jim Nishikawa** — Associate Program Director (Core) Internal Medicine Program University of Ottawa. He is the VP Education for the Canadian Society of Internal Medicine (CSIM). He also remains responsible for the new examiner orientation program and examiner audit and feedback program for the Internal Medicine oral examinations for the Royal College.

• **Dr. Debra Pugh** — Director of the Ottawa Exam Centre; Vice Chair of Central Examination Committee, Medical Council of Canada.

• **Dr. Debra Pugh** and **Dr. Samantha Halman** acted as the Lead Simulation Educator, Internal Medicine at University of Ottawa Skills and Simulation Centre (uOSSC), University of Ottawa. **Dr. Samantha Halman** will continue in this role moving forward.

• **Dr. Melissa Rousseau** — has been instrumental in establishing a formal bedside teaching curriculum for the Division.

• **Dr. Claire Touchie** — Chief Medical Education Advisor at the Medical Council of Canada, senior research associate, Academy for Innovation in Medical Education, University of Ottawa. CAME-Principles of Assessment for the Continuum of Clinical Competence Committee. She is the Chair of Pan-Canadian Entrustable Professional Activities Project co-lead.

• **Dr. Krista Wooller** — Director of Link Block at the University of Ottawa. As of June 2015, **Dr. Catherine Gray** assumed this role.
RESEARCH ACTIVITIES

The division has maintained an internationally recognized active research program. Areas of interest include patient safety, resource utilization and public policy. This work is facilitated by both The Ottawa Hospital comprehensive Data Warehouse and the ICES satellite unit. The physicians primarily involved are well funded by peer-reviewed agencies and have a very impressive publication record. The division is also active in medical education research. Areas of focus include student and resident assessments, procedure skills and feedback processes.

Key Peer Reviewed Grants

The members of our division have been very successful in obtaining grants for a variety of research endeavors.

D’Egidio G (PI). University of Ottawa Department of Medicine Patient Quality and Safety Improvement. Application of System Safety Process to Eliminate Patient Identification Errors due to Physical and Virtual Proximity. $10,000.00

Desjardins I (PI), Pugh D, Touchie C (Co-Investigators). University of Ottawa. Using Entrustable Professional Activities to highlight the discrepancies in training from undergraduate to postgraduate education. $8,240.00

Forster A (PI). Canadian Institutes of Health Research (CIHR). Information systems-enabled outreach program for adverse drug events. $800,000.00

Forster A (PI), Van Walraven C, Wilson K (Co-Investigators). Ontario Research Fund (ORF). The use of eTriggers to systematically detect and manage adverse events. $1,686,027.00

Pugh D (PI), Halman S (Co-Investigator). Medical Council of Canada. Defining Entrustable Professional Activities for Procedural Skills. $33,900.00

Touchie C (PI), Chan J, Pugh D (Co-Investigators). RCPSC Medical Education Research Grant (MERG) 2015. The Influence Of First Impressions On OSCEs: Does Scoring Format and Type of Assessment Matter? $18,800.00
Wilson K [PI]. Grand Challenges Explorations — Bill & Melinda Gates Foundation. Using Newborn Screening Data to Estimate Gestational Age. $113,080.00

Noteworthy Publications

Members of the Division of Internal Medicine published 72 peer-review articles this past year. Key publications include:


**Quality and Collaboration**

General Internal Medicine has been actively involved in many Ottawa Hospital quality projects. Our Patient Safety and Quality committee is led by Dr. Delvina Hasimja. Our Division has completed a project looking at decreasing foley catheter use and lowering the rate of catheter associated urinary tract infections. With help from Dr. Krista Wooller this project has been extended to the Emergency Department.

A Code Blue Simulation project is ongoing under the guidance of Dr. Loree Boyle.

This past year GIM launched a Vascular Risk Reduction clinic at the Civic Campus in conjunction with Cardiology and Vascular Surgery. This effort was spearheaded by Dr. Delvina Hasimja with help from Dr. Justine Chan and Dr. Daniel Kobewka.

Dr. Isabelle Desjardins and Dr. James Chan — created the CTU Orientation App

Dr. Glen Geiger and Dr. James Chan were instrumental in creating the eHandover tool.

In the coming year, Dr. Daniel Kobewka will implement a pilot project studying a multi-faceted intervention to increase the proportion of patients who complete advanced care planning post discharge with collaboration from Dr. Alan Forster and Dr. Delvina Hasimja.
HONOURS AND AWARDS

Dr. Craig Campbell was awarded the CPSO Council award.

Dr. Heather Clark received the Teaching Skills Attainment award from University of Ottawa.

Dr. Cathy Code was the recipient of a 2015 CAME award of merit in Medical Education.

Dr. Isabelle Desjardins received a Department of Medicine Career Medical Education Award.

Dr. Samantha Halman was awarded a Department of Medicine Career Medical Educator Award. She also obtained her Master’s of Medical Education degree (with distinction) from the University of Dundee, Scotland, UK.

Dr. Alan Karovitch was awarded the Physician Leadership award at The Ottawa Hospital.

Dr. Carl Van Walraven was granted the Chair in Quality Health Administrative Database Research from the Department of Medicine.

Dr. Kumanan Wilson received the Canadian Wireless Telecommunications Association’s (CWTA) “Connected to the Community” award on behalf of the Ottawa Hospital Research Institute for the ImmunizeCA app.
GERIATRIC MEDICINE

12 Faculty Members
1 Resident

CLINICAL ACTIVITIES

In 2014–15, the Division of Geriatric Medicine focused on the following priority areas:

1. Communication and early implementation of our finalized Divisional Strategic Plan. The programmatic themes which help define our areas of expertise are M*: MIND, MOBILITY, MEDICATIONS, MULTI-COMPLEXITY. We modified our service delivery approach to better respond to the needs of the increasing numbers of hospitalized older patients. We aim to bring Geriatrics to more patients, since our inpatient service has a limit to the number of patients we can bring to Geriatrics. The Geriatric Medicine consult service has become our priority area since it will help us attain this goal.

2. Development of partnership activities with the Division of General Internal Medicine to improve flow and management of older patients admitted to the Clinical Teaching Units.

3. Continued development of dementia clinics in family health teams and start to implementation of parts of the Champlain LHIN falls prevention and management program.

The next steps for the coming year will be to develop, trial and evaluate our collaborative activities with General Internal Medicine.

Programs Impacting the Community

The Regional Geriatric Program of Eastern Ontario (RGPEO) under the medical leadership of Dr. Frank Molnar and the program director Mr. Kelly Milne continues to provide proactive leadership in the community to optimize the health and independence of older adults in the Champlain LHIN Region.
The integrated and tightly managed services comprising of the Geriatric Emergency Management (GEM) program and Geriatric Assessment Outreach Teams (GAOT) continue to have significant favorable impacts on avoidable emergency room visits and hospital admissions through timely assessments and interventions involving community services coordination. The RGPEO was also the driving force behind the Champlain LHIN dementia management plan and a region-wide falls prevention initiative. Expansion of community primary care memory clinics to more family health teams is planned.

**Patient Advocacy**

Dr. Frank Molnar is our local champion in advocating for the health care needs of older adults. He has connected with local and provincial politicians, participated in Canadian Medical Association activities and promoted advocacy as a priority item for the Canadian Geriatrics Society. He is pressing for the development of a Canada-wide National Seniors’ strategy.

**EDUCATIONAL ACTIVITIES**

The past year was filled with a wide variety of educational activities, which touched on all levels of medical education (Undergraduate, Postgraduate, Continuing Professional Development) and events for health care professionals. The following Divisional members provided leadership:

Dr. Anna Byszewski is the co-director of the undergraduate Professionalism Curriculum (Anglophone stream) at the University of Ottawa. She is also the co-chair of the "E-Portfolio" Program (Anglophone stream) and the Geriatrics rotation coordinator for all medical students and residents. She is actively involved in several medical education research projects.

Dr. Ruth Ellen is the content expert and co-ordinator for the core teaching of Geriatric Medicine during the undergraduate Integration Block curriculum. She was the co-chair of the highly successful University of Ottawa Continuing Professional Development course: "Building geriatric capacity in primary care" held in June 2015.
Dr. Lara Khoury was appointed as the new University of Ottawa Geriatric Medicine residency Program Director, taking over from Dr. Barb Power.

Dr. Barb Power is the director of the Clinical Skills Program at the University of Ottawa (Anglophone stream). This foundational undergraduate program includes Interviewing Skills; Physical Skills Development; the Community Preceptor Program and Link Block which is the first month of Clerkship. Dr. Power is the immediate-past residency program director for Geriatric Medicine and the Division wishes to thank her for the many years of vision, energy and dedication. Dr. Power is the new Vice-Chair for Education for the Department of Medicine. She joins a dynamic Department of Medicine team which will review, prioritize and implementation changes generated by the Medicine strategic plan.

The RGPEO produced several educational events, including: its annual Geriatric Education Day “Raising Awareness” on March 4, 2015 featuring Dr. George Heckman from the University of Waterloo as the Keynote Speaker; monthly rounds which are presented at the Civic campus and broadcast live to over 40 satellite sites connected by the Ontario Telehealth Network; and geriatric education series which are targeted to health care professionals seeking to enhance their knowledge and skills in assessing and managing older adults.

Our members regularly participate in and are invited to present at: Department of Medicine Grand Rounds, RGPEO rounds, and local, national and international conferences and meetings.
RESEARCH ACTIVITIES

Research in the Division continues to thrive and is taking on new directions, especially into the area of interprofessional education.

Key Peer-Reviewed Grants

The following represent a selection of new successes in peer-reviewed funding.

Khoury L, Menard P, Spilg E, Huang A (Co-PIs). Becoming a better team player. Interprofessional team learning for medical residents to enhance collaborative care. A pilot study in a geriatric medicine unit. Department of Medicine Innovation in Medical Education grant.


Publications

There were 10 peer-reviewed publications by members in 2014–2015. The following is a selection:


HONOURS AND AWARDS

Dr. Anna Byszewski was awarded a Department of Medicine Tier 1 Career Education Award

Dr. Barbara Power was appointed the Department of Medicine Vice Chair for Education

Dr. Ed Spilg was appointed the Department of Medicine first Vice Chair for Physician Health and Wellness

Dr. Frank Molnar is the Vice-President of the Canadian Geriatrics Society. He continues to serve as the Editor-in-Chief of the Canadian Geriatrics Society on-line CME journal.
HEMATOLOGY

26 Faculty Members
6 Residents
10 Fellows

CLINICAL ACTIVITIES

Caring for Thousands of Patients

Every year, our physicians and staff care for thousands of patients with blood diseases. In 2014/15, our physicians attended nearly 33,000 outpatient clinic visits to care for patients within the programs of Benign Hematology, Malignant Hematology and Thrombosis. Over 1,500 hematology visits were conducted via telehealth, enabling patients across the province to access our specialists closer to home. This use of telehealth for hematology patients grew by approximately 25% compared to the year before.

Referrals to the Ottawa Blood Disease Centre continue to climb. The Malignant program received approximately 40% more referrals than the prior year and Benign received approximately 20% more. Visit volume for the Thrombosis program increased by approximately 10%.

Strategic Planning: Hematology 2020

In 2014/15, our Division launched a strategic planning process, establishing priority goals within the pillars of Care, Research, Training, Workplace & Finances. While clinical priorities across all of our programs are focused on delivering efficient, effective and evidence-based care, specific areas of leadership and expertise were also identified. These include advancing the regionalization of care, standardizing care to align with best practice, and fostering health education and literacy among our patients. Over the coming year, we will continue to develop and implement our action plans and measure our success.
Commitment to Patient Safety and Access

Despite our growing numbers of referrals and patient visits, we have managed to not only maintain but significantly improve our wait times for outpatient consults. After developing and implementing a new database to track our consults over the past two years, we have been able to evaluate our metrics and implement improvement strategies. We have been able to reduce our median wait times significantly:

- Leukemia patients: 13 days, down from 27 days in 2013*.
- Lymphoma patients: 10 days, down from 12 days in 2013.
- Myeloma patients: 22 days, down from 57 days in 2013.
- Benign patients: 32 days, down from 40 days in 2013.

* NB: acute consults are seen immediately (<24 hours).

Wait times are not currently tracked for non-urgent referrals to our Thrombosis program. Urgent referrals are seen within 24 hours at one of our 7 day/week clinics, and peri-operative consults are consistently seen within the required time frame.

Growing Clinical Practice

In 2014/15, the Division of Hematology successfully recruited one new physician: Dr. Lisa Duffett joined the Division in January 2015, focusing on Thrombosis patients. Dr. Duffett has a particular interest in patient education and engagement and will be spearheading new initiatives to advance our efforts in these areas. With a continually growing rate of patient referrals across all 3 programs, the Division is thrilled to have again expanded its physician human resource.
Patient Advocacy

In 2014, the Division of Hematology, in partnership with the TOH Cancer Program, was successful in our application for one-time funding from the Champlain Local Health Integration Network (LHIN) to purchase a Cellex Photopheresis machine. For the first time in the Champlain LHIN, we are now able to offer effective treatment to BMT patients suffering from Graft Versus Host Disease (GVHD), a severe and disabling multisystem medical complication that occurs in some patients who receive a blood or marrow transplant from a donor. Since the service went live on January 28, 2015, 14 patients have benefited from over 275 procedures performed. Efforts are currently underway to purchase a second machine and increase treatment capacity.

EDUCATIONAL ACTIVITIES

Improving the Trainee Experience

As part of our strategic planning process, three ‘raise the bar’ aspirations were identified within the domain of Training:

- Be the rotation of choice for PGY1–3;
- Be the training centre of choice for PGY4–5 in Canada and the world;
- Inspire medical students and residents to become the next generation of hematologists, including tomorrow’s leaders.

