WHEN WE ARE FACING THE RIGHT DIRECTION, ALL WE HAVE TO DO IS KEEP ON WALKING.
WHEN WE ARE FACING THE RIGHT DIRECTION, ALL WE HAVE TO DO IS KEEP ON WALKING.
VISION

TO BE RECOGNIZED AS A WORLD LEADER IN MEDICINE.

MISSION

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.
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EVERYTHING WITHIN WALKING DISTANCE.

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TO GOOD PLACES
I Think There Are As Many Different Styles of Shoes As There Are People.

These shoes reflect, to at least some extent, some special feature or uniqueness of that individual and indicate that we are all different from each other in some way. It would be simple to allow that individual uniqueness to take us in different directions. So, what we strive to do in the Department of Medicine is appreciate the individual differences of our Faculty and nurture those individual differences to help each of them excel in their careers and in their life but at the same time, we strive to have everyone understand the importance of working as a team and working together.
If we face the right direction, the same direction, all we have to do is keep on walking together and what we can achieve is endless.

I would like to believe that we are doing the right things to create an environment in which we collaborate, put the team first, share success and appreciate everyone’s contributions. To achieve this, we have increased physician resources and put considerable effort in the area of wellness and physician support. There have been large strides in enhancing our communication with members and developing a communication strategy. We have made efforts to ensure transparency of all aspects of the Department but especially with respect to the budget.

We are working in particular to connect with our trainees and our new recruits. We have begun to focus on mechanisms to increase revenue generation in the Department in order to meet our goals of excellence in patient care, education and research. As usual, I can say that I am extremely proud to work within this Department, I am proud of all those unique pairs of shoes that are making such massive contributions to the Hospital, the University and society as a whole.

I look forward to walking side by side with everyone in the Department working collectively to achieve excellence while focusing as well on our own personal life goals.

PHILIP S. WELLS  MD FRCPC MSc
Chair & Chief, Department of Medicine
University of Ottawa & The Ottawa Hospital

Phil Wells
As the new Chief Administrative Officer and Executive Director (as of April 2018), I have come to appreciate the significance of this complex and large department and I am extremely honoured to be part of it.

Taking on this role was like starting a journey of a thousand miles: it began with a single step. With the tremendous support from the leadership team and the Executive Suite staff, not only have I been able to settle in quickly, but I’ve also had the opportunity to progress further: to understand the current business structure and existing talents; to have forward thinking dialog to confirm that we are pointed in the right direction; and to continue to build relationships and foster collaboration to ensure the ongoing success of the Department of Medicine.
During my first six months, I attended our Departmental Research Day and various meetings with TOHAMO Department Practice Plan Administrators, our UMA Board, uOttawa Business Managers and the Canadian Association of Professors of Medicine. These opportunities gave me enlightening insight into the department’s operations and the intertwining business relationships with its various stakeholders. I quickly learned that everyone in this department is exceptionally talented, works hard and possesses a great deal of resilience. I feel inspired when I see the enthusiasm that many of our stakeholders share.

Meetings with colleagues enabled meaningful dialogue about process improvement, quality assurance, innovation, technical streamlining, team collaboration, partnership and various business development ideas with organizations in both public and private sectors.

In addition, throughout the summer, I facilitated brainstorming sessions with our Executive Committee, Division Heads and a few Residency Program Directors to further identify ideas for innovation, changes for improvement and new revenue-generating opportunities in the areas of research, medical education, wellness, clinical care transformation and a clinician teacher training program. The participants were engaging and extremely insightful in identifying niche capabilities with the department. In total, 131 ideas were collected of which 11 were rated as having high potential. These ideas will be considered when developing an action plan for the coming years so that our department can achieve further financial sustainability.
TWO STEPS FORWARD...

I had the pleasure to meet with several new full time academic physicians through our onboarding process. I took advantage of these sessions to emphasize two fundamental departmental objectives: 1) we aim to create an environment that enables new recruits and existing staff to become more academically successful; and 2) we aim to strengthen patient care by adhering to the department's values while promoting the importance of wellness and support of each other.

In the same way that we would use walking poles to improve balance, stability and add to the intensity of a walk, we also need the right set of tools and strategies to be effective in our mission. Together with a few key stakeholders, the team in our Executive Administrative Suite have been diligently working to develop: a funding strategy that will give the department the capacity to innovate, develop and deliver on our fundamental objectives; a communication strategy that re-brands the significance of the department and its members, builds confidence via transparent information and increases awareness of the department-led opportunities; an HR strategy that encourages professional development and staff engagement in order to build a united voice and maximize efficiency; and a digital transformation strategy that helps the department connect with both public and private organizations to apply analytics, AI, wearables, social platforms and mobile health.

I believe that this department has the potential to play a big role in building digital capabilities in our healthcare community.

THREE STEPS FORWARD...

Having the right direction in mind helps us to actively identify and engage with external stakeholders in the field of medicine both within Ottawa and globally. For example, through my role as a Board Director of the Hong Kong Canada Business Association (HKCBA) I am gaining insight into business innovations in this area in Canada and Asia. I have had discussions with high-level governmental representatives from Hong Kong and Macau, including senior Canadian government representatives from the Ministry of Research, Innovation and Science.

In October, The Beijing People’s Association for Friendship with Foreign Countries has invited me and six other Canadian delegates with expertise in the field of medicine to join a mission to China. I anticipate that this will be another excellent opportunity for me to expand the department’s professional network.

Ongoing, I will continue to familiarize myself with the department’s current operations. I am committed to focusing on our strengths to stimulate personal and group excellence and acting as a catalyst for beneficial change.
I acknowledge that the transition to a new CAO and Executive Director is not always easy. I am also cognizant that it is critical to maintain existing operational excellence during this time. I therefore sincerely thank everyone for their support and patience during this transition period, particularly Dr. Wells for his leadership.

I will keep in mind the following guiding principles for my journey ahead:

“If you want to go fast, go alone. If you want to go far, go together” — African Proverb

“The individual who moves a mountain begins by carrying away small stones” — Chinese Proverb

SANDRA YUK-SIM WU  MBA, PMP
Chief Administrative Officer and Executive Director, Department of Medicine

[Signature]
DEPARTMENT AT A GLANCE

542 PHYSICIAN MEMBERS:

- 297 Full Time Academic (FTA)
- 177 Part Time Academic (PTA)
- 29 Scientists
- 7 Emeritus Professors
- 32 Adjuncts

326 FTA AND SCIENTISTS (UNIVERSITY STATUS):

- 79 Professors
- 84 Associate Professors
- 140 Assistant Professors
- 23 Lecturers
# DIVISION HEADS

Reflects period of July 1st, 2017 to June 30th, 2018

<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. Heather Lochnan</td>
<td>Endocrinology and Metabolism</td>
</tr>
<tr>
<td>Dr. Alaa Rostom</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Alan Karovitch</td>
<td>General Internal Medicine</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. David Stewart</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Dean Fergusson</td>
<td>Clinical Epidemiology</td>
</tr>
<tr>
<td>Dr. Greg Knoll</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. David Grimes</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Lionel Zuckier</td>
<td>Nuclear Medicine (July 2017–March 2018)</td>
</tr>
<tr>
<td>Dr. Eugene Leung</td>
<td>Nuclear Medicine (acting March 2018–June 30)</td>
</tr>
<tr>
<td>Dr. Marc Rodger</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jill Rice</td>
<td>Palliative Care (acting)</td>
</tr>
<tr>
<td>Dr. Shawn Marshall</td>
<td>Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Dr. Gonzalo Alvarez</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Antonio Cabral</td>
<td></td>
</tr>
</tbody>
</table>
NEW FACULTY POSITIONS
(FTA & PTA)

Reflects the period of July 1st, 2017 to June 30th, 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Hafsah Al-Azem</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Sultan Altouri</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Majdi Boulos</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Ari Breiner</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Arianne Buchan</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Melanie Chin</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Aurelien Delluc</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Sophie DeRoock</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Vanessa Doyle</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Heidi Dutton</td>
<td>Endocrinology and Metabolism</td>
</tr>
<tr>
<td>Dr. Jackie Ernst</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Priya Figurado</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Mehrdad Golian</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Caitlin Hesketh</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Sana Keshil</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Mark Kirchhof</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. David MacDonald</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jonathan Mack</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jerry Maniate</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Marlene Mansour</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Sarah Mansour</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Jennifer McDonald</td>
<td>Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Dr. Peter Munene</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Nadia Sant</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Ashley Sterrett</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Youssef Tawil</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Daniel Vincent</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Xin Xiong</td>
<td>Gastroenterology</td>
</tr>
</tbody>
</table>
FACULTY PROMOTIONS

Reflects the period of July 1st, 2017 to June 30th, 2018*

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Promotion Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Marc Carrier</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Peter Lawlor</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Swapnil Hiremath</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Tim Asmis</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Scott Millington</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Manish Sood</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Heather Tulloch</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Paul Wheatley-Price</td>
<td>Promoted to Associate Professor</td>
</tr>
</tbody>
</table>

*Based on notifications received at time of Annual Report production
## POSTGRADUATE PROGRAM DIRECTORS

Reflects the period of July 1, 2017 to June 30th, 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Cathy Code</td>
<td>Core Internal Medicine</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine — as of January 1st, 2018</td>
</tr>
<tr>
<td>Dr. Gianni D'Egidio</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dr. Steve Glassman</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Amel Arnaout</td>
<td>Endocrinology and Metabolism</td>
</tr>
<tr>
<td>Dr. Harinder Dhaliwal</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Lara Khoury</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Andrea Kew</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Craig Lee</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Mohan Biyani</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Daniel Lelli</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Xuan Pham</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. Xinni Song</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Chris Barnes</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Gerald Wolff</td>
<td>Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Dr. Nha Voduc</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Ines Midzic</td>
<td>Rheumatology</td>
</tr>
</tbody>
</table>
## DIRECTORS

Reflects the period of July 1st, 2017 to June 30th, 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Ambulatory Care Director</td>
</tr>
<tr>
<td>Dr. Nha Voduc</td>
<td>Fellowship Director</td>
</tr>
<tr>
<td>Dr. Alexander Sorisky</td>
<td>Mentorship Director</td>
</tr>
<tr>
<td>Dr. Chris Johnson</td>
<td>Postgraduate Director</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine Program Director</td>
</tr>
<tr>
<td>Dr. Nadine Gauthier</td>
<td>Core Internal Medicine Program Associate Director</td>
</tr>
<tr>
<td>Dr. Babak Rashidi</td>
<td>Core Internal Medicine Program Associate Director</td>
</tr>
<tr>
<td>Dr. Rakesh Patel</td>
<td>Core Internal Medicine Program Associate Director</td>
</tr>
<tr>
<td>Dr. Susan Humphrey-Murto</td>
<td>Medical Education and Scholarship Director</td>
</tr>
<tr>
<td>Dr. Debra Pugh</td>
<td>Core Internal Medicine OSCE Co-Director</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>Core Internal Medicine OSCE Co-Director</td>
</tr>
<tr>
<td>Dr. Vladimir Contreras-Dominguez</td>
<td>Undergraduate Medical Education Program Director</td>
</tr>
<tr>
<td>Dr. Justine Chan</td>
<td>Clerkship Site Coordinator</td>
</tr>
<tr>
<td>Dr. Isabelle Desjardins</td>
<td>Clerkship Site Coordinator</td>
</tr>
<tr>
<td>Dr. Curtis Cooper</td>
<td>Resident Research Director</td>
</tr>
<tr>
<td>Dr. Robin Parks</td>
<td>PhD Research Director</td>
</tr>
<tr>
<td>Dr. Delvina Hasimja Saraqini</td>
<td>Department of Medicine Quality Assurance Director</td>
</tr>
</tbody>
</table>
# 2017 RECOGNITION CEREMONY
## AWARD RECIPIENTS

<table>
<thead>
<tr>
<th>Award Recipient</th>
<th>Award Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Bredeson</td>
<td>Jeff Turnbull Healthcare Advocacy Award</td>
</tr>
<tr>
<td>Dr. Cathy Code</td>
<td>Going the Extra Mile Award</td>
</tr>
<tr>
<td>Dr. Dar Dowlatshahi</td>
<td>Department of Medicine Mentorship Award</td>
</tr>
<tr>
<td>Ted Waring</td>
<td>Department of Medicine Vision Award</td>
</tr>
<tr>
<td>Stacy Louwe-Bromley</td>
<td>Chairman’s Cornerstone Award</td>
</tr>
<tr>
<td>Drs. Aun Yeong Chong, Isabelle Desjardins</td>
<td>Department of Medicine Professionalism and Collegiality Award</td>
</tr>
<tr>
<td>Drs. Deborah O’Keefe, Scott Laurie</td>
<td>Department of Medicine Bedside Teaching Award</td>
</tr>
<tr>
<td>Dr. Rob deKemp</td>
<td>PhD Scientist Award</td>
</tr>
<tr>
<td>Dr. Erin Keely</td>
<td>Quality Improvement Award of Excellence</td>
</tr>
<tr>
<td>Dr. Sue Humphrey-Murto</td>
<td>Meridith Marks Educator Award for Innovation and Scholarship in Medical Education</td>
</tr>
<tr>
<td>Dr. Angel Fu</td>
<td>Resident Award for Excellence in Med Ed Scholarship</td>
</tr>
<tr>
<td>Dr. Sophia Colantonio</td>
<td>Peter MacLeod Ambassador Award</td>
</tr>
<tr>
<td>Drs. Christianna Dobrowolski, Weiwei Beckerleg, Parul Tandon, Kirles Bishay, Vanessa Lasalle</td>
<td>Chief Resident Awards</td>
</tr>
<tr>
<td>Dr. Paul Wheatley Price</td>
<td>Joseph Greenblatt Award</td>
</tr>
</tbody>
</table>
WALK TOWARDS THE GOOD IN LIFE AND ONE DAY, YOU’LL ARRIVE.

— Atticus
This year more than ever, as we embark on Competency-Based Medical Education (CBME), we also see this variability in education. Traditional education and the standard methods we use to assess our trainees is no longer the norm as we now move to ensure that each resident's assessment is based on their own unique variability and needs. As I look back on the past year, I am astounded by the immense changes in education. The medical education portfolio in our Department is vast, including everything from the recent undergraduate accreditation to the introduction of CBME at the postgraduate level; changes to our subspecialty match process; medical education research; fellowships and advocacy for clinician teachers. Our Department continues to demonstrate support for education through funding of leadership roles that include resident Program Directors; Undergraduate Directors; content experts; education scholarship; innovation
through our creative professional activities; funding for the delivery of undergraduate and postgraduate teaching activities, and divisional clinical teaching funds. Despite the strain of significant and sometimes overwhelming clinical care loads, our clinician teachers continue to deliver high quality education to our trainees. This year we introduced a peer assessment tool to provide feedback to our educators and clinician teachers to aid them in cultivating their teaching skills. Through this tool, and future efforts, we will continue to provide exemplary education in our Department.

UNDERGRADUATE EDUCATION

Dr. Vlad Contreras-Dominiquez, Director for UGME; his associate Directors Dr. Isabelle Desjardins and Dr. Justine Chan, and their administrators, facilitated the rotation of 160 medical students through the core medicine CTU service. The Ottawa Hospital has remained a top site for national and international elective students. Preliminary feedback from the UGME Accreditation in 2018 was predominately positive. One area of focus will be to increase students’ presence in departmental ambulatory clinics.
Our faculty provides ~ 30% of undergraduate teaching hours at the Faculty of Medicine and we are proud to have members of our department hold key leadership roles including Dr. Melissa Forgie, Undergraduate Vice Dean and Dr. Genevieve Lemay, Associate Dean for Admissions.

Some of the key developments over the past year included the revamping of the Problem Assisted Learning sessions; addition of new self-learning modules and incorporation of social accountability in the CTU clerkship curriculum, which are interactive sessions driven by clinical cases where the “medical issues” are secondary to the factors that primarily impact the patients’ health such as economic constraints, nutrition, housing, and community services.

**CORE INTERNAL MEDICINE**

In 2018, Dr. Loree Boyle took over as the new Program Director (PD) for our Core Internal Medicine Residency Program with associate PD’s Dr. Nadine Gauthier; Dr. Babak Rashidi and Dr. Rakesh Patel. This committed and dynamic leadership team is responsible for 97 trainees and with the strong PA support from Odile Kaufmann, Rachel Glennie, and Justine Fortier the program implemented new initiatives and is ensuring maintenance of our current program.

This past year we introduced a new approach to structured academic teaching. This new format has each cohort attending Academic Protected Teaching Time (APTT) formerly known as academic half day, on separate afternoons. In this framework the trainee is actively engaged and assumes graduated ownership of their learning for lifelong sustainability. The key principles of the teaching will be delivered in a case-based, clinically oriented, problem-solving format and a core group of highly skilled Clinician-Teachers will be involved. This model will continue to undergo substantial change as we prepare for CBME.
Some new programs include pain and addictions management, critical event debrief, difficult/serious discussions, wellness and mentorship. A career development curriculum is one of the newest programs implemented this year and includes our established Career Night plus the R3 workshops for CV and letter writing and 1:1 sessions to improve interviewing skills in preparation for the Medicine Subspecialty Match (MSM) match. In collaboration with our trainees, staff continue to explore innovative, inventive and modern approaches to education leveraging the existing creativity and energy from the program.

As we prepare for the transition to CBME with our “go live” on July 1, 2019 we have been given the ideal opportunity to evolve many of our current programs such as Point of Care Ultrasound (POCUS), physical examination skills, research, patient safety and quality, M&M rounds and the senior resident transition series. Despite some early technical challenges, both programs have successfully launched CBD curricula. The training program leadership, CBD champions in Nephrology and Oncology, University of Ottawa support staff and Program Administrators have all worked extremely hard to prepare for this launch, and we would like to acknowledge their ongoing commitment to change. As we prepare for other divisions to embark upon the CBD journey in 2019 it is comforting to know that the transition has gone reasonably well. Further CBD preparations included a Department leadership retreat in May to learn from the University of Ottawa’s Elantra team and Dr. David Taylor, Core IM Program Director from Queen’s, who has lived CBD for the past year. Through that experience, we have come to appreciate that this transition can be phased in gradually which has helped alleviate some of the earlier anxieties associated with CBD.
After discussion and consultation with Program Directors, Division Heads and faculty a new methodology for running the medicine subspecialty match (MSM) was introduced in 2017. This new MSM system is more flexible and is based on principles that we believe reflect the values of our department. Last year's match was the first test of the new system and our Program Directors all agreed that the process has improved. The collegiality demonstrated amongst our PDs is a key factor for success in our department's Post-graduate Training Programs.

**FELLOWSHIP**

During the past year, the Fellowship Program, under the direction of Dr. Nha Voduc and with the strong support from the Department developed standards that were applied to all our programs. In 2018, we increased our 2017 numbers from 60 to 73 Canadian fellows and from 25 to 33 foreign fellows. The fellows now have a hospital-wide orientation session; speakers included hospital leadership and faculty representing research and education streams. 2018 saw an increased interest in the Academic Scholarship Program and five scholarships were granted this past year. In the upcoming year, the fellowship office will be collaborating with Dr. Curtis Cooper to present education sessions focused on research.

**MEDICAL EDUCATION RESEARCH**

Our medical educator researchers have been very busy this past year. It is impossible to capture all the great scholarship and awards, but here are some highlights. Dr. Nancy Dudek was promoted to Full Professor based on her impressive work in medical education. Dr. Samantha Hallman was appointed as the Chair of the Canadian Conference on Medical Education, a very prestigious position. Dr. Nha Voduc was successful in the highly competitive Royal College Medical Education Research Grant competition receiving funding $11,350 for a multicenter research study evaluating bronchoscopy learning. His collaborators are Nancy Dudek, Krishna Sharma and Megan McConnell. Dr. Tammy Shaw was one of two recipients of the CAME Foundation Wooster Family Grant in Medical Education for 2018. This award is meant to support new and innovative projects in medical education that are not part of a larger, formalized and funded education research program.
Dr. Susan Humphrey Murto just finished her term as Co-Chair, Education Research and Development Committee, Royal College of Physicians and Surgeons of Canada which she held from 2014-2018. She continues in her role as Interim Director Research Support Unit (RSU) within the Department of Innovation in Medical Education (DIME) and Fellowship Director for DIME/uOSSC Fellowship in Medical Education Research/Fellowship in Medical Education Research and Simulation.

Dr. Heather Lochnan published a group concept mapping study identifying key barriers to reporting professionalism lapses in the journal Academic Medicine earlier this year. This international study included a significant contribution by the clinician teachers in the Department of Medicine. Our thanks go out to those who participated.

Dr. Claire Touchie published an article recently in Academic Medicine. In this invited commentary, the authors propose the use of big data to test the assumption that improving medical education will improve patient care and that collaboration is needed to link educational and health care data.

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**SPECIAL KUDOS IN EDUCATION**

Dr. Nancy Dudek received the 2018 Canadian Association of Physical Medicine & Rehabilitation Association Meridith Marks Award for Excellence in Education. The award was developed by the Canadian Physiatrists Research and Development Foundation (CPRDF) and Canadian Association of Physical Medicine and Rehabilitation (CAPM&R) to recognize excellence in education among physiatrists.

Dr. Christopher Tran received the prize for Best Oral Presentation, New Investigator category at DIME’s Meridith Marks Day 2018, uOttawa.

Dr. Michael Froeschl received the 2017 Resident Doctors of Canada Mikhael Award for Medical Education.
NOTEWORTHY PUBLICATIONS


WHAT’S NEXT?

We are preparing for the 2019 rollout of Competency by Design (CBME) and have spent considerable time and effort developing a guide outlining expectations, roles and responsibilities of various levels of our leadership teams in the Department. As we move into the new year the challenge to education will not only be the implementation of CBME to more of our programs but to align future educational needs with innovations in practice and technology. We need to further explore and address barriers to educational scholarship and find ways to support our medical education researchers. We appreciate the challenges of clinician teachers and we continue to look at ways to better support and recognize these individuals. The introduction of a peer assessment tool will help identify our expert teachers and help us further promote our clinician teachers.

The foundation of education is our teachers. I would like to thank all our teachers, leaders and administrators who educate our learners, patients and families every day and to the leadership in our department who recognize support and value medical education.

BARB POWER MD, FRCPC
Vice Chair, Medical Education
Department of Medicine
I'M NOT AFRAID OF HEIGHTS — HAVE YOU SEEN MY SHOES?

— Carrie Bradshaw
Dr. Alison Dugan has a long and passionate history with medical education. Her philosophy about teaching has developed over the years through a variety of educational exposures like revising the entire Undergrad Medicine curriculum, running the International Medical Graduate Program, developing feedback workshops and guiding small groups of learners through her CBL teaching. Today she is putting a big emphasis on a part of the curriculum that she feels is vital, but not always acknowledged or evaluated, and that is the importance of communication.
The proud mother of two talks about the hidden benefits of an undergrad English Lit degree, questioning authority and how to be successful in life — as a person.

**I CHOSE** Internal Medicine as my subspecialty because I liked all of it so well and really didn’t have to memorize the coagulation cascade.

**WHEN I WAS SIXTEEN** or seventeen I wanted to be an astronaut.

**I PROBABLY WOULDN’T** have been a physician if it had required 2nd year university physics.

**LAST SATURDAY,** I went for walk around downtown Boston before going to school for a week. I went to do the Harvard Intensive Internal Medicine Review Course because sometimes I think, ’am I on top of all this stuff?’. You work from seven in the morning until seven at night for eight days in a row. So, I arrived a day early and snuck in a bit of down time before the craziness started.

**I DID AN ENGLISH** lit degree before I went to medical school. I knew I wanted to study medicine but while I was sitting there in life sciences I thought, ’I don’t really want to study this’. So, I changed and did Victorian literature… restoration literature… Chaucer… Shakespeare. Typically we teach our medical students in the science track and don’t necessarily get them to think so much about the humanities. Reading books makes you understand things about people. I think we may be missing something there.

**HISTORICALLY,** medicine’s curriculum has been heavily weighted to facts with not so much focus on communication and emotions. People are emotional and they care about feeling connected.

**GOOD COMMUNICATION** is such an important part of what we do in so many jobs and yet we don’t really acknowledge that it’s important… or talk to people about how to do it well — especially in groups. Yet when I look at my colleagues and residents on the wards who do it well, it’s just such an obvious asset — to be able to listen to other people, to recognize when they have an emotional response to something and to be sympathetic.

**MY IDEA OF MISERY** is being stuck on Parliament Hill during a celebration.

**MY GREATEST JOY** in life is a canoe trip with my kids.

**MY PRINCIPLE FAULT** is my irrepressible desire to question authority, and challenging doing things just because of “rules”, when sometimes the rules are just wrong.

**YOU DON’T KNOW** what people are really like until you see them tired and hungry.

**THE BEST ADVICE** I was ever given was listen more, talk less.

**IF I COULD ONLY** pack 3 things in my suitcases to travel to an unknown destination they would be a Kobo reader with unlimited battery power, my mouth guard and a light sabre.
A TURNING POINT IN MY LIFE WAS WHEN I STARTED TO REALLY BELIEVE I COULD DO THIS JOB AND WASN'T AN IMPOSTOR WAITING TO BE EXPOSED.

