

Family Medicine Annual Awards Dinner

This year's Annual Awards dinner was held on **Saturday November 19, 2011**, at the beautiful Hamilton Golf and Country Club. We are fortunate to have so many talented Faculty and Staff in the Department; please join us in congratulating your colleagues on their well deserved recognition!



Professor Allyn Walsh-
*Jacquie Wakefield Mentorship
Award winner*

This award is presented to a faculty member of the Department who demonstrates outstanding mentoring abilities beyond the normal professional duties.



Dr. David Price,
congratulates
Sandy Lusk,
recipient of the
Ted Evans
Scholarship
Award.

Dr. Doug Oliver

(right) was the recipient of the Gerry Cohen Teaching Award.

Below, Dr. Price is pictured with some of the **Team B Support Staff** who were nominated for the Chair's Award for Excellence in Service.



The Department Finance Team gathers to congratulate **Jeannette Baynton, Finance Manager** on winning the inaugural Chair's Award for Excellence in Leadership.



Awards Dinner and Announcements



Glenda O'Brien, Site Program Assistant at our Kitchener-Waterloo Site, is presented with the inaugural *Chair's Award for Excellence in Service*. Congratulations Glenda!

Pictured right (centre) is **Dr. Kati Ivanyi**, winner of the OCFP Regional Family Physician of the Year Award (Region 3), with colleagues from the Stonechurch Family Health Centre.



Above: Ontario College of Family Physicians– 2011 Award of Excellence Winners:

Dr. Ken Burgess, Dr. Nancy Fowler and Dr. Dale Guenter.

Absent: Dr. Keyna Bracken.

Celebrating ten years!

The Maternity Centre of Hamilton Staff (below) were honoured during the Awards dinner for providing ten years of excellence in clinical care and education.



News and Events



Above: staff raise money and awareness for a good cause.

Throughout the month of October, staff at the Stonechurch Family Health Centre in Hamilton raised money, and awareness, for Breast Cancer Awareness month. Staff contributed a “tooney” every Friday in October to dress in pink or don Breast Cancer T-shirts. The clinic also purchased pink exam gloves for the clinicians to use. All proceeds went to the Juravinski Breast Assessment Centre which is scheduled to open in 2013.

Over \$1000.00 was donated to the Juravinski Cancer Centre Foundation.

Well Done!

Family Medicine Research Report

Funding Awarded:

Dolovich L, Chambers L, Kaczorowski J. Scaling-up the Cardiovascular Health Awareness Program (CHAP) across Canada. Meetings, Planning and Dissemination Grant - Knowledge Translation Supplement (\$96,532) October 2011 – September 2012

Schwartz L, Hunt M, Elit L, Redwood-Campbell L. Resources and e-resources for ethics in humanitarian health care: from knowledge to practice. Meetings, Planning and Dissemination Grant - Knowledge Translation Supplement (1 year) (\$95,000)

Dolovich L, Archer N, Bartlett-Esquilant G, Chan D, Dawes M, Price D. The Patient Controlled Health Record: Transforming and impacting health and healthcare in Canada now. CIHR Planning Grants (\$21,297) October 2011 – September 2012

Jong P, Heckman GA, Lee L, Ezekowitz J, Harkness K, Hirdes J, Hogan D, Hughson R, Kasperski J, Rojas-Fernandez C, Tjam E. A primary care-based model of complex chronic disease management for seniors. CIHR Planning Grants (\$24,476) October 2011 – September 2012

Submitted for Funding:

Dolovich L, Bartlett-Esquilant G, Chan D, Holbrook A, Levine M, Moore A, Kaczorowski J, Price D, Thabane L, Tsuyuki R. The feasibility of using a patient controlled health record to monitor the safety and effectiveness of medications in older adults. CIHR (\$99,688) 1 year.

Lee L, Stolee P, Heckman G. Enhancing Dementia Care with Improved Family Physician Training and Comprehensive Practice Tools. CIHR (\$61,469) 1 year.



Special Events / Notable opportunities/happenings

Congratulations to Dr. Gina Agarwal who received her PhD in Epidemiology from McMaster University. Dr. Agarwal's thesis is entitled: "Primary Care Diabetes: Issues Facing Family Doctors".

Family Medicine Research Report cont.

Publications:

Dolovich L. Bad drug reactions jeopardize patient safety. *Show Me the Evidence*. 2011;1(1) 5-7. Available at: http://www.cihr-irsc.gc.ca/e/documents/show_me_evidence_v1_e.pdf.

Rose P, Moore A. The Extended Pharmacist: Enter the Era of Remote Drug Dispensing" in ed. MacDougall, R. *Drugs and Media: Communication, Consumption and Consciousness*. Continuum Press, New York, 2011.

Redwood-Campbell L, Pakes B, Rouleau K, MacDonald CJ, Arya N, Purkey E, Schultz K, Dhatt R, Wilson B, Hadi A, Pottie K. Developing a curriculum framework for global health in family medicine: emerging principles, competencies, and educational approaches. *BMC Medical Education*. 2011;11:46.

Redwood-Campbell L, Abrahams J. Primary health care and disasters—The current state of the literature: What we know, gaps, and next steps. *Prehosp Disaster Med* 2011;26(3):186–193.

