CUTTING NEW GROOVES

Moving medicine forward in a year of chaos and change
CUTTING NEW GROOVES

Moving medicine forward in a year of chaos and change
Our vision is to be recognized as a world leader in medicine.

We exist to innovate, advocate and practice the highest quality of patient-centred care, medical education and research.
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Message from the Chair and Chief
This year has been the most unusual for any Department of Medicine, indeed for any person probably, in the last 75 years.

The stress on the health care system has been unprecedented, and the pressure on us as individuals may have been even greater. The COVID-19 pandemic will never be forgotten; we can only hope it doesn’t get worse.

As you read through the Department Vice Chairs reports, it will become evident to you, if it wasn’t already, that we have remarkable faculty, learners, and support staff in the Department of Medicine. Collectively, we have risen to the occasion, the disaster if you prefer, and met the challenges in ways I can only describe as being “above and beyond.”

I am so proud of the Department of Medicine and so proud to have been the Department Chair for the last 12 years. This entry will be my last “Letter from the Chair.” I’m completing my post on June 30th, 2021. It’s been an unbelievable privilege to have this job.

We have a truly remarkable and yet humble Department of Medicine. I can honestly say I’m astounded every day by our Department members’ achievements, competency, and citizenship. We offer clinical care, education, and research that should be the envy of any Department, a reality perhaps underappreciated, certainly not sufficiently acknowledged or celebrated.

We have international stars in all of these areas. I can honestly say there is nowhere else in Canada, indeed the world, where I would rather be treated if I required medical care.

I have tried to lead us with ambitious plans, and although we have not accomplished all the goals I and we have set, we have made significant progress. In the decade-plus that I’ve been at the helm, we have come a long way.

In conclusion, I thank you for supporting me in this leadership role and working as a team to understand that the Department is stronger when we work together rather than as individuals. I will miss this job more than you can know, but I will miss all of you even more as it is inevitable that I will have less frequent interactions across the Department. I wish the next Department Chair great success and will do whatever I can to support that individual as I know you will too.

Sincerely,

Philip S. Wells
MD, FRCPC, MSc
Chair and Chief, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
Message from the CAO and Executive Director
In my 2018–19 annual report message, I wrote that “great success can only be achieved by taking a deliberate leap forward.”

We work in an environment of tremendous uncertainty and complexity. Much of what we do to move medicine forward in clinical research, medical education and patient care happens in small increments. That has changed in the past year! The COVID-19 pandemic forced us to act quickly, carve new paths, and discover and implement solutions to many challenges. We proved that strong foundations and constant process improvement can save the day when things go sideways.

We have approximately 170 administrative staff within the Department of Medicine who are committed to the Departmental mission. I’m proud of their overwhelming camaraderie and persistence this past year. They sought out opportunities to improve practices, enhance relationships and strengthen our corporate culture. They worked diligently behind the scenes to put out fires, adapt to change and develop a more substantial infrastructure. Wellness, equity, diversity and inclusion have also been top-of-mind for our team. I am personally motivated to support their efforts to make positive, authentic change with a strong emphasis on caring, creative approaches.

A deliberate effort to achieve continuous success is never easy. Sometimes, I eat a few humble pies. I want to thank each and everyone in this Department who utilized critical thinking and exhibited the strong will to push for better outcomes this past year. All of this reflects our commitment to collaborate and lead.

Below, I’ve broken down our collective achievements into two sections. The first focuses on the operational work and accomplishments within the Department as a whole. The second focuses on programs and project development in our new not-for-profit corporation, registered as Ottawa DOM-NFP.

Sincerely,

Sandra Yuk-Sim Wu
MBA, PMP
Chief Administrative Officer and Executive Director, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital

I want to thank each and everyone in this Department who utilized critical thinking and exhibited the strong will to push for better outcomes this past year. All of this reflects our commitment to collaborate and lead.
Our Department of Medicine — a collective of more than 700 medical professionals among the Canadian healthcare system’s best, dedicated to moving medicine forward through world-class, patient-centred care and standard-setting medical residency in Canada.

Finance and resource management

2019/20 has been challenging for the department due to the pandemic. Financial challenges have affected members at the departmental and divisional levels. On a positive note, the federal government created the Canada Research Continuity Emergency Fund (CRCEF) to assist universities and research institutes whose research programs were negatively impacted by the COVID-19 pandemic. The department has been able to access subsidy funding under the CRCEF and its reserves to continue to finance key internal academic projects and initiatives. Furthermore, the Ministry of Health announced a permanent base adjustment to our AFP effective April 1, 2020 as a result of the Kaplan award. The adjustment applied to both AFP (Phase 1 and 3) and Specialty Review Funding (SRF) allocations. This represents an average increase of 3.69%.

Our Finance team (both in the department and UMA) has done a diligent job in order to maintain operational excellence in many areas such as managing the Department’s Academic Research Fund reconciliation, ensuring up-to-date resident status and correct student funding payment in UGME Stipends Application, and collaborating with Medical Education Operations at uOttawa to improve processes. In summary, I am proud of the Finance team, which has been instrumental in judiciously administering a multi-million dollar budget.

Human resources and talent acquisition

The HR team continued its exceptional service, being active in talent acquisition and staff retention. With diligence and professionalism, the HR team reviewed over 2300 applications, filling 51 support staff vacancies and processing 50 new physician/faculty appointments. Improving engagement and promoting wellness at our workplace was also a priority. These initiatives have been supported by HR strategies by capitalizing on talent and updating workplace policies and procedures. This year, unlike any other, brought with it the unique challenges of the COVID-19 world pandemic. The HR team worked to support employees and physicians through the unique challenges brought on by this crisis. Along with the resulting health and wellness issues of COVID-19, the HR team confronted such complexities as managing a remote workforce, workforce agility, and performance management while operating in a constantly changing legal landscape.
Process and database performance improvement

With a strong team effort and skilled professionals in process improvement, the department took on a proactive approach to improving existing business processes for resource optimization. Examples include leveraging applications within MS Office 365 like MS Teams, automating form-based processes for mentorship and for leaves, moving our departmental HR database to the cloud paving the way for future integration projects, automating business logic in the HR database, updating data-gathering algorithms for budgeting, and starting a library of Epic training videos and info sheets.

Digital transformation in medical education and training program

The PGME team and the Process Improvement Specialist worked with the Chief Residents to develop a new Resident Leave Management System. Kudos to the Process Improvement Specialist for digitalizing the CaRMs Core Internal Medicine file review and interview process.

In addition, a Residency Subspecialty Promotional Video Project was completed to augment the CaRMs match. As a result, residents from other cities had the opportunity to learn about the benefits of coming to Ottawa for their sub-speciality training. Search ‘Ottawa’s Department of Medicine’ on YouTube to see the videos. In May 2020, the UGME team launched the Phase 1 virtual classrooms. In collaboration with the Faculty of Medicine, the UGME team at the Department has been instrumental in coordinating and rolling out the virtual classrooms during the pandemic. These virtual classrooms went smoothly and the UGME team’s effort was greatly appreciated.

Additional Noteworthy Triumphs within the Department

1. We want our trainees to become leaders in innovation and quality initiatives. That is why we are persistent in promoting a culture of continuous quality improvement with a scholarly component. Our Research Plus Program launched in 2019/2020. It was established in collaboration with our physicians, scientists and methodologists to provide intensive training for our trainees interested in research opportunities. The positive turnout at the workshop on Integrated Knowledge Translation was one of many successful outcomes. This program is led by Dr. Gregoire Le Gal: Program Director, and Mr. Jean-Michel Bouchard, MSc: Program Academic Administrator.

2. The Faculty of Medicine PGME office recently honoured some truly outstanding administrators. Several awards were presented to our staff in the Department of Medicine in recognition of the work they do to support our residency programs. Ms. Rachel Glennie, Core IM program, received the “Leader Competency Award and Overall Award”; Ms. Jeanne Lemaire, Core IM program, received the “Service Excellence Award”, and Ms. Allison Coutts, GIM division, received the “Innovator Competency Award”.

   Rachel also received from the Royal College of Physicians and Surgeons of Canada the 2020 Program Administrator Award for Excellence.

3. Finally, congratulations to Ms. Melanie McCallum, UGME Program Administrator at the Department. Melanie was accepted into the HESP (Health Education Scholars Program) offered by uOttawa’s Department of Innovation in Medical Education. She is the first non-clinician applicant enrolled in the training program.
Ottawa DOM-NFP — a not-for-profit corporation whose goal is to bridge the best of medicine and the best of business. We are developing innovative healthcare products, technologies, and services (including AI projects in healthcare) in order to improve lives around the world.

Why is the Ottawa DOM-NFP needed?

There is a clear need to redefine health not being just a physical condition but also including mental, emotional and spiritual wellbeing. We need to move from “Care and Health” concept to a more inclusive “Wellness as a whole”. This can be facilitated by utilizing technology platforms and bringing healthcare to local communities. 

The changes envisioned in the healthcare system will require close collaboration with tech developers, data scientists and data analysts. The Ottawa DOM-NFP will enable such collaboration. It will market the Department and use its extensive expertise to develop new commercialization opportunities.

How will Ottawa DOM-NFP work?

Led by its Board of Directors, Executive Director and a dedicated team, and in consultation with members from the Divisions, the Ottawa DOM-NFP will seek out private-sector investors and public-sector funders to support promising research, education and innovative patient-care projects. It will ensure that your projects get the support they deserve when they need it. See https://ottawadom.ca/ottawa-dom-nfp.html for details.

The corporate governance structure will provide the board with a framework to maintain the compliance and ethics standards required from a Not-For-Profit Healthcare corporation. The process of finalizing the corporate governance structure, policies, and code of ethical practices will take time, but the Board of Directors is committed to setting a solid foundation for this corporation.

A team of physicians, scientists, engineers and management professionals is dedicated to achieving the goal of moving medicine forward. The team will work in close collaboration with health researchers and innovators to bring their ideas to fruition by building strategic partnerships with investors, funders, tech companies, startup accelerators and other public and private organizations that share our vision and want to be part of the next giant leap in medicine. See https://ottawadom.ca/pdf/team-bio.pdf for details.
What are the core values of Ottawa DOM-NFP?

The Ottawa DOM-NFP is committed to promoting the vision and mission of the Department.

The Ottawa DOM-NFP’s core values are respect, quality, collaboration, and accountability. The Ottawa DOM-NFP is also committed to equity, diversity and inclusion as key factors in fulfilling its organizational social responsibility.

New Initiatives and Achievements at the Ottawa DOM-NFP in 2019/20!

1. **Digital Health and AI** — The Ottawa DOM-NFP’s Strategic/Action Plan for Digital Health and AI was developed. As a result, we made an important decision to invest in AI technologies and collaborate with key AI organizations. The objective is to find innovative solutions to healthcare challenges across Canada and around the world. An amazing team led by Drs Ran Klein and Babak Rashidi will implement this plan. Below are the high-level objectives:
   - Embrace the integration of human intelligence and AI in medicine
   - Build a diverse multidisciplinary team
   - Accelerate medical research with the goal of advancing prevention, diagnosis and treatment of diseases
   - Collect and share insights amongst healthcare professionals and find ways to prevent / manage global health crises
   - Promote universal access to expertise and care
   - Support the transformation of ideas into innovative, efficient, and sustainable applications for patients, healthcare providers, and regulators

As a successful kick-off to the program, the team signed a MOU and received a grant from Microsoft (MS). The areas of engagement include 1) MS provides guidance in setting up the Landing Zone to ensure foundational pieces are put in place in regard to security, networking, monitoring and governance, 2) MS provides architectural design review for the application and 3) MS Fast Track Team assists Ottawa DOM-NFP in the deployment of Azure Web App. Kudos to Mr. Abhilash Menon and Ms. Darshdeep Dhillon, the Business Development Strategists.

2. **Springboard for Healthcare** — We established another new program to support impactful projects that have a high utilization capacity.

Springboard 4 Healthcare (S4H) provides integrated knowledge translation, business strategy, healthcare insights, marketing services, project management and external relationship management to translate research discoveries into viable medical solutions in the evolving Canadian healthcare landscape. S4H provides a way of doing research that involves stakeholders and end-users from the initial phases of research development. It is supported by Drs Hanna Kuk and Kylie McNeill as well as the Business Development Strategists.

Below are the high-level objectives:
   - Offer support in all critical areas of integrative project development
   - Identify resource requirements, key activities and research dissemination areas
   - Support in establishing partner and end-user relationships
   - Formulate value proposition and commercialization strategies

3. **Connecting with Other Innovators and Entrepreneurs in the Community** — Digital transformation in healthcare is a team sport. It was my pleasure to participate along with Dr. James Chan in the Healthcare Pre-accelerator Pilot Program organized by Invest Ottawa in collaboration with The Ottawa Hospital. Search ‘Ottawa DOM-NFP at Invest Ottawa 2020’ on YouTube.
## Department at a Glance

### 570 Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Lecturers</td>
<td>118</td>
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<tr>
<td>Adjunct Professors</td>
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<tr>
<td>Assistant Professors</td>
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<tr>
<td>Associate Professors</td>
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<tr>
<td>Full Professors</td>
<td>91</td>
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<tr>
<td>Emeritus Professors</td>
<td>5</td>
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## 2019 Department of Medicine Recognition Ceremony

### Award Recipients

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Award</th>
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</thead>
<tbody>
<tr>
<td>Dr. Frank Molnar</td>
<td>Jeff Turnbull Healthcare Advocacy Award</td>
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<tr>
<td>Dr. Heather Clark</td>
<td>Going the Extra Mile Award</td>
</tr>
<tr>
<td>Dr. Arleigh McCurdy</td>
<td>Going the Extra Mile Award</td>
</tr>
<tr>
<td>Dr. Mariah Hughes</td>
<td>Resident Going the Extra Mile Award</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Mentorship Award</td>
</tr>
<tr>
<td>Ms. Debbie Gow</td>
<td>Chairman’s Cornerstone Award</td>
</tr>
<tr>
<td>Dr. Garth Nicholas</td>
<td>Professionalism and Collegiality Award</td>
</tr>
<tr>
<td>Dr. Martin Green</td>
<td>Bedside Teaching Award</td>
</tr>
<tr>
<td>Dr. Ran Klein</td>
<td>PhD Scientist Award</td>
</tr>
<tr>
<td>Dr. Pierre Cardinal</td>
<td>Resident Choice Clinical Teaching Award</td>
</tr>
<tr>
<td>Dr. Michel LeMay</td>
<td>Quality Improvement Award</td>
</tr>
<tr>
<td>Dr. Linda Wang</td>
<td>Peter MacLeod Ambassador Award</td>
</tr>
<tr>
<td>Dr. Paul MacPherson</td>
<td>Clinical Innovation Award</td>
</tr>
<tr>
<td>Dr. Gregory Hundemer</td>
<td>Joseph Greenblatt Award</td>
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## Division Heads

**Reflects period of July 1st, 2019 to June 30th, 2020**

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</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. Mark Kirchhof</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Heather Lochnan</td>
<td>Endocrinology &amp; 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 Carrier</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jonathan Angel</td>
<td>Infectious Diseases</td>
</tr>
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## Department Directors

**Reflects period of July 1st, 2019 to June 30th, 2020**

<table>
<thead>
<tr>
<th>Physician</th>
<th>Role</th>
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<tbody>
<tr>
<td>Dr. Heather Clark</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. Christopher Johnson</td>
<td>Postgraduate Medical Education Director</td>
</tr>
<tr>
<td>Dr. Vladimir Contreras-Dominguez</td>
<td>Clerkship Program Rotation Director – Internal Medicine</td>
</tr>
<tr>
<td>Dr. Robin Parks</td>
<td>PhD Director</td>
</tr>
<tr>
<td>Dr. Camille Munro</td>
<td>Equity and Diversity Director</td>
</tr>
<tr>
<td>Dr. Kwadwo Kyeremanteng</td>
<td>Innovation and Health Services Research Director</td>
</tr>
<tr>
<td>Dr. Grégoire Le Gal</td>
<td>Research Plus Pipeline Program Director</td>
</tr>
<tr>
<td>Dr. Delvina Hasimja-Saraqini</td>
<td>Quality Assurance Director</td>
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# New Faculty Positions (FTA & PTA)

Reflects the period of July 1st, 2019 to June 30th, 2020

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</th>
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<tbody>
<tr>
<td>Dr. Ripa Akter</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Wael Alqarawi</td>
<td>Cardiology</td>
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<tr>
<td>Dr. Genevieve Casey</td>
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<tr>
<td>Dr. Angela Cheung</td>
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<tr>
<td>Dr. Fahad Chowdhury</td>
<td>Infectious Diseases</td>
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<tr>
<td>Dr. Andrea Dawson</td>
<td>Dermatology</td>
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<tr>
<td>Dr. Robert Fahed</td>
<td>Neurology</td>
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<tr>
<td>Dr. Habibat Garuba</td>
<td>Cardiology</td>
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<tr>
<td>Dr. Joanna Gotfrit</td>
<td>Medical Oncology</td>
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<tr>
<td>Dr. Mike Kennah</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Adrienne Kwong</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Patricia Lecca</td>
<td>General Internal Medicine</td>
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<tr>
<td>Dr. Aimee Li</td>
<td>General Internal Medicine</td>
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<tr>
<td>Dr. Vanessa Luks</td>
<td>Respirology</td>
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</table>

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</th>
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<tbody>
<tr>
<td>Dr. Derek MacFadden</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Colin Mascaro</td>
<td>Physical Medicine &amp; Rehabilitation</td>
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<tr>
<td>Dr. Eilish McConville</td>
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<tr>
<td>Dr. Caroline McGuinty</td>
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<tr>
<td>Dr. Reza Naghdi</td>
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<td>Dr. Chris Pease</td>
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<tr>
<td>Dr. Michael Quon</td>
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<td>Dr. Juan Russo</td>
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<td>Dr. Marie–France Savard</td>
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<td>Dr. Tammy Shaw</td>
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<td>Dr. David Tsoulis</td>
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<td>Dr. Thusanth Thuraisingam</td>
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<td>Dr. Daniel Vincent</td>
<td>Palliative Care</td>
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<tr>
<td>Dr. James Zhang</td>
<td>General Internal Medicine</td>
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</tbody>
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### Did you know?

A Brazilian billionaire’s personal collection has over six million albums and is growing—he buys out the entire stock of stores that go out of business and he has a staff of buyers that regularly travel to Europe and the United States to buy close-out stock and attend auctions.
## Faculty Promotions

Reflects the period of July 1st, 2019 to June 30th, 2020*

<table>
<thead>
<tr>
<th>Physician</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td>Dr. Allen Huang</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Girish Nair</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Deborah Zimmerman</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Sharon Chih</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. John Hilton</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Jerry Maniate</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Judy Shiau</td>
<td>Promoted to Associate Professor</td>
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*Based on notifications received at time of Annual Report production

## Faculty Retirements

Reflects the period of July 1st, 2019 to June 30th, 2020

<table>
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<tr>
<th>Physician</th>
<th>Division</th>
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<tbody>
<tr>
<td>Dr. Bob Bell</td>
<td>Nephrology</td>
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<tr>
<td>Dr. Brian Boate</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Steven Bencze</td>
<td>Respirology</td>
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<tr>
<td>Dr. Christine Cripps</td>
<td>Oncology</td>
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<tr>
<td>Dr. Frans Leenen</td>
<td>Cardiology</td>
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<td>Dr. Steven Nadler</td>
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<td>Dr. John Thomson</td>
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<tr>
<td>Dr. Peter Walker</td>
<td>Endocrinology</td>
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<tr>
<td>Dr. Ray Corrin</td>
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<tr>
<td>Dr. Phyllis Hierlihy</td>
<td>Endocrinology</td>
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<tr>
<td>Dr. Linda Scully</td>
<td>Gastroenterology</td>
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<tr>
<td>Dr. Roanne Segal</td>
<td>Oncology</td>
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### Department Residency Program Directors

**Reflects the period of July 1st, 2019 to June 30th, 2020**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Cardiology</td>
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<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine</td>
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<tr>
<td>Dr. Gianni D’Egidio</td>
<td>Critical Care</td>
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<tr>
<td>Dr. Carly Kirshen</td>
<td>Dermatology</td>
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<td>Dr. Amel Amaout</td>
<td>Endocrinology &amp; Metabolism</td>
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<tr>
<td>Dr. Harinder Dhaliwal</td>
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<tr>
<td>Dr. Samantha Halman</td>
<td>General Internal Medicine</td>
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<tr>
<td>Dr. Lara Khoury</td>
<td>Geriatrics</td>
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<tr>
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<table>
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<tr>
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<tr>
<td>Dr. Arianne Buchan</td>
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<td>Dr. Xinni Song</td>
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<td>Nuclear Medicine</td>
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<td>Dr. Deanne Quon</td>
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<td>Respirology</td>
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<tr>
<td>Dr. Nataliya Milman</td>
<td>Rheumatology</td>
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### Did you know?

Thomas Edison’s first Victrola’s were hand-cranked—so playback speed varied and the joy of listening to music wore off as soon as your arm got tired. Electric motors were eventually introduced around the turn of the 20th Century and the 78 RPM speed became the standard simply because 3,600 RPM electric motors with a 46:1 ratio were the most affordable and available motors. At this speed only about five minutes of audio was available per side.
“I can honestly say there is nowhere else in Canada, indeed the world, where I would rather be treated if I required medical care.”

— Dr. Philip S. Wells
"PLAID HIDES EVERYTHING"

SHAWN MARSHALL

Originally mastered on 180-gram vinyl
On the record:
Dr. Shawn Marshall

Within his family dynamic, the lack of a veto seems to loom over Shawn Marshall like a cloud of inevitability. Whether picking McDonalds as a take out option, choosing a family vacation destination or even choosing a dog breed for the family where a standard poodle is chosen over a more rough and tumble breed, more often than not, Shawn’s first choice is typically voted out.

The big prancing poodle not withstanding, there is nothing ostentatious about Shawn. His favourite clothes are ones that his wife Nathalie tries to throw away and his stance on leadership is equally unpretentious.

Shawn’s ethos about attaining something relies solely on earning it and he is someone who does not buy into the notion of entitlement. He is motivated by change and wants people to do better. Wearing various leadership hats, he’s helped put prolonged symptoms post concussion on the map and had a heavy footprint on influencing driving laws for older persons and those with disability.

Here, Dr. Shawn Marshall shares some thoughts on being a twin, the merits of promotion, his ancestral middle name — Calder, and his 40-year love affair with running.
I grew up in St. Thomas, Ontario. Both my father and mother were university graduates and high school teachers. Teachers are quite disciplined in terms of getting their children to perform academically so there was never a moment where we had any doubts about going to University. I had originally intended to pursue Engineering as a life course up until my grade 13 year. But then life circumstances changed and my mother became severely ill requiring 6 months of hospitalization. With an extensive exposure to the health care system and how it impacted my mother, our family and others, I changed course with the goal of becoming a physician, since health care appeared to be a career that would provide both challenge and reward.

Growing up, diversity was not a word or concept that I paid particular attention to. In Southern Ontario in the 80s, we had little exposure to cultural diversity and the world was far less cosmopolitan and connected. I also think diversity was something that was not yet a recognized part of our country’s makeup at the time.

My Dad influenced all of us. My dad was a quadruple varsity athlete and a lifetime runner. He was frequently teased about where he was rushing to when running in the 60s and 70s because no one was running for pleasure in those days. He is now 83 and still works out every day, does weights and runs or cross country skis. My brothers and I have been running since high school and still run together when we meet up; however, this is not always a pleasure run since it typically devolves into an ever-accelerating pace race. Put to the test, my twin brother John always wins.

My great joy in life is running. I would actually say that running ties our family together. All of my family members are accomplished runners from my wife Nathalie who qualified for the Boston marathon on her first attempt to my 3 children Philip, Patrick and Katherine, who qualified every year during high school for the provincial cross country championships.

The five of us starting out on a run together as a family is extremely satisfying although it has been some time since either Nathalie and I can keep pace with them. I’ve run my whole life and always used it as an outlet. Running is my contemplative time, where I let my thoughts wander and think about goals and plans.

I’m a fraternal twin. I still don’t know how my parents thought naming us John and Shawn was a good idea. John and I are pretty close as one might expect and when we were young as you can imagine when calling out I was “Shawn, with an S”. We did everything together growing up and even ended up at the same university. Later in life we also ended up in living in Saskatoon together, where he has ended up remaining since his wife Monique is from Saskatoon.

The name Calder, my middle name, means from the wild water and is of Scottish origin. It’s my father’s middle name and was my grandfather’s middle name which was his mother’s maiden name. My twin brother’s middle name is my father’s first name, which is my grandmother’s maiden name. In my family, we carry names through to our children to reflect the generations before us where Nathalie and I have carried on this tradition with our 3 children.

The most difficult choice I have needed to make was relocating post residency where Nathalie and I were privileged to move to Saskatoon at the end of my residency. At that time, Nathalie wanted to pursue her Masters in nursing, so we were fortunate to find a great program for her at the U of S and an excellent opportunity for me in an academic setting. Leaving Saskatchewan where we had started our family and careers was another difficult choice, but since I am from Southern Ontario and Nathalie is from Northern Quebec, moving to Ottawa afforded us the opportunity to be closer to our families.

The idea of promotion is an important step to reflecting directly on one’s academic career. I have strived in my career to balance clinical service with research with the aim of improving patient care and how it is delivered. Each time I applied for promotion to Associate and then Full Professor, it allowed to reflect on my achievements, but more importantly then set new directions. The importance and meaning of promotion was driven home to me by Dr. Meridith Marks, herself a Full Professor, who encouraged me to apply for promotion to Full Professor.
She truly believed that efforts and career successes should be recognized and this was best achieved through promotion where your peers can both appreciate their colleagues’ accomplishments and also be inspired in their own efforts. Meridith helped me in preparing the documents and chaperoned me through the application process. Unfortunately she passed from her cancer by the time I found out I had been promoted. She was a lovely person and our division sustained a great loss with her passing.

I was always interested in cognition and driving particularly in relation to brain injury and stroke, however, the bigger research grant opportunities related to safe driving at that time tended to be focused on older drivers. In the late 90s and early 2000s there were some media attention grabbing critical incidents connected to older drivers. Looking at the constructs of driving: physical ability and cognitive ability led us to investigate what safe driving actually is. This research area related well to rehabilitation because driving is a quintessential functional task—it’s critical to everyone. At the same time, everyone believes they are better than the average driver (Are you a better-than-average driver?….of course you are! ;)) but like everything in life, there are different levels of ability. Studying driving was an interesting challenge because Ontario has mandatory reporting laws; probably some of the most stringent laws in the world. Our CanDrive research group whom I have had the great pleasure of collaborating with for 18 years has published extensively in this area. I’ve also been able to foster great international collaborations with researchers in Australia, the United States and Europe. Between peer reviewed publications, white papers, symposia and consensus meetings we have managed to move the bar on driving laws and driving practices provincially, nationally and internationally.

“I truly appreciated Meridith for her matter-of-fact, direct approach. She never played games and always had the courage to say what needed to be said. She was polite and kind, but when she had to, she went there. I have always respected that about her, and hopefully can emulate that as a leader myself. Sometimes you just don’t apologize — you just get on with it.”

In 2003, the Ontario Neurotrauma Foundation (ONF) needed to change their research approach because a detailed program review revealed that as an organization, they were not very patient centred at the time. They approached me about taking on the Chair role for Acquired Brain Injury which I accepted. I chaired this committee for seven years before moving on. My accomplishments that I am most proud of through this organization include moving the organization to being a leader in systematic reviews and guidelines and for leading creation and synthesis of knowledge for concussion management.

I was the classic harsh judgmental young man. I would tend to make terrible, outlandish comments in my youth but this has clearly tempered with age and hopefully maturity and understanding of the complexity and diversity of the world. While I remain pretty blunt when I speak now, I am cautious not to offend since I recognize that respect is key to good communication. I actually appreciate being challenged in my opinions and like it when others share their points of view since this is key to improvement and innovation.
I was drawn to the leadership role of Division Head since there were opportunities to improve patient care with the planned move of The Rehabilitation Centre to the new Ottawa Hospital Civic site. I am also Department Head at Bruyère Continuing Care where I have opportunities to collaborate with other departments to integrate rehabilitation approaches and align practices with new provincial directions for rehabilitation. While it has been challenging in needing to give up clinical practice elements which I enjoyed such as Electromyography, I find reward in administrative challenges and assisting members in our Division to advance care and research. I truly appreciate the support of our Division members and the opportunity to lead a strong group of physicians and a strong program.

On the weekend I typically wear clothes that Nathalie would prefer to throw out. I had shorts with great rips and were sagging, but I loved them; they are still missing and not to be found. I have clothes that I’ve had for over 30 years including an old shirt that over time has had so much mud sprayed on it from wearing it cycling, it can also be very challenging. They need to take time to slow down and take care of themselves.

There’s no good way to wear a classic speedo.

My idea of misery is attending a week long virtual medical conference from my office chair.

The thing that makes me go insane is the fastest is when someone takes my chargers—they are never safe in our house! I keep all my stuff charged because I just like everything to work. I have been known to awaken my children at two o’clock in the morning when I realized that my chargers are missing. I charge everything religiously every night; my computer, cell phone, watch, ebook. When the battery power gets below 50% I start becoming restless. It’s just part of my routine—like brushing my teeth. I recognize it is irrational….I feel like I am already ranting just thinking about this.

The greatest remedy on earth today is duct tape. It can fix anything from bags to curtains, windows and tarps. Even my father is a believer where he read an article that said duct tape can cure plantar warts and he says this worked for him.

“You know you’re in love when you agree to train for a triathlon with your significant other so you can do it together... and you can’t swim!”

You don’t know what people are really like until you get together for a “friendly” game of wheelchair basketball. Our Division has an annual resident/staff wheelchair fundraiser with money going to a local wheelchair Basketball Association. These “meek” residents, who barely call you anything other than Dr. Marshall—never by your first name—will taunt you, run you over with their wheelchairs on the court all just so they can win ... which they do most years.

There’s no such thing as “free”. Everything has a cost.

One rule of parenting: when you go from two to three children, you go from man on man to zone defence which is not as effective.

I think those that are very successful are those that are loved.

I don’t understand how people can play video games and find that entertaining.

My most marked characteristics are my walk and tendency to digress. My brothers and I have the same walk as my father; we have a very long formal stride. In high school, for whatever reason it was frequently commented upon. There’s a certain kind of cadence, a kind of imbalance to it. It doesn’t look smooth.

In relation to digression, with residents I sometimes forget what we were originally discussing and wonder, “how did we get here?” I do digress and can be a bit too verbose, which gets me off track. I appreciate it when people crack down and say we need to get back on subject.

What I dislike most about my appearance is my hair loss. Yes, I miss it.

The 1990s fashion trend that I miss the most is grunge. I rocked that style back then and I still rock it today. I like ripped jeans (only through personal wear and tear) and I like plaid. Plaid hides everything and it’s the easiest choice to make for matching because it matches everything! My clinical practice deals with concussion, where pretty much all my patients have vision sensitivity symptoms. I’ve literally had patients ask me to take my shirt off in clinic because they find the pattern distracting. If I could wear a pair of jeans and a plaid, flannel shirt every day, I’d be at my most comfortable.

On the record: Dr. Shawn Marshall

On the record: Dr. Shawn Marshall
I think people see me as fair.

To compete in life, you’ve got to enjoy the competition.

The furthest I’ve ever pushed myself mentally was completing my CIHR Candrive grant in 72 hours without sleep which will never be repeated.

I am motivated by innovation and change. I don’t like things to stay the same and like to strive to always do better. Leading guideline development provides me an opportunity to change how we deliver clinical guidance and innovating the platforms in which it is delivered. Creating and identifying resources for patients and clinicians is something I enjoy since it leads to better care and experience. I’m probably not the most innovative person myself, but I like collaborating with people who are.

I have one rule in life: when asked how you are, try not to say “I am busy”. I find this frustrating since everyone is busy and it has everything to do with perspective. When I was young and didn’t have any children, I thought I was so busy and now I ask myself, ‘what did I do with all the time I wasted back then?’

The worst thing in the world is entitlement. I don’t believe anyone should feel entitled. Having a right to something is about equity and respect, which one earns. I have little time for anyone who feels that they are inherently deserving of something—nobody is better than anybody else.

I’m incapable of sitting through a classical concert or ballet. I always need something with me to read or do. Classical ballet and classical music do absolutely nothing for me. I might as well be listening to a fan. The truth is, when I’m stuck or forced to pay attention to something that I have no interest in, I get very resentful.

The habit I’d most like to give up is skipping lunch. For both mental health and physical health reasons, this is a habit I would like to change.

In high school I played most every sport there was competitively, but the truth is, I don’t think I was very talented at any of them, I would be prototypical “hustler award” winner. My ultimate favourite sport to play was actually football. I like the physicality of sport which is ironic because I treat complications of concussion so my stance should be one of non-contact. There is no simple answer, since clearly contact sports such as hockey and football are activities that are part of culture and have many positive attributes such as promoting physical health, discipline and teamwork.

This morning, I tossed a ball for half an hour to try and fatigue my over active puppy to prevent him from destroying our home. We have a Portuguese water dog named Wyeth. He’s named after the lake my wife’s childhood cottage was on. I didn’t really want a new puppy at first, but my family did. Sadly, our poodle died about a year ago so this puppy torture was actually a pre-Covid plan. He’s super cute and has a great personality but he needs to be tired out. I caught him chewing my wallet last night…. the losses due to chewing are mounting.

The biggest coincidence of my life was being in London, England trying to access the underground trains during the 7/7 tube bombings in 2005. Our family was at the subway station trying to get to the British Museum, which is where one of the bombs had gone off. If our son hadn’t delayed us and put us behind schedule, it is possible we would have been at that site at the exact time the bomb went off. That close call has influenced how we travel now. We’re much more guarded and pay close attention to government ratings about terrorist threat levels.

The most imaginative thing I’ve done as an adult with my wife is create a family Amazing Race. My family is very competitive so it is loved by all. We host new challenges each year at our cottage. Last year events included a beer run, golf putting, card house building and swimming circuit and jumping into the lake from a zip line. The beer run probably ended up being the poorest decision for an event since, while it seemed like a good idea in my university years, there was a high degree of associated nausea and more with this event. I don’t think anyone really recovered from the first stage which made all the other stages more challenging. No beer run in future competitions.

I’d eat Rockets all the time if it wasn’t for my health. When my kids used to get them for Halloween, I’d raid their bags. Now I can just go to the bulk store any time and buy them, which we occasionally do before a movie night. Sadly, I love them.

If I had one trip in a time machine, I would go back to Medieval Europe. I like reading historical fiction and I’ve always loved medieval times, probably because of our family roots originate in Scotland and Ireland.