As a first step toward achieving these goals, the Division has focused on improving the on-call experience for trainees. Two initiatives were planned and piloted in spring/summer 2015: (1) the introduction of ‘tuck-in’ rounds to better support PGY1–3 and reduce the number of avoidable and redundant calls, and (2) recruitment of physician-funded moonlighters to cover junior call
and relieve PGY5s from this duty. After piloting these initiatives for several months, they are currently under review and will be adjusted as required. Ongoing evaluation of the trainee experience will inform future improvement efforts.

**Fellowship Program**

The Division is committed to training the highest level trainees. We have post-hematology residency training fellowship programs in Thrombosis, Malignant Hematology/Stem Cell Transplantation and Transfusion that include clinical, research and education streams. Our fellowship programs continue to attract both qualified trainees and ongoing financial support.

**Summer Student Program**

With a record 13 summer students, 2015 proved to be a banner year for attracting students to work in the Division of Hematology.

**RESEARCH ACTIVITIES**

The Division of Hematology is a very active and successful research group, with 10 OHRI scientists (half of our Division members), 16 OHRI clinical investigators and about 30 research staff (manager, coordinators, and assistants). Our research spans the clinical specialties of Thrombosis, Malignant Hematology/Stem Cell Transplantation and Benign Hematology/Transfusion Medicine with dozens of studies underway at any time. We lead and participate in many multi-centre studies and are consistent leaders in both the quantity and quality of our contributions.
Looking to the Future: Establishing a new Research Chair

In 2014, our Division was successful in establishing a new Research Chair in Advanced Stem Cell Therapy. Formally approved as a TOH priority for fundraising efforts, this Research Chair will play a key role in leading the first human clinical trials for innovative transplant-based therapies for some of the world’s most devastating diseases, including cancer, multiple sclerosis, and auto-immune diseases.

In 2014/15, the Department of Medicine hosted the inaugural Dancing with the Docs event to raise money for the Chair. Not only did the Division of Hematology participate and attend in droves, but our own Dr. Carol Gonsalves won the coveted Medicine Ball Award for her spectacular Cha Cha performance! The event raised thousands of dollars towards our new Research Chair, bringing us one step closer to our fundraising goal. An additional $5000 was raised by the Ottawa Blood Disease Centre running team in the 2015 Run for a Reason. Race you again in 2016!

Noteworthy Publications

Members of the Division of Hematology published 86 peer-reviewed papers this year, and were first authors on 39 of these. Key publications include:


**Publication Metrics**

A review of our 2014–15 publications yielded impressive results. For studies with Division members listed as principal, senior or corresponding author, the mean Journal Impact Factor (JIF) was 8.4. Given that only 2.4% of journals were assigned a JIF of 8 or greater in 2014, this is an exceptional result, especially for such recently published studies.

9 of our 2014–15 publications were classified by Thomson Reuters as “Highly Cited”. This includes Dr. Gregoire Le Gal’s 2014 JAMA paper *Age-adjusted D-dimer cutoff levels to rule out pulmonary embolism: the ADJUST-PE study*, which rose to the top 1% of publications in its field based on the number of citations received. (Thomson Reuters, Essential Science Indicators).
Key Peer-Reviewed Grants

We are thrilled to report that we received $12,730,824 in funding for 30 peer reviewed grants in the academic 2014/15 year. Our Division members were Principal Investigators on 11 of these grants, and Co-Investigators on 19. Highlights of our new peer-reviewed grants include:

**Carrier M (PI).** Heart & Stroke Foundation of Canada. Operating Grant to Study the Management of Subsegmental Pulmonary Embolism (the SSPE study). $70,000.

**Duffett L (PI), Kahn S, Rodger M (Co-Investigators).** Canadian Institute of Health Research (CIHR). Develop A Patient-Outcomes Driven Research Priority Within the Canadian Venous Thromboembolism Clinical Trials and Outcomes Research (VECTOR) Network. $25,000.


**Bell J (PI), Atkins H (Co-Investigator).** National Centres of Excellence. Biotherapeutics for Cancer Treatment (BioCanRx)

**John Bell and co-applicants Dr. Rebecca Auer, Dr. Harry Atkins, Dr. Jean-Simon Diallo, Dr. Dean Fergusson and Dr. Derek Jonker** — Biotherapeutics for Cancer Treatment (BioCanRx) National Centres of Excellence.
HONOURS AND AWARDS

Dr. Marc Carrier was promoted to Senior Scientist at the OHRI.

Dr. Karima Khamisa won three education awards this year: The University of Ottawa Mentor of the Year (undergraduate medical education); The University of Ottawa Educator Award (Person Competency); and the University of Ottawa Teaching Skills Attainment Award.

Dr. Gregoire Le Gal received a Tier 1 Clinical Research Chair Award — Diagnosis of VTE from the University of Ottawa’s Faculty of Medicine. The chairs support excellence in clinical research with the goal of advancing health knowledge and patient care.

Dr. Marc Rodger received the Chrétien Researcher of the Year Award for his work investigating treatment for blood clots in pregnant women. His prestigious award was presented at the Ottawa Hospital Gala on November 1, 2014.

Dr. Marc Rodger received the Canadian Hematology Society’s clinical paper of the year award for his international clinical trial of blood thinners in pregnant women, published in The Lancet. The trial showed that daily blood thinner injections, which have been commonly given to pregnant women at high risk of developing clots, aren’t actually helpful. The Hematology Society noted that this paper has ”exceptional impact and represent(s) the best of Canadian hematology”.

Dr. Melissa Toupin garnered high marks in patient satisfaction, with 75% of her inpatient respondents rating her care as ‘excellent’.

Dr. Melissa Toupin garnered high marks in patient satisfaction, with 75% of her inpatient respondents rating her care as ‘excellent’.
Dr. Phil Wells received The Lifetime Achievement Award from the Faculty of Medicine at the University of Ottawa to honour his significant contributions and achievement in the advancement of health outcomes and patient care. This award is presented to an alumnus who is recognized as a leader in their respective field and who has demonstrated professional excellence and dedication to their community.

Kudos to our impressive division for their efforts and achievements!
INFECTIOUS DISEASES

19 Faculty Members
3 Residents
2 Fellows

The Division of Infectious Diseases is a highly academic division committed to quality patient care. The division is involved in the education of medical students, Masters and PhD candidates, interns and residents, and Infectious Disease fellows. The division has a mandate to provide regional infectious disease consultation as well as regional infection control advice to the Champlain region of Eastern Ontario and West Quebec. Dr. Jonathan B. Angel is the Chair of the Division and through his leadership and commitment the division strives to become nationally and internationally renowned.

CLINICAL ACTIVITIES

Key Regional Programs

- The Immunodeficiency Clinic providing multidisciplinary care for HIV/AIDS patients.
- The Regional TB Program in collaboration with Ottawa Public Health.
- The Regional Multidisciplinary Viral Hepatitis Program.
- The Hospital and Regional Infection Control Program.
- Infectious Disease inpatient and outpatient consultation based at both the Civic and General campuses with affiliation to the Queensway Carleton and Elizabeth Bruyère Continuing Care.
- Sioux Lookout Region telemedicine ID clinic.
Dr. Bill Cameron’s Immunodeficiencies and Immunoglobulin Program/Clinic remains an important clinical and laboratory based research resource. For the past three years, the I & I Clinic has been providing hypogammaglobulinemia patients the option to self-administer SCIg at home. External funding allows for a specially qualified Nurse Specialist and Educator to provide patient training and support. There are over 100 outpatients receiving self-administered SCIg therapy at home, as opposed to regular MDCU visits for IVIg. In January 2015, we added an additional clinic with Dr. Juthaporn Cowan within the I & I Clinic to help reduce the referral time for new patients and increase uptake further. We also established a liaison and referral system with Drs. William Yang and Tim Olynch (Allergy and Clinical Immunology).

Dr. Anne McCarthy established a new immunization clinic to serve the needs of splenectomy and Human Stem Cell Transplant patients at The Ottawa Hospital. The clinic provides counselling and immunizations to these patients with increased risk of infectious complications. The clinic collaborates closely with the Bone Marrow Transplant program and the Trauma Unit. Through the collaboration with the clinic and health care educators and the trauma unit we have developed resources as well as standing orders for patients to improve patient safety and care.

Goals and Upcoming Activities

Dr. Yoko Schreiber, Dr. Kathy Suh and Caroline Nott are drawing from Dr. Yoko Schreiber’s review of antimicrobial stewardship in First Nation communities, to assess antimicrobial stewardship in correctional facilities in Canada. The auditor general report highlights important issues in access and quality of health in First Nations reserves.

Our goal is to continue to work with Sioux Lookout Regional partners and provincial and federal governments to address health inequity experienced by First Nations people in the region by establishing a locally run, community driven and federally supported
community health unit that coordinates prevention and response to emerging infectious diseases through surveillance, education, enabling research, case management and advocacy. This initiative has garnered the support of the regional Chiefs’ Council of Health.

**Patient Advocacy**

**Dr. Virginia Roth** became Director of Patient Advocacy for The Ottawa Hospital as of January 2014. The main focus of her role is to enable our physicians to provide the world-class care, exceptional service and compassion that we would want for our loved ones. This will be achieved through the following strategies: (1) providing physicians with feedback on their performance, (2) promoting physician health and well-being, (3) improving physician’s work environment, and (4) investing in physician leadership development.

**Dr. Yoko Schreiber** is actively trying to engage professional organizations in committing to lend a voice to Aboriginal communities in their fight against health inequities, specifically as they pertain to the area of infectious diseases, social determinants of health, public health, and health care delivery.

**Drs. Yoko Schreiber** and **Raphael Saginur** have continued their relationship with Sioux Lookout Meno Yo Win Hospital (SLMYWH) which includes the northwestern half of Ontario. They have fostered a collaborative response to rheumatic fever and other infection-related problems with the Sioux Lookout First Nations Health Authority, Sioux Lookout Meno Yo Win Hospital and federal and provincial public health authorities. These problems relate closely to remoteness, overcrowding, poverty, and residential schools.
EDUCATIONAL ACTIVITIES

Dr. Anne McCarthy continues to design educational resources for trainees undertaking international electives in low resource settings. There are now six online teaching modules available through the ACTION Global Health Network (www.actionglobalhealth.ca).

Dr. Anne McCarthy is co-Director of the Asian Clinical Tropical Medicine Course. The course is held bi-annually in Bangkok, Thailand and consists of lectures, demonstrations, workshops, and small-group clinical rounds in various Thai hospitals. This unique course allows healthcare providers to have experience with Tropical medicine that they wouldn’t otherwise have in the Western world. New in 2014 was the expansion of the course to include teaching at the Angkor Children’s Hospital in Cambodia. Course planning for 2016 is ongoing and ACTM6 will run from July 24th through August 3rd in Thailand and then August 4–6th in Cambodia.

This course is a collaboration between Mahidol University in Bangkok and three North American Universities (University of Ottawa, University of Minnesota, Georgia Regents University).

Dr. Virginia Roth provided development opportunities for physician leaders at The Ottawa Hospital through our Leadership Development Institute (held 3 times yearly), a Quality and Patient Safety Course (provided through Telfer School of Management), the Senior Champlain LHIN Leadership Program and individual talent management programs. She also developed a structured process to provide annual performance feedback for TOH physicians (in collaboration with UO), developed a workshop for training physician leaders, and provided individual coaching/support as needed.
RESEARCH ACTIVITIES

Dr. Jonathan Angel is part of a research team involving OHRI, CHEO, and University of Ottawa, which is playing a major role in a project that aims to find a cure for HIV and contribute to the global effort to put an end to AIDS. The project (The Canadian HIV CURE Enterprise; CanCURE) was awarded $8.7 million from CIHR and CANFAR.

Dr. Bill Cameron has been supervising/mentoring development of studies and RCT’s in hypogammaglobulinemia and Ig treatment of COPD, BMT, Renal Xplant and invasive pneumococcal infections cases (Drs. Juthaporn Cowan and Sunita Mulpuru). He is involved in internally funded linked clinical and laboratory based research on hypogammaglobulinemia, and immunological effects of immunoglobulin treatment in immunodeficiencies. The Department of Medicine awarded Drs. Cameron, Knoll, Tay and Cowan a Developmental Research Grant entitled “Immunoglobulin therapy for secondary hypogammaglobulinemia: hematopoietic stem cell and renal transplantation.”

Dr. Bill Cameron is Co-Principal Investigator in a prospective longitudinal cohort study of HIV, infant feeding mode, gut microbiota and immunological vaccine responses to routine infant vaccination (INFANT study). Over 500 mother-infant pairs in Nigeria and in South Africa have been recruited. The study has reached 67% of full enrolment, with projection of completion in 2016. Funded by GHRI, one CIHR Large Team Grant and one CIHR Operating Grant (Bridge funding). Conducted with support of the uOttawa Department of BMI, and the Ottawa Methods Centre of the OHRI CEP.
Dr. Curtis Cooper is currently leading several investigator driven clinical trials evaluating the metabolic and immunologic impact of chronic viral hepatitis and the antivirals used to treat these infections. He is a principal investigator on several CIHR-funded research networks focused on HIV and HCV and is a PI on several cohorts including CANOC (CIHR-funded national HIV cohort), OCS (Ontario HIV Treatment Network HIV cohort), CTN222 (CIHR-funded HIV-HCV cohort) as well as regional HIV and HCV cohorts.

Dr. Vicente Corrales-Medina completed an international collaboration (US and Canada) to analyze the short and long-term effects of pneumonia on cardiovascular risk using data from two large comprehensive prospective North-American cohorts, the Cardiovascular Health Study (CHS, n=5888) and the Atherosclerosis Risk in Communities study (ARIC, n=15792). The results of this investigation were featured in the highly influential Journal of the American Medical Association (JAMA) and received wide media and public attention both nationally and internationally.

