Development:
Tracy Serafini
Manager, Communications and Stakeholder Relations
Department of Medicine
501 Smyth Road, Box 206
Ottawa, ON  K1H 8L6
(613) 737-8765

Available online in PDF format
at thinkOttawaMedicine.ca

Design:
nineSixteen Creative Inc.
ninesixteen.ca

Photography:
Trevor Lush Photography
trevorlush.com

Copyright © 2017 Department of Medicine,
University of Ottawa, The Ottawa Hospital

All persons profiled in this Annual Report
have agreed to their appearance and have
approved their individual stories.
Vision
To be recognized as a world leader in medicine.

Mission
We exist to innovate, advocate and practice the highest quality of patient-centred care, medical education and research. We develop the next generation of physicians, researchers and educators. We champion the vision, mission and values of our University, our faculty and the hospitals we work in.

We leverage our unique position as academic clinicians to accelerate knowledge transfer to the bedside and clinic in order to improve the lives of our patients. We work with all stakeholders to find solutions to mutual problems and improve internal communication.

We seek out leadership opportunities at the regional, national and international levels. We lead by example, we listen and we challenge ourselves to be better. We create communities of trust, compassion and mutual respect.

We treat patients, trainees, staff, and colleagues with dignity and equity and we value the highest standards for professionalism, fairness and transparency in an environment of accountability to the people we care for, teach and work with.

We manage the resources of our faculty, hospitals, community and region competently and wisely. We make decisions that are just and ethical. We embrace a team philosophy to problem solving that encourages maximum input and participation from all our faculty and staff.

We recruit only the best people, nurture and value them. We celebrate both individual and collective achievements. We are mindful of ways to help our faculty and employees fulfill their professional and personal responsibilities.

We foster the development of life-long learning by ensuring sufficient support for continuing education programs, research and scholarly work.

When we operate according to these principles, we should achieve our vision.
<table>
<thead>
<tr>
<th>Gate Number</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>A Message from the Chair and Chief</td>
</tr>
<tr>
<td>11</td>
<td>Medical Education</td>
</tr>
<tr>
<td>19</td>
<td>Taking off with Dr. Erin Keely</td>
</tr>
<tr>
<td>29</td>
<td>Medical Research</td>
</tr>
<tr>
<td>39</td>
<td>Taking off with Dr. Kumanan Wilson</td>
</tr>
<tr>
<td>49</td>
<td>Taking off with Dr. Robin Parks</td>
</tr>
<tr>
<td>57</td>
<td>Quality &amp; Clinical Services</td>
</tr>
<tr>
<td>65</td>
<td>Taking off with Dr. Delvina Hasimja Saraqini</td>
</tr>
<tr>
<td>73</td>
<td>Wellness &amp; Professional Development</td>
</tr>
<tr>
<td>79</td>
<td>Divisional Reports</td>
</tr>
</tbody>
</table>
Department of Medicine

From left to right:
Dr. Alan Forster (Vice-Chair, Quality & Clinical Services), Dr. Barbara Power (Vice-Chair, Medical Education), Dr. Ed Spilg (Vice-Chair, Wellness & Professional Development), Dr. Marc Carrier (Vice-Chair, Medical Research), Ted Waring (Chief Administrative Officer), Dr. Alan Karovitch (Deputy Chair & Vice-Chair, Finance), and Dr. Phil Wells (Department Chair & Chief).
Executive Committee
A Message from the Chair and Chief

I am extremely proud to be given the privilege to be involved in the leadership of this department.

Success means different things to different people but for the Department of Medicine I define it as the acceptance of change, continuous improvement and following through on our goals. Since this fundamentally implies progress, ‘success en route’ is what we’ve been focusing on this past year. We have put considerable emphasis on developing the academic careers of our young faculty by continuously improving our onboarding process, devoting new funds to research projects for new recruits, committing money to drive Big Data research which predominantly supports our new investigators and, we have instituted programs to increase our focus on academic success in quality assurance and improvement. If we continue our current path we are guaranteed to be leading-edge and practice-changing. The