My favourite food is fajitas. They are quick, easy, and always satisfying. I am not a foody; I am about speed and quantity. My favorite restaurant, hands down, is McDonald’s, but it’s been vetoed by my family. If you told me I could choose between a fancy restaurant or McDonald’s, I would pick McDonalds in a second everytime. I’d rather have a Big Mac over anything.

“The three greatest words in the English language are: I love you.”
I didn’t want to get a standard poodle, it’s just not my style. But now I’m converted and love them—they’re amazing. When she passed we didn’t get another one because my family thought it would always remind us of our previous dog and that would be too emotionally damaging. I pointed out that we could probably separate out the two, but no, we have moved on to a Portuguese water dog… another great breed.

My favourite app is the weather app, because you always need to know.

London (England—need to clarify since I grew up near London, Ontario—not my favourite city) is my favourite city. It has great history and an eternity of things to do and see.

If you looked at my playlist you’d see the following artists: Lumineers, U2, Lana Del Ray, Ziggy Alberts, Bleachers. My favorite genre of music is Folk.

In the beginning of any career, set goals. I wanted mine to have an academic component to it that included teaching and focusing on one area of research.

I chose my subspecialty because function and recovery are what people focus on as being important to them. I came to that realization early on in my career. It’s exciting to want to always diagnose and cure people. But what I have seen from the patient perspective is that function is most important to them. If you break both your wrists, a physician is probably more interested in the x-rays and the subsequent treatment. But from the patients perspective they need to focus on function—how do I wash my hair, make my meals or work? Physiatry focuses on abilities and participation.

I think traumatic brain injury is the most fascinating population of patients. Every patient is unique and I always see something new because of the cognitive, physical and behavioral combinations. To help severe brain injury patients recover is very rewarding but you have to be comfortable working in grey areas, understanding that you can’t always explain everything.

The technical advance I most anticipate is thought-to-text.

My Mom taught me how to reflect and put things in perspective and to enjoy deep conversations.

The best advice I was ever given was enjoy your life while you can.

Building/carpentry is the talent I’d most like to have that I currently don’t possess. I love the feeling of accomplishment that completing large, physical projects brings. My unknown talent is painting.

The one non-monetary thing I have the highest hope of obtaining in life is to witness the success and happiness of my children.

I think garden gnomes are the dumbest thing on the planet.

If after I died, I could choose to come back as something it would be a dog: eat, exercise, sleep and get my belly rubbed.

“If after I died, I could choose to come back as something it would be a dog: eat, exercise, sleep and get my belly rubbed.”
Assuming I have stepped back into a time machine, Shawn, be prepared for chaos, panic and uncertainty.

You will learn a whole bunch of new things. You will learn that videoconferencing for meetings can be a good thing and lead to better attendance. You will find that virtual care for patients will be embraced by care providers and the patients too.

On the other hand, it will also bring to forefront the inequality in access to technology and internet access for those who are marginalized and less affluent.

What will be the most astounding thing is the rapidity with which administration and typical bureaucratic processes can be turned around to get results. Collaboration on many unexpected fronts has led to changes that will stay.

Shawn Marshall is a specialist in Physical Medicine and Rehabilitation and Professor and Division Head of Physical Medicine and Rehabilitation at the University of Ottawa and the Ottawa Hospital. He is also Department Head of Physical Medicine and Rehabilitation at Bruyère Continuing Care. His clinical practice focuses on acquired brain injury rehabilitation where Dr. Marshall manages in-patients as well as out-patient clinics for persons with moderate to severe traumatic brain injuries. He is also involved in assessment and treatment of persons with mild TBI/concussion and persisting symptoms. He has a Master’s of Science Degree in Epidemiology and Community Health and is active in research involving brain injury rehabilitation as well as driving and disability.
Medical Education experienced a challenging disruption this past academic year due to COVID-19. The Department responded with resiliency, collaboration and innovation.

Our undergraduate and residency programs quickly adapted technology to enhance learning within the constraints imposed by the pandemic. Our transformation of education delivery impacted our continuum of learners from student to resident to staff. Our Department’s educational leaders demonstrated an extraordinary commitment to modifying traditional medical education delivery by creating a new environment that was responsive to frequent rule and policy changes yet maintained high standards. Our team developed interactive webinars and e-learning modules; they shifted in-person academic half-days to virtual teaching. Monitoring to ensure learners acquired the skills they needed was a constant priority. As a bonus, we gained an enhanced awareness of available technologies, which we will now leverage to improve future teaching. These will serve us well as we incorporate AI tools and develop new programs such as a Point of Care Ultrasound (POCUS) curriculum.

**Postgraduate Medical Education**

The pandemic forced residency programs to shut down teaching in ambulatory ‘in-person’ clinics. Understandably, this had a significant impact on the delivery of education for residents, and our programs struggled with how to meet Competence By Design (CBD)—EPA standards. Program Directors and their assistants learned to develop and navigate a new system to ensure resident learning was not compromised. A leading example is Endocrinology, who completely transitioned their clinics to virtual platforms. With that change, they developed a process and protocols which enabled all the trainees from PGY-1–5 to provide virtual care with technological support, adherence to patient privacy, evaluations and feedback. Since April, they have had approximately 3,000 resident-led virtual patient encounters.

This inventive approach to education has been mirrored in other divisions, including Neurology, who incorporated videos to ensure the physical examination component was included. This original approach and adaptive change led to the development of a suite of videos incorporated into day to day teaching. Additionally, the videos will be incorporated into Faculty development workshops such as: Are You on “Mute?”: Teaching in Virtual Clinics.

Despite challenges, we continued the roll-out of CBD across our residency programs and improved our evaluation and assessment process using the new Faculty of Medicine Postgraduate Elentra platform. Additionally, the recent challenges brought on by COVID-19 were the catalyst for a few unexpected accomplishments such as the creation of a graduated team assignment on our CTU teams, virtual interactive morning reports, M&M rounds and journal clubs. We had our first virtual Program Director retreat in May. Despite the overarching stress of change, we discussed how best to move forward with CBD and recruit excellent trainees to our residency programs in the absence of electives. As a result, every division developed a video highlighting and emphasizing their program’s uniqueness and gave viewers a ‘virtual’ look at what we have to offer.

This past year is one of reflection and gratitude. I am grateful for the commitment and support of my Education leadership team.
In addition to COVID-19 driven planning, Dr. Delvina Hasimja worked with TOH quality and patient safety to spearhead a formal curriculum for our learners. This new medicine subspecialty resident quality and patient safety training program will start in October 2020 and was only made possible by ongoing support and cooperation of our Program Directors.

We are currently planning new initiatives for our Core Internal Medicine Program that focus on equity, diversity, inclusion, and racism, and we will continue to expand the Physician Trainee Wellness program. The Core Internal Medicine Program will also be undergoing an internal accreditation review this academic year.

The leadership and dedication of each of our 17 Residency Program Directors over these past several months is something to be acknowledged, admired and celebrated. The stress these individuals endured did not overshadow or detract from their commitment to delivering excellent medical education. In fact, the bond between Program Directors was strengthened during this pandemic. Essential weekly meetings became places where new ideas were welcomed and shared.

**Undergraduate Medical Education**

The COVID-19 pandemic significantly affected the current class of medical students. They were pulled out of clinical clerkship activities on March 16, 2020, and only returned on July 6, 2020, and then to modified clinical activities. The traditional teaching model of small groups was switched to a virtual classroom spread over two weeks, and the usual rotation time in Medicine was reduced from the standard six weeks to four weeks. Unfortunately, this change has led to a decrease in our students’ clinical exposure, particularly in ambulatory care. Despite these challenges, the students have remained resilient and engaged, and our efforts have enabled them to complete their academic year on schedule. They have sought new formats to enhance their clinical skills, and the preceptors have embraced virtual teaching as a new form of education.

**Medical Education Grants/Publications**

Our department members have been very successful in grant acquisition this year with two highly prestigious Social Sciences & Humanities Research Council (SSHRC) Insight Development Grants totaling $212,135, and 6 Royal College of Physicians and Surgeons of Canada (RCPSC) grants totaling $169,704. Successful members include Claire Touchie (SSHRC co-investigator for how healthcare workers maintain professional competencies).

RCPSC grants were awarded to: Debra Pugh (Reframing learning), Samantha Halman (Faculty evaluations), Susan Humphrey-Murto (Training MDs for Epic/Learner handover/Reframing learning), Kori LaDonna (Indigenous learners/Patient storytelling/Learner handover/Faculty evaluations), Jerry Maniate (Reframing learning, Training MDs for Epic) and Tammy Shaw (Learner handover).

Many of our physician educators have published articles this year, samples include: Nancy Dudek on assessment of ER residents (Academic Emergency Medicine and Training), Susan Humphrey-Murto on Health Professions Education Scholarship Units (Academic Medicine), Erin Keely and Chris Tran on evaluating e-consults (J of Telemedicine and Telecare), Kori LaDonna on Exploring how coaches conceptualize their roles (Medical Education, Top downloaded in 2019), Heather Lochnan on conceptualizing CBME (Academic Medicine), Debra Pugh on rating scales and checklists (Medical Teacher). Claire Touchie continues to be a highly sought-after international speaker on entrustment and assessment and has presented in the UK, Australia and Vienna. This has been a very successful year for our medical educators!

**Summary**

This past year is one of reflection and gratitude. I am grateful for the commitment and support of my Education leadership team; the Department of Medicine Executive and administrators; the Program Directors and Program Administrators for their tireless efforts and dedication to their residents; and the Undergraduate team who quickly adapted to a new model for clerkship and for always advocating for our medical students who bring so much joy to our clinical teams; to the medical education researchers who never lost sight of continuing to expand our medical education literature and to the Clinician teachers who, despite their new world of masks and gowns, continue to champion bedside learning and in guiding the learner along their own path of discovery. Finally, I am thankful to Dr. Phil Wells for his ongoing support and leadership and for his advocacy and support for education and the clinician teacher’s role.

Sincerely,

Dr. Barbara Power
MD, FRCPC
Vice Chair Medical Education, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
On the record:
Dr. Heather Lochnan

Have you ever had a dream like a scene out of a movie where the bridge you’re on collapses and your car goes plummeting towards a large, screaming body of water? As a kid, Dr. Heather Lochnan experienced such dreams. As an adult, they still haunt her—as she crosses bridges in her waking life. While she accepts that this is completely irrational, the sweaty palms and racing heart tell another story. It’s not all bridges though, just the really big ones, like the one connecting Montreal island to the mainland.

Like bridges, Heather is a connector. She joins people. As a medical educator, she recognizes that it’s hard to achieve progress, particularly when you work in isolation; as such, she’s become a facilitator and enabler. Over the years, Heather has built a substantial network and will happily share with those inside it. Throughout her career, she’s been the beneficiary of likeminded generosity and is keen to pay it forward.

Some have described her as a small powerful woman. At five foot nothing she says she gets it but emphasises that ‘powerful’ is not a term she’d use to describe herself. If she had to write her autobiography using less than six words it would be, “When opportunity knocks, say yes”. She loves new challenges and her career long philosophy of agreeing to take them on has paid off.

Dr. Heather Lochan is the Head of the Division of Endocrinology and Metabolism, the Assistant Dean of Continuing Professional Development at the Faculty of Medicine and the current President of the Canadian Society of Endocrinology and Metabolism. Her research interests have led to participation as site PI in many landmark diabetes trials like ACCORD. She’s received impressive grant support for medical education endeavours, publishing her innovations with a special interest in professionalism and has been an international invited speaker on this topic. She’s been nominated for, and received, multiple awards for her contributions to this topic.
This leader, medical educator and researcher talks staying out of the limelight, training in Paris, and why thinking about how to make new endeavours scholarly is important.

I ended up living in Paris to do Endocrinology and Metabolism research after Drs Peter Walker and Yvonne Lefebvre encouraged me to apply for an MRC fellowship. They worked with Dr. Paul Kelly who was moving his lab to Paris from McGill. He was an internationally known researcher in molecular biology and prolactin, and both the topic and the destination really interested me. I also had an opportunity to go to Chicago, but Paris won out in the end. I’d always wanted to live in another country and really prove to myself that I could survive, especially one where English was not the first language. It turned out that Paul’s lab was very international and so everyone spoke English. I still learned a lot of French when I was there. I had this strange accent that people could tell wasn’t Québécois, they often asked me if I was Swiss. No matter what, they called me étranger (foreigner).

I’ll always remember my time there. It was an amazing experience. I did so many unique things that tourists don’t usually get to do. Most of the people in the lab were single, we had some great adventures and I got to travel throughout France.

A turning point in my life was meeting my future husband Eric. I met him while I was working in a lab here in Ottawa and I often tell the story how I was sure he didn’t like me at first. He would tell me to come to the lab at 8:30 a.m. to start an experiment and he wouldn’t show up until 9:30 or 10. I thought, ‘this guy really has it in for me’. But we did eventually develop a friendship, very by the book because he was my supervisor, and only started dating once I got accepted for my fellowship. We had a long-distance relationship that really worked. The timing was perfect because he was focused on his PhD. We’d organize trips to meetings, and he’d come and visit because there wasn’t FaceTime back then, just lots of letters and big phone bills. It wasn’t the traditional way of starting a relationship, but we had known each other for over a year so it worked.

Doing a two-year fellowship is not enough to start your own lab so I did further training at Banting and Best Research Institute in Toronto. By then Eric was doing his fellowship at Princess Margaret Hospital and we needed to get back to living in the same city, so it was a good fit. In the end, I didn’t pursue the wet lab research route, but I have done a collection of many things over the years which adds up to something—I think.

My clinical research career began when I inherited the inhaled insulin trials from Dr. David Lau, a former Division Head, when he moved to Calgary. I’ve been involved in a lot of really interesting research over the years allowing our Ottawa patients to be involved in important diabetes studies.

When first on staff, I suggested we get Endocrinology trainees really involved in the lab, the way I was, and I developed a formal program. We often hear people talk about how rare it is that basic scientists and clinicians get together in medical education. But that’s not always true. My PhD colleague, Rob Hache, and I got our educational innovation published in Academic Medicine, that’s where my interest in medical education scholarship began.

I have this pattern that when I’m doing something new, I try and make it scholarly. Dr. Erin Keely set the stage for that way back. She said, ‘if you’re going to do something and you come up with your own idea, try to see how you can get it published’. And that’s what I did, one little project after another. I’ve had pretty good success at taking it to that next level and presenting or getting my work published.

I never felt burnout related to being Program Director, but I do think that it’s a job with an expiration date, at least for me. I absolutely loved being around and working with residents but after eight years, the administrative stuff wasn’t as appealing, and I was ready to look for other things. Then, just by chance, something else came up: Back to Basics. I don’t know where they got my name, but I said yes, it sounded like fun. And then I got asked to be the Endocrine block lead and then just in time to work on the new UGME curriculum I was asked to be the unit 2 leader. That was fun too. We could recreate everything including coming up with Obesity week, no other medical school dedicated a week to the topic of obesity back in 2009. That led to some innovations and publications and I am very proud that our medical school allowed us to do this.

I don’t recall exactly how it happened, but somehow my dear friend Anna Byszewski got me involved and interested in professionalism and we did a study looking at barriers to reporting lapses. Next thing I knew I was co-chair of the Professionalism Group. We’ve organized national interest groups with most medical schools having a representative at that table. We’ve done most of our work during the CCME (Canadian Conference on Medical Education). We focused on creating guidelines, one in particular related to mediation, which really was about natural justice processes and how disparate current processes and policies are across the country. There is no uniform approach and there should be. It could be really devastating to have a professionalism issue listed in your transcript so it’s important that everyone is treated equally and fairly. It’s a very complicated and a very a sensitive topic.
Anna always reminds people that you have to think about the context and figure out what’s going on with the person behind the scenes and see how we can help before any serious issues arise.

**In my role** as Assistant Dean of Continuing Professional Development for the Faculty I am involved in education at many levels. I like to be on planning committees and try to push groups to go to the next level to really try to influence health outcomes. And with that is the challenge of how to measure the impact of these efforts. It is a form of quality improvement; we know our regulatory bodies are looking for us to show accountability.

**To take this to the next level** and go beyond telling, to try and figure out why we’re not getting the results we want to see in the community, it’s time we start identifying the barriers to change and address the status quo. If family docs are having difficulty implementing guidelines, how can we ever hope to make an impact on our patients’ health? Practice changing means really digging in to figure out what the obstacles are and about special populations: older people, frail people, pregnant women, Indigenous people, black people, homeless people and so much more. It’s important in the planning of these events to bring awareness to all of these considerations and determine how we’ll know if and when we’ve had success. Measuring the impact is almost the most important part because otherwise why spin your wheels right? And it’s challenging.

**Silent Witnesses: Faculty Reluctance to Report Medical Students’ Professionalism Lapses**, is a study I published in Academic Medicine about the reasons why faculty don’t report professionalism concerns. It was a project I did with colleagues from three different medical schools in the USA and the University of Ottawa using concept mapping that I had used on a couple of projects including the Department of Medicine’s Strategic Plan a few years back. We were able to, get faculty, clinicians, teachers from all four different medical schools to tell us why they had a reluctance to report lapses in professionalism. And it came down to many things. Things like ‘I don’t know how,’ ‘Where would I begin? ’Who would I talk to?’ ‘It takes too much time,’ and ‘I don’t want to ruin a student’s career by calling them out’. And a very clear theme emerged that doctors are afraid that reporting could negatively impact their career. Since then, much work has been done to remind people that addressing issues now can help save people from getting in bigger trouble later. This was a truly international collaboration.

I hope that the med ed awards I’ve received over the years are the result of people seeing me as a hard worker—that I show up, and that I try to make a difference. I don’t want the limelight on me. I had a very small wedding and no professional photographer; the idea of people staring at me hard. I’d prefer to let others get the credit. But now I often ask myself if that’s the way a woman in academic medicine should be? I don’t know if stepping back is a trait of women or just me, but somehow you have to make sure you do get some spotlight if you want a chance at promotion. You have to find a way to get the international recognition and be systematic in your approach to achieving that. It’s a lesson I’ve learned from watching other people and it took me a long, long time to get there.

I’m a little surprised when young residents and faculty ask me how I manage a busy career and kids and life outside of work (my kids are now at University), and then I wonder is that still a question? Shouldn’t young women see that you can have a family and a career. I never considered it a choice. I do applaud them for being conscientious about this, maybe my way is not ideal; just do it and figure it out later. There are compromises that are made by a couple and there is more than enough joy to make it worth it. I don’t mind opening my computer late at night and working on something that I find fun and often it is an email from Barb or Erin pointing about another challenge or controversy for us to delve into.

**Patience for me** is a big issue. For instance, if you present a good idea and the obstacle thrown back at you just doesn’t make sense, it’s hard to take. I need to stop and realize it’s often just people’s habit, or our culture in medicine, to quickly say no. Sometimes you need to move the needle slowly to get people to come around to see it your way.

“I hope that the med ed awards I’ve received over the years are the result of people seeing me as a hard worker — that I show up, and that I try to make a difference.”
On the record: Dr. Heather Lochnan

The first day they opened COVID-19 testing our problems and help the docs.
people, and they help me in a pinch; I see that call me first. I've developed pipelines to the key that when they need to test something out, they old issues remain. I've had so much interaction have new issues every week and some of the Epic, but now we know not completely, we still trying. At first, I was saying the COVID-19 cured to me to make sure my members know that I'm try to address everybody's issues. It's important it has not been easy. It's a huge thing to really response to COVID, it is ongoing, and it has been therapeutic. I've done a lot of learning on-the-fly recently and I accept there is always more to learn.

Epic has had incredible impact and we all agree it has not been easy. It's a huge thing to really try to address everybody’s issues. It’s important to me to make sure my members know that I’m trying. At first, I was saying the COVID-19 cured Epic, but now we know not completely, we still have new issues every week and some of the old issues remain. I've had so much interaction with Epic people about the need to fix things that when they need to test something out, they call me first. I’ve developed pipelines to the key people, and they help me in a pinch; I see that our Epic/fusion team really wants to understand our problems and help the docs.

The first day they opened COVID-19 testing at Brewer Park, I was a doctor there. I said to Kathy Gartke that morning, after complaining to her about something or other, 'let me know, if I can help you’, thinking she would never take me up on that offer or that she might use me for some admin thing. The next thing I know Andrew Willmore is calling me on my cell to ask me to get over to Brewer in the next 15 minutes. That was an interesting experience but the reason I mention it is that I saw Epic was central to the screening process, in fact my Epic friends were there in their PPE setting up and trouble shooting. It was great teamwork. Working at Brewer was a little outside my usual endocrinology comfort zone, but it felt good to answer the call as I know many others in my division would have gone too if needed. That is another source of pride and joy, to be part of a division that is so engaged in the goings on of the division, department and The Ottawa Hospital.

My great joy in life is my family and second is getting nice feedback from patients. Like when a young man wrote me to say I saved his life by helping him face an eating disorder he was hiding from his parents and doctors. We never forget that kind of feedback.

Courage is to step up when it is not easy. Right now, moral courage is what the world needs.

There’s no good way to tell someone they have something stuck in their teeth.

My idea of misery is having nausea. I hate it.

My greatest regret is not getting my mother to quit smoking before she developed lung cancer that killed her.

The greatest remedy on Earth today is fresh air.

Luck is something that you make for yourself.

If you learn anything with age, it’s that you can’t avoid needing reading glasses.

One rule of parenting: let them know they can tell you anything and together you will figure it out.

As you get older, you do get wiser, or maybe you just don’t take things so personally.

What I dislike most about my appearance is that wrinkles are coming faster.

The room in my home that I spend the most time in is the bedroom for obvious reasons (8h sleep).

The most indulgent thing I do each day or week is enjoy a bit of chocolate.

The best ritual of my daily life is supper with my family, usually around 7:00 p.m. It’s the only time to catch up with my younger son, and then Jeopardy!

You have to give people permission to give you feedback; let them know you are open to it.

The stupidest argument to have with somebody is why the weatherman got it so wrong.

I don’t like it when people say, it’s not personal. You pretty much know if someone says that, it actually is.

I’m least tolerant of hypocrisy in others.

The situation I exaggerate the most in is my ability to ski.

I think people see me as eager to please.

To compete in life, you’ve got to be able to face losing. If you don’t stick your neck out, if you don’t make it known that you’re interested in an opportunity, no good will come of it. If you’re afraid you’re going to lose or not get a job, then you’ll never go anywhere really. Many people have said to me, ‘good for you for trying’. There’s always something to learn from the experience of trying.

I have a rule in life: YOLO. For readers over 25, YOLO is an acronym for “You Only Live Once.”

To do good is to help others without expecting anything back. I think you do your best when you don’t expect any reward.

I’m incapable of being patient in a grocery store.

The habit I’d most like to give up is watching TV. If I had to pick how to use my time, I would rather say I was reading a book, but I reserve reading books for the cottage. When I read outside of the cottage, I feel guilty, like I should be in front of my computer doing something. Watching mindless TV however, does not make me feel guilty.

In high school I was very good at math and terrible at chin ups. I was also very sports minded but never the actual athlete. I was the organizer – what a surprise. If I wasn’t in medicine, I’d probably be a wedding planner! I ended up getting jobs as the scorekeeper and statistician for the Carleton Ravens. I got to really enjoy basketball and so I followed the NBA for quite a while.
Last Saturday, I read an entire book at the cottage: Becoming, a memoir by Michelle Obama. Maybe I don’t read books at home because that’s what happens when I start, I can’t put it down.

The most ridiculous thing someone has tricked me into believing was that a black hill was a green run.

When I really want something, I usually get it.

If I had one trip in a time machine, I would go to the future to see what my kids are up to.

My favourite food is French fries with salt... so tasty!

My greatest guilty pleasure TV show was the Y+R (Young and the Restless). Not recently but for many, many years I watched that soap opera religiously.

My willpower is the weakest for sob stories.

The biggest reward I would pay to get my pet back is, well, I really don’t know. I’m the woman who paid for her cat to see the Forest Hill cat ophthalmologist and have a cornea transplant.

Walking and swimming are the perfect outlets for me. Those are my mindfulness moments and I can blank out everything that worries me for a short time.

If you looked at my playlist, you’d see the following artists: Madonna, Stevie Nicks, Sinead O’Connor, Alicia Keys.

My favorite genre of music is pop/alt rock. Nirvana and U2 were my favourite of the 90’s.

I grew up in Ottawa. My father was in the Air Force during the Second World War, then worked for the government. My mother was an executive assistant at City Hall.

My definition of a good hotel is luxury: a big room and modern concierge service.

My ideal holiday is in a faraway time zone with a beach.

My favourite app is Spotify. I love making personal playlists for every occasion.

Ottawa is my favourite city, it’s my hometown. For me it represents family, has so much to offer and it’s safe and green. I lived in Toronto and Paris, France. I love them both too, but Ottawa is home. Copenhagen is a place I could actually see myself living if only I could speak Danish.

My greatest extravagance is travel and shoes.

My most treasured current possession is a lifetime of photos.

The silliest thing I own is my pasta maker.

What I got from my father was his interest in sports. He played football and hockey. Most people probably don’t know that I can throw a football really well, which is something I learned from him. And hockey was always on at our house. He played a lot of pick up hockey and often these young guys, I mean people I would be interested in, would knock on our door and ask if my Dad was going to come out and play hockey with them.

One trait I share with my siblings is that we are all walkers. I walk year-round to achieve my daily step count, which is 10,000. Even if that means walking around up in my bedroom—whatever I have to do to get there. I think I was one of the first Fitbit owners in Canada. I’ve been wearing one since January 2014. When my sisters and I were kids we just walked everywhere and we’re all still walking.

“I have a rule in life: YOLO. For readers over 25, YOLO is an acronym for ‘You Only Live Once’.”
“When I was sixteen or seventeen, I wanted to be a doctor. In fact, for as long as I can remember I knew I was going to be a doctor. First a neurosurgeon (I did surgery on my Barbies at age 7), then it changed to a cancer doctor, then an endocrinologist.”

I was raised to be self-sufficient. I was raised to realize if you want it, you gotta do it yourself. There was no help to find jobs or opportunities, and that was probably a good lesson for someone who was as shy as me.

In the beginning of any career, you need to find your niche and a mentor.

If not for medicine, I probably would have been good as a lawyer. I have an excellent memory for details.

My greatest professional achievement was being selected as President of my Professional Society, the Canadian Society of Endocrinology and Metabolism. It’s such an honour to be recognized by peers.

I chose my subspecialty because I loved a course in steroid biochemistry that I took in my undergrad at uOttawa taught by Dr. Denis Williamson. He was still around years later when I came back to Ottawa as a faculty member. I loved the pathways and the feedback loops made perfect sense. There was so much molecular biology to be learned and still is which all requires a little detective work to sort out the cause of disease.

The technical advance I most anticipate is the artificial pancreas. We are not so far away!

The best advice I was ever given was don’t give up when you meet a roadblock or stumble, if you want something keep trying.

Growing up, napping was not a word I knew. I am not a napper. I always needed an activity if I wasn’t studying or working. I could always find a friend to play tennis, go biking, swimming, or go to a movie.

The closest I’ve ever come to death was after the birth of my first child. I had a major infection and I needed surgery. I realized that in many countries now, and historically, this is how so many women died.

The most disgusting thing I’ve ever had to do was, perhaps not the most disgusting but something that made me queasy, was to assist with a rhinoplasty, and I got in trouble afterward for saying how yucky it was.

I feel I’m on the threshold of seismic changes in medicine because of technology, virtual care and machine learning, well beyond what I can imagine.

I always wanted a piano, and I have one.

I would never do well in politics, it’s too mean.

To be able to sing is the talent I’d most like to have that I currently don’t possess. I love to sing along to songs, but no one should ever hear me.

I think garden gnomes are nice as long as they are at other people’s houses.

If I could be anywhere other than here, right this minute, I’d be at my cottage, swimming in the lake.

If I could have dinner with anyone (dead or alive) it would have to be Barack Obama. 2008 was pivotal and I admire his big thinker approach, his accomplishments and perseverance—he embodies hope... Yes We Can.

A book that has had a lasting impression on me is The Handmaid’s Tale that I first read in 1986 when I lived near Margaret Atwood, and read again, recently. It’s such a slippery slope for women’s rights and progress.

Holiday, by Madonna is a song that is guaranteed to start my day off right.

If after I died, I could choose to come back as something it would be a well-taken-care-of house cat.

The 1990s fashion trend that I miss the most is the Rachel haircut and high-waisted jeans.

Watching Modern Family always makes me laugh.

I would like to be transported into the movie Lord of the Rings. There are not enough female characters.
Dear Heather...

If I had known COVID-19 and all that entails was coming....

Just like the famous YouTube video of a woman speaking to her November 2019 self, she says it is a good time to get a dog. Pre-COVID-19 I was seriously on the road to getting a dog, not a puppy...being I never had my own dog, everyone told me I could not handle a puppy...my family was not on board for a dog, but I have been slowly inching towards getting that dog. We have a cottage that is a great place for a dog... and as my sons are older with one who has moved out and the other planning to, I may be looking to fill a void, pet love seems like a good substitute.

A dog that loves to walk is what I wanted. A golden doodle, or labradoodle were on the list.... as my niece breeds her golden doodle, and she set her brother up with the nicest dog named Rusty. In the end, I only worked from home one day, I was in the office with TEAMS and ZOOM for hours a day, I would have hardly seen that dog. I never would have guessed I would be doing full clinics on the phone, in as I now call my office, the call centre. Also, as weird as it seems I could have told myself, you will adapt nearly overnight, you will be talking to patients on the phone, they will be so grateful for a phone call, be talking to patients on the phone, they will be so grateful for a phone call, your Epic notes will be so much better and you will be so thankful for Epic.

Anyway, I still want a dog...

Dr. Heather Lochnan was born in Ottawa, graduated from the University of Toronto Medical School and completed her Endocrinology and Metabolism research fellowships at the Hôpital Necker-Enfants Malades in Paris, France and at the Banting and Best Research Institute in Toronto. In 1997, she returned to Ottawa with her husband, Eric LaCasse, who works in cancer research at CHEO. She has two sons, both in University.

She is Head of the Division of Endocrinology and Metabolism in the Department of Medicine at the Ottawa Hospital, University of Ottawa. Dr. Lochnan is Professor of Medicine and the Assistant Dean of Continuing Professional Development, Education Programming for the Faculty of Medicine.

She is the current President of the Canadian Society of Endocrinology and Metabolism and known for her interest in diseases of the thyroid. She has a dedicated thyroid cancer clinic and was an early adopter of point of care ultrasound in the thyroid nodule clinic. Her research interests have led to participation as site PI in many landmark diabetes trials, like ACCORD. As well, she has published her innovations in medical education with special interest in professionalism. Her favourite past time is to be outside, including skiing in winter and swimming at the cottage in summer, and year-round can be seen on her long daily walks working to achieve her daily step count.
Medical Research
Earning a Research Chair requires years of dedication to cultivate and grow a research program.

Investigators must demonstrate consistent productivity and academic achievements while at the same time supporting and mentoring trainees to develop their own independent research programs. Moreover, our investigators’ successes are contingent on their Departmental colleagues’ commitment and support and our internal research program. In 2020, DoM investigators won an unprecedented 28 of 54 possible University of Ottawa Clinical Research Chairs, ranging from Junior Research Chairs to the Distinguished Clinical Chairs. We are proud to celebrate this incredible achievement: our researchers’ success reflects the academic excellence of our entire Department.

This past year, DoM members showed tremendous productivity, impact, and ingenuity. Our research program is stronger than ever, and our infrastructure more efficient.

The pandemic caused upheaval across all aspects of our professional and personal lives. But it also created new opportunities and innovative approaches to conducting research. We were the first to announce and fund the Special Pandemic Agile Research Competition (SPARC), a concept that would later be launched at other universities, TOH/OHRI, and by major grant agencies such as CIHR. In parallel, the Ottawa Health Sciences Network Research Ethics Board expedited COVID-19-related research and worked with our investigators to modify study protocols and ensure their safe execution during the pandemic. We worked with OHRI to help form a bridge-funding committee and offset the pandemic shutdown’s financial impact. And COVID-19 did not stop our internal grant programs. We remained dedicated to our trainees in the Research Plus Program and our research partners at the OHRI and the University of Ottawa. We continued to support the Ottawa Methods Centre, fund DoM-OHRI-uOttawa Translational Research Grants and partner with the Faculty of Medicine to support the Clinical Research Chair program.

Sincerely,

Dr. Dar Dowlatshahi
MD, PhD, FRCPC, FAHA
Vice Chair Research, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
Trainee Research

In 2019, DoM launched its new Research Plus Program under the leadership of Dr. Gregoire Le Gal and Mr. Jean-Michel Bouchard. This competitive program is designed to foster and develop strong research skills in highly-motivated DoM residents during their early training. The goal is to provide the opportunity and support to create publishable research under the supervision and mentorship of a faculty member and develop a pipeline of exemplary clinician-scientists. We welcome the first group of Research Plus residents:

- Dr. Anand Bery (PGY-3 Neurology)
- Dr. Travis Davidson (PGY-3 PM&R)
- Dr. Danyal Ladha (PGY-2 Core IM)
- Dr. Joanne Joseph (PGY-2 Core IM)
- Dr. Katherine Magner (PGY-2 Core IM)
- Dr. Monica Mckeown (PGY-2 Neurology)

Department of Medicine Research Grants

Developmental Grants

Dr. Robert Fahed (Neurology), $37,231, “Impact of patient characteristics on assessment for endovascular stroke treatment (CASES)”.

Dr. Gregory Hundemer (Nephrology), $48,000, “Characterizing cardiovascular and renal disease in subclinical primary aldosteronism”.

Dr. Edward Clark (Nephrology), $48,000, “Exploring the relationship between mitochondrial health and hemodynamic instability related to renal replacement therapy in critically ill patients”.

Special Pandemic Agile Research Competition (SPARC) grants

Drs Arianne Buchan, Curtis Cooper, Juthaporn Cowan, Natasha Kekre and Micheline McGuinty (Infectious Diseases and Hematology), $40,000, “Assessment of immune response, viremia, and clinical outcomes of SARS-CoV-2 infection and the role of biomarkers in predicting response”.

Drs Michel Shamy, Robert Fahed and Claire Dyason (Neurology and Palliative Care), $12,250, “Preparing for resource rationing under pandemic conditions: a mixed methods study”.

Drs Andrew Crean, Benjamin Chow, Peter Liu and George Chandy (Cardiology and Respiriology), $35,000, “Fast Initial Rapid Screening Test by CT for COVID-Related Lung Disease within 24 Hours of Admission (FIRST-CT 24)”.