Dr. Raphael Saginur joined the Standing Committee on Ethics of CIHR and continues on the Board of Clinical Trials Ontario. He has been focusing on streamlining and making more robust the ethical review of clinical research, with a focus on innovative clinical trial designs.

Dr. Yoko Schreiber and Dr. Raphael Saginur have discovered a high rate of Acute Rheumatic fever in the Sioux Lookout Region with 8 cases occurring within the last 3 years, including two child deaths. This is a preventable disease and virtually unheard of in the developed world. Our efforts focus on documenting the scope of infections and complications related to group A strep, including acute rheumatic fever, invasive group A strep, and post-streptococcal glomerulonephritis, and their relationship to access to health care, appropriate diagnostic testing, and social determinants of health in the region.
Dr. Kathryn Suh and Dr. Virginia Roth have been leading research into better preparing hospitals for the increasing risk of antibiotic resistant organisms, including refocusing VRE control measures to improve infection control standards for all patients. They established a Fellowship training program in Antimicrobial Stewardship (AMS) and are monitoring the impact of AMS interventions.

**Key Peer Reviewed Grants**

**Cameron DW (PI).** Canadian Institutes of Health Research (CIHR). Intestinal microbiota, immune activation and vaccine responsiveness of the HIV-exposed infant.

**Alvarez G (PI), Aaron S, Cameron DW (Co-Investigators).** Canadian High Artic Research Station and The Department of Medicine. Using whole genome sequencing with epidemiological data to quantify the transmission of smear negative TB disease in Iqaluit, Nunavut.

**Hogg R, ... Cooper C (Co-PIs).** Canadian Institutes of Health Research (CIHR). Canadian HIV Observational Cohort (CANOC) Collaborative Research Centre Operating Grant.

**Salit I, Rosenes R (Co-PIs), ... MacPherson P (Co-Investigator).** Canadian Institutes of Health Research (CIHR). The HPV-SAVE Study: HPV screening and vaccine evaluation in men who have sex with men.

**MacPherson P (PI).** Canadian Institutes of Health Research Centre for REACH in HIV/AIDS (CIHR-REACH). Addressing health inequities and improving health outcomes among gay men. Phase I.

**Bogoch I, ... MacPherson P (Co-Investigator).** Canadian Institutes of Health Research (CIHR) Partnerships for Health System Improvement. Optimizing the delivery of HIV post-exposure prophylaxis: A randomized controlled trial of text messaging support and physician/nurse role optimization.
McIntyre L (PI), ... Saginur R (Co-Investigator). Canadian Institutes of Health Research (CIHR). Crystalloid FLUID Choices for Resuscitation of Hospitalized Patients: A Pragmatic Cluster Cross Over Pilot Trial.

Jolicoeur M (PI), ... Saginur R (Co-Investigator). Canadian Institutes of Health Research (CIHR). The Advancement and Democratization of Medical Research in Canada Through the Development and Validation of Randomized-Registry Trials.

**Noteworthy Publications**

Members of the Division published 56 peer-reviewed articles this past year, key publication include:


McLaughlin D, Faller E, Sugden S, MacPherson P. Expression of the IL-7 Receptor Alpha Chain is Down Regulated on the Surface of CD4 T-Cells by the HIV-1 Tat Protein. *PLoS ONE* 2014; 9(10):e111193


**HONOURS AND AWARDS**

Dr. Bill Cameron was named as the Mark Wainberg Lecturer at the 2015 Canadian Association for HIV Research (CAHR) Conference (https://youtu.be/xUe3gcnjRUI?t=2039)

Dr. Curtis Cooper was elected President for the Canadian Association for HIV Research for a one-year term.

Dr. Jonathan Angel was appointed as Chair of the Division of Infectious Diseases

Dr. Gregory Rose was appointed as Director of Ambulatory Care, The Ottawa Hospital Department of Medicine
MEDICAL ONCOLOGY

23 Faculty Members
5 Residents
4 Fellows

CLINICAL ACTIVITIES

The Ottawa Hospital Cancer Centre (located at the General Campus of The Ottawa Hospital (TOH) and The Irving Greenberg Family Cancer Centre at the Queensway-Carleton Hospital) provides world class Medical Oncology care for the Champlain LHIN Region of Ontario. The Ottawa Hospital employs 15 full time and part time General Practitioners in Oncology (GPOs) (7.1 FTEs) to work alongside our 23 Medical Oncology faculty members.

The number of new Systemic Therapy patients with solid tumours seen by medical oncology was 4,086 in the last year, there were 33,936 Medical Oncology follow up appointments and 36,518 visits for administration of systemic cancer therapies.

In addition to regular clinics, the Division also operates a Stretcher Bay/Triage Unit for rapid assessment of urgent patients with symptomatic deterioration. Of high importance to both TOH and to patients, this unit is able to divert many cancer patients from the Emergency Department.

The Division also operates a 34 bed inpatient program.

Transforming Lung Cancer Delivery

Lung cancer remains the leading cause of cancer death for both men and women in Canada (27% of all cancer deaths in 2015 — more than cancers of the breast, colon and prostate combined), and is the second overall leading cause of death in Canada after myocardial infarcts. Patients often go through a maze of providers, tests and delays before seeing the most appropriate specialist with the key information required for decision making.
Over the past two years, Medical Oncologists and other Cancer Program team members have been involved in an innovative project to design lung cancer care with a complete end-to-end integration in a patient-centric model: the Lung Transformation Project. The transformation model aims to standardize, optimize and streamline end-to-end processes with the assistance of a sustainable, automated technology solution using Business Process management (BPM) software. In addition, this model encouraged social engagement and learning across groups of clinician, administrators, patients and the change implementation team. Patients and family members have been key team members throughout the planning and implementation process.

Early results up to May, 2015 have demonstrated a 40% reduction in overall wait time from initial patient referral to initiation of treatment and the successful implementation of innovations that have improved the patient family experience.

Ottawa Cardiac Oncology Program: Dr. Susan Dent was a co-founder of a dedicated cardio-oncology clinic at The Ottawa Hospital — the first such clinic in Canada. In collaboration with 3 cardiologists and a pharmacist, they established a dedicated clinic (Ottawa Cardiac Oncology clinic) to care for cancer patients with pre-existing cardiac health issues or who develop cardiotoxicity related to their cancer treatments.

Expansion of Outreach Chemotherapy Delivery Services: The Division oversees systemic therapy of cancer for all patients in the Champlain LHIN. To facilitate patient access, we operate clinics and treatment facilities at the Irving Greenberg Family Cancer Centre in the west end of Ottawa, as well as overseeing chemotherapy delivery at centres in Pembroke, Renfrew, Winchester and Hawkesbury. We are in the process of also developing a treatment facility in Cornwall.
Earlier Access to Supportive and Palliative Care:
The Ottawa Hospital Cancer Program is one of three regions in the province of Ontario participating in a multi-year initiative to improve access to supportive and palliative care. Led by Cancer Care Ontario (with funding support from CPAC- Canadian Partnership Against Cancer) the “Integrate Project” provides medical oncologists and other cancer team members with the opportunity to participate in Pallium Canada’s LEAP (Learning Essential Approaches to Palliative Care) training. To date, over 100 team members have received LEAP training.

Brief Updates from the 2014 Annual Report

Molecular Laboratory: The Molecular Oncology Diagnostics Laboratory is being established at The Ottawa Hospital to analyze DNA samples of cancer patients’ tumors. In mid-February 2015, a small temporary molecular lab was set up and began genetic profiling of tumor samples. Currently, the lab has validated EGFR and BRAF assays, which it is running on a weekly basis. With the lab becoming operational, patients and their oncologists are receiving results in days instead of the weeks that it previously took (when samples were being sent to outside labs), which means that patients have much less of a delay and can begin treatments customized to their specific cancer sooner.

Aboriginal Strategy: Aboriginal Patient Coordinator Verna Stevens (whose position is supported by funding from Cancer Care Ontario) provides aboriginal patients with support in navigating the cancer system. The Cancer Centre has also recently opened a new, warm, welcoming designated space for these patients (the Windocage Community Room). Dr Tim Asmis and colleagues have also recently published a review of cancer care for Inuit patients from Nunavut who were seen at the TOH Cancer Centre between 2000 and 2010.
Wellness Beyond Cancer Program: Under the leadership of Dr. Roanne Segal, this highly successful program oversees the transfer of care of patients with breast and colorectal cancer who have completed their cancer treatment from their medical and radiation oncologists to their primary care physician or to a highly trained TOHCP Nurse Practitioner. This program frees up resources for the care of new patients, thereby substantially reducing wait times, while facilitating high quality care, with rapid referral of the patient back into the Cancer Centre if there is any concern about possible recurrence of their cancer.

The Psychosocial Oncology Program: The Psychosocial Oncology Program (PSOP) continues to provide highly valued counselling and rehabilitation to our patients.

Patient Advocacy
Dr. David J Stewart has published several papers over the past 6 years on the urgent need to change the way in which cancer clinical research is regulated and evaluated, and, in collaboration with patient advocates John-Peter Bradford and Laurel Gibbons, he has followed this up over the past several months with meetings with members of the House of Commons and Senate to push for clinical research reform that would speed access to life-saving therapies for patients with lethal diseases. They have also joined with others under John-Peter Bradford’s leadership to establish the Life Saving Therapies Network with the intent of “connecting people and organizations concerned about better therapies and faster access”, and have created the educational website www.lifesavingtherapies.com. Their calculations indicate that for 21 new anticancer drugs used as illustrative examples, more than 19,000,000 life-years could have been saved worldwide if the time from drug discovery to drug approval had been cut from an average of 12 years to an average of 5 years.
The situation is worse in Canada than in most other industrialized countries since it then takes an average of more than a year from drug approval until the drug is funded for patients by provincial payers. For the 21 drugs assessed, this extra year of delay would have meant the unnecessary loss of more than 25,000 life-years in Canada, over and above the 300,000 life-years that would have been lost in Canada between drug discovery and approval by Health Canada. This is unacceptable.

Dr. Paul Wheatley-Price is the Chair of the Medical Advisory Board for the advocacy group Lung Cancer Canada. He gave an invited talk at the Canadian Lung Cancer Conference in Vancouver in February, 2015 on advocacy in lung cancer, and was an invited speaker at the Lung Cancer Gala fundraising event in November, 2014.

As her sabbatical in late 2014, Dr. Roanne Segal participated in setting up cancer care services in Rwanda. An American group (Partners in Health) had worked with the Rwandan Ministry of Health to build a cancer treatment facility in Butaro, Rwanda, and had trained local health care practitioners to deliver care. Dr. Segal was the first medical oncologist to work in the facility, where she helped to develop the local knowledge base and assisted in patient care and teaching.

Dr. Segal has also overseen the Cancer Survivorship Program responsible for transferring patients who have completed their cancer therapy to follow up in the community. This important program is an important factor in helping ensure that we are able to take on new cancer patients in a timely fashion.

Dr. Mark Clemons is on the board of the Canadian Breast Cancer Foundation, and is part of the “We Care” group formed to improve research opportunities for breast cancer patients.
Dr. Michael Vickers is a member of the Canadian Gastric Cancer Alliance, the NCI Rectal/Anal Cancer Task Force, and the Cancer Care Ontario Colorectal Cancer Pathways Working Group.

Dr. Neil Reaume is the co-lead of the Kidney Cancer Research Network of Canada’s (KCRNC) Genetic Initiative and will be the co-chair of the KCRNC annual forum in February 2016.

Dr. Shailendra Verma has been a strong advocate for sarcoma patients, and was an invited attendee at the Federal Minister of Health announcements this year for sarcoma research. He has also collaborated with the Ottawa Integrative Cancer Centre in research on alternative therapies. He has also participated in a Policy Forum and as a patient advocate regarding studies required for approval of “Subsequent Entry Biologics”.

Dr. Tim Asmis is a member of the Medical Advisory Board of the Colorectal Cancer Association of Canada and of the Cancer Care Ontario Program in Evidence Based Care, as well as being the Chair of the OMA Section on Haematology and Medical Oncology.

Dr. Susan Dent co-founded the Ottawa Cardiac Oncology Clinic to care for cancer patients with cardiac disease or with cardiac toxicity from anticancer therapies. She is also the founder and director of the Canadian Cardiac Oncology Network (CCON), a national organization dedicated to optimizing cardiac care for cancer patients receiving potentially cardiotoxic therapies. The CCON mission is to gain a better understanding of cardiac complications of oncology treatments, to develop early detection and intervention strategies to optimize cardiac health and to optimize patient outcomes by collaborating with allied health care professionals (www.cardiaconcology.ca). They have developed a one-day cardio-oncology workshop with National and International Participants.
CCON has linkages internationally with the International Cardiac Oncology Society (ICOS) and ICOS North America (www.icosna.org). Dr. Dent is co-chair of 1st Global Cardiac Oncology Symposium to be held in Nashville, Tennessee in October 2015.

Dr. Dent was also senior author on a contribution on cardiac oncology to the Cancer Care Report Card published by the Cancer Advocacy Coalition of Canada in April, 2015, medical advisor and team leader for the Bust A Move fundraising event for the Ottawa Regional Cancer Foundation in March, 2015, a team captain for the President’s Breakfast fundraising event for The Ottawa Hospital Foundation, a participant in the Ride for the Cure fundraiser for the Canadian Breast Cancer Foundation, and a participant in The Ride fundraiser for The Ottawa Hospital Foundation.

Dr. Glen Goss is a member of the Thoracic Malignancy Steering Committee of the National Cancer Institute (US) and is the national Thoracic Oncology Site Committee Chair for the NCIC Clinical Trials Group.

Dr. Derek Jonker is the national Gastrointestinal Malignancy Committee Chair for NCIC Clinical Trials Group.

Dr. Scott Laurie is the national investigational New Drug Committee chair for the NCIC Clinical Trials Group.

