Medicine Matters

Department of Medicine, Halifax, Nova Scotia

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CARDIOLOGY • CRITICAL CARE • DERMATOLOGY • ENDOCRINOLOGY • GASTROENTEROLOGY • GENERAL MEDICINE
GERIATRIC MEDICINE • HEMATOLOGY • INFECTIOUS DISEASES • MEDICAL ONCOLOGY • NEPHROLOGY • NEUROLOGY
PALLIATIVE MEDICINE • PHYSICAL MEDICINE & REHABILITATION • RESPIROLOGY • RHEUMATOLOGY

Improving Lives

Recently at a department meeting I suggested our core value statement be *Improving Lives*. I believe this describes our mission and vision succinctly and clearly. Each time we take care of a patient, and as an extension their family, we are in fact doing so with the goal of improving the lives of others. When we teach students, residents and each other or do research that helps to create a better understanding of medical disorders and diseases, we are *Improving Lives*.

We are heavily involved and invested in the care of acute illnesses and increasingly complex and chronic diseases, with little time for prevention or other holistic care that more people are wishing for and seeking from the health care system. We try to be *Improving Lives* of these patients and continue to do so throughout their lives, knowing we cure few, manage many and provide hope for all. Even at the end of life, we are *Improving Lives* by providing appropriate support as well as more and more palliative care.

Our university's statement is 'Inspiring Minds', and this is also part of our work of *Improving Lives*. It is a good thing to have students, residents and younger colleagues in our Department. They inspire us as much as we try to inspire them, and on balance this is *Improving Lives* in the best of all ways. Every new learning experience and new question pushes us to seek answers and solutions, many of which are new and exciting clinical and research opportunities – the recent Department Resident Research Day suggests our residents are doing well in that regard.

Our health care centre's statement is 'Healthy People, Healthy Communities'. Of course this is a goal to which we all aspire as we go about our business of *Improving Lives* – however, as long as there are hospitals and sick patients we cannot ignore our primary function of caring for those with illnesses and diseases.

Further, we increasingly have to be concerned with improving our own lives and those of our families. Our younger colleagues are teaching us to 'work to live', not 'live to work'. Somewhere in the middle of this spectrum would seem to be the right balance, for we are not of value to anyone - our patients or our families - if we do not take care of the people who are *Improving* the *Lives!*

I think, as a Department, it is appropriate that we are 'working' in the middle of the spectrum that is bracketed by our university's and health care centre's mottos. Medicine of the future, I suspect, will be remarkably altered from our current reality. Some things will change dramatically; many will stay the same; and there will always be a place for those dedicated to *Improving Lives.*

R. Allan Purdy
Professor and Head, Department of Medicine, Dalhousie University
District Chief, Department of Medicine, Capital Health

Synergies

The combined effects that exceeds the sum of their individual effects[1] perfectly describes the multidisciplinary activities highlighted in this edition of **Medicine Matters**.

Working together[1] has resulted in some innovative outcomes. Whether within the DoM, partnering with other Departments or empowering patients and students, collaboration and team work are the cornerstones for building strong research, teaching and clinical care.

The view from the silo can limit the scope of thinking. But not in these cases! When asked how their initiative came to fruition, one innovator simply, tiredly but triumphantly, cited "dogged determination".

We congratulate these individuals for their foresight, dedication and willingness to jump the many hurtles that can litter the path of innovative new ideas. The incentive is not money – there is none, as they well know. It means additional work, seemingly endless meetings, and we won't mention the frustrations related to space, human resources, equipment… But, the satisfaction of knowing you have improved the care we deliver is great. Well done! And thank you.

[1] definitions of synergy, Concise Oxford Dictionary, Seventh Edition

DALHOUSIE UNIVERSITY *Inspiring Minds*

Capital Health

A Geriatrics Presence in the Heart Function Clinic

Every second Tuesday morning when Dr. MacKnight comes to work he takes a 'wrong turn'. Instead of heading to Geriatric Medicine in the Veterans' Memorial Building, he can be found in the Cardiology Heart Function Clinic, 2nd Floor, Halifax Infirmary.

L-R: Dr. Chris MacKnight, Dr. Jonathan Howlett

He is there to see geriatric patients at the Heart Function Clinic. The advantages for patients are that they are in a familiar place, with familiar staff, and have their cardiac and geriatric needs addressed in one appointment. The advantage for the Heart Function Clinic staff is that they can triage the referrals and prioritize patients. It is also an advantage for Geriatric Medicine, as Geriatric Ambulatory Care has reached its limit for space and cannot increase its outpatient volume.