Department of Medicine - Ottawa Hospital Research Institute Translational Research Grants

Drs Mitchell Sabloff (Hematology), Philip Berardi and William Stanford (Hematology), $48,000, “Integration of Molecular Genetic and Epigenetic Profiles to Predict Refractory Acute Myeloid Leukemia.”

DOM Research Grant Progress and Successes

The pandemic may have shut down our labs and clinical study recruitment, but it could not shut down our progress. Drs Sorisky and Zha (DoM-OHRI-uO translational grant) showed that lowering the cholesterol content of human macrophages leads to changes in gene expression associated with inflammation and are now delineating the pathway between key upstream regulatory factors and inflammatory gene profiles. Dr. Aydin (DoM Developmental grant) has recruited 21 patients to her musculo-skeletal ultrasound study and expects to complete recruitment in winter 2021.

Drs Ruzicka and Burger (DoM-OHRI-uO translational grant) obtained critical data validating sex difference in microparticles activation on hemodialysis leading to a successful peer-reviewed research grant from Kidney Foundation of Canada. Dr. Shamy (DoM SPARC grant) completed a study to determine the preparedness among physicians in the Ottawa region to make decisions about allocating life-saving resources in times of pandemic, which is accepted for publication in PLoS One.

Research Chairs Currently Held by Department Members

The Department of Medicine partners with the University of Ottawa to provide salary support to emerging and established researchers through the University’s Clinical Research Chair awards.

University of Ottawa Junior Clinical Research Chairs

- Dr. Angela Cheung (Gastroenterology) — Chair in Precision Medicine in Autoimmune Liver Disease
- Dr. Derek MacFadden (Infectious Diseases) — Chair in Antibiotic Use and Antibiotic Resistance

University of Ottawa Clinical Research Chairs - Tier 2

- Dr. Sibel Aydin (Rheumatology), Chair in Inflammatory Arthritis
- Dr. Lana Castellucci (Hematology), Chair in Thrombosis and Anticoagulation Safety
- Dr. Sharon Chih (Cardiology), Chair in Cardiac Transplantation
- Dr. James Downar (Palliative Care), Chair in Palliative and End of Life Care
- Dr. Susan Humphrey-Murto (Rheumatology), Chair in Medical Education
CUTTING NEW GROOVES

University of Ottawa Distinguished Research Chairs

- Dr. Shawn Aaron (Respirology), Chair in Obstructive Lung Disease
- Dr. Rob Beanlands (Cardiology), Chair in Cardiac Imaging
- Dr. Bill Cameron (Infectious Diseases), Chair in Infection and Immunity
- Dr. Greg Knoll (Nephrology), Chair in Clinical Transplantation Research
- Dr. Phil Wells (Hematology), Chair in Translational and AI Research in Venous Thromboembolic Diseases

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
- Dr. Hanns Lochmüller (Neurology) — Canada Research Chair in Neuromuscular Genomics and Health

Key Publications

The DOM researchers continue to publish many impactful peer reviewed publications. While a more detailed list is provided in the Divisional Reports, here is a selection of the department’s outstanding journal articles from 2019-2020:

**Key Grants**

Our researchers continued the trend of success at the Canadian Institutes of Health Research (CIHR): Dr. Paul Albert was awarded $791,775 to study light-based brain stimulation in antidepressant resistance. Dr. Shane English and team received $100,000 to determine appropriate outcomes in subarachnoid hemorrhage. Dr. Dean Fergusson and team received $76,500 to study patient and public engagement in laboratory research. Dr. Lynn Megeney received $745,875 to study the role of caspase activity in beneficial and adverse cardiac hypertrophy. Drs Duncan Stewart, Shane English, Dean Fergusson and team received $1.8 million to trial cellular immuno-therapy for COVID-19 induced acute respiratory distress syndrome. Dr. John Bell and team were awarded $1.9 million to rapidly create and test several potential COVID-19 vaccines in animal models. Dr. Smita Pakhale and her colleagues were awarded $129,283 to examine how COVID-19 has impacted Ottawa’s most marginalized communities. Dr. Marc Carrier and colleagues were awarded $304,000 to study the risk of blood clots in recovered COVID-19 patients. Dr. Kumanan Wilson received $212,000 to study Canada’s response to COVID-19.

**Honours & Awards**

- The University of Ottawa Faculty of Medicine announced the winners of its inaugural Awards of Excellence. Recipients from DoM included Dr. Kwadwo Kyeremanteng (Early-Career Researcher of the Year — Clinical), Dr. Marjorie Brand (Publication of the Year), Dr. Robert Bell (Educator of the Year — Clinical) and Dr. Rashmi Kothary (Mentor of the Year — Basic Sciences).
- The Ottawa Hospital Research Excellence Team Award was given to the Rethinking Clinical Trials (REaCT) team, which includes Department members Dr. Mark Clemons and Dean Fergusson. The REaCT Program compares established standard-of-care cancer therapies in real-world settings, with a focus on performing pragmatic randomized controlled trials with patient-focused outcomes. Since 2014, the program has opened 19 clinical trials and randomized over 2,500 patients.
- Dr. Michael Rudnicki was elected a Fellow of the Royal Society, the most prestigious and oldest scientific institution in the world, founded in 1660.
- Dr. Phil Wells was the winner of the 2020 Distinguished Lecturer Award in Blood and Blood Vessel Sciences, awarded jointly by the Canadian Society of Atherosclerosis, Thrombosis and Vascular Biology (CSATVB) and CIHR-ICRH.
- Jeremy Grimshaw and Peter Tugwell were ranked by the Web of Science Group as being among world’s top researchers for 2019.
- Muscular Dystrophy Canada presented the Excellence in Service Delivery Award to Dr. Jodi Warman Chardon, and the Dr. George Karpati Researcher of the Year Award to Dr. Robin Parks.
- Dr. Jeremy Grimshaw was elected a Fellow of the Royal Society of Canada.
- Dr. Ruth McPherson received the 2019 Canadian Cardiovascular Society Research Achievement Award and the Margolese National Heart Disorders Prize.
- Dr. Rob Beanlands received the CIHR-ICRH 2019 Distinguished Lecturer Award in Cardiovascular Sciences.
- Dr. Terry Ruddy received the Blumgart Award by the Society of Nuclear Medicine & Molecular Imaging Cardiovascular Council.
- Dr. Ross Davies received the 2019 Dr. Michael Freeman Canadian Society of Cardiovascular Nuclear and CT Imaging Annual Achievement Award. ✤
On the record:
Dr. Jonathan Angel

Dr. Jonathan Angel is driven by food, likely the result of the environment he grew up in. His mother was a fabulous cook and quality family time often revolved around the preparation of a good meal. His personality, much like his favourite meal, steak, can be surprisingly more tender than it first appears. Jonathan is blunt, sometimes to the point of being harsh. People mistake his irony for pessimism but he’s actually a very positive person. He has an unruffled confidence that the world will rise up and meet him and being type A in all aspects of his life gives him the ability to move forward decisively. When at home, he’s often sitting with a pile of papers and a pen, but rarely talks about his work. Even though his wife Karen can always tell when he’s working on a grant, she has absolutely no clue what it’s for. Let’s enlighten her.

Dr. Jonathan Angel is the Head of the Division of Infectious Disease and a medical researcher. His accolades are vast: 160-plus peer reviewed pubs and tens of millions in research funding.

His scientific work spans from basic fundamental investigation and translational research through to clinical trials. With the foundation of his research addressing the mechanisms of HIV-induced cellular immune dysfunction and the impact of immune-based therapies including HIV vaccines, Jonathan’s exploration has recently evolved to include studies of novel approaches to cure HIV infection.

To compete in life, you’ve got to know where to focus your efforts. And to have a successful research career, it helps to be focused on the right questions. Smitten husband, scientific mentor and neophytic bridge enthusiast, Dr. Jonathan Angel talks about the importance of family, successful trainees and collaborative environments, where there’s plenty of room for everyone to succeed.
My great joy in life is my family.

Courage is standing up to the bully. When you think about bullying you picture the tough kid on the playground. As a kid myself I didn’t experience much of that. In fact, I probably befriended most of them. As an adult it’s very different, but it still exists. It’s important to stand up for yourself at any age, otherwise you get taken advantage of and people will continue to do what they do without consideration of you, your feelings or even your livelihood.

There’s no good way to say I don’t like you. I tend not to give people the time of day if I don’t like them. My wife sometimes feels that I can be insulting because what I say comes across as cutting or offensive. But if I take the time to make fun of someone it’s usually when I actually like them and feel that they can take my ribbing. It’s all intended in good fun, but sometimes I can miss the mark.

The one thing I’d most like to forget is when my kids were sick and hospitalized. It was scary and I felt helpless, it was not an easy situation at all. And not just the situation itself, but the prospects for their future and ours. It was extremely tough, but it all worked out with very happy endings.

The one thing I’d most like to be forgiven for is ever being impatient with my wife.

The thing that would make me go insane the fastest is if my wife left me. I mean ‘insane’ lightly and not psychiatrically insane. Thankfully I know she cares a lot about me and our kids and will do anything for us. She’s selfless that way.

Maybe I’m wrong, but I think everything will always work out. I’m not blindly optimistic just an optimist. I submit grants and papers and more frequently than not they don’t get funded or accepted so certainly things don’t always work out on a day-to-day basis; there’s always disappointment. But in the grand scheme of things, life in general, I always believe that everything for me and my family will be fine.

I worry about things that I need to fix or address the short-term and over which I have control. My wife worries about things she has little or no control over like world hunger or poverty or racism. She cares deeply about it all. Here’s what I stress about: It’s 11 o’clock at night and I’m lying in bed thinking about what time I’m going to get up the next day to go to the hardware store to find the thing I need to fix the broken handle on the window. I can’t totally relax until that’s done. Karen couldn’t give a **** about that stuff.

The greatest remedy on Earth today is clean water for all.

You don’t know what people are really like until you live with them for a week.

Luck is something that just happens—otherwise, it’s not ‘just luck’.

If you learn anything with age, it’s that there’s so much more you don’t know.

I don’t understand how people can gamble when they can’t afford to lose money. I’m not just talking about casinos, but investments too. If you can afford to throw away $100, $1000 or $10,000 fine, but for people who don’t have it, it just seems sad.

I don’t see myself as a risk taker. I don’t do any extreme sports or spend money on things that may win big or offer a big return. I’ll take risks on things I have a bit of knowledge or insight about. It’s just a risk-reward balance for me. I recently talked to someone who cancelled all of their in-person meetings because of the coronavirus, but for me, the benefits of being able to meet with people face to face rather than electronically outweighs any risks. Others might see that as very risky.

I’m good at forgetting things like minor negative experiences. I’ll say something I wish I didn’t say, or something will happen, and I’ll be embarrassed or feel bad for a little while. But I will eventually forget about it because something else will happen to replace it. Maybe that’s a coping mechanism, a successful coping mechanism, because I’ve had plenty. I haven’t forgotten my failures with girlfriends in high school though. Those things I remember. I don’t dwell on them, but I can remember them. I guess they’re burned in there.

My most marked characteristic is my loud voice. I have difficulty whispering.

What I dislike most about my appearance is my belly.

I’ve been known to tell a lie when I don’t want to hurt someone’s feelings.

The best ritual of my daily life is falling asleep.

You have to give people permission to speak their mind.

A friend is someone you don’t need a reason to call, you can just reach out to talk. And with good friends, you can go months without much communication and then see or hear something funny they might enjoy and then just call them seemingly out of the blue. This is in stark contrast to my Mom who will say ‘you haven’t called in so long,’ or ask me when the last time I spoke with my sister. I don’t feel I have to call people to show that I love them or that I’m interested in what they’re doing.

I think people see me as confident, maybe arrogant depending on who it is. But also as helpful and supportive.

To compete in life, you’ve got to know where to focus your efforts. That probably kicked in for me when I started thinking about getting into medical school. I was a really good tennis player when I was young, but not quite good enough. I played with guys who went on to get scholarships in the US and played low level professional tennis. When our private coach moved, we all had to make decisions about our next steps. I made the decision to stop focusing so much on tennis and focus on everything else. I think that was a good decision. I wouldn’t really have gone anywhere playing tennis; maybe I was good enough to play low level college and
I am most fulfilled by the success of my trainees. I’m referring to the people in my lab: particularly graduate students and Postdoctoral Fellows. This can be publishing their work, finishing their PhDs, getting good positions after they leave my lab and ultimately having their own successful careers.

What motivates me outside of work are successful personal projects and being recognized for them. I’ve built some stuff around the cottage that Karen really likes and that others have commented on. This motivates me to do more. I built this outdoor stone barbecue. In the spring we use it to boil sap to make maple syrup, it was a do-it-yourself project I saw in Cottage Life magazine.

The habit I’d most like to give up is always having a second helping at dinner. I just love food. Well, I love good food. I really like the social aspect of eating, and sometimes preparing, a meal. And if I’m enjoying what I’m eating, I have difficulty stopping. I should probably just put my fork down when I’ve had enough and I’m not about to ‘workout’, so the only way for me to lose my belly is to eat less.

I love playing board games, it’s competitive fun. With age, it’s getting easier and easier for me to lose, especially after having kids. I also like playing bridge which I’ve only learned over the past few years and really want to get better. I enjoy playing anything well. It’s very satisfying.

Last Saturday, I enjoyed time with my family at our cottage. I can tell you that now, particularly during this pandemic, it’s where we always are. We are so fortunate to have it and living there makes life feel somewhat normal. I grew up with a cottage and I didn’t love it. It was a little shack a couple of hours north of Toronto, built on cinder blocks. It was small and dated, and we always seemed to be working on it. However, my dad loved it. Now, I’m quite happy to work around our cottage, cutting down trees, cleaning up, painting this and fixing that. I find it relaxing. In retrospect I can see how my dad might have felt the same way doing that with his kids. Karen also grew up with a cottage, but she loved it. She’d go up there and lie in her bed reading Tiger Beat magazine or lazing on the dock reading Sidney Sheldon. She had to convince me to buy one. It’s not like I was against a cottage, it’s just that I was indifferent because of my own experiences. I have come to realize it is where our family naturally gets together when they all came home. If the kids came back to our house in the city they’d be going out everywhere, with lots of distractions. Convening at the cottage is great.

This morning, I didn’t do anything out of the ordinary. I don’t thrive on routine, it’s just my default. My routine is very specific, but it’s not because it’s important to me, it’s just what I do: my alarm goes off, I check my phone, hop in the shower, brush my teeth, get dressed, shave, walk out the door. I don’t eat breakfast. I don’t take the dog for a walk.

I always want to be right. And when I’m not, and if it’s about a fact, say I’m arguing about how tall Wilt Chamberlain is, and I’m proven wrong, I’ll have no problem admitting I’m wrong. But a lot of arguments are not decided that easily, like when there’s some mix of fact and opinion. My kids can really get into it with me. I don’t argue or disagree with them much anymore because I think I have evolved as a parent. I’ve learned to let them do and say just about whatever they want. That took time though and probably didn’t happen until my kids were in university. It’s obviously harder to do that when they’re younger but even still I probably should have taken that approach earlier. No matter what, they’re going to push your buttons so it’s best to let them do as they please.

The most imaginative thing I’ve done as an adult is organize a sailing trip in Greece. It was probably the best group trip we’ve ever been on—it was amazing.

I’d eat deep fried food all the time if it wasn’t for my health.

Sometimes when you’re trying too hard you forget what is really important.

The biggest reward I would pay to get my pet back is really up to my wife.

The most rebellious thing I’ve ever wanted to do is wear jeans to work every day—not really that rebellious. But it’s just not something I care enough about to cause a disruption. I think dressing for your position is old, dated thinking and medicine is an old profession. Phil [Wells] sometimes bugs me about not wearing a suit or tie but I just don’t think it’s important. If you look at the high-tech world, these companies don’t come to work in suits and ties. Older patients may expect to see a physician in a jacket or a white coat, but that might just be generational.

The afternoon of my dreams would include a round of golf followed by beer and wings or fishing with my kids at the cottage on the weekend.

My most treasured current possession is my Tesla (aside from my cottage of course). Karen was driving our 2004 Corolla with its doors rusting out and was understandably embarrassed. I liked the idea of buying an electric car because I singlehandedly want to save the Earth—though it didn’t keep me up at night. I’m not a car guy so I looked at electric cars that were considerably cheaper, but most had nothing special to offer and their driving range was way shorter. I needed the car to easily get me to the cottage and back. The Tesla had that, and it was cool, but it was not cheap. Karen convinced me to go ahead and spend the money instead of settling for something that would not make me happy. I know I’m not personally going to have a big impact on the environment, but collectively people can make a difference. Seriously. And I love it.
On the record: Dr. Jonathan Angel

My favorite genre of music is synth pop. Going to pubs while in University we danced to New Order, Depeche Mode ... so it always reminds me of those times.

I always wanted a few more inches in height.

A book that has had a lasting impression on me is The Firm. It wasn’t the book itself, but it was the first book I read as an adult and put me on the path of life-long reading. Though I still don’t read a ton.

The 1990s fashion trend that I miss the most is none—I still wear clothes I have from the 90s, seriously.

I have a great memory and remember people. I’m very observant which has probably helped me socially.

One characteristic I share with my siblings is valuing time with family. Growing up, peace and quiet was not something I knew. Ours was a big family and everyone was loud.

My Mom is a wonderful mother who taught me my children are the most important people in my life (not counting my wife).

I was raised to be my father’s son. My father is an Endocrinologist and Clinician Scientist. I suspect that as a kid, while asleep at night, my parents would whisper in my ear and feed stuff to my subconscious about my future. I worked in my Dad’s lab when I was younger but while I don’t ever remember him encouraging me to have this type of career or either of them even encouraging me to go to medical school, they must have. So, because I had done a fair bit of research as a summer student and had a few jobs in research labs, I decided this was the type of career I wanted. And, of course, because I’m my father’s son.

I went to Boston to do an Infectious Disease fellowship because their subspecialty training program combined clinical and research in a three-year program, which wasn’t available in Canada.

In the beginning of any career find people that will help you without needing it to be for their own personal gain.

I probably wouldn’t have been a physician if I was just a little better tennis player. I’ve just started playing again and honestly, I don’t love it. I’ll go if friends ask me to play but I don’t initiate it. I know I’ll never be as good as I was when I was 14, which I find frustrating.

I chose my subspecialty because it is by far the most interesting and continues to evolve incredibly rapidly. Dr. Hillar Velland, an Infectious Disease specialist and my ward chief on medicine at the Toronto General was particularly inspiring. ID is also incredibly varied. It involves every demographic, young, old, including some of the most vulnerable. Every system is involved; it is not a single organ or a single site, and when I was training, there were no other medical specialties where most people could be cured. You could do that in ID. Of course, this was before HIV.

When I went to Boston, I had to decide on a research project very early on which was how I was able to find funding for fellowship money I needed to support me. I started working with this guru in the area of inflammation—I think my initial project was platelet release of Interleukin blah blah blah. Then I had an opportunity to study inflammation in HIV—that was certainly where everything was going—and at that time, if I wanted to stay in Boston and do research this was the area I was encouraged to pursue. I don’t really remember getting a choice, but regardless, I was happy to do it and it worked out well.

A turning point in my life was moving to Ottawa—it was a difficult choice. Up until that move I had only lived in Toronto, Vancouver and Boston. Ottawa just seemed small. For reasons such as family, friends and everything that goes on there, I would have loved to have settled in Toronto. But there’s no way the job that I have here would ever exist there—the people, the environment, the institution, the research opportunities, clinical responsibilities, the lab space just would not be possible. There are too many competing egos in the big cities, and you don’t have that here in Ottawa. I could have worked somewhere else—there were opportunities—but I really wanted to be happy in my work life.

Gary Garber opened the door by offering me a job in Ottawa, but Bill Cameron really had a significant influence on my career by creating an environment within which I could succeed.

Much of my career has focused on the mechanism and therapies related to HIV. Now the field, and much of my work has evolved to finding a cure. When I’m asked if I really think this is possible, the answer is ‘it depends’. People mean different things when they say “cure”. When the general public think of curing HIV, they think it means getting every bit of virus out of their body. If the question is, do I think there will be a time where you can cure HIV and that you can give someone something and every bit of virus will be removed from the body?—the answer is no. When we start to talk about a functional cure, which is a term meaning when your body is able to control the virus completely so that you’re totally healthy and you don’t need medication—the answer is possibly, maybe. But I don’t think it will happen in my lifetime.

“One of the biggest compliments I got early on in Ottawa was when people said they couldn’t tell I was from Toronto.”
“If after I died, I could choose to come back as something it would be an eagle or owl. They fly and are high on the food chain so I probably wouldn’t get eaten! Or maybe a hippo, might be fun to wallow in the mud — and who wants to eat hippo right?”
It’s difficult to succinctly summarize my research simply because it involves a number of things: my lab, clinical research, and industry sponsored clinical trials— it’s a real spectrum. My real interest though is how HIV effects the immune system and therefore how you can adapt or modify the immune system to better control HIV. The work I’ve done includes immune based therapies and vaccines. This moves into the area of a cure because a number of these strategies are used to improve your immune system and can therefore be a component of the big picture that’s used as a cure.

I’m currently working on two main things:
1) A cancer killing virus as a potential approach to an HIV cure. The plan is to move that into animals, which is a big step for me because I don’t do much animal work. This, however, is one step closer to human trials. 2) Looking at multipurpose prevention technologies. This is using a single device or compound or drug to prevent both pregnancy and HIV. HIV prevention is not something I have worked on but there is some evidence that some compounds that provide contraception may also prevent HIV infection. If you can combine that into a single product you can really empower women in their own reproductive and sexual health. I am collaborating with Dr. Nuch Tanphaichitr on this project, which she has really spearheaded. She has received some funding from the Gates Foundation for something that has the potential to be a ground breaker.

I’ve had a lot of minor disappointments along the way but nothing major. When people publish work that is similar to something I’ve already done, but in higher impact journals, perhaps because of who they are or who they know, and particularly when they don’t reference my work, this is something that really aggravates me.

I regret not taking a sabbatical. Four or five years ago, when my work was just starting to take off, I looked into going away for a year to work with a group in Australia. They were very receptive to me joining them but then it just fizzled out and I kick myself for not pursuing that opportunity. It’s easy to make excuses for not doing it: you don’t want to take the kids out of school, don’t want to give up your clinical practice, your patients will miss you, your lab will suffer and yes, your kids will say they hate you because you’re taking them away from their friends and it’s horrible. It is disruptive for sure, but people will get over it. Everyone I’ve talked to said it was a great thing to do. When I was a teenager, my Dad went on sabbatical and I hated being uprooted and moving somewhere else, but once there, I realized what a great experience it was.

**Being the Head of Infectious Diseases**

I’m very important and it makes my Mom happy. No seriously, it means that I get to help mold and grow a strong division by recruiting new Division members to help guide its direction and support the great people we already have. I’m gratified by the success of everyone in my division. When I was just starting my career, I had to create and be successful for myself. But it’s very different today, I’m old now so I can focus on helping others.

Since becoming Division Head, there are a few things I’ve done that I’m proud of, none of which I did by myself of course. First, things up at the Civic Campus needed some shaking up. First, the support staff there needed a revamp. That was hard, as some of those people had been around for a long time. Along with that, I’ve worked towards having more of a presence at that campus. I’ve also made an effort to ensure trainees rotate equally between sites. I’d like to think we are now a happier, more cohesive group. For members in my division who’ve wanted to slow down, I think I’ve been accommodating and made it easy for them, either cutting back their clinical work or changing the type of work they do.

I will not be applying to be the next Department Head. Two years ago, I may have considered it, but a few things have changed my mind since then. First, I’m invested in my division and in the success of our group. That includes the physicians, trainees, admin staff, and nurses. I really want them to do well. Second, I didn’t do any clinical training here, so I’ve never been on the CTU before and could never pretend to know how things really work here. I’ve also seen just how much Phil deals with. Right now, I can pretty well control my work environment; I don’t have the pressure from here and there, and although I obviously report to the Department Head, I don’t really have anyone telling me what to do. I suspect Phil spends a lot of mental energy on that stuff and I have no desire to deal with that. I’m sure there’s a lot of stuff I don’t see, and what I don’t see is probably worse than what I do see. And finally, I think I have enough insight to know that my vision for the Department is not what most Department members would want. I’m a clinician scientist, that’s where my heart is.

If I had to write my autobiography using only six words, it would be “I tried my best—usually.”
Dear 14-year-old me (Jonathan),

While you might make some poor decisions (e.g., choosing Julie over Vickie at that party in grade 11) and will miss out on real opportunities (e.g., not going away to University after high school), all the choices you make will lead you to a pretty good place. You will have a job you like in which you have achieved a degree of success. You also have a great wife and family and a good group of friends. The advice I have is to try to be more patient with people about whom you care and with whom you work. Not everyone shares your perspective or has your same sense of humour.

**Dr. Jonathan Angel** graduated from medical school at the University of Toronto in 1988 which was followed by an internal medicine residency in Toronto. After one year as the chief medical resident at St. Paul’s Hospital in Vancouver, he did his clinical and research infectious diseases training at the New England Medical Centre/Tufts University in Boston supported by an MRC fellowship. In 1995, Dr. Angel joined the Division of Infectious Diseases, Department of Medicine at the Ottawa General Hospital. Since that time he has been involved in basic science and clinical research as well as patient care. His research spans from basic fundamental work and translational research through to clinical trials.

With the foundation of his research addressing the mechanisms of HIV-induced cellular immune dysfunction and the impact of immune-based therapies including HIV vaccines, in patients with HIV infection, Dr. Angel’s research has evolved to include studies of novel approaches to cure HIV infection. Dr. Angel is currently the Head of the Division of Infectious Diseases, Professor of Medicine at the University of Ottawa and Senior Scientist in the Ottawa Hospital Research Institute. He has been supported by a Clinical Research Chair in the Department of Medicine and his research is primarily funded by the CIHR.
Quality and Clinical Care
The Ottawa Hospital’s vision is to provide each patient with world-class care, exceptional service, and compassion that we would want for our loved ones.

This global crisis has united us as a Department, Hospital, and community to continue to strive for excellence in all care elements that we provide and to continue to prioritize the patient experience, access to care, and patient safety in everything we do.

The Department of Medicine (DoM) is a part of this commitment to providing a culture of excellent and compassionate patient-centred care, as demonstrated by our program development and noteworthy achievements. This past year has challenged us all in ways we had not previously thought possible. Our workflows were immediately altered with the implementation of Epic into our daily routines. However, no greater disruption to the status quo was seen than with the onset of the COVID-19 pandemic. This global crisis has united us as a Department, Hospital, and community to continue to strive for excellence in all care elements that we provide and to continue to prioritize the patient experience, access to care, and patient safety in everything we do.

**Department of Medicine Quality Committee**

Under the leadership of Dr. Delvina Hasimja, our Quality Committee continues to make substantial contributions towards efforts to improve the patient experience, access to care, patient safety, effectiveness and efficiency. Our divisional quality leads meet quarterly to identify common patient safety challenges and develop new programs of interest for quality improvement. These meetings helped keep divisions engaged and ensure that we met our TOHAMO requirements, including completing and evaluating Safety Learning System (SLS) events, M&M meetings, serious incident reviews, and reviews of patient experiences and concerns. For the past four consecutive years, this Department has fully met and exceeded the TOHAMO requirements. The quality committee supports and encourages the SLS use by Department members and has developed a dashboard to be used across the hospital. This dashboard has been critical in identifying issues of concern across the DoM and hospital. We have undergone a thorough review of issues and challenges that have occurred, including evaluation of M&M rounds, incident reports, Serious Incident Reviews, and discussions during our regular DOM Quality Meetings. The Vice-Chair for Quality also has a seat at the TOH Patient Safety Committee to help enable collaboration and project development between the TOH and the DoM. The most common concerns and threats continue to involve medication-related issues, patient falls, communication and support, wait times, and resources and equipment issues. Identification and collation of important quality concerns will allow us to develop key targeted strategies to address and mitigate these issues.
We have identified key performance indicators prioritized by each Departmental lead. Over the coming year, this group will collaborate with the hospital to develop and leverage Epic’s strengths to track and report these critical quality indicators.

Transformation in Clinical Care

The DoM continues to rate at or above the corporate averages and targets for patient satisfaction based on NRC Picker Dashboards. Some notable Divisions include Cardiology, Neurology, Nephrology and Physical Medicine and Rehabilitation, where satisfaction scores are extremely high overall.

Despite the challenging year, our DoM continues to find ways to innovate and improve patient care. We developed multiple new programs, including specialized outpatient clinics (Infectious Disease, Cardiology), additional inpatient consultation services (Geriatric Medicine, Endocrinology and Metabolism, and Palliative Care) and rapid referral clinics and inter-hospital transfers (General Internal Medicine, Cardiology). These new programs improve care access, a strategic priority for the DoM and TOH. Enhanced work-flow efficiency also remains an essential priority for the DoM demonstrated by creating new General Medicine teams and changes to the triage and management of acute inpatients in Cardiology, which helps offset the backlog of admitted patients in the emergency room. The DoM has also made decreasing ER visits a priority by establishing outpatient clinics in ID, Cardiology, and Endocrinology to rapidly evaluate patients and provide intravenous therapies.

This past year our quality leads have developed and initiated several quality improvement initiatives to enhance effective and efficient care. Some of these unique programs are outlined below and include:

- the development of a comprehensive e-consult service (Endocrinology and Metabolism)
- expansion of bariatric clinics
- the development of multi-disciplinary clinics
  - for acute patients on steroids (Endocrinology and Metabolism and Nephrology)
  - for patients with ALS (Palliative Care and Neurology)
- changes in clinic scheduling to improve clinic efficiency (Medical Oncology)
- streamlining the process of receiving radiology reports (Neurology)
- development of a rapid access clinic (Dermatology)
- addressing transitions in care post-discharge with optimization of discharge summary (Physical Medicine and Rehabilitation)
- development of a fall risk reduction program (Geriatric Medicine)
- enhanced patient experience programs to improve patient satisfaction (Hematology)
- reducing radiation exposure during bone scans with the development of weight-based protocol (Nuclear Medicine)
- assessment and optimization of vascular risk in high-risk patients (General Internal Medicine)
- establishment of a high ferritin levels clinic (General Internal Medicine)

Perhaps the most significant transformation of clinical care this past year has been the rapid development of specialized care for patients with a COVID-19 infection. Under the Division of General Internal Medicine leadership, inpatient wards were created at both the Civic and General Campus sites almost instantaneously. These units’ success is attributed to a truly multi-disciplinary and collaborative effort from all team members at all levels, including housekeeping, IT, nursing, and physician teams. These units were attended by a dedicated set of physicians from the Division of General Internal Medicine, strongly supported by many other physician leads who adjusted and modified their schedules to provide infrastructure and support to enable this team to accomplish their goals. The COVID-19 units’ efficiency was maximized by significant input and collaboration from hospital directors, physician leaders, nurse managers, and nurse educators, who all worked together to create an inclusive and consolidated team. As a result, many important process change initiatives were rapidly and successfully introduced during this time. Examples include introducing a dedicated PPE program with a buddy system to ensure proper use, the development of remote centralized vital signs monitoring and the implementation of a remote camera for patient evaluation. Furthermore, the COVID-19 units have been able to pivot to accommodate any inpatient who is COVID-19 positive. This includes the admission of non-medical patients to these units andkeeping more critically ill patients on the COVID-19 units without transfer to the Acute Monitoring Area. Challenges remain, and the future is still uncertain; however, all team members’ strength, dedication, and motivation will ensure that this team will continue to evolve to changing clinical environments rapidly.

Our physician leaders and support staff have rapidly pivoted to provide care on a virtual platform on the ambulatory side. The use of OTN and Epic Zoom programs have enabled essential care to continue with minimal disruption. The integration of home monitoring technologies and the capitalization of telemedicine portals has allowed for evaluating and managing patients locally and regionally with great success. With the leadership and input of Dr. Heather Clark, a TOH Virtual Care Innovation Strategy has been developed. This streamlines care processes for virtual visits and will also incorporate research in virtual care.
DoM Quality-based Research

The development and promotion of quality-based research within our divisions remains a strategic goal for our team. This past year we have seen several on-going research initiatives to evaluate and enhance effective and efficient care, including:

- the development of an enhanced and standardized SLS process in General Internal Medicine
- the creation of a care pathway/treatment algorithm for COPD/frailty
- the initiation of a “serious illness conversation program” to help care providers address and communicate effectively with patients and family who are critically ill
- the identification and analyses of high-cost users in admitted patients at the TOH. This project is currently evaluating 28,888 inpatient admissions from 2012-2015. It will identify the key predictors of a high-cost user with the overall goal of developing strategies to enhance and support these individuals’ care.

Education in Quality

We have been mentoring residents in quality improvement initiatives and vigorously promoting trainee research in this area. Our residents have previously presented QI related work at our annual Research Day, the Ottawa Patient Safety Day and nationally at meetings such as the Canadian Society for Internal Medicine.

We will continue to provide patient safety and quality training for core internal medicine residents for the fourth consecutive year. Additionally, we established a formal teaching curriculum for all Department of Medicine subspecialty residents, which will provide the fundamentals of patient safety and quality and provide support and mentorship to individuals who want to pursue research in this vital field.

Threats to Clinical Care and Strategies to Mitigate Threats

Although the implementation of Epic created a steep learning curve for all users, and some uncertainty around the process and care delivery, the DoM and TOH have continued to prioritize the optimization of this workflow as we move forward. Ongoing engagement is essential at all levels. Despite Epic’s challenges, the COVID-19 pandemic was a clear example of this system’s advantages in our daily routines. Through Epic, we have provided care for our patients remotely in a way that would not have been possible with our old workflow.

Due to this global pandemic, clinical care will continue to be delivered in different ways for the foreseeable future. Our success will be determined by our ability to adapt to evolving scenarios rapidly and include the regression back to more strict isolation and distancing and the current plan of slowly and safely returning clinical services to previous volumes and rates.

All Divisions have reported on their priorities for the upcoming year and strategies to be used to help mitigate any potential ongoing risk or threat. In summary, these can be categorized into three main themes:

1. **Decrease wait times/improve access to care:** Many divisions are building strategies to improve the throughput of clinical care on both the inpatient and ambulatory care sides and are of particular concern for Dermatology and Cardiology.

2. **Improve Quality of care:** Our Division members are committed to improving our patients’ quality of care. Particular goals and priorities include: the development of safe delivery of outpatient chemotherapy (Medical Oncology), the creation of virtual appointments (PMR), the development of regional networks for care (Cardiology, Palliative Care) and the creation of an outpatient bronchoscopy service (Respirology).

3. **Enhance efficient workflow:** Many Divisions have cited the transition to Epic as a contributor to reduced efficiency, thus maximizing knowledge and use of Epic is a fundamental priority for the DoM. Strategic plans include enhanced education for allied health (Gastroenterology), incorporating SLS into Epic (General Internal Medicine) and increased support staff for Epic. This is in addition to other DoM initiatives, including creating a DoM Epic committee and multiple division-level activities to streamline care processes.

