

# MEDICINE MATTERS

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CARDIOLOGY • CLINICAL DERMATOLOGY & CUTANEOUS SCIENCE • DIGESTIVE CARE & ENDOSCOPY • ENDOCRINOLOGY & METABOLISM •  
GENERAL MEDICINE • GERIATRIC MEDICINE • HEMATOLOGY • INFECTIOUS DISEASES • MEDICAL ONCOLOGY • NEPHROLOGY •  
NEUROLOGY • PALLIATIVE MEDICINE • PHYSICAL MEDICINE & REHABILITATION • RESPIROLOGY • RHEUMATOLOGY

## DEPARTMENT HEAD MESSAGE

This issue of the Department of Medicine newsletter is full of great news and upcoming opportunities for the Department and for its members. Change continues to be a theme with new staff joining the Education Office, Dr. Simon Jackson being named Interim Department Head, and Evelyn Sutton being appointed to the leadership of the Faculty of Medicine, among others.

I would also like to bring your attention to the research successes in this issue. Congratulations to all department members who continue to advance our understanding of medicine and healthcare delivery. As a department, we renewed our commitment to research by making it a priority in our strategic plan. As a result, I believe we will see continued growth of the quantity and quality of research in our Department.

Of note, the new AFP model and negotiations are a significant priority for the Department; I devoted much of my last monthly update to this topic. You can find the March update here: <http://medicine.dal.ca/departments/department-sites/medicine/for-faculty-staff/dept-head-updates.html>. We reserved *Medicine Matters* to highlight projects, initiatives and changes happening across the Department.

### David R. Anderson, MD, FRCPC, FACP

*Head, Department of Medicine, Dalhousie University  
District Chief, Department of Medicine, Capital District Health Authority  
Professor of Medicine, Community Health & Epidemiology, Pathology*

## INTERVIEW WITH DR. SIMON JACKSON



Dr. Simon Jackson, deputy head of the Department of Medicine, was recently named interim department head effective May 4, 2015. Dr. Jackson is a 12-year member of the Division of Cardiology who started his career as a family physician. He practiced family and emergency medicine in Sydney, Cape Breton for four years before completing internal medicine and cardiology training at Dalhousie.

Dr. Jackson had decided early on that he wanted to explore family medicine first before specialization, and now credits his experience as a community based family physician with his perspectives on the necessary collaborations among primary care and specialty services.

Having completed a master's degree in medical education from the University of Dundee and a clinical fellowship in adult congenital heart disease at the Royal Brompton Hospital in London (UK), Dr. Jackson is an accomplished educator and well-regarded cardiologist.

We took the time to chat with Dr. Jackson about soon becoming interim department head and his interests outside of the hospital.

### What will be your top priority as interim department head?

My primary goal is to keep the momentum going. Our Department, under Dr. Anderson's leadership, is doing some great work in care of frail patients, appropriateness of care, advancing the research mission, and education across the continuum of learners; our negotiating committee has put together an excellent proposal in preparation for AFP negotiations; and many of our divisions now have heads who are at the start of a five year term. I want to support the initiatives we have underway and resist the innate urge to start something new or move in a different direction, which may come at the expense of a steadily progressing priority.

### What challenges lie ahead?

There are three I can think of quickly:

We're in the midst of sorting out how the move to the Nova Scotia Health Authority will affect the Department. It's naïve to think it won't have an impact; it will take time and effort to sort out the new environment in the Central Zone and beyond. I want to ensure the Department and its divisions have significant input into shaping clinical care delivery as the new healthcare system moves to be more provincial in scope. It is also very important to support academic medicine and advocate for a sustainable commitment to teaching and research as integral parts of high quality patient care.

On that note, we are also facing AFP negotiations, which are due to begin very soon. Pardon the clichés, but I think the negotiations are going to happen fast and furious and potentially result in significant change, I refer to the increased accountability and transparency measures; tighter, more specific, deliverables; greater allowance for strategy and planning of clinical care delivery; and better integration of academic medicine with clinical care. We are well prepared for negotiations and I expect the AFP contract to be beneficial for the Department and its members as well as patients.

Some Divisions and service areas have been experiencing steady growth in patient care volumes and with the move to the Nova Scotia Health Authority there is the potential for this to continue and expand into other areas. We have a responsibility to work with our stakeholders, i.e. the health authority, Central Zone and hospital administrators, to provide and to welcome new ideas that result in more efficient, effective service delivery. We also must ensure service delivery models allow for the provision of excellent education and research. Neither of these tasks is easy or short-term and we must protect and recognize the academic mission as we move forward.