The Canadian Heart Failure guidelines state "Frail elderly heart failure patients should be referred to a Geriatrician for comprehensive geriatric assessment." This recommendation is based on the practical experience of Cardiologists that older patients frequently have co-morbidities, such as mobility, mood or cognitive issues, which impact heart management but are best dealt with by Geriatrics.

Our geriatric syndrome, frailty, is common in older heart failure patients and predicts poor outcomes, so **Drs. Jonathan Howlett**, Division of Cardiology, and **Chris MacKnight**, Division of Geriatric Medicine, put their heads together and the result is Dr. MacKnight's presence in the Heart Function Clinic.

The result? Dr. MacKnight says "These patients are different from those I see in Geriatrics, suggesting that we truly have managed to reach a previously under-serviced patient group. We haven't analyzed the outcomes yet, but since I have been invited back I assume someone believes there is some benefit to the service!"

Dr. Howlett states "Dr. MacKnight is providing an invaluable service to cardiac patients that had previously not been available. Heart function clinicians, through direct interaction with him and from reviewing his consultation reports, have learned a great deal more about our patients, and how to assess and treat several conditions associated with heart failure in the elderly. We feel we have become a better clinic as a result and we have seen the improvements our patients have experienced."

It is a model of how disciplines within the Department can work together to meet the needs of a particular patient population. And that is a win-win outcome for everyone.

Dr. Dianne Mosher, Division of Rheumatology, has been awarded the Canadian Rheumatology Association's Distinguished Rheumatologist Award 2008. It is the Association's highest award.

Dr. Louise Parker, Division of Medical Oncology, has been named the new Canadian Cancer Society (Nova Scotia Division) Population Cancer Research Chair.

Dr. Eva Grunfeld, Division of Medical Onology, has been named Dalhousie University's first Cameron Chair in Cancer Control Research. As the holder of this chair, Dr. Grunfeld will lead a multidisciplinary research team studying the cancer control continuum in Nova Scotia, from screening through diagnosis and treatment, to survivorship or end-of-life care.

A Video Legacy

What do you want your family and friends to remember about you? What would you say to them? Maybe it is something you have never been able to express or maybe it is something you have said a hundred times.

Palliative Care Services, working with the Dalhousie Medical Humanities, has developed a project designed to bolster a sense of meaning, purpose and dignity by offering patients the opportunity to speak to those things that are important to them as they approach the end of their life.

The Video Legacy Project enables students to work with patients, and families if they wish, to develop a personal video. Interviews are conducted either in hospital or the patient's home, discussing the patient's life, past experiences, values, important moments, achievements and insights. The content of the DVD reflects what the individual patient wants to express and the student's artistic talents.

The video can be a comfort to family and friends as well as to the patient. One family wrote to Dr. Horton expressing their gratitude: "*There are not enough words to thank you and the staff at the Cancer Clinic for Jackie's legacy DVD…. family and close friends take great comfort in our grieving process by watching Jackie's DVD any time we need consoling. It's absolutely priceless to us from here on in to be able to remember what kind of person has left us and realize again the beauty of Jackie's soul.*"

Currently two medical students, **David LaPierre and Melissa Gansner,** work on the project as part of their elective experience during their second year of medical school. They say *"It has been an honour to share in the personal experiences and reflections of patients and families as they face terminal illness. Taking time to listen to people's stories; and endeavoring to see patients as whole people, with their own history, hopes and fears, should be an integral part of medical training."*

Dr. Robert Horton, Assistant Professor, Division of Palliative Medicine, Department of Medicine, one of the preceptors for the project along with Division Chief **Dr. Paul McIntyre**, is pleased to report they just had an abstract accepted to present at the 17th International Congress on Care of the Terminally Ill in Montreal in September.

The Video Legacy project will be the topic of Palliative Care Telehealth Round on Thursday, May 15, 8:00-9:00 a.m., Bethune Ballroom. All who want to learn more about this innovative approach to health care are welcome to attend.

The Division of Endocrinology and Metabolism: A Model Division

Although the Division of Endocrinology and Metabolism labors under the all too common challenges of physician shortages and steadily increasing patient volumes, it continues to develop innovative models of multidisciplinary care. Currently, there are three full-time members, two part-time and one community based member involved in a number of collaborative clinics.