Conclusion

The past year has seen change, growth and challenges in clinical care and quality. However, we have also witnessed incredible strength, perseverance and commitment to providing excellent patient care in even the most challenging situations. We are poised to continue to grow and achieve our strategic priorities with excellence in innovation and patient care over the next year.

Sincerely,

Dr. Lisa M. Mienciucz
MD, FRCPC, MSc
Vice Chair Quality and Clinical Care, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
“We are poised to continue to grow and achieve our strategic priorities with excellence in innovation and patient care...”

— Dr. Lisa M. Mielniczuk
YOU’VE GOT THIS

JOCelyn zwicker
On the record:

Dr. Jocelyn Zwicker

A person’s “comfort zone” is called that for a reason: It’s comfortable and safe. But taking refuge in familiarity can also lead to a place of stagnation. So how do you push yourself to grow if self-confidence isn’t your strong suit? Well, if you’re Dr. Jocelyn Zwicker, it means getting comfortable with discomfort, like, say, performing a choreographed dance routine in front of 600 onlookers. Despite this monumental achievement, putting herself out there, she says, is still a work in progress.

Jocelyn has learned to be assertive, and more and more, she’s starting to push the boundaries of what she can achieve. Within her Division of Neurology, she is emerging as a respected leader, particularly in the area of quality care. That is partly because of her academic integrity (she is not interested in cutting corners and systematically refuses to be coauthor unless she’s really been involved in the research), partly because of her tactical sensibility (she leverages proven methodologies in a non-threatening way), and partly because of her tenacity (she’ll keep at it to find a better system and sees projects right through to completion). Dr. Zwicker is not afraid of tackling institutional concerns, and her innovative ideas have already resulted in positive change.

Jocelyn was slow off the line to establish an academic slant to her Neurology career but she quickly made up for the lost time. Most notably, as first author on a publication in Neurology regarding access to palliative care services for patients with ALS. As Director for Quality and Patient Safety for her division, she’s gained some chops by formalizing M&M rounds to be more constructive and actionable as well as taking on sensitive topics like quality assurance in EEG reading. Despite not reading them herself, she boldly implemented a clinical peer to peer review system to address the differences in how they were being read.
Accomplishments are often made because of courage, which Dr. Jocelyn Zwicker now has in spades. Below she opens up about going through IVF, falling through ice and the necessity of eight hours of sleep.

My great joys in life are my 2 boys.

The furthest I’ve ever pushed myself mentally was being a participant in Dancing with the Docs. I had to control my nerves in order to perform. I really, really, really wanted to participate in that fundraiser. I knew from the get-go that the performance part was going to be tough but it looked like so much fun and supported a good cause so I figured I would just have to manage. There are different ways that people are confident; I’m confident in my ethics and in certain values that I hold dear, but in terms of performance, that’s where my confidence issues come in. A glass or two of wine before getting up on the stage helped.

“My principle fault is a lack of self-confidence. It’s been a lifelong trait; I remember being like that as a child. I don’t know where it came from and I certainly can’t blame it on anybody or anything. Maybe it simply relates to the perfectionist in me.”

The most difficult choice I had to make was whether or not to accept a residency in the US knowing I would then be excluded from residency positions in Canada. When I graduated from medical school and was applying to residencies, I had a boyfriend who was also applying to pediatric residencies. We were trying to find a match that worked for both him and me. The US match ran first and if I accepted a position in the US, I would then be out of the CaRMS match. So, without knowing if I would
I don’t understand how people throw garbage on the ground.

My stress reducing trick is exercising regularly and taking 5 deep breaths in and out when I am acutely stressed. I’m actually trying to do the breathing exercise on a daily basis as a preventative measure. I took a uOttawa wellness course that included a 30-day challenge encouraging you to take five-minute breaks throughout the day, like when you’re having coffee or walking to your car and take five big breaths in and out. I’ve been very bad about following it, but I did have one occasion where I was up against a submission deadline, really stressed, was being nonproductive so I took my five breaths in and out and it really worked. Now I’m a believer.

My most marked characteristics are honesty, fairness and versatility. I think it’s just part of my DNA, I was born like that. Doing personality tests confirmed those traits. My versatility might not be so obvious at work but outside of work I love a variety of things like wearing high heels and fancy dresses and equally love going to Algonquin Park, camping and roughing it. I also enjoy all sorts of music and activities and I think I do pretty well at adapting to change.

I took on the role of Director for Quality and Safety in my division because I was presented with an opportunity to make a difference. I’m a teacher, but I’m not the most natural teacher and I haven’t had a lot of research training, so I’m not the most productive researcher. This role felt like something I could really use my clinical acumen. I liked the fact that I’d be working with a wide range of people, getting them to come together to find solutions to a problem, and, basically, see results. As a researcher you might start a project but not see progress for a long time, whereas with patient quality and safety I felt like you could grab a project, work on it, and make a difference in a relatively short period of time.

My most substantial contribution in this area has been improving palliative care for patients with stroke. Our team did this by providing education sessions to nurses and residents and developing an information sheet with recommended orders for stroke patients who are at end of life. We also developed a communication tool or template to discuss end of life care issues specifically geared for families of patients who had suffered a severe or potentially fatal stroke. We put all of these things together over a period of time and I think it has made an impact. In fact, I’m working with a family doctor now who did a fellowship in palliative care who said she uses them all the time. That feedback is rewarding.

Once I started getting involved with palliative care for stroke patients, I started looking at my own subspecialty, which is neuromuscular disease and thought where could this fit in, what group of these patients could benefit from palliative care? Amyotrophic lateral sclerosis (ALS) patients were a group with obvious needs, but first I needed to know how many patients were already accessing palliative care before I could demonstrate improvement. Then I met Dr. Peter Tanuseputro who was using big data to look at various end of life questions and together we tried to answer this particular question for Ontario. The results led to a publication in Neurology: Dying with amyotrophic lateral sclerosis: Healthcare use and cost in the last year of life.

I’m not afraid to take on things that are controversial, for instance issues related to the neurology consult service. The more strongly I feel that something is unfair, or that the quality isn’t what we would normally expect of ourselves, then I’m driven to make a change.

get a position in Canada, I decided to pick the States. I regret that decision even though it’s hard to know how things would have worked out. I did get good training in the US but in some ways being there made it difficult to come back. I didn’t have a connection with the medical community here in Ottawa and it made it harder to start practice in a different healthcare system and without any local mentorship.

The one thing I’d most like to be forgiven for is going to Africa as a med student and interfering in people’s lives without understanding the implications.

The greatest remedy on Earth today is exercise. It’s always been a part of my life. Growing up my family was always on the go: skiing, canoeing, biking. Never competitive, always recreational.

Luck is something that is a beautiful part of life.

If you learn anything with age, it’s that making mistakes is a vital part of getting better. One that comes to mind professionally is when I didn’t diagnose a patient with a spinal arterial venous fistula in the emergency Department. It’s a very rare diagnosis and it was a bit complicated. I was a resident and I’d called the staff because I didn’t know what to make of it. Ultimately, we ended up sending her home. I learned that if you’re really concerned about somebody, even if you don’t know exactly what they have, you should just admit them. And that you should always apologize when you make a mistake. I really felt very bad about discharging her and I didn’t apologize to her afterwards. After it happened, I told my brother, who is an arborist and has nothing to do with medicine and even he said I should have apologized.

As you get older, you get more aware of what it important and what is not.

Maybe I’m wrong, but I think residents are getting smarter and more empathetic every year.

Money to me means not having to worry about money.
On the record: Dr. Jocelyn Zwicker

Improving the EEG reading within our group was a quality issue that was raised as part of an external divisional review, and even though I don’t read them myself, I felt that this fell into my purview as Director of quality improvement. And it was challenging. You don’t actually need any kind of official qualification to read EEGs so it was natural that there’d be differences in how they were being read. But the main problem was that there wasn’t consensus among the group that there was in fact a quality issue with EEG reading so it was hard to get buy in to participate in an improvement project.

We needed a solution that was low cost and accessible to everyone, so my approach was to emulate what radiology did. As part of their routine, radiologists are assigned scans to read and reassess. This is not something unique to The Ottawa Hospital, it’s huge in the U.S. I think most, if not all, Radiologists in the states are required to do some quality assurance that very commonly involves peer review. So, I was simply taking a page out of their book. And as far as I can tell from the literature, there’s never been a formal peer review process like this implemented for EEGs ever, anywhere.

After we implemented it, we sent out a survey to EEGers to see if they felt this improved their ability to read EEGs, but also to measure any negative impact it might have had, like if it made people anxious or nervous. We asked questions about psychological safety, if they felt comfortable making comments or being critical about other members of the group or receiving criticism, or if they felt that this constructive feedback was punitive. These are factors that have previously shown to influence how well peer review and feedback improves the quality of work.

When I made changes to our Divisional M&M rounds, I followed Dr. Edmund Kwok’s OM3 Guide. Quality improvement or quality issues can be recognized by anybody in day-to-day work, they don’t necessarily have to change everything, and they don’t take 10 years to change. And when we do make improvements based on what we discuss and when we follow a process it’s important people know about them. So, every year I do a brief half an hour summary of what we changed within our division as a result of the feedback we got. It’s a great way to close the loop.

What I dislike most about my appearance is my legs. I hate my thick thighs for sure.

The most indulgent thing I do each day is sleep 8 hours. This is challenging so I have very little life otherwise. I go to bed when the kids go to bed and I get up eight hours later. I make it a priority because I just don’t function very well if I don’t get enough sleep.

The best ritual of my daily life is having dinner with my family.

You have to give people permission to admit they made a mistake.

The stupidest argument to have with somebody is about who would win a theoretical battle between fictional characters: Zelda’s champion or a tank. I have an eight-year-old boy and a 10-year-old boy so at my dinner table there are these impassioned debates about which adversary would beat another adversary in a totally different universe.

I’m least tolerant of meanness in others.

I have a rule in life: finishing is everything. And that is a lesson I’ve learned over the years. It largely applies to research. It’s easy to start a project and it’s really hard to tie up every single loose end and really finish it—it takes a lot of energy. Not finishing doesn’t get you anywhere or real satisfaction. I realized that even though it’s really hard fully finishing is basically the difference between getting no credit from the work you’ve done and getting credit; making a difference or not making a difference.

The habit I’d most like to give up is having afternoon snacks/chocolate.

In high school I was very good at multitasking.

Last Saturday, I went for a beautiful hike at Luskville falls.

This morning, I played LEGO!

The most ridiculous thing someone has tricked me into doing or believing was thinking there was an actual outpatient clinic to remove the frame used to support a patient’s head during neurosurgery. As a medical student, my supervising neurosurgeon, at the end of a surgery, told me to book the patient an appointment for the head frame. I left the surgical theatre to ask the clerk as instructed but of course she didn’t know what I was talking about. Then the other shoe dropped! So, I went back into the surgery (the frame was off the patient by then) and told him I had booked the appointment for the upcoming Thursday!

Time is life’s greatest luxury.

“"The most imaginative thing I’ve done as an adult is make a death star piñata for my son’s birthday.”"
My favourite food is mango. It is juicy and sweet. You can eat it any time of day. I never get sick of it.

My greatest guilty pleasure TV show is Outlander. I like the books better than the TV series, but the show is very visually appealing. And I’m a sucker for a love story—the two main characters are so in love.

My willpower is the weakest when trying to stop watching TV once I start.

The biggest failure of my life so far is throwing a baseball like a girl.

My favourite app is Spotify. I never know the names of songs or bands but Spotify can create a whole playlist for me.

Florence is my favourite city. I love the architecture and the renaissance paintings in every little chapel and church.

My greatest extravagance is buying fancy dresses.

The most money I’ve spent on something really stupid was the money I spent on laser eye surgery. It was a lot of money, entailed medical risks, was basically for cosmetic purposes, and was painful. It turned out OK though.

The most valuable thing I own is my wedding ring. All my other jewelry was stolen in a break in.

My favorite genre of music is 80s music.

I grew up in Ottawa. My father was an engineer/financial analyst. My mother was a nurse.

What I got from my father was a big nose and an ability to cope with adversity.

As my Mom would say, “Prepare in advance.”

If I could change one thing about my family, it would be my dad’s health.

One characteristic/hobby I share with my sibling is we both love our family cottage in Maine.

I probably wouldn’t have been a physician if not for my parents’ support. Whenever I questioned myself for my own abilities they would say, “you can do it” and help push me forward. And they were 100% supportive of anything I wanted to do.

I knew I was going to become a physician when I graduated from medical school! Until then I wasn’t sure it would really happen. Even after being accepted to medical school I kept thinking someone was going to show up and say they had made a mistake.

I chose my subspecialty because I loved neuroanatomy and neurophysiology.

My Mom taught me to be organized and to get outside regularly.

I’ve been shaped by the colleagues I work with. My colleagues in the division are very accomplished. I see what they do and it pushes me to do more. They show me what is possible.

The best advice I ever read was “Be yourself, everyone else is already taken”. ~Oscar Wilde

Growing up, extravagance was not a word I knew. I grew up in a very practical middle-class family. Our only major trips were to visit family in Maine. We had an average sized house and a practical car. We did not eat out. Every purchase was carefully considered. As a result, I was very frugal for many years and and in fact the only reason I changed was when I had boyfriends and they would say, let’s go out to eat and I’m like what do you mean, again? Living with people who had been brought up differently than what I was used helped me relax a bit more.

A turning point in my life was going through IVF to have my children. It was a fabulous experience for me. It stressed my frugality because it was expensive without any guaranteed return. But I really wanted to have kids and I felt like it was the only way it was going to happen. It was intense; there were a lot of shots and appointments, anxiety and uncertainty about whether it would work, but it was well worth it. I have two wonderful, wonderful kids, so I’m grateful every day for having done it.

“Dancing is the perfect outlet for me. It requires physical effort and mental concentration so I can’t ruminate over anything else. And the music lifts my spirits.”

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“Dancing is the perfect outlet for me. It requires physical effort and mental concentration so I can’t ruminate over anything else. And the music lifts my spirits.”
The closest I’ve ever come to death was when I fell through the ice in a pond. My father and I were skating, and we fell in. Luckily it wasn’t too deep, so he threw me out, put me on a sled and skated me all the way back to the cabin.

I would never do well in business. I have so little interest in money, it just doesn’t motivate me.

If I could be anywhere other than here, right this minute, I’d be at my family cottage in Maine.

A book that has had a lasting impression on me is *The Martian* because 1) I introduced it to my son and he just loved it and has read it many, many times. 2) because it is so realistic, I keep having to remind myself that it didn’t happen. And 3) because he just overcomes one seemingly insurmountable obstacle after another, and in the end, despite all odds, he gets home.

If after I died, I could choose to come back as something it would be a bird. I would like the feel and freedom of flying. I could be outside all day on beautiful days. I could poop on people that were doing something mean.

The 1990s fashion trend that I miss the most is oversized knit sweaters.

*Calvin and Hobbes* always make me laugh.

My unknown talent is singing.

Best movie line of all time: “I’ll have what she’s having”.

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*On the record: Dr. Jocelyn Zwicker*
Note to self when starting practice.

You've got this. You have studied hard enough and you are smart enough.

When you are advising patients don’t worry about being “the doctor”.
Advise them as if they are your friend, uncle, grandmother, cousin, neighbour etc.

You can do anything you want with your career — be that research, clinical practice or teaching.
Find a mentor to show you the ropes.

You will make mistakes. Everyone does. It’s OK. Just make sure you learn from them.

Relish the victories — patient thanks, good catch, significant reduction in patient disability with your treatment, resident learned something new. Often what patients want most is reassurance.

Sometimes you will be stressed or in a bad mood. Don’t worry about hypocrisy, put on a “happy face”.
Stay calm and positive with patients and colleagues. Don’t forget to exercise and sleep.

Sometimes your colleagues will be stressed too. Give them a break. You are all on the same team.

Dr. Jocelyn Zwicker completed a degree in Occupational Therapy at McGill University prior to studying medicine at the University of Toronto. She completed her neurology residency and neuromuscular fellowship at the Cleveland Clinic Foundation, in Cleveland, Ohio. Since then she has been practicing in her home town of Ottawa. She is currently an assistant professor at the University of Ottawa and director of the neuromuscular fellowship program at the Ottawa Hospital Neuromuscular Centre. She is a full time neurologist at The Ottawa Hospital where she is the Director for Quality and Patient Safety for the Division of Neurology. Her research interests include clinical peer-to-peer review, and palliative care for patients with neurological disorders.
Physician Wellness and Support
Supposedly there is an ancient Chinese curse that says, “May you live in interesting times,” and while I can reassure you there is no such curse, 2020 certainly has been an interesting time.

Our resiliency and strength are also seen in our flexibility and sacrifice in modifying our practice and behavior and creating new policies in response to COVID-19.

During this past academic year, the need for wellness at individual, institutional, and leadership team levels has never been more urgent. The Department of Medicine has been addressing this need working with division heads, the hospital, faculty wellness committees, and other key stakeholders.

Though it has been difficult as the Wellness Vice Chair to find the right departmental response to the challenges of Epic, COVID-19, and racism, it has also been inspiring to see so many in our department rise up to these challenges. Dr. Pierre Brown heads up a new DOM Epic Committee that seeks to take the concerns of each division to create a strong common voice to create change that is meaningful for the Department. I’m equally thankful for the many departmental members who spent hundreds of hours volunteering for Epic teaching, committees, one on one support, and developed innovations independently to help others.

Our resiliency and strength are also seen in our flexibility and sacrifice in modifying our practice and behavior and creating new policies in response to COVID-19. In the midst of global uncertainty and fear, our members heroically stepped up to take care of COVID-19 patients on the front line. In the fight against injustice and inequality, our division leaders have unanimously endorsed gender and racial bias training and have started a much-needed conversation into combating systemic racism. The challenge is now to continue that conversation and create meaningful change.
The TOH wellness survey for our Department reflects this year of turmoil. All measures of wellness took a dive deep in the last half of 2019 and they are only now showing signs of improvement (as of the last survey results in June 2020).

The changes will undoubtedly keep on coming. Virtual Care, coping with a “new normal,” and continued reorganization and change in health care will threaten our wellbeing again in 2021. Our temporary halt to Grand Rounds ends one chapter of our long-held departmental tradition but lays the groundwork for a new and revitalized virtual Grand Rounds in October.

All this has highlighted that we need to do better to realize coherent policies on wellness, a solid plan to implement diversity, inclusion, and equity, increasing our peer support. Thus, our plan for this upcoming year: over the next few months, we will introduce a new DOM model of Wellness. We are working on a wellness inventory for leaders of each division, and we continue to work on wellness initiatives with the hospital, the Faculty of Medicine, and other departments. Meanwhile, my hope is that we will not tire of giving time to each other and supporting one another, whether it’s through a coffee chat, a MS TEAMS meeting, or a nomination for recognition.

I, too, am committed to continuing to meet with you one on one to discuss your wellness concerns. Don’t hesitate to contact me: jchan@toh.ca.

Sincerely,

Dr. James Chan
MD, FRCPC, Med
Vice Chair Physician Wellness and Support, Department of Medicine
The global COVID-19 pandemic has exposed health inequities and systemic racism. It is a reminder that anti-Black racism is prevalent across all systems in North America, including health care services, research, and education. COVID-19 is affecting Blacks, Indigenous people and other marginalized groups at disproportionately higher rates as a result of structural oppression. This pandemic has given the Department of Medicine an opportunity to have a critical look at inequities in medicine and systemic discrimination and to address those issues.

The Department of Medicine affirms all persons, without regard to where they live or work; their race and ethnicity; their sex or sexual orientation; their gender or gender identity; their age; their religion, culture, and beliefs; their national origin, immigration status, and language proficiency; their health literacy level and ability to access health information; their socioeconomic status; whether they are incarcerated; and whether they have intellectual or physical disability must have equitable access to high-quality health care and must not be discriminated against on the basis of such characteristics. We strive to:

- recruit and retain staff that reflect the diversity of our society to meet the needs of our patients
- maintain an environment of fairness and respect where all can work free of discrimination
- provide a welcoming and accommodating environment for all members and learners where they feel safe to self-identify and be their authentic selves among their peers at the workplace.

After surveying our department members in September 2019, we published the results comparing DoM to the City of Ottawa in our Weekly Update.
At present, we have identified four groups for priority attention: Women; Indigenous Peoples of Canada (First Nations, Inuit, and Métis); People with disabilities; and Visible Minorities designated by the Government of Canada Employment Equity Act.

In June 2020, we established an EDI working group from a diverse group of volunteer physician, resident and administrative representative(s) from the Department of Medicine: Dr. Habibat Garuba, Dr. Erin Keely, Dr. Elaine Kilabuk, Dr. Aliza Moledina, Dr. Sunita Mulpuru, Dr. Camille Munro, Dr. Smita Pakhale, Dr. Mike Quon, Tracy Serafini, Sandra Wu, and Darsheep Dhillon. Our goal is to develop a comprehensive organization-wide EDI strategic plan, including guidelines and targeted actions plans and metrics. We began by ensuring gender/racially balanced interview panels and ensuring that both women and men candidates are shortlisted for selection of positions/awards.

We continue to celebrate events throughout the year that commemorate important dates such as International Day of Pink and National Indigenous Day and provide awareness in our Weekly Updates.

Changing the culture of a department takes time, but we are beginning to take some important steps forward. We are working hard to educate our physicians and change the face of our Department at all levels, including delivering presentations to Division heads and unconscious bias presentations to Divisions. DoM understands inherent biases run deep, and we are individually and collectively responsible for unlearning discrimination and to eliminate the barriers for equity.

Sincerely,

Dr. Camille Munro
MD, CCFP (PC)
Director of Equity, Diversity and Inclusion,
Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital

Did you know?
The most expensive record ever sold was Wu-Tang Clan’s Once Upon a Time in Shaolin. Only one copy was ever produced, with the double LP coming housed in two hand-crafted nickel-silver boxes that apparently took 3 months to make. The record was bought by the controversial Martin Shkreli who has now been convicted of securities fraud and sentenced to 20 years in prison. The record was confiscated by the FBI.

The record also came with a contract. The contract stipulated that the buyer may not be allowed to sell or make money from the record for 100 years, but can distribute the music for free. On top of this, there was a clause that allowed any member of the Wu-Tang Clan or actor Bill Murray to legally attempt a heist to steal back the record. Fantastic.
LOREE BOYLE
WHATEVER IT TAKES
On the record:

Dr. Loree Boyle

_Huckmuck_ might be the most obscure word in the English language. As a word nerd, Loree will tell you it means the unsettled feeling that comes from things not being in their right place. But just because she knows it’s meaning does not mean she subscribes to it. In fact, Dr. Boyle is the diametric opposite. Her mind and space are organized. At home, her partner Pam is the piler and Loree is the filer. Never mind if it sparks joy or not, if it’s in the way, out it goes because anything resembling hoarding is a hard no for her.

Words matter to Loree. She’s faced several obstacles in her life and, in doing so, has learned to speak intentionally, saying only what is necessary so as not to be misinterpreted.

She comes across as calm and easy going, if circumspect. Raised in New Brunswick, she considers herself a typical East Coaster and uses down-home wording like ‘gut founded’ and ‘bed lunches’. She enjoys the intimacy of one-on-one conversations as is typical of any good east coast kitchen party. Her sense of humour is clever, intelligent, and she laughs at a silent pitch only dogs can hear.

Loree’s been shaped by her father, a mentor and friend, heeding advice like, “Get an education, no one can ever take it away from you. Only ever compete with yourself. Be independent. Be kind to others.” She’s got a protective nature which serves her well as Program Director for the Core IM program and she’ll go out of her way to help colleagues with genuine concern for their wellbeing.

Sometimes, she says, just listening to people’s stories can go a long way. A simple ‘hey, I’m going for coffee, would you like one?’ then becomes an opportunity to chat. She’s always asked questions; listening with genuine intent and authenticity, she says, has such a positive effect.

Below, Loree talks about the need to do what is right, not what is easy or popular, her personal wellness regime, taking Saturdays exclusively for herself and the disturbing sound of Styrofoam.
If I could have dinner with anyone (dead or alive) it would have to be Dad. My father passed away in January of my second year of medical school. There was nothing left unsaid between us when he died—we talked about everything. It would just be a nice to catch up and to tell him that I’m okay.

My father was a great role model and had an amazing work ethic. He’d often say things like, “In order to get something that’s worth having, you need to work for it. Be independent.” I can change my own tires, plugs, oil, even distributor caps in older cars. He also taught us that seeking knowledge is always a good thing but that with knowledge comes power, and with power comes great responsibility, so be sure to be fair and equitable.

My highbrow sense of humour did not come from my father. He was a practical joker and I don’t like being made a intentional fool of—I do that well enough on my own.

My great joy in life is family, nature and fur babies.

There was a time when I thought I’d go into veterinary medicine which is a bit oxymoronic given that I used to hunt. I know my way around a rifle but never actually killed anything other than tin cans, clay pigeons and the odd cabbage patch doll. My brothers did and I would help skin the animals, but we did it for survival. My father’s business was just starting and we had to put meat on the table for seven. Luckily, we didn’t have to do that for long.

Courage is doing what is right, not what is popular or easy. I think maybe that’s a roundabout way of answering that I’m not externally validated. Maybe when I was younger, I worried about what people thought of me but at some point, that switched. I don’t need another person’s approval and I’m not scared or afraid, especially as a Program Director, to make the decisions that have to be made for the benefit of the residents. As I always say, “I will take the bullets for the hard decisions, so you can have all the kudos.”

My principle fault is having a heightened sense of right and wrong, and it’s getting more acute as I get older.

If you want to see me angry, watch me react to somebody who’s doing something that’s rude, disrespectful, or taking advantage of somebody. I’m very much my father that way and I will definitely speak up.

Fear is when you lose your sense of self, safety, purpose and meaning.

My idea of misery is a lack of variety and challenge, and not being active and outdoors.

When I don’t have these things, I get irritable easily.

“My most marked characteristics are calm and easy going. In certain type of situations, like a potential fracas, I’m able to bring in that calm to de-escalate things.”
I’ve always had to fight for everything that I’ve had. Growing up was rough. I had to put myself through University, and I took a scenic route to medical school. I was told by a Professor early on that I would never be a doctor, that I didn’t have what it takes, but those comments just strengthened my resolve and made me even more determined. He obviously didn’t know me.

I don’t have any regrets. I have made my fair share of mistakes (and then some!) but everything that I’ve done has made me who I am, like it or not. I applied to medical school—48 hours after receiving my license for nursing—I was 34. While I was working through my nursing degree, I did some extra coursework to ensure my scores were extra competitive. When I received my letter of acceptance to medical school—48 hours were extra competitive. When I received my letter of acceptance to medical school—48 hours after receiving my license for nursing—I was 34. Looking back, I wouldn’t change any of that.

Working as a nurse until my third year of medical school shaped me. Life experience, while sometimes brutal, is also the best teacher. A nursing manager once said to me, “never forget where you came from, because without it you would not be who you are today,” and that’s stuck with me. I use it to mentor learners coming through our program and support them in their growth as well.

It is important to make decisions based on data and evidence. I am one of those people who need facts and to see them for myself.

You don’t know what people are really like until you go through adversity—just see who sticks around.

There’s no such thing as Santa Claus (I figured that out when I was five). I remember biking home one day and, not surprisingly, I was acting up. Dad, at the time said to me, “be good Loree, Santa Claus is watching you.” And I looked at my father and said, “you don’t still believe in Santa Claus do you Dad?” Being the motivated young individual that I was, I explained that all the tags were in his or Mom’s handwriting, and I had long since figured it out. But, because I had two younger brothers, I just hadn’t said anything. That’s one of the things I’m very good at; if it’s not my news to tell, I just don’t say anything. My father’s face was pure devastation. Apparently, five is too young to stop believing.

Money to me means a means to an end not the end itself.

My definition of smart is emotional intelligence. Not book smart but instead having common sense and the ability to navigate everyday situations and challenges with skill.

The most disturbing sound I know of is Styrofoam! Whenever I open up a package and see Styrofoam, I call Pam over. I can’t touch it and I have no idea where that comes from. Even just the thought of it sends heebie-jeebies up my spine.

I do my best thinking on the ice, in the shower or on a bike.

When I wake up in the morning, I’m the only one up for hours. I’m an early riser and my partner is not. I love that time, it’s my time. I’m an introvert so quiet time is imperative to my survival. I listen to music, read a book, play with the cats, or I go out on the deck and just listen to the birds while enjoying the morning cup of joe.

My most marked characteristics are calm and easy going. In certain type of situations, like a potential fracas, I’m able to bring in that calm to deescalate things. It actually takes a lot to get me angry, but when I do, it’s quick. When I was younger, I wasn’t able to vent my anger appropriately. But to be clear, I would settle things, never start them. I grew up in a rough part of town, so my brothers taught me how to fight and defend myself. But I also had a lot of pent up anger as a child. I moved out when I was in my mid to late teens. That early independence, total control over my environment and all the different jobs I took to make ends meet, really helped me understand and manage my emotions. Sports were also a great outlet. Playing competitive soccer, national level softball, hockey and ringette were really good ways of getting that extra energy out.

The room in my home that I spend the most time in is our study/den because my music and books are in there.

The best ritual of my daily life is spending time with my partner either on long walks, dinners together or sitting on our patio talking.

You have to give people permission to help you. I am bad at that. I think it’s from growing up with my father. He was always trying to make sure we were going to be independent and okay. I’m getting better as I get older, but I still have this pride thing, that I should be able to do it all, but obviously that’s not realistic. But I’m not 20 anymore and I just don’t have the bandwidth for everything.
Since high school, I have always taken Saturdays entirely for myself. If I’m working or on call that’s different, all bets are off. That just means next week I’ll take the entire weekend off to unplug. I think I got it from my father, we always did things together on Saturdays unrelated to work. He ran the family business so spending family time outside of that environment was very important. My father always supported local businesses, so we’d visit local markets and stop by the local bakery for beans and wiener served with fresh brown bread. That’s one of my comfort foods, because it reminds me of Dad. Unwinding on Saturday is my habit and is a fundamental part of my wellness routine.

**The stupidest argument to have with somebody is** in an effort to change them.

A friend is someone who will be there during your worst and most vulnerable times—and still end up calling you ‘friend.’

To compete in life, you’ve got to be disciplined, internally driven and internally validated.

I have a rule in life: rise above and stand for what is right even if it means standing alone.

If I’ve learned any truths in life, it’s this: nothing will be handed to you, work for it. As Dad always said, “if it is worth having, it is worth working for.”

You go through a lot of phases in life. Right now, I’m settled and happy.

The worst things in the world are human impact, cruelty and racism.

The three greatest words in the English language are: what, only three?! Okay, mellifluous, demure, felicity, solitude, tranquility, cherish, ebullience, devotion … I love words and most of the time I’ll know the meaning of some very uncommon ones. I have a hard time finding anyone to play scrabble with me.

My unknown talent is my memory. I also have a particular affinity for numbers and names. When we go to the accountant, he’ll be punching numbers in on the calculator and I’ve already got the answer in my head. As for names, if I can remember them, then I can usually describe all kinds of specific details about that person as well. When I meet people, I ask questions and I listen because I’m genuinely interested in their lives. Residents have made fun of me for this during their Christmas Rounds.

In high school I was terrible at drama and singing.

I do not have a creative bone in my body. I try, but a 6-year-old can smoke me on the creativity thing.

The childhood fear I still have as an adult is drowning. I became a lifeguard and instructor to face it directly, but it did not work completely.

This morning, I was gut founded and had to fire up a scoff. My birth mother was from Newfoundland and it means ‘I was starving and had to make something to eat.’

The dirtiest place I’ve ever been was the bottom of our pool during spring cleaning. Dad dropped me in, as one of his many ‘practical jokes,’ to face slime, old rotted leaves and all manner of dead things.

To this day, I can’t stop wanting a 1966 Shelby GT 350, 1696 Ford Mustang Boss 429, 1970 Chevy Chevelle LS6 or even a 1969 COPO Camaro.

My favourite food is pretty much anything salty and crunchy.

I can go weeks without turning on the TV. If I do, it’s to watch a documentary, crime show, sports or horror film.

The most rebellious thing I’ve ever wanted to do is get a tattoo, but not that badly. I certainly did my share of rebellious things growing up like skipping school, getting into fights, cow tipping, drinking in physics class. The list goes on …

My ideal holiday is outback camping—no cell or electronics and hopefully no rain.

My greatest extravagance is buying ice level season tickets for the NHL/WHL. And when I go camping, I buy the best gear available, like high-end kayaks. I don’t cheap out when it comes to camping equipment.

The silliest thing I own is a binary clock (yes, nerd).

I like many genres of music: (classic) rock, hard rock, metal, classical, blue grass, blues. I’m not a big fan of opera though. I used to listen to music while I studied. So, I’m tapping out to Thunderstruck as I’m writing this brutal biochem exam where the failure rate was something like 75%. I got an A+.

I grew up in Fredericton NB. My Dad owned a printing company, my Mom stayed at home.

What I got from my father was good business and financial sense, and patience. He raised us to be self-reliant.

One characteristic/hobby I share with my siblings is our love of outdoor activities like hunting fishing, snowmobiling, riding motor bikes…not that we get to that much anymore.

When I was sixteen or seventeen, I wanted to be a WHL player or a mechanic, restoring and building cars.

At the end of my residency in Ottawa while flying back from doing a rotation with Alan Karovitch in Iqaluit, he asked me why I wasn’t staying in Ottawa. I was like, “I applied but wasn’t offered a job”. By the next week, he had a contract ready for me to sign—end of story.
“Musical aptitude is the talent I’d most like to have that I currently don’t possess. When I tried to join the grade 6 choir, my music teacher told me there were only two types of birds — singing and listening — I apparently was not the singing kind!”
On the record: Dr. Loree Boyle

My greatest professional achievement is being a Program Director. I would like to say that teaching comes naturally to me, but I will let the trainees have the last word on this though. I love teaching, especially that moment when the trainee makes that connection because you can actually see it happening. There are certainly stressful days, but when each new crew starts, and I meet with each resident one on one, it’s all absolutely worth it.

A turning point in my life was moving out of the house. I was still pretty young, and had to work two, sometimes three jobs to pay rent and buy food. I lived in a small bachelor apartment with access to a kitchenette. That’s all I needed, and probably why I live as simply as I do now. A bigger pleasure comes from great relationships and not from material possessions. I did place a lot of value on one childhood possession though, my bicycle, because it got me to and from work and to school and I bought it with my own money.

The greatest life-forming experience I’ve ever had was working in the family printing business—it taught me what I was about and helped me determine what I wanted from life.