### What keeps you busy when you aren't at the hospital?

I'm very active with my kids and support their interests by getting involved. I volunteered with Scouts Canada when my son was a Beaver and I'm now the president of the kids' gymnastics club. I also make time to play basketball on a regular basis, and to ski and fish whenever I have the opportunity. As a family, we enjoy camping and canoeing at Kejimikujik, ski vacations, and time at family cottages in Cape Breton and Toney River. Many of my interests stem from growing up in Cape Breton. I am involved in our community as my parents were in theirs, and I really appreciate outdoor sport and leisure. I think it's important to have interests and passions outside of work, not only because you tend to have a better life balance, but also because it broadens your perspectives as an academic physician.

## RECENT RESEARCH SUCCESS

Funding Agency	Name, Division of	Amount Awarded	Project Description
CDHA Research Fund	Martin Gardner, Cardiology	\$15,000	Genetic and Cellular Investigation of a Novel Familial Case of Arrhythmogenic Right Ventricular Cardiomyopathy
CDHA Research Fund	Miroslaw Rajda, Cardiology	\$14,993	EXercise to Prevent AnthraCycline-based Cardio-Toxicity (EXACT) Study
DoM UIMRF Junior Dept Member	Lisa Barrett, Infectious Diseases	\$50,000	Understanding Poor Vaccine Responses: Transcriptomics of Vaccine Failure in HIV Infection
DoM UIMRF Junior Dept Member	Robyn Macfarlane, Medical Oncology	\$42,473	Prostate Cancer Environmental Correlates of Activity and Sedentary Time (PROSTATE) Pilot Study
DoM Internal Fellowship	Nerissa Campbell	\$50,000	One-year fellowship with Dr. Chris Blanchard's lab
CIHR	Susan Kirkland, Geriatric Med. (1 of 3 principle investigators, Dalhousie lead)	\$41.6M	The Canadian Longitudinal Study on Aging
CIHR and Arthritis Society	John Hanly, Rheumatology (co-investigator)	\$2.3M \$100,000	Restitution Enhancement in Arthritis and Chronic Heart Disease (REACH) Study

## CHANGES TO EDUCATION OFFICE

There are a number of staffing changes in the Education Office effective immediately and in the coming months:

**Meegan Dowe**, education manager and coordinator of postgraduate education, has accepted a position with One45, the web-based software company used for clinical education applications at Dal and several other universities in Canada and elsewhere. Meegan's last day with DoM was March 31<sup>st</sup>. She leaves an education legacy in the DoM, having administrated the Core IM residency program over 13 years. Her positive energy and keenly sharp mind have served the DoM well, and she will be greatly missed by residents, faculty and colleagues.



**Andrea Heyer** has joined the Education Office and will take on the role of postgraduate education coordinator in April. Andrea had been working in a term position in our administration office assuming a number of duties.

**Sophie Montreuil**, who joined the education office in early September on a full-time long-term assignment, has assumed the role of education coordinator on a permanent basis.

**Katie Barkhouse** has accepted the position of education manager and, upon her return from maternity leave in November, will replace Meegan Dowe.

**Catriona Talbot** will retire as undergraduate coordinator this summer.

You can now use a common email to connect with DOM postgraduate education: [domeducation.domeducation@nshealth.ca](mailto:domeducation.domeducation@nshealth.ca).

\*As a result of Andrea Heyer's move to the Education Office, **Athena Christie** will now provide administrative assistance (Tues. & Thurs.) to the grand rounds committee, to the survey and search committee process, and will cover for Helen Parsons when needed. Athena also works in the Division of Geriatric Medicine.

## NEW LOCATION, NEW THEME

The resident retreat committee made the decision to move the resident retreat from Digby, where it had been held for eight consecutive years, to Moncton after realizing an opportunity to access the Université de Moncton's state-of-the-art simulation lab. This year's retreat will include a simulation module, wherein residents will use tools that aren't available in Saint John or Halifax. The highlight will be Harvey, the heart-sounds simulator used in the Royal College of Physicians and Surgeons exam for internal medicine.



The weekend retreat, which will be held in May, is an education and social bonding event for residents in the core internal medicine residency program. This year, Dr. Alison Dixon, PGY2, is leading the retreat coordination with support from the Education Office, and fellow residents Dr. Cindy Hickey, Dr. Matthew Miles and Dr. Bader Alamri.

The retreat theme is "Let's Get Critical." It will include presentations on such topics as acute liver failure, simulation and respiration for the ICU. There will also be opportunities for the resident group to get together for some fun, including a dance on Saturday evening.