PREGNANCY AND DIABETES

This IWK Health Centre based clinic enables patients to see multiple members of the healthcare team in a single visit. The team includes several nurses, a physiotherapist, a social worker, two dietitians, and a diabetes nurse educator, **Ms. Lois Ferguson** (the quarterback). **Drs. Tom Ransom and Shirl Gee**, Endocrinology, alternate attending the weekly clinic, working with **Dr. Tony Armson** Obstetrics/Gynecology. The clinic has gathered 13 years of data for research and quality control.

NEUROPITUITARY

The Neuro-Pituitary Clinic is the result of a partnership between **Drs. S. Ali Imran** and **Ehud Ur** (Endocrinology), **Dr. David Clarke** (Neurosurgery) and Radiation Oncology. Patients are seen in either a weekly Medical Pituitary Clinic or a bi-weekly Surgical Pituitary Clinic. This unique service provides coordinated comprehensive care for patients with pituitary tumors and related hormone deficiencies, and provides a single referral point for hundreds of patients suffering from complex pituitary abnormalities. Patients are seen by multiple healthcare practitioners in a single hospital visit, and along with their referring physician, receive consistent information from all of the specialists involved in their care. Savings have been realized on less duplication of tests. At the heart of this clinic is co-ordinator **Mr. Eric Grouse**, who helps patients and referral sources navigate their way through the healthcare maze by providing a one-stop-shopping service.

ENDOCRINE / SURGERY

The combined Endocrine/Surgery monthly clinic is now two years in the making and represents the collaborative effort of the **Drs. Jaap Bonjer** and **Dennis Klassen** (Divisions of General Surgery), **Drs. Rob Hart** and **Joseph Nasser** (Ear, Nose & Throat) and **Drs. Tom Ransom** and **Stephanie Kaiser** (Endocrinology). The care of patients with predominately thyroid, parathyroid, pancreatic and adrenal lesions is optimized when they are seen jointly by a surgeon and an endocrinologist.

THYROID ONCOLOGY

The weekly Thyroid Oncology Outpatient Clinic was established through the partnership of **Dr. Ali Imran**, Endocrinology; **Dr. Mal Rajaraman**, Radiation Oncology; and **Dr. David Barnes**, Nuclear Medicine, in October 2006. Following complete thyroidectomy, thyroid cancer patients are referred to the clinic through a single referral point at the Nova Scotia Cancer Centre.

The clinic facilitates direct communication between health care specialists, consistent patient education, continuity of care for patients, improved access to services, a simplified referral process, education for health care providers and health profession students, and opportunity for clinical research. With the help of clinic coordinator **Ms. Nancy Flemming**, patients benefit from savings in time, money and energy that would otherwise be spent on travel and waiting for multiple specialist appointments.

OSTEOPOROSIS

The weekly Osteoporosis Multidisciplinary Clinic, set up over a decade ago, is now under the direction of **Dr. Stephanie Kaiser**. Patients have a team of care givers, including an Endocrinologist, nurse, physiotherapist and dietician, to support them in treatment, management and education.

BARIATRIC SURGERY

The newest team is the multidisciplinary Bariatric Surgery Team, which is in the process of negotiating secured personnel to make this much anticipated program a reality. The principals are **Dr. Jim Ellsmere**, surgical director; **Drs. Jaap Bonjer** and **Dennis Klassen**, General Surgery; **Dr. Tom Ransom** medical director; **Dr. Michael Vallis**, Psychology; **Ms. Janet Plowman**, lead dietitian; **Ms. Diana Lawler**, lead nurse practitioner; and members representing physiotherapy, nursing and social work. It is anticipated that the program will excel not only in the realm of providing much needed medical care, but will provide unique opportunities for training.

PAH: Sharing the Care

Simple, right…identify the need, prove the benefits, right a proposal and it will happen. If only…

In the fall of 2002 the need for a coordinated Pulmonary Arterial Hypertension (PAH) clinic was recognized. The people were identified – **Drs. Simon Jackson** and **Miroslaw Rajda**, Division of Cardiology; **Drs. Colm McParland** and **Paul Hernandez**, Division of Respirology; and **Dr. Evelyn Sutton**, Division of Rheumatology, administrative Co-ordinator. A formal proposal was submitted in September 2004 but got lost in the system. However, Dr. Sutton was determined and after many presentations, another proposal and persistence, light at the end of tunnel.