CHRISTCHURCH, NEW ZEALAND is my favourite city in the world. I spent 2 years working there. It was a great job, I had great friends, tons of adventures and the most beautiful country right out my front door. It was just a wonderful place to live but it was on the other side of the world and my family was all here. It was not a simple decision... we, my ex-husband and I, spent evenings making pros and cons lists for both places to determine whether we would come back or not. Jeff Turnbull was Head of our Department at the time and I can say quite frankly that he was one of the strong reasons for me coming back.

RIGHT FROM THE MOMENT I arrived in Ottawa I was involved in medical education — when Alan Karovitch and I took over as co-chairs of the Medicine Clerkship. We basically revised the entire curriculum, including the exam, and introduced the initial version of (Problem Assisted Learning Sessions (PALs). Back when we were training, Alan and I would round and do physical exams daily, but our medical students didn’t always get that same opportunity so we also introduced physical exam teaching which, as far as I was concerned, was extremely important.
IT WAS ALSO important to teach the students about the role physio, occ health and social work played so we started sessions called ‘Who Else is on the Team’ to help them understand and navigate the barriers to a person being able to get home. Medical students are eager learners. If you teach them right they can learn to be doctors who really understand that it’s not just about the 17 causes of heart failure. It’s also about the wife who, when she gets home must pick up medications, which might be difficult if she can’t leave the house because the patient has other issues. That’s where I started in medical education. I did that job for 10 to 15 years.

I REALLY LIKE working with the medical students because of their enthusiasm — that combination of happiness they have when they get into medical school and the fact that they are very open and respectful and you feel like they are waiting on every word you say. I see this all the time as part of the CBL teaching I do.

I WAS IN a medical school with 85 students and got 8 hours of lectures a day. As part of CBL, my guys sit in groups of eight and discuss how to solve a problem. This format allows the students to be more fluent, and consider scenarios like 'what if this was a different gender or age?' In fact, it was the students who said, "when we do it the same way all the time we don't really feel like we're really getting our chops". In this setting they each have to contribute to the conversation but not take too much air time and squeeze other people out.

THERE’S NO SUCH THING AS BEING TOO OLD TO RUN THROUGH THE SPRINKLER.

I WAS ALSO responsible for running the International Medical Graduate Program for 7 or 8 years and was involved with the group in Toronto that reviewed the results of the screening exam and the Objective Structured Clinical Examination (OSCE) and then there would be a match. Three to eight people would be deployed to Ottawa and I’d develop a curriculum specifically designed to meet their needs in order for them to transition into applying for residency here in Canada.
MY SENSE of humour is never disrespectful. I use humour a lot in my teaching because medicine is a very heavy duty topic and it helps take the edge off how difficult it can be. I think it’s a way to bond the team and make it through a long day.

MAYBE I’M WRONG, but I think the world would work much better if instead of trying to find a job that earned the most money, we tried to find a job that made us REALLY want to get out of bed in the morning and validated us as people.

I DON’T UNDERSTAND how people would rather watch a sport than play one.

WORDS OR PHRASES I should use more often are: Don’t make me wave my wooden spoon at you!

I DON’T LIKE IT when people say, ‘what are you having?’ at a restaurant. Are you asking me that so you can decide what you’re having? It’s a funny question, I don’t know why people ask that.

I AM MOTIVATED by chocolate in most forms.

I HAVE A RULE in life: leave room for dessert.

AS YOU GET OLDER, you get more comfortable looking silly while having fun, rather than looking good and having no fun.

I THINK you do your best when you like yourself.

THE THREE GREATEST WORDS in the English language are: honesty, kindness and empathy... or supercalifragilisticexpialidocious, onomatopoeia and slither.

CLEAN SHEETS (especially flannel) are one of life’s greatest luxuries.

THE AFTERNOON of my dreams would include a bike ride, a swim and a nap!

ONE PRESENT I will always be happy to receive is a new book I haven’t read or wool for knitting... but there isn’t room on my bookshelves or in my closets for any more of either.

MY FATHER was a Physics student and later a University Professor and my mother was a California dreamer — born in California and raised in San Diego. She studied social work and had a very strong sense of what she thought was the right thing to do. We lived in Boston when my Dad was getting his PhD and my parents had five kids before he got a real job in Canada as a professor — talk about stressful. My Mom had never seen snow. I was eight.
I’VE BEEN SHAPED by growing up with four siblings and not much money, and lots of tasks to do.

WHAT I GOT from my father was an understanding of the importance of civility and good manners.

MY GREATEST professional achievement was convincing my colleagues to recruit Alan Karovitch! I think he’s a Mensch: he’s honest, ethical, smart... he’s just a superstar. I have a huge amount of respect for him. He’s just a really excellent role model. There was a point in a conversation when it could have gone either way and I’m like, “you cannot let this guy go.” He absolutely should be here, he’s like a rock star.

I DON’T FEEL super comfortable blowing my own horn but what I’ll say is that what patients tell me almost all the time when I give them an explanation about something is “nobody’s ever explained it like that before, and I really appreciate you taking the time and helping me to understand it”. I think that when patients understand, they can manage much better. I would say my biggest educational accomplishment is conveying that to the residents that come and work with me on an ongoing basis.

I ALWAYS wanted a horse. All four girls in my family are horse crazy. As kids, all our games were imaginary where we’d scoop up the leaves in the fall and make stables, then we’d pretend to sleep in the trees while the horses were sleeping.

I’D LIKE TO BE transported into the movie Avatar because like I said, I wanted to be an astronaut. Touching the plants that would disappear and riding the winged creatures would be so cool. And the message of respect for the environment and for other living creatures — I thought there were a lot of really nice themes in that movie.

CHARLTON HESTON would portray me in a movie about my life. You’ve got to watch The Ten Commandments or Ben Hur and then you’ll understand. I’m kidding of course.

IF I HAD TO WRITE my autobiography using only 6 words it would be "MUM and doctor, best jobs ever!". My Dad and I were out walking — probably 10 years ago or so — and he asked something having to do with my life and I replied, ‘you do know that having and bringing my kids up has been the most amazing thing I’ve ever done’. And he was completely shocked because he thought I would be most proud of my career in medicine. I feel so lucky to have had the opportunity to raise my kids and have a job like being a doctor.
IT'S NOT ABOUT THE SHOES, IT'S ABOUT WHAT YOU DO IN THEM.

— Michael Jordan
EVERYTHING IS IN WALKING DISTANCE IF YOU HAVE THE TIME.

— Steven Wright
ONE OF THE DEPARTMENT OF MEDICINE’S OVERARCHING GOALS IS TO DEVELOP, FOSTER AND SUPPORT NATIONAL AND INTERNATIONAL LEADERS IN MEDICAL RESEARCH.

Over the last year, our members have provided impactful contributions to practice changing research in multiple spheres of medicine through international collaborations and high-impact publications. We were very successful in securing external grant funding and salary support despite scarce peer-reviewed grant opportunities.
The Department of Medicine is proud to support its members in achieving excellence in health research by providing internal funding. In the past year, the total contributions from the Department to research exceeds $37 million. Of this, $22 million from peer review and industry studies supports non-physician research personnel. Over $7.5 million supports physician salaries to protect time for research and almost $1 million goes to DoM grants. This million goes to Faculty of Medicine Translational Research Grants and other projects that enhance our collaborations with PhD researchers and clinician scientists. The sections below highlight our internal commitment to driving our research capacity and some of the major research successes over the past year.

MARC CARRIER  MD, MSc
Vice Chair, Research
Department of Medicine
RESEARCH DAY

The 2018 Department of Medicine Research Day organized by Drs. Curtis Cooper (Director of Resident Research) and Dr. Robin Parks (Director of PhD Research) was an overwhelming success. Over 210 trainees, scientists, and physicians attended the event which included high caliber oral and poster sessions, the popular Dragon's Den competition, and online “live” voting. Dr. Alexandra King (Cameco Chair in Indigenous Health) was the keynote speaker and provided the audience with an impactful presentation on Aboriginal health. Dr. Phil Wells also provided an inspirational talk for trainees and early career investigators.

We would like to thank all the residents, fellows and trainees who contributed to making this Annual Research Day a fantastic success and to all the supervisors who have invested time, effort and energy to provide a valuable research experience for our trainees and ensure that the quality of the research presented was extraordinarily high.

Congratulations to our 2018 Department of Medicine Research Day Winners!

ORAL PRESENTATION WINNERS

Clinical Sciences (R1-3) & Medical Students
Simon Thebault — “Elevated Neurofilament Light Chain Levels Normalise in Aggressive MS Patients’ Serum and CSF Following Bone Marrow Transplant”

Clinical Sciences (R4-5) & Clinical Fellows
Shannon Fernanco — “Prognostic Accuracy of the quick Sequential Organ Failure Assessment (qSOFA) for Mortality in Patients With Suspected Infection - A Systematic Review and Meta-Analysis”

Clinical Sciences Graduate Level & Higher
Faizan Khan — “Long-Term Risk of Recurrence After Stopping Anticoagulant Therapy for Acute Unprovoked Venous Thromboembolism: Systematic Review and Meta-Analysis”
Dragon's Den Competition
Michaeline McGuinty — “HAVARTI: Marching Towards a Cure for HIV Survival is Insufficient! Time for a Cure"

POSTER PRESENTATION WINNERS

Clinical Sciences (R1-3) & Medical Students
Jessica Evans — "Internal Medicine Perioperative Assessment Clinic (IMPAC): An Assessment of the Post-Operative Internal Medicine Referral Process"

Clinical Sciences (R4-5) & Clinical Fellows
David Massicotte-Azamiouch — "The Association of Kidney Function and Albuminuria with the Risk and Outcomes of Syncope: A Population-Based Cohort Study"

Clinical Sciences Graduate Level & Higher
Mathieu Crupi — "Blocking the RNA Interference Pathway Improves Oncolytic Virotherapy"

DEPARTMENT OF MEDICINE RESEARCH GRANTS

DEVELOPMENTAL GRANTS

Dr. Michel Shamy (Neurology) received a Developmental Research Grant in the amount of $16,618. Title — “Fractality and Measures of Chaos in Transcranial Doppler: A Pilot Study of Cerebral Autoregulation in Subarachnoid Hemorrhage”

Dr. Juthaporn Cowan (Infectious Diseases) received a Developmental Research Grant in the amount of $40,000. Title — “Effect of Chemotherapy on Pneumococcal Vaccine Efficacy in Patients with Chronic Lymphocytic Leukemia”

Drs. Mark Freedman (Neurology) and Simon Thebault (Neurology) received a Developmental Research Grant in the amount of $23,475. Title — “Can Serum Neurofilament Light Chain Predict Disease Severity in Multiple Sclerosis? A Pilot Study”
DEPARTMENT OF MEDICINE
TRANSLATIONAL RESEARCH GRANTS

Dr. Mark Campbell (Physical Medicine and Rehabilitation) and Jeffery Dilworth (Neurology) received a Translational Research Grant in the amount of $40,000.

Title — “Determining the Optimal Bone-Derived Stem Cell Source Niche for Cartilage Regeneration in the Treatment of Osteoarthritis”

FACULTY OF MEDICINE
TRANSLATIONAL RESEARCH GRANTS

Drs. Juthaporn Cowan (Infectious Diseases) and Alain Stintzi received contribution from the DoM for a Faculty of Medicine Translation Research Grant in the amount of $25,000.

Title — “The Effect of Immunoglobulin Treatment on Lung and Gut Microbiome in Patients with Chronic Obstructive Pulmonary Disease”

Drs. Lynn Megeney and Lisa Mielniczuk (Cardiology) were also successful at the last Faculty of Medicine Translation Research Grant competition.

Title — “Evaluation of Right Ventricular Adaptation in the Su5416-Hypoxia Rat Model of Pulmonary Arterial Hypertension”

DOM IQ@TOH BIG DATA GRANTS

Drs. Tetyana Kendzerska and George Chandy (Respirology)

Title — “Ten-Year Trends in Prevalence, Incidence and Mortality for Individuals with Pulmonary Arterial Hypertension in Ontario: A Population-Based Study”

Dr. Edward Clark (Nephrology)

Title — “Predicting Renal Recovery from Dialysis-Requiring Acute Kidney Injury at Time of Hospital Discharge”

Dr. Kwadwo Kyeremanteng (Palliative Care)

Title — “Outcomes of High Risk Patients with Prolonged Ventilation and Cost Analysis”

Dr. Vicente Corrales-Medina (Infectious Disease)

Title — “Comparison of the Effect of Currently Recommended Empiric Antibiotic Regimens for the Treatment of Pneumonia on the Long-Term Outcomes of Pneumonia Survivors”

Dr. Lara Khoury (Geriatrics)

Title — “An Evaluation of a Proactive Geriatric Trauma Consultation Service”

Drs. Andrew Aw (Hematology) and Juthaporn Cowan (Infectious Disease)

Title — “Determining Vaccination Uptake in Patients with Chronic Lymphocytic Leukemia in Ontario: A Population-Based Study”
RESEARCH CHAIRS CURRENTLY HELD BY DEPARTMENT MEMBERS

The Department of Medicine’s partnership with the University of Ottawa to provide salary support to promising young and more established researchers through the University’s Clinical Research Chair awards, illustrates our further commitment to support our scientists.

UNIVERSITY OF OTTAWA JUNIOR CLINICAL RESEARCH CHAIRS

Dr. Jodi Warman Chardon (Neurology) — Novel Gene Discovery in Neuromuscular Disease

UNIVERSITY OF OTTAWA CLINICAL RESEARCH CHAIRS — TIER 1

• Dr. Shawn Aaron (Respirology) — Chair in Obstructive Lung Disease
• Dr. Rob Beanlands (Cardiology) — Chair in Cardiovascular Imaging Research
• Dr. David Birnie (Cardiology) — Chair in Cardiac Arrhythmia Research
• Dr. Gregory Knoll (Nephrology) — Chair in Clinical Transplantation Research
• Dr. Grégoire Le Gal (Hematology) — Chair in Diagnosis VTE
• Dr. Marc Rodger (Hematology) — Chair in Venous Thrombosis and Thrombophilia

UNIVERSITY OF OTTAWA CLINICAL RESEARCH CHAIRS — TIER 2

• Dr. Gonzalo Alvarez (Respirology) — Chair in Tuberculosis in Canadian Aboriginal Communities
• Dr. Marc Carrier (Hematology) — Chair in Cancer and Venous Thromboembolism
• Dr. Darryl Davis (Cardiology) — Chair in Cardiac Regeneration
• Dr. Lisa Mielniczuk (Cardiology) — Chair in Heart Failure and Pulmonary Hypertension Research

UNIVERSITY RESEARCH CHAIRS

• Dr. David Moher (Clinical Epidemiology) — University Research Chair (2006) in Systematic Reviews

CANADA RESEARCH CHAIRS

• Dr. Jeremy Grimshaw (Clinical Epidemiology) — Canada Research Chair, Health Knowledge Transfer and Update
• Dr. Michael Rudnicki (Neurology) — Canada Research Chair, Molecular Genetics
• Dr. Peter Tugwell (Rheumatology) — Canada Research Chair, Health Equity

HONOURS & AWARDS

Dr. Xiaohui Zha (Cardiology) received the 2017 OHRI Chrétien Researcher of the Year Award for her breakthrough in understanding why cells make more cholesterol and fat after a big meal. This could potentially lead to new treatments for obesity.

Dr. Michael Schlossmacher (Neurology) received the 2017 Grimes Research Career Achievement Award for his pioneering research on Parkinson’s disease, including its connection with the immune system.

Dr. Harold Atkins (Hematology) received the prestigious Till & McCulloch Award for exceptional contributions to global stem cell research.

Dr. David Grimes (Neurology) has received the Lifetime Achievement Award from the University of Ottawa’s Faculty of Medicine.

Dr. Ben Chow (Cardiology) has been awarded the Raine Visiting Professorship from the University of Western Australia.

Dr. Michael Rudnicki (Neurology) was awarded the “Dr. George Karpati Researcher of the Year Award” by Muscular Dystrophy Canada at the Ottawa International Conference on Neuromuscular Disease & Biology.

Dr. Glen Goss (Medical Oncology) received the Lifetime Achievement Award at the Canadian Lung Cancer Conference. This award recognizes his leadership in improving care for people with lung cancer.

Dr. Kumanan Wilson (General Internal Medicine) won the Technology & Engineering Ambassador Award from Partners in Research recognizing his team’s progress in creating digital technologies to empower Canadians.

NOTABLE PUBLICATIONS

The DoM researchers published many impactful peer reviewed publications this past year. A representation of the Department’s outstanding journal articles from 2017–2018 is presented below.

Dr. Xiaohui Zha (Cardiology) led a new research study assessing the role of two proteins (mTORC1 and SREBP-2) in the control of cholesterol and fat production.

Dr. **Dean Fergusson** (Clinical Epidemiology) and colleagues co-authored a publication providing health-care providers with a new tool to help decide whether a liver surgery patient needs a blood transfusion.


Dr. **Michel Sabloff** (Hematology) co-authored a study discovering that fat cells play a key role in normal blood regeneration and these are disrupted in acute myeloid leukemia.


Drs. **Swapnil Hiremath** and **Brendan McCormick** (Nephrology) have recently demonstrated that spironolactone is safe and effective in treating hypokalemia in peritoneal dialysis patients.


Dr. **Peter Tanuseputro** (Palliative Care) and colleagues co-authored a publication in *JAMA* demonstrating that recent immigrants are more likely to die in ICU compared to other residents.


Drs. **Juthaporn Cowan** and **Bill Cameron** (Infectious Disease) have assessed the effectiveness of immunoglobulin to avoid complications post stem cell transplantations.


A team led by Dr. **Carl van Walraven** (General Internal Medicine) has found a possible link between anticholinergic drugs and longer post-operative hospital stay.

NOTEWORTHY GRANTS

This past year DoM researchers were once again successful at obtaining highly competitive peer-reviewed grants. This included the CIHR Project and the Foundation grant competitions. A special mention goes out to Dr. Rashmi Kothary (Neurology) and colleagues who were awarded $4 million from the Canada Foundation for Innovation for new equipment and facilities to support cutting-edge research on neuromuscular diseases. Similarly, a special note goes to Dr. Kumanan Wilson (General Internal Medicine) and colleagues for being awarded nearly US $1 million from the Bill & Melinda Gates Foundation to use a big data approach to find out how often babies are born preterm in low-resource countries.

Dr. David Allan (Hematology) was awarded $100,000 from the Canadian Blood Services to develop policies around the use of cord blood that will protect Canadians from the possible dangers of unproven therapies.

Dr. Tiago Mestre (Neurology) was awarded a $197,000 New Investigator Award from the Physicians’ Services Incorporated Foundation to test a new model of care for people living with Parkinson’s disease. Dr. Sunita Mulpuru (Respirology) received $47,000 from The Lung Association for a pilot feasibility study on the Impact of Goal-Directed COPD Care Model on Clinical and Patient-Reported Outcomes.

Dr. Jodi Warman Chardon (Neurology) was awarded $45,000 from the Muscular Dystrophy Association Canada for her project: "Diagnostic Utility of Muscle MR Imaging in Genetic Myopathies".

Dr. Marcel Ruzicka (Nephrology) received $45,000 USD from the Physicians’ Services Incorporated Foundation for a research project on Blood pressure measurement: “Should Technique Define Targets?”. Dr. Natalyia Milman (Rheumatology) was awarded $20,000 from the Vasculitis Foundation to investigate ICF Core Sets for ANCA-Associated vasculitis.

Finally, Dr. Nha Voduc (Respirology) received funding ($11,300) from The Royal College of Physicians and Surgeons to measure development of competency with the Ontario Bronchoscopy Assessment Tool.

Two research teams have also received grants from the TOHAMO Innovation Project Grants:

- Dr. Sanjay Murthy (GI) and colleagues — Validation of the Ottawa Colorectal Neoplasia Prediction Tool.
- Dr. Manish Sood (Nephrology) and colleagues — Risk and Benefit Trade-Off of Newer Anticoagulants for Heart Disease in Patients with Chronic Kidney Disease

CIHR FOUNDATION GRANTS

- Dr. Shawn Aaron (Respirology) — Identification of Undiagnosed Airflow Obstruction in the Canadian Population: Diagnostic and Management Strategies ($4,152,573).
CIHR PROJECT GRANTS

- Dr. Kevin Burns (Nephrology) — Could cell fragments from umbilical cord blood treat acute kidney injury?
- Dr. Marjorie Brand (Hematology) — Identifying new molecular targets to prevent and treat relapse.
- Dr. Rashmi Kothary (Neurology) — Spinal muscular atrophy: Investigating an unexpected connection with the immune system.
- Dr. Smita Pakhale (Respirology) — A holistic approach to improve quality of life among homeless people (and those at risk for homelessness), incorporating e-cigarettes to manage tobacco dependence.
- Dr. Peter Tugwell (Rheumatology) — Identifying how and when to engage stakeholders in the development of health guidelines.
- Dr. Lynn Megeney (Cardiology) — Understanding how a badly repaired gene causes rhabdomyosarcoma in children.
- Dr. Peter Tanuseputro (Palliative Care) — “High cost users” inpatient care at the end of life: Patient characteristics course of treatment, and involvement of palliative care.
Dr. Kevin Burns is one of Canada’s most influential kidney researchers, but not just for his impressive grant and publication stats and the impact his research has had on care but for the passion and commitment he invested to establish and develop KRESCENT, a national training program designed to attract and sustain kidney researchers in Canada.

Kevin shares what he learned from a life dedicated to medicine including the unexpected tragic death of a sibling, a life altering pep talk from a supportive father and a recent and surprising medical diagnosis.
**MY PRINCIPLE FAULT** is a lack of patience. Recently one of my lab people ordered reagent and it didn’t come in so the experiment didn’t get done. At the lab meeting they said “oh, don’t worry it’s coming in next week”, and I said, “next week? That’s way too long! Pick up the phone and tell them you need it yesterday”. I have very little patience for accepting the norm, just figure out a way to get it done. To the point that sometimes people around me will say “wow, that guy doesn’t understand, he really needs to relax.”

**IN HIGH SCHOOL**, I was very good at mathematics and terrible at dating girls. I was terrified to talk to anyone from the opposite sex – absolutely terrified! It was only in university that I even started speaking to girls.

**WHEN I WAS SIXTEEN OR SEVENTEEN** I wanted to be a biologist or an artist. I used to like drawing and painting and had a bit of talent. Teachers in high school encouraged me to pursue art but my father would say “you know it’s pretty tough out there to be an artist so maybe you should stick with science, you’re good at it”. And there was no question that I was good at it. I loved analytical stuff anyway so I kind of gave the art up. I bought some paints a few years ago and painted a few things but then stopped – just for lack of time. Maybe one day…

**I KNOW IT SOUNDS CORNY**, but my wife Francine is my best friend.

**MY GREATEST REGRET** is not having 10 kids. I have three sons: two stepsons and my son William, who’s now 16. I was an older Dad and loved the experience of having a young baby and all the stuff you needed to do in those early years. And then as he got older I enjoyed bringing him to the arena for hockey and an opportunity to socialize with other people — it really broadened my horizons. Before fatherhood, I had the blinders on by research and medicine. Up until that point I was a self-centered narcissist. Then you have a child and suddenly the world is not yours anymore, it’s somebody else’s. Being completely responsible for somebody else is very healthy, so... the more kids the better.
I KNEW I WAS GOING TO BECOME a physician when I opened the acceptance letter to med school. All bets were off until then. And actually, I almost dropped out my third year. Even though I was really book smart, as soon as we got into the hospital setting and convert knowledge to practice — I couldn’t handle it. I could analyze things, I just couldn’t deal with all the pressures of the hospital environment.

So, I came home one evening and called my Dad and said, “listen, I don’t think this is for me, I’m just finding it too hard. I think I should go into engineering. Tomorrow I’m going to drop out”. I was living in downtown Montreal at the time, going to McGill and he was living in Laval, which is about a 45-minute drive, and the next thing you know he’s knocking on my door. I remember it like it was yesterday — he was very kind and supportive and said “let me help you, what is it that you’re having trouble with? Let’s go through your patients”. He had no knowledge of medicine but could put things in perspective. He helped me get organized and figure out some simple things that I could do to get through the day. He told me “you can do this”. That talk prevented me from making a knee-jerk decision that would have been a big mistake.

I’M INCAPABLE OF sitting still. I was always fidgety and had little ticks as a child. People in my family would point out that I kept touching my hair a lot...my nose, things that I didn’t notice. I’ve had those all my life. My leg jumps when I’m sitting so I don’t like sitting for a long time. Francine especially doesn’t like it. When we’re out she’s always telling me to stop moving.

I HAVE A RULE IN LIFE: Promise nothing, deliver everything.

MY STRESS reducing trick is running/exercise.