## CARMS MATCH RESULTS (FOR JULY 1, 2015 ENTRY)

It was another successful CaRMS match! We continue to have tremendous interest in the Department of Medicine's Internal Medicine residency training program and a large pool of exceptional candidates from which to interview. Because of this, which is due to faculty and staff's commitment to education, we filled all of our training spots in the first iteration.

Here is how the match shaped up for us:

### Canadian Applicants

Halifax site	Saint John site
284 applicants (-3 over last year)	116 applicants (+63 over last year)
152 applicants interviewed (19 Dalhousie applicants) (+27 over last year)	62 applicants interviewed (+30 over last year)
14 CaRMS positions available	4 CaRMS positions available

### Internal Medical Graduates (IMG) Applicants

Halifax site	Saint John site
No Halifax based positions offered this year (No return of service funding from Nova Scotia)	No Saint John based positions offered this year (No return of service funding from New Brunswick)

Please join us in welcoming our new Candidates to the IM Program for 2015-16:

Halifax Based (14)		Saint John Based (4)	
Mehrnoosh Aghaei	Calgary	Heather Chambers	Dal
Iain Arseneau	Dal	Brandyn Chase	Dal
Edwin Bamwoya	Dal	Jacques Maillet	Sherbrooke
Rachelle Blackman	Dal	Lyndsay Sprigg	UBC
Christopher Green	Dal		
Jean-Gregoire Leduc	Ottawa		
Scott Lee	Dal		
Tyler Mullen	Dal		
Pierre O'Brien	Sherbrooke		
Jennie Parker	Dal		
Harrison Petropolis	Dal		
Mark Robbins	Ottawa		
Kara Robertson	Ottawa		
Willy Weng	McMaster		

The CaRMS match requires a great amount of time and effort on the part of residents, faculty and staff. Thank you to all involved in the selection process!

## HANDOVER TOOL IN ED AND MTU: WHAT'S NEXT?

A handover tool for patients who are transferred from the ED to an inpatient service, primarily the MTU, was piloted for four weeks in December 2014. The tool aimed to improve handover quality and reduce the number of patients that arrive to the MTU without appropriate notification.

The two-part tool, which is a printed order and progress note, prompts nursing staff to notify the internal medicine resident(s) or attending in the ED of a patient who will be transferred to the MTU. The resident or attending is then responsible for handover to the MTU, which, in addition to prompting the provision of patient information to the MTU resident or attending, helps ensure notification to the MTU that the patient will soon be on the unit.

As part of the pilot, its developers, **Dr. Alison Rodger**, the Department of Medicine handover rep, and **Dr. Ian Epstein**, director, postgraduate education, collected feedback from the residents who used the tool. Most significantly, they found that:

- The pre-printed order, prompting residents to complete handover was easy to follow, and when completed, lead to high handover frequency. The major issue encountered, however, was that the order was often not being followed. The reasons were thought to be unfamiliarity with the tool, wordiness of the tool, and a concern that following the order would be time consuming.
- The standardized handover progress note was not felt to improve the quality of handover and, overall, was thought to be extra paperwork that had no effect on patient safety.

Next steps based on this feedback:

- Rather than moving forward with implementation of the printed order that was piloted, modify the current admission printed order for medicine patients to include, "Page the senior medicine resident when the patient is assigned a bed so as to allow physician handover."
- Provide resident education on handover
  - A lecture for incoming residents and mandatory completion of the Faculty of Medicine's Postgraduate Medical Education handover module on OWL. Further, residents will be introduced to the handover protocol in the ED and provided with a standardized handover method.
  - Two formal lectures annually for residents, which highlight Canadian Medical Protective Association cases related to handover, and allow for review of standardized handover techniques.

Editor's Note: The Winter 2014 issue of Medicine Matters included an initial story about the handover tool that may be of interest to those wishing to know more.

## RESEARCH DAY 2015

The Department of Medicine Research Day was held Thursday, March 26<sup>th</sup> at the Lord Nelson Hotel. This year's event included 10 oral presentations, 80 posters, and Dr. P.J. Devereaux's keynote, "Lessons Learned from Patients about Research." It was the largest research day yet and we will have a full recap, including highlights and all award winners in the June issue of Medicine Matters.