Finally, a co-ordinator was hired and in March 2006 the first patient was seen in the PAH clinic. There are now two clinics per week and 24/7 PAH consultant on call. The clinic has assessed 142 patients, with 60% of patients actively being followed. The nurse coordinator, Ms. Kelly Saunders, an invaluable asset, helps streamline investigations and facilitate access to care for our patients.

The cost avoidance in relation to prevention, correct diagnosis, reduction of in-patient admissions and LOS is significant. They have worked with Government to include evidenced-based guidelines for prescribing PAH specific drugs, and participate in regional and national educational sessions. A registry has been established, which will provide lots of future research fodder.

The hard work has paid off. CDHA now recognizes the program and provides funding for the co-ordinator position. Space is an issue, so for now clinics are in the Rheumatology clinic rooms, but all testing (PFTs, cardiac caths, etc) take place at the HI site.

The Department is pleased to welcome **Dr. Bernd Pohlmann-Eden** to the Division of Neurology. Dr. Pohlmann-Eden is an internationally acclaimed scientist, neurologist and neurophysiologist with expertise in the field of epilepsies and other disturbances of consciousness. Other clinical areas in which he has been strongly involved are stroke, multiple sclerosis, neuro-intensive care, and brain death including ethics. He has a strong interest in electroencephalography and brain imaging techniques (both structural and functional MRI), as well as in Doppler ultrasound studies.

Dr. Pohlmann-Eden received his main medical education at the University of Heidelberg, Germany. In 1996, he became a full professor of Neurology at the University of Heidelberg. The last five years he was the medical director of the Bethel epilepsy centre, including the chairmanship of a very active Society of Epilepsy Research and a professorship at the Medical School of Public Health at the University of Bielefeld.

One of his major goals in the DoM is to help to further improve epilepsy care on all levels, and specifically, to establish and organize a first seizure clinic for adults and a transition clinic in cooperation with the Department of Paediatrics, IWK.

Atlantic Center for Simulation and Patient Safety

The Department of Medicine and the Division of Critical Care are working with the Departments of Surgery, Anesthesia and Emergency Medicine, and in collaboration with the Department of Health (Emergency Health Services) and the Canadian Armed Forces in the future development a Medical Simulation program at CDHA and Dalhousie University. Entitled the "*Atlantic Center for Simulation and Patient Safety*", the vision is a free-standing building to house the program within the next 5-10 years.

The use of simulation is not new, the airline industry have used high-fidelity simulators in the training of pilots for decades. The advantage is to allow pilots to deal with unusual emergency situations in a controlled environment so they are better equipped to deal with such situations should they occur in their work.

Dr. Ward Patrick, Head, Division of Critical Care, says "The adoption of this technology in the training and continuing medical education of health care workers is long overdue. The use of high- and low-fidelity simulators allows learners to deal with emergency scenarios and learn without the risk of harm to patients."

The Division of Critical Care has incorporated weekly training sessions using high-fidelity simulation into the routine educational curricula given to all residents rotating through their units. In the future it is hoped this technology will be able to be used in the evaluation of trainees. Dr. Patrick believes it could be used in the training of Critical Care Fellows to give them experience with the invasive technical procedures required for their training. "The more I consider simulation the more possibilities I see for teaching! This is a terribly exciting project to be involved with and it is a great group of people who are moving this forward."

Dr. Patrick emphasizes the project would not be possible without the academic freedom the Alternative Funding Plan (AFP) provides.

Researcher **Dr. Kenneth Rockwood** will lead a newly-established national research network on Alzheimer's disease and dementia. The Canadian Dementia Knowledge Translation Network is a five-year project established through a $4 million grant through the Cognitive Impairment Aging Partnership led by the Canadian Institutes for Health Research Institute of Aging. It will be based in Halifax and includes a multi-disciplinary network of more than 100 researchers in 18 sites across Canada.

Dr. Dennis Bowie has been awarded the Royal College of Physicians and Surgeons of Canada's Prix d'excellence Award for Atlantic Canada. The award recognizes Fellows who have made significant contributions as medical educators or provided outstanding service to their community and to the College.

Dr. Ronald MacCormick, Division of Medical Oncology, Sydney, has been selected as the Regional Mentor of the Year for Atlantic Canada by the Royal College of Physicians and Surgeons of Canada.