EDUCATIONAL ACTIVITIES

The Medical Oncology Training Program (MOTP) had another successful year under Director Dr. Neil Reaume. We are pleased to announce all graduates from 2014 subsequently passed their certification exams. The MOTP had two resident graduates for 2015 (Drs Brule & Valdes). The Program was delighted to recruit two PGY4 trainees for a complement of five trainees for the 2015–2016 academic year.
In addition, Fellowship Director Dr. Tim Asmis continues to attract highly skilled tumour-specific research fellows, with new additions from Ireland and the Ukraine. The medical oncologists collectively contributed approximately $200K to support fellows’ salaries, with an additional ~$150K coming directly from industry and $160K committed by industry through a contribution to The Ottawa Hospital Foundation.

The resident-organized annual MOTP retreat was another success with a variety of guest speakers/workshops, including a keynote address by Dr. R Segal on her sabbatical experience in Rwanda. As well, the trainees selected Dr. Shailendra Verma as this year’s winner of the Golden Throat Award for Best Teacher. The MOTP committee selected Dr. Stephanie Brule as the winner of the Peter Laurence Fenn Award to honour both science and compassion in the field of oncology.

Dr. Michael Ong continues to fulfill the role of MOTP research supervisor. This past year was a productive year of high quality resident and fellow research presented at national and international meetings, as well as numerous publications [see twitter.com/ottawamedonc for a list and links]. Fellow Dr. Carmel Jacobs was recognized with an American Society of Medical Oncology Merit award for her research on bone-protecting agents in breast cancer (The Odyssey Study).

The Ottawa MOTP continues to be a leader in the use of Simulation in Medical Oncology Education (SIMONE) spearheaded by Dr. Shelly Sud, who won second place in the postdoctoral section at the Ottawa Health Research Institute research day. In addition, this project has won a University of Ottawa Educational Initiatives in Residence Education Grant.

As for all medical oncology programs across Canada, the Ottawa MOTP is entering the home stretch for preparations for a switch to competency-based education starting in July 2016. We look forward to continuing to develop innovative teaching and evaluation methods.
A major part of our ongoing success at the residency and fellowship level can continue to be credited to the hard work of our MOTP committee and our exceptional program coordinator Arlette Mendicino.

Finally, this past year saw a passing of the torch with the retirement of the first director of the MOTP Dr. Jean Maroun who established the program in 1988. In his honour, the Medical Oncology Associates established the Jean Maroun Resident Research Scholarship, and the inaugural winner was Dr. Terry Ng for his project on Chemotherapy Induced Nausea and Vomiting.

Another retirement of note was long time former program coordinator Doris Potenza after 41 years of service.

While we have seen some retirements, we have recently hired Dr. Tina Hsu. Dr. Hsu has a major interest in medical education and is a member of the Royal College of Physicians and Surgeons of Canada Medical Oncology Competency By Design Committee.

Although we do not yet have the evaluations for 2014–2015, division members did exceptionally well on their teaching evaluations by internal medicine residents in 2013–2014. The median score for the 23 division members was 4.8 out of 5, with 5 of the 23 rated as 5 out of 5.

RESEARCH ACTIVITIES


The research of the Division encompasses clinical, translational and basic cancer research and we are pleased to report that the Division’s research endeavors continue to improve both in the number of trials, projects, grants and publications. The dominant activity of the division is in the area of clinical research where the Division supports a large clinical trials office, accounting for the largest percentage of clinical research within the Ottawa Hospital Research Institute (OHRI). There are close to 200 open trials, with approximately 60 actively accruing at any given time.
This activity is supported by 40 clinical research staff, including the Administrative Director Meri-Jo Thompson. In 2014–15 we opened 35 new trials, with 19 different oncologists taking on the role of Principal Investigator. The mix of trials was 37% pharma, 30% Cooperative Group and 33% Investigator-led. Overall, we accrued 338 patients to these trials.

The past academic year has seen a strengthening of the Division’s research mandate by the recruitment of Dr. John Hilton and Dr. Michael Ong (who trained in Investigational New Drug Development at the Dana Farber Cancer Institute at Harvard and at the Royal Marsden Hospital in London England, respectively), Dr. Michael Vickers (who has clinical and translational research expertise in gastrointestinal malignancies, and who recently received a Master of Public Health from the Harvard School of Public Health, Boston, MA), Dr. Tina Hsu (with research expertise in geriatric oncology and in gastrointestinal malignancies) and Dr. Jeff Sulpher (who has increased the Division’s strength in breast cancer research and in cardio-oncology).

Through the year the Clinical Trials Office hosted two audits by NCIC CTG and was also audited by NRG Oncology, Bayer Health Care, Pfizer, and Novartis. In addition, there was one internal audit by the OHRI of Investigator Initiated trials. The Quality Committee led by Faye Aspelund, with representation by senior CRA’s, pharmacy technicians and physicians audited 96 charts ensuring that each Investigator and each CRA was audited at least one time by the committee during the year. All physicians and staff have been trained on ethics, regulatory requirements as well as completed Institutional and Cancer Centre specific training.

The number of grants and publications held by members of the Division has again increased this year. As highlighted below there have been numerous publications in high impact journals including *Lancet Oncology*, the *Journal of Clinical Oncology* and *Clinical Cancer Research*. The impressive number of grants is listed below.
In the area of translational research, cancer clinical researchers have worked collaboratively with the OHRI, Department of Medicine, Department of Pathology, the Methods Centre, McGill University, Ontario Institute of Cancer Research and NCIC CTG researchers to enhance cancer research in the Division. These include collaborations with Drs. Jim Dimitroulakos, Christina Addison, Ian Lorimer, John Bell, Michelle Turek, and Phil Wells among others. These collaborations have enhanced the translational components of ongoing or proposed clinical trials.

**Key Peer Reviewed Grants**

**Clemons M (Co-PI).** Canadian Cancer Society Research Institute, Knowledge to Action Grants (CCSRIKTA). Increasing Use of Contralateral Prophylactic Mastectomy: A Concern for Over-Aggressive Treatment of Breast Cancer Patients in Canada.

Wells P (PI), **Stewart DJ, Goss G (Co-investigators).** Canadian Institute of Health Research (CIHR). New Oral Anticoagulants for the Prevention of Venous Thromboembolism in High-Risk Ambulatory Cancer Patients: A Randomized Placebo-Controlled Double-Blind Clinical Trial.

Arnaout A (PI), **Clemons M, Dent S (Co-Investigators).** Canadian Breast Cancer Foundation. Phase II Randomized, Double-Blind, Placebo-Controlled, Window of Opportunity Trial Evaluating Autophagy as a Novel Therapeutic Strategy in Breast Cancer (The CUBiC Study).

Squires JE, Arnaout A (Co-PIs), ... **Clemons M (Co-Investigator).** Canadian Cancer Society Research Institute (CCSRI). Use of Innovative Knowledge Translation Strategies to Reduce Overuse Of Medical Imaging In Early Stage Breast Cancer.
Goss G [PI]. Ontario Institute for Cancer Research — High Impact Clinical Trials Translational Research Team Award.

Stojdl D [PI],...Nicholas G [Co-Investigator]. Canadian Institutes of Health Research (CIHR). Oncolytic Virus Immunotherapy for Brain Cancer.


Goss G [PI]. Canadian Cancer Clinical Trials Network. Pan-Canadian initiative to improve the efficiency and quality of clinical trials in Canada.

PEER-REVIEWED PUBLICATIONS

The clinical investigators in the Division of Medical Oncology had a total of 124 peer-reviewed publications from July 1, 2014 to June 30, 2015. Including papers on which more than one member of the division were co-authors, division members had an average of 6 publications each (range, 0–27, with only one division member having no publications). Below are 8 selected from the total of 124:


HONOURS AND AWARDS

Dr. Glen Goss was asked to serve as a member of the Scientific Review Committee for the 2015 World Conference on Lung Cancer.

Dr. Paul Wheatley-Price was received the Best ePortfolio Coach of the Year Award from the University of Ottawa for 2013–2104.

Dr. Susan Dent was nominated for a TOH COMPASS award for 2015.

New Members

Over the course of the year, Drs. Jean Maroun and Vincent Young have retired from the Division and Dr. Martin Chasen moved to take a position in Brampton, Ontario to be closer to family. We have been fortunate to be able to attract the following new members:

• Dr. Michael Vickers came to the Division from the University of Calgary. His major areas of interest are clinical research in new therapies for colorectal cancer.

• Dr. John Hilton came to the Division from the Dana Farber Cancer Center / Harvard University. His major areas of interest are new drug development and new therapies for carcinoma of the breast.

• Dr. Tina Hsu came to the Division from the University of Toronto. Her major areas of interest are medical education, geriatric oncology and development of new therapies for gastrointestinal cancers.

• Dr. Jeff Sulpher joined the Division from our own training program. His major areas of interest are cardio-oncology and breast cancer.
NEPHROLOGY

19 FTA Faculty Members
2 PTA Faculty Members
1 Clinical scholar
6 Fellows

CLINICAL ACTIVITIES

Division members and The Ottawa Hospital’s Renal Program continue to deliver multi-disciplinary world-class care across the spectrum of Kidney Disease. Our emphasis is to deliver this care closer to home and in the least disruptive fashion for our patients. We continue to treat thousands of patients, many of them with a lifelong chronic illness and we enable them to lead a productive life.

Division members play important roles in the Ontario Renal Network, the provincial renal care agency. Dr. Peter Magner is the medical lead on the funding reform which has been rolled out across all Ontario renal programs.

Programs Impacting the Community

This year, we continued to grow our Home Dialysis Unit (HDU) with now close to 200 dialysis patients performing their own treatments at home, keeping more patients out of hospital and leading a life a little closer to “normal”.

In collaboration with the Renfrew Victoria Hospital and Drs. Jan Davis, Mary-Ann Murray (Home Dialysis Program APN) & Janice Bissonnette (Transplant APN), the SHERPA decision support tool was launched last year. This decision support tool has been of tremendous help for patients facing the difficult decisions of which renal replacement modality to choose. This year, sponsored by the Ontario Renal Network, this tool is being implemented at two other centres in Ontario. Dr. Jan Davis and others are now working on a decision aid to help elderly CKD patients decide whether dialysis or conservative/palliative care is their best option.
Our telehealth clinics continue to gain popularity. We provide consultations and follow-up to patients in Cornwall, Carleton Place, Hawkesbury and multiple communities in Nunavut which allows them to receive the same CKD care we’ve always provided without having to travel for hundreds or even thousands of kilometers.

We again participated in fund raising activities for patients with kidney disease including the Alive to Strive run and the Kidney Foundation Walk.

EDUCATIONAL ACTIVITIES

Nephrologists are heavily involved in teaching at the undergraduate and post-graduate level, and play major roles in the administration of the Faculty of Medicine, University of Ottawa, and at a national level, including:

• Dr. Bob Bell: Leader Unit 1, (Eng), Undergraduate Curriculum
• Dr. Bob Bell: Director, Distinguished Teacher Program Undergraduate Medical Education
• Dr. Bob Bell: Director of Curricular Delivery, Undergraduate Medical Education
• Dr. Pierre Antoine Brown: Renal Content Expert Unit 1 (Fr)
• Dr. Ann Bugeja: Renal Content Expert Unit 1 (Eng)
• Dr. Cedric Edwards: Director of Nephrology Subspecialty Program
• Dr. Stephanie Hoar: Chair of Postgraduate Education Committee, Dept of Medicine
• Dr. Jolanta Karpinski: Associate Director, Specialties Unit, Royal College of Physicians & Surgeons of Canada
• Dr. Bob Bell: iMed Director, Faculty of Medicine
New Initiatives

Drs. Ted Clark and Cedric Edwards initiated a program whereby all incoming nephrology trainees get a simulation-based-mastery-learning training course in insertion of temporary dialysis catheters.

Dr. Swapnil Hiremath is prominent social media and has given several talks at national and international meetings on the role of social media in Nephrology; he is active on Nephrology blogs and has a prominent presence on Twitter where, amongst other things, he leads a Nephrology Journal Club.

RESEARCH

Division of Nephrology research encompasses basic, translational and clinical investigation conducted within the Kidney Research Centre (KRC). During the academic year 2014–15 more than 60 manuscripts were published by members appointed to the Division, spanning a broad range of topics, from laboratory studies on the pathogenesis of kidney tubulointerstitial fibrosis, to clinical research addressing factors that influence the initiation of dialysis, the use of temporary dialysis catheters, and a major study that demonstrated the impact of a commonly used anti-rejection medicine (sirolimus) on patient outcomes. A sample of high-quality publications from the Division is presented below.

On the basic research side, Dr. Dylan Burger was appointed as a Scientist at the KRC (OHRI, Chronic Disease Program), and Assistant Professor (Dept. of Cellular and Molecular Medicine) at the University of Ottawa in July 2014. Dr. Burger’s laboratory studies the role of plasma and urinary microparticles as biomarkers and mediators of kidney injury, in experimental models and humans with CKD. Dr. Burger is recipient of a prestigious KRESCENT New Investigator Award, and has received peer review grant support from the Canadian Diabetes Association, and the Canada Foundation for Innovation (CFI).
In 2014–15, the model for clinical research at the KRC underwent significant reorganization, under the direction of Dr. Deb Zimmerman. With support from the Division of Nephrology, Ms. Brittany Hollingsworth was appointed as a dedicated research administrative assistant at KRC to help implement a new model of study management.

Within the clinical research group, Dr. Manish Sood continues to receive support as the Jindal Research Chair for the Prevention of Kidney Disease. Dr. Sood has been very productive since his arrival in Ottawa in 2013, and he continues to pursue graduate training in Epidemiology at the University of Ottawa. In 2014–15, Dr. Sood also received funding from the Dr. Peter J. Swedko Memorial Legacy Fund, established by the Swedko family. Dr. Swedko was a member of the Division of Nephrology and early innovator in use of information technology to guide nephrology care, before he passed away in 2004.