The closest I’ve ever come to death was white water rafting. My brother and I were thrown from the raft and he grabbed on to me. It’s a good thing my lifeguard skills kicked in or it would have been the end for both of us.

I feel I’m on the threshold of retirement—can I say that this early? Some of the trainees think I’m much younger, ‘I just don’t act my age’, is what I tell them. I’d always planned to retire between the age of 55 and 60 so that I get to enjoy those retirement years, but it’s looking more like 60 to 65 at this point. I’m not ready to give up but I’m starting to plan for retirement, because I’m a strong believer that you can’t just retire and be done. You’ve got to start changing what you do and what your focus is and have established hobbies as you go forward. Retirement just doesn’t happen on its own. That’s the planner in me coming out.

I would never do well in really big cities aka concrete jungles. I need the foliage.

Musical aptitude is the talent I’d most like to have that I currently don’t possess. When I tried to join the grade 6 choir, my music teacher told me there were only two types of birds—singing and listening—I apparently was not the singing kind! I love listening to music and would love to play. I did play the recorder, ukulele and the cornet when I was a wee thing. Pam bought me a violin, so my next big challenge is to learn to play it so it doesn’t sound like a dying cat.

The one non-monetary thing I have the highest hope of obtaining in life is healthy longevity.

If I could only pack three things in my suitcases to travel to an unknown destination, they would be a survival knife, fire starter, and water purifier.

A book that has had a lasting impression on me is Amistad about a slave revolt and its impact. It shook me to the core. I was 16 when I read it and still to this day it makes me angry.

The 1990s fashion trends that I miss the most are acid wash jeans, jean jackets, leather jackets, Doc Martens and windbreakers.

If I had to write my autobiography using only six words, it would be “I am still figuring shit out.” It’s not like me to swear or use foul language, so it will kind of surprise people little bit, but it fits, it feels right. Because I am still figuring shit out.

Dr. Loree Boyle is an Assistant Professor of Medicine in the Division of General Internal Medicine at The Ottawa Hospital and at the University of Ottawa. She is a former nurse (University of New Brunswick). She received her MD from Dalhousie University and completed her Core, General Internal Medicine and Critical Care training here in Ottawa. She joined the Department of Medicine in Ottawa in 2010 on the career track as a Clinician-Teacher. Loree currently is the PD for Core IM. She has received the DoM Mentorship Award in 2019, Residents Clinical Teaching Choice Award in 2011, the PARO Excellence in Clinical teaching Award in 2013 and Physician Clinician Recognition Award in 2014. When not glued to the computer, involved in program activities or working clinically she spends time on the ice rink, golf course, ball diamond, back country camping, trails, or in the garden.
Letter to 14 me

So, knowing who we are and how we have an aversion to put pen to paper you will understand how significant this is for us. At this point, age 14-ish, life is complicated but let me say that it can and will get more convoluted. With that said, all this will make you stronger and resilient.

Do not start obsessing about things you wish you had as it is a waste of time. Keep it simple. Maintain focus on what really matters and shun materialist goals & items.

Continue to keep yourself internally validated as it does not matter what others think of you. To be honest they are trying to figure out who they are themselves.

Enjoy the time, enjoy the present, really live in it, the future with unfold regardless so make the best of today that you can.

Hold onto people in your life who are there for you the way you are. Do not worry about the ones who walk away. Be brave and have courage to walk away from those that are emotional vampires and those who only use you when they need something. You do and will have strong high-quality friends. Real friends.

Be strong, stand up for yourself otherwise people will try to walk all over you. Never tolerate those who treat you poorly and with disrespect. Bolster, encourage, advocate, defend the underdog when it is needed and with permission, in collaboration. No one did it for you, so you know how that feels – aim to assuage it for others. Start the process to pay it forward every chance you have.

Be confident in yourself as you actually have a lot figured out already, more than you realize, but stay humble as you still have loads to learn.

You will not have all the answers even when you are older and that is okay because no one does. That is the beauty of the unknown. If you think you have it all figured out and hit your stride, settled into your groove life has a way to keep the challenge afoul – it does and most definitely will throw you that curveball to set you back on humble footings.

Do not overwork, you will have lot of time to work. Always take time for you. Balance is hard but crucial to sustainability of your career, personal life and all that matters. This will be a challenge for you as we are driven so check in often with loved ones to help you get a read on this as we suck at it.

You will make poor choices, mistakes, your share of failures and then some ....always get back up as there will only teach you and will lead you to have no regrets as long as you always challenge yourself, try new things without trepidation and do your best. Stay fearless. These things will only make you stronger, resilient and independent.

You will meet the love of your life. Someone who meets you on your level. In many dimensions; more than you thought possible, as she will challenge you, support you, love you unconditionally and will create harmony that life and such a relationship bring.

Do not let others tell you who to love. You have a good read already on what matters in relationships but have lots to learn. Heartbreaks are real and hurt. Experience is the best teacher but can also be a brutal teacher. Will say you will not forget the lesson. Take time to heal, reflect and learn. Keep your head up and eyes open but do not fear love. Love again like you never got burned. Do not compromise you in relationships. You are comfortable with yourself; being alone is not synonymous with being lonely.

Keep the love of nature. Explore it, savour it, enjoy it. It will be one of the entities that help you reset the sanity button.

Your career can be a black hole and the inherent gravity is powerful. Do all the “motherhood” stuff such as keep eating healthy and staying active. Keep doing all the things you love. It will keep you recharge and provide a great outlet. You need this to mitigate the stressors of the career.

Reflect daily and learn daily. Simple. Do it now and always.

Listen, really hear and before you react in words that may not have the full message, take pause, think rationally not emotionally! As those words may hurt and burn that connection you should be building instead and will most definitely need in future.

Say what you are thinking and be clear in what you say. Often it needs to be said. Just remember to be gentle and kind about it but clear. Target the behaviour, issue, item – never the person. Build bridges rather than tear them down. Take ownership always for your behaviour. Remember every day is a potential job interview.

Make decisions soundly and stay open to new information/sound advice. Be firm with your choices and not be swayed with fads. Do what is right and fair. Never what is easy, never what is popular as these will fade quickly and your credibility, integrity and reputation with it.

If you knew all of these things at age 14 life would be easier, less painful, less stressful but you would not be who you are at 31. The mistakes, hardships, successes, etc. are why you are you. As Dad said rise above always. This will be your mantra. Only you get to write your final chapter. Be yourself.
On the record: Dr. Habibat Garuba

Fonts, some say, are like cars on the street—we notice only the most beautiful or the ugliest, the funniest or the flashiest. The vast majority roll on unnoticed. Not so for Dr. Habibat Garuba. For her, selecting a font is as important as picking out the right outfit. Each conveys a specific tone or impression. What one might say, another does not. Comic Sans MS, she says, is a complete waste and shouldn’t even exist. She once had to write an exam typeset in this informal font and kept thinking: how disturbing, there is nothing comical about this exam at all!

Her intolerance for poorly chosen fonts is surpassed only by her intolerance for sexism towards women. When a male student colleague told her, “Now that we’re in med school, as a future doctor my stock is going to go up, but yours unfortunately, is probably going to go down”, Habibat thought, “If this is how people think about women in medicine in the 21st century, then our society still has a long way to go”. She has no time for that age-old idea that somehow a woman in a profession that’s predominantly male is somehow a less desirable partner. Nor will she accept the glass ceiling that has existed for women in certain areas of medicine. Fortunately for her, she doesn’t have to. Dr. Mike Froeschl, her former Cardiology Program Director, who conducted a full court press to recruit her said, “She’s amazing. Nobody does the following better: presents patients using carefully crafted lists, articulating their issues and addressing each in turn. The combination of her clinical ability, organization and communication skills really sets her apart.”

Dr. Garuba is a Nigerian-Canadian physician, and her upbringing across multiple cultures and world views has empowered her with insights and potential beyond most. Growing up, she learned the value of discipline, the importance of a life of integrity, and the benefits of listening more and speaking less. All of which, likely contributed to her prodigious drive and a pattern of being proactive: planning the work and working the plan.
As a Christian, her beliefs have never conflicted with the science behind the medicine. The principles of her faith have actually encouraged her to be a more compassionate, empathetic physician, and in a sense, enable her to take on a more altruistic position as well. The true merit of her substance may be best reflected in the unsolicited, unbiased comments and observations by hospitalists who all appreciate the conscientiousness and clinical insights that she provides.

Habibat doesn’t need the swirling mists of a crystal ball to predict her future. It’s simple: she will succeed.

Below, Dr. Habibat Garuba, a rising star in Cardiology, opens up about childhood experiences, family ties, her frequently changing hairstyles and being described as an old soul.

I was born in Nigeria. My family moved to Canada in the late 90s because my father was the Nigerian High Commissioner to Canada. Moving here was one of my first major life changing experiences and set the stage for so many important things that happened in our lives.

My pathway into medicine was inspired by disparities in health care resources and access in my country of origin, which I call the cash and carry healthcare economy: if you have the money you can access care, but there is no safety net for those who don’t.

I was raised to be resilient. To persist and not give up in the face of challenge or adversity, to be able to function independently no matter where in the world I found myself, and to understand that future gain often requires present sacrifice.

You pronounce my name Ha-BEE-ba. The meaning changes slightly if you pronounce the ‘t’ versus if you don’t. It means the beloved one and the ‘t’ assigns ownership. So, I’m the beloved one of somebody. My middle name is my father’s first name, so putting it all together, it means I’m the beloved one of my father. People mess it up all the time. I was just deleting old emails and I saw one from when I first started residency. I couldn’t log on to my TOH networks initially because IT had misspelled my name as “Habitat”.

Going back to Nigeria to do a cardiology elective gave me an opportunity to explore cardiology practice in a country where the health care system is not as robust as Canada. Obviously, one rotation is not enough to definitively comment on the challenges of providing cardiac care in a resource-limited setting. It was really just a brief look to try to understand the scope of the problem firsthand based on a limited experience in a public hospital in the capital city. I thought that because I’d grown up in this environment as a child, I knew exactly what to expect. That assumption was completely false. I observed many systemic issues preventing good, hardworking, clinically astute doctors from providing care the way they wanted to, and the way patients needed. What became instantly clear is that it is quite difficult to rise above the limitations and challenges of one’s environment no matter how tirelessly one works. I also observed that no matter where we as physicians are in the world, what is common in us all is a sense of compassion, empathy, altruism and dedication to our patients even though the obstacles to care provision in Nigeria look very different than those in Canada.

If you’re trying to impact change, you have to first start by observing, by listening and learning and by talking to the people around you to try and understand the existing culture. Any sort of change coming from the outside or being prescribed from the outside is very difficult to imbibe. Change needs to actually come from within. So rather than presenting all these ideas about process and policies in an imperialist way, saying “here’s how we do it in Canada”, you need a local champion and to be able to brainstorm with the people living “there” to find ways to better harness the tools they have around them.

My great joy in life is my relationship with my husband. He is such a kind, thoughtful, empathetic man, and an amazing, supportive partner. He currently works in the States, usually only about an hour flight away, so it’s never been that difficult to get back and forth. Except of course during a global pandemic with the impasse of border closures and lockdowns. This COVID-19 time period has been a real challenge.

My definition of smart is a dash of common sense, a sprinkle of wisdom, and an aliquot of logic shaken together and applied in the appropriate situation.
I feel bad for saying this, but sometimes I judge people by the fonts they pick and how they format their documents—seriously. One of my closest friends, Dr. Rebecca Mathew (who is also a cardiologist and trained with me at the Heart Institute), was my study partner for the Royal College exams. I used to tease her incessantly for her font choices and selection/arrangement of bullet points for our study notes.

I’m a confident public speaker. In middle school and high school, I was part of the debating club. That experience pushes you onto the stage very early. Not only do you have to become confident in speaking, but also in putting together a cogent, convincing argument, articulating your thoughts clearly enough to be able to refute claims made by another person and, of course, to be able to convince an audience of the merits of your own point of view.

Courage is not the absence of fear, but the ability to take action and persist in spite of it.

A lot of who I am is reflected in the people I surround myself with.

In medicine, knowing when to de-stress is very challenging. Sometimes you don’t even recognize when you’re burning out, and that’s not unique to me, it’s the same for a lot of physicians. We likely know exactly what we need to do, but finding the time for wellness, that’s another matter.

I started making my first lists when I was maybe six or seven. Back then it was probably a list of books to read. My siblings and I started reading really early, often books by Roald Dahl, Enid Blyton, the Babysitter’s Club etc. Once I finished one, I would make a list of the next ones that I wanted to read or that I wanted my mother to get.

Delegation has always been difficult for me because sometimes people who are uber organized feel a loss of control if they ask for help. There’s always that nagging concern that if you don’t get things done yourself, they may not be done to a certain standard or something will be omitted. So for me, asking for help is often a last resort.

I wish I could say I was disciplined in all aspects of my life. The one thing I struggle with is keeping a strict exercise routine. My program becomes a little bit erratic with weeks on service and being up earlier than normal. This eliminates some of the morning time that would have been allotted to an exercise routine.

A really big test of how kind a human being is, is seeing how they respond when asked to sacrifice something for the greater good of others.

You don’t know what people are really like until you observe how they speak about or treat those who are of a different social or economic demographic than they are.

Luck is something that no one should have to depend solely on to get by.

Maybe I’m wrong, but I think dogs are better pets than cats. In early childhood I had both. I think dogs emote more and are better companions. There’s a reciprocity with a dog that I just don’t sense with cats. Cats are very independent, and I often feel that they view you with some level of contempt, that you exist to do their bidding, versus a dog’s love that I find just so unconditional.

I do my best thinking late at night when the rest of the world has gone to sleep, it’s when I get my best work done. Maybe it’s adrenaline due to the fact that the next day is coming and I really want to knock things off my To Do list. For some people, the morning is extremely serene, the world hasn’t yet woken up, but for me it’s nighttime, in the dark with just a light over the space in my house that I’m in. In that environment I’m able to really focus and just get things done. Sometimes my best work comes after midnight.

My stress reducing trick is taking a power nap. Everything seems clearer once I’ve had the chance to sleep.

My most marked characteristic is my frequently changing hairstyle. I don’t like having the same hairdo for too long and it’s a cultural thing. In the winter I have to do my hair very differently than in the summer. In the harsh winter, Afro textured hair is susceptible to breakage and becomes very dry, so I put it in braids or something else that keeps it protected from the elements. In the summer I can let it out. You’ll see me with something different every two to three months.

Words or phrases I should use more often are: “No”.

The most indulgent thing I do each day is eat something that contains peanut butter. Okay maybe every other day. Peanut butter is a staple in my diet. As a child we would make peanut butter the natural way by grinding the nuts. In the part of Nigeria where I’m from, peanut soup (or “groundnut soup” as we call it) is a delicacy.
The best ritual of my daily life is reading a verse or two from the Bible, particularly the Book of Proverbs. There are so many practical teachings, pearls of wisdom and everyday truths that are still relevant in today’s times.

I locumed briefly at Health Sciences North in Sudbury as a way to supplement my income during my last few years of fellowship. Doing locum work was also a great way to gain independence, turn theory into practice and have autonomy in clinical decision-making. It was like the Wild Wild West there. The weekends were so busy and filled with great cases, the nurses in the CCU were phenomenal and the patients were so grateful. It just felt like there was a deeper sense of appreciation for the fact that you traveled all that way on the weekend to provide relief for some of the local doctors.

I don’t like it when people say, “I never” or “I always”. Very few things in life are ever absolute.

The cruelest thing a person has ever said to me was “Oh you study all the time; you’re always working so hard. Black people are so hardworking, no wonder they were used as slaves”. (No, I am not making this up). This happened in first year undergrad and came out of the mouth of an ex-university dorm roommate who was from another country. It was so shocking. I just could not understand the connection between viewing someone as hard working and studious, then attributing that character trait to every member of that race, then transmuting that to a justification for slavery. It blew my mind. I looked at this girl and said, “You know what, if you ever have thoughts like that, please don’t ever state them publicly. What you just said is extremely offensive and here’s why...” That was how I handled it. My gut reaction was to educate rather than be enraged. I think at that time I was 15 and still too young to even understand the wider concept of anti-Black racism, and the deeper implications of where such thinking could lead. I would probably have been more outraged had I understood.

I think people see me as an old soul. Friends and family in my close circle would probably say that for as long as they’ve known me, I have exhibited a maturity that supersedes my age. Sometimes I feel like I was born in the wrong era. There are so many things about our older generation that appeal to me like music and fashion or certain conventional wisdoms. Those things were just very obvious to me at an early age when a lot of my peers were still figuring it out.

The three greatest words in the English language are: Forgiveness. Love. Hope.

My current state of mind is hopeful. I’m hopeful that at the end of this pandemic we will all come out with a better understanding of what it means to be our brother’s keeper. The world has been dealt a very heavy blow in the year 2020, not just from the pandemic but if you look at everything that’s happened from January until now: Australian brush fires, the Iraqi plane crash, floods, a spotlight on racial injustice… so many things have really tested the limits of human capacity for compassion.

The habit I’d most like to give up is hitting the snooze button when my alarm clock goes off in the morning.

In high school I was very good at English literature. At some point I entertained thoughts of becoming a writer.

In high school I was terrible at physics. Well, not totally terrible, but I have to say, it didn’t come naturally to me.

This morning, I woke up with the sunrise, well before my alarm, and felt very proud of myself for having done so.

The most imaginative thing I’ve done as an adult is write an unpublished collection of short stories and poetry.

Everything tastes better when you add Scotch-Bonnet peppers. Except maybe baked goods. I could see how that might not go over so well.

If I had one trip in a time machine, I would make sure there was a way to get back.

My favourite food is Jollof rice. Try this staple Nigerian dish and you’ll see why it needs no explanation.

My willpower is the weakest for Trader Joe’s Belgian butter waffle cookies.

Writing is the perfect outlet for me. I find it extremely therapeutic/cathartic to get my thoughts and frustrations out on paper.

My definition of a good hotel is The Ritz-Carlton in almost any city. I am a sucker for heated bathroom floors and opulent room service.

My favourite app is What’s App. It’s a love-hate relationship. It enables me to connect with my friends and family all over the world, but there is also the dreaded forwarding of spam videos and hoax articles from friends and family.

Paris is my favourite city. It has beautiful architecture, delicious food, so many museums, landmarks, and neighbourhoods to explore, and it’s also an easy transit point to travel to any part of Europe from.

My favourite activity outside of the hospital is reading novels.

If you looked at my playlist, you’d see the following artists: Jill Scott, A Tribe Called Quest, John Mayer, Seal, Aaliyah...

My favorite genre of music is soul.

My dad has always been an early riser and kept very strict routines which helped him stay grounded in the changing environments he found himself in. He values integrity and believes that a person’s reputation is established by the things one does, or stands for, when no one is watching. Despite being put in potentially compromising situations over the span of his career as a Nigerian diplomat, he always chose the most ethical course of action even if it meant upsetting his superiors or jeopardizing his career/income/political standing.
“One hobby I share with my siblings is a love of Marvel X-men, comics, cartoons — all things Marvel in general. DC Universe is just okay. We also share a love of cars and used to watch Top Gear religiously.”

sometimes even the threat of physical harm. Dad never believed in shortcuts and I learned from him that the path of least resistance is not always the right path. He always thinks deeply before he speaks, takes the time to observe carefully before dispensing advice or passing judgment, and his words are carefully measured and weighted. Although my Dad was away from us for long periods of time because of his job, I knew I could always count on his constant encouragement and support in everything I did.

As my Mom would say, “There is no such thing as ‘I can’t’”. My mother believed that in order to succeed, a person first had to battle the limitations in their own mind. She taught us that with the right amount of hard work, determination, faith, and perseverance, even the sky shouldn’t be the limit, and she demonstrated this by her own life story.

If I could change one thing about my family, it would be for us to be geographically closer to each other rather than spread out all over the world. My brothers live in Toronto, which doesn’t seem that far away, but my parents are currently in Nigeria. I also have cousins who are scattered all over the US and the UK, and a few in other countries. Over the years we’ve had family reunions and it’s been wonderful, but I just wish things like that could happen more often, but unfortunately our family is too big.
When I was sixteen or seventeen, I wanted to be a physician. I was in my second or third year of university then (yes, I know, I started early), and was pretty focused on what I wanted to do. Although back then I thought I would become a neurosurgeon, haha.

“I probably wouldn’t have been a physician if my mother had sent my childhood cartoon sketches to Disney. I’m pretty sure they would have offered me a job right there and then, and I could have animated the next Lion King.”

My mom thought I should have a backup plan to medicine and consider other healthcare professions. She had done some reading and found out that you could get into pharmacy school with only a year of undergrad, and because it was only a four-year degree it would only add an extra year along the path to medicine. She pointed out that as a pharmacist, I’d still be looking after patients, just in a different capacity. Plus, I’d get to learn about drugs and when I was finished, I’d have a job. I think that was probably one of the best decisions I’ve ever made. I was able to work as a pharmacist during med school, which as you can imagine, was a great source of income to help avoid huge student loans and debt and the knowledge and experience I gained was phenomenal and complimentary to what I was learning in medical school. So, thank you mom.
Growing up I was inspired by a book called *Gifted Hands* by Dr. Ben Carson. Dr. Carson has become a little notorious now, but at the time, he was a very famous pediatric neurosurgeon and the first to separate twins joined at the head. I thought that story was amazing, and also thought that with neurosurgery you could make such a difference. And then the internet started to really help me understand what neurosurgery actually was, that with some of these operations, there was such great risk. Sure, you could end up restoring sight, but the patient could also end up paralyzed. I wasn’t willing to take on that risk and let my hands be the hands that either ushered someone into a life of greater meaning and greater physical ability, or potentially left someone with consequences that would be unacceptable to them and to me.

*I find cardiology* intellectually stimulating and extremely rewarding. It’s a great mix of procedures, diagnostic imaging, medical therapy and it’s one of the specialties where the physical exam is crucial. Plus, there is a huge body of evidence and several guidelines or relevant trials supporting most of our decision-making.

*I feel like I had to suppress* my creative side a little bit in order for me to focus on science and medicine. I used to love to draw and sketch. I created comic books full of parallel universes with these amazing characters. I still have pages and pages of this stuff from my childhood, just waiting to be submitted somewhere. And I loved to write. I just loved putting words together. I was such a nerd that I used to keep a little notebook of new words, their meanings and how to use them in a sentence.

So many of the experiences we have in medicine are just such brilliant stories of human triumph over adversity. People want to hear these stories, otherwise TV shows like ER and Grey’s Anatomy wouldn’t be popular. People have a fascination with what takes place in the medical field and there is an appetite for this stuff. I used to keep a journal when I was in medical school and into early residency where I would creatively spin stories of things I had seen and done written in the first person or third person. One of my friends used to make fun of me, he’d be like, “Dear Diary, today wasn’t quite so bad...” Who knows, these stories might one day be a blueprint for something I will write in the future.

*My Mom taught me* the meaning of sacrificial and unconditional love. My mother is actually love personified. She is the most selfless person I know. In order for my brothers and I to have the opportunities that we did growing up, my mom had to make incredible personal sacrifices. She basically put her career, her hopes and her dreams on hold so that we could succeed. But her selflessness extended far beyond her biological children. She touched the lives of so many other people outside of our family and created opportunities for total strangers. She has this keen ability to anticipate the needs of others even when they aren’t able to fully articulate them, and she has made it her life’s mission to help people reach their full potential in life. My mom is a fiercely intelligent, determined, warm and an outgoing ray of light with a big personality and an even bigger heart.

The best advice I was ever given was don’t compete with or compare yourself to others; only strive towards achieving your personal best each day.

Growing up, ‘failure’ was a word I knew. Even when things did not go according to plan, rather than conclude that these were failures, I was taught to see such moments as either a temporary setback, an important learning experience or a necessary (even if painful) redirection.

Dr. Kara Nerenberg had a significant influence on my career. She was one of my mentors during internal medicine residency training. She was an internal medicine physician at The Ottawa Hospital but moved to Calgary a few years ago. We had so many lengthy conversations about the pros and cons of choosing a career in internal medicine versus cardiology, being a woman in medicine, how length of training can impact future family plans and much more. She really helped me make some major decisions about what path to take at a time when I was a bit uncertain.

The most valuable thing I own is jewellery my mother gave me. She’s given me a lot of jewelry, some handed down by my grandmother. I’ve mentioned how important my grandmother was to our entire family and so having things handed down generationally has a lot of sentimental significance for me. I feel like I still have a part of her.

“The best advice I was ever given was don’t compete with or compare yourself to others; only strive towards achieving your personal best each day.”
If I could have dinner with anyone dead or alive it would have to be my maternal grandmother, who was the Matriarch of our family until she died in 2015. Her life was absolutely fascinating. She was born in Nigeria in the 1920s and grew up in a boarding school/convent run by Irish Catholic nuns. She then got married, had children, survived a civil war and many other life-changing losses, had multiple careers including being a special-needs teacher and a seamstress. She left an indelible mark on the lives of her three children, 11 grandchildren, eight great-grandchildren and multiple nieces and nephews. I had a close relationship with her when she was alive but there are so many things about the world I understand differently now that I wish I could sit down to ask her about and glean from her age-old wisdom.

A book that has had a lasting impression on me is \textit{Half of a Yellow Sun} by Chimamanda Ngozi Adichie. It’s a novel about a family’s loss and survival during the Nigerian-Biafran civil war in the 1960’s shortly after Nigerian independence from British colonial rule. It resonates so powerfully because two of my maternal uncles died in that war while many other family members survived it. The narrative in the book is reminiscent of the many personal recollections and accounts I was told by my grandmother, mother, uncles and aunts and it really does justice in retelling the horrors of the war and resulting sequelae of post-war trauma that many people still live with. It left a lasting impression because it felt so far reaching and so deeply personal. It is also extremely well written.

The 1990s fashion trend that I miss the most is neon coloured clothing! Although I don’t think this trend has ever really been gone for too long. I’m trying to bring it back.
Dear 14-year-old Habibat,

Right now, your thoughts are focused on your university applications, with the dream of medical school in the not too distant future. Yes, you are extremely young but you were blessed with a precociousness that let you skip a few grades, so being a bookworm is all you seem to know. You rushed ahead through many life milestones, moving swiftly like an automaton fueled by the accolades of your authority figures. But you, my dear child, do not know it all. You may have been told that your maturity exceeds your age, but one day you will recognize that life’s most important lessons are not taught in school, nor can they be found between the pages of a book.

So look up! Open your eyes wide and take notice of the world around you. Learn to really see people and contemplate the merits of their varying life perspectives, even if they conflict with your own.

Observe patterns of behaviour and trust actions more than words. Think before you speak, and listen attentively before voicing a thought. You were given two ears and one mouth for a reason. Never forget the saying in Proverbs 4:7 - ‘Wisdom is the principal thing; therefore, get wisdom, and in all your getting, get understanding’. Remember, common sense is not common at all. So train this sense as much as you train the others (if not more). And finally, enjoy your youth, because it does not last forever!

Peace and Love,

——

Future Habibat.

Dr. Habibat Garuba grew up in Ottawa and completed the International Baccalaureate Diploma Program at Elmwood School. She attended the University of Toronto on a BMO National Scholarship for her undergraduate studies and graduated from the Leslie Dan Faculty of Pharmacy in 2008 with a Bachelor of Science in Pharmacy (First Class Honours). She became a licensed pharmacist prior to her entry into medical school. She completed her Doctorate in Medicine from Queen’s University in 2012, graduating with the Medal in Internal Medicine and the Edgar Forrester Prize for the highest academic standing in the final year. She completed a residency in Internal Medicine at the University of Ottawa in 2015 where she served as Chief Medicine Resident from 2014–2015 at the General Campus and won the CanMEDS Communicator Award. She subsequently completed a fellowship in Adult Cardiology at the University of Ottawa Heart Institute in 2018 followed by a fellowship in Adult Echocardiography (Level III) at the Heart Institute in 2019. She was appointed to the Division of Cardiology in the Department of Medicine at The Ottawa Hospital in 2019.

Dr. Garuba’s areas of interest are in cardio-oncology, cardiac disease in pregnancy, transesophageal echocardiography for structural interventions, and global health cardiology/cardiac disease management in resource-limited settings.
Divisional Reports
Cardiology

Prior Year’s Divisional Goals

- Enhancing our Division
  - Recruitment of new physicians (Interventional Cardiology, Electrophysiology, Heart Failure/Transplant)
  - Enable mentoring and promotion of Division members
  - Enable work allocation project to balance clinical and academic work
  - Work towards new financial arrangement for Partnership

- Grow the Heart Failure Fellowship Program

- Support Exemplary Clinical Care
  - Finalize operational plans for the Consolidated Cardiology Centre of Excellence at the General Campus and implement phase I of the plan
  - Cardiac Imaging Heart Team and AI Imaging research initiative
  - Further grow the Regional HF program with recruitment
  - Initiate a Heart Failure Clinic at the General Campus
  - Establish new Quality Metrics Working Group
  - Increase physician capacity within the Women’s Heart Health Clinic

- Research
  - Increase presence at international meetings and high-impact publications
  - Use Epic to support quality of care clinical research project

Significant Divisional Accomplishments in the Last Academic Year

Enhancing our Division

Building and enhancing our Division continues to be a priority every year. Under the leadership of Dr. David Birnie, Deputy Division Head, the faculty expectation and accountability framework has been enhanced in its second year to better allocate clinical work and protect academic time. We welcomed five new faculty members to the Division in 2019–2020: Drs Juan Russo (Interventional, August 2019), Wael Alqarawi (EP, Sept 2019), Habibat Garuba (Sept 2019), Hany Rizk (Sept 2019) and Caroline McGuinty (HF, Feb 2020). To enable our new and young faculty members’ successful careers, we continue to actively support mentorship activities and enable internal and external leadership opportunities.

Clinical Achievements

We are proud of the innovative initiatives our committed faculty undertake. Our ‘patient-first’ culture is exemplified by the following achievements, made possible only through our faculty’s relentless efforts:

- Dr. Gary Small spearheaded a new approach to reduce the wait time for cardiology referrals with Team Purple and the Rapid Access Clinic in Jan 2020. We have seen a marked improvement to the cardiology referral waitlist with this new approach.

- The Centre of Valvular Heart Disease (CVHD) under the leadership of Dr. David Messika-Zeitoun was launched this year to improve diagnosis, management, and test coordination. Patients will be included in a prospective database cohort to facilitate research initiatives.

- The Palliative Care Program for Cardiac Patients was initiated under the leadership of our new faculty member, Dr. Caroline McGuinty.
• The Division of Cardiology and the University of Ottawa Heart Institute have jointly funded the NEW Canadian Centre of Rare Cardiac Conditions (CCRCC) led by Dr. Andrew Crean. The CCRCC aims to develop a Canadian and International Centre of Excellence for specialized team-based care for rare cardiac diseases, including Cardiac Sarcoidosis, Cardiac Amyloid Disease, Rare Cardiomyopathy, and Hypertrophic Cardiomyopathy, Takotsubo, Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Cardio-Rheumatologic Disease.

• Dr. Chris Johnson and the team at the General Campus continue to work with TOH towards our consolidated cardiology Centre of Excellence to include specialty programs that include a heart failure clinic.

• Dr. Calum Redpath performed the first completely non-invasive VT ablation in Canada in collaboration with Radiation Oncology (Graham Cook) and Cardiac Imaging (Andrew Crean). We are only the third centre in the world to have performed this procedure.

• Dr. Ben Hibbert performed an innovative ROOT procedure to help patients with heart failure.

• Heart Teams and Hubs continue to expand their roles in in electrophysiology, revascularization, women’s heart health, critical care, valve disease and imaging. With these and our other initiatives, we have established concrete multidisciplinary team-based approaches to patient care.

• New quality KPIs have been defined in 14 sections of cardiology that will be regularly monitored.

Throughout the pandemic, our faculty have shown leadership, ingenuity, flexibility, and teamwork in providing excellent care for our patients in unprecedented times dealing with a dual-threat of COVID-19 and non-COVID-19 cardiovascular disease. Our activities have included:

• Daily leadership meetings adapting to the changing pandemic status and new policies;

• Development and implementation of local and regional practice protocols and knowledge transfer (STEMI, rapid discharge, cardiac patient transfer, cardiac COVID-19 manifestations, verbal consent and Protected Code Blue);

• Schedule adjustment considerations for Division members at risk and to balance potential exposure to risk;

• Triage and prioritization of patients awaiting procedures and assessments;

• Adapting practices in a completely new way (greater than 95% virtual ambulatory care during peak COVID-19 period, currently 85% virtual care);

• Communication and messaging to community cardiologists, family medicine, patients and the public regarding access to care and the dual-threat;

• Contribution to position statements and guidelines regarding the management of COVID-19 related cardiovascular disease/non-COVID-19 CVD during pandemic, clinic and lab operations and phase-in of clinical activities;

• Significant research contributions to the emerging COVID-19 field, including testing, arrhythmia detection, imaging, novel therapies, population analysis.

Education

We continue to attract top-quality trainees to our resident and fellowship programs and are consistently viewed by trainees as the top program in Canada; four residents are selected each year among 50–80 applicants. Two cardiology residents are currently undertaking dedicated research training as part of the Clinical Investigator Program (CIP). We are incredibly proud that our trainees are consistently recognized with a variety of awards and honours. Dr. Dan Ramirez, Electrophysiology Fellow, was awarded the prestigious Banting Fellowship to continue his training in advanced arrhythmia management in Bordeaux, France and has been recruited to the Heart Institute for January 2021. Dr. Pietro Di Santo (Cardiology resident, Supervisor—Dr. Benjamin Hibbert) won the 2019 CCS-Bayer Resident Vascular Award. Dr. Kevin Bozcar (Cardiology resident, Ph.D. Candidate Supervisor—Drs Rob Beanlands and George Wells) received a four-year CIHR fellowship and was a finalist for the 2019 CCC Trainee Research Award. Our residents and fellows demonstrated unwavering commitment during the pandemic, providing the backbone to our patients’ care.

Research

The Division continues its high level of research productivity with high impact publications and peer-reviewed grants. A few notable achievements include:

• Dr. Peter Liu provided Canadian and global leadership in determining the cardiovascular implications and risk factors of COVID-19. He has published four papers in leading edge journals including both original large population-based analyses in conjunction with colleagues from Wuhan, China and a review paper as first author in Circulation. He also received CIHR COVID-19 grant valued at $1.1 M for his study titled Improving Outcomes in Individuals with COVID-19 with Renin-Angiotensin System Inhibition: The COVID-RASi Trial.