## APPOINTMENTS



### **Dr. Evelyn Sutton Appointed Associate Dean, Undergraduate Medical Education**

Congratulations to Dr. Evelyn Sutton, Head, Division of Rheumatology, on her appointment as Dalhousie Faculty of Medicine's Associate Dean of Undergraduate Education effective July 1, 2015. Dr. Sutton is a professor of medicine and a nationally recognized leader in medical education. She is cross-appointed to the Division of Medical Education, a member of the Canadian Association of Medical Educators, and serves as Assistant Dean, Admissions & Student Affairs in the Faculty of Medicine. She has made extensive contributions to the Department and the medical school in various education capacities.

As associate dean, Dr. Sutton will focus on ensuring successful operations, accreditation, and evaluation of the medical school's undergraduate curriculum. She will also assist and advise medical students on their academic career, and counsel students experiencing academic difficulties.



### **Dr. Kevork Peltekian, Head, Division of Digestive Care & Endoscopy**

After ably serving as Acting Head in the Division of Digestive Care & Endoscopy since 2011, Dr. Kevork Peltekian accepted the position of Division Head and will serve a five-year term. Dr. Peltekian is a well-recognized advocate for patients with liver disease in Atlantic Canada, an awarded educator, an accomplished researcher and a respected administrator. His contributions to his field, to patients, to students and to this Department are significant. We can expect Digestive Care & Endoscopy to continue to move forward under his excellent leadership.

### **New Academic Reappointment Process**

A critical deadline in the new 'Continuing Appointment with Annual Career Development' (CAACD) process is quickly approaching. Practice Profiles are due Thursday, April 30th. For more information, contact Kathryn McIlrath, physician resource officer, [kathryn.mcilrath@nshealth.ca](mailto:kathryn.mcilrath@nshealth.ca).

## WELCOME!



### **Dr. Chris Gallivan**

Assistant Professor, General Internal Medicine  
Dr. Chris Gallivan joined the Division of General Internal Medicine on a one-year locum, effective January 1, 2015. Dr. Gallivan completed his internal medicine residency here at Dalhousie in 2014 after graduating with an MD from the University of Western Ontario.



### **Dr. Heather Rigby**

Assistant Professor, Neurology  
Dr. Heather Rigby returned to the Division of Neurology in January 2015 as a staff neurologist and assistant professor of medicine. Dr. Rigby completed her undergraduate medicine, internal medicine residency

and neurology subspecialty training at Dalhousie before undertaking a movement disorders fellowship at the Mayo Clinic College of Medicine in 2014. We are thrilled to have her back in Halifax.

### **Melissa Buckler, Project Coordinator, Frailty Strategy**

The work on care of frail patients that stemmed from our strategic plan and that we initially contained within the Department of Medicine morphed into a larger effort at Capital Health in 2014. Recognizing concurrent but disjointed efforts and the need for collaborative strategy, planning and implementation, Dr. Paige Moorhouse, Division of Geriatric Medicine, and Dr. Rick Gibson, District Department of Family Practice, teamed up to co-lead Capital Health's Frailty Strategy Committee that focuses on overseeing the development of a strategy to support frailty care.

Currently, there are four main foci that are each being led by a working group: inpatient care of frail persons, emergency care of frail persons, community based service, and the frailty portal (a frailty screening and care planning tool that is being piloted with community based primary care physicians).

To help support this work, Melissa Buckler joined the Department of Medicine and the frailty strategy team in late November 2014 as a project coordinator, responsible for evaluation of strategy development activity. In the one-year, half-time position, Melissa will help to inform the development of an evaluation framework for the strategy, ensure evaluation is appropriately embedded into each aspect of the frailty strategy, and build capacity for evaluation among the frailty strategy working groups and related service areas. Her first order of business though was to embed herself within the team and working groups to understand the work underway.

Melissa is very familiar with healthcare, at both the service and system levels, and has been focused on healthcare evaluation in Nova Scotia, and in Alberta, for about 15 years. She began her career as a recreation therapist in Calgary and later worked for the former Calgary Health Region and Alberta Health Services for several years in mental health program evaluation. She and her husband moved back to Nova Scotia with their two young children four years ago. She has most recently held positions within the Nova Scotia Department of Health & Wellness.

\*Editor's note: Melissa is one of three project coordinators/managers supporting the frailty strategy and is working with Project Managers Lisa Bedford and Deidre Taylor, Primary Health Care, Capital Health.

## FAREWELL TO MIKE KIVELL

DoM Manager Mike Kivell has accepted a position with Capital Health as manager of Diagnostic Imaging effective April 1<sup>st</sup>. Mike is a nuclear medicine technologist in addition to his business and management training. He is very much looking forward to clinical management in his preferred field. Mike has been with the Department of Medicine just over a year, but he has left a very positive impression on those he has worked with across many divisions. We wish Mike the best of luck in his future endeavors!