In addition to peer review grants, research programs at KRC benefit from institutional support, private donations, and community fund-raising. In 2014–15, the University of Ottawa established a research fund at KRC, matching the $250 k contribution of a private donor. Community events such as the WAACA Golf Tournament, the Annual Italian Night, and the Alive to Strive Kidney Fitness Project raised more than $100 k for our research programs. This tremendous support allows us to pursue studies destined to help people affected by kidney disease.

**Key Grants**

**Burger D (PI).** Canadian Diabetes Association (CDA): Podocyte microparticles in diabetic nephropathy.

**Burger D (PI).** Canada Foundation for Innovation (CFI) Infrastructure grant: Extracellular Vesicles in Vascular and Renal Disease.

Knoll G [PI]. CIHR Foundation Grant: A Research Program to Improve Patient Outcomes in Kidney Transplantation. Dr. Knoll’s team will receive $3.9 million over seven years to undertake patient-centred research related to kidney transplantation.


Select Publications


**Guideline Development and Dissemination**

Several division members continue to lead the CHEP (Canadian Hypertension Education Program) guidelines development.

**HONOURS AND AWARDS**

Dr. Jolanta Karpinski was awarded the 2015 Clinical Nephrology Teaching award at the annual meeting of the Canadian Society of Nephrology

Dr. Kevin Burns was awarded the 2014 Dr. John Dossetor Research Award from the Kidney Foundation of Canada
CLINICAL ACTIVITIES

Our division has continued to evolve to ensure that our clinical, education and research goals are well supported and aligned with both the University and The Ottawa Hospital (TOH). A new financial plan was created to enhance the academic mission of the division with all members contributing and understanding its importance. Neurology staff and residents, as well as allied health services, worked together to create a new neurology inpatient team and to modifying how daily rounding would occur in an effort to improve patient care. The new rounding schedule includes rapid daily “bullet rounds” where physicians, nurses, physiotherapists, occupational therapists, speech therapists, social workers and CCAC managers review every patient so that everyone understands the care plan.

There are now two inpatient neurology teams at the Civic campus. The “neurovascular” service consists of roughly 10 beds and will accept all complicated strokes, TPA cases and is staffed separately. The “neurology” service will continue admitting all patients requiring inpatient care and will still accept some stroke patients. This new neurovascular service was only made possible by the collegiality of the entire staff and their willingness to take on more inpatient service.

Two new division members were recruited this past year, Dr. Caroline Rush who will work in the Multiple Sclerosis Clinic and Dr. Danny Lelli, a neuro-ophthalmologist. Dr. Lelli’s recruitment was made possible by the generous support from the TOH to convert a clinic room into one that can perform ophthalmologic assessments that previously were not possible at the Civic campus.
Other important initiatives in clinical care include:

- The Epilepsy Monitoring Unit under the leadership of Dr. R. Kale has completed its first year of providing enhanced epilepsy testing for patients with complex seizure disorders.

- The Deep Brain Stimulation program has performed 19 operations since starting 1.5 years ago under the leadership of Dr. Mestre. These procedures have made remarkable improvements in the quality of life of patients and two news articles featuring their success have been published.

- Appropriately selected patients who receive endovascular treatment in addition to the standard clot-dissolving medication are 50 percent less likely to die than those who received the medication alone. The stroke team under the leadership of Dr. Stotts has translated the now overwhelming evidence for the benefit of this endovascular acute stroke treatment into the standard of care for individuals presenting to the TOH.

- Dr. Warman has started a new Inherited Neuromuscular/Neurogenetics Clinic.

EDUCATIONAL ACTIVITIES

Our divisional educational activities remain a focus at both the undergraduate and post-graduate levels. Divisional members contributed more than 575 hours of teaching to undergraduate education last year. Dr. Heather Maclean is the Director of PreClerkship UGME (Anglophone Stream) and has received an education grant to study the effects of a Mindfulness Curriculum in Undergraduate Medical Education on Wellness-Related Outcomes. Dr. Christine De Meulemeester leads our large residency program with 19 residents and along with Dr. Parker provides the opportunity for our residents to travel to Iqaluit to provide neurology care for this underserviced population. Dr. Lelli has taken over as a content expert for Neurology and will be starting the Healthcare Education Scholar’s Program beginning in September 2015.
Dr. Michael Schlossmacher is the program director for the MD PhD program at the University of Ottawa and received a second CIHR grant to help fund the program over the next 6 yrs.

Dr. Grant Stotts along with a senior resident Dr. Neil Thomas received funding for a Patient Quality and Improvement Project to look at the role of cognitive screening in post-stroke patients.

RESEARCH ACTIVITIES

This year Dr. Hakim stepped down from his role as Director of the Neuroscience Program, which he had since 2001 when the Institute was formed. He also played instrumental roles in founding and leading the University of Ottawa’s Neuroscience Research Institute, the Canadian Stroke Network, the Heart and Stroke Foundation Canadian Partnership for Stroke Recovery and the University of Ottawa Brain and Mind Research Institute. Dr. Schlossmacher is the new Director of the Neuroscience Program. He joined the Ottawa Hospital Research Institute in 2006, as a Scientist and Canada Research Chair in Parkinson’s disease and Translational Neuroscience.

The division continues to build its clinical research program with a focus on clinical studies in Parkinson’s disease, stroke and MS with many of them being investigator initiated. Dr. Jodi Warman and Dr. Pierre Bourque have joined the Care for Rare Canadian led multinational study to strengthen research links nationally and internationally between neuroscience basic scientists and clinicians to provide innovative care.

Dr. Mark Freedman leads the first Canadian clinical trial of mesenchymal stem cell therapy for multiple sclerosis. The Multiple Sclerosis Society of Canada and the Multiple Sclerosis Scientific Research Foundation have provided $4.2M for the trial, while The Ottawa Hospital Foundation provides funding for the Good Manufacturing Practice laboratory where the stem cells will be processed.
Dr. Dar Dowlatshahi was part of the collaborative group that published a study in the *New England Journal of Medicine* that is changing stroke care around the world. The study evaluated an x-ray-guided, catheter-based approach for removing large stroke-causing blood clots. The results show that positive outcomes for patients increased from 30% to 55% and the death rate decreased from 20% to 10%.

**Key Peer Reviewed Grants**

**Mestre T** (PI). Parkinson Study Group Grant and Salary Award. Comparative Evaluation Of Data-Driven Parkinson’s Disease Subtypes for Clinical Research.

**Dowlatshahi D** (PI), Stotts G, Shamy M (Co-Investigators). Canadian Partnerships for Stroke Recovery, “iRecover Pilot: An iPad CBT intervention to detect and treat post-stroke depression in the acute care setting”.

**Schlossmacher M**, Bennett S (Co-PIs). University of Ottawa and OHRI. Weston Brain Institute. The Role of Lipid Dysregulation in Parkinson Disease and Dementia With Lewy Bodies (DLB). The Team Will Study Lipid and Alpha-Synuclein Changes in the Plasma, CSF And Brain Of Patients, Age-Matched Controls As Well As A Mouse Model Of DLB.

**Dowlatshahi D** (PI). TOHAMO Innovations Fund Looking at Bringing Stroke Rehabilitation to the Acute Care Patient.

**Noteworthy Publications**

Members of the division published 68 peer-reviewed articles and book chapters this past year. Key publications include:


Freedman MS. Multiple sclerosis: Does aggressive MS warrant aggressive treatment? *Nat Rev Neurol* 2014; 10(7):368–70


HONOURS AND AWARDS

Dr. Lapalme-Remis received the Department of Medicine Resident Award for Excellence in Med Ed Scholarship.

Dr. Michael Shamy was awarded the 2015 Lawrence C. McHenry Award from the American Academy of Neurology. This award recognizes “outstanding achievements in the history of neurology research.”

Dr. Beth Pringle was appointed as the new University of Ottawa, Chair in History of Medicine.
NUCLEAR MEDICINE

7 Faculty Members
1 Lecturer (locum)
5 residents

CLINICAL ACTIVITIES

Programs Impacting the Community
The Division organized CME preceptorship courses (3 sessions) on *Radionuclide Therapy of Bone Metastases* in collaboration with the Division of Radiation Oncology and the Radiation Safety & Emergency Preparedness Department. The course was accredited by the University of Ottawa. Two sessions, held at The Ottawa Hospital in August and September 2014, included CME lectures by the Nuclear Medicine, Medical Oncology, Radiation safety staff and the Nuclear Medicine technologists. A third session was organized off-site in Montreal in conjunction with the Annual Scientific Meeting of the Canadian Association of Nuclear Medicine in February 2015. A total of 56 participants from various centres attended this highly successful course.

EDUCATIONAL ACTIVITIES

The Division’s Residency Training Program, under the leadership of Dr. Xuan Pham, continues to provide high quality academic learning and clinical experience to its residents.

Dr. Stephen Dinning successfully passed his Royal College examination in the spring of 2015 and became the first graduate of the five-year training program since Royal College approval was received in 2010.

The program underwent a successful external review by the Royal College of Physicians and Surgeons in October 2014. We continue to utilize inter-university agreements to expand the training options for our residents at the University of Montreal and CHU Sainte-Justine. An agreement is already in place with the University of Toronto for similar rotations at the Hospital for Sick Children.
This past academic year, we hosted two distinguished visiting speakers. In May 2015, Dr. Leonard M. Freeman, Professor of Radiology at Albert Einstein College of Medicine and Chief of the Division of Nuclear Medicine at Montefiore Medical Center (Moses) visited us and in June 2015, Dr. Geoff Currie, Associate Professor in Medical Radiation Science School of Dentistry and Health Sciences at Charles Sturt University, Australia came and spoke.

Under the direction of Dr. Wanzhen Zeng, the Division has designed a Nuclear Medicine fellowship training position for board certified physicians with prior Nuclear Medicine or Radiology training background and is looking forward to accepting applications from Canadian and international candidates.

**RESEARCH ACTIVITIES**

2014–15 was a productive year in terms of research activities, notable for an increase in the number of abstracts accepted for oral and poster presentations at national (Annual Meeting of the Canadian Association of Nuclear Medicine) and international (Annual Meeting of the Society of Nuclear Medicine and Molecular Imaging and Annual Congress of the European Association of Nuclear Medicine) meetings.

**Noteworthy Publications**


**HONOURS AND AWARDS**

**Dr. Laurent Dinh** posthumously received the Clinician Recognition Award.

**Dr. Ran Klein** and his team received *Polk Research Award* for Best Basic Science Poster Presentation at the University of Ottawa Heart Institute Research Day (Ocneanu A, deKemp RA, Adler A, Beanlands SB, Klein R, *Reproducible Tracer Injection Profile Improves the Test-Retest Repeatability of Myocardial Blood Flow Quantification with 82Rb PET*).

**Dr. Eugene Leung** was invited speaker at Kingston General Hospital and at the Canadian Association of Medical Radiation Technologists’ national meeting held in Montreal in May 2015 where he presented on Radium-223 in treating bone metastases from castrate-resistant prostate cancer. He also was featured in Clinical Trials of the Ottawa Hospital Foundation Impact Report.
Dr. Wanzhen Zeng completed the 2014–15 Healthcare Education Scholars Program (HESP) from the Academy for Innovation in Medical Education, University of Ottawa.

Dr. Lionel Zuckier was awarded a Master of Business Administration from the University of Massachusetts, Amherst, Isenberg School of Management through its program in conjunction with the American Association for Physician Leadership. He also was nominated to 2 national committees, the Continuing Education Committee of the Society of Nuclear Medicine and Molecular Imaging and the MITNEC D7 Executive Committee.

Kathya Jean-Baptiste, Administrative Assistant, received Guardian Angel Program Pin for going above and beyond the call of duty for patients at the hospital.

Patricia Gellner, Administrative Assistant received a certificate of nomination for COMPASS Award for living the TOH core values.
IN MEMORIAM

Laurent Christophe Dinh — 1964–2015

Dr. Laurent Dinh, a longstanding member of the Division of Nuclear Medicine, passed away in February of this year, after a brief illness. As a clinician, he was known for his thoughtfulness and skill, both in the diagnostic realm, interpreting radionuclide studies, and in the treatment of patients with thyroid disorders. He was universally loved and respected within the Division by dint of his devotion to patient care, even temperament and kind demeanour. Based on these exemplary qualities, Dr. Dinh was honoured posthumously with a Clinician Recognition Award at the Compass Award ceremony in the spring of 2015.

In addition to his clinical role, Dr. Dinh excelled in mentoring trainees, imparting current knowledge and the highest standards of compassion and patient care. He served with distinction as the founding Nuclear Medicine Residency Program Director and was unflappable and steadfast in his goal of educating
residents. On a Hospital-wide basis, Dr. Dinh also faithfully served the institution for many years as Chair of the Radiation Safety Committee, contributing to a culture of safety and respect.

Through his selfless contributions to the Department of Medicine, Division of Nuclear Medicine, and the Hospital at large, Dr. Dinh has left an enduring legacy. The Division of Nuclear Medicine has therefore initiated plans to memorialize his drive for excellence by dedicating the “Laurent Dinh Educational Reading Room” at the General campus which will incorporate electronic teaching aids with which to enhance trainee education.
PALLIATIVE CARE

19 Faculty Members
6 Residents

CLINICAL ACTIVITIES

The Division continues to provide significant access to specialist-level palliative care across several sites in the city notwithstanding resource limitations and growing needs. The Ontario Ministry of Health and Longterm Care provides the Division with 15.25 full time equivalent (FTE) positions through two alternative funding plans (AFPs). With these, the Division provides clinical coverage across several sites, undertakes its academic mandate (including research and education) and provides health services leadership and quality improvement in the region.

Our TOH (The Ottawa Hospital) affiliated physicians provide clinical coverage at TOH General Campus, TOH Civic Campus, TOH General Cancer Centre, Irving Greenberg Family Cancer Centre (IGFCC), the Montfort Hospital and the Queensway Carleton Hospital.