• Dr. Benjamin Chow was awarded $1M (plus $1M in-kind from industry partner AusculSciences Canada Inc) from the TD Ready Challenge Grant in Innovative Solutions for Early Detection and Intervention for Equitable Health. The three-year grant is to assess a non-invasive acoustic test, the ‘CAD-det’ system, which uses ultrasound technology and AI algorithms to detect heart disease. While benefiting all patients throughout Canada and globally, this technology will be particularly beneficial to patients
in northern, remote or under-served communities, by providing access to testing for coronary artery disease in primary care settings.

**Assessment of the CAD-det System — A Non-Invasive Acoustic Diagnostic Test for the Early Diagnosis of Coronary Artery Disease.**

- Dr. Derek So, in collaboration with investigators at six other centers in Ontario and Spartan Biosciences, was awarded over $750K from the special COVID-19 funding from the Ontario Government for the RAPID COVID-19 study. This study evaluates the efficacy of a novel point-of-care test; it is anticipated that findings will help improve patient care and resource allocation as well as protect frontline health care staff during this COVID-19 pandemic.

- The Division of Cardiology is committed to supporting our faculty with seed funding to initiate new projects and innovations. With partnered funding, a number of initiatives have been possible.

1. The Cardiac Imaging Heart Team successfully launched the E-IMAGIN Artificial Intelligence Grant Competition funding the following three projects. These projects will help us gain momentum in the rapidly growing AI field.
   - Birnie, Theriault-Lauzier (resident), Sadek, Zakutney: Artificial intelligence to identify cardiac implantable electronic devices on chest x-ray images
   - Chow, Clarkin, Golian, Green: Artificial Intelligence and Machine Learning in the Interpretation of Wide-Complex Tachyarrhythmia
   - deKemp, Hossian, Hunter, Yao, Slart: Improved Diagnosis of Coronary Artery and Microvascular Disease using Rubidium PET Imaging and Deep Learning

2. In partnership with the University of Ottawa Heart Institute, the Division of Cardiology funded five innovative pilot research projects. We anticipate that our internal Catalyst Grant funding (valued at a total of $250K) will result in successful larger scale external projects. Congratulations to all the teams!
   - Dr. Aydin: Do Barrier dressings reduce device infection: a pilot, registry embedded, randomized control trial
   - Dr. Chih: The UOHI Shock Team: A Heart Team Approach to Cardiogenic Shock
   - Dr. Golian: Left atrial imaging prior to cardioversion: Leveraging computed tomography to rule out thrombus (LA-CLOT)
   - Dr. Messika-Zeitoun: Screening for Valvular Heart Disease at the primary care level—a tele-ultrasound pilot study using handheld cardiac devices and live remote expert support
   - Dr. Nair: AWARE-2 RCT- Ablation Strategy for Atrial Fibrillation — Wide area radiofrequency or Cryoablation—A comparison evaluation—AWARE-2 Vanguard Pilot RCT

3. With partnered support from the UOHI ORACLE Pilot Project Grants, the Division of Cardiology and the Electrophysiology Group were able to fund three high-calibre projects. This seed funding effort is aimed at catalyzing the generation of key preliminary data to assist researchers to obtain peer reviewed grants at the national funding agencies.
   - Dr. Thais Coutinho (Innovation Hub: Atherosclerosis & Cardiometabolic Diseases): Simplifying Proteomic and Hemodynamic Assessment of Patients with Thoracic Aortic Aneurysm (TAA): Pilot to Inform a Multicenter Study for Development of a Personalized TAA risk score
   - Dr. Darryl Davis (Innovation Hub: Arrhythmias): Induced pluripotent stem cells for therapeutic target discovery in Canadian patients with cardiac rhythm disorders

4. In addition, the Division of Cardiology with partnered seed funding from ORACLE funded four projects in response to the COVID-19 pandemic. All of the projects have already led to further external funding or publication.
   - Dr. So: Development and Evaluation of Applying a Point-of-Care COVID-19 Test Strategy to Triage Patients Presenting with Acute Coronary Syndromes, Respiratory or Hemodynamic Instability and Out of Hospital Cardiac Arrests — The RAPID COVID-19 TRIAGE Algorithm
   - Dr. Crean: Fast Initial Rapid Screening Test by CT for COVID-Related Lung Disease within 24 Hours of Admission (FIRST-CT “24”). Dr. Crean’s project was support through uOttawa Department of Medicine Special Pandemic Agile Research Competition (SPARC) as well
   - Drs Alqarawi/ Redpath: The Role of Protocolized Telemetry Monitoring in Patients with COVID-19
   - Dr. Liu: Ottawa Wuhan Research on COVID-19 effect on the Heart (TOWRCH)

5. Through partnered funding, the Division of Cardiology and Electrophysiology Group supported the following awardees of Faculty of Medicine Translational grant program.
   - Dylan Burger, PhD (OHRI); Manoj Lalu, MD (Department of Anaesthesia); & Darryl Davis, MD (UOHI & Division of Cardiology): Mesenchymal stromal cell derived exosomes as a preconditioning therapy for cardiac ischemia-reperfusion injury
   - Jennifer Reed, PhD (UOHI) & Girish Nair, MD (Division of Cardiology & Cardiac Electrophysiology Group): Examining the role of high-intensity interval training on glycemic variability and symptomatology: A novel treatment approach for patients with atrial fibrillation and diabetes
Plans for Coming Year

1. Enhancing our Division
   a. Recruitment of new physicians: CICU (Rebecca Matthew 2021), Electrophysiology (Dan Ramirez 2021), Heart Failure/Transplant, Echocardiography (Dave Harnett, Andrew Moley, Hassan Mir 2020), General Cardiology, Prev & Rehab (Hassan Mir 2020), Women’s Heart Health, Interventional Cardiology.
   b. Enable mentoring and promotion of Division members
   c. Enable work allocation project to balance clinical and academic work
   d. Work towards new financial arrangement for partnership (ongoing)

2. Support Exemplary Clinical Care
   a. Enhance virtual care access (outpatient and inpatient)
   b. Enhance regional telemedicine program
   c. Enhance Regional Cardiac Care with regional partners
   d. Establish RAC to reduce ED visits for chest pain/procedure complications
   e. Launch the Consolidated Cardiology Centre of Excellence at the General Campus including a heart failure clinic
   f. Cardiac Imaging Heart Team and AI Imaging Research Initiative
   g. Establish and grow the HF Heart Team
   h. Grow Valve Centre/Heart Team
   i. Grow Palliative Care Program for Cardiac Patients
   j. Initiate a Heart Failure Clinic at the General Campus as a hub in regional heart failure care delivery
   k. Link TOH and UOHI heart failure with community cardiology clinics to offload patients who improve and stabilize, thereby maintaining prompt access to care for sicker, high cost users of TOH and UOHI facilities
   l. Implement the new KPIs
   m. Increase physician capacity within the Women’s Heart Health Clinic
   n. Revise ICCU structure/function
   o. Strategic Plan development in subsections of cardiology (e.g. Interventional cardiology)

3. Research
   a. Increase presence at international meetings and number of high-impact publications.
   b. Use Epic to support quality of care clinical research projects.
   c. Catalyst Grant Opportunities—for quality and data based research
   d. Enhance application of AI in research
   e. Enhance personalized medicine research

Key Publications


Kevin Boczar, Cardiology Resident & PhD Candidate (Supervisors: Rob Beanlands, & George A. Wells), CIHR Fellowship. Canadian Study of Arterial Inflammation in Diabetes and the Evaluation of Colchicine Effectiveness (CADENCE). $242,916 over four years.

Honours and Awards

• University of Ottawa Clinical Research Chairs
  • Dr. Rob Beanlands — Distinguished Chair
  • Dr. David Birnie — Tier 1 Chair
  • Dr. Darryl Davis — Tier 1 Chair
  • Dr. Lisa Mielniczuk — Tier 1 Chair
  • Dr. Sharon Chih — Tier 2 Chair

• Dr. Michel Le May — Department of Medicine’s Quality Improvement Award of Excellence
• Dr. Thais Coutinho — UOHI Global Achievement Award
• Dr. Ben Hibbert — Robert Roberts Award for highest impact publications and nomination for Young Interventional Cardiologist of the Year at TCT 2019
• Dr. Merhdad Golian was awarded the University of Ottawa Heart Institute: Above the Call of Duty Award in recognition of his leadership with the optimization of Epic
• Dr. Michael Froeschl awarded the 2020 CAME Certificate of Merit and Department of Medicine Clinician Teacher spotlight
• Dr. David Birnie — Department of Medicine COVID-19 Wellness Award

Leadership

External (new):

• Dr. Lisa Mielniczuk appointed Secretary to the Canadian Cardiovascular Society and as a board member for the HQO’s Quality Standards
• Dr. Rob Beanlands — Past President of the American Society of Nuclear Cardiology (Jan 2019)
• Dr. Terrence Ruddy — Past President Cardiovascular Council of the Society of Nuclear Medicine and Molecular Imaging 1 year term (July 1, 2018–June 20, 2019)
• Dr. David Birnie elected to the executive committee of the World Association of Sarcoidosis and other Granulomatous Disorders.
Existing (partial list of internal leadership positions):

- Dr. Rob Beanlands — Vered Chair, Cardiology
- Dr. David Birnie — Deputy Division Head and EP Research Chair
- Dr. Peter Liu — VP Research, Chief Scientific Officer, UOHI
- Dr. Ruth McPherson — Chair, the Ruddy Canadian Cardiovascular Genetics Centre
- Dr. Duncan Stewart — CEO and Scientific Director, OHRI
- Dr. Chris Johnson — Site Director of Cardiology, TOH General Campus and Department of Medicine, Director of Postgraduate Medical Education
- Dr. Sharon Chih — Appointed Medical Director, Cardiac Transplant/MCS program
- Dr. Ellie Stadnick — Undergraduate English CV Block Content Expert and CME Director
- Dr. Nadine Gauthier — Content Expert for Cardiovascular Block and Director of Undergraduate Education in Cardiology

Departures

- Retirements: Dr. Frans Leenen (Oct 2019)

Did you know?

Songs closer to the label and spindle hole on a record can sound audibly different than those on the outer edges due to what is known as inner groove distortion. At the beginning of the LP, on those outer grooves, the audio signal is cut across a relatively long section of vinyl, and the longer a signal is spread out across the medium, the higher the quality. When you get to those shorter grooves near the spindle hole, the signal is transferred to a much shorter section. The audio information, in the form of ridges and valleys, is closer together, and the more dramatic curve of the groove can affect the needle’s ability to track and read the information accurately. When producing a record on vinyl, the recommendation is to keep the louder, bass-heavy tracks at the front and the softer tracks for the end of the programs.
Clinical Epidemiology

Prior Year’s Divisional Goals

In 2019–20 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 Institute

Significant Divisional Accomplishment in the Last Academic Year


Jeremy Grimshaw is the Co-lead of COVID-END (https://covid-end.org), a global umbrella organization of around 50 evidence synthesis and evidence support organizations supporting evidence-informed decision making about clinical, public health, health system and economic and social policies. It aims to improve collaboration, and reduce inappropriate duplication of effort in this space globally. It has been recognized by WHO as a key partner to co-ordinate the COVID-19 evidence response. Nationally, its work has informed the Ontario Ministry of Health and the Public Health Agency of Canada.

Plans 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**


2019–2022. CIHR ($2,190,000). TRICS IV—Restrictive versus Liberal Transfusion in Younger Patients Undergoing Cardiac Surgery. Dean Fergusson (Co-PI).


**Did you know?**

Perhaps the most famous records in the universe are the two copies of the Golden Record placed aboard the **Voyager 1** and **Voyager 2** spacecrafts. The Golden Records feature musical selections from different cultures and eras, spoken greetings from Earth-people in fifty-five languages, and other messages. Each record is encased in a protective aluminum jacket, together with a cartridge and a needle. Instructions, in symbolic language, explain the origin of the spacecraft and how the record is to be played. Today, Voyager is nearly 12 billion miles away from Earth.
Critical Care

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

The entire Critical Care group stepped forward during the COVID-19 2020 pandemic to establish clinical practice guidelines for the Champlain Region. Several of these initiatives were adopted both within TOH as Medical Directives, and then distributed and adopted by the Champlain Critical Care ICUs at a regional level. This also included developing the covidottawa.com website and mobile app. The app was downloaded and used by over 3,000 viewers in the Champlain region, and over 4,600 viewers worldwide. This app has also been adapted for national use and distribution by the Royal College of Physicians and Surgeons of Canada, further cementing Ottawa’s role as the medical education leader for Critical Care in Canada. Special thanks to Drs David Neilipovitz, John Kim, Pierre Cardinal, Shane English, Scott Millington, James Downar, Hilary Meggison, Erin Rosenberg, Karl Michael Hartwick, Giuseppe Pagliarello and Jonathan Hooper for taking lead roles in developing specific care guidelines (adopted regionally) to provide safe and effective care in the management of critically ill COVID-19 patients.

A special thanks also goes out to all the members within Critical Care for coming together to provide exemplary front-line care for COVID-19 patients in the ICU.

Dr. Shane English continued 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-centre 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. Dr. English also continues his research in traumatic brain injury as a member of the Canadian Traumatic Brain Injury Research Consortium (CTRC).

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. 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. It 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.

Drs Aimee Sarti and Pierre Cardinal have continued to cement Ottawa’s program as a national and international leader in systems needs analysis and educational system-level interventions on multiple fronts in 2019–2020. Dr. Sarti and Dr. Cardinal’s ongoing work received grant and financial support from The Ottawa Hospital Academic Medical Organization (TOHAMO), the Department of Critical Care Medicine, and system-level grant support from the Trillium Gift of Life Network (TGLN) and Canadian Blood Services (CBS). Drs Sarti and Cardinal also secured CBS grant funding for national organ donation professional curriculum development and distribution. The CBS organ donation curriculum is now available for health care providers across Canada to improve care delivery. Dr. Cardinal also served as editor-in-chief for “Navigating Medical Emergencies: An Interactive Guide to Patient Management,” an innovative e-learning tool created and distributed by the Royal College of Physicians and Surgeons of Canada, and in collaboration with Dr. Xingnam Xu, served as the editor for the covidottawa.com website and app, deployed during the COVID-19 pandemic. NAVME has been used over 13,000 times in the past year, including over 10,000 since the COVID-19 pandemic began in March 2020.

Dr. Kwadwo Kyeremanteng continues to expand his work in Quality of Care and Patient Safety (QuSa). He serves as the Critical Care Lead in QuSa academic development and has expanded his interest areas to include Machine Learning Model Development. Dr. Kyeremanteng was appointed in 2019 to the position of Director Innovation and Health Services Research to ensure the department and its divisions provide accessible, efficient, and high-quality research leveraging the information available at The Data Warehouse. Dr. Kyeremanteng also served as the public face of Critical Care with the COVID-19 pandemic, evidenced by 26 radio, TV and/or newspaper interviews at a local and/or provincial level. Dr. Kyeremanteng’s impact has also been felt online, with his social media presence in hosting the Resource Optimization Network “Solving Healthcare” podcasts, which have been viewed over 100,000x, with 1,200+ health care subscribers.
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 clinical research innovations.

Critical Care will continue its commitment to excellence in clinical care and quality improvement by deploying an individual physician and nurse scorecard for clinical performance. This clinical scorecard represents the first quality improvement scorecard designed at providing 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 2017–2019, with pilot phase data collection planned for post-implementation of the Epic patient information system. The COVID-19 pandemic unfortunately delayed its 2020 deployment. Critical Care will also continue to expand its support for novel research and academic program development through its expanded research competition process, implemented in the 2020–2021 year.

Critical Care seeks to consolidate its status as leaders in medical education and system change management with enhanced distribution and dissemination of its COVID-19 clinical management guidelines and national collaboration with the Royal College of Physicians and Surgeons of Canada.

Critical Care will 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.

Key Publications


Honours, Awards and Leadership

• Dr. Gwynne Jones retired in January 2020, after a distinguished Critical Care career in Ottawa. Gwynne and Dr. Dennis Reid were the original ICU physicians who initiated the transition of closed-unit care at the Ottawa General Site ICU. When asked to summarize Gwynne’s highlights during his distinguished career, Dr. Pierre Cardinal provided the following outstanding summary:

Gwynne’s local, national and international recognition of his bedside clinical expertise led to the following awards during his career—the LIFT (Leadership in Faculty Teaching) Provincial Award for Clinical Teaching; the André Péloquin Prize for Clinical Excellence, University of Ottawa; the Clinician of the Year award, TOH; and the PAIRO Excellence in clinical teaching. Dr. Jones was also one of the few clinicians to received promotion to Full Professor at the University of Ottawa, given the national and international recognition within Critical Care of his bedside clinical and teaching skills.

Gwynne’s knowledge and understanding of basic science are legendary. He taught us how cells behave under the stress of critical illness and why organs fail. He taught us how a failing organ interacts with other organs ultimately leading to multi-organ failure and possibly death, unless we intervene.

Key Grants

A total of 60 grants (23 primary investigator—PI) grants have been awarded to Critical Care faculty members, totaling $10.1M ($3.5M PI) in 2019–2020. Highlighted PI grants include:


• Medical Research Future Fund (MRFF) International Clinical Trials Collaborations (Australia). The SAHaRA Trial: Understanding the Best Red Cell Transfusion Practice in Patients with Intracranial Bleeding from a Ruptured Aneurysm. PIs: A Delaney (CIA), S English (CIB). $855,000.
He introduced us to concepts such as inflammation, microbiome, and cellular energetics, years before they had become popular, part of the common critical care parlance, and the topics of active research in Critical Care.

Gwynne also understood the importance of social determinants of health. Again, this transformed how we saw our patients. Perhaps, because of his humble beginnings and upbringing, he showed respect to all, regardless of their social ranks, colour, or race. No matter if you were part of the cleaning staff, a world-class researcher or from senior admin, Gwynne saw right through you and appreciated you as a colleague. If you were having a bad day, a brief encounter with Gwynne always made your day a little better.

The ICU was his family.

Gwynne’s retirement marks the end of an era. And yes, Critical Care and TOH will all miss him. However, knowing Gwynne has changed us forever and for the better. Fortunately, Gwynne will continue to remain active as a non-clinical member in Critical Care, teaching our trainees. After all, he should not be allowed to totally retire. His legacy lives on.”

- Critical Care recognizes and salutes Dr. Jones for his distinguished career, his mentorship for nearly all current Faculty members, and the standards for kindness, compassion and commitment to bedside teaching and patient-centered care. In short, Dr. Jones is recognized as a founding member of Critical Care in Ottawa, and he remains active as a non-clinical member within the Division.
- Dr. Karl Michael Hartwick was promoted to Associate Professor in 2020.

Dermatology

Prior Year’s Divisional Goals

Our major goals for the past year included:

- the recruitment of dermatology clinicians and academics to Ottawa to address the chronic shortage of dermatology services in the area
- contribute in the organization and planning of the Canadian Dermatology Association’s annual meeting
- obtain operational funding from TOH and strive to improve our financial health
- to expand Mohs surgery by recruiting a second Mohs surgeon to TOH

Significant Divisional Accomplishments in the Last Academic Year

We have been fortunate to welcome Dr. Andrea Dawson, Dr. Sophia Colantonio, Dr. Genevieve Gavigan, Dr. Thusanth Thuraisingam and Dr. David Tsoulis to the Division. This group of new recruits have already contributed a tremendous amount by joining the on-call roster, participating in committee work and teaching residents clinically and didactically.

1. Dr. Carly Kirshen completed her first year as Residency Program Director. She has successfully developed and maintained an outstanding educational program during the COVID-19 pandemic, organizing Zoom half-days with Dalhousie University and teledermatology clinical sessions. She is also involved as an integral part of the Competency by Design framework for Dermatology.

2. Dr. Melanie Pratt was recognized for her lifetime of dedication to the advancement of dermatology as the recipient of the Canadian Dermatology Association Lifetime Achievement Award.
3. Dr. Melanie Pratt also coordinated and ran a very successful meeting, which was well attended by dermatologists from Ontario and Quebec. Titled, “Drugs in Dermatology – An Update”, it was a comprehensive review of dermatology’s new therapeutic developments over the past decade.

**Plans for the Coming Year**

This year we look forward to welcoming more of the graduating residents to the growing ranks of practicing dermatologists. To better serve the community and meet increasing patient demand, we intend to continue our pursuit to hire an additional Mohs Surgeon. We plan to address and manage the economic strains imposed by the COVID-19 pandemic. In honour of Dr. Robert Jackson, we will revise the Ottawa Dermatology Morphology Textbook. We will continue to increase the research footprint of the Division by facilitating clinical trials work, residency and staff research activities and celebrating research accomplishments.

**Key Publications**


**Key Grants**

Dr. Jennifer Beecker. Canadian Dermatology Foundation Research Grant, June 2019: $10,000.


**Honours and Awards**

- Dr. Melanie Pratt was the recipient of the Canadian Dermatology Association Lifetime Achievement Award.
- Dr. Jennifer Beecker was elected Vice-President of the Canadian Dermatology Association and the recipient of the Canadian Dermatology Association President’s Cup.
- Dr. Megan Lim was the recipient of the Canadian Dermatology Association Resident’s Writing Award.
- Dr. Ben (Whan) Kim was the recipient of the Canadian Dermatology Association RFS Teaching Award.
- Dr. Marcus Tan and Dr. Megan Lim were the recipients of the Dr. Catherine M. Ruddy Scholarship.
- Dr. Annie Langley was the recipient of the DC Montgomery Resident Research Award.
Endocrinology & Metabolism

Prior Year’s Divisional Goals

Our key goal was to expand the use of eVisits for ambulatory care and our diabetes patients. We had tremendous interest from our division members, the LHIN, our collaborators at CHEO, from TOH and patient feedback. The pivot to virtual visits in March, sadly a result of a pandemic, led to transformative virtual care changes. As early eVisit adopters, Endocrinologists were more than ready to meet the challenge and carried on clinics at 100% capacity from day one of our clinic closure and now logging over 12,000 virtual visits completed before September 2020. This was daunting considering the added and unexpected work on our clerical and administrative staff, under distancing and often work from home situations. We never imagined that our next goal would be getting patients and physicians back to doing in-person visits and finding the ideal hybrid of in-person and virtual care. The opportunities to determine the effect on health and safety, equity and quality of care are tremendous.

Our second priority was wait times for ambulatory care visits. We hoped that virtual care could free up clinic time to see more new patients within their triaged time frame. Despite more visits per month and without added resources or doctors, we have met our goal—at least for now—to see patients well within their triaged time frame, including those triaged less than one week.

Integration of technology and artificial intelligence (more and more) into diabetes care has been the most important advancements to care for patients with type 1 diabetes mellitus. We are proud to see our team and patients embrace technology and make us a top site for insulin pump users. Virtual care complements the use of cloud-based data from pumps and monitors to provide superlative care and advice to our patients.

Significant Divisional Accomplishments in the Last Academic Year

We are proud to be part of the TOH team supporting frontline workers and providing our inpatient and outpatient services during this year of COVID-19. We much appreciate all TOH staff working in high-risk areas and those who worked so hard to keep us safe at work and provide state of the art care to patients. Our Endocrinologists, fellows, trainees, and administrative assistants and our colleagues in the TOH Endocrine and Diabetes Centre demonstrated an incredible ability to adapt and thrive in this new world, as both our inpatient and outpatient consultation service remained as busy as ever throughout the spring.

Three of four Department of Medicine Medical Education Innovation Grants were awarded to Endocrinologists in June 2020. Congratulations to Drs Amel Arnaout, Christopher Tran and Erin Keely each serving as principal investigator on their projects. This is a great nod to our Division’s commitment to innovation in medical education. Dr. Amel Arnaout, our Program and Fellowship Director, took on how to ensure an optimal experience for our learners in virtual medicine. She shares her tips and techniques in the Faculty of Medicine webinar; Are You on “Mute”: Teaching in Virtual Clinics.

Dr. Chris Tran has become our go-to expert for the creation of movies and videos to support our teaching, including his webinar “Watch This; How to Create Educational Videos to Support your Teaching.” Dr. Tran has also made a significant contribution by creating tips and how-to videos for Epic. Chris became the first certified Epic Power User in our Division last spring.

Dr. Janine Malcolm continued to champion our eVisit implementation project over the past several years and was key to our rapid adoption of virtual care video visits. Endocrinologists had the opportunity to pilot Epic Zoom and work closely with the Fusion team to troubleshoot and leverage new medical education opportunities. Working with our training Program Director led to integrating virtual clinics for training residents, fellows, and soon, medical students.
2020 marked the launch of another Nephro-Endo collaborative clinic; this one specializes in managing diabetes in patients with a renal transplant. The goal is to improve glycemia and risk factor management in those with a history of diabetes or new onset post-renal transplant. Drs Mary-Anne Doyle and Janine Malcolm, with nephrologist Dr. Stephanie Hoar have been key to this recent quality and patient care endeavour.

2020, the year of perfect vision, was also the year of bringing the reality of systemic racism and Black Lives Matter to the forefront. Dr. Amel Arnaout organized our first session addressing this topic for residents in Endocrinology and Core Internal Medicine. Dr. Janine Malcolm led the interactive discussion on racism in the workplace and in medicine, and feedback was hugely positive. We learned this is a great way to engage our learners and colleagues in this important and sensitive topic.

**Plans for the Coming Year**

Now that we have gained comfort and facility in virtual patient visits, we recognize a need for criteria to determine when virtual care is appropriate and when in-person is best and how often an in-person visit is required for those with a chronic disease such as diabetes. The development of standards and criteria is now needed urgently. We will embark on a formal process involving stakeholders and patients, to create guidelines for the best use of eVisits.

Our Nephro-Endo collaborative clinics have been a great success; we realize there is so much more to do. For 2021, an endo-bariatric clinic in the TOH Weight Management Centre will launch. Dr. Heidi Dutton, certified by the American Board of Obesity Medicine, will see the complex patients with endocrine complications related to obesity and bariatric surgery. Next up, we will explore ways to provide endocrine expertise in transgender medicine with our regional and community partners and our pediatric colleagues.

COVID-19 may have slowed down our research capacity, so our challenge for 2021 is to focus on research in our areas of expertise: diabetes, lipids, adipose tissue, obesity, innovations in health care delivery (like eConsult and virtual care), and innovation in medical education. Dr. Keely leads the way for our Division, with funding in the field of Artificial Intelligence, a great beginning in this hot topic area of research and practical applications.

**Key Publications**

The Division of Endocrinology and Metabolism had 42 publications listed in PubMed this past academic year.


**Keely, E., Liddy, C., 2019. Transforming the specialist referral and consultation process in Canada. CMAJ.**


**Key Grants**

University of Ottawa OHRI-DOM Translational Research Grant. *Macrophage Cholesterol Regulates Histone Methylation to Control Inflammation*. Zha X (Co-PI), Sorisky A (Co-PI). $48,000.

University of Ottawa Faculty of Medicine Translational Grant. July 2019. *SGLT-2 inhibitors, GLP-1 agonists and hypergluconemia in Non-alcoholic Fatty Liver Disease and Type 2 diabetes*. Doyle M-A (PI) Mulvihill E (Co-PI), Kelly E (Co-PI). $50,000.
Department of Medicine Medical Education Grant. Key Requirement for Incorporation of Video Visits into Ambulatory Care Training for Residents. Arnaout A (PI), Co-PIs: Tran C, Halman S, Archibald D, Humphrey-Murto S, Lochnan H, Keely E. $13,335.


Department of Medicine Medical Education Grant. Application of Natural Language Processing to eConsult clinical questions — a golden opportunity to inform CPD. Keely E (PI), Co-PIs: Archibald D, Liddy C. $11,400.


**Leadership Roles**

- Dr. Alexander Sorisky — Program Director, Chronic Disease (OHRI)
- Dr. Alexander Sorisky — Director of Mentorship, Department of Medicine
- Dr. Christopher Tran — Content Expert Endocrine and Diabetes (UGME)
- Dr. Heather Lochnan — Assistant Dean of CPD-Education Programming
- Dr. Heather Lochnan — Back to Basics Director (UGME)

**Retirements**

- Dr. Phyllis Hierlhy
- Dr. Peter Walker
- Dr. Fraser Scott

**Honours and Awards**

- Physician Leadership Award, The Ottawa Hospital— Dr. Erin Keely
- University of Ottawa, Faculty of Medicine, UGME Educator Award for Manager Competency — Dr. Amel Arnaout
- 2020 National Lipid Association Young Investigator Award, Fifth Place Winner — Dr. Cathy Sun
- Department of Medicine Peter MacLeod Award — Dr. Linda Wang
- Canadian Society of Endocrinology and Metabolism Sonia Salisbury Resident Clinical Vignette Award for her presentation entitled “Successful Treatment of Lipoprotein X Without Plasma Exchange in a Patient With Unexplained Severe Cholestasis” Dr. Linda Wang and Dr. Alexander Sorisky
Gastroenterology

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

Clinical Care

The Division continued to provide national and international leadership and contribution in advanced endoscopic techniques, endoscopy clinical research, colorectal cancer research, IBD research and care; the liver disease research program is anticipated to soon be at this level as well.

Regional leadership activities continue to increase with the provision of advanced care services at partnership hospitals including Renfrew, Arnprior, Hawkesbury, and Pembroke.

The Division now offers advanced endoscopic therapeutics in all key areas to national and internationally recognized tertiary referral centres. These include: ERCP, direct view biliary endoscopy, biopsy and guided radiofrequency lithotripsy, 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, 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.

Under the leadership of Dr. Barbara Bielowska, the TOH parenteral nutrition program is being modernized to ensure the safe and cost-effective TPN delivery across the institution.

Dr. Canning continues to lead and develop the TOH motility lab with a planned redeployment of the lab to the Riverside endoscopy unit to allow for greater service integration.

Improved Clinical Care Pathways

The Division developed and continues to refine several key clinical care pathways that are required for optimal GI patient care. These include improved ER referral pathways, centralizing referrals, and improved IBD care pathways and emergency access.

The COVID-19 pandemic moved the Division to delivery of outpatient clinic-based care by virtual care with patients brought to the hospital if endoscopy or physical examination was deemed necessary. The conversion to virtual care has resulted in significant efficiency improvements across the Division, especially for physicians assigned to the module system.

Research Infrastructure

The Division continues to see meaningful 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 as well as industry supported IBD/ Hepatology research coordinators.

Dr. Sanjay Murthy and Dr. Angela Cheung have both been awarded Faculty of Medicine–Department of Medicine Clinical Research Chairs.

The Division has successfully recruited a research trained advanced therapeutic endoscopist, Dr. Natalia Calo.

Education

The Division supports a CAG accredited and supported national “Skills Enhancement in Endoscopy (SEE) Centre.” The Centre offers quarterly live endoscopy courses for practicing gastroenterologists, surgeons, and GI pediatricians (CHEO). The Centre also runs live endoscopy courses for GI fellows and colorectal surgery fellows. 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. Stephanie Canning will be taking over the GI undergraduate program.
Plans for the Coming Year

The COVID-19 pandemic has completely altered care delivery in GI. For over six months, the stoppage of elective endoscopy has resulted in profound backlogs for endoscopy of 4,000 cases at TOH alone, with regional backlogs recorded at over 10,000 cases as of Aug 2020. With referral volumes remaining high, there will be continued addition to the backlog for standard endoscopy units below 100% capacity. The upcoming year’s major focus will be for the Division to coordinate GI care across the region and continue to build partnerships across regional hospitals to build endoscopy capacity to address the mounting backlog.

The Division’s goals for the upcoming year are to follow our updated five-year strategic plan from our Feb 2019 Divisional Retreat. The hallmark of this plan is to: a) to address 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 LHIN-wide collaboration; c) build and support academic infrastructure in support of research and education as well as to develop the next generation GI leaders; d) improve the GI divisional practice plan.

The Division has implemented a full central referral system for all areas of GI care. This centralized intake will allow monitoring of patient volumes, wait times and assessment of areas of clinical need. The intake process is new and will be adjusted and improved as we gain Epic experience with the intake process.

Next year, the Division will prioritize integrating gastrointestinal motility and clinical nutrition into our service model through two new programs: 1) a GI Motility Centre of Excellence; and 2) an inpatient enteral and parental nutrition program and consult service.

Regional coordination continues to be a key priority for the Division. In the last year, significant strides have been made on modelling and planning of the impact of FIT-based colorectal screening.

The Division will fill retirement vacancies in hepatology (Scully) and ERCP (Gregoire) and aim to recruit a key IBD clinical triallist.

As the clinical care gaps will be largely filled, a renewed focus on further enhancing academic productivity in all areas will be possible.

The Division will continue to support and advise TOH administration on reopening the Riverside campus endoscopy unit. It is hoped that this opening will allow TOH to increase endoscopy volume to match the CCO targets, which are currently not being met. In increasing these volumes, the Division would be in a stronger position to improve GI referral access for TOH patients, to support the new FIT based Colorectal cancer screening program and to equally share endoscopy resources with the recruits from 2018 and 2019/2020.

Key Publications

Bielawska, B., Dubé, C., 2020. Colorectal cancer screening: It is not time for a radical shift. CMAJ.


Key Grants

Hilsden RJ, Brenner DMR, Heitman SJ, Dubé C, Lix L, Schell A. Fecal Immunochemical Test for post-polypectomy surveillance to Reduce Unnecessary endoscopy (FIT2RUN Study) — CIHR Spring 2019 project grant ($225,676 — three years).

CIHR Operating Grant Dr. Sanjay Murthy, $100,000 (February 2020). Distributed Network Meta-Analysis of Multi-Provincial Data to Evaluate Temporal Trends and the Impact of Anti-TNF Therapy on the Risks of Inflammatory Bowel Diseases-Associated Cancers.

CIHR Operating Grant Dr. Sanjay Murthy, $75,000 (February 2020). The Urban Exposome and Inflammatory Bowel Disease: Determining Environmental Factors that Increase the Risk of IBD and the Cost of Care.

IMAGINE-SPOR Network Dr. Sanjay Murthy, $125,000 (April 2020). Disparities in the Process and Outcomes of Care Between Men and Women with Known or Suspected Inflammatory Bowel Disease and Irritable Bowel Syndrome.

Honours and Awards

- Dr. Catherine Dubé was awarded the Canadian Association of Gastroenterology Excellence in Quality Innovation Award and the Canadian Association of Gastroenterology Ivan T. Beck Memorial Lecturer Award in Feb 2020.

National Provincial and Regional Leadership Roles

- Dr. Catherine Dubé is the Cancer Care Ontario/Ontario Health Clinical/Medical Lead for the Ontario colorectal cancer screening program (coloncancercheck) and provincial lead for endoscopy.
- 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 UK.
- 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. He is Director of Research, Canadian IBD Research Consortium (2019 – Present) and Chair, Scientific Committee, Canadian Gastro-Intestinal Epidemiology Consortium (2019–Present).

Did you know?