I GREW UP in Chomedey, Laval. My father was an electronics salesman. My mother was a secretary and taught me to be myself and be satisfied with that. I was raised to be independent due to the dynamics in my family. I was the second child. A lot of attention was devoted to my older brother even though he was very outgoing. He had some issues we could see early in life, started having depressions as a teenager and was diagnosed as bipolar. So, a lot of the energy in the house surrounded him. I took care of myself so my parents never had to worry about me.
I WAS VERY CLOSE to my brother, he was quite successful, very, very smart and funny. He was also studying to be a doctor. Sadly, with only three months left before completing med school, he committed suicide.

Up until that time in my life I had never been exposed to personal tragedy. It obviously had a huge impact on me as it would on anybody in any family. It took me a good decade to really recover and get my life in order. I went through some bad years and had to get therapy. It was devastating. On a positive note, I have much more empathy now for people with mental illness. Too often I’ve seen situations where others don’t have that kind of empathy. I’m totally healed. Our family can, and still talk about it and it’s something I carry every day — you never forget, it’s always there.

I THINK PEOPLE SEE ME as aloof or intimidating. People have told me that actually. So, when you hear it enough you think, ‘well, it’s probably true’. Perhaps it’s because I’m quiet and have a serious demeanour and I can sometimes speak forcefully about things in meetings or even one on one. But I’m disappointed to hear that, so that’s why I’m softening with time. Intimidation to me means that someone is fearful of responding or saying something because of the way you are. And that’s not something I would encourage at all.

IT’S SOMETHING I CARRY EVERY DAY — YOU NEVER FORGET, IT’S ALWAYS THERE.

AT NIH IN BETHESDA, MARYLAND there was a scientist by the name of Mo Burg who discovered how to perfuse kidney tubules — he was a giant in the field and the nicest man I ever met. I spent a day with him and was so impressed that I knew I wanted to work with him. But I was also scheduled to visit the Vanderbilt University Medical Center in Nashville and it was also great. So, I went to one of my mentors for advice and he says to me, “you know, Dr. Burg is getting a little bit up in years. What if you get down there and he suddenly says he’s retiring and then you’ll be stuck with nobody?” So, I went to Nashville. And then every single annual meeting of the American Society of Nephrology I went to I would see Dr. Burg — no kidding. Even now! He obviously didn’t retire then and he must be in his late 80s now. And believe it or not he’s still doing research.
I SPENT MOST OF MY CAREER studying the renin angiotensin system in the kidney. But the most recent work I’m doing is a complete 180 from that. I’ve always been interested in acute kidney injury, where patients suddenly lose kidney function for a variety of reasons such as infections, post operatively, blood loss — the kidneys just shut down. Up to 50% of patients in the ICU have this in various grades but if you have the severe form of what we call acute kidney injury or AKI, there’s a very high mortality rate — about 50%. There are absolutely no treatments despite 50 years of research; either to prevent it or to enhance the recovery of kidneys which have the capacity to regenerate once they’ve been injured.

SEVERAL YEARS AGO, there was literature starting to come out which asked the question ‘Do stem cells help kidneys regenerate?’ So, I linked up with David Allen in Hematology who was isolating core blood and core blood cells at the time and we began to collaborate, along with Dylan Burger at the Kidney Research Centre. Fast forward past some initial failures to today and our current success. My lab is discovering the therapeutic properties of small extracellular vesicles (exosomes) derived from human cord blood endothelial colony-forming cells. To date, we’ve already shown that injecting a specific microRNA, (miR-486-5p) isolated from these exosomes into the mice can repair the kidneys. Now I’m working with a PhD scientist at uOttawa who’s interested in nanomedicine to create particles called nanoparticles that we think might be used to package this microRNA to deliver and target the kidneys in larger animals — that’s the next step.

I GO INTO THE LAB AND I’M BLOWN AWAY BY WHAT WE’RE FINDING.

I’M VERY HOPEFUL, it’s the most exciting thing I’ve done in my career in research. Every time I go into the lab I’m blown away by what we’re finding. Usually with research it’s very incremental and iterative but our data has been off the charts right from the beginning. I’ve always been very skeptical, you learn to be as a scientist. Always thinking that this can’t be true, let’s do it again. But this time I’m very excited. But, because I’m getting in the late stages of my career I know that we’ve got to move this quick. I’m hopeful that my recent 5-year grant and the research it supports will someday lead directly to novel treatment strategies for AKI in humans.
YOU DON’T KNOW what people are really like until you have a few beers with them.

SLEEP is the life’s greatest luxury. Last Saturday, I slept in until about 9:00, then fixed my ride-on mower. I watched a YouTube video to guide me through the repair otherwise there’s no way I would have known what to do. Francine can tell you stories about me screwing up small renovation projects. I love that stuff but I’m terrible at it and I’m in awe of people who come by it naturally.

I DO MY BEST THINKING in the early morning, alone when I’m in my office with no calls or emails. I get up around 5:30 a.m. and get to work early. It’s probably the best time of day for me to think and when I tend to write.

MY MOST MARKED CHARACTERISTIC besides shyness is a good sense of humour. Humour for me is one of the things I love most about living. Comedy, humour and having a sense of humour will get you through anything. That’s my raison d’être. Francine says I tend to be funny when I’m in front of an audience, that it comes kind of naturally even though I dislike public speaking. I think it’s a good ice breaker for me.

FEAR is when your 16-year-old son starts driving.

WORDS I SHOULD USE MORE OFTEN are ‘thank you’. It’s something I sometimes neglect to say to acknowledge people who have done good or nice things. I’ve got to be more appreciative of what people do. It’s a weakness. It’s a problem. I’m working on it.

I AM MOTIVATED by stories of great leaders. To compete in life, you’ve got to believe in your abilities and then to become good at anything you should practice, practice, practice. When I really want something, I am relentless.

FLORENCE OR BARCELONA are my favourite cities because I love the ambience, art and romance.

I ALWAYS WANTED an electric guitar. If after I died I could choose to come back as something, it would be a rock star because I love rock music, in fact I’m trying to learn how to play guitar. Ever since I was a teenager I’ve been going to rock concerts and it always seemed to be the dream life — the music and the performance. Not the drugs.

WATCHING HOCKEY is the perfect outlet for me. I’m a Sens super-fan. But my favourite activity outside of the hospital is playing golf. The afternoon of my dreams would include a golf game, then a cruise on the Gatineau river.
MY GREATEST PROFESSIONAL ACHIEVEMENT is establishing a national kidney research training program (KRESCENT) designed to attract people into this field. It was a tremendous amount of work but I enjoyed it because I had this idea that it was going to be good for the future of Nephrology in Canada. Almost 70 trainees have graduated, many of whom are top notch researchers. It’s become a model for other research training programs in Canada.

IT HAS BEEN extremely gratifying and humbling to see all those young people succeed.

WHY DID I STEP DOWN from KRESCENT? Last summer I was diagnosed with an illness, I have Chronic Lymphocytic Leukemia (CLL). It was out of the blue and showed up with blood work. So, after speaking with Francine I knew I had to make some changes in my life and gave up several administrative roles. I’m not shy to talk about it but I don’t want sympathy. Other people have much more serious issues that they’re dealing with. But even before I found out about CLL I was thinking that it was time to transition out, I’ve been doing this for fourteen years, somebody else should be doing it now. I’m really concentrating on my lab, that’s my main focus right now.

BEST MOVIE LINE of all time is “I’ll make him an offer he can't refuse.” I like all the Godfather movies and Goodfellas because they’re kind of seedy and dark and tough — things I like. I’d like to be like some of those people in some ways...well, maybe not quite.

IF I HAD TO WRITE my autobiography using less than six words it would be ‘His friends called him Heavy Kevy’. It was a nickname I had in high school because I was always pensive. Heavy meaning ‘lighten up’! I was always worrying about something, like an exam that was coming up.

WHO KNOWS WHAT’S NEXT. I’m just trying to live every day and I hope to continue working for five more years — that will bring me to age 65. And that’s the length of my research grant. I want to concentrate on that and see it to completion.
The grand-daughter of Polish World War II survivors, Lisa Mielniczuk absorbed at an early age that nothing comes easy in life and to value hard work. She would study to become a Cardiologist with advanced training in Heart Failure and Transplantation, co-found and direct numerous innovative clinical programs and build from scratch a unique clinical and translation research program to evaluate mechanisms and novel treatments of pulmonary hypertension and right HF. With over 65 peer-reviewed publications, a University Research Chair, numerous Provincial and National consultancy positions and invitations to speak at countless international venues, she is considered one of the Departments young female superstars.
This natural caregiver describes how she relies on nature and Netflix to help her unwind and unplug from the hectic realities of her world while emphasizing her greatest accomplishment — her three children, ages 6, 8 and 12.

I THINK those that are very successful are those that have learned the importance of perseverance and tenacity.

AM I REGIMENTED and organized? Yes absolutely, very much so. The first thing I think about in the morning is what needs to get done — both personally and professionally. When I get to work every morning, I write what I need to accomplish that day on sticky pads. Even on the weekends I write myself a list. I’m the type of person who will put something on that list that I’ve already done, just to cross it off — because that feels good to me.

PEOPLE HAVE JOKE that I use the word phenomenal a lot, that I’m over enthusiastic about things.

THIS SUMMER I took my kids up to the Yukon with some other family members, rented an RV — it was absolutely phenomenal (1). We went camping in Whitehorse and Alaska and I was completely unplugged for the first time — for about a week! It was stressful at first but felt so good after about the second day.

APPRECIATING THE BEAUTY of nature and being outside is a shared family trait.

I DON’T LIKE IT when people say, “That is not my problem”. Complaints are normal, they’re what move us forward as a program, but it’s that discontent matched with ‘but I don’t want to take part in building a solution’ that I find frustrating. Those that are unhappy would have the most valuable input because that’s exactly where we’d get the most delta in terms of things that need to change.
THE BEST WAY to get things moving is to move them yourself.

I'D EAT homemade bread and aged cheese all the time if it wasn’t for my health.

EVERYTHING tastes better when you’re camping.

MY GREATEST GUILTY PLEASURE TV show is The Walking Dead. At first, I thought it was the worst show ever and then I got hooked. It’s a phenomenal story about human survival under the most perilous conditions; how do we stay together, how do we keep our humanity in the face of everything that is tearing humanity apart both literally and theoretically — that’s the part of the story I love. By no means would I suggest that I am attracted to the gore, it’s horrible but sadly you can desensitize to it after about the first four or five episodes.

MY FAVOURITE MEAL is turkey dinner, everything from the preparation to the dessert — it is such a wonderful meal to share with family and friends.

MY MOST PRIZED childhood possession was my Playmobile ambulance. My parents bought it for me when I was about six or seven and I loved it. It had a little stretcher, paramedics, a patient with a cast that came on and off; it even had little intravenous bottles and plastic tubing. From that I built a hospital using a little bookshelf in my room. That was probably my earliest interest in healthcare. Although at that age I don’t remember saying I wanted to be a doctor.

I GREW UP in downtown Toronto. My father was an early IT specialist, my mother was a sales clerk at the Bay. I was raised to be a strong and confident person. My parents taught me the importance of resilience and self-reliance. I come from very humble beginnings. My father is a phenomenal man; he himself had very humble beginnings. His parents are Polish and were displaced in the Second World War by the Germans into a work camp. My father’s upbringings were one of self-reliance, resilience, working hard to get to where you need to be and he instilled that in us. This idea that nothing comes for free, that you must work very hard — these are important traits that I’m trying to teach my children. And then when you are successful, be grateful and give back, make sure you share that with others.

I’M PROUD OF MY BROTHER for always following his passion. When we were growing up, I always had my nose in the books and he would do what needed to get done to get through but still always had a very good sense of balance. He loves sailing, he co-owns a boat, he’s very physically active and fit and always takes time to take care of himself and to do the things that he likes to do. I probably could learn from him. I tend to switch the needle from work and Cardiologist to Mother. One of my character flaws is that I don’t have a lot of middle ground. My brother is very good at finding that middle ground.
I TOOK A JOB in high school at a community as a receptionist at a health clinic in my neighbourhood. I was so curious, had so many questions, and one of the physicians there taught me things about medicine and about the world of being a physician. There have been people in my life who have been incredibly influential. She was one of them. Her patients adored her — the feedback I used to get at the front desk about this woman was phenomenal (4). She changed their lives and I thought, I want to be like her.

MY MOM taught me to believe in myself.

I ALWAYS WANTED to have children. I played with dolls as a child, babysat as soon as I was old enough; I was a caregiver the whole way. Where I grew up, there was a group home for developmentally handicapped kids right down the street from my house. I started volunteering there when I was ten and would go every day after school and on weekends. These kids — who were essentially my age — were severely physically disabled, non-verbal, wheelchair bound, needed to be fed and needed lots of care. The group home parents there were people who also influenced me greatly.

I WOULD NEVER DO WELL in any environment that was based purely on making a profit.

SPEAKING MULTIPLE LANGUAGES is the talent I’d most like to have that I currently don’t possess. Sadly, I’m unilingual; even after being in Ottawa for 10 years, my kids know more French than me. I’m fascinated with people who can speak multiple languages. It’s on my bucket list to become more of a polyglot but I don’t know if it’s too late for me.

WHAT I REALLY LIKED about heart failure and transplantation was the relationships that you developed with the patients. You are with them at some of the most critical and life-changing points in their life and that’s a real honour in my mind. And the complexity involved in those decision-making processes is very intense and I found it very enjoyable and very rewarding. These patients will be under your care for the rest of their lives. You really have an opportunity to get to know folks very well and be involved in their care at a very deep and intimate level. And I was absolutely drawn to that.
I’VE ALWAYS BEEN INTERESTED in research. Going to the literature to find the answer and then not finding the answer is exciting to me. I spend my day dealing with patients at the bedside on a one-to-one level but I also have this great opportunity to hopefully influence the care at a population, or a system level with research.

I’VE HAD THIS GREAT OPPORTUNITY to participate as part of Provincial and National groups and that’s really where the rubber hits the road — where you’re actually around the table with incredible geniuses and phenomenal leaders trying to figure out how best to serve a group of people at a population level.

WITH RESEARCH, the ratio of investment of time for dividend reward is very skewed. And when you are a clinician researcher, you have to be prepared to accept that a lot of that gets done after hours. If you don’t love it, don’t do it, because research is all encompassing. And you have to be all in to do it well. If not, you won’t be happy.

I SEE THE POSITIVES when the system takes care of the patients in the right way and I unfortunately see the downside, the limitations, whatever they may be; constraints on resources, lack of therapies, lack of transitional care, whatever those constraints are I see them and I see how they influence patients. For me, being able to affect change in a positive way in any of those areas, that’s my biggest driver.

I PLAYED WITH DOLLS AS A CHILD, BABYSAT AS SOON AS I WAS OLD ENOUGH; I WAS A CAREGIVER THE WHOLE WAY.

I ALWAYS TELL PEOPLE that I am the luckiest person in the world because I love my job; I love coming to work but I also love being home. I’m happy wherever I am but by far and away, my greatest accomplishment is raising my three children. If nothing else, creating three little people that I hope will make this world a better place — to me that is the number one important or impactful thing that I will ever do in my life.

BEING IN MY POSITION I get an opportunity to respond to people who ask, “Is it possible to have it all?”, especially women coming up through medicine. They feel — especially as they train in Cardiology — that they almost have to choose. Am I going to have a family, am I going to be academic, should I go into private practice and I like that I have the opportunity to say, “If you really love it, you can do it all”. You have to depend on some of these crazy things like ‘Nannies On Call’, and have good support around you but you absolutely can. I think academic medicine affords that, perhaps even more than private practice. Because you get the beauty of patient care and if you love research, leadership, administration, teaching, whatever it is — you get to do it all!

Authors Note: Lisa Meilniczuk is simply PHENOMENAL.
IT’S GREAT TO BE KNOWN FOR YOUR SHOES, BUT IT’S BETTER TO BE KNOWN FOR YOUR SOLE.

— Kenneth Cole
QUALITY AND CLINICAL SERVICES

EPIC IS GOING LIVE! DEPARTMENT OF MEDICINE (DoM) PHYSICIANS HAVE SPENT A CONSIDERABLE AMOUNT OF TIME THIS PAST YEAR GETTING READY FOR THIS MAJOR SHIFT IN HOW WE DOCUMENT CARE, INTERACT WITH OTHER PARTS OF THE HEALTH SYSTEM AND COMMUNICATE TREATMENT PLANS WITH PATIENTS AND PROVIDERS.
While this event—launch time is June 2019—will be the biggest system change we will experience, thanks to the efforts of many MDs in the DoM we are ready and anticipate significant benefits for patients and providers. While the Epic implementation will be epic, there are many other initiatives to ensure we maintain excellence in the DoM.

Department of Medicine doctors have supported system design, will be acting as change leaders; have assumed trainer specialist roles to support training of their colleagues. Based on learning from similar hospitals, doctors have adopted well to EPIC and appreciated the important benefits.

### DEPARTMENT OF MEDICINE QUALITY PROGRAM

The DoM Quality program continues to refine processes and grow. Under the direction of Dr. Delvina Hasimja Saraqini, the Departmental Quality Assurance Program is meeting regularly to ensure TOHAMO requirements are being met, to identify common patient safety challenges, and to develop DoM education programs. Her efforts will transform processes to improve patient care and safety. While we can always strive to do better, we should recognize that we are managing quality as well as any DoM in the country.
CARE TRANSFORMATION

There have been significant care transformation efforts across the DoM. These include, but are not limited to: expanded capability for home hemodialysis, training programs for endoscopy, growing Bone Marrow Transplantation (BMT) indications and numbers, novel genetic testing to direct cancer treatments, cancer screening programs for colorectal cancer, improved decision making towards the end of life, improved treatments for stroke, vascular health assessment and treatment and new rapid assessment programs for patients with complex illness. In future years, we will evaluate their impact and communicate results to funders and other interested parties.

TOH SHIFT TO SERVICE LINE MANAGEMENT STRUCTURE

The Ottawa Hospital’s organizational change will provide significant opportunities for DoM physicians. The shift in structure is to align hospital services with health needs. This shift is intended to support efforts in system innovation. Four of the seven hospital service lines are largely supported by Department of Medicine physicians including: Acute Medical Care, Ambulatory Care, Cancer Care and End-of-Life Care service lines. In addition, DoM doctors have important roles in our Surgical, Maternal and Child Health and Mental Health Service lines. This new structure should enhance our understanding of the impact of services on patient outcomes and will increase the transparency of budget and planning activities. Department of Medicine physicians will have a stronger voice in hospital operations.
AMBULATORY CARE IMPROVEMENTS

Ambulatory Care was the first service line shift and thanks to the work of Drs. Heather Clark and Phil Wells we are ready for the change. In the last 12 months, there has been a significant number of changes to improve clinic operations. These changes were designed to shorten wait times and improve efficiencies. Many of our clinics have experienced significant reductions in their wait lists and increased patients seen – without requiring new investment of staff and clinics. In addition, there has been exciting work to expand our ability to manage complex patients in the community. Finally, our capabilities for virtual care using eConsults and/or telemedicine continue to expand and will accelerate with impending changes in technologies and compensation approaches.

CONCLUSION

I would be remiss if I failed to recognize the patient work DoM physicians perform every day. Patient care is our raison d’être. While work to improve the system is necessary, it is the day to day work in our clinics, ED and hospital wards that makes the difference in patient lives. It is a great privilege for me to work with the fantastic faculty in the DoM. I am inspired by the contributions of our staff & faculty. Thank you.

ALAN J. FORSTER  MD, FRCPC, MSc
Vice Chair, Quality & Clinical Services
Department of Medicine
ONE OF MY PET PEEVES IN LIFE ARE PEOPLE WHO JUST FOLLOW ALONG WITH THE CROWD BECAUSE IT’S THE POPULAR THING TO DO.

Dr. Eugene Leung loves what he does and is enthusiastically committed to the rapidly evolving field of functional imaging and ‘Theranostics’ — today’s buzz word to describe targetted imaging and therapy that captures real-time physiologic process from the inside out. His loyalty to this somewhat misunderstood ‘black-box’ specialty is evident by his drive to educate the masses on the dynamics of Nuclear Medicine, and in doing so, protect it from being absorbed by other disciplines.
From spending months planning and crafting a LEGO masterpiece to conquering the technical aspects of performance driving at the Calabogie Racetrack in his fire engine red Acura NSX, this newly appointed Division Head shares what he’s learned about his quest for continued improvement and the value of iteration that began when he was just a child.

**I CHOSE MY SUBSPECIALTY** because it exemplifies the “art” and grayscale of medicine.

**I KNOW IT SOUNDS CORNY,** but Bugles are one of my favorite snacks. They’re salty and I’m a salt monster. I was also trying to make a joke: ‘corny’ because Bugles are made of corn. People have told me I have very opaque humour.

**THERE’S NO GOOD WAY** to compensate for a missing sense. I don’t know which one I’d be able to live without. I’ve actually asked myself that more than a few times. My livelihood is built on seeing things so I’d probably pick hearing… I guess… but at the same time I had a brief fling with being a musician so that’s a hard one to answer. You really do need all your senses to fully appreciate life.

**NUCLEAR MEDICINE** is a discipline that’s not so well known. And when things are not quite as well understood opinions get developed and perceptions are formed that may or may not be correct. I have to deal with that on an everyday basis.

**BEING NAMED HEAD** of Nuclear Medicine came earlier than I thought but it gives me the tools to push the division forward.

**IN SOME PLACES** in the world, in the United States for instance, Nuclear Medicine is being absorbed rapidly into other disciplines. Canada is a lot like Europe — the specialty is still very protected. I want to a) maintain that and b) build upon it. My loyalty to the discipline is what drives me.

**I HAD A BRIEF FLING WITH BEING A MUSICIAN...**

**MY PRINCIPLE FAULT** is procrastination and epic loose ends.

**MY GREATEST REGRET** is not delivering the yellow rose to my wife before meeting her. It’s a segue into a story of how I met her. I’ve been very quiet and passive my entire life, so a university crush on someone you don’t know is basically just looking at someone across the room. At some point, I decided to get a flower to give to her on Valentine’s Day, but thought it was kind of corny and I never did it — the flower just sat there and wilted in the fridge. Finally, I decided to go and say hi and introduce myself and eventually told her about the flower. She said, “you should have just given it to me back then!”

**THERE’S NO SUCH THING** as luck. Luck is something that results from karma. According to Buddhist teaching — by the way I’m a Buddhist — nothing happens by chance.
ONE RULE OF PARENTING: it will be a thankless job. Diem and I don’t have children, that’s a very conscious decision we made. My sister moved into town last year and I was very happy to have my nieces closer so we are no stranger to seeing children being raised. We understand that they will never have an appreciation for their parents until basically they move out. It’s an observation I’ve made and experienced because I don’t think I ever thanked my own parents.

WHEN I WAKE UP in the morning I hit the snooze button.

MY STRESS-REDUCING TRICK is listening to Frisson-inducing music (pronounced free-zon). Certain classical pieces that I grew up learning and playing give me goosebumps like the Planets by Gustav Holst. He was a great composer and made a series of works that are named after the planets and Greek astrology. They were the prototypes for a lot of the movie music and things we hear in the theatres. That grand swelling soundtrack music, that’s the kind of stuff I like.

I LIKE RED ANYTHING. My hair is always red and some other colour. I started dying it just shortly after I got married. You hear of shy people doing these things to express themselves… and that may have applied to me. Everything I do in life, whether it’s the expression of how I look or the stuff that I buy, I always try and find that something extra to be special or distinctive.

YOU CAN ONLY LEARN TO DO BETTER IF YOU LEARN FROM YOUR MISTAKES.
ONE OF MY PET PEEVES in life are people who just follow along with the crowd because it’s the popular thing to do. I always make a point of going with the alternative if it makes sense for me. That’s why I use a Blackberry. It also doesn’t hurt that they’re Canadian… and have keyboards. I can’t type without a keyboard.

WHAT I DISLIKE most about my appearance is the cowlick in between haircuts.

I TOOK ON QUALITY ROLES for a lot of reasons. In medicine, it’s not just about knowing your stuff and planning best practices but you also need some way to circle back to see if what you’re doing is effective and to have checks and balances to learn from the process and fix it if necessary. That process is what interests me because I’m the type of person who always wants to improve.

BEST MOVIE LINE of all time: “The greatest teacher, failure is” because a) it’s from Star Wars and I love Star Wars, and b) the quote is from Yoda, the most awesome Jedi Master ever. I guess it circles back to the whole quality thing. You can only learn to do better if you learn from your mistakes. It’s just another way of saying that in a very Yoda way.

I USED TO PLAY PIANO when I was younger and a lot of that skill is just rote repetition. There’s a lot that you can learn from repetition but what really brings you one step up in ability is as each process repeats, you actually learn from what went wrong in the previous iteration.

THE BEST WAY to get things moving is gravity.

WHEN THINGS ARE NOT QUITE AS WELL UNDERSTOOD, OPINIONS GET DEVELOPED AND PERCEPTIONS ARE FORMED THAT MAY OR MAY NOT BE CORRECT. I HAVE TO DEAL WITH THAT ON AN EVERYDAY BASIS.