Our Bruyère affiliated physicians provide clinical coverage on the Acute Palliative Care Unit (PCU) at the Elisabeth Bruyère Hospital and the community-based Regional Palliative Care Consultation team (RPCT).

With the exception of the PCU, our teams use a consultation and shared care model at the various sites. This allows our relatively small number of physicians at TOH and in the community consult team (RPCT) to reach out to as many patients as possible across several sites. On the PCU, our physicians take on the MRP role.

The Ottawa Hospital (Civic and General Campuses)

In this past year, our teams at the General and Civic Campuses (called the “Supportive and Palliative Care Teams”) received a total of 2309 consults; 1566 at the General Campus and 743 at the Civic campus. This total is a 5% increase over the previous year. The teams provided a total of 19934 visits.
At the General Campus, the majority of referrals came from Medical and Radiation Oncology Services (39.3% and 21.8% respectively), while at the Civic Campus the majority came from General Medicine, Neurosurgery and Cardiology Services (43.8%, 21% and 17.6% respectively). The majority of referrals at the General Campus had a primary cancer diagnosis (82%), while the majority at the Civic Campus had non-cancer diagnoses (75%).

Our teams at the two campuses are particularly proud of the short wait time from receipt of the referral to the patient being seen by our team; 95.2% of consults were completed within 24 hours of receiving request.

**TOH Cancer Centre (TOHCC) and Irving Greenberg Family Cancer Centre (IGFCC)**

The Division, with advanced practice nurse colleagues, is able to provide 6 half-day outpatient “Supportive and Palliative Care” consult clinics a week (4 at the TOHCC and 2 at IGFCC).

Reducing wait times is a priority for our service. Over the course of the year, almost a quarter (24%) of patients were seen on the same day of the referral and 76.7% of consults were seen within the Cancer Care Ontario target of 14 calendar days.

Funding was received for Advance Care and Serious Illness Care Planning: Raising the Bar through a TOH Patient Quality Improvement Project for a Quality Improvement Project from TOH Patient Safety and Quality Committee.

Data collection for Enhanced End-of-Life Care Decision Making (EELCD) research project was completed and presented at the Proceedings of the 7th Annual Postdoctoral Research Day, University of Ottawa Faculty of Medicine Postdoctoral Association. Ottawa, Canada, May 2015.
Cancer Care Ontario led a project to integrate Palliative Approach to care earlier in the trajectory of illness. The INTEGRATE project has begun with lung cancer patients and to be started with in head and neck patients in Sept 2015.

**Elisabeth Bruyère Palliative Care Unit (PCU)**

The PCU is the region’s specialized unit for patients with progressive incurable illnesses who require in-patient care to manage complex needs (e.g. pain and symptom management). It cares for patients across the illness trajectory; not only at the end of life. Since 2009/2010 significant changes have been made to increase the number of patients admitted to the unit and their level of acuity and complexity. Admissions occur 7 days a week.

The number of patients admitted increased from about 320 in 2008 to 490 between July 1, 2014 and June 30, 2015 (an increase of about 53%). The majority of admissions, 76%, are from acute care. Wait times from referral to admission have been reduced significantly; a mean of 8.3 days just 4 years ago to 3.2 days this past year. The LOS has decreased significantly; from a median of 25 days a few years ago to 13 days this past year.

The Palliative Care Unit QI (Quality Improvement) Team at Elisabeth Bruyère identified priority activities. Several physicians have participated in the unit quality improvement team, including Drs. José Pereira, Shirley Bush and Peter Lawlor. Dr. José Pereira was an EXTRA Fellow for the past year with the Canadian Foundation for Health Care Improvement. He is a member of the Bruyère Team looking at ensuring sustainability of QI initiatives in the organization. Dr. Shirley Bush has participated in the Delirium QI Initiative and lead the pharmacological management section.

The Palliative Care Unit is currently under significant funding challenges as a result of the Ministry of Health Services funding reform.
The Montfort Hospital and the Queensway Carleton Hospital (QCH)

The Montfort Hospital team (0.6 FTE physician and 1 FTE nurse) received 403 new referrals (representing an 18% increase from the previous year). The Queensway Carleton Hospital team (0.6 FTE physician and 1 FTE nurse) received 524 new referrals (representing an 35.75% increase from the previous year). Just over half of referrals to the Queensway Carleton Hospital (53.63%) had a cancer diagnosis. The total number of visits (including the initial visit) at the QCH hospital was 1066.

Palliative Rehabilitation Clinic

This unique service helped patients with progressive incurable illnesses who were still functioning relatively well to remain independent and functional for longer, through a program of physical and nutritional rehabilitation and psychological support (8 week, outpatient program). Eighty three patients totaling 962 visits started the 8 week program this past year. Regrettably the program shut down at the end of June 2015 due to funding pressures brought on by Ministry of Health service funding reforms. This is unfortunate due to the National and International recognition the program had received.

Programs Impacting the Community

The Community Regional Palliative Care Consultation Team (RPCT)

The RPCT continues to provide consultation support in the community to Family physician and Home Care Nurses in patients’ homes, long term care facilities, nursing homes and Family Medicine clinics. Over the last four years the team has been able to support more Family physicians providing Palliative Care to their patients in the community.

This past year saw a record number of referrals to the program; 941 compared to 744 the past year. There were 5763 consultation and case management telephone calls.
The team has also provided a record amount of education in the region; a total of 323 hours just this past year. These have included, amongst others, Pallium LEAP 2 day courses for physicians and nurses, evening workshops, workshops in LTC facilities and retirement homes and courses for hospices and nursing agencies.

This year saw the end of the Academic Family Heath Team’s project, which has lasted four years. Prior to the project, which began in 2010, only a small number of Family physicians in the four Academic Family Medicine clinics were providing Palliative Care to their patients. Today most of the Family physicians are providing excellent Palliative Care including following patients in Ottawa’s Hospices. The model focused on Palliative Care Education for the clinic Family Medicine Residents and Staff, just-in-time consultation support and clinical aids. The model will continue with the RPCT team providing close support to these four clinics and to other clinics in the Champlain LIHN region.

**Medical Advocacy**

Dr. Jill Rice is involved in a research program to improve palliative care in LTC facilities. Collaboration is currently underway with the Perley LTC Facility in Ottawa. Dr. José Pereira has continued to advocate for a systems approach to providing hospice palliative care services in the region and province. This has included working with Hospice Care Ottawa and the Champlain Regional Hospice Palliative Care Program. Moreover, Dr. José Pereira was also a member of the Provincial appointed Clinical Council.

**Clinical Quality Improvement Activities**

Under the leadership of Dr. José Pereira and Dr. Christopher Klinger (post-doc fellow) the Division has collaborated with:

- Cancer Care Ontario to undertake a study of palliative care units and other palliative care services across Ontario.
• Dr. Peter Tanesuputro of the Bruyère Research Institute to study patient level service utilization of palliative care patients cared for during the Academic FHTs Project;

• Dr. Barbera and ICES team in Toronto to develop formula to identify palliative care physicians and services using Ontario government databases;

• Cancer Care Ontario to undertake a large scale survey of cancer care health care professionals’ attitudes to systematic symptom assessment and the use of the ESAS tool;

• Family physicians and family medicine clinics who provide palliative and end of life care to their own patients (to be listed online) for developing repositories.

Advance Care Planning

Dr. Christopher Klinger worked with Dr. John Scott and Dr. José Pereira and members of the TOH palliative care team to undertake a prospective study of goals of care discussions and advance care planning of patients with advanced disease at the TOH. Dr. Christopher Klinger is currently collaborating with Dr. Jill Rice and Dr. Ed Fitzgobbon on an advance care planning study and initiative for the Champlain Region.

The TOHCC (The Ottawa Hospital Cancer Centre) is developing awareness for all patients about Advance Care Planning including providing a Patient Support Centre that provides access to Speak Up and POA materials as well as support.
EDUCATION ACTIVITIES

Ninety one residents from different programs and 75 medical students completed rotations in palliative care. Approximately 170 hours of postgraduate formal education (case based learning, academic half days, journal club, etc) were delivered this past year.

Drs. Valerie Gratton (French Program) and Shirley Bush (English Program) continue to lead our undergraduate program. Our Division provided 42 CBL sessions (84 hours) and 27 lectures (36 hours).

RESEARCH ACTIVITIES

The Division has 2 research streams, a clinical stream and an educational research stream. The clinical stream has 3 areas of focus including Delirium, Cachexia and Palliative Rehabilitation, and Health Services.

Key Peer Reviewed Grants


Chasen M, Baracos V, Jagoe T. Canadian Institutes of Health Research (CIHR). Multimodal Exercise, Nutrition and Anti-inflammatory Treatment for Palliation of Cancer Cachexia: the MENAC.

Noteworthy Publications


Chasen M, Bhargava R, Dalzell C, Pereira JL. Attitudes of oncologists towards palliative care and the Edmonton Symptom Assessment System (ESAS) at an Ontario cancer center in Canada. *Support Care Cancer* 2015; 23(3):769–78

HONOURS AND AWARDS

Dr. José Pereira and Dr. Christopher Klinger PhD. Best Oral Research Presentation. Hospice Palliative Care Ontario Annual Conference, Toronto, April 2015. Inpatient Palliative Care Units and Beds in Ontario.


Dr. Pamela Grassau, Bruyère Research Institute Research Manager, Palliative Care Education and Research, received a Doctor of Philosophy from the Factor-Inwentash Faculty of Social Work at University of Toronto in June 2015. Dr. Grassau’s dissertation is entitled, “Navigating the Cathexis: Mothers and Daughters and End of Life”

Nurses from the TOHCC (The Ottawa Hospital Cancer Centre) team recertified as follows:

- 3 nurses on the team recertified in Oncology Nursing CON(C)
- 2 nurses on the team recertified in Hospice Palliative Care Nursing CHPCN(C)
- 3 nurses on the team received initial certification in Hospice Palliative Care Nursing CHPCN(C)
- 1 nurse on the team received her Master’s in Nursing
DIVISION OF PALLIATIVE CARE STAFFING

New Members

In the past year, the Division of Palliative Care has welcomed Dr. Cecilia Li, Dr. Henrique Parsons, Dr. Lisa Fischer and Dr. Michel Dionne.

Dr. Cecilia Li is a member of the Canadian College of Family physicians who completed her Palliative Care Fellowship at the University of Western Ontario in London, Ontario. Dr. Li will be working predominantly at the Bruyère site.

Dr. Henrique Parsons was recruited to the Division of Palliative Care from Brazil. Dr. Parsons completed a post doctorate fellowship in the Department of Investigational Cancer Therapeutics and the Department of Palliative Care and Rehabilitation Medicine at the University of Texas, Anderson Cancer Centre from 2007 through 2011. Dr. Parsons will be working full time at the Bruyère site.

Dr. Lisa Fischer is an Emergency Medicine specialist who completed her Palliative Medicine Residency training in Ottawa. Dr. Fischer is joining the Division part time and will be based at The Ottawa Hospital.

Dr. Michel Dionne completed his Palliative Medicine Residency training in Ottawa and is joining the Supportive and Palliative Care team at The Ottawa Hospital.

A warm welcome to our colleagues.

Departing Members

Our Division bids farewell to Dr. Martin Chasen who has moved to Toronto. The Division also bids farewell to Dr. Tara Tucker, who is now working as a community Palliative Care physician in the Ottawa area.

The Division thanks our colleagues for their significant contributions and wish them well in their future endeavours.
PHYSICAL MEDICINE & REHABILITATION

24 Faculty Members
12 Residents
1 Fellow

The Division of Physical Medicine and Rehabilitation (PM&R) is the primary rehabilitation services provider in the Champlain LHIN, providing specialized world class inpatient, outpatient and outreach care for patients with amputations, brain injuries, spinal cord injuries, stroke, chronic lung disease, respiratory disorders, complex neurologic disorders, multiple sclerosis, complex orthopaedics, chronic pain, and communications disorders. We strive to improve our patients’ quality of life and to foster safe and independent living.

In February 2015, the National Research Corporation Canada ranked The Ottawa Hospital Rehabilitation Centre as the #1 performing rehabilitation centre in Ontario based on patient satisfaction.

NOTEWORTHY ACTIVITIES

Dr. Christine Yang was invited to speak at her alma mater – Shanxi Medical College in Taiyuan, China on “Stroke Rehabilitation — The Canadian Experience”. Sept 2014

Dr. Ed Lemaire and Dr. Vidya Sreenivasan secured a $700,000 Exoskeleton grant.

Dr. Sue Dojeiji’s research, development of a validated Family Conference Rating Scale, was published in the Journal of Inter-professional Care. This work was based on research initiated with Dr. Meridith Marks.

Dr. Jeff Blackmer assumed a new role with the Canadian Medical Association as VP Medical Professionalism. The promotion entails oversight of 26 staff.
Dr. Gerald Wolff, in collaboration with Dr. Kirsty Boyd, was involved in Canada’s first nerve transfer procedure in a patient spinal cord injury to help restore specific muscle function. The procedure involves selecting a redundant nerve — one that serves the same function as another nerve in the body — and connect it to a more important but damaged nerve that’s not working. They are also collaborating with Physicians in St. Louis to determine: ideal patients, timing of surgery and types of surgery for tetraplegics to restore hand function. At present Ottawa and St. Louis are the only North American Centres performing these operations.

Dr. Shawn Marshall developed the first clinical practice guidelines for the management of mild traumatic brain injury and persistent postconcussive symptoms to help physicians manage patient recovery from mTBI.

CLINICAL ACTIVITIES

We have over 100 inpatient beds located at Élisabeth Bruyère, The Ottawa Hospital General Campus and The Ottawa Hospital Rehabilitation Centre (TOHRC). The majority of the patients admitted to our inpatient programs gain the skills and confidence needed to return home. In addition to the active inpatient programs which admit and discharge over 1,000 patients each year, we have a busy outpatient program that registers over 50,000 patient visits per year.