There’s a difference in sound between black and clear/colored vinyl. While clear/coloured vinyl is extremely collectable among fans of a particular band, in actuality there is a sonic difference between them. Clear and colored discs usually attain more surface noise over time than standard black vinyl records do.
The Division of General Internal Medicine remains active academically and clinically. The Division is committed to excellence in clinical care, focusing on patient quality and safety, medical education and health care system performance. General Internal Medicine continues to be at the forefront of systems innovations and patient care initiatives at The Ottawa Hospital (TOH). However, as with all Divisions, 2019–2020 has been challenging, but also fulfilling.

We have continued to adapt to Epic implementation and although our workflow has improved, challenges persist. The Division of General Internal Medicine continues to demonstrate leadership in terms of process change and optimization. We have adapted to the implementation of Competence By Design (CBD) resident evaluation in the Core Internal Medicine and General Internal Medicine subspecialty programs. Our members have been very engaged in the roll-out and sustainability of CBD.

Of course, the pandemic has dominated our medical landscape for the past six months. Throughout that time, the Division of General Internal Medicine was instrumental in developing care plans and infrastructure related to COVID-19. Our Division worked closely with TOH leadership to develop COVID-19 cohort units at both sites. General Internal Medicine physicians have served as the principal Most Responsible Physician (MRP) group for admitted COVID-19 patients. Within the Division there have been an abundance of volunteers who are leading the clinical care teams. General Internal Medicine physicians have been integral in developing care pathways and quality initiatives for the complex care of these patients. Every single division member has, and still is, contributing to our success during this pandemic. Special kudos must be given to our service chiefs, Dr. Isabelle Desjardins and Dr. Krista Wooller. These women have been instrumental in leading the changes and initiatives that have been necessary to achieve such positive outcomes. Additionally, our members were vital to creating and implementing the response for trainees to COVID-19, both at the postgraduate and undergraduate levels. It is also important to highlight the leadership role General Internal Medicine is taking in research studies for COVID-19 patients. Virtually every clinical trial at TOH involving COVID-19 has been integrated into our COVID-19 units. Some examples of these trials include anticoagulation protocols, antiviral therapy, plasma treatment, N95 mask studies, and hyperbaric oxygen therapy.

On top of all the new challenges, our Division looks after the largest group of admitted patients at TOH. We have created more in-patient care teams to improve the clinical care and the experience of our patients and the learning environment for our trainees and have accomplished this mainly through aggressive physician recruitment.

Plans for the Coming Year

- We will continue to adapt to COVID-19 while providing world-class care to our patient population.
- We will continue to expand our role in POCUS, particularly related to education and training.
- We will change our Acute Monitoring Area service model to streamline care and increase the level of medical acuity that can be delivered.
- We will expand our Ambulatory care work
  - Ongoing timely Rapid Referral access
  - Re-initiating of our MINS program
  - Involvement in a dedicated heart failure clinic
  - Increased involvement in a liver care clinic with a focus on post-discharge care.

Leadership

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

- Dr. Loree Boyle — Program Director Core Internal Medicine, Department of Medicine, University of Ottawa
- Dr. Craig Campbell — Director Curriculum – University of Ottawa, Faculty of Medicine, Undergraduate Medical Education
• Dr. James Chan —
  1. Department of Medicine Vice Chair Wellness
  2. TOH Wellness Co-chair

• Dr. Justine Chan — Associate Director Medicine Clerkship, University of Ottawa

• Dr. 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 —
  1. Associate Director Medicine Clerkship University of Ottawa
  2. Director of the Ottawa Exam Centre
  3. Chair MCC Medicine Test Committee

• Dr. Alison Dugan — Administrative Lead between TOH and the Nunavut Specialist Physician Group

• Dr. Alan Forster — TOH Executive Vice President Innovation and Quality

• Dr. Glen Geiger — Chief Medical Information Officer at TOH

• Dr. Catherine Gray —
  1. Director of Link Block, University of Ottawa
  2. Active member of TOH addiction medicine consult service

• Dr. Samantha Halman —
  1. OSCE Chief Examiner, Francophone Stream, UGME, University of Ottawa
  2. Lead Simulation Educator, Internal Medicine, University of Ottawa Skills and Simulation Centre (uOSSC)
  3. General Internal Medicine Program Director Department of Medicine/University of Ottawa
  4. Chief Examiner Internal Medicine OSCE Department of Medicine

• Dr. Delvina Hasimja — Chair, Department of Medicine Patient Quality Assurance Committee

• Dr. Alan Karovitch —
  1. TOHAMO Board of Directors
  2. Medical Staff Association Vice President
  3. DoM Vice Chair Finance

• Dr. Stephen Kravcik — Chair of Faculty Council Appeals Committee

• Dr. Jerry Maniate —
  1. Vice President Education TOH
  2. Chair Eastern Ontario Academic Health Sciences Network
  3. Co-Chair of the Canadian Medical Education Journal (CMEJ) Management Board

• Dr. Jon Mong — Active member of TOH addiction medicine consult service

• Dr. Debra Pugh —
  1. Medical Education Advisor for Medical Council of Canada Medical
  2. National Consortium for Indigenous Medical education, Governing Council member, MCC representative

• Dr. Babak Rashidi —
  1. Department of Medicine, Medical AI Officer
  2. Associate Program Director, Core IM Program

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

• Dr. Claire Touchie — Chief Medical Education Officer, Medical Council of Canada

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

• Dr. Kumanan Wilson —
  1. Scientific Advisor in Innovation, Bruyere Research Institute
  2. Scientific Advisor to the CANHealth Network

Key Publications


Hryciw, B.N., McAlister, F.A., Tuna, M., Van Walraven, C., 2019. The “1-year-death number needed to treat” for comparing the impact of distinct interventions on patient outcomes. CMAJ.

CUTTING NEW GROOVES

Divisional Reports


**Key Grants**


- The Ottawa Hospital Academic Medical Organization (TOHAMO). *Serum Zinc as a Prognostic Biomarker in Hospitalized Patients.* PI: Van Walraven C., $96,475.


**Honours and Awards**

- Dr. James Chan — Healthier Populations Award, The Excellence Awards, TOH. In recognition of work done by TOH Physician Health and Wellness Committee. Role: Committee Co-chair
- Dr. Isabelle Desjardins — 2019 Person Competency, Faculty Award in Education, Faculty of Medicine, University of Ottawa
- Dr. Isabelle Desjardins — Department of Medicine Recognition Ceremony 2019
- Dr. Heather Clark — Going the Extra Mile Award
- Dr. Loree Boyle — Mentorship Award

**New Faculty**

- Dr. Tammy Shaw (FTA)
- Dr. Reza Naghdi (FTA)
- Dr. Wei Wei Beckerleg (Clinical Scholar)
- Dr. Shipta Gupta (Clinical Scholar)
- Dr. Elaine Kilabuk (PTA)
- Dr. Abid Ismail (PTA)
- Dr. Patricia Lecca (PTA)
- Dr. Raistlin Majere (PTA)
- Dr. Jon Mong (Clinical Scholar)
- Dr. Anna Romanova (Locum)
- Dr. James Zhang (PTA)
Geriatric Medicine

Prior Year’s Divisional Goals

1. Finalize our Division Strategic Directions 2020–2023 plan
2. Continue to recruit new academic Geriatricians to bolster our ranks as older members phase out their clinical activities
3. Launch the Geriatrics—Emergency Department liaison service

Significant Divisional Accomplishments in the Last Academic Year

We welcomed two new academic Geriatric Medicine specialists. Dr. Ripa Akter brings to our group a strong interest in developing expertise in older people suffering from atypical dementias. Dr. Genevieve Casey, in addition to her active expansion of specialized geriatric services to the region and rural communities, will be pursuing her passions in care and decision-making at the end of life, including Medical Aid in Dying (MAiD).

We are a member of the ‘veterans’ of the Competency By Design (CBD) curriculum. All our residents are now in the new curriculum, and we are actively assisting with CBD for the Core Internal Medicine program.

Who could have predicted that this leap year would become exceptionally ‘interesting’? It was heartening to experience the ‘esprit de corps’ as we all had to adapt to a rapidly evolving COVID-19 pandemic situation. Our division leadership participated in public messaging with the media, and tirelessly worked to collate, curate, integrate and effectively communicate the deluge of COVID-19 information. We actively influenced a modification concerning the use of the Clinical Frailty Scale as a decision-making tool in the proposed Ontario Health triage protocol.

The Provincial Geriatrics Leadership Office (PGLO) was developed by the Regional Geriatrics Programs of Ontario organization, under the guidance of Dr. Frank Molnar. This new office secured sustainable funding from the Ministry of Health to focus on coordinating perspectives across clinical geriatric services (Care of the Elderly, Geriatric Medicine, Geriatric Psychiatry and Interprofessional Geriatric Teams) to improve the care for older adults across the continuum of care. The PGLO aims to: drive clinical excellence, build capacity across the healthcare system and advance seniors’ health policy in Ontario.

One of our most important accomplishments rests with one member, Dr. Ed Spilg. In recognition of his empathic and holistic care to all his patients, he continues to be awarded numerous TOH Guardian Angel awards. He now commands a full ‘choir’ of angels, and perhaps TOH needs to design new pins to denote those who have accumulated five or even 10 of these important markers.

Plans for the Coming Year

We plan to implement our Strategic Directions 2020–2023 and focus on the domains of Dementia, Falls and Frailty. We have communicated our plan with TOH senior management and look forward to an increased involvement across TOH and in the region as the Ontario healthcare system re-organization progresses.

We will reboot our new Geriatrics – Emergency Department Liaison service temporarily suspended during the initial COVID-19 pandemic shutdown. We will continue to explore developing clinical decision tools in partnership with Emergency Medicine to improve older people’s care and flow when they present to the hospital Emergency Department.

The MedSafer study analyses publications will be prepared.

We aim to recruit a bilingual academic Geriatrician to shore up Francophone services in the region.

Under the unbeatable leadership of Dr. Lara Khoury our Geriatric Medicine residency program has leapt from a small to medium-sized program by adding two learners from Kuwait. This year we will have residents! Once international travel restrictions are lifted, we look forward to resuming an active physician observership program, with outstanding physicians’ requests from Turkey and Costa Rica.
**Key Publications**


**Key Grants**

2019–2021. CIHR project grant. SAFE PNB — Safe Analgesia For Elders receiving Peripheral Nerve Blocks for hip fracture. PI: Dr. D. Mclsaac. Geriatrics co-investigator Dr. A. Huang. $147,274.


2019–2024. CIHR. Dementia and Driving Cessation. Canadian Consortium on Neurodegeneration in Aging. Geriatrics co-investigators Dr. A. Byszewski, Dr. F. Molnar. $767,100.

**Awards & Recognition**

- Dr. Frank Molnar was:
  - promoted to the rank of full professor
  - awarded the Dr. Jeff Turnbull Healthcare Advocacy Award for demonstrating exemplary leadership, commitment and dedication to the cause of advancing health promotion for older people at the regional, provincial and national levels
  - nominated for the TOH 2020 Physician Clinician Excellence Award.

**Leadership**

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

- Dr. Anna Byszewski: Director for Professionalism within the office of Faculty Affairs in the Faculty of Medicine. She is also the 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. Director Geriatrics section of Integration Block teaching. Head, Geriatrics Services, Montfort Hospital.

- Dr. Frank Molnar: Immediate past President of the Canadian Geriatrics Society. Editor-in-Chief of the Canadian Geriatrics Society CME journal. Co-chair of the Regional Geriatric Programs of Ontario and co-lead for the Provincial Geriatrics Leadership Office.

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

Prior Year’s Divisional Goals

Ottawa Blood Institute

With our continued growth and success, we remain highly motivated to pursue the Ottawa Blood Institute’s establishment. We continued to brainstorm and collaborate with our many partners (TOH, OHRI, U of O, TOHF and others) to develop our world-class centre plans, where the best and brightest will come to train, discover, and care for patients. This year we initiated a thorough review of our internal roles and structures to optimize our efficiency, productivity, teamwork and job satisfaction. Working with an external consultant, we are delving into each program to refine our models and raise the bar. Next, we will pursue securing the infrastructure and recognition to support and foster our excellence. We dream big!

Groundbreaking Research

Our Division continued to spearhead research into new and promising treatment modalities. Under the leadership of Dr. Natasha Kekre, 2020 saw the first TOH patient receive Canadian-made CAR-T cells—a game-changing therapy for patients with some forms of leukemia and lymphoma. The establishment of CAR-T production facilities within Canada is a fantastic accomplishment that holds the promise of shaping cancer care treatment options across the country.

Areas of Focused Competence

Following the successful establishment of our Adult Thrombosis Medicine Area of Focused Competence (AFC) designation, we are exploring the development of a national Bone Marrow Transplant AFC. While we already attract top hematology trainees from across Canada and internationally, establishing this AFC will further solidify our rank among the best places to train in this specialized field.

Significant Divisional Accomplishments in the Last Academic Year

High FIVE to our Clinical Research Chairs

The University of Ottawa Faculty of Medicine’s Research Chair program supports clinical research leaders to foster excellence and innovation in research and patient care. In the winter 2020 competition, the committee awarded five clinical research chairs to members of Hematology:

- Distinguished Clinical Research Chair — Dr. Phil Wells
- Tier 1 Clinical Research Chair — Dr. Marc Carrier, Dr. Grégoire Le Gal
- Tier 2 Clinical Research Chair — Dr. Lana Castellucci, Dr. Natasha Kekre

Quick Pivot: Response to COVID-19

Spring 2020 will go down in history as a landmark year in healthcare. The spread of COVID-19 across the globe led to a change in how we care for patients, train our students, and conduct our research. All hands were on deck to quickly sort out how to deliver care in our new reality, with our teams volunteering to be among the first to pilot new virtual visit technology. Our researchers sprang into action to focus on hematology’s most pressing questions in light of the new virus. Among our new COVID-19-related research endeavours:

- Dr. Alan Tinmouth participates in a global clinical trial to assess the safety and efficacy of administering convalescent plasma (i.e. plasma collected from donors who have recovered from COVID-19) to patients admitted to the hospital with COVID-19, to decrease the risk of severe disease and prevent death. The CONCOR-1 study will answer critical questions about this treatment option for hospitalized COVID-19 patients.
- Dr. Natasha Kekre is working with colleagues from other divisions to assess immune response and clinical outcomes in COVID-19 patients, and the role of biomarkers in predicting these responses.
CUTTING NEW GROOVES

• Hematologists Drs Lana Castellucci, Marc Carrier, Phil Wells, Gregoire Le Gal, Aurelien Delluc and Lisa Duffett, and colleagues from other divisions, are participating in an international clinical trial to look at the use of blood thinners in hospitalized COVID-19 patients. Early evidence suggests that in addition to preventing dangerous blood clots, the use of blood thinners may alter the course of infection by hampering the efficacy of the virus. The researchers will examine the effect of a higher dose of blood thinners on morbidity, mortality and required treatment—the results of this study promise to impact the care provided to hospitalized COVID-19 patients directly.

Leaving a Legacy:
Dr. Elianna Saidenberg (1976–2019)

In October 2019, we were deeply saddened when Dr. Elianna Saidenberg passed away after a lengthy battle with cancer. A hematologist and transfusion medicine specialist, Elianna was devoted to delivering and advocating for compassionate patient care and blood donation. During her career, Elianna played a key role in spearheading numerous initiatives within the hospital, including establishing a Patient Comfort Fund and the launch of the #HelloMyNameIs campaign at TOH. Elianna was a highly respected clinician, researcher and educator, particularly well-loved by her students. In her memory, our Division has established the new Elianna Saidenberg Teaching Award, to be awarded to an exceptional teacher in Hematology.

Plans for the Coming Year

Expanding Teams

We are thrilled to have recruited four new hematologists who are joining us in 2020! Dr. Miriam Kimpton and Dr. Deborah Siegal will be joining our renowned Thrombosis program. Dr. Tzu-Fei Wang will work in both our Benign Hematology and Thrombosis programs. And Dr. Hyra Sapru will join our Malignant Hematology program for the next year, focusing on Myeloma patients. Welcome!

Working Safely in the New Normal

With our rapidly growing teams, we were already well underway in our plans to rework our office space to accommodate the growing and changing needs. The arrival of COVID-19 and its associated distancing precautions has caused us to hit pause on our plans, so we can ensure we move forward in a way that will make sense and keep staff safe. Since the pandemic, we quickly adapted to move people offsite where possible, employing new technologies, establishing new workflows and reimagining what is possible. We will work closely with our staff and consultants to figure out our next iteration of the shared workspace that meet our needs and support our teams while ensuring safe delivery of care and research.

Key Publications


Key Grants

Dr. Natasha Kekre and Dr. Harry Atkins, along with co-Principal Investigator Kednapa Thavorn, won an Ontario Institute for Cancer Research (OICR) Project Grant for their study Using Real-World Data and Iterative Economic Evaluation to Prioritize Resource Allocation for Care and Research in Adult Patients with Relapsed/Refractory B-Cell Acute Lymphoblastic Leukemia ($284,995).

Dr. Grégoire Le Gal won an operating grant from Heart & Stroke Foundation (HSF) for his study Age-adjusted D-dimer cutoff levels to rule out deep vein thrombosis (The ADJUST-DVT Study—$170,702). He also won an HSF Mid-Career Investigator Award for his study Improving the diagnostic management of venous thromboembolism.

Dr. Mitch Sabloff received joint funding from the DOM, OHRI and Division of Hematology for his study Translational Research Grant entitled: Integration of molecular genetic and epigenetic profiles to predict refractory acute myeloid leukemia ($48,000).

Dr. Lana Castellucci won an HSF National New Investigator Award AND an Ontario Clinician Study Award for her study Anticoagulation safety in the treatment and prevention of venous thromboembolism ($265,000).

Dr. Deborah Siegal and Dr. Marc Carrier won an operating grant from the special COVID-19 Canadian Institute for Health Research (CIHR) competition for their study VVIRTUOSO Venous Thrombosis Virtual Surveillance in COVID-19 ($303,658).

Dr. Joseph Shaw and Dr. Marc Carrier won an operating grant from the PSI Foundation for study entitled: Global assessment of hemostatic TGA indices following the use of prothrombin complex concentrates for major bleeding or urgent surgery in patients treated with factor Xa inhibitors GAUGE — a prospective observational cohort study ($100,000).

Dr. Roy Khalife and Dr. Joseph Shaw were awarded Department of Medicine academic scholarships for 2020 and 2021.

Honours and Awards

- The Thrombosis Clinical team was awarded the TOH Vincent Westwick Exceptional Quality Award.
- Dr. Carol Gonsalves was promoted to Associate Professor of Medicine at the University of Ottawa.
- Dr. Phil Wells won the 2020 Distinguished Lecturer Award in Blood and Blood Vessel Sciences, awarded jointly by the Canadian Society of Atherosclerosis, Thrombosis and Vascular Biology (CSATVB) and the Canadian Institutes of Health Research Institute of Circulatory and Respiratory Health (CIHR-ICRH).
- Dr. Andrea Kew won the Award in Education for the Leadership Competency from Postgraduate Medical Education (PGME).
- Dr. Arleigh McCurdy won the Department of Medicine Going the Extra Mile Award.
- Dr. Melissa Forgie was appointed Governor on the Board of Directors for Ottawa’s Youth Services Bureau.
- Dr. Marc Rodger was awarded the Mentor of the Year Award at the Faculty of Medicine Awards of Excellence ceremony.
- Dr. Joseph Shaw won the Canadian Hematology Society Research Abstract Award in the Residents/Fellows category.
- The AVERT trial led by Dr. Marc Carrier and Dr. Phi Wells reached the 97th percentile of most-viewed studies published in the New England Journal of Medicine, with approximately 160,000 views. Truly groundbreaking research.
- Mr. Vincent Paul, Education Coordinator, won the PGME Administrator Award for Professional Competency.
- Ms. Penny Phillips, Senior Research Program Manager, was nominated for the OHRI Inspire Award for an outstanding Clinical Research Staff Member.
Infectious Diseases

Previous Year’s Goals

1. Finalize recruitment of Dr. Derek MacFadden and ensure his integration with our group and the Clinical Epidemiology Program at the OHRI.
   - Dr. MacFadden began in late 2019 and already established collaborations with local investigators both within and outside our Division, which have led to many successful grant applications.

2. Establish a succession plan for the Travel and Tropical Medicine program.
   - We are yet to identify a successor for Dr. McCarthy, but we are hoping to recruit an individual with the relevant expertise from the United States.

3. Recruit up to two new FTAs, at least one with an academic interest in infections in the immunocompromised/transplant population.
   - We have finalized the recruitment of one FTA whose academic interests include infections in immunocompromised (HIV infected) women.

Significant Divisional Accomplishments in the Last Academic Year

Recruitment of a Ph.D. Epidemiologist (Derek MacFadden) has provided yet additional academic strength to the Division. His presence has already resulted in establishing meaningful new local collaborations and obtaining a remarkable amount of external, peer-reviewed funding.

From the start of the COVID-19 pandemic in early 2020, members of the Division of Infectious Diseases have played major leadership roles locally, provincially, and nationally in preparedness, outbreak management, and patient care epidemiologic, clinical and basic science research.

Plans for the Coming Year

Major efforts will continue with the recruitment of academic physicians in the areas of Travel and Tropical Medicine and Infections in the Immunocompromised Host and strengthen the ongoing activities in these areas.

Given the expertise and the resources available, the Division will continue its efforts to deal with many aspects of the COVID-19 pandemic with a particular focus on research focused on prevention, treatment and long-term sequelae of COVID-19.

Key Publications


Key Grants

2020–2023 Joint Programming Initiative in Antimicrobial Resistance (JPI-AMR)/Canadian Institutes for Health Research “A K-mer Based Approach for Institutional AMR Surveillance, Transmission Monitoring, and Rapid Diagnostics (KSTaR)” Coordinating PI: D. MacFadden; $1,610,100 CAD.


2020–2022. CIHR. “Development of Targeted Diagnostics, Therapeutics and Comparative Pathogenicity Assessment.” PI: M.-A. Langlois; Co-PI: C. Cooper; $1,000,000.

2019. Ministry of Health and Long-Term Care (MOHLTC). “ONIT (The Ontario Immunoglobulin Treatment Program).” Medical Lead: J. Cowan; $147,000 (First year) $680,000 (Subsequent funding years).


Honors and Awards

• Dr. Paul MacPherson: Department of Medicine Award for Innovation in Medicine
• Dr. Arianne Buchan: Newly appointed Infectious Disease Program Director

Medical Oncology

The theme for this past year within our division has been RESILIENCE. It began with the continuous simultaneous rollout of Epic and Cancer Clinic transformation.

As all divisions have experienced, the Epic system resulted in new workflows and responsibilities. Within cancer, it has also provided a new systemic therapy CPOE system directly integrated into the EMR, providing a one-stop-shop for everything cancer. Ongoing the BEACON module’s troubleshooting and refinement are being led by a multidisciplinary team advised by our outstanding divisional lead, Dr. Dominic Bossé.

The Cancer Program Transformation project has led to a new clinic design process and implementation based on resource footprints. I am pleased to report as we head into 2021, the project remains on track and has resulted in more equitable and transparent resource and workload distribution. Efficiencies gained will allow us to explore new initiatives with multidisciplinary groups wanting to collaborate with the cancer program.

However, the real test of our resilience arrived with the COVID-19 crisis. With lessons learned from the above initiatives and their process maps, our division moved to a virtual platform on short notice. The Division of Medical Oncology continued to work at full capacity, with no delays in treatment. In fact, our treatment levels increased as we accommodated alternate treatment plans for those originally slated for surgical interventions. This true team effort kept us on track.

The Division of Medical Oncology has successfully developed a partnership with the Health Care providers from the Baffin Region of Nunavut. This partnership has been involved in on the ground oncology training at TOHCC for physicians and nurses. We are developing a telemedicine Oncology program that will positively impact the patient experience by providing care closer to home. Plans to hold the first Arctic Cancer Conference in Iqaluit in Spring 2020 had to be put on hold due to the COVID-19 pandemic.
CUTTING NEW GROOVES

Significant Divisional Accomplishments in Last Academic Year

Excellence in Research

The oncology clinical trials office saw a transition in leadership with the passing of the leadership torch from Dr. Glen Goss to Dr. John Hilton. The CTO remains very active, with over 70 open trials from phase I–III. Despite a halt in recruitment during the early phases of COVID-19, many trials maintained full activity for existing patients while adapting to a virtual environment.

Our division continues to represent us well nationally at the Canadian Clinical Trials Groups with multiple members on their respective disease site group executives.

Dr. John Hilton also represents Canada on an NCI–USA rare head and neck cancer committee.

Under our senior members’ mentorship, we are seeing our young oncologists begin to obtain OICR and pharma grants for investigator-initiated trials (Drs Awan, Ong).

Of the 91 publications in the group, Dr. Mark Clemons continues to lead the group in publications this past year with 16 but is followed closely by Dr. Amirrtha Srikanthan at 14. Once again, Dr. Clemons had an oral presentation at the ASCO virtual annual meeting regarding the standard of care for febrile neutropenia prophylaxis.

As the lead international accruing centre in the Enzamet prostate cancer study (CCTG PR17–NEJM 2019), we were automatically slated for an FDA audit (only the second in 20 years!). I am proud to report we received a passing grade with no deficiencies.

Excellence in Education

The Medical Oncology Training program remains a leader in residency and fellowship training under the guidance of Drs Xinni Song and Tim Asmis.

Dr. Stephanie Brulé also continued her leadership role in the undergraduate setting.

It should be noted that much of the divisional resilience has come from our trainees.

The division appreciates how they have adapted both their clinical and academic duties to facilitate our oncology population’s ongoing excellent care. Trainees have remained actively involved in the outpatient clinics expanding their virtual skillsets.

We have seven fellows coming from many parts of the world, including Israel, Saudi Arabia, Oman, Kuwait and Canada, specializing in lung, breast, and GU cancers. They are spending 70% of their time on innovative research while spending the other 30% doing clinical work.

Plans for the Coming Year

The division continues to work with the hospital administration and regional executive as we move forward from an Internal to a Regional Cancer Program Transformation.

The REaCT program remains the juggernaut of local oncology research production with pragmatic practice changing results.

Integrating molecular profiling to target and personalize therapy as well as allow ground breaking research remains a priority.

Further developing our relationship with the Northern Health Initiative for the Baffin Program through ongoing CME and as well as new initiatives such as administering systemic therapy in the North.

Trainee led initiatives such as Boot Camp, during their transition to discipline and Masterclasses throughout the year are being piloted while maintaining our current regular divisional initiatives in a virtual format.
**Key Publications**

Out of the total of 91 peer-reviewed publications from clinicians in the Division of Medical Oncology.


**Key Grants**

The Ottawa Hospital Academic Medical Organization (TOHAMO). 2019–2020. A randomized trial comparing continuation or de-escalation of bone modifying agents in patients treated for over 2 years for bone metastases from either breast or castration-resistant prostate cancer [Rethinking Clinical Trials (REaCT)-Hold BMA study]. PIs: Dr. Terry L. Ng. $98,400.

Canadian Institute of Health Research (Project Grant). 2019–2021. *Understanding how cancer patients value progression-free survival.* PIs: Drs Michael Brundage and Andrew Robinson. $175,951.


Royal College Strategic Grant Competition: Advancing Competency-Based Medical Education across the Continuum. 2019. *Leveraging the power of diagnostic metrics to evaluate CBME implementation in Medical Oncology across Canada.* PI: Dr. Anna Tomiak Co-Inv: T Hsu. $29,850.
Honours and Awards

- Dr. Garth Nicholas — Department of Medicine Professionalism & Collegiality Award
- Dr. Terry Ng — Completed the 2019-2020 CCTG New Investigators Clinical Trials Practicum (5-6 candidates/yr)
- Dr. Marie-France Savard — Selected as one of only five new medical oncologists across Canada to participate in 2020 JuMP in Oncology: Junior Mentoring Program
- Dr. Tim Asmis —
  - Secretary/Treasurer of the Medical Staff Association
  - Chair of Cancer Care Ontario Medical Oncology Associates & Treasurer Ontario Medical Oncology Associates
- Dr. Neil Reaume — Chair, Royal College of Physician and Surgeons of Canada Medical Oncology Subspecialty Committee

Departures

- Dr. Christine Cripps, a pioneer of Canadian medical oncology and former longtime training program director, retired this past year.

Recruitment

The division is pleased to welcome two new early career oncologists:

- Dr. Joanna Gotfrit (an @OttawaMedOnc alumnus) will be treating GI tumours
- Dr. Marie-France Savard will be treating Breast & GI cancers

Nephrology

Prior Year’s Divisional Goals

Before COVID-19 was upon us, we met a key Divisional goal from last year and successfully launched a novel glomerulonephritis fellowship. Glomerulonephritis comprises approximately 30% of all chronic kidney disease and has been targeted by the Ontario Renal Network to improve health outcomes and the patient experience. The University of Ottawa fellowship, under the leadership of Dr. Todd Fairhead, is designed to provide advanced training in the medical management of patients with glomerulonephritis, kidney diseases requiring immunosuppression and multidisciplinary management of patients with complex kidney diseases.

In this one-year program, Fellows will gain experience in a large and diverse program, working with faculty who have expertise in glomerulonephritis, rheumatology, renal pathology, medical education, and clinical research.

They will also be involved in scholarly activities with mandatory research or quality improvement projects and regular critical appraisal activities. This Fellowship will provide locally trained experts in glomerulonephritis, an integral step to expanding and improving glomerulonephritis care in Ontario.

COVID-19 Academic Activity for the Division of Nephrology

Several Nephrology Division members have been active as volunteers and take leadership roles contributing to the literature on COVID-19 and kidney disease. Early in the pandemic, when The Ottawa Hospital asked for personal protective equipment, the Kidney Research Centre, under the leadership of Dr. Kevin Burns, donated 17,100 Nitrile Gloves, 36 Boxes of Kleenex, 28 Pairs of Safety Glasses, 26 N95 Respirators, 120 Surgical Masks, and eight litres of ethanol to make hand sanitizer.
Several Division members have been active in communicating the evidence on COVID-19 and the kidney to patients and the wider nephrology community. Webinars run by our nephrologists have included the following:

- Management of Acute Kidney Injury – Drs Edward Clark and Swapnil Hiremath (for the Canadian Society of Nephrology, 18/4/20)
- COVID-19 and Home Dialysis and Hemodialysis – Dr. Deborah Zimmerman (for the Canadian Society of Nephrology, 11/4/20)
- Notes from ICU, NephJC, GlomCon — Dr. Swapnil Hiremath (for the European Renal Agency/European Dialysis and Transplantation Association, 17/4/20)

Under the leadership of Dr. Deb Zimmerman, the Canadian Society of Nephrology set up a rapid review program to provide guidance documents to the nephrology community on COVID-related issues (https://www.csnsnc.ca/CSN-covid-19-rapid-response-team-recommendations-CJKHD). This program has resulted in several publications, including one on managing COVID-associated acute kidney injury led by Drs Edward Clark and Swapnil Hiremath (https://pubmed.ncbi.nlm.nih.gov/32728473/) and a home dialysis guidance document from Drs Brendan McCormick and Deb Zimmerman (https://pubmed.ncbi.nlm.nih.gov/32523709/).

In early March, Dr. Swapnil Hiremath set up a blog page to review the evidence regarding the renin-angiotensin system and COVID-19. This blog quickly expanded to include other aspects of kidney care and COVID, including acute kidney injury, chronic kidney disease, dialysis, pediatric nephrology, and kidney transplantation (http://www.nephjc.com/covid19). This blog page has grown and blossomed into a living document on COVID-19 with contributions from nearly 70 experts worldwide. As of August, the blog page has amassed more than 400,000 page views and has been cited in 49 scientific publications. The blog sections are being continually updated as new evidence comes to light. Dr. Hiremath was also quoted in the New York Times on the need for data before FDA approvals for experimental therapies (https://www.nytimes.com/2020/08/10/health/stephen-hahn-fda.html), and as a source for the New York Times ‘Coronavirus Drug and Treatment Tracker’ page (https://www.nytimes.com/interactive/2020/science/coronavirus-drugs-treatments.html).


Dr. Kevin Burns is also a co-Investigator on a COVID-19 Rapid Research Funding Opportunity grant from the CIHR. The grant is titled “Host Response Mediators in Coronavirus Infection—Is There a Protective Effect of ARBs on Outcomes of Coronavirus Infection?” Dr. Burns’ laboratory will measure blood levels of ACE2 (the receptor for coronavirus) and other components of the renin-angiotensin system in patients with COVID-19 infection.

New Faculty Appointments

Drs Rinu Pazhekattu and Mark Canney have joined the Division of Nephrology as FTA Assistant Professors. Dr. Pazhekattu comes to Ottawa after completing her Nephrology Residency and a Specialized Kidney Transplantation Fellowship at Western University. Dr. Pazhekattu has expertise in POCUS and will expand the use of this novel clinical skill within the Nephrology and Internal Medicine training programs. She also has a keen interest in Medical Education and has been accepted to participate in the Healthcare Education Scholars Program.

Dr. Canney originally hails from Ireland but comes to Ottawa after completing a Post Doc Research Fellowship at the University of British Columbia. Before that, he received most of his Internal Medicine and Nephrology training in Ireland. In 2018, he completed his advanced research training and received a Ph.D. in Population Health Epidemiology. In Ottawa, Dr. Canney will complement the growing number of clinical researchers within the Division and focus on developing a structured program for research training and mentoring within the Division. He will continue his research in glomerulonephritis with the collaborations he has established both nationally and internationally.
Plans for the Coming Year

- Complete pre-COVID-19 goals.
- Harmonize data capture/databases needed for funding to support quality measurement and research.
- Expand specialized nephrology quaternary care clinics.
- Continue to fine tune virtual care approaches to best suit the nephrology patient population.

Key Publications


Key Grants

Dr. Manish Sood was a Co-Principal Applicant (along with Dr. Peter Tanuseputro) on a $420,000 grant from the Canadian Medical Association to establish a program of research around physician health and wellness. Title: *Health Evaluation and Liveliness for Physicians through Meaningful Data (HELP MD).* The program has two broad goals: (1) to study physician health using administrative data; and (2) develop a national research network in physician health using distributed analytics.

Dr. Manish Sood was the Principal Applicant on a $111,972 grant from the Kidney Foundation of Canada to develop and validate a prediction equation for incident chronic kidney disease. Title: *Development, validation and dissemination of a survey-based prediction equation targeting the general public: PREDICT-CKD Lifestyle.* This first of its kind prediction model will target the general public and focus on lifestyle-related factors captured by survey methods.