I THINK you do your best when you see the lightbulb ‘ah-ha’ moment on a learner’s face. I like to teach and for me teaching has always been a given. As part of an academic institution it’s an expectation that you’re supposed to do it but you need to do it willingly. If you’re just doing it because you’re told, you’re not going to succeed or get your point across. I actually want to make sure that any trainees that come through our program get the full experience they should.
LAST SATURDAY, I was recovering from a full driving racetrack day. Some people like to get their speed fix at a ski hill. I like to take my car to the Calabogie track. It’s a full-on workout unless you’re just putzing around. To learn from every iteration of going around the course, and to do it as smoothly as possible, you have to pay full mental attention. The G-forces that are involved in trying to hold the car where it needs to go are quite a lot and after an entire day you’ve gotten a full workout.

MY FIRST SPORTS CAR was a Mazda RX8. It was a very different car, a misunderstood car that people have very different opinions of... are you seeing a pattern? It’s not powered by a normal engine, it’s built with a Wankel rotary engine. The only moving part is a triangular disc that spins around. I loved that car, it was a very different experience. It’s a light nimble sports car but not very powerful. At the track, all the Porches would blow by me in the straightaways.

WHEN THAT POOR CAR had to go — I say that because I’m very loyal to things that I like — I got the dream car I’ve always wanted. It’s an Acura NSX. Its ethos is that you can drive it to work or go to get groceries but still be capable of the performance of other supercars like Ferraris which can be difficult to maintain. Diem and I are very cognizant of the fact that it was the only one in Ottawa... so we cannot drive like bad citizens.

WHEN I REALLY WANT SOMETHING, I obsess and research endlessly. I build water cooled computers for fun. There’s an art to putting a computer together: a lot of customization, planning the cooling loop and seeing how it looks. So, choosing all the right parts and making sure they work well sounds kind of superficial but that takes a lot of time and research.
I'D EAT MELT-IN-YOUR-MOUTH pork belly all the time if it wasn’t for my health. I don’t understand how people stick to bland diets and refuse to try new foods.

MY FAVOURITE activity outside of the hospital is playing video games; the immersive first-person story-driven type. They still involve shooting things but you also spend a lot of time building the characters and getting to know the environment. Mass Effect is one of these big science fiction soap opera epic types that I like. My wife doesn’t play these types of games but she really enjoys sitting there watching the story. Each of the characters that I’ve built and become fond of, she knows them all by name too.

ONE PRESENT I will always be happy to receive is LEGO. I still have all the LEGO that I’ve ever been given — giant bins of it. As a kid, I was always proud of the stuff that I built because of all the time planning and putting it together. I wouldn’t stop the iterations until I was happy with the final product.

I GROW UP in the bedroom community of Newmarket. My mother was a cartographer, my father was a high school geography teacher. My Dad was actually the only one out of eight generations who was not a doctor. He decided in his own way to do his own thing and I appreciated that about him. If he had also been a physician I’m not sure I would have sought it out as much.

MY PARENTS are very big on tradition and respecting culture, which I don’t have a problem with. But, a big part of that has an element of doing what you’re told and going with the grain. As I’ve matured, I’ve realized that that type of thinking bothers me. While I was raised that way, I would not choose to label myself as a conformist now. It irks me — that type of thinking.

MY MOM TAUGHT ME to recite the multiplication table in Chinese.

MY GREATEST professional achievement is gaining the respect of my peers.

MUSICAL IMPROVISATION is the talent I’d most like to have that I currently don’t possess; I’ve always admired the creativity and spontaneity of expression that was the next step beyond technical competence I could never achieve.

I STILL HAVE ALL THE LEGO THAT I’VE EVER BEEN GIVEN — GIANT BINS OF IT.
BABY DUCKLINGS always make me laugh.

IF I HAD TO write my autobiography using only 6 words it would be: “Never pet burning animals in fall”. You know how at the end of every school year everyone goes around signing each other’s year books? Well someone wrote that in mine. It was just the most random, stupid sentence that to this day I still have no idea what it means, but I keep thinking about it. There’s always a thread that connects everything but when there isn’t a thread — like this — then I wonder… okay, was there never meant to be a thread or is it that I just haven’t looked hard enough?

I’M PARTICULARLY PROUD of our M&M rounds. We didn’t have them at one point. So I’m very happy that when these rounds occur that not only do all the staff physicians come but also the trainees and administrative staff, technologists and managers. And they all contribute, they’re all part of the conversation. That part I’m proud of because that’s the kind of division I want - to ensure everyone feels that they have a say.

BABY DUCKLINGS ALWAYS MAKE ME LAUGH.

I HOPE MY LEGACY will be that I was instrumental in turning nuclear medicine back into its own.
EMPATHY IS ABOUT STANDING IN SOMEONE ELSE’S SHOES, FEELING WITH HIS OR HER HEART, SEEING WITH HIS OR HER EYES.

— DANIEL H. PINK
WELLNESS AND PROFESSIONAL DEVELOPMENT

HAVING HAD THE PRIVILEGE OF WRITING THE DEPARTMENT OF MEDICINE VICE CHAIR, WELLNESS AND PROFESSIONAL DEVELOPMENT ANNUAL REPORT FOR THE PAST THREE YEARS, I AM AGAIN HONOURED BUT THIS YEAR IT IS WITH A TINtGE OF SADNESS.
In the spring of this year, after much consideration, I decided to step down from this role to focus on research by accepting the Department of Medicine Research Chair in Physician Wellness. As such, my report this year has given me a chance to reflect. When I arrived in Ottawa from Scotland on a freezing cold January day to assume the newly established Vice Chair position, I began with an empty sheet of paper. It was during this time that wellness had just been identified as a key concern amongst Department of Medicine Faculty. Concerns about increased pressures in the workplace, be that the clinical hospital areas, the University or research laboratories were leading to increased stress and our faculty were looking to the Department of Medicine Executive Leadership Team to try to begin to address this most 'wicked' problem.

So, we started at the core of academia i.e. mentorship. A mentorship program for full time academic physicians, designed by faculty for faculty, was implemented in 2016 and very quickly grew to involve 82 mentors and 90 mentees. A full training program was developed and rolled out with the intention of senior faculty supporting more junior faculty and assigning mentors to all new faculty appointed since mid-2016. A very successful onboarding or "buddy" program was launched at around the same time for all new department physician recruits. This program was thoughtfully designed to ensure new faculty 'hit the ground running' and was monitored by a follow up "coffee" meeting after the first month. We have been using this feedback to identify gaps and continually refine the program.
A key component of academic mentorship is academic promotion. During this past year renewed efforts have been made to look at identifying ways in which the Department can work more actively to support individual faculty; to better prepare them for entering the promotion process. From the day they are appointed, through their annual professional reviews and ultimately to the application itself for academic promotion, the Department wants to offer its guidance and support. Details of the initiatives being developed will be shared with faculty over the coming months.

In 2016, the Professional Development portfolio was combined with Wellness, in doing so we restructured Grand Rounds to ensure not only does every Division have the opportunity to lead Grand Rounds once every academic year, but our Executive Committee Vice Chairs also have the opportunity to showcase some of the incredible talent from our own faculty and from colleagues in other close by academic institutions. The Greenblatt Lectureship continues to draw great interest with Dr. Paul Wheatly-Price being the recipient of this year’s Best Grand Rounds Award which led to his invitation to deliver his presentation “Lung Cancer Treatment: Personalized or Precise?” at the Department of Medicine Grand Rounds at Queen’s University. This year our two special lectureships, the Dr. John Seely Memorial Lectureship, “Professionalism and Regulation: Some Reflections” delivered by Dr. Rocco Gerace, and the Dr. Ian Hart Medical Education Lectureship, “The Metamorphosis of Medical Education” delivered by Dr. Sarita Verma continued to attract much interest from across all members of the Department.
Physician wellness remains a key quality indicator in the Department and this year our first wellness survey was conducted. Concern about burnout amongst faculty was highlighted and is consistent with published data from other academic institutions. With any luck the full results will be published in the near future. In addition, a series of wellness interviews with several department Faculty have been carried out and are in the process of being analyzed. Our intention is to publish the results in due course. Finally, recruitment is underway for a study to investigate the effectiveness of the evidence-based SMART (Stress Management and Resilience Training) program developed by and run in Ottawa in collaboration with the Mayo Clinic. We hope to be able to use the results of all of these studies to better understand the wellness issues affecting our faculty so that we can support them in a meaningful way in the coming years.

In closing, over the past three and a half years, the support I have received from my colleagues on the Department of Medicine Executive Committee and from our faculty has been superb. I sincerely thank everyone who has supported me while I built up this new portfolio and established wellness firmly on the map. I would like to give special thanks to two people, in particular. Dr. Alexander Sorisky has been Director of Mentorship for the past two years. His unwavering dedication and commitment to this program has been its anchor allowing it to grow from strength to strength every year. Dr. Phil Wells showed tremendous vision in deciding to create a Vice Chair position focusing on wellness. His willingness to listen to faculty and respond to their needs has been a cornerstone of his successful leadership, driving us forward through very challenging and often uncertain times. I will always be grateful to him for giving me the opportunity and privilege of being the first Department of Medicine Vice Chair for Wellness.

This past summer, Dr. James Chan replaced me as Vice Chair and I wish him every success in his new role. James cares passionately about wellness and I have no doubt he will put his heart and soul into the role. In my newly created research chair position, I hope to be able to continue to support him through rigorous research and scholarship and to establish the Physician Wellness portfolio in our Department as a renowned leader in this domain, not just in Canada but also within the wider international community.

Our faculty, whom we value immensely, deserve no less.

ED SPILG  MBChB, MSc, FRCP (UK)
Vice Chair, Wellness & Professional Development
Department of Medicine
I am privileged to take over from Ed as the new Vice Chair of Wellness as of June, 2018. It may not be readily apparent but Wellness is actually comprised of 4 portfolios: Mentorship and Promotions, Gender and Equity, Continuing Professional Development, and finally Physician Wellness.

Physician Wellness is still a relatively new area in Medicine, and even definitions of "what it is" are sometimes hard to agree upon. One thing I hope we can all agree on, is that this portfolio — perhaps more than any other — is about people. I used to think that wellness was about programs; creating a yoga class, starting a mindfulness program, etc. Now I think of wellness as caring for people, because ultimately changes in physician wellness can only be considered positive if they are beneficial to people, and any long lasting positive change will depend on people caring for one another.

I have spent the first three months in this role listening to people within our Department share their thoughts and experiences about wellness, and about organizational change in general. For those who took the time to meet with me, I thank you for your honesty and opinions. I’ve also started making connections with people outside of our department such as the Faculty of Medicine and the Departments of Anesthesia and Emergency Medicine. The insights and thoughts they gave me have been eye opening. I now know with certainty that as a department we have some wonderful examples of wellness to celebrate, and some areas that need our urgent attention.

There will be changes coming, even as I continue to meet with all my colleagues. There will be some re-branding of Physician Wellness as we seek a new name to better describe the full scope of this portfolio (Physician Care? Physician Wellbeing? Physician Development?). New communications tools like a wellness website and bi-weekly newsletter message will be rolled out in the future.
I also want to begin to recognize some people within our Department who are shining examples of wellness by introducing awards and highlighting them in recorded interviews. With huge organizational changes coming like EPIC, service line structure shifts and Just Culture I will be intimately involved so that I can help us navigate through as a community. I am grateful that Dr. Ed Spilg will still be involved in this portfolio to advise me and provide a solid empirical basis to our work.

I will continue to work with Dr. Alexander Sorisky to expand our mentorship pool and strengthen the definition of what mentorship is and can be. In Gender and Equity, I’m pleased that we now have Dr. Camille Munroe to help spearhead our efforts and we plan to aim high. Our first step moving forward is to gather data about current equity practices within this department, and then to develop a practical strategy to meet international standards such as Athena Swan (or the Canadian equivalent). In terms of promotions we hope to have a plan in place to allow our Clinician Teachers to get to promotion via documentation of Creative Professional Activities. In CPD, we are exploring some changes to grand rounds in the flavor of a TED Talk. Online conversations will provide us with ideas for new topics for future presentations.

Although listening to ideas of others is important, I don’t think the answers that we need to improve our wellness depend on something outside of us. Ultimately, we have passionate, knowledgeable and committed people, and we have the capacity within ourselves to make it happen.

JAMES W. T. CHAN  MD, MEd, FRCPC
Vice Chair, Wellness and Professional Development
Department of Medicine
Rakesh Patel doesn’t care about formal titles — he cares about people. Working with, and influencing people in the pursuit of social justice, creating equitable access and most importantly, doing the ‘right thing’. He’s passionate about learners and is most proud of his role as Program Director, having coached 44 residents through the Department’s Adult Critical Care Medicine post-graduate residency program.

I HOPE MY LEGACY WILL BE THAT I MADE PATIENTS FEEL BETTER EVEN WHEN I COULDN’T MAKE THEM PHYSICALLY BETTER.

Rakesh Patel
From debating reverse racism during his med school interview to being called out for ‘pushing the boundaries’ in his out of office messages, the 50-something Intensivist shares what he’s learned from factory worker parents and an ever-evolving career that began as a Pharmacist, working — and living — in crime-ridden, impoverished, inner-city Detroit.

**THE OUTSIDERS** by S.E. Hinton had a lasting impression on me. It described kids like me, high school age, growing up on the poorer side of town. It opened my eyes to possibility, creating your own opportunities, remaining a decent human being and fostered my love of reading.

**I KNOW IT SOUNDS CORNY,** but I still love the characters, lines, music and sappiness of "Casablanca". Best movie line of all time is Rick to Ilisa: “Sure, I remember Paris, the Germans wore grey, you wore blue…” It was one of the best movies ever made!

**MONEY TO ME** means I can travel with my niece and nephews to weird and cool places and provide them with a university education, then they are on their own! I don’t have any kids, so my brother’s kids are my surrogate experiences. They live 3500 miles away in Oregon. I've missed seeing them grow up — except through Facetime every Saturday or Sunday. And so, my great joy in life is travelling and eating with them whenever possible because that’s what I like to do. Travel is also a form of education — it’s not being afraid of the unknown, meeting people who don’t look like you and experiencing places outside of your comfort zone.

**I WENT TO MED SCHOOL** at age 31. I was not one of these kids who grew up wanting to be a doctor, I just wanted to fly jumbo jets. But my high school counsellor said, “you’re too short to fly a plane”, and I was crushed.

**ONE THING I SHARE** with my sibling is a love of Liverpool FC and the English Premiership. I probably wouldn’t have been a physician-teacher if I was good enough to be a holding midfielder for England’s national football team.

**INITIALLY I DID** a Pharmacy degree with a Doctor of Pharmacy because when you get sick you get a pill and that pill makes you better. I was curious about what happened in the body; what was pill’s magic that made my headache go away or my fever go away — it just seemed pretty cool.

**MOST OF MY PROFESSIONAL — AND PROBABLY PERSONAL LIFE — HAS JUST BEEN MAKING IT UP AS I GO ALONG.**
I WENT TO DETROIT to work in an ICU because at that time clinical pharmacology — from a pharmacist’s point of view — was still quite a fledgling endeavour and Henry Ford Hospital was leading-edge. And I also wanted to live close to the inner city, to experience what life was like in that part of the States. And there was crime and oppression, it was poor, there was lack of opportunity — all of that. I learned so much working there; from a social, political and medical aspect. I’d do it again in a heartbeat!

AT 31 I asked myself ‘is this what I want to be doing when I’m 45?’ and the answer was no. I knew I had to do something else or I was going to be bored out of my tree. McMaster had a shorter three-year med program and I thought, ‘hey if I do medicine for three years it probably won’t hurt me; I may not like it but I could probably do other stuff with it like work for a drug company recreating the magic’. I kid you not, that’s literally why I went into med school.

I GOT INTO THIS HEATED debate about reverse racism in Detroit with the community panel during my med school interview; where successful Black Americans were looked down upon by Black Americans who were not successful. They were called “OREOs.” I remember going back to Detroit thinking I had done okay, that the interview was kind of fun, if I get in meh, if I don’t, whatever. I had no idea that this interview was supposed to be the hardest med school interview you’ll ever go through so I wasn’t nervous, I was just myself. And I got in.

THE HISTORICAL FIGURE I most identify with is Robert F. Kennedy. He sought to change things, he did the hard things and did things differently because it was the right thing to do.
I WAS A JUNIOR FACULTY when I took over as Program Director. At the time, there was a resident who was struggling and making serious errors in judgement but for 18 months nobody said anything and probably thought that it was somebody else’s problem — until it got to me. So, I built a case and essentially had to fire him because he was just incompetent. There was tremendous resistance from the physicians who said, “how can you possibly do this to this guy, he’s only got six more months?”, but it was unethical to allow somebody like that to call themselves an intensivist. I just did the logical thing. Either you have the courage or you don’t. It was one of the hardest things I’ve ever had to do.

MY MOST PASSIONATE PURSUIT is with learners but my advocacy on behalf of the role of clinician teachers has been the most important. I don’t want to be considered a clinician educator or clinician teacher or clinician researcher. Why can’t I do all of that? That ‘slotting’ into a category — I just abhor it. Why can’t I be recognized for all the stuff that I do rather than what I do in a particular slot? I do a lot of things that can’t be counted but that doesn’t mean they don’t count. Not everybody understands that.

I THINK PEOPLE see me as honourable and someone they can trust implicitly.

DR. GWYNNE JONES had a significant influence on my career. The man is a GIANT and he allowed me to stand on his shoulders and learn about the Art of Medicine — the stuff only a master teacher/physician can teach. He is my Yoda!
THERE’S NO GOOD WAY TO GRIEVE. ONLY YOUR WAY COUNTS.

THE BEST ADVICE I was ever given was ‘don’t be dependent upon anyone’.

MY DEFINITION of smart is knowing how to survive in the real world and not the gilded world of ivory-tower academia.

THERE WAS A QUOTE in a book I read once by a guy named Lee Iacocca. He was fired from Ford Motor Company and then he went to Chrysler and turned it around. In his book he said, “All we have around here is people, and if you can’t get along with people, you can’t help me”. And that’s true, I think it’s all about how you interact with people. With leadership, it comes down to people skills.

WHO ELSE BUT Al Pacino would portray me in a movie about my life.

PLAYING THE SAXOPHONE like Clarence Clemons [part of Bruce Springsteen and the E Street Band] is the talent I’d most like to have that I currently don’t possess. I love that instrument’s sound — it’s a bedrock of the blues, jazz and their baby, rock n roll.

FEAR IS when I have to tell children that one of their parents is going to die in the ICU today and I cannot change that [I’ve had to do that about 5 times now]. Or when I have a leg cramp while swimming and I am in the middle of the damn lake! Or I am caught in an elevator, alone, with a Catholic Priest.

MOST OUT OF OFFICES are endlessly boring and I’d like to think I have a really good sense of humour and I’m not afraid to be out there. I got a reply to one of them once from the Head of the Committee to Evaluate Drugs who said, “hey, I totally get where you’re coming from, I love them but you’ve got to remember that you’re in the public eye and I would advise you not to do this anymore.” And I said, “thank you for your advice, I’ll take it under advisement but I’m not changing”. Sometimes I draft them ‘off the cuff’ but sometimes I spend a bit more time crafting, and the crafting tends to be because I can’t swear. I feel pressure now, that’s the monster I’ve created. Some place in my inner consciousness I probably want to be a writer. It’s a nice outlet to combine humour and writing and mix the politics of the day, if you will.

THERE’S NO GOOD WAY TO GRIEVE. ONLY YOUR WAY COUNTS.
GEORGE CARLIN — comic genius — always makes me laugh.

I’M INCAPABLE of killing somebody or eating seafood. I literally mean I’m incapable of killing somebody, no matter how angry I could be at them. And, I just can’t stand the taste of seafood. I just don’t get it!

LAST SATURDAY, I was paddle boarding at Lac Ste. Marie, then I started reading Cutting for Stone with a 21-year-old Highland Park whisky in my right hand, on the deck. It was total bliss.

THIS MORNING, I made a cup of Chai and had some delicious homemade Gujarati snacks while nursing a horrible man-cold that I picked up somewhere at Lac Ste. Marie. My bliss was short-lived!

MY GREATEST extravagance is whisky. I grew up in England and could not stand the taste of beer. When I tasted whiskey I just fell in love. And then it progressed to single malt because I could afford it! I did a golf and whiskey tour of Scotland in 2012 with my former colleague Mike Tierney. We golfed at St. Andrews and a bunch of other famous places and rented an old fishing house right on the Bay amongst the fisherman in a town called Pittenweem. Every night we’d find a bar and I would taste a different whiskey. Heaven by amber nectar!

THE TECHNICAL ADVANCE I most anticipate is that patients will return to wanting the human interaction despite all the noise about technology. Tech cannot hold your hand, look you in the eye and comfort you like a human being.

ONE THING I NEVER leave the house without is my cell phone — it really does have all that I need and I resisted getting one until 4 years ago!
MY IDEAL HOLIDAY is visiting far off places in the wilderness. I’m just back from the Galapagos Islands — aka the real Jurassic Park. My favourite city is Hong Kong. It never closes or sleeps, it’s so alive, has such brilliant food, it’s inexpensive and there is so much to do.

MY GREATEST PERSONAL achievement is that I used the opportunity my factory worker folks gave me to get an education — that was their most important gift.

MY GREATEST REGRET is not marrying Sylvia Di Sisto in Grade 13 — oh what a fool I was! I’ve tried to Google her [laughs] but I’m sure she’s married now as a typical Italian young lady would be and I don’t know what her last name is anymore. We first met in grade 7. She was refreshing because she was totally into sports. She knew stuff about sports that no guy knew, like college basketball — and this was in the days before internet. She just blew me away.

ONE PRESENT I will always be happy to receive is a homemade chocolate chip cookie.

IF I’VE LEARNED ANY TRUTHS in life, it’s this: remain curious, remain humble and care about what you do; whatever it is, it will help you do the right thing.

THERE’S NO SUCH THING AS AN EASY LIFE. LIFE IS MEANT TO BE HARD BUT IT SHOULD COME WITH SOME REWARDS.

I HAVE NO idea what’s next for me. Most of my professional and probably personal life has just been making it up as I go along. I’m not a good five or ten-year planner. If tomorrow somebody said, “hey you could be X” and it sounded cool, I might take it on but it would always depend on what the job is, not what the title is. And it wouldn’t mean that I would stop working as a physician because I’m not ready to give that part up. I’ve just taken on a position with the committee to evaluate drugs at the Ministry of Health which helps the Ontario government decide which drugs to pay for from a formulary perspective. And I’ve taken on the same position at a national level.

RIGHT NOW, I’m in a ‘maintain my health’ and ‘desperately trying to make medicine only a part of my life (not all of my life)’ phase. As I’m in my early 50s, I’m kind of thinking, ‘okay, been there done that, now what?’. I’m trying to create some space to do something else. Subconsciously I probably work in 20 year cycles.

I STILL THINK at some point I’ll take flying lessons… just to prove to myself that I probably could fly a jumbo jet!
Hello everyone,

Ok, so here’s the scoop;

We are off to the fabled adult Disney World aka Vegas-Baybee! We’ll see the sights, the strips [ahem…], the pools, Mike Tyson’s house, the haute couture, have tea with the Rain-Man, eat and drink until the words “Vegas Buffet” bring on a Pavlovian response, kinda like “Putin” does to that Trump fella, all in the name of good science — the kind the Ontario & Federal Conservatives believe in.

Me, the Brat Pack & Celine Dion will run off to join the Circus [du Soleil] and we’re never coming back to reality! Our show, in Speedo’s & rouge maillots, will be a mind-bending journey to find Elvis — he’s gotta be living in a Casino[building] with Joe Pesci somewhere, doing the incognito thing, throwing off the IRS & living off KFC — Viva Las Vegas! You gotta see Dean Martin in a Speedo — Volare!

After that, We the Pack [but not Celine, she gets sooo tiresome] are going to play blackjack on a Saturday night, eat truffle fries, lotsa Donuts [seriously!] and then we off on rides dangling off the side of an unknown hotel singing, “I am freeeeeeee, freeeee-falling” with Tom Petty’s ghost.

Finally, we are off to Antelope Canyon to discover the secrets of the Code talkers, Zen and the art of hiking while thoroughly dehydrated on Kambuca [does anyone seriously like that awful stuff, go back to YOGA — you’ll live longer and save money, trust me I am a Brown Guy] and wait for it, avocado toast — YECH!

Me, the Pack & Walter White are gonna do some fine cooking/BBQing in the desert and munch on the finest Tex-Mex cuisine thoroughly marinated in Tequila [the food, I mean, except for Dean & Sammy] unless the rattlers get at us.

Back on the 17th like nothing ever happened.
Cuz nothing ever happens in Vegas. Boring!
Resend your email to me on/after the 17th cuz I am gonna delete everything from now to then.

Shanti,
Rakesh
MOMMA ALWAYS SAID, YOU CAN TELL A LOT ABOUT A PERSON BY THEIR SHOES. WHERE THEY'RE GOING, WHERE THEY'VE BEEN.