Kennedy CC, Campbell G, Garg AX, Dolovich L, Stroud JB, McCallum RE, Papaioannou A. Piloting a Renal Drug Alert System for Prescribing to Residents in Long-Term Care. *Journal of the American Geriatrics Society*. 2011;59(9):1757

Levitt C, Hanvey L, Kaczorowski J, Chalmers B, Heaman M and Bartholomew S. Breastfeeding Policies and Practices in Canadian Hospitals: Comparing 1993 with 2007. *Birth* 38:3 September 2011:228-237.

Referral of Suspected Lung Cancer by Family Physicians and Other Primary Care Providers EBS 24-2: August 2011 . A systematic review manuscript based on this EBS has been submitted to a peer-reviewed journal. The full EBS will be posted on the CCO Web site once the publication process is completed. Available at: <https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/primarycare/>

Guirguis L, Cooney D, Dolovich L, Eberhart F, Hughes C, Makowsky M, Sadowski C, Schindel T, and Yuksel N. Exploring pharmacists' understanding and adoption of prescribing in two Canadian jurisdictions: design and rationale for a mixed methods approach. *CPJ* 2011;144(5):240-244.

Dolovich L, Chair, EPPS WG. The development of recommendations for expanding professional pharmacy services: The process used by the Expanding Professional Pharmacy Working Group in Ontario. *Canadian Pharmacists Journal*. 2011;144(3):119-124.

Pakes BN, Philpott J, Redwood-Campbell L, Rouleau K. Toronto's G20 one year later: Missed opportunity for a Canadian contribution to global health. *Canadian Family Physician*. 2011;57:650-1.

Chair's Corner—David Price

Crushing retrosternal chest pain. That's what woke me at 3.00 o'clock in the morning a few weeks ago. Well, ok, it wasn't quite crushing but it was retrosternal and it did radiate to my shoulders. Of course, being a physician, one generally immediately leaps to conclusions and my first instinct was that I was having a heart attack. Then reflected that I had had a long plane ride only a few days before and wondered if I had a pulmonary embolism. The next thought was perhaps I was having a dissecting aortic aneurysm brought on perhaps in part brought by the fact that I had raced my 12 year old on a bike up a hill the day before! However, it then entered into my GP differential brain that I also had a high fever and a headache and perhaps less likely that this kind of chest pain would be accompanied with a viral infection!

Of course, we don't always know exactly what we have and that's why we turn to professionals for their opinion.

Mr. Williamson was a brand new patient and I had only seen him once or twice prior to the phone call. To put it in context, Mr. Williamson was the brother of "very important person" in Vancouver. The phone call came, of course, in the middle of an extraordinarily busy afternoon with three or four squeeze-in's, a woman in early labour at the hospital and a waiting room overflowing with quite sick folks. There was something in the tone of my receptionist's voice made me agree to take the call from Mr. Williamson. When I spoke with him, he was having trouble getting words out as he described crushing retrosternal chest pain, radiating to his left shoulder with diaphoresis (sweating) and even shortness of breath. I quickly verified his phone number and address and instructed him to open the door because I was calling 911. Not ten minutes later I received a phone call, this time from the dispatcher to say that the fire and ambulance folks were at his door but he was not responding and was I absolutely sure I had the right address? No, of course I wasn't sure! I'm a doctor and have difficulty reading my own writing. Did I mention that he was the brother of someone extraordinarily important in Vancouver? I could just see the headlines: *"Doctor writes wrong apartment number; brother of (VIP) dies while elderly woman frightened to death by firemen kicking in her door"*. However, I took a deep breath, and said "Yes, I'm sure. Knock the door down".

I visited Mr. Williamson in the ICU at Vancouver General Hospital a number of times over the next two weeks. He had had a near go of it and required quite aggressive surgery and was extraordinarily lucky that the paramedics arrived when they did. Mr. Williamson recovered remarkably well and as a single 60-something year old bachelor, with lots of time and a fair amount of money, he indulged himself in travels. I received postcards from exotic places all over the world and have kept them in my special patient file. Perhaps one day I will read them again.

The next call from Mr. Williamson came on another typically busy afternoon. He was having chest pain again. After asking a couple of quick questions, I surmised he was in fact having non-cardiac chest pain and advised him as such. A week later I received a transfer of records request from Mr. Williamson. A bit non-plussed, I phoned his home anticipating that I was wrong and that in fact he had had some dramatic cardiac event (which would explain the recent EKG and blood work that had come under the name of a different physician, someone that I had wrongly assumed was an emerg physician). This other physician had done a

Chair's Corner cont.

full battery of tests and concluded that he had heartburn and had prescribed an anti-reflux medication for him. I asked Mr. Williamson why he had transferred physicians and he said that he couldn't have it so that when he phoned and had concerning symptoms that I would brush them off. But my diagnosis was right, I exclaimed. He would hear none of it; I hadn't responded when he called and as such, he had lost faith in me and moved to another physician.

I was quite indignant at the time. I had gone over and above what I had felt was normal care, I had essentially saved his life. Ok, I hadn't really saved his life; the paramedics and surgeons had, but at least I had made the call to start the process. I had visited him in the ICU and ensured over the following two or three years that he had excellent specialist care.

Now with the passage of time I realize that I hadn't given him what he needed. His expectation and my expectation were fundamentally different and therefore, at the end of the day, I hadn't given him the peace of mind and reassurance that he required. I'm not sure that I would have been able to, but a more appropriate reaction, I think, would have been a more phlegmatic one and a recognition that sometimes the fit isn't there and that physician's expectations and patient's expectation don't always align. The take home message though is that clear and transparent communication, in both directions, is paramount in the doctor/patient relationship.