Dr. Edward Clark was the Principal Applicant (Dr Swapnil Hiremath, Co-Applicant) on a $98,400 grant from TOHAMO to study acute dialysis treatments. *Albumin to Prevent Hypotension and Enhance Recovery from Severe Acute Kidney Injury Treated with Renal Replacement Therapy: A Proof-of-Concept Study.* In this trial they will test whether albumin can prevent hypotension and enhance recovery from severe acute kidney injury.

Drs Edward Clark and Manish Sood were Principal Applicants on a $100,000 grant from the Canadian Institutes of Health Research to study priority topics in kidney disease identified by patient partners. *Filling Knowledge Gaps for the Success of Ontario Renal Plan 3.* The grant will fund a broad range of ‘big data’ projects in the areas of mental health, First Nations health and drug safety among patients with kidney disease using administrative data.
Honours and Awards

- Dr. Deb Zimmerman was promoted to Full Professor at the University of Ottawa.
- Dr. Jolanta Karpinski received the inaugural Canadian Society of Transplantation Education and Teaching Excellence Award.
- Drs Marcel Ruzicka and Swapnil Hiremath were elected Fellows of the American Heart Association conferred by the Council on Hypertension. This Fellowship recognizes outstanding and sustained scientific contributions in hypertension and cardiovascular disease and volunteer leadership and service to the American Heart Association or international society.
- Dr. Greg Knoll received a Distinguished Research Chair (University of Ottawa Chair in Clinical Transplantation Research) as part of the University’s new Clinical Research Chairs Program.
- Dr Manish Sood was promoted to Scientist at the Ottawa Hospital Research Institute.

Leadership

- Dr. Ann Bugeja: Renal Content Expert, Undergraduate Curriculum, Anglophone Stream
- Dr. Jolanta Karpinski: Associate Director, Specialties Unit, Royal College of Physicians & Surgeons
- Dr. Brendan McCormick: Regional Medical Lead (Champlain LHIN), Ontario Renal Network
- Dr. Peter Magner: Provincial Medical Lead for Funding and Planning, Ontario Renal Network
- Dr. Manish Sood: Deputy Editor-in-Chief and Founder, The Canadian Journal of Kidney Health and Disease (The Official Journal of the Canadian Society of Nephrology); Secretary-Treasurer, Canadian Society of Nephrology
- Dr. Deb Zimmerman: President, Canadian Society of Nephrology (2018–2020)
- Dr. Chris Kennedy: Director of Awards and Prizes for Excellence in Education and Research at the University of Ottawa Faculty of Medicine. In this role Dr. Kennedy facilitates the development and support for award/prize nominations across a spectrum of units in the Faculty, including basic science departments, clinicals departments, and research institutes.

Did you know?

Phonograph records were made from shellac which was noisy and didn’t last very long. In 1931 RCA Victor released the Philadelphia Symphony Orchestra performing Beethoven’s Fifth Symphony under the direction of Leopold Stokowski on 12’ vinyl – making it the first vinyl record. Why the Philadelphia Symphony? RCA Victor’s headquarters and main factory were right across the Delaware River in Camden, NJ. Later that year RCA introduced the vinyl 33 1/3 RPM LP, but in the midst of the Great Depression the product was a dismal failure. Seventeen years later, Columbia Records released the first commercially available “microgroove plastic, 12-inch, 33-1/3 LP.” This new technology extended playback time to nearly 22 minutes and was much quieter than shellac. The dawn of the Age of Hi-Fi had come.
Neurology

Prior Year’s Divisional Goals

Prepare and Implement Competency by Design Residency Training Program for Neurology

Neurology started CBME in June of this year. Over the past year, all neurology entrustable professional activities (EPAs) and milestones have been finalized for our PGY1 residents, but in addition, we have adapted and improved our ITERs so that our entire program will benefit. Our competency committee has been trained and has been meeting over the last year to ensure a successful start to this significant resident education change. Academic coaches for all residents have been assigned. We have developed and implemented the electronic sharing of educational information that will be essential because of the many platforms involved (i.e. one45, Elentra, OSCE’s, etc) in collecting the information.

Review of Workflows in Epic After the Initial Experience

Neurology has been able to rapidly adapt to the ongoing changes since the launch of Epic.

The COVID-19 pandemic also required rapid alterations to many workflows, especially the more urgent ones like stroke codes and the outpatient environment.

Expand the Stroke Program to Include Endovascular Neurology

Endovascular treatment for acute large vessel ischemic strokes drastically improves outcomes but requires highly skilled individuals to perform these procedures.

Dr. Robert Fahed joined our division as one of the only Canadian neurologists trained in neuro-interventional radiology. He has made a substantial impact on stroke care bringing his expertise in interventional procedures from France. Also, he has been establishing himself in research as well as a respected educator to the residents. Our program will be training two neurologists through neuro-interventional fellowships in 2020.

Improve our Division’s Strength in Resident Teaching and Research

We have significantly improved the learning experience for residents on our inpatient units. We implemented virtual half days within one week of the pandemic, developing an online repository of presentations and clinical information on Teams, adapting teaching rounds to virtual formats. All ITERs have been updated for all non-CBD residents to better reflect learning over time and competency principles. We continue to develop specific rotations in nearly all neurology subspecialties focusing on those represented on the Royal College exams. We now have first-year residents meet with the research lead to help plan whether they will be implementing a research versus clinical stream for their electives during residency.

Significant Divisional Accomplishments in the Last Academic Year

The division provides exceptional care for individuals from acute life-threatening events to those with more long-standing complex neurologic diseases. Our members regularly receive Guardian Angel pins, positive feedback through hospital patient advocacy, colleagues, post-discharge phone calls, and senior administrators. An important mechanism to ensure patients receive quality care is through the establishment of guidelines. Members within our division led the development of Canadian guidelines in Parkinson’s disease (Grimes, Schlossmacher, Mestre), multiple sclerosis (Freedman), headache (Christie) and stroke (Stotts, Blacquiere, Shamy, Dowlatshahi). These guidelines ensure that patients receive the most up-to-date care and that it is delivered within a Canadian context. These guidelines are widely used as exemplified by Canadian guidelines on Parkinson’s disease last year, being in the top 10 downloaded articles
at the Canadian Medical Association Journal. Another aspect that is key to
delivering outstanding care is ensuring the sharing of knowledge to other health
care providers. Our members hosted the international neuromuscular disease
conference that included more than 300 international and national attendees.

Drs Bourque, Breiner, Zwicker were speakers and moderators with
Dr. Warman Chardon leading the conference organization. Dr. Zwicker
was the lead organizer for the ‘Neurology for Primary Care’ Conference
last year. More than 90% of respondents stated they would like to attend
future editions of this conference.

The division’s research provides breakthroughs in basic and translational
research and clinical discoveries with the strengths in neuromuscular
diseases, Parkinson’s, MS and stroke. Our research groups continued success
is highlighted by four of our members receiving clinical research chairs this
past year from the University of Ottawa. Dr. Michael Schlossmacher (Clinical
Research Chair, Tier I) and Dr. Tiago Mestre (Clinical Research Chair, Tier II)
for their work in Parkinson’s disease, Dr. Dar Dowlatshahi (Clinical Research
Chair, Tier i) in stroke, and Dr. Warman Chardon (Clinical Research Chair,
Tier II) in neuromuscular diseases. Members of the division published their
work in 24 different medical journals last year demonstrating their work’s
wide breadth. Examples include the 10-year experience with leading the
MD/Ph.D. program at the University of Ottawa (Schlossmacher), a
mindfulness curriculum in undergraduate medical education (Maclean),
dying of amyotrophic lateral sclerosis (Zwicker, Bourque), and neurology
care for the homeless (Skinner).

The COVID-19 pandemic has changed the way we all deliver care. The
division was one of the leaders in the rapid adaptation to virtual care, led
by Dr. Danny Lelli. He worked closely with hospital administration and Epic
teams to rapidly enable division members to successfully deliver virtual care
and push builders for improvements in the system’s functionality. He not only
led the development of many new tools and “workarounds” but also spent
significant time teaching his colleagues how to function in this new virtual
world. Our acute stroke protocols required extensive modifications for the
pandemic, and this work was led by Dr. Grant Stotts to ensure we could
deliver rapid yet safe care.

Dr. Dylan Blacquiere worked to update Canadian Stroke Best Practice
Guidance During the COVID-19 Pandemic. Dr. Michel Shamy and
Robert Fahad received grant funding to prepare for resource rationing
under pandemic conditions.

**Plans for the Coming Year**

**Expand Remote Neurology Care and Virtual Education**

Danny Lelli will lead the divisions efforts to enhance virtual care and teaching
within the pandemic and how the division can improve the use of these new
tools into the future.

**Develop Neuro-Inflammation and Neuro-Immunology Expertise**

The role of inflammation in neurologic disease is expanding. The division has
recruited Dr. Brooks, who will lead the clinical and research efforts to ensure
both patients with complex inflammatory/immune diseases received the
most advanced therapies and build a research program.

**Quality Improvement Projects Will Focus on Improved General Site Consultations and Improved Inpatient AVS**

We will work to optimize the consultation service quality, particularly at the
General campus, both in terms of educational experience and clinical care.
We will work to optimize the quality of the inpatient AVS by coordinating
with Allied health to create an informative, accessible, and multidisciplinary
document for patients’ post-discharge.
Key Publications


Key Grants

Physicians’ Services Incorporated (PSI) Foundation grant. 2019. MYO-Care Ontario: Diagnosis and Discovery Pipeline for Patients with Genetic Myopathies. Warman Chardon, J., Boycott, K.M. $227,000.

M. Schlossmacher. Michael J Fox F. “Parkin Protects Against Dopamine-Induced Neurotoxicity.” 2019 to 2021, $277,000.


Pilot Project Grant from Parkinson Canada. 2019. LRRK2 activity in health and disease: Elevated ROS levels in inflamed, LRRK2-mutant brain. Schlossmacher, M. $50,000 over 1 year.

Honours and Awards

• Dr. Seyed Mohammad Fereshtehnejad received the 2020 Futures in Neurological Research (FINR) Scholarship from the American Academy of Neurology.

• Dr. Jodi Warman was awarded the Muscular Dystrophy Canada Clinician of the year award.

• Dr. Michel Shamy received the Award in Education for the Communicator Role from PGME.

• Dr. Tiago Mestre promoted to Associate Professor, University of Ottawa.

• Dr. David Grimes promoted to Professor, University of Ottawa.

• Dr. Dar Dowlatshahi Promoted to Senior Scientist at OHRI.

• Dr. Christine De Meulemeester chair-elect on the Specialty Committee in Neurology, Royal College.

Leadership Roles

• Dr. Dariush Dowlatshahi — Vice Chair of Research, DOM

• Dr. Michael Schlossmacher —
  • Program Director, Neuroscience
  • Director, uOttawa Brain & Mind Research Institute

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

• Dr. Pierre Bourque — Unit 3 Leader, Francophone, Neurology

Retirement

• Dr. Antoine Hakim
Nuclear Medicine

Prior Year’s Divisional Goals

Recruit new academic physicians.

Significant Divisional Accomplishments in the Last Academic Year

Multiple initiatives to improve the quality and safety of patient care:

- Weight-based dosing of bone scan tracers strikes a better balance between lowering patient radiation exposure and improving image quality while realizing potential savings on radiopharmaceutical costs
- Improved identification of patients treated with radioactive iodine through an Epic flag and alert bracelets allows for better communication and minimizing exposure to other health care workers
- Efficient access to essential PET/CT for pediatric oncology patients
- Comprehensive overhaul and standardization of clinical protocols.

New Clinical Programs

PSMA PET/CT is an imaging test that targets prostate-specific membrane antigen; it is game-changing in the management of prostate cancer and now available in our PET program at The Ottawa Hospital Cancer Centre.

Dr. Lionel Zuckier co-edited a new 1,000-page textbook of nuclear medicine — (Biersack H-J, Freeman LM, Zuckier LS and Gruwald F (Eds). Clinical Nuclear Medicine, 2nd edition, Berlin, Springer-Verlag (2020). The textbook also includes a chapter on parathyroid imaging co-written with our previous resident Dr. Matthieu Pelletier-Galarneau.

In a follow-up to last year’s first-ever clinical day of the highly-successful Targeted Alpha Therapy (TAT11) conference, a collection of articles relating to the proceedings was published in the December 2019 issue of the Journal of Medical Imaging and Radiation Sciences, with Dr. Lionel Zuckier as guest editor and featuring several local faculty including Dr. Eugene Leung (Nuclear Medicine Division Chief), Dr. Stephen Dinning (Nuclear Medicine Program Director), Dr. Scott Morgan (Radiation Oncology) and Jon Aro (Radiation Safety).

The COVID-19 pandemic has deeply impacted patients and health-care workers alike, and the Division is no exception. While particularly hard-hit, we have strived to maintain access to critical Nuclear Medicine imaging and therapy for patients needing urgent care such as in oncology and cardiology. In adapting to rapid changes, we have advanced our triage and protocolling processes and enhanced the participation of rounds through virtual presence.

Plans for the Coming Year

Modernize Division’s Theranostics program to include imaging and treatment of neuroendocrine tumours with Ga-68 and Lu-177 DOTATATE.

Key Publications

The following publications highlight the Division emphasis on collaboration with other programs to expand radiopharmaceutical therapies and push the boundaries of imaging technology, while grounded and informed by the half century foundation of rapid progress in molecular imaging and theranostics.


### Key Grants

Dr. Ran Klein (Primary Investigator). *Pushing the limits of detection with PET*—Discovery Program Grant. Natural Sciences and Engineering Research Council (NSERC). $165,000. 2020–2025.

Dr. Ran Klein (Primary Investigator). *Pushing the limits of detection with PET*—Discovery Accelerator Supplement. Natural Sciences and Engineering Research Council (NSERC). $120,000. 2020–2023.


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### Honours and Awards

- Dr. Ran Klein (Medical Physicist) received the DoM 2019 PhD Scientist Award for his contribute to education, patient care and science.
- Dr. Ran Klein has started a new role as Project Implementation Manager for Artificial Intelligence and Digital Health Initiative, Department of Medicine.
- Dr. Eugene Leung (Division Chief) was appointed co-chair of the Ottawa Hospital Radiation Safety Committee.
- Kathya Jean-Baptiste (Executive Administrative Assistant) received the DoM Ambassador Award.
Palliative Care

Prior Year’s Divisional Goals

- Improve sustainability by increasing our physician workforce through additional Alternate Funding Plan positions at all sites in the city
- Increasing the availability of community hospice and inpatient palliative care beds in the Ottawa and Champlain region
- Open a new inpatient Palliative Care Unit at TOH
- Create new clinical collaborations with Cardiology and Neurology to care for fragile heart failure patients and those with Amyotrophic Lateral Sclerosis
- Build on the success of our research program with further publications and peer-reviewed grants
- Expand our educational opportunities for subspecialty residents and physicians in practice.

Significant Divisional Accomplishments in the Last Academic Year

Our division members continue to provide excellent clinical care in all settings. Our efforts have been recognized in the form of multiple Guardian Angel pins, letters of gratitude from families, and foundation donations. Our division takes great pride in delivering excellent care, which is the priority above all else.

Our teaching continues to be recognized by trainees, and we continue to attract excellent applicants for our palliative medicine residency programs. Notably, Dr. Christine Watt was nominated for a PARO Excellence in Teaching Award. We also obtained approval to offer a new educational Fellowship in Focused Palliative Medicine, with our first trainee beginning in 2021.

Our research group has had tremendous success, with division members authoring more than 90 publications in 2019 and being primary investigators on 18 new peer-reviewed grants (totaling more than $1.6 million) in the past twelve months. We are proud to note that six different division members were the Nominated PI on at least one grant received, demonstrating our research talent’s depth. Two of our division members won Tier II Research Chairs from the Faculty of Medicine, and Dr. Peter Tanuseputro also won a Fellowship from the PSI Foundation. We have hired multiple staff to help coordinate and support applications by division members, emphasizing supporting early researchers.

The Division would like to acknowledge the equity, diversity and inclusion (EDI) work Dr. Camille Munro has been doing. As the Department of Medicine’s Director of EDI, Camille has been working diligently to promote unconscious bias training, develop policies and lobby for EDI language and considerations, all in support of this very important Department-wide portfolio.

With recent hiring, we have increased the number of physicians on service at one time at several sites, allowing a more sustainable workload on individual physicians. We have reorganized our outpatient structure and expanded our group to cover all acute settings in Ottawa. This will provide more stable coverage for all sites and a better variety of work experiences, promoting wellness among the group. While we addressed our staffing shortages this year quite effectively, the COVID-19 pandemic further exacerbated the strain on our outpatient services. Our staff are working well beyond clinic hours to deliver care to patients who are increasingly sick and fragile, who wish to avoid admission.

In partnership with our nursing colleagues, we increased compensation to our clinic staff to help protect their time and reorganized our clinic structure to allow for more stable physician staffing and more robust nursing support for each clinic, and patients in the community.

We have engaged with regional partners to harmonize our approach across settings to early identification of patients with unmet palliative needs. This will involve using strategies developed and tested first in Ottawa and aligns with provincial and national priorities.
**Plans for the Coming Year**

- We are continuing to pursue funding to increase the availability of community hospice and transitional palliative beds in the region, to create alternative settings that provide holistic palliative care while unburdening the acute care system.
- We hope to expand the new Acute Palliative Care Unit at TOH, given the strong demand and experience thus far.
- We are beginning several co-management services with non-cancer illnesses, including patients receiving dialysis, patients with end-stage liver disease, and end-stage lung disease.
- We hope to build on the success of the research program with further publications and peer-reviewed grants and start some innovative approaches to meeting palliative care needs with the grants won this year.

**Key Publications**


**Key Grants**


**Honours and Awards**

- Dr. Christine Watt and Dr. Daniel Vincent were each promoted to Assistant Professor’s rank in the Department of Medicine.

**Physician Human Resources**

We were able to obtain new funding for additional positions, and we are proud to welcome five recruits to the division in 2019–2020.

- Dr. Rebekah Murphy is joining from the University of Ottawa as a Lecturer and Clinician Teacher, splitting her clinical time between Bruyère Continuing Care, the Regional Palliative Care Team and the Queensway Carleton Hospital. She will be pursuing academic interests in providing palliative care to people with frailty and dementia.
- Dr. Kaitlyn Boese is joining us from Queen’s University as a clinical associate, splitting her time between the Regional Palliative Care Team and the outpatient cancer clinic at The Ottawa Hospital. She will be looking to develop her interest in capacity building in the Long-Term Care sector, which was hard hit by COVID-19.
- Dr. Adrianna Bruni is joining from the University of Ottawa as a clinical associate, splitting her time between The Ottawa Hospital and the Queensway Carleton Hospital. She will be pursuing an academic interest in non-cancer Palliative Care.
• Dr. Leila Cohen is joining from the University of Western Ontario as a clinical associate, splitting her time between The Ottawa Hospital and the Queensway Carleton Hospital. She will be pursuing an academic interest in the treatment of agitated delirium and psychedelic medications.

• Dr. Grace Warmels is joining from the University of Ottawa as a clinical associate, splitting her time between The Ottawa Hospital and the Queensway-Carleton Hospital. She will be pursuing an academic interest in team structure, interdisciplinary models and wellness.

Physical Medicine & Rehabilitation

Prior Year’s Divisional Goals

The goals for the Division of Physical Medicine & Rehabilitation from 2019–2020 are ongoing as we collaborate with the Ontario Health (LHIN) initiatives and future plans for The Ottawa Hospital (TOH) that will take a few years to realize. This year, the management of the COVID-19 pandemic and associated impact on clinical care delivery has been an unforeseen obstacle. Despite this impediment, we continued to strive towards achieving our 2019–2020 goals as follows:

1. **Ontario Health Teams:** Our goal was to participate in involvement in development of Ontario Health Teams as we transform to a new model of care. Progress has occurred on two fronts:
   - **Integrated Hubs:** a pilot project looking at coordination of outpatient rehabilitation care across the region has been initiated involving Bruyère and community partners. The Rehabilitation Centre staff and Physiatrists are also involved in this progression.
   - **Bundled Care:** Dr. Marshall and Dr. Grant Stotts (Neurology) have been working with TOH and the Champlain Regional Stroke Network to develop a model and plan of care for delivery of Stroke care in the region. While this work has been temporarily suspended by COVID-19, this work will continue to progress.

2. **7-Day Rehabilitation:** Proposals for both TOH and Bruyère have been submitted for 7 Day rehabilitation with the aim of improving care and decreasing length of stay.
   - **Progress:** This goal has not advanced since funding approval has not yet occurred. Each site remains ready to implement, if funding comes through.

3. **Consolidate and Expand Hypertonicity/Spasticity Program:**
   - **Progress:** Aims to align clinic processes, outcome measures and techniques across clinics at both the TOH and Bruyère sites. Planning and meetings have occurred in relation to the program led by Dr. Sreenivasan and Dr. Quon. This goal has been delayed owing to the TOH introduction of Epic and the greater and the redirection of efforts to manage the COVID-19 pandemic and practically patients were only able to be seen starting June 2020 once again in this clinic. Plans are to resume alignment of this clinic in 2019–2020.

4. **Recruit Physiatrist for Wound Care at Bruyère/St Vincent:**
   - **Progress:** We have recruited Dr. Katrina Dezeeuw who is a recent graduate of our program and who has completed a fellowship in Toronto focusing on spinal cord injury, wound management and quality. She will begin work at St. Vincent Hospital in September 2020 with aims of a strategy for rehabilitation management of patients in a complex continuing care environment.
5. **Develop Inter-Campus Telehealth Follow-Up Protocol:**
   - Progress: This goal has been achieved. While significant planning was involved in this goal, the conditions of the COVID-19 pandemic accelerated this process where now the majority of patients are able to be followed via telehealth. The introduction of Zoom Epic and K083A codes has facilitated this process where physicians can have technology access in conjunction with the ability to bill.

6. **Establish OHAP Program at TOH for Musculoskeletal and Neurology (concussion) Patients:**
   - Progress: The OHAP program for injured workers, part of the Ontario Workers Network (OWN), has been established. The OWN program including MSK, Neurology (brain injury/concussion, run by Physiatry) and amputee programs are continuing to grow and serve as a revenue generating stream for TOH.

7. **Establish Osseointegration Program at TOH:**
   - Progress: No progress has been made on this program to date since it requires provincial and TOH approvals. Dr. Dudek who leads Amputee Rehabilitation is working with orthopedic surgery to establish a provincial leading Osseointegration Program at TOH. This involves surgery to have a connection device directly implanted into a person’s amputated limb to allow for direct attachment to their external prosthetic device. For patients with a history of problems related to a traditional prosthetic socket this procedure results in improved mobility and quality of life.

8. **Implementation of the new Competency by Design (CBD) Residency Program:**
   - Progress: This has been implemented for Physical Medicine and Rehabilitation for July 1, 2020. We have recruited our first two new PGY-I residents into this program this year.

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**Significant Divisional Accomplishments in the Last Academic Year**

The Division of Physical Medicine & Rehabilitation has over 100 in-patient beds located at Élisabeth Bruyère 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 were:

1. **Creation of a COVID-19 Rehabilitation Unit**
   - One of the few such units created in Canada to allow rehabilitation of patients who remained COVID-19 positive post infection
   - Significant media attention was focused on this program

2. **Preparation and Introduction of CBD for Resident Program**

3. **Expansion of the OWN Neurology Program**
   - The program has grown exponentially over the past year with recruitment of additional physician and OT resources. Now seeing over 250 patients per year in Neurology (brain injury/concussion) program

4. **Development E-consult service for Electrodiagnostic Medicine and Neuromuscular Rehabilitation**
   - Dr. Dojeiji has expanded these services through the Champlain LHIN e-consult service
   - This is in addition to concussion/brain injury service
Plans for the Coming Year

In addition to the ongoing goals/plans from 2019–2020, the Division of Physical Medicine & Rehabilitation will also:

1. **Plan for the New Rehabilitation Centre at the New Civic Site:**
   - Phase two planning has started in earnest for building of the new rehabilitation facilities to be at the new Ottawa Hospital Civic site as one of the few programs that will be migrating from the General Campus to this site. Multiple Physiatrists are involved in this comprehensive planning process.

2. **Develop an Interdisciplinary Model of Care for Neurologic Functional Syndrome Patients:**
   - An early initiative has been created by Neurology, Psychiatry, Psychology and Physiatry to look at an approach to potentially develop a program for assessing and treating patients with functional neurological syndrome. Currently these patients are not well served with in Ottawa and by TOH. This patient population can sometimes lead do challenges with regards admission to hospital and subsequent discharge disposition. Further, there are no specific programs to refer these patients to. Physician specialist and health care provider groups are coming together to look at a potential solution to this problem in an interdisciplinary fashion.

3. **Optimize Outpatient Care Delivery Using Virtual/Telehealth Care:**
   - Since we now have the reality of virtual care thrust upon our Division (as with all other departments and divisions) we will be looking at Best Practices and research opportunities for delivery of virtual/telehealth care. Our division will action this through both the Bruyère Continuing Care and Ottawa Hospital sites.

4. **Develop Integrated Outpatient Care Between Hospital and Community Agencies:**
   - The ultimate aim of rehabilitation is to discharge patients to the community after having completed training and ADLs. The common experience is typically a cold handoff for patient care to community providers. Our Division will be exploring an opportunity to link with home and community care using communication strategies as well as telecommunications to provide more integrated and collaborative care for our complex patients. We have a unique opportunity at Bruyère continuing care with the development of outpatient stroke rehabilitation resource funding to link through home and community care. At TOH, it has been identified that care of patients with ALS and neuromuscular conditions similarly do not experience good continuity of care or communication between hospital and community care providers. We intend to explore and create opportunities to improve this care for patients.

5. **Expand Physiatry Consultant Role at Bruyère, St. Vincent Site (Complex Continuing Care):**
   - Under the Rehabilitation Care Alliance of Ontario (http://www.rehabcarealliance.ca/), there has been a significant change in definitions for classification of subacute patients. The St. Vincent Hospital site of Bruyère would be considered a chronic care hospital where the majority of patients are either long-term or short-term Complex Continuing Care (CCC) patients. Ultimately, the aim is for these patients is to progress with a slower pace of rehabilitation to the point where they may be discharged either home or to appropriate facilities. It is been recognized by Bruyère that Physiatry may have some expertise to assist in relation to rehabilitation (versus medical) issues faced by these patients. We have put forth a proposal for formal expansion of Physiatry services at St. Vincent Hospital and have recruited a new physician who will be taking on this role to provide consultation services and leadership to improve delivery of rehabilitation care.

**Key Publications**


Key Grants


Honours and Awards

- Dr. Hillel Finestone — Bruyère Commitment to Quality Award
- Dr. Hillel Finestone — Bruyère Innovators Prize. Project: Pain Explanation & Treatment App, Hacking Health Hackathon, 2019
Respirology

Prior Year’s Divisional Goals

During the September 2019 retreat, the Division of Respirology continued to build on its vision to provide world-class expertise in lung and sleep health at a tertiary care level through innovation and scholarship using cutting edge research, quality and education. Our mission is to advocate for respiratory health within our own institution and our region, our province, and our country.

We set out to recruit new academic members to our division and honour those who were to retire after their valuable contributions over countless years to our respiratory patients and students. Our goal was to recruit a new Program Director to fill the void of all the remarkable work done by Dr. Nha Voduc after 15 years of service. Our Respirology program is now one of the best in the country thanks to his leadership as Program Director. We also wanted to recruit another academic researcher in the domain of mycobacterial disease.

Significant Divisional Accomplishments in the Last Academic Year

We are pleased to announce that Dr. Vanessa Luks joined our division as an FTA staff respirologist and our new Respirology Program Director. She spent five years practising respirology in Thunder Bay. Dr. Luks completed the Health Education Scholars Program at the University of Ottawa and completed a graduate diploma in clinical epidemiology at McMaster University. We are delighted to have her join our team.

We were also very fortunate to hire Dr. Chris Pease as an FTA staff respirologist. Dr. Pease defended his Master’s thesis in Epidemiology this past fall at the University of Ottawa. He also did a one-year clinical fellowship in mycobacterial diseases at the University of Toronto. We are also happy to have him join our team.

We are proud of Dr. Melanie Chin, who received her Master’s in Quality and Safety from Queen’s University and Dr. Smita Pakhale, who was promoted to Associate Professor. We also want to thank Dr. Steve Bencze, who was a valuable member of our division for more than 25 years who retired from The Ottawa Hospital in December 2019. We will miss Dr. Krishna Sharma, who has also retired from The Ottawa Hospital after being a member of our division for 17 years. We want to thank them for their dedicated clinical service and countless hours of enthusiastic teaching of respirology students.

We look forward to continued collaboration in education with them in the future.

Plans for the Coming Year

Our division will continue to focus on our vision and shape the future of Respirology care in Ottawa by engaging with the hospital planning committee for Respirology services at the new Civic campus. We also plan on recruiting another interventional respirologist to expand care and research in this growing area. We want to expand the interstitial lung disease program by recruiting an interstitial lung disease clinician researcher to add to the regional expertise that we currently have at TOH. Our strength in COPD and asthma research continues to grow and to further support this program, we aim to recruit an airways clinician researcher.

Key Publications


Honours and Awards

- Dr. Smita Pakhale and Dr. Gonzalo Alvarez were awarded Tier-1 Research Chairs and Dr. Shawn Aaron was awarded a Distinguished Research Chair award from the University of Ottawa Clinical Research Chair competition.

- Dr. Tetyana Kendzerska was awarded the 2020 PSI Graham Farquharson Knowledge Translation Fellowship/Salary support (two years: $150,000 per year) June 1, 2020.

Key Grants

Dr. Smita Pakhale, CIHR (2020–2021). Canada’s COVID-19 Pandemic Response and Homeless or At-risk for Homelessness, and Minority Populations in Ottawa* Principal Investigator: S. Pakhale. $129,283

Dr. Sunita Mulpuru $174, 481 (2020–2023) Validating the Use of Frailty Measurements to Predict Care Expectations and Deteriorations in Quality of Life Among People with COPD. Canadian Institutes of Health Research–AZ Canada–Canadian Lung Association Emerging Clinician Scientist Award

Dr. Gonzalo Alvarez $1,500,000 (2019–2024) Implementing the “Patients Charter of TB Care” in high incidence Indigenous Communities and across jurisdictional borders. Canadian Institutes of Health Research.
**Rheumatology**

**Prior Year Divisional Goals**

- Dr. Eilish McConville started a Young Adults with Rheumatic Disease (YARD) clinic. (Completed)
- We purchased a second ultrasound machine. (Completed)

**Recruitment Plan**

- Julie D’Aoust will join the Division as Clinical Scholar on July 1, 2020.
- Recruit Dr. Nancy T. Maltez as an Assistant Professor in January 2021.

**Significant Divisional Accomplishments in the Last Academic Year**

The Arthritis Centre continued to operate during the COVID-19 pandemic. From March 16, 2020 to August 19, 2020 we had 4,936 patient visits: 4,103 (83%) virtual visits and 833 (17%) in-person visits. During this same period, we received 515 referrals, 445 of which (87%) were accepted and seen well within their respective wait time priorities for urgent (1–4 weeks), semi-urgent (1–2 months) and longer (2–3 months) referrals. This is a remarkable team effort given the substantial workforce shortage our Division has gone through over the last 18 months.

Dr. Sibel Aydin developed teaching materials on musculoskeletal ultrasound, including videos and an e-book for an international audience.

Dr. Sibel Aydin built up the Ontario Wide Registry for Psoriatic Arthritis (OBRI-PsA).

Dr. Nancy Maltez continued to lead in Ottawa, the Canadian cohort from the Canadian Research Group of Rheumatology in Immuno-Oncology (CanRIO). This is the largest cohort of Rheumatic Immune-Related Adverse Events Associated with Cancer Immunotherapy in Canada.

Dr. Susan Humphrey-Murto was appointed Rheumatology Residency Program Director.

Dr. Peter Tugwell was appointed Member of the Advisory Board, Cochrane Complementary Medicine.

**Plans for the Coming Year**

- Ms. Denise Boone will become a Certified Nurse Practitioner by January 2021. She will start an independent practice, will continue to lead a remission clinic of patients with inflammatory arthritis and possibly with patients with other autoimmune rheumatic diseases in remission by July 2021.
- We will continue to utilize Epic/Zoom throughout and after the COVID-19 pandemic.
- Prepare the Internal Review of the Rheumatology Residency Program by uOttawa PGME scheduled for February 2021.
- Re-appoint Dr. Ines Midzic after a 16-month leave.
- Recruit a Clinical Scholar in July 2021.

**Key Publications**


**Key Grants**


Royal College Strategic Initiative Grant Studies in Medical Education. *Training Physicians and Learners in the use of EHR: what have we learned? A Case Study of Three Hospitals.* Humphrey-Murto S. (co-PI), Rangel C. (co-PI), Maniate J.M., Whitehead C., Kumar S., Stal J., Duffy K., Buba M. Multicentre trial with TOH, CHEO and Women’s College in Toronto. $30,000.


*Investigator initiated trial-Diagnostic Ultrasound Enthesitis Tool.* Dr. Sibel Aydin. From Abbvie, Janssen, Novartis, Eli Lilly. $1,050,000.

*Pain Mechanisms in Psoriatic Arthritis: Differentiating Enthesitis Related Pain from Fibromyalgia Using Ultrasound, In Comparison to Functional MRI.* Canadian Rheumatology Ultrasonography Society Research Grant. Dr. Sibel Aydin $10,000.

*Real life evidence for psoriatic arthritis: Ontario Wide Registry for Psoriatic Arthritis (OBRI-PsA)* Dr. Sibel Aydin $175,000. From Sandoz, Abbvie, Eli-Lilly and Pfizer.

*Salary support for a new rheumatologist to develop her research career in clinical epidemiology with special interest in scleroderma.* The Arthritis Society. Dr Antonio Cabral $15,000.

**Honours and Awards**

- Dr. Sibel Aydin was awarded a Tier-2 Research Inflammatory Arthritis Chair from the Ottawa University Faculty of Medicine
- Dr. Susan Humphrey-Murto was awarded a Tier-2 Research Medical Education Chair from the Ottawa University Faculty of Medicine
Did you know?

The green sound waves shown on each section break spread in this report are representative of each respective section title being spoken. The red sound waves are the titles of the other sections blended together to create the graphic background.
Side A
1. Message from the Chair and Chief
2. Message from the CAO and Executive Director
3. On the record: Dr. Shawn Marshall

Side B
4. Medical Education
5. On the record: Dr. Heather Lochnan
6. Medical Research
7. On the record: Dr. Jonathan Angel

Side C
8. Quality and Clinical Care
9. On the record: Dr. Jocelyn Zwicker
10. Physician Wellness and Support
11. On the record: Dr. Loree Boyle

Side D
12. On the record: Dr. Habibat Garuba
13. Divisional Reports