Programs Impacting the Community

Dr. Jeff Blackmer expanded his position with the Canadian Medical Association to Vice President for Medical Professionalism. He is also the Chair, Canadian Expert Working Group, Pharmaceutical Sponsorship of Continuing Medical Education; Chair, Communications Committee, Canadian Association of Physical Medicine and Rehabilitation; a Member of the Board of Directors, Canadian Pharmaceutical Advertising Advisory Board; and Chief Ethics Advisor, World Medical Association.
Dr. Sue Dojeiji is a Paralympic Advisor for the Canadian Centre for Ethics in Sport.

Dr. Nancy Dudek is an active member of the Advisory Council for the Canadian Paralympic Committee—Changing Minds, Changing Lives and is an active peer reviewer for over a dozen academic journals and publications, and numerous councils and granting agencies.

Dr. Hillel Finestone is a member of the Stroke Rehabilitation Committee and the Champlain Regional Stroke Steering Committee for the Champlain Local Health Integration Network, Ontario Stroke System/ Ontario Ministry of Health and Long-Term Care.

Dr. Shawn Marshall co-chairs and is member of various committees for the Ontario Neurotrauma Foundation addressing issues of quality of life and treatment for individuals with ABI and mTBI.

Dr. Lynne MacGregor works with the Canadian Paraplegic Association (CPA) and TOHRC staff to develop resources for patients with SCI and is a member of the Champlain Spinal Cord Injury Solutions Alliance. She advocates and collaborates with multidisciplinary partners to set up Health Clinics for women with disabilities, giving them an accessible environment for gynaecological assessment, a learning program and educational tools as well as a protocol for PEG tube procedures for patients with neuromuscular conditions, and pressure ulcer wound clinic for SCI (spinal cord injury) clients.

Dr. Doug McKim is the Chair of the Scientific Committee for The Canadian Thoracic Society and consults with the Critical Care Secretariat, Ministry of Health and Long Term Care in the development of a clinical tool to standardize and facilitate weaning of mechanically ventilated patients in Critical Care units.
Dr. Keith Wilson is a member of the Board of Directors for the Canadian Association of Psychosocial Oncology as well as a member of the Peer Review Committee for Canadian Virtual Hospice.

**Impact on Global Health**

In addition to his contributions nationally, Dr. Jeff Blackmer is also the Chief Ethics Advisor to the World Medical Association; a Member of the International Board of Advisors, World Medical and Health Policy Journal; and working closely as a Consultant on Medical Ethics with the World Health Organization and its affiliates around the globe.

Dr. Guy Trudel sits on the Scientific Committee of the International Society for Gravitational Physiology.

**EDUCATIONAL ACTIVITIES**

PM&R is a 5-year direct entry RCPSC accredited residency program. The RCPSC accreditors have dubbed the uOttawa PM&R program as the “model for the country”. PM&R successfully matched 2 new PGY-1’s in the 2013 CaRMS match and welcomed Dr. Katrina Dezeew and Dr. Marc Mansour to our program this year.

PM&R is actively involved in the undergraduate curriculum. PM&R residents and faculty have acted as primary MSK and Neuro block lecturers and as Clinical skills tutors throughout the year. PM&R is actively involved in the link block placements at TOHRC and Élisabeth Bruyère and accommodates numerous trainees from across Canada.

Dr. Sue Dojeiji is a diligent supporter of the educational curriculum. She is the Chief Examiner for the RCPSC PM&R National Fellowship Examination. Dr. Dojeiji also works as an education consultant at the RCPSC supporting the mandate of The Office of Education and the CanMEDs initiative. Dr. Nancy Dudek works as an assessment consultant in the RCPSC Office of Assessment.
RESEARCH ACTIVITIES

We are very active in broad areas of research in collaboration with national and international organizations in Canada, The United States, Europe and Australia.

Areas of research include a interdisciplinary health related research program dedicated to improving the safety of older drivers, genetic and cellular based research on osteoarthritis, uses of virtual reality programs in rehabilitation, respiration, stroke, chronic pain, musculoskeletal and neuromuscular issues, ALS, cerebral palsy, amputation and prosthetics, spinal cord and brain injuries, immobility, and medical education.

Dr. Mark Campbell was accepted to the November 2014 Bone and Joint USA Young Investigators Initiative Grant Mentoring Workshop Program: a competitive program providing research education, networking and mentorship to improve research study designs and grant proposal writing under supervision of an experienced mentor.

Dr. Hillel Finestone has concentrated research in the areas of nutrition and stroke, driving and stroke, and virtual reality exercise therapy in the stroke survivor; which complements his clinical involvement as a physiatrist with a special interest in stroke rehabilitation. He has further developed his research in musculoskeletal pain and disability.

Dr. Ed Lemaire focuses his scientific investigations on technology and its impact on human mobility and the delivery of physical rehabilitation services. His work with the Rehabilitation Intelligent Mobility Systems (RIMS) has advanced the development of intelligent assistive devices and related technologies to improve the lives of people with disabilities.
Drs. Shawn Marshall and Hillel Finestone received additional funding to continue their international collaboration researching vehicular safety in the elderly. Dr. Marshall developed clinical practice guidelines for mild Traumatic Brain Injury/Post-concussion syndrome and continues his work and research in this area.

Dr. Doug McKim is actively engaged in numerous projects related to airway management in neuromuscular disease, non-invasive mechanical ventilation, programmatic approaches to long-term ventilation (LTV), COPD rehabilitation, oxygen therapy, and end-of-life decisions in respiratory disease.

Dr. Guy Trudel is actively involved with the World Space Organization. His research focuses on the effects of immobilization on the musculoskeletal system; the mechanical and biological changes occurring during contracture development in the various tissues in joints; pannus proliferation in contractures, histomorphometric and biological study; gene expression in the capsule and cartilage in contractures; supraspinatus tendon insertion in humans and their relation to tensile strength; Achilles tendonitis; and hematopoiesis with immobility.

Dr. Gerald Wolff is actively researching nerve transfers to restore upper extremity function in tetraplegics and evaluating the sensitivity and specificity of a recently proposed physical examination test designed to evaluate those with peripheral nerve compressions. In conjunction with the Department of Critical Care, he is also investigating early mobilization of patients in ICU for prevention of critical illness neuromyopathy.
Key Peer-reviewed Grants

Boivin A, Blackmer J, Marcoux I [Co-PIs].
Canadian Institute of Health Research (CIHR).

Finestone H [PI]. Heart & Stroke Foundation of Canada.
Does Virtual Reality Exercise Improve Sitting Balance Ability and Function After Stroke?

Lemaire ED[PI]... Sreenivasan [Co-investigator].
OCE/Bionik VIP II. Powered Exoskeleton for People with Spinal Cord Injury.

Marshall S, Bédard M, Gélinas I, ... [Co-PIs]. CIHR.
Candrive Prospective Older Driver Study.

Teasell R [PI]..... Marshall S, McCormick A.
[Co-investigators]. ONF. Evidence Based Review of Acquired Brain Injury Rehabilitation.

Trudel G [PI]. CIHR. Autologous Bone Marrow-Derived Cellular Augmentation in Rotator Cuff Repair.

Noteworthy Publications

Members of the Division of Physical Medicine and Rehabilitation published 32 peer-reviewed papers this past year. Key publications include:

Campbell TM, Dudek N, Trudel G. Joint Contractures.

Campbell TM, Trudel G, Wong KK, Laneuville O.
Dudek NL, Dojeiji S. Twelve tips for completing quality in-training evaluation reports. *Med Teach* 2014; 36(12):1038–1042


RESPIROLOGY

13 Faculty Members
5 Residents
2 Fellows

CLINICAL ACTIVITIES

The Division of Respiratory Medicine offers general respirology outpatient clinics situated both at The Ottawa Hospital (Civic and General Campuses) as well as in community clinics in Ottawa and in the surrounding area. We serve as a tertiary care referral centre for the Champlain LHIN and for other areas of Eastern Ontario and Western Quebec.

We have a 16-bed inpatient unit at The General Campus of The Ottawa Hospital. Patients admitted to this unit have a multitude of illnesses including interstitial lung diseases, obstructive lung diseases, cystic fibrosis (CF), lung cancer, post lung transplants, and neuromuscular diseases which may require long-term ventilation.

Our division has numerous subspecialty clinics offering state of the art care to patients in our region. We hold a pulmonary hypertension clinic weekly at The University of Ottawa Heart Institute, there is a weekly cystic fibrosis clinic, there are several weekly sleep clinics, bi-weekly pleurex clinics at both The Ottawa General Campus and the Irving Greenberg Cancer Center located at Queensway-Carleton Hospital, lung cancer assessment clinics, neuromuscular diseases clinics, and bi-weekly tuberculosis clinics. Division members run an inpatient and outpatient pulmonary rehabilitation unit at The Ottawa Hospital Rehabilitation Centre, as well as an outpatient long-term ventilatory management unit for patients with neuromuscular diseases.

The division has 15 sleep medicine beds at the Civic Campus for overnight polysomnograms. Diagnostic and therapeutic bronchoscopies occur at both campuses. Medical pleuroscopies are done twice weekly by Dr. Kayvan Amjadi in the endoscopy suites.
Endobronchial ultrasound guided biopsies of lung lesions and mediastinal lymph nodes are done regularly by Dr. Kayvan Amjadi and Dr. Nha Voduc, as are airway stent insertions and airway laser therapy for endobronchial tumors.

Programs Impacting the Community

The Pleurex program has enabled patients with malignant pleural disease to be treated as outpatients and in the home, rather than as hospital inpatients. The CF adult program takes care of 120 patients with CF from Eastern Ontario and West Quebec. The CANVent unit initiates entirely outpatient noninvasive ventilation and follows over 200 patients in the community using home ventilation.

Programs Impacting Global Health

Dr. Gonzalo Alvarez has been very active in promoting smoking cessation and TB prevention in Nunavut, Canada and he has published groundbreaking studies detailing his program for TB prevention and treatment in Nunavut (Alvarez et al, PLOS One 2014).

Dr. Doug McKim was invited for 5 working days by The Singapore Ministry of Health to be a visiting expert in non-invasive ventilation. He provided 17 separate presentations on neuromuscular respiratory care and organization of long term home ventilation for the Singapore Health Authority.

New Initiatives

1. Development of the Non Invasive Mechanical Ventilation Educational website. This modular website will be an important educational resource for patients, care givers and health care providers for individuals at-risk of or using ventilatory support.

2. A multidisciplinary Interstitial Lung Disease Clinic has started at The Ottawa Hospital this year.

3. A severe asthma clinic has started at The Ottawa Hospital this year.
4. A bronchoscopy simulator is being used to teach mediastinal anatomy and endobronchial ultrasound to the respirology trainees.

5. COPD outreach: supported by a $50,000 12 month fund by the Canadian Foundation for Healthcare Innovation to provide inpatient and outpatient coordinated care to high needs patients with COPD. The goal is to reduce readmission rates, improve patient care, fill gaps in health care for this patient population and improve the patient experience and management of their chronic disease. Outcome measures are being collected and published. The program is modeled after the INSPIRE COPD outreach program.

6. COPD care pathway: supported by a $20,000 Department of Medicine grant to develop a COPD admission pathway to improve COPD inpatient care, align it with current guidelines and decrease the variability in care across services. Outcome measures such as length of stay and appropriate use of referral services are being collected and will be published.

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**Educational Initiatives**

Dr. Douglas McKim Chaired the Canadian Thoracic Society Scientific Committee for the 2015 Canadian Respiratory Conference in Ottawa April 2015.

Dr. Douglas McKim provided a national level didactic and hands-on workshop April 2015 for 40 participants in noninvasive ventilation and airway management.

Drs. Nha Voduc and Krishna Sharma completed and presented a multicenter validation study of the “Ontario Bronchoscopy Assessment Tool”, an educational tool developed by Dr. Voduc that is designed to assess resident competency in bronchoscopy. The study was presented at this year’s AIME conference. The manuscript will be submitted shortly for publication.

The Respirology App, an educational tool designed to aid point of care learning of residents has been placed online. The Respirology App was developed Dr. Nha Voduc and the Respirology Fellows and it continues to be updated in real-time by the respirology fellows.
Dr. Judy Leech is the Chair of the CPSO Standards committee for development of clinical practice standards for sleep laboratories in Ontario. Dr. Leech is also a sleep laboratory assessor for the CPSO throughout the province.

Dr. George Chandy will assume the Chair of the Ontario Thoracic Society as of January 2016.

EDUCATIONAL ACTIVITIES

The Division of Respirology is highly committed to medical education at all levels. We provide elective rotations in respirology for interested medical students and residents in addition to a respirology training program and subspecialty fellowships in sleep medicine, interventional pulmonology, and respiratory management of neuromuscular disease.

Elective Rotation in General Respirology

We offer 2–4 week elective rotations in clinical respirology. In the course of the rotation, the trainee will join the respirology housestaff team and participate in outpatient clinics, inpatient consultations and care of patients admitted to the specialized respirology inpatient service. The rotation will include exposure to pulmonary function testing, respiratory procedures (bronchoscopy, thoracentesis) and chest imaging. The exact content of the rotation will be tailored to the level and learning objectives of the trainee.

Respirology Training Program

The University of Ottawa offers a 2 year (PGY 4–5) respirology training program, for residents who have completed 3 years of core internal medicine training. We strive to offer the best possible clinical and academic training in adult respirology, in a collegial and friendly environment.
Our trainees benefit from a broad range of clinical exposures and an extensive educational curriculum. The clinical experience includes general respirology and specialized outpatient clinics, in both hospital and community-based settings. Trainees are exposed in all relevant areas of respiratory medicine including sleep, critical care, interventional pulmonology, cystic fibrosis, pulmonary rehabilitation, and respiratory infectious diseases.