— Forrest Gump
YOU CANNOT PUT THE SAME SHOE ON EVERY FOOT.

— Publilius Syrus
CARDOLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Enhancing our Division
A series of initiatives to enhance the capacity, organization and wellness of our Division would be undertaken. Specifically,

1. Create an official Associate Divisional Head position;
2. Create and implement a faculty expectation and accountability framework to improve mechanisms in allocating clinical work and protecting time for academic work;
3. Enable faculty development at all levels and all tracks with mentorship and leadership opportunities;
4. Increase focus on physician wellness, support collegiality and respect;
5. Initiate evaluation of funding models to support excellence in clinical care and the academic mission.

Recruitment
Recruitment continues to be a key priority for the Division. Our targeted areas were heart failure, electrophysiology, cardiology-imaging, MRI, adult congenital heart disease, and valvular disease.

New Building
With the completion and opening of the new building, our goal was to transition to our new space with minimal operational impact.

Supporting exemplary clinical care
1. Heart Teams — The Heart Team model was adopted at UOHI in 2016 and aims to provide integrated, patient-oriented solutions with combined multidisciplinary expertise across various specialties and providers. We continue to support our current teams in Revascularization (Cardiology Chair: AY Chong), Arrhythmia (Chair: D Birnie), Women’s Health (Chair: T Coutinho), Critical Care (Cardiology Chair: M Labinaz) and special teams including Code Shock (Chair: Sharon Chih).
2. Perioperative Cardiac Risk — Pilot the CCS perioperative guidelines at the General Campus in collaboration with the Departments of Surgery, Anesthesia, and Division of General Internal Medicine in order to understand the resource use, patient flow and patient safety implications of a new way of evaluating cardiac risk during non-cardiac surgery.
3. Cardio-oncology — Enhance our local cardio-oncology research and service by adding cardiac biomarkers and a recently developed clinical risk score to strain echo-imaging in order to detect cancer therapy induced cardiac dysfunction early and permit prompt preventive therapy in cardio-oncology clinic.
4. **Post-revascularization clinic** — Establish clinic to enable quality care and post-revascularization outcomes and quality metrics (B Hibbert, D So).

**Database Harmonization and Integration** — Develop and enable database integration to support quality and research initiatives.

**MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR**

**Tower Transition** — The Cath and EP labs transitioned to the new tower in April 2018 with minimal disruptions and according to schedule. The teams have risen to the challenge, increasing capacity of quality care in this exciting new environment. Construction for Imaging Centre has begun.

**Workload Allocation** — Created and implemented a faculty expectation and accountability framework to improve mechanisms for allocating clinical work and protecting time for academic work.

**Deputy Division Head** — Position created and candidate selected to commence October 2018.

**Clinical achievements** — The following clinical achievements demonstrate our 'patient-first culture':

1. Implemented new cardiology admission processes to address ER delays improved MRP allocation processes and implemented rapid imaging ER program.

2. Implemented CRC/Post-revascularization Evening clinic (D So/B Hibbert) to enable timely access to care and follow-up post procedure.

3. Innovations in EP: M. Sadek performed first fluoroless VT ablation procedures, the first in Canada to our knowledge and one of the first in the world and C Redpath implanted the first leadless pacemaker at UOHI (expect 5–10/year).

4. Implemented Code Shock protocol (S Chih) — mobilizes the specialized team for advance therapy decisions in critical patients.

5. Nuclear cardiology and PET teams acquired accreditation with the Intersocietal Accreditation Commission (IAC).

6. CCS peri op MINS protocol (Pilot Study) — General Campus (C Johnson): In collaboration with the departments of surgery, anesthesia, and internal medicine implemented the CCS peri op protocol to understand the resource use, patient flow and patient safety implications of a new way of evaluating cardiac risk during non-cardiac surgery.

**Training Program** — The Residency Training Program under the leadership of Dr. M Froeschl as well as the AFCs in Echocardiography (Fellowship Director (FD): L Beauchesne), Interventional Cardiology (FD: D So) and Arrhythmia (FD: M Green) all received official Accreditation and were considered exemplary programs.
Research achievements

1. Dr. Ruth McPherson was awarded a CIHR Foundation Grant (see grants for details)

2. Dr. David Birnie presented an ACC late-breaking abstract on the BRUISE CONTROL-2 trial, “A randomized controlled trial of continued vs. interrupted novel anti-coagulant at the time of device surgery”. Dr. Birnie was interviewed by the American Heart Association Science News and the American College of Cardiology. BRUISE CONTROL-2 assigns 662 patients who have atrial fibrillation, are undergoing device surgery and chronically taking novel anti-coagulants (dabigatran, rivaroxaban, or apixaban) to either continued, or interrupted anti-coagulant therapy. The results show that either strategy may be appropriate depending on the clinical scenario — whether anti-coagulant therapy should be continued in patients with a high risk for stroke, or discontinued in patients with a lower risk of stroke to prevent bleeding (device pocket hematoma).

3. Dr. Thais Coutinho was the guest editor of the Canadian Journal of Cardiology special edition on Women’s Heart Health which included 3 publications from our Division.

4. Dr. Rina Kanolin commenced her Banting Fellowship with Dr. Lisa Mielniczuk.

R & D/Commercial Achievements

Rob deKemp, PhD and team received approval for the Rubidium infuser from Health Canada. In International collaboration with Jubilant DraxImage, RUBY-FILL received approval for use in India (initial sales have commenced).

PLANS FOR COMING YEAR

1. Enhancing our Division
   - Enable mentoring and promotion of Division members;
   - Enable work allocation project to balance clinical and academic work;
   - Work towards new financial arrangement for Partnership.

2. Expansion and move of the Cardiac Imaging Department

3. Supporting Exemplary Clinical Care
   - Initiate Cardiac Imaging Heart Team;
   - Enable a smooth implementation of EPIC;
   - Implement expansion of regional echo program beyond Renfrew;
KEY PUBLICATIONS


KEY GRANTS

CIHR Foundation Grant ($1.7M over 7 years). “Genetics and Genomics of Coronary Artery Disease”. Ruth McPherson.

CIHR Project Grant ($684,675 over 4 years). “Healing Hearts Together: Evaluating a Couples-Based Intervention to Improve Health Outcomes”. Heather Tulloch. Amount (ranked 2nd in Committee).

HSFC’s Ontario Clinician Scientist Phase I Award. “Coronary Anatomic-physiologic Alterations and Novel Therapies in Cardiac Allograft Vasculopathy”. Sharon Chih.


CIHR Bridge Grant. David Birnie. Co-Investigator: NPI: Dr. Atul Verma, Southlake Regional Health Centre and Affiliate Researcher at UOHI.
HONOURS AND AWARDS

Michael Froeschl — 2017 RDoC Mikhael Award for Medical Education, staff category

Sharon Chih — 2017 UOHI Dr. Robert Roberts Award for Research Excellence

Ruth McPherson — 2018 George Lyman Duff Memorial Lecturer — The award will be presented at the American Heart Association’s Scientific Sessions

Rob deKemp — Received the Department of Medicine’s inaugural PhD Scientist Award

Aun-Yeong Chong — The co-recipient of the Professionalism and Collegiality Award

UOHIAMO Dr. Martin Green Awards

• Clinical Research — Dr. Sharon Chih
• Basic Research — Dr. Ben Hibbert
• Undergraduate Education — Dr. Luc Beauchesne
• Postgraduate Education — Dr. Gary Small
• CME — Dr. Chris Glover
• Public Education — Dr. Thais Coutinho

UOHIAMO Innovations Funding — Dr. B. Hibbert (x2), Dr. D. Davis (x2), Dr. D. Birnie, Dr. T Coutinho and Dr. A Pipe.

Trainee recognition:

Steve Promislow (fellow) — Department of Medicine Fellowship

Juan Russo (resident) — AHA Resuscitation Science Symposium 2017 Young Investigator Award

Juan Russo (Interventional Cardiology Fellow) — Royal College of Physician & Surgeons of Canada’s Detweiller Travelling Fellowship J Amount: $15,000

Dan Ramirez (resident) — CSCI/CIHR Excellence in Resident Research Award

Rebecca Mathew (resident) — Canadian Cardiovascular Society Academy’s Dr. Charles Kerr Award. This annual award, in honour of the memory of Dr. Charles Kerr who was dedicated to fostering the next generation of cardiovascular researchers, recognizes residents who embody Dr. Kerr’s commitment to helping others

LEADERSHIP

Dr. B. Chow — Nominated to serve on the Society of Cardiovascular Computed Tomography (SCCT) Board of Directors

Dr. David Birnie appointed Deputy Cardiology Division Head to commence in October 2018
Existing

Peter Liu — VP Research, Chief Scientific Officer, UOHI

Ruth McPherson — Chair, the Ruddy Canadian Cardiovascular Genetics Centre

Duncan Stewart — CEO and Scientific Director, OHRI

Thais Coutinho — Chief, Division of Prevention and Rehabilitation and Chair of the Canadian Women’s Heart Heart Centre

Chris Johnson — Site Director of Cardiology, TOH General Campus and Department of Medicine Director of Postgraduate Medical Education

Ellie Stadnick — Undergraduate English CV Block Content Expert

RECRUITMENT AND DEPARTURES

In 2017–18, we welcomed Drs. Mehrdad Golian (EP group, August, 2017), David Messika-Zeitoun (January 2018), Andrew Crean (February 2018, MRI Imaging, Adult Congenital Heart Disease), Sophie de Roock (January 2018) and Alper Aydin (EP, June 2018).

Dr. JF Marquis retired (Fall 2017)

Upcoming recruits include: Drs. Mariana Lamachie (HF, July 2018), Andres Klein (EP, August 2018) and Stephen Promislow (Imaging/Echo, July 2018).

CLINICAL EPIDEMIOLOGY

PRIOR YEAR’S DIVISIONAL GOALS

In 2017–18 both Dean Fergusson and Jeremy Grimshaw:

• Enhanced and enabled research in the Department of Medicine;
• Assisted with Department of Medicine recruitment;
• Assisted with academic promotions;
• Promoted Department of Medicine’s research visions and activities within the Ottawa Hospital Research.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

The Clinical Epidemiology Program accomplished a variety of initiatives in the 2017–18 academic year. Two that we would like to highlight are:

Centre for Implementation Research

Researchers regularly make discoveries that have the potential to improve patient care and quality of life. However, getting those findings adopted by health-care systems can be a challenge. Researchers at The Ottawa Hospital are already world leaders in addressing this global challenge, and they are now poised to make an even greater impact with the launch of the hospital’s Centre for Implementation Research. The new centre, which includes 14 scientists, will redefine how research is translated into practice,
with the goal of improving health both in Ottawa and around the world. “If we want to realize the full benefits of health research, we need to do a better job of implementing research findings,” said Dr. Jeremy Grimshaw, who leads the new centre. “This means using theories and best practices from fields such as psychology, sociology, economics and nursing to understand the barriers to research implementation and to develop and test solutions.”

**Patient Engagement**

Through the Ontario SPOR (Support Unit and the Ottawa Methods Centre), an office and facilitator with dedicated expertise in patient engagement has been established to help The Ottawa Hospital investigators navigate the waters of patient engagement. This year, we have offered support to several DoM physicians, including Drs. Gonzalo Alvarez, Grace Christou, Jill Fulcher, and Shane English. Our consultations with the teams have ranged from initial consultations about patient-oriented research methodology, to developing patient engagement plans, to reviewing grant proposals. Most recently, Dr. Jill Fulcher’s team sought our support for a Transitions in Care CIHR grant.

Also, as part of the mandate, Dr. Dean Fergusson and team conducted a review of all patient engagement embedded within trials in the published literature. This study published in Research Engagement and Involvement looked at 2,777 clinical trials published between 2011 and 2016 and found that only 23 of these mentioned patient engagement. These results show that much work needs to be done to promote patient partnership in research. Almost a quarter of these papers involved patient partners from minority and marginalized populations, to help the study generate meaningful results for these groups. Dr. Fergusson’s team suggests that in addition to doing more patient engagement, researchers should adopt a standard reporting strategy for publications to facilitate future research. Researchers at The Ottawa Hospital can get help with patient engagement from the Patient-Oriented Research (SPOR) group.

**PLANS FOR THE COMING YEAR**

For the coming year, Dean Fergusson and Jeremy Grimshaw will continue to enhance and enable research in the Department of Medicine, assist the Department of Medicine’s recruitment activities and academic promotions, and promote the Department’s research vision within the Ottawa Hospital Research Institute.

**KEY PUBLICATIONS**


**KEY GRANTS**


CIHR ($1,500,000). 2018–2022. “De-Implementing Low Value Care: A Research Program of the Choosing Wisely Canada Implementation Research Network (Ranked #1)”. Principal Investigator: Jeremy Grimshaw


CRITICAL CARE

Prior Year's Divisional Goals and Most Significant Accomplishments

Dr. Lauralyn McIntyre led the Cellular Immunotherapy for Septic Shock (CISS) program, which examines the use of mesenchymal stem cells in the management of septic shock for critically ill patients. Dr. McIntyre published the Phase I trial results in September 2017, which show great promise in the treatment of septic shock for critically ill patients. This program continues to receive grant and financial support from Canadian Institutes of Health Research (CIHR), the Ontario Institute for Regenerative Medicine, and Critical Care Medicine, and has received media attention from print and television media for its innovation in clinical research for critically ill patients. The CISS study continues to receive Phase II trial support for CIHR for 2017–2020.

Dr. Shane English continues his research program examining red blood cell (RBC) transfusion and resuscitation during subarachnoid hemorrhage (SAH). He is now leading the SAHaRA group, who are continuing their multi-center phase I randomized control trial (RCT) examining the effect of different RBC transfusion strategies on neurologic outcome following SAH. Dr. English’s work has received grant and financial support from CIHR, Canadian Blood Services (CBS), The Department of Medicine and Critical Care Medicine, and the pilot trial has recently been successfully published in BMJ Open. Dr. English also continues his research in traumatic brain injury as a member of the Canadian Traumatic Brain Injury Research Consortium (CTRC). This work offers the clear potential to improve outcome after both SAH and traumatic brain injury.

Dr. Scott Millington has continued to excel as a national and international expert in point-of-care ultrasound (POCUS). Dr. Millington has published as primary and co-authors on the validation of two POCUS assessment tools in 2017, and has been recognized by the American College of Chest Physicians (ACCP) in 2017 as an inaugural member of the class of Distinguished CHEST Educator, who are “recognized within the top 5% of CHEST’s international faculty and are recognized for their achievements and long-term contributions to the design and delivery of CHEST education”.

Drs. Aimee Sarti and Pierre Cardinal have continued to maintain Critical Care as a national and international leader in systems needs analysis and educational system-level interventions on multiple fronts in 2017–18. In collaboration with Dr. Michael Hartwick, Drs. Sarti and Cardinal completed development and deployment of a national curriculum development in physician communication skills with organ and tissue donation that is now distributed by the Trillium Gift of Life Network. Dr. Cardinal also completed revision of the National Acute Critical Events Simulation (ACES) online manual, which is distributed by the Royal College of Physicians and Surgeons of Canada to enhance the resuscitation training for both residents in training and practicing physicians.
PLANS FOR THE COMING YEAR

Critical Care has successfully transitioned to a self-sustaining funding model for academic support, which obtains equal support from all subspecialty members within Critical Care. Critical Care will ensure its ongoing growth and success in clinical care, national leader status in medical education and system change management, and its ongoing innovations in clinical research.

Critical Care will continue its commitment to excellence in clinical care and quality improvement by the deployment of an individual physician and nurse scorecard for clinical performance. This clinical scorecard represents the first quality improvement scorecard designed to provide individual feedback on quality of ICU care delivered at the bedside by ICU physicians and nurses for critically ill patients. The design phase was completed in 2017, with pilot phase implementation now underway in 2018–19.

Critical Care also seeks to consolidate its status as leaders in medical education and system change management. Critical Care continues its leadership with the completion of the revised National ACES program book, led by Dr. Cardinal; and in bedside point-of-care ultrasound (POCUS) evaluation tool validation and instructional POCUS video publications by Dr. Millington; and qualitative methods research led by Dr. Sarti.

Critical Care will continue to expand on its innovations in clinical research with support for the CISS, SAHaRa, variability in critically patients, led by Dr. McIntyre, Dr. English and Dr. Andrew Seely respectively.

Critical Care has also increased its commitment to developing further expertise in the field of organ donation through a joint fellowship training pilot project in collaboration with the Trillium Gift of Life Network for 2018–19. This project is aimed at increasing the collective expertise in organ donation across Ontario.

KEY PUBLICATIONS FOR INTERNIST INTENSIVISTS


**KEY GRANTS FOR INTERNIST INTENSIVISTS**

CIHR ($1,000,000). 2016–18. “Cellular Immununotherapy for Septic Shock (CISS): A Phase II Trial”. Principal Investigator: **L McIntyre**


**HONOURS, AWARDS AND LEADERSHIP**

Dr. **Scott Millington** was recognized by the American College of Chest Physicians (ACCP) in 2017 as an inaugural member of the class of Distinguished CHEST Educator.

Drs. **Shane English**, **Michael Hartwick**, and **Rakesh Patel** were recognized in 2017 with TOH Guardian Angel awards.

Drs. **Erin Rosenberg** and **Aimee Sarti** both successfully completed their Clinical Scholarships and have been promoted to full associate members in Critical Care and Assistant Professors at the University of Ottawa.
DERMATOLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Our major goals for the past year included; moving into our Dermatology Centre of Excellence, recruiting a new Division Head, building upon our research and publication successes, addressing increasing wait times, and improving efficiencies and functions in our clinics. Our successes in achieving these goals are delineated below.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

The **Charlie Logue Dermatology Centre of Excellence** was completed in April 2018 on the fourth floor of the Civic Parkdale Clinic. The Division, in cooperation with key community members and the Ottawa Hospital Foundation, have raised over $3.5 million to fund this project.

**Dr. Mark Kirchhof** was recruited to Ottawa from Queen’s University as the new Division Head. He was the Education Director in dermatology at Queen’s University for 3 years, coordinating and leading undergraduate, post-graduate and CME educational activities. Dr. Kirchhof will continue his educational endeavours in Ottawa and is developing a basic science curriculum for the Dermatology residents. Dr. Kirchhof also has broad research interests and hopes to continue and expand his research in Ottawa.

The **Rapid Access Clinic** was approved to begin in August 2018. This is a clinic whereby patients will have 5 minute appointments to address one concern and will be discharged back to their family doctor following the consultation. Between 60 and 70 patients will be seen during these once weekly clinics in the hopes of bringing down the wait times in Dermatology at The Ottawa Hospital.

The **Internal Review** of the Dermatology Residency Program was very successful. The external review is confirmed for April 2019.

A **Cosmetic Clinic Business Plan** has been submitted to The Ottawa Hospital administration outlining several options for funding/operating the Cosmetic Clinic. Once approved, implementation of the clinic can begin.

A **Dr. Ruddy Memorial Scholarship** has been established. The C&S 50th Anniversary Committee has donated $10K to establish the scholarship. Private donors will also be contributing to the scholarship.

A **Morphology Textbook** will be created as a legacy to one of our key leaders from the past, **Dr. Jackson**. Pharma is interested in funding this venture and a planning committee has been established to begin the project.

The **Dermessentials App** was created by **Dr. Fahim**. It is an app to help medical students completing dermatology. Funding for this project was graciously supplied by pharma.
PLANS FOR THE COMING YEAR

We will continue our efforts to recruit dermatology clinicians and academics to Ottawa. We will host Dermatology CME day in October. We will continue to improve the Dermatology Residency Program and act on the Royal College suggestions. We will continue our pursuit to obtain operational funding from The Ottawa Hospital and strive to improve our financial health.

KEY PUBLICATIONS


Colantonio S, Kirshen C. Severe Allergic Contact Dermatitis Due to Polysporin. CMAJ. 2017 Aug; 189(31): E1018.


KEY GRANTS


Canadian Institutes of Health Research, ($100,000). “The Relationship of Psoriatic Arthritis to Coronary Flow Reserve and Markers of Inflammation and The Response to Biological Therapy”. Dr. S Glassman.


HONOURS AND AWARDS

Dr. Finkelstein was the recipient of the 2018 PARO Excellence in Clinical Teaching Award for the University of Ottawa.

Dr. Sophia Colantonio was awarded the resident achievement award by the OMA as well as the 2017 Peter MacLeod Ambassador Award from the Department of Medicine.

ENDOCRINOLOGY & METABOLISM

PRIOR YEAR’S DIVISIONAL GOALS

A complex time motion study of our clinic work flow was completed in the fall of 2017. Data was collected over a month-long period. Results have enabled us to positively address both our wait list and in clinic wait times. Resulting changes have contributed to improved efficiency as well as enhanced patient experience. This was a great collaboration of all team members led by Dr. Janine Malcolm.

Leveraging new technology to assist in the management of our patients with diabetes mellitus was a major focus for education and practice change in our division. Technological advancements are rapidly changing clinical practice and providing us with new opportunities for research.

Involving our patients and families in quality improvement initiatives as well as research and education has led to incredible engagement and significant changes in response to their input. Inclusion of patients, family members and the public in focus groups, information and education sessions are now done on a routine basis.

Academic success is a fundamental goal of our division members. This is often very practical research that stems from everyday clinical challenges and observations. Continued success is noted with over 50 publications in the last year.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

Dr. Janine Malcolm led our Quality Improvement initiatives and secured major funding from the Champlain LHIN and OTN for development of a Home Video Visits Program. Our first study examines whether virtual visits can enable more frequent monitoring and enhanced care of our patient with type 1 diabetes mellitus who are transitioning from CHEO to TOH. Home Video Visits will help address patient access issues, wait times and improve efficiencies.
Dr. Erin Keely, together with Dr. Clare Liddy (Department of Family Medicine) have been appointed Co-Executive Directors of the newly established Ontario eConsult Centre of Excellence. The Champlain BASETM eConsult model, co-founded by Drs Keely and Liddy has been adopted across Canada with provincial services in Alberta, Manitoba, Ontario, Quebec, New Brunswick, Newfoundland and Labrador. Based on their work, the College of Family Physicians of Canada have recently endorsed eConsult as a standard practice across Canada.

Drs. Heidi Dutton and Christopher Tran are our newest faculty members. Dr. Dutton's interest in bariatric medicine and her background in Clinical Epidemiology will facilitate several cross-discipline collaborations. Dr. Tran, recognized as an award winning clinical teacher, has been very involved in research on the educational aspects of eConsult and has received funding to continue work in this area.

PLANS FOR THE COMING YEAR

Endocrinology and Metabolism will focus on developing expertise with EPIC. After many hours invested in customizing EPIC for Endocrinology, we look forward to hands on training and the 2019 launch. Considering that our subspecialty relies heavily on laboratory results tracked longitudinally, we recognize how EPIC will facilitate our research, quality metrics and care for our patients. We are working on head start projects.

First Telehealth, then eConsult and now Home Video Visits: Endocrinologists continue to look for opportunities to optimize care for patients using new technology platforms. Further, we have and will continue to advance scholarly work assessing their impact on health outcomes.

Endocrinologists can play a big role in the management of laboratory and diagnostic imaging resources; in particular in the area of thyroid. We are working with our TOH biochemists on strategies to ensure appropriate testing and we continue our collaboration with TOH radiologists that led to the adoption of TIRADS and a reduction in the need for thyroid biopsies.

KEY PUBLICATIONS

The Division of Endocrinology and Metabolism had 57 pubmed publications in 2017–2018.


**KEY GRANTS**


Department of Medicine, Medical Education Research Grant. 2018–2019. “Assessing the Quality of eConsult Responses: A Feasibility Study”. **Tran, C**.


**HONOURS AND AWARDS**

Dr. **Erin Keely** and Dr. Clare Liddy received the 1st Department of Medicine’s Quality Improvement Award of Excellence

**Xiaohui Zha** received the Chrétien Researcher of the Year Award for her breakthrough in understanding why our cells make more cholesterol and fat after a big meal. This could lead to new treatments for obesity, diabetes and related diseases.

Dr. **Christopher Tran**, received the prize for Best New Investigator award for “What Do Primary Care Providers Want from eConsult Advice?” at DIME’s Meridith Marks Day 2018, uOttawa

Dr. **Heather Lochnan** became President-Elect of the Canadian Society of Endocrinology and Metabolism
LEADERSHIP ROLES

Dr. Heather Lochnan
Assistant Dean of CPD-Education Programming

Dr. Heather Lochnan
Back to Basics Director

Dr. Alexander Sorisky
Program Director, Chronic Disease
Director, DoM Mentorship Program

NEW STAFF

Dr. Heidi Dutton joined the Division of Endocrinology and Metabolism as a PTA on January 1, 2018.

RETIREMENTS

Dr. Shajia Khan retired as of December 31, 2017.

GERIATRIC MEDICINE

PRIOR YEARS’ DIVISIONAL GOALS

In 2017–18, the Division of Geriatric Medicine focused on three priority areas:

4. Use the new message of the ‘Geriatrics 5Ms’ (Mind, Mobility, Meds, Multicomplexity, Matters Most) to help people understand what we do;

5. Recruit new Geriatricians to bolster our ranks;

6. Start the Medsafer research project, a pan-Canadian cluster-randomized multi-center trial.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

The Champlain Fall Assessment and Streamlined Treatment (C-FAST) clinic, launched as a pilot project in 2015, attained mainstream operational status in 2016 and has now been expanded into the Montfort and Queensway Carleton Hospitals. This clinic responds to the needs of older people who have fallen and have been identified in the emergency rooms, primary care offices and community outreach services. It is an award-winning service of The Ottawa Hospital.
Project Fusion, a.k.a. EPIC, will be a game-changer for The Ottawa Hospital and improve the way we care for patients in Geriatrics. This past year, we have worked hard and closely with the implementation teams: reviewing workflows, designing forms, and verifying data items. We look forward to using the system to capture information during the outreach assessment home visits to allow everyone to track changes in cognition and function to be able to support a more longitudinal approach to care of our older patients with complex problems.

Drs. Lara Khoury and Allen Huang were members of a Canadian workgroup which completed the redesign of the Royal College Geriatrics residency training curriculum under the Competency by Design (CBD) framework. This work was completed in a record time of 359-days (March 2017–Feb 2018) and the finalized documents are now ready for the rollout of CBD in Geriatric Medicine for July 2019.

The messaging of the Geriatrics 5Ms: Mind, Mobility, Medications, Multi-complexity and Matters Most has achieved global stature. In addition to being sponsored by the Canadian and American Geriatrics Societies, it has been embraced by The British Geriatrics Society and communicated around the world by the International Association of Gerontology and Geriatrics. A French translation: Mental, Mobilité, Médicaments, Multi-complexité, et Mes Motivations has been endorsed by the Societe Quebecoise de Geriatrie.

This conceptual framework improves communications to others about what specialists in Geriatric Medicine do — something that previously was difficult to explain in simple terms.

**PLANS FOR THE COMING YEAR**

We will continue to broadcast the Geriatrics 5Ms concept widely to help our colleagues in health care, our patients, their families and the public understand what Geriatric Medicine specialists do.

Our Division will continue to work with General Internal Medicine on optimizing the processes for the proactive detection of admitted high risk older patients in the Emergency Department and we will aim to facilitate the direct transfers of those patients to the Geriatric Medicine Unit.

We anticipate a doubling of the capacity of the C-FAST clinic activities in the coming year.

Dr. Frank Molnar will continue his work on promoting and advocating for dementia care programs and policies for Ontario and Canada. In his role as the president of the Canadian Geriatrics Society and designated member to the Canadian Medical Association for Geriatric Medicine issues, focusing on the implementation of a National Seniors’ strategy, he will ensure that the voice of Geriatrics is loud and clear.
Dr. Allen Huang is a key member of The Ottawa Hospital team that has started the cluster-randomized trial (Montreal, Ottawa, Kingston, Toronto, Calgary, Vancouver) called “Medsafer” looking at reducing the use of potentially inappropriate medications in older patients who are admitted to the General Medicine Clinical Teaching Units.

Dr. Lara Khoury as our residency Program Director and Dr. Anna Byszewski as our Education Leader will be busy managing the rollout of the new CBD Geriatrics program.

We will continue to explore development of collaborative care models between Geriatric Medicine and the TOH Trauma and Orthopedics programs, as well as continued involvement with the Transcatheter Aortic Valve Implantation (TAVI) program at the Heart Institute and pre-op activities in collaboration with the Department of Anesthesia.

KEY PUBLICATIONS


KEY GRANTS

AMS Phoenix Fellowship ($25,000. Matching funds, The Department of Medicine $25,000). 2017. "Improving Physician Empathy, Compassionate Care and Wellness Through the Development of Resilience-Building Communities of Practice and Creating a Culture of Empathy". Spilg, E.


**LEADERSHIP**

Our Division is extremely proud to have the following members in Departmental, University and National leadership positions. These include:

Dr. **Anna Byszewski**: Anglophone Director of Professionalism in the Faculty of Medicine; Assistant Anglophone Co-Chair of the "e-Portfolio" Program and the Geriatrics rotation coordinator for all medical students and residents.

Dr. **Lara Khoury**: Geriatric Medicine residency training Program Director, University of Ottawa. Co-chair, Womens’ Leadership committee, The Ottawa Hospital.

Dr. **Genevieve Lemay**: Assistant Dean, Admissions, Faculty of Medicine, University of Ottawa. Head, Geriatrics Services, Montfort Hospital.


Dr. **Barb Power**: Anglophone Director of the Physician Skills Development in the Faculty of Medicine, University of Ottawa; Department of Medicine Vice-Chair for Education.

Dr. **Ed Spilg**: Department of Medicine Vice-Chair for Wellness and Professional Development.
GASTROENTEROLOGY

Prior Year’s Divisional Goals and Most Significant Accomplishments in Last Academic Year

CLINICAL CARE

The Division has secured recruitments necessary to fill the remaining clinical care gaps by the end of 2018. The Division has recruited the long-awaited gastrointestinal motility expert (Canning) and medical nutrition expert (Bielowska). In addition, the Division has funded two years of additional training for an academic research focused Hepatologist starting in July 2019.

The Division now offers advanced endoscopic therapeutics in all key areas offered nationally and internationally at recognized tertiary referral Centres. These include: ERCP, direct view biliary endoscopy, biopsy and guided radiofrequency lithotripsy (spyglass - divisional capital), endoscopic ultrasound and related therapeutics, advanced mucosal resection (EMR) in an outpatient setting, outpatient advanced submucosal dissection (ESD) for both upper and lower GI neoplasms with a T1a/b stage or less, Zenker’s diverticulotomy, Barrett’s radiofrequency ablation (divisional capital), and a host of other advanced techniques. In collaboration with our surgical colleagues, these advanced resection techniques have been documented to convert OR cases to outpatient procedures.

Furthermore, as part of our LIHN leadership activities, we have set up a “polyp” adjudication committee regionally co-chaired by Dr. Rostom and Dr. Moloo to divert endoscopically removable lesions to outpatient procedures thus saving precious surgical OR time. The future in this field is to move patient cases from inpatient surgery to outpatient natural orifice endoscopic “microsurgery” and resection.

Dr. Ralph Lee is now recognized nationally for the Advanced Mucosal Resection Training he obtained in Australia. He has participated in the development of a National Education Program and local GI and surgical fellow training in addition to his expanding clinical role in endoscopic mucosal resection.

IMPROVED CLINICAL CARE PATHWAYS

The Division developed and continues to refine several key clinical care pathways that were required for optimal GI patient care. These included improved ER referral pathways and patient flow; centralizing referrals for key GI areas such as Hepatology, Barrett’s and therapeutics; improved IBD care pathways and emergency access; and improved outcomes in common GI procedures. The goal with the 2019 introduction of EPIC is central triage and distribution for all GI referrals.

The ER paracentesis pathway partnership between ER, Radiology and GI has now been running for over a year and has significantly streamlined the care of end stage liver patients with persistent ascites. The Division continues to work with administration to increase the
bottleneck of Medical Day Unit slots by streamlining clinical processes to enable more patient cases within the limited times available. The shift of increasingly more complex patients for assessment and for advanced procedures as outpatients has reduced in-patient and surgical utilization, but challenges ER outpatient referral times since all patients are triaged by urgency regardless of where their referral comes from.

The IBD Centre of Excellence is a strength of the Division and continues to fine tune pathways around emergency referral, minimizing ER visits, hospital admissions and in-patient biologic therapy usage. The IBD nurse coordinator has played a major role in the streamlining of outpatient IBD care and follow-up to meet the above goals.

The Division funded an advanced end-stage liver disease nurse coordinator in 2017 and it is hoped that the position will continue to be funded through 2018/19 through LHIN/TOH as it has become a vital resource for managing complex cirrhotic and liver transplant patients as outpatients and has allowed success of the outpatient/ER outpatient paracentesis pathway. Furthermore, as transplant centres also face significant resource shortages, they are expecting early repatriation of TOH patients who have undergone transplants.

**RESEARCH INFRASTRUCTURE**

The Division continues to see important improvements in research productivity and infrastructure. The Division employs a full time PhD level research coordinator with research, analysis and writing skills. This coordinator is supporting multiple investigator-initiated studies and publications. The Division has a funded IBD research coordinator and has hired another shared IBD/Hepatology research coordinator.

The Division has been supporting a hepatology Clinician Scientist, Dr. Angela Cheung who is currently completing a three-year research fellowship at the Mayo Clinic. Dr. Cheung will start in mid 2019.

The Division has shown increased grant success (Murthy CIHR) and improved publication records from multiple division members. The Division continues strong research ties with the GI groups in Calgary; Toronto; ICES; McGill and the University of Florida.

**EDUCATION**

The Division continues to build on its educational mandate, both locally as well as Nationally and Internationally. The Division supports a CAG accredited and supported national Skills Enhancement in Endoscopy (SEE) Centre. The Centre offers four live endoscopy courses per year for practicing GI Physicians, Surgeons, and GI Pediatricians (CHEO). The centre also runs live endoscopy courses for GI Fellows and Colorectal Surgery Fellows. As of end of 2017 over 20 Champlain LHIN endoscopists completed a SEE program at TOH. Internationally, the Division has partnered with Dr. Peter Draganov of the University of Florida to collaborate on basic and advanced endoscopy education and international outcomes studies on EMR and ESD (ethics approved studies ongoing).
Dr. Ralph Lee is taking a major role in local advanced polypectomy and EMR training; bringing back his sabbatical learnings to The Ottawa Hospital staff and residents as well as sharing nationally. He is working on an advanced mucosal resection fellowship to be offered at TOH/University of Ottawa.

**PLANS FOR THE COMING YEAR**

The Division’s goals for the upcoming year are to follow our updated 5-year strategic plan. The Division will host a new Divisional Retreat in February 2019 to welcome the new recruits who have filled longstanding clinical care gaps and to devise a prioritization plan moving forward. The hallmark of this plan is to: a) continue to fill the remaining clinical care gaps through strategic recruitment and program development; b) improve the quality and efficiency of care for TOH patients with GI disorders through hospital and LHIN wide collaboration; and c) continue to build and support academic infrastructure in support of research and education as well as to develop the next generation GI leaders; d) further build the GI divisional practice plan.

For the next year, the Division will prioritize integrating gastrointestinal motility and clinical nutrition into our service model through two new programs: GI Motility Centre of Excellence; and inpatient enteral and parental nutrition program and consult service. These two programs will be in coordination with the Department of Surgery.

Regional Coordination continues to be a key priority for the Division. Significant strides have been made in the last year to model and plan for the impact of FIT based colorectal screening. The impact on the Champlain LHIN and TOH has been modeled and verified. Modeling work and planning strategies utilized locally have been used by Cancer Care Ontario for other LHINs. The next year will see the work shift from planning to actual implementation of FIT based colorectal cancer screening in the Champlain LHIN. The reopening of the Riverside Campus Endoscopy Unit will be a major divisional focus to support FIT screening and the demands on inpatient and outpatient endoscopy.

**KEY PUBLICATIONS**


**KEY GRANTS**

CIHR Project Grant ($298,351). July 2018. “A Randomized, Parallel-Group, Open Label, Non-Inferiority, Pragmatic Trial Comparing Random AND Targeted Biopsies to Targeted Biopsies Alone for Neoplasia Detection During Screening Colonoscopy in Adult Persons with Colonic Inflammatory Bowel Diseases: A Pilot Study”. **Sanjay Murthy**.

AHSC AFP Innovation Fund Grant (administered by The Ottawa Hospital Academic Medical Organization) ($100,000). March 2018. “Validation of the Ottawa Colorectal Neoplasia Prediction Tool: A Personalized Decision-Making Tool for Clinical and Cost-Effective Use of Colonoscopy in Low-to-Moderate Risk Individuals Over Age 50”. **Sanjay Murthy**.

Non-competitive University of Ottawa Medical Research Fund (UMRF) ($20,000) 2017. “Improving Patient Experience and Quality of Care in Admitted Patients with Cirrhosis at The Ottawa Hospital”. **Erin Kelly**

TOHAMO Innovation Fund ($100,000). 2016–17. “Ottawa Hospital Clinical Prediction Rule to Identify Patients with Advanced Liver Disease at High Risk of Early Re-Hospitalizations”.

Principal Investigator: **Erin Kelly**, Paul James


**HONOURS AND AWARDS**

Dr. Catherine Dubé is the Cancer Care Ontario (CCO) Clinical/Medical Lead for the Ontario Colorectal Cancer Screening Program (coloncancercheck).

Dr. Alaa Rostom is the Colorectal cancer screening, endoscopy QBP and QMP lead for the Champlain region.

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 United Kingdom.

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.
Dr. Sanjay Murthy is the Medical Director for the TOH home TPN program.

Dr. Harinder Dhaliwal is the Medical director of the TOH corporate endoscopy Committee.

GENERAL INTERNAL MEDICINE

SOME SIGNIFICANT ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

1. Our new General Internal Medicine Training Program continues to be successful with a high degree of interest from Core Internal Medicine Trainees in the Carms match.

2. Our “Right-Bedding” Project has improved our patient flow and care.

3. The Division has been involved with many educational initiatives. Some examples include:
   - Expansion of our POCUS curriculum;
   - Clinical teaching elective for UGME Year 4 in the Anglophone and Francophone curriculums.

4. Many Quality Assurance Initiatives as well as clinical care projects are underway.
   - MINS (Myocardial Injury in Non-cardiac surgery) perioperative pilot.
   - Consult to decision time in the ED analysis.
   - End of Life and serious illness conversation projects.
   - Integrated Discharge Planner Pilot.

PLANS FOR THE COMING YEAR

1. Continue to develop our Ambulatory Care process and expand its footprint to include complex disease management and other patient populations.

2. Focus on our successes in research, medical education and leadership roles at TOH, UO and associated organizations.

3. Strategically recruit into the Division of General Internal Medicine with focus on clinical care, education and database research.

4. Promote the use of TOH dashboard data to drive important patient outcomes with a focus on patient satisfaction. This will include new efforts to improve our physician-to-patient ratio on our units. We will develop a third resident independent unit to help with these outcomes.

5. Future QI/QA projects will include a liver disease gap tool, BNP guided CHF in-patient study and discharge checklist cards for learners.
LEADERSHIP ROLES AT THE OTTAWA HOSPITAL, UOTTAWA AND OTHER

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

Dr. Loree Boyle

• Program Director Core Internal Medicine, University of Ottawa.

Dr. Craig Campbell

• Principal Senior Advisor, Competency-based Continuing Professional Development, Office of Specialty Education. Royal College of Physicians and Surgeons of Canada.

Dr. James Chan

• Department of Medicine Vice Chair Wellness, Professional Development and Physician Care.
• International Medical Graduate (IMG) Director at the University of Ottawa.

Dr. Justine Chan

• Associate Director Medicine Clerkship University of Ottawa.

Drs. Vladimir Contreras-Dominguez

• Director UGME and Internal Medicine Clerkship Director, Department of Medicine/University of Ottawa.

Dr. Heather Clark

• TOH and Department of Medicine Medical Director Ambulatory Care.

Dr. Cathy Code

• Royal College Internal Medicine Specialty Exam Chair.

Dr. Isabelle Desjardins

• Associate Director Medicine Clerkship University of Ottawa.
• Assumed Director role of the Ottawa Exam Centre in June 2018.

Dr. Alison Dugan

• Administrative lead between The Ottawa Hospital and the Nunavut Specialist Physician Group.

Dr. Alan Forster

• TOH Executive Vice President Innovation and Quality.
• DoM Vice Chair Quality and Clinical Services.

Dr. Glen Geiger

• Chief Medical Information Officer at The Ottawa Hospital.

Dr. Catherine Gray

• Director of Link Block, University of Ottawa.

Dr. Samantha Halman

• OSCE Chief Examiner, Francophone Stream, UGME, University of Ottawa.
• Lead Simulation Educator, Internal Medicine, University of Ottawa Skills and Simulation Centre (uOSSC) until December 2018.
• General Internal Medicine Program Director Department of Medicine/University of Ottawa.
Dr. Delvina Hasimja-Saraqini
- Chair, Dept. of Medicine Patient Quality Assurance Committee.
- Dr. Alan Karovitch — TOHAMO Board of Directors.
- Medical Staff Association Vice President.
- DoM Vice Chair Finance.

Dr. Steve Kravcik
- Chair of Faculty Council Appeals Committee, University of Ottawa.

Dr. Jerry Maniate
- Vice President Education TOH.

Dr. Debra Pugh
- Director of the Ottawa Exam Centre until May 2018.
- Vice Chair of Central Examination Committee, Medical Council of Canada.
- Medical Council of Canada Medical education advisor starting September 2018.

Dr. Melissa Rousseau
- Lead Harvey Cardiac Physical Examination Educator, Core Internal Medicine Residents, University of Ottawa.

Dr. Claire Touchie
- Chief Medical Education Advisor, Medical Council of Canada.

Dr. Carl van Walraven
- Site Director ICES@uOttawa.
- DoM Lead for Big Data Research.

KEY PUBLICATIONS

D. Pugh, C. Touchie, J. Chan.

van Walraven C, Forster AJ.

Rashidi B, Kobewka DM, Forster AJ.
Clinical Factors Contributing to High Cost Hospitalizations in a Canadian Tertiary Care Centre. BMC Health Serv Res. 2017; 17(1):777.

Kobewka DM, van Walraven C, Forster AJ.


KEY GRANTS

Department of Innovation in Medical Education (DIME) Grant ($10,180). University of Ottawa. "The Influence of Prior Performance Information on Ratings of Present Performance: Implications for Learner Handover: A Scoping Review".

T. Shaw, C. Touchie, D. Pugh
Canadian Patient Safety Institute (CPSI) ($50,000). “Safe and Effective Person-and-Family-Centered Care Practices During Transitions Between Hospital-Based Care and Home Care — A Mixed Method Study”. Co-Investigator: A. Forster


NEW FACULTY GIM

Dr. Peter Munene (FTA)  
Dr. Babak Rashidi (FTA)  
Dr. Jaclyn Ernst (PTA)

HONOURS AND AWARDS

Dr. Cathy Code: Department of Medicine  
Going the Extra Mile Award

Dr. Isabelle Desjardins: Department of Medicine  
Professionalism and Collegiality Award

Dr. Deborah O’Keefe: Department of Medicine  
Bedside Teacher Award

Dr. Tammy Shaw: CAME Foundation Wooster  
Family Grant in Medical Education

Dr. Kumanan Wilson: Partners In Research  
Technology & Engineering Ambassador Award

HEMATOLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Going for gold with the “The Ottawa Blood Institute”

Academic medicine can be very competitive. While there aren’t academic medicine Olympics, we do have well established metrics which tell us how we are doing compared to our peers around the world. Hematologists are, as a group and individually, especially in Ottawa, a humble bunch. However, we are setting that aside to let the world know of our collective excellence.

Our Division of Hematology is amongst the most productive group of Hematologists worldwide. We consistently publish over 100 independent peer reviewed publications per year. This exceeds or matches similar Divisions of Hematology at Harvard, U of Toronto, MD Anderson Cancer Center and Memorial Sloan Kettering (anybody heard of them?).
In the next year, we will continue to work with our partners at TOH, OHRI, TOH Foundation and the University of Ottawa towards establishing the Ottawa Blood Institute. We feel the ‘cache’ of an institute will accelerate our productivity by allowing us to recruit the best and brightest, keep the best and brightest, and have the best and brightest train in Ottawa. We look forward to “owning the Hematology podium”.

Transforming lymphoma care
In 2017–18, our Lymphoma specialists, in concert with the cancer program leadership, initiated the Lymphoma Transformation Project. The project aimed to streamline the referral and consultation process for all patients with suspected Lymphoma in our region. While funding constraints did not allow for the full realization of our goals, some significant progress has been achieved: Our revamped referral form for hematologic malignancies can now be accessed on the TOH website, and a new process has been developed with radiology to help direct appropriate referrals to the lymphoma program. We will continue to work with our partners to optimize care for our lymphoma patients.

Growing our teams — again!
Over the past year, we welcomed four new full-time Hematologists to our Division: Dr. Aurelien Delluc, Dr. David MacDonald, Dr. Janey Hsiao, and Dr. Johnathan Mack. Dr. Abhi Iyengar also joined us as a part-time member, and Dr. Sultan Altouri converted from a locum Hematologist to a full partner in our Division. We are proud that our clinical and research teams continue to flourish and we are thrilled to welcome our newest colleagues. Our success and reputation as a world leader in blood disease research and care have helped us recruit the best and brightest talent from around the world.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

Gender Equity in Hematology Faculty — not far off ...
A decade ago we had 14 Hematologists in the Division of Hematology (10 men and 4 women). Over the last 10 years, our profile has changed significantly, by recruiting more women (n=10) than men (n=9). It might be suggested that this reflects the changing gender equity in medical school admission from over a decade ago, but we believe it demonstrates our commitment to gender equity. Next up: achieving gender equity in Hematology leadership!

Gender equity in a pack of RBCs? Maybe not!
Observational research conducted at OHRI led by Dr. Michael Chasse with help from Drs. Fergusson and Tinmouth from the Division of Hematology’s Transfusion Research group suggested that transfusing female donor blood increases the risk of mortality in transfusion recipients (Chasse, JAMA Int Med, 2016). How do you follow up this observational study finding? You do an RCT! Dr. Tinmouth is Co-PI with Dr. Fergusson on a pragmatic RCT exploring transfusion of donor sex selected units vs usual care funded by CIHR called iTADS. Recruitment is going gangbusters — watch for this one to finish quickly and maybe transform transfusion medicine.
International achievements in Thrombosis

Last year we told you about INVENT (International Network of Venous Thrombosis Networks) being established with a home here in Ottawa. INVENT (www.INVENT-VTE) has continued to grow. We held a novel Dragon’s Den competition for a $35,000 international collaboration prize won by a French group conducting an RCT exploring DOACS in advanced renal disease (yes, we might be able to stop admitting ESRD patients with DVT/PE for IV heparin!).

Dr. Marc Rodger, and his partner in crime Dr. Susan Kahn, will co-chair the International Society of Thrombosis and Hemostasis (ISTH) meeting in Montreal in 2023. This major international meeting hosts over 10,000 specialists in Thrombosis and Hemostasis worldwide.

CanVECTOR (Canadian Venous Thrombosis Clinical Trials and Outcomes Research) is also, in part hosted in Ottawa. The Clinical Trials Platform is co-led by Dr. Gregoire Le Gal and the CanVECTOR Clinical Investigator Group is chaired by Dr. Lana Castellucci. Amazingly, CanVECTOR is currently conducting 27 clinical trials. No doubt a future harbinger of practice changing research in thrombosis with Ottawa leading the way Nationally.

Fundraising for our Research Chair

A few short years ago, we envisioned a new Research Chair in Advanced Stem Cell Therapy — a world leader who would play a key role in leading groundbreaking clinical trials for innovative transplant-based therapies.

We worked with stakeholders to establish this as a formally approved TOH priority, and directed our own fundraising dollars to achieve this mission. Three years later, we are thrilled to report that we have secured enough funding to begin recruitment! We look forward to the next steps in this exciting development.

PLANS FOR THE COMING YEAR

EPIC

As a speciality that is “uber” information dependent, we look forward with excitement (and perhaps a bit of trepidation) to the implementation of our new information system. We know that this will transform, in a short period of time, how we provide care. Nobody likes change; the process of implementation will no doubt slow other pursuits down, but we will prevail. On the upside, we are also excited about getting our hands on the new toy to see what it can do for us, our patients, our teaching and our research — it might just be EPIC!

Leadership renewal

Dr. Rodger’s second term as Division Head comes to a close and the search for a new Division Head is heating up. Dr. Rodger tells us “It has been a tremendous privilege to work with our Division of Hematology team. Our success reflects the people on our team. We have a world class group of smart people who are truly interested in changing practice one patient encounter at a time, one trainee interaction at a time and doing so worldwide and for generations, one publication at a time. The best part has been the “Blood Buddy” camaraderie...
and the collective “get ‘er done” spirit — it has made my job very easy”.

Areas of Focused Competence
The RCPS has instituted sub-specialty training programs and accompanying certificates for defined areas of practice within specialties. This year sees our first cohort of Thrombosis AFC’s obtain their certification (n=3). Our Thrombosis AFC program has rapidly grown in popularity with 10 applicants for our limited positions next year. Dr. Gonsalves led the development of the AFC on a national front — it’s great to see it come to life!

Next up, we are in the early stages of development of a Bone Marrow Transplant AFC nationally with plans for a local Ottawa program.

KEY PUBLICATIONS


KEY GRANTS

BioCanRX ($1,244,376). “Capacity building for Chimeric Antigen Receptor (CAR)-modified T cell therapies in Canada”. Kekre, N.

CIHR ($371,026). “An innovative trial assessing donor sex on recipient mortality (iTADS)”. Tinmouth A and Fergusson D Co-Investigator: Jason Acker,

HONOURS AND AWARDS (INCLUDING LEADERSHIP POSITIONS)

Harold Atkins received the prestigious Till & McCulloch Award for exceptional contributions to global stem cell research. Drs. Freedman and Atkins publication in The Lancet showed that the risky procedure completely halted the damage to the brain caused by the immune system, stopping relapses. The disabilities in the majority of patients stabilized, and some even recovered lost abilities.

Marc Carrier was named ISTH SSC Chairman-Elect this past year. This prestigious and important post provides scientific direction in all areas of Thrombosis and Hemostasis for this global organization.

INFECTIOUS DISEASES

PRIOR YEAR’S DIVISIONAL GOALS

Establish a clinical service and academic program in Infectious Diseases in Transplant Recipients

Dr. Arianne Buchan, who completed fellowship in Transplant Infectious Diseases in Boston, was recruited to our Division in September 2017 to have a focus in clinical and academic aspects of Infectious Diseases in transplant recipients. In this short time here, she has already become well integrated into the transplant program.

Increase the Infectious Diseases presence at the Montfort Hospital with a goal of having a consult service 5 days per week, as well as outpatient care

Dr. Sarah Mansour, was recruited in October 2017 to provide ongoing Infectious Diseases services at the Montfort Hospital. We now have a 5 day per week inpatient consult service and one half-day per week outpatient clinic at the Montfort Hospital, ensuring that we have now been completely integrated with our sister hospital.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

With the recruitment of Arianne Buchan, we have now established integration of Infectious Diseases within the Bone Marrow Transplant program.

With the recruitment of Sarah Mansour, we have established a full ID service at the Montfort Hospital, as well as increased the clinical service in the Viral Hepatitis program.

With the training of two fellows in Antimicrobial Stewardship, we have established our centre as a national lead in training in Antimicrobial Stewardship.
PLANS FOR THE COMING YEAR

Recruitment of up to two FTAs with clinical and academic expertise in Infection Control and Prevention and Antimicrobial Stewardship Program.

Enhance the role of Infectious Diseases in the solid organ transplant population.

KEY PUBLICATIONS


KEY GRANTS


HONORS AND AWARDS

Dr. Virginia Roth: appointed Chief of Staff, The Ottawa Hospital

Dr. Anne McCarthy: appointed to the editorial board, Travel Medicine and Infectious Disease Journal

Dr. Ray Saginur: Re-appointed Treasurer of the International Society of Chemotherapy and a Director of the Society

NEW FACULTY

Dr. Arianne Buchan, September 2017

Dr. Sarah Mansour, October 2017

MEDICAL ONCOLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Patient Care

The Ottawa Hospital Cancer Program continues to lead the 14 other regional academic cancer centres in the province as determined by patient metrics assessed by Cancer Care Ontario.

This past year, we continued our work in Cancer Transformation to improve efficiency and effectiveness of care and have decreased the wait times for greater than 80% of new patients to less than 2 weeks.

With the dedicated hard work of Dr. Tim Asmis and other members of the GI Site Group in Medical Oncology, and in collaboration with our colleagues from other Departments, we launched a Hepatobiliary Cancer (HPB) Transformation exercise modelled on the earlier highly successful Lung Cancer Transformation program. We sought to reduce wait times for patients with HPB cancers by 40%. Phase 1 changes concentrated on the referral and intake areas and this has translated into a nearly 40% reduction in wait times to consult. This group also created a clear clinical pathway with evidence guidelines covering the entire pathway — from referral to discharge/palliation for all the care providers. Next phase will be to implement changes in post consult processes.

Dr. Tim Asmis joined other senior members of The Ottawa Hospital Cancer Program to visit Nunavut in March of 2018 to meet with local health care providers, government and health care officials to explore ways of improving cancer patient care in Nunavut. A working document has been created to help guide us forward on this.

Under the leadership of Dr. Roanne Segal, our Survivorship Program has been highly successful at moving long-term follow up of cancer survivors from the Cancer Centre back out into the community.
Excellence in Research

Dr. David Stewart and the Life Saving Therapies Network that he helped found, conducted an international roundtable in Ottawa in May of 2018, with the aim of identifying methods of speeding access of patients with lethal diseases to effective new therapies, while at the same time cutting the cost of these therapies. He also participated in discussions and creation of a publication with the patient advocacy group Lungevity to advocate for new clinical trials eligibility criteria to make it easier for lung cancer patients to enter clinical trials. He has published an analysis of the life-years lost worldwide because of delays in moving effective new agents from discovery to approval.

Dr. Mark Clemons led a major multidisciplinary effort in setting up the Rethinking Clinical Trials (REaCT) initiative to permit highly efficient, cost-effective comparisons of available therapeutic options so that optimal approaches can be defined.

The program to date has randomized more than 1700 patients to a series of trials, and, under Dr. Clemons' leadership, is expanding across the country.

We are currently working in collaboration with Pearl Campbell, Bryan Lo, Craig Ivany, Ted Perkins and others to optimize molecular testing for our patients through a $2M grant from Genome Canada.

The Division plays a major leadership role nationally in cancer clinical research. At the Canadian National Cancer Clinical Research Group, the Canadian Cancer Trials Group, Dr. Scott Laurie leads the Investigational New Drug group, Dr. Derek Jonker leads the Gastrointestinal Cancer group and Dr. Glen Goss leads the Lung Cancer group.

Members of the Division published 91 peer-reviewed papers this past year, with an average of 6 peer-reviewed publications per Division member.

Excellence in Education

Our Medical Oncology Training Program has been accredited for 6 years and has had 3 new trainees join this year. Program Director Dr. Xinni Song and colleague Dr. Tina Hsu have played a major role at the Royal College level in launching Competency By Design for Medical Oncology, and have been presenting at international meetings on this topic. Both are also currently working on Master of Education degrees through the University of Aberdeen. As well, Dr. Hsu has initiated work to set up a Training Program in Geriatric Oncology — an area in which she has established a strong international reputation.

Dr. Tim Asmis continues to lead a highly successful fellowship program, currently with 4 fellows. Dr. Joanna Gotfrit will also be joining us this fall as part of the Clinician Scholar program.

Dr. Stephanie Brulé is the new undergrad lead for Medical Oncology, and several members of the division having been active participants in CBL and ePortfolio teaching as well as with the summer studentship program.
Division of Labour

The Division’s Workload Assessment Committee (WAC) has established criteria by which each Division member is assessed for their contributions to patient care, teaching, research and administration. Everyone is expected to meet WAC "gold" criteria in at least one of the areas and to meet at least “bronze” criteria in each of the other areas. This approach has proven very effective in ensuring that the required work gets done and that each Division member is recognized for his or her contributions.

Other

• Dr. **Paul Wheatley-Price** continues as president of the national patient advocacy group Lung Cancer Canada.

• Dr. **Roanne Segal** is playing an important international role in helping build cancer services for Rwanda.

• With Dr. **Donna Maziak**, Dr. **Scott Laurie** successfully chaired the highly successful 14th International Conference of the International Mesothelioma Interest Group in Ottawa in May 2018.

Departures

Dr. **Shailendra Verma** retired in March 2018, and Dr. **Roanne Segal** will be retiring at the end of December. Dr. **Susan Dent** has accepted a senior position in the Division of Medical Oncology at Duke University.

Recruitment

Dr. **Dominick Bosse** joined us in March, after completing a fellowship in Genitourinary Oncology Clinical Research at the Dana-Farber Cancer Center in Boston and a Master of Public Health from Harvard University.

PLANS FOR THE COMING YEAR 2018–2019

Our top goal is to continue to offer excellent care to cancer patients in our region through a wide range of initiatives that link patient care, clinical research and teaching. We will continue to build on the areas discussed under last year’s goals and focus on the following new areas:

Research

• Under the leadership of Dr. **Mark Clemons**, continue to push forward on the REaCT initiative to conduct pragmatic, rapid, efficient, randomized trials to optimize patient care.

• We will continue to work with partners at a national and international level to drive for major reforms of regulation of clinical research in lethal diseases so that progress can be much faster and more cost-effective.

• We will continue our work with collaborators from the Molecular Lab, StemCore and the basic researchers from the Cancer Program to move discoveries from bench to bedside and back to the bench.
Education:

- Dr. Tim Asmis will continue to work with the Department of Medicine Fellowship Committee to further expand and strengthen the fellowship program.
- Drs. Xinni Song, Neil Reaume, and Tina Hsu and other members of the Division will continue to work with the Royal College on the Competency by Design (CBD) program for the Division.

KEY PUBLICATIONS

(out of a total of 91 peer-reviewed publications from clinicians in Division of Medical Oncology)


KEY GRANTS BY CLINICIANS IN THE DIVISION OF MEDICAL ONCOLOGY


Principal Investigator: Dr. David Stewart
Co-Investigator: Dr. John Hilton
CCSR Major Programs Grant (Dancey J) ($23,500,000). 2017–2022. The purpose of this grant is to provide core programmatic funding for the Canadian Cancer Trials Group (CCTG) to engage in a wide range of multicenter trials in Canada. It helps provide infrastructure support to the CCTG to fund highly qualified faculty and other personnel through which trials are developed and conducted in Canada. Co-Investigators: Drs. D Jonkers, S Laurie, G Goss

NCIC CTG — Canadian Collaborating Clinical Trials Network (NCTN) CA180863 (Dancey J) ($15,115,295). March 2014–Feb 2019. NIH/NCI. The goal of this grant is to enable collaborative clinical trial conduct between Canada and the US by permitting Canadian contributions to recruitment to US Cooperative Group clinical trials and to enable Canadian-led trials with US Cooperative Group involvement to be developed and conducted. Co-Investigators: Drs. D. Jonkers, S. Laurie, G. Goss

Canadian Institutes of Health Research (CIHR) GA.1 ($1,690,829). April 2012–March 2019. "Randomized Phase III Trial of Preoperative Chemoradiotherapy vs Preoperative Chemotherapy for Resectable Gastric Cancer." This grant is in support of the named phase III clinical trial and provides for its conduct in Canada. Dr. Jonker is the Chair of the Gastrointestinal Site Committee of the NCIC Clinical Trials Group, responsible for the academic agenda of the GI site. Co-Investigator: Dr. D. Jonkers

Network of Centres of Excellence (NCE) Canada ($25,000,000). Biotherapeutics for Cancer Treatment (BioCanRx). This award supports the creation of a network of 40 researchers from 17 academic institutions conducting research focused on oncolytic viruses, immune cells, synthetic antibodies and other promising biotherapeutics. Principal Investigator: J Bell. Co-Investigator: Dr. D Jonkers

HONOURS AND AWARDS

Dr. John Hilton was awarded the Elizabeth Eisenhauer Young Investigator Award by the Canadian Cancer Trials Group.

Dr. Glen Goss received a Lifetime Achievement Award at the Canadian Lung Cancer Conference in Vancouver.

Dr. Michael Ong was awarded the 2018 REaCT Enthusiasm Award for his outstanding work in bringing REaCT trials forward as a research option for patients with advanced prostate cancer.

Dr. Stephanie Brulé obtained her Masters in Quality Improvement & Patient Safety from Queen’s University.

Dr. Dominick Bossé received the American Society of Clinical Oncology 2018 Conquer Cancer Foundation Merit Award, and received his Master of Public Health from the Harvard University T.H. Chan School of Public Health, Boston, MA, USA.
NEPHROLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Two key Divisional goals from last year were met. First, an innovative model of care was launched in our Home Dialysis Unit. The integrated home dialysis care initiative involves a patient-centered and community focused approach to delivering home dialysis care. Registered nurses from The Ottawa Hospital are now going into patient’s homes to assist with peritoneal dialysis exchanges. This role was previously provided by outside agencies, but now trained and experienced home dialysis nurses have taken over this role. In addition, we can provide nursing visits for patient’s who require a same day clinical assessment. Previously these patients had to travel to the Riverside Campus for an assessment. Approximately half of the routine bimonthly clinic visits are now being done in the community using a Skype link. These changes have been very well received by our patients. We have significantly reduced the need for patient travel and at the same time, improved our ability to assess patients in a timely manner in their own home. Our staff is able to identify clinical concerns before they become a major problem and we believe this will lead to overall increased success of our patients on home dialysis therapy.

Our second major initiative was the launch of The Ottawa Hospital Eastern Ontario Cystic Renal Disease Centre of Excellence in January 2018. This clinic was launched to serve the specialized needs of patients with autosomal dominant polycystic kidney disease and other cystic renal diseases. The clinic now offers comprehensive care including tertiary renal care, specialized imaging and genetic testing. The clinic has been an overwhelming success with over 200 new referrals to date. We anticipate the clinic to expand to approximately 500 patients within the next few years. In addition to patient care, we have established a database so that we can link and participate in national studies on polycystic kidney disease as well as conduct our own QI initiatives. The clinic has been well received by our patients and we plan to open a second clinic time in 2019 to address the increased demand.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

Research — Dr. Burn’s CIHR Grant

In an era of tough CIHR competition, Dr. Kevin Burns was awarded a 5-year grant valued at $742,050 to study endothelial progenitor cell exosomes and MicroRNA transfer as therapy for acute kidney injury (AKI). Co-Investigators include DoM colleagues Drs. David Allan, Dylan Burger, and Dean Fergusson. The project will focus on the therapeutic properties of small extracellular vesicles (exosomes) derived from human cord blood endothelial colony-forming cells in AKI. AKI affects ~5% of patients in-hospital and carries a high mortality rate. In previous work, Dr. Burns’ laboratory has shown that intravenous delivery of these exosomes prevented kidney
injury in mice, and this was associated with transfer of a unique micro-RNA ("miR-486-5p") from exosomes to kidney cells. As there are currently no established treatments to prevent injury or accelerate repair of kidneys in AKI, the proposed research will further explore the therapeutic potential of these exosomes and their microRNA content in AKI. Experiments will focus on mechanisms to optimize delivery of exosomes to the kidney and will study how miR-486-5p may stimulate signaling pathways in the kidney associated with repair. Initial studies will involve mouse models of kidney injury and will lead to use of a porcine model of AKI that may more closely mimic the problem in humans. It is hoped that this research will lead directly to novel treatment strategies for AKI in humans, involving administration of exosomes and/or micro-RNA.

Clinical Care — Expansion of Nephrology Care in Cornwall

Over the past year, the Division of Nephrology has improved kidney care to the patients in the Cornwall region. In addition to caring for patients in two dialysis units, we have now expanded services to see inpatient consults at the Cornwall Community Hospital. This work is being led by Dr. Caitlin Hesketh who travels to Cornwall at least two days per week. By seeing patients earlier in the course of their illness, we have reduced the number of patient transfers up to TOH for specialized nephrology services. This has allowed patients to stay closer to home which is both convenient for family members and cost-saving to the health care system.

PLANS FOR THE COMING YEAR

Clinical Care — Specialized Diabetes Care in Nephrology

About half of the patients followed for kidney disease in the TOH Multi-Care Kidney Clinic have diabetes. These patients are at high risk for morbidity, mortality and progression to end stage renal disease requiring kidney transplant or dialysis. Because of the severity of their disease, these patients are usually followed by both a Nephrologist and an Endocrinologist. This necessitates separate visits, parking expenses, and extra time off work for family members. Moreover, they often have laboratory testing done separately by each specialist. In order to improve the patient experience, we are in the process of creating a joint Nephrology-Endocrinology Clinic where diabetic patients with advanced kidney disease can see their Nephrologist and Endocrinologist during the same appointment. This novel clinic is being led by Drs. Akbari, Lochnan and Dutton and will begin seeing patients early in 2019. We anticipate that this collaborative model will not only improve the patient experience but will improve patient outcomes. Instead of potentially receiving different messages from each specialist, a collaborative treatment plan will be developed and presented to the patient and family at each visit.

A similar collaborative Endocrinology-Nephrology Clinic structure is being developed by Drs. Hoar and Malcolm for our kidney transplant patients. Early post-transplant, many patients develop new diabetes or worsening diabetic control due to the immunosuppressive
medications. We anticipate that the joint clinic will lead to improved glucose control for our patients ultimately preventing readmissions and complications. The adoption of these joint clinics will result in a more efficient use of resources, fewer clinic visits and less duplication of labs — ultimately leading to savings to the health care system.

Education — Introduction of Competency-Based Nephrology Training

In the 2018–19 academic year, Nephrology embarks on a new approach to residency education incorporating the principles of Competence by Design. The specialty has been preparing for this transition for the past two years, working with the Royal College to re-imagine the role of Nephrology within our future health care system, update the specialty standards, and create entrustable professional activities (EPAs) that will be used to guide teaching, learning, and supervisor observation in authentic clinical environments, which will be a means for collecting information on resident performance.

For our program, this has meant re-thinking the schedule of clinical rotations to provide a better early orientation to our clinical work and to ensure experience in all of Nephrology’s treatment modalities within the first 6 months of residency training. A new curriculum map identifies the EPAs that may be experienced and observed in a specific clinical rotation. Supervisors are becoming familiar with “their” EPAs — those tasks that take place in the clinical environments in which they work — and with the digital platform (Elentra) used to record their observations of resident performance. A Competence Committee has been struck to review resident progress, and will be meeting quarterly to provide recommendations to the Residency Training Committee. This coming year will see the implementation of this new paradigm and ongoing efforts to support our faculty members and residents as we adjust our residency program to the tenets of competency-based medical education.

KEY PUBLICATIONS


**KEY GRANTS**

Canadian Institutes of Health Research. ($742,050) “Endothelial Progenitor Cell Exosomes and MicroRNA Transfer as Therapy for Acute Kidney Injury”. Principal Applicant: Dr. Kevin Burns.

Lotte & John Hecht Memorial Foundation. ($286,540). “Potassium for Hypertension”. Principal Applicant: Dr. Swapnil Hiremath.


Kidney Foundation of Canada ($100,000). “Risk Factors for Sub-Optimal Dialysis Initiation”. Principal Applicant: Dr. Ayub Akbari.

Canadian Institutes of Health Research. ($50,490). “A Simple Exercise Program for Patients with End Stage Kidney Disease to Improve Strength and Quality of Life: A Feasibility Study”. Principal Applicant: Dr. Deb Zimmerman.

**HONOURS AND AWARDS**

Drs. Pierre Brown and Swapnil Hiremath led our Clinical Fellowship in Advanced Hemodialysis to be endorsed by the International Society for Hemodialysis. This is only the second program in North America to be endorsed.

Dr. Brendan McCormick received our inaugural Nephrology Teacher of the Year Award for his outstanding contributions towards teaching our residents and fellows.

Dr. Ann Bugeja received our inaugural Nephrology Teacher of the Year Award for her outstanding contributions towards undergraduate medical education.

**LEADERSHIP POSITIONS WITHIN THE DIVISION OF NEPHROLOGY**

Dr. Bob Bell: Leader Unit 1; English Undergraduate Curriculum.

Dr. Bob Bell: Curriculum Director, Undergraduate Medical Education.

Dr. Ann Bugeja: Renal Content Expert, Undergraduate Curriculum, Anglophone Stream.

Dr. Jolanta Karpinski: Associate Director, Specialties Unit, Royal College of Physicians and Surgeons.

Dr. Brendan McCormick: Regional Medical Lead (Champlain LHIN), Ontario Renal Network, (A division of Cancer Care Ontario).
Dr. Peter Magner: Provincial Medical Lead for Funding and Planning, Ontario Renal Network, (A division of Cancer Care Ontario)

NEUROLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Enhance the Neuromuscular Center of Excellence

The Ottawa Hospital Muscle Nerve Institute (OMNI) opened in the spring of this year to deliver exceptional clinical care, dedicated clinical research space and enhanced basic research and links directly to Ottawa’s strong basic science programs. The 4th Ottawa International Conference on Neuromuscular Disease & Biology was co-chaired by Drs. Robin Parks and Jodi Warman Chardon and highlighted the international talent that we have locally in this field. OMNI aligns with several strategic clinical and research opportunities within the hospital and delivers world-class care to patients within the Champlain LHIN region.

Expanding our Epilepsy Program

The Epilepsy Program has shown significant growth over the past 12 months under the direction of Dr. Fantaneanu. The launch of the continuous EEG monitoring pilot for critically ill patients admitted to the ICU/NACU was a success and the program will now expand in scope. The Epilepsy Clinic Transition Program, run in conjunction with CHEO’s Epilepsy Clinic, continues to be well received by our patients. A uOBMRI funded research study aims to measure how pediatric epilepsy patients can successful transition to the adult clinic to reduce comorbidities.

The Epilepsy Program continues to build strong ties with our local community advocacy group, Epilepsy Ottawa, and both are launching the Clinic to Community Program to help care for patients with a new diagnosis of epilepsy in the fall of 2018. TOH has been officially named and funded as the 3rd provincial site capable of performing brain PETs in the pre-surgical evaluation towards epilepsy surgery.

Make General Neurology a “sub-specialty” program

Dr. Dylan Blacquiere has been recruited from the Saint John Regional Hospital in New Brunswick in part to improve our General Neurology Program. He has begun to update our Urgent Neurology Clinic, enhance our central triage referral system, improve our division’s links with Family Physicians and work with our part time academic neurology colleagues to enhance the educational opportunities for our residents in the community.

Ensure all Divisional Members are Engaged to meet our TOH Quality metrics

Discharges before 11am has been a focus for TOH over the last year. Dr. Zwicker, the Division’s Quality representative, determined that the major factors for delays were waiting for transportation to other facilities or home. She developed strategies to mitigate these factors including ensuring patients and their
families have appropriately plans for pickup and that day-of discharge is written on the white boards in patients' rooms. We have been able to reduce our cost per weighted case and overall improve the Divisions discharge process, patient experience and post discharge phone calls feedback.

**Build the long-term vision for Neurosciences in our community**

The Division has been working closely with all key groups to consolidate a common vision for the future of neuroscience within the city in the context of the construction of the new TOH Civic campus. As the initial planning phases continue, the University, Research Institutes and TOH agree that consolidating Neurosciences will be a key part of the new Civic Campus.

**MOST SIGNIFICANT ACCOMPLISHMENTS IN LAST ACADEMIC YEAR**

The Ottawa Stroke Program, led by Dr. Dar Dowlatshahi received a TOH Research Excellence Team Award. The Ottawa Stroke Program team has cultivated a world-class research program, establishing endovascular treatment as a breakthrough for stroke. This treatment has reduced the death rate by 50% in eligible patients. The team's research has had a major impact on patients, not only in acute care, but also in prevention and recovery. Stroke researchers are investigating innovative rehabilitation treatments using new technologies. Over the last decade, their work has contributed to a phenomenal 19% decrease in stroke rates in the Champlain region. Their research is also improving how we diagnose and treat conditions such as intra-cerebral hemorrhage and transient ischemic attacks (TIAs).

The team also led an innovative project to reorganize clinical care at The Ottawa Hospital and improve flow for patients with neurological diseases.

Dr. Jodi Warman Chardon and Dr. Robin Parks celebrated the grand opening of The Neuromuscular Centre. Ottawa boasts one of the highest concentrations of neuromuscular researchers in the world and is widely acknowledged to be an international leader in this field. People with neuromuscular diseases such as ALS and muscular dystrophy have begun to have access to cutting-edge clinical trials.

Quality and Safety improvement projects included the "Do the Discharge" Initiative lead by Dr. Zwicker was created to improve communication between neurology inpatients and their physicians at discharge. It consisted of teaching sessions and a handout regarding essential components of a discharge conversation including scheduling a follow-up appointment with neurology prior to discharge. A formal review of this project showed that it successfully ensured patients received a specific follow-up appointment with their neurologist and this was maintained for at least a year. The EEG Peer to Peer Quality Improvement project was also launched and it is decreasing errors in EEG interpretation.
PLANS FOR THE COMING YEAR

Enhance the Epilepsy program

Although we have made significant strides to improve our Epilepsy program, further effort is needed. The recruitment of Dr. Arezoo Rezazadeh will enhance the TOH’s stature as it seeks to launch its Epilepsy Surgical Program in 2019 as well as expand its educational mandate with the addition of a Fellowship Program.

Building the General Neurology program

By leveraging existing community and hospital resources and the initial efforts of Dr. Blacquiere, we will improve the efficiency of general neurology care in the region as well as expand the educational needs of our residents.

Optimize our workflow as we transition the Neurology inpatient ward from F7/D7 to D5

This will include ongoing efforts to improve our discharge by 11 am statistics, bullet rounds that include the entire health care team and more efficient use of NACU beds especially for stroke care patients.

Creation of competency-based Neurology Residency Training Program and developing expertise in CBME within the neurology faculty.

KEY PUBLICATIONS


**KEY GRANTS**

CIHR ($98,552).
"Elaborating The Epistemic Conditions that Ethically Justify Randomized Clinical Trials". Principal Investigator: **Shamy, Michel**

Parkinson Canada ($44,925).
"Cannabinoids for Pain in Parkinson Disease". Principal Investigator: **Mestre, Tiago**

Heart and Stroke Foundation of Canada ($295,000). 2018. "Phase 2 Clinical Trial of RecoverNow Acute Mobile-Tablet Speech Therapy". Principal Investigator: **Dowlatshahi**

Physicians’ Services Incorporated Foundation ($195,000). "Development and preliminary evaluation of The Integrated Parkinson’s disease Care Network: An Integrated Care Model to Address Complex Care in a Chronic Condition". Principal Investigator: **Mestre TA** Co-Investigator: **Grimes DA**

The Michael J. Fox Foundation for Parkinson’s Research (USD 130,000). "Safety of LRRK2 Inhibition Regarding Microbial Infections". Principal Investigator: **Schlossmacher M**

**HONOURS AND AWARDS**

**Danny Lelli**. Department of Ophthalmology — Ophthalmic Medical Technology Program Teaching Merit Award.

**David Grimes**. Lifetime Achievement Award — University of Ottawa Faculty of Medicine (2017). Accomplished a lifetime of significant contributions and achievement in the advancement of health outcomes and patient care.

**Antoine Hakim**. The Robert Beamish Leadership Award from St. Boniface Hospital's Institute of Cardiovascular Science

**Mark Freedman** was ranked among the world's top "Most Influential Scientific Minds" in neuroscience compiled by Clarivate Analytix, based on analyzing how often a given research paper is cited or referenced by other research papers.

**Christine De Meulemeester** was awarded the Lois H. Ross Resident Advocate Award, granted by PARO.

**Michael Schlossmacher** received the Grimes Research Career Achievement Award from the OHRI for his pioneering research on Parkinson's disease, including its connection with the immune system, as well as his broader leadership in neuroscience.

**Grant Stotts** received the TOH Physician Leadership Award for his work in organized stroke care in the region.
LEADERSHIP ROLES

Dr. Michael Schlossmacher  
Program Director, Neuroscience  
MD PHD Med School Program Director  
Interim Head BMRI

Dr. Heather MacLean  
Pre-clerkship Director, Anglophone, Neurology  
Unit 3 Leader, Anglophone, Neurology

Dr. Pierre Bourque  
Unit 3 Leader, Francophone, Neurology

NEW FACULTY APPOINTMENTS

Dr. Vanessa Doyle (PTA) with a subspecialty focus in Multiple Sclerosis.

Dr. Priya Figurado (PTA) with a subspecialty focus on acute stroke and stroke prevention.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

• First ever cohosting of sabbatical physician (Dr. Philippe Robin, Brest) as a joint initiative between Nuclear Medicine and Thrombosis, resulting in widespread and successful collaborations with Division members.

• Successful planning and recruiting for new subspecialty training program.

• Comprehensive reorganization of administrative physician roles and responsibilities in Division.

PLANS FOR THE COMING YEAR

• Multiple phase III trials rolling out involving new therapeutic radiopharmaceuticals, including treatments for metastatic prostate cancer and acute myelogenous leukemia.

KEY PUBLICATIONS


**KEY GRANTS**


**HONOURS AND AWARDS**

Dr. Mohammad Golfam and Dr. Patrick Martineau graduated from the Nuclear Medicine Residency Training Program in June 2018. The Program has maintained 100% graduation success rate since its inception in 2010 and was fully re-accredited for another seven years.

Dr. Sam Samaan has been appointed Director of PET. The Ottawa Hospital is now an approved site for the Ontario registry for epilepsy FDG PET/CT scans. Nuclear Medicine now actively participates in review of PET imaging at the Head & Neck MCC rounds at TOH as well as the Pediatric Tumor Board Rounds at CHEO. We continue to actively participate in the Thoracic, Melanoma, GI and Lymphoma MCC Rounds.
Dr. Sam Samaan has been the Nuclear Medicine section head and presenter for the Annual Ottawa Radiology Resident Review for the last two years — 2017 and 2018. Dr. Dinning was also an invited presenter at the 2018 review.

Dr. Lionel Zuckier has been appointed Director of Research.

Fellows, Dr. Owais Kotbi and Dr. Abdulrahman Albatly, had a strong showing by presenting posters and oral abstracts at the Dr. Cheemun Lum Annual Radiology Research Day; Dr. Kotbi won 2nd best fellow poster.

Special thanks to Jeyanthi Sivasambu and colleagues who successfully achieved IAC Nuclear/PET Accreditation for the Division through November 30, 2019.

The Division was the first site in Canada to perform dopamine receptor imaging in evaluation of movement disorders using the newly available radiopharmaceutical.

Dr. Eugene Leung appointed Division Head.

DEPARTURES

Dr. Mark Bryanton, Clinician Scholar, left the Division on June 30, 2017.

NEW STAFF

Dr. Stephen Dinning returned to join the Division August 2017 following a PET/CT fellowship at Stanford University.

PALLIATIVE CARE

REPORT 2017–2018* DIVISION OF PALLIATIVE MEDICINE

Prior Year’s Divisional Goals

- Recruit a new Division Head.
- Further develop and initiate the 2-year subspecialty Royal College program in Palliative Medicine.
- Continue working with TOH toward development of an acute Palliative Care unit at the TOH General site.
- Continue efforts to develop our research program, with a focus on enhancing structural stability with the guidance of the research lead and the research committee, and hiring of a research coordinator.
- Implement the plan agreed upon during a Divisional planning retreat to increase rotation of Division members among the clinical sites and programs.

Most Significant Divisional Accomplishments in Last Academic Year

- Development and accreditation of the 2-year Royal College Subspecialty Program in Palliative Medicine. The program successfully matched and welcomes its first resident on July 1, 2018 in addition to 4 residents entering the one year Certificate of Added Competence program. Through the efforts of Drs. Barnes, Vincent & Plantive we successfully implemented a new community palliative care rotation.
• Research under Research Lead Dr. Peter Lawlor. Members of the Division have actively participated in the development of the new Pan Canadian Palliative Care Research Collaborative, which brings together researchers from across the country. Dr. Peter Tanuseputro joined the Division primarily in a research role in the spring of 2018 and we also successfully recruited Dr. Colleen Webber, PhD as the new Coordinator of the research program.

• Dr. Camille Munro is the inaugural Director of Equity, Gender & Diversity for the DoM.

• The sub-acute review process of the Champlain LHIN was completed. The review recommended maintenance of the current inpatient Palliative Care Unit and an expanded role of the Regional Palliative Consultation Team in supporting community hospitals in the region, with funding for an additional 2.5 nursing positions allotted.

• Clinical volumes remained high with 567 admissions at the PCU at Bruyère. Expansion of the Regional Palliative Consultation team volumes and very active inpatient and services at The Ottawa Hospital. Outpatient clinics consistently meet wait time targets and inpatient consults are usually seen the same day.

• Dr. Parsons and Dr. Li have moved from Bruyère to The Ottawa Hospital, Dr. Enwright changed campuses and Dr. Dionne moved from The Ottawa Hospital to Bruyère. It is hoped that this will improve maintenance of skills in multiple settings and enhance knowledge of the opportunities and challenges of the different programs.

Physician Human Resources

• Dr. John Scott retired from clinical practice after many years of exemplary service within the Division. We wish to recognize his contribution both to the Division of Palliative Care and the discipline as a whole. He will continue to have an academic role for at least the upcoming year.

• Due to Dr. Scott’s retirement, we successfully recruited Dr. Christine Watt who will join the Division in the summer of 2018 after her graduation from our Palliative Medicine Residency Program.

• We have more formally incorporated Dr. Dan Vincent, Dr. Christine Whetter and Dr. Adrienne Kwong as members of the group, outside the AFP. We also welcomed Dr. Claire Dyason in this role as well. Their efforts have significantly helped address staffing gaps.

• Dr. Jill Rice has continued in the role of Interim Head, Division of Palliative Medicine and interim Head of the Department of Palliative Care, Bruyere Continuing Care. Recruitment efforts have now identified a candidate and it is anticipated that these roles will be filled by the fall of 2018.
Dr. Rice continues in the role of Clinical co-lead for Champlain, Ontario Palliative Care Network (CCO and LHIN joint administration).

Dr. Christopher Barnes has continued as Program Director of the Palliative Medicine Residency Program and continued his clinical role during that period. He successfully guided the development and accreditation of the 2 year Royal College Subspecialty program in Palliative Medicine.

Plans for the Coming Year

- A anticipated key element of the upcoming year is to onboard the new Head of the Division of Palliative Care. Dr. James Downar and team are looking forward to working together to continue to build a vision for the Division and further developing our clinical, educational and research programs.

- The research group is working to establish a stronger foundation in the upcoming year with enhanced support through our recent recruitment and administrative support. It is hoped that this will allow further growth of the program and enhance its ability to successfully attract grant funding and generate quality research for publication. It is anticipated that the new Division Head will have an important role in supporting this process.

- The Palliative Medicine Residency program will welcome its first resident on July 1st, 2018.

- The team will also continue preparation for the move toward competency based education. Dr. Barnes is working to ensure faculty are equipped to address the needs of learners from early adoption programs, as well as planning for our own competency based evaluation frameworks.

- There has been commitment in principal for the development of an inpatient Palliative Care Unit within The Ottawa Hospital and planning will be ongoing this year. Significant uncertainty remains, as hospital approvals are still pending and staffing remains a concern. This is recognized as an opportunity to strengthen our clinical and academic program as well as providing a new venue for research.

- There will be significant changes within the Regional Palliative Consultation team as it increases its complement to better allow it to support community hospitals. This provides a unique opportunity to explore optimal inter-professional models for the program and explore new educational and research opportunities.

KEY PUBLICATIONS


Howard M, Chalifoux M, **Tanuseputro P.**
oi:10.1093/annonc/mdy147.


**KEY GRANTS**

National Breast Cancer Foundation. ($200,000 AUSD, approx. equivalent to $200,000 CAD). 2017–2018. “Cluster Randomised Controlled Trial of a Multi-Component Multi-Disciplinary Non-Pharmacological Intervention to Prevent Delirium for Hospitalised People with Advanced Breast Cancer“.


**Kyeremanteng K, Gratton V,** Kovacs B.


**Kyeremanteng K, Gratton V.**


DIVISION OF PHYSICAL MEDICINE & REHABILITATION

PRIOR YEAR’S DIVISIONAL GOALS AND EXTENT TO WHICH THEY WERE MET

The goals for the Division of Physical Medicine & Rehabilitation from 2017 are ongoing as we continue to collaborate with the LHIN initiatives and future TOH plans that will take a few years to realize. These include:

The LHIN Sub-acute Capacity Implementation Plan for rehabilitation resources across the Champlain LHIN following the release of the LHIN report

The Champlain LHIN sub-acute implementation plan has been completed with Dr. Marshall as Co-chair for the Rehabilitation Network of Champlain and multiple Physiatrists including Dr. Yang, Dr. Wiebe, and Dr. Sreenivasan contributing. The report indicates that for this fiscal year 2018 (April) to 2019 (March):

- Stroke rehabilitation beds to be expanded at Bruyere from 28 to 33.
- Brain injury rehabilitation beds at Rehabilitation Centre to be expanded by 4 additional beds
- Brain Injury Rehabilitation Program successfully completed a 7day per week (January to May 2018) rehabilitation pilot-demonstrated quicker turn around time of patients with similar functional outcomes.

Continue with the transition to a new Most Responsible Physician model with involvement of hospitalists providing inpatient care in conjunction with Physiatrists

Model is clearly working well.

Interventional Pain Program: Dr. Jennifer McDonald has completed her fellowship in Interventional Pain Medicine and has extended her skills to the Division of Physical Medicine and Rehabilitation. She has integrated with Anaesthesia in the Pain Program at the General Campus. An ultrasound machine has been purchased by the Division and is now being used for treatment and education in the outpatient department. Dr. McDonald is also participating as an expert in the ECHO program which educates family physicians provincially.

Growth in Neuromuscular Rehabilitation Clinical Program and Scholarship (ALS and other neuromuscular disorders): Dr. Dojeiji has expanded the neuromuscular clinics at The Ottawa Hospital Rehabilitation Centre. Dr. Ariel Breiner of Neurology has joined the ALS Rehabilitation Team where he has two clinics per month at The Rehabilitation Centre for ALS patients.

Growth of the post-concussion initiative:

Drs. Quon and Marshall have worked to expand and coordinate the services for post-concussion patients. In 2017- 2018 they introduced a Physician Assistant model where there has been a 250% increase in post-concussion consults seen. The wait list has decreased from two years to approximately six months at this point in time.
Establish the Ontario Workers Network WSIB program for provision of diagnostic and rehabilitation services to injured workers in Eastern Ontario. This included, Spine, Upper Limb, Lower Limb and Neurological Services (e.g. Brain injury): This proposal has been successful. Currently working to establish a Neurology Clinic at The Rehabilitation Centre (Neurology Clinic is moderate to severe traumatic brain injury patients and Post-Concussion patients). Dr. Marshall and Dr. Quon are leading this. Ottawa is the lead centre and we are mentoring other sites across the province.

Establish a Quality Committee for Rehabilitation: This committee has been inaugurated and is led by Dr. Sue Dojeiji in conjunction with other Rehabilitation team members reporting to the Rehabilitation Management Committee.

MOST SIGNIFICANT DIVISIONAL ACCOMPLISHMENTS IN LAST ACADEMIC YEAR

The Division of Physical Medicine & Rehabilitation has over 100 inpatient beds located at Bruyère Continuing Care 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. Noteworthy for The Ottawa Hospital Rehabilitation Center, the Bruyère Stroke Rehabilitation Program and the Division of Physical Medicine & Rehabilitation have:

- Completed 7 Day Rehabilitation Pilot Project for Brain Injury Rehabilitation Program.
- Established an interventional outpatient pain program for Physiatry.
- Made a successful bid for WSIB contract to provide services for amputee patients and patients with post-concussion as well as moderate to severe traumatic brain injuries. Our Division will also be supporting Orthopedics with their primary responsibility for upper limb, lower limb and spine patients.
- Decreased post-concussion clinic wait times by one year with introduction of Physician Assistant model.
- In addition to the above accomplishments, the Physicians of PM&R sit on various committees and hold various positions which shape the medical environment in the Champlain LHIN and Canada. These positions include:
  - Dr. Jeff Blackmer, Vice President of Medical Professionalism at the Canadian Medical Association.
  - Dr. Sue Dojeiji and Dr. Nancy Dudek each hold positions with the Royal College of Physicians and Surgeons of Canada which are reshaping medical trainee assessment through the new Competency by Design faculty development and the CanMEDS roles.
  - Dr. Shawn Marshall is the Co-chair for the Rehabilitation Network of Champlain. This committee will be involved in developing and implementing a plan for rehabilitation services throughout the Champlain LHIN.
• Dr. Shawn Marshall sits on the Executive Steering Committee for the Provincial Rehabilitation Care Alliance.

PLANS FOR THE COMING YEAR

In addition to the ongoing goals/plans from 2017, The Division of Physical Medicine & Rehabilitation will also:

1. Engage in the development and implementation of the TOH Integrated Pain Program. We will aim to increase the size and scope of our Interventional Pain Program. We will try to recruit Physiatrists with this experience to our program.

2. Establish the Ontario Workers Network WSIB program for provision of diagnostic and rehabilitation services to injured workers in Eastern Ontario. This will include, Spine, Upper Limb, Lower Limb and Neurological services (e.g. Brain injury). Implementation of this program commenced this summer with target of seeing 20 consultations per month in the Neurology (post-concussion) clinic. We will need to establish processes and protocols for seeing these patients.

3. Consolidate and Expand Hypertonicity/Spasticity Program: We aim to align clinic processes, outcome measures and techniques across clinics at both TOH and Bruyere sites.

4. Expand Physiatry Role at Bruyere Continuing Care: There is a need for recruitment of a Stroke Physiatrist at Bruyere with increased funding from the Bruyere Academic Medical Organization (BAMO- a fully converted AFP). We will also work with Bruyere to create additional Physiatry positions at Bruyere to serve the Complex Continuing Care population.

5. Development of a Pediatric-Adult Rehabilitation Outpatient Transition program: Working with Dr. McCormick and CHEO, we will develop a proposal for funding of this needed program.

6. Development and Establishment of a Regional Outpatient Rehabilitation Integrated Network: This initiative has been proposed by the Champlain Sub-Acute Planning process. The Rehabilitation Centre will take a lead in establishing a network to provide rehabilitation care throughout the Champlain region.

7. Prepare to Host the Canadian Association of Physical Medicine and Rehabilitation Annual Meeting June 2019

KEY PUBLICATIONS


**KEY GRANTS**


HONOURS AND AWARDS

Dr. Nancy Dudek received the 2018 CAPM&R Meredith Marks Award for Excellence in Education.

TOH Guardian Angel awards were received by Drs. Guy Trudel, Jackie Sandoz, Anthony Lofaro, Emily Pranger and Shawn Marshall.

Dr. Alison Anton received an award for her Poster Presentation at CAPM&R.

Dr. T Mark Campbell received the award for Paper of the Year at CAPM&R.

Dr. Hillel Finestone received the award for Best Poster at CAPM&R.

A short and medium-term goal was to recruit new academic members to the division. He wanted to work to fill clinical ‘gaps’ and academic ‘gaps’ in Interventional Pulmonology, Cystic Fibrosis, Interstitial Lung Disease, sleep medicine, medical education, and quality improvement. Given the expanding population of patients with Cystic Fibrosis and the specialized clinic that we offer at The Ottawa Hospital, we were aiming to recruit a Respirologist with extra training in Cystic Fibrosis. Our Division will also seek to find a Respirologist with extra training in the domain of quality and safety.

RESPIROLOGY

PRIOR YEAR’S DIVISIONAL GOALS

Dr. Alvarez assumed the role of Division Head from Dr. Aaron and his plans were to support and nurture innovation at all levels within this academic division with a focus on clinical and education research. He also planned to host a divisional retreat which was held in January to try to chart a new course for the Division. The long-term goal was to continue to mentor young researchers within the Division to help them achieve research prominence.

Most Significant Divisional Accomplishments in Last Academic Year

We are very pleased to announce that Dr. Melanie Chin joined us as a staff Respirologist in January 2018. Dr. Chin did extra training in Cystic Fibrosis in Australia and then came back to Toronto and is currently completing her Master’s in Quality and Safety.

Dr. Smita Pakhale was promoted to Scientist in OHRI (Ottawa Hospital Research Institute).

Tetyana Kendzerska has been appointed Adjunct Scientist at the ICES (Institute for Clinical Evaluative Sciences).

Plans for the Coming Year

In January 2018 we had a divisional retreat to review each of the visions and values for the University, the Hospital and the Department of Medicine in order to get an appreciation of all of the institutions we are housed under so that we could decide on a way forward for
our group. We then set out to decide on a vision for our own division which was ratified after Discussion and input from members. The Respirology divisional vision is to provide world class expertise in lung health at a tertiary care level through innovation and scholarship using cutting edge research, quality and education. It is our mission to advocate for respiratory health within our own institution, but also our region, our province and our country.

KEY PUBLICATIONS


KEY GRANTS


CIHR Operating Grant. ($450,000). "HIV/AIDS Community-Based Research — "A Healthy People Initiative: A Randomized Controlled Trial Building the Socio-Economic Capital of Low Income Population At-Risk for HIV and Hepatitis-C (HPI Pilot Trial)."
Principal Investigator: Dr. Smita Pakhale.

The Ottawa Hospital Academic Medical Organization (TOHAMO). ($100,000). “Impact of a Unique Goal-Directed COPD Care Model on Clinical Outcomes, Cost, and Health Confidence for Hospitalized Patients with COPD: A Pilot Feasibility Study”. Drs. Sunita Mulpuru and Alan Forster

University of Ottawa, the Department of Medicine (DoM), Developmental Research Grant. ($48,000). “Validation of Provincial Health Administrative Data Algorithms to Identify Patients with Obstructive Sleep Apnea (OSA): Feasibility Project”. Drs. Tetyana Kendzerska, Shawn Aaron, Sunita Mulpuru, and Dr. Doug McKim

HONOURS AND AWARDS

Dr. Doug McKim was awarded the Margaret Pfrommer Memorial Lecture in Long-term Mechanical Ventilation: Saving Lives: One Ventilator at a time — HMV in 2018 and Beyond. It is awarded to a clinician or ventilator-dependent professional or advocate who has advanced mechanical ventilation and fostered partnerships between physicians and patients.

RHEUMATOLOGY

PRIOR YEAR DIVISIONAL GOALS

- Decrease wait time of new consults to 3 months and follow ups to 6 months to meet the Canadian Rheumatology Association Guidelines for Inflammatory Arthritis.
- Improve the referral system between First Care Providers and the Division of Rheumatology.
- Launch one-of-a-kind Musculoskeletal Ultrasound Teaching Program in Canada for subspecialty rheumatology residents.
- Start the quality improvement and patient safety curriculum for the Rheumatology Subspecialty Residents.
- Participate in the second “All-In for Arthritis” fund-raising event.
- Recruit Dr. Nancy T. Maltez as Clinical Scholar.

Most significant divisional accomplishments in the last academic year

- We are now booking routine rheumatology consults within 3 months and between 2–8 weeks for urgent consults. These numbers meet the Canadian Rheumatology Association Guidelines.
- 568 follow up patients (4.5%) were seen by our Nurse Specialist.
- We opened the Rapid Referral Rheumatology Clinic supervised by Dr. Hafsah Al-Azem.
- We improved the referral system between First Care Providers and the Division of Rheumatology.
- Dr. Peter Tugwell put together a series of articles for Health in Canada entitled “Canada’s global health role” published in Lancet in May 2018 with a large public launch at the Aga Khan Foundation in Ottawa.
- The GRAPPA ultrasound group, international experts in psoriatic arthritis lead by Dr. Sibel Aydin, had its first international workshop to discuss how to conduct multicenter studies using ultrasound globally.
• We started a unique program in Canada to train our Rheumatology Residents on MSK ultrasound. This program gives our trainees the opportunity to be exposed to ultrasound on a day-to-day basis.

• In partnership with The Arthritis Society, we organized the second “All-In for Arthritis” fund-raising event that raised $25,000.

• We initiated two research fellowship programs in MSK US that were able to attract two international research fellows. Two new fellows will join the team in 2019.

• We maintained our roster of four Rheumatology Residents.

• We remodelled the office space for residents and opened a dictation room for rotating physicians.

Recruitment plan

• Dr. Ashley Sterrett joined the Division part-time in September 2017.

• Dr. Catherine Ivory joined the Division full-time as Lecturer in January, 2018.

• Dr. Hafsah Al-Azem joined the Division part-time in April 2018.

PLANS FOR THE COMING YEAR

• Recruit one full-time academic Rheumatologist.

• Continue booking routine rheumatology consults within 3 months or less and between 2–8 weeks for urgent consults.

• Identify how Musculoskeletal Ultrasound can improve patient care in rheumatology at a population level and reduce health care costs.

• The GRAPPA group, led by Dr. Aydin, will launch a multicenter study in Psoriatic Arthritis.

• Participate in the Third “All-In for Arthritis” fund-raising event to generate funds to purchase a second ultrasound machine.

• Organize the Second Rheumatology Division Strategic Planning Retreat.

• Launch a fellowship in advanced rheumatology.

KEY PUBLICATIONS


KEY GRANTS


Inner City Health Associates. ($199,786). June, 2017–May, 2019 “Canadian Evidence Based Guidelines to Improve the Health of Homeless and Vulnerably Housed People”. Pottie K, Tugwell P.

Vasculitis Foundation. ($20,000). “International Classification of Function, Disability and Health Core Sets for ANCA-associated Vasculitis”. Milman N.


Department of Medicine Education Grants Program, University of Ottawa. ($25,140). “Developing and Validating a Tool for Endoscopic Retrograde Cholangiopancreatography (ERCP)”. Paul James, Usman Khan, Sylvie Gregoire, Avijit Chatterjee, Harry Dhaliwal, Susan Humphrey-Murto, Alan Barkun.
HONOURS AND AWARDS

- Dr. Peter Tugwell continues his role as Director for the Center for Global Health, Institute of Population Health, University of Ottawa. Dr. Tugwell also holds a Canada Research Chair for Health Equity. The Division of Rheumatology acknowledges the outstanding leading role Peter has played in evidence based medicine and health care research in Canada and abroad for many years.

- Dr. Susan Humphrey-Murto paper’s Direct Observation of Clinical Skills Feedback Scale: Development and Validity Evidence. Teaching and Learning in Medicine 28:385–394, 2016 was identified as a Top Medical Education Study of 2016.

- Dr. Susan Humphrey-Murto received The Meridith Marks Educator Award for Innovation and Scholarship in Medical Education.

- Dr. Sibel Aydin continues her role as a national and international leader in MSK ultrasound.

- Dr. John Thomson is a Board Member of the CRA Executive and Chair of the Human Resources Committee.
WHOSE SHOES?

Can you match the cover shoes to their owners?

DR. KEVIN BURNS
DR. MARC CARRIER
DR. JAMES W. T. CHAN
DR. ALISON DUGAN
DR. ALAN FORSTER
DR. ALAN KAROVITCH
DR. EUGENE LEUNG
DR. LISA MIELNICZUK
DR. RAKESH PATEL
DR. BARBARA POWER
DR. PHIL WELLS
SANDRA YUK-SIM WU

(Answers on page 155)
Department of Medicine