All trainees participate in the medical school curriculum, providing lectures and leading learning groups for medical students of all levels. Scholarly activity is encouraged. Mentorship and formal training in clinical research is offered.

The curriculum is designed to provide comprehensive training in all aspects of general respirology, with the flexibility for each trainee to tailor their education experience to best suit their unique career goals. Our trainees graduate to successful respirology careers in both academic and community settings.

Fellowship Training in Sleep Medicine and Interventional Pulmonology

For residents who have completed training in Respirology, we offer separate 1-year fellowships in Sleep medicine and Interventional Pulmonology, under the supervision of Drs. Judy Leech/Douglas McKim and Kayvan Amjadi respectively.

RESEARCH ACTIVITIES

Research in the Division of Respiratory Medicine is focused in the areas of clinical research, and clinical and population epidemiology. Our research faculty is growing and has been very productive in recent years. Since 2003 members of our faculty have published first-author research publications in: The NEJM, Lancet, JAMA, Annals of Internal Medicine, CMAJ, The American Journal of Respiratory and Critical Care Medicine, as well as many other subspecialty journals.
Members of our group hold a large number of peer-reviewed research grants from CIHR, The Ontario Thoracic Society, The Canadian Cystic Fibrosis Foundation, Public Health Agency of Canada and The Canadian Cancer Society.

**Key Peer Reviewed Grants**

Pai M, **Alvarez GG (Co-PIs)**. Center High Arctic Research. Improving Tuberculosis Diagnosis in Vulnerable Populations: Impact and Cost-Effectiveness of a Novel, Rapid Molecular Assay.

Schwartzman K, **Alvarez GG (Co-PIs)**. Canadian Institute of Health Research (CIHR). Preventing Tuberculosis in Inuit Communities: Predicting What May Work.

Aaron S (PI), …. Pakhale S (Co-Investigator). Canadian Institute of Health Research (CIHR). Strategies to Improve Diagnosis and Treatment of Asthma in Canadians.


Rose L, **McKim D (Co-PIs)**. Muscular Dystrophy Canada. Health Service Utilization for Assessment, Monitoring and Management of Respiratory Complications for Individuals with Neuromuscular Disease.

**Noteworthy Publications**

Members of the division published 45 peer-reviewed articles this past year. Key publications include:


McKim DA, Rose L. Efficacy of Mechanical Insufflation-Exsufflation in Extubating Unweanable Subjects With Restrictive Pulmonary Disorders. *Respir Care* 2015; 60(4):621–622


**HONOURS AND AWARDS**

Dr. Doug McKim from the Division of Respirology was awarded the 2014 Dr. George Karpati Award. This award is given by Muscular Dystrophy Canada to an exemplary neuromuscular clinician or researcher who has made a significant contribution to neuromuscular research, and who has contributed to the advancement of care of people with neuromuscular disorders in the past year in the areas of public awareness, services and/or fundraising.
In addition, **Dr. McKim** and the ALS Clinic Team at The Rehabilitation Centre were awarded the 2014 Clinical Collaborator Award from The Canadian Society of Audiology for excellence in clinical care and collaboration in helping to care for ALS patients.

**Dr. Shawn Aaron** was awarded the 2015 Ontario Lung Association’s Meritorious Service Award.

**Dr. George Chandy** was awarded The 2015 Ottawa Hospital Clinician Recognition Award.

**Dr. Gonzalo Alvarez** was awarded a 5-year University of Ottawa Faculty of Medicine Clinical Research Chair in Tuberculosis.

**Dr. Shawn Aaron** was awarded a 5-year University of Ottawa Faculty of Medicine Clinical Research Chair in Obstructive Lung Diseases.
A YEAR OF TRANSITION

“Man cannot discover new oceans unless he has the courage to lose sight of the shore.” — Andre Gide

Dr. C. Douglas Smith stepped down as Division head after 12 years of dedicated service. He is best known for his unrelenting commitment to patient care and love for teaching and mentorship for medical students and residents.

Several members of the division have reduced clinical activities. Dr. Gunnar Kraag continues to provide exemplary care for a large volume of patients in ambulatory clinic but has reduced hospital coverage after 33 years on the call roster at The Ottawa Hospital. Drs. Brian Boate, Patricia Morassut and Algis Jovaisis have stepped down from hospital call after over 25 years of hospital coverage. The division is grateful for their many years of dedicated service.

Dr. Nataliya Milman completed her Master’s Degree in epidemiology in November 2014 and joined the group officially as a Full-time academic rheumatologist in January 2015. Dr. Ines Midzic was recruited as a clinical scholar commencing July 1, 2014 and is completing a Master of Healthcare Quality, Risk and Safety Science at Queen’s University. Dr. Susan Humphrey-Murto stepped in as Acting Division Head and has recruited Dr. Rajanjot Gill, a former graduate and two new International members including a new Division Head, Dr. Antonio Cabral from Mexico and Dr. Sibel Aydin from Turkey who will commence in the fall of 2015. The Division has acquired Denise Boone, a nurse specialist and Dr. Jennifer Holyoke, a general internist with expertise in Rheumatology to assist with patient care.
If one believes that change is opportunity, then Rheumatology is poised for a great year!

**CLINICAL ACTIVITIES**

The Division continues to provide out-patient care to a large number of patients with particular focus on inflammatory joint disease and advanced therapeutics, connective tissue diseases, osteoporosis, pregnancy-related issues and vasculitis.

The number of ambulatory consultation requests received at the Arthritis center over the year was 1740. Between 1000 and 1200 patients are seen each month, with an ever-increasing demand. The Division has had the invaluable and ongoing support from our clinical manager, **Sheryl Izzi** in handling the challenges of increased clinical demand in the face of reduced manpower.

The Division provides consultation coverage for inpatients, outreach clinics in the Ottawa valley and Baffin Island and **Dr. C. Douglas Smith** is involved in the LHIN e-consultation project. He is also the co-founder of the combined Dermatology and Rheumatology clinic (currently run by **Dr. Nataliya Milman** on the rheumatology side and **Dr. Simone Fahim** on the dermatology side) to enhance patient care and facilitate training in the two disciplines.

**Programs Impacting the Community**

The Advanced Therapeutics Program oversees the care of approximately 1000 patients on biologic agents for treatment of chronic inflammatory rheumatic diseases. **Drs. Jacob Karsh** and **C. Douglas Smith** have joined the Ontario Biologics Research Initiative, a provincial initiative to monitor use and safety of these agents in patients with Rheumatoid Arthritis.

**Patient Advocacy**

**Dr. C. Douglas Smith** and **Dr. Nataliya Milman** provide much needed Rheumatology services to Iqaluit, Nunavut Territory, where they have established a busy clinical practice over the past several years. Rheumatology trainees have been able to see first-hand this advocacy work by joining them in their efforts.
Dr. Douglas Smith and Dr. Nataliya Milman provide regular educational sessions for patients with Systemic Autoimmune Rheumatic Diseases and their families.

EDUCATIONAL ACTIVITIES

The Royal College of Physicians and Surgeons of Canada, Rheumatology Training Program continues to thrive under the enthusiastic leadership of Dr. John Thomson and unfailing support of Susan Duffield, program co-ordinator. Dr. Noura Al-Osaimi successfully completed training and Dr. Hafsah Al-Azem will resume her training (first year) in December 2015 after maternity leave. Dr. Jacob Karsh provides the vital immunology training required for our Rheumatology Residents though a series of Immunology Seminars.

All faculty members are involved in educational activities at all levels of undergraduate and postgraduate medical education. The total number of students and residents rotating in Rheumatology on an annual basis was 130 and the demand is growing.

Dr. Gunnar Kraag is regularly acknowledged as an excellent teacher in the general rheumatology ambulatory setting.

Several specialized clinics are running to enhance trainees’ exposure to the most complex types of rheumatologic conditions, namely the lupus clinic (supervised by Dr. Doug Smith), the vasculitis clinic (supervised by Dr. Nataliya Milman), and the combined rheumatology/dermatology clinic. Drs. Brian Boate, Patricia Morassut, Suneil Kapur and John Thomson provide an excellent educational experience for all levels of trainees in their community practices. Dr. Susan Humphrey-Murto continues in her role as Rotation Co-coordinator.
RESEARCH ACTIVITIES

Dr. Peter Tugwell continues his extraordinary and incredibly productive research career. He is internationally known in the areas of Knowledge Synthesis and Translation by Cochrane Canada, and improving delivery of primary care for vulnerable populations. In 2014 he held 11 active grants, 9 from CIHR totaling an astounding $18,138,965.00. He published 35 papers in 2014–15; 8 as first author and 14 as Senior Author.

Dr. C. Douglas Smith continues to be active nationally with the 1000 Canadian Faces of SLE, The Arthritis Society/Institute of Musculoskeletal Health and the Canadian Scleroderma Research Group Study.

Dr. Nataliya Milman is conducting a number of local, national, and international studies, mainly in the area of vasculitis. In 2014–15 she had 4 peer-reviewed publications and multiple presentations (including oral) at national and international meetings. Dr. Milman is supervising research activities of a number of trainees; two of the trainees (internal medicine residents at the University of Ottawa) did successful oral presentations of their research.

Dr. Susan Humphrey-Murto continues her work in medical education research with several peer-reviewed publications in 2014–15 on the topics of assessment and inter-professional education. She co-supervised two graduate students who successfully completed their Master’s in Education at The Universities of Dundee and Cincinnati respectively.

Key Peer Reviewed Grants


Pagnoux C (PI), Milman N (Co-Investigator). CIORA core members of the Canadian Vasculitis Network (CanVasc) Group Knowledge Dissemination Grant. Improving the Care of Patients with Systemic Vasculitis through the Development of Management Recommendations and Educational Materials: A Canadian Vasculitis Network (CanVasc) Initiative. $90,170.00.

**Notable Publications**

Members of the Division of Rheumatology published over 40 peer-reviewed papers this past year. Key publications include:

Fitzcharles M, Ste-Marie PA, Clauw DJ, Jamal S, Karsh J, Leclercq S, McDougall JJ, Shir Y, Shojania K, Walsh Z. Rheumatologists lack confidence in their knowledge of cannabinoids pertaining to the management of rheumatic complaints. *BMC Musculoskeletal Disorder* 2014; 15:258


HONOURS AND AWARDS

Dr. Jacob Karsh is the Secretary-Treasurer of the Canadian Rheumatology Association, the Vice-President of the Board of the Journal of Rheumatology, the Chief Medical Officer of Red Maple Trials, and an external reviewer for the Canadian agency for Drugs and Technology in Health (CADTH).

Dr. Peter Tugwell continues in his roles as Director for Center for Global Health, Institute of Population Health, University of Ottawa and holds a Canada Research Chair for Health Equity.

Dr. John Thomson is highly active at the National level with the Canadian Rheumatology Association as a Board Member of the CRA Executive and Chair of the Human Resources Committee. He also co-chairs the Eastern Ontario Rheumatology Association Annual Meeting with Dr. Brian Boate.

Dr. Nataliya Milman received the UCB-CRA-TAS post-graduate rheumatology fellowship award for 2 years in addition to the U of Ottawa Department of Medicine research award.

Dr. Susan Humphrey-Murto continues to have several leadership positions within education including Co-Chair Education Research and Development Committee, Royal College of Physicians and Surgeons of Canada, founding faculty member of the Canadian Association for Medical Education National Assessment Course (CAME-PACCC). She is the Interim Director for the Academy for Innovation in Medical Education, University of Ottawa and the AIME/University of Ottawa Skills and Simulation Center Medical Education Fellowship Director.
Special Announcements

Dr. Douglas Smith — Division Head 2002–2014

Dr. Smith was recruited as Division Head in 2002. He completed two terms then continued as Acting Head Rheumatology from 2012–2014. During his mandate, many significant changes occurred. The Division, including all full time academics, was transitioned from the General and Civic Campuses to the Riverside Campus Arthritis Center in 2003, and the in-patient Rheumatic Disease Unit was closed. Rheumatology became a consultative and ambulatory care service.

As part of the priority setting exercise several programs were initiated including dedicated clinics for Systemic Lupus Erythematosus, Osteoporosis, Advanced therapeutics and Vascular diseases. Over the years, Dr. Smith recruited Drs. Ann Cranney, Susan Humphrey-Murto, Nataliya Milman and attracted Ines Midzic to the clinical scholar program. Dr. Smith has always strongly valued the community Rheumatologists’ contributions to the Division. Over his mandate, he has appointed Drs. Patricia Morassut and John Thomson as Rheumatology Program Directors.

From a personal perspective, Dr. Smith has been active nationally in education and patient advocacy. He was involved in the development of the group advocating for Systemic Autoimmune Rheumatic Diseases (SARDS) whose mandate is to combine resources for research and education related to diseases such as SLE, Scleroderma, Myositis, Sjogren’s and Vasculitis. He was part of the Canadian Council of Academic Rheumatologists who developed the National Annual Rheumatology Resident Weekend, served on the RCPSC Examination Board for 10 years, was on the executive for Canadian Network for Improved Outcomes in SLE, and a strong advocate within the Lupus Association.
Dr. Smith concedes he would have never taken on the leadership position without the tremendous support from his colleague, mentor and friend Dr. Jeffrey Turnbull. As a person, Doug is recognized as a caring, compassionate and empathetic physician. Those qualities defined him and his leadership style. The Division will forever be indebted for his selfless dedication and service.

**Special Thank You to Administrative Assistants!**

Susan Duffield, Jeanne Lemaire, Vanessa Ebbs and newly hired Lori Ann Baccardax.

The Division of Rheumatology must acknowledge the work of our administrative assistants. With many changes in the faculty, our administrative assistants displayed exemplary professionalism, tact and a willingness to take on many exciting new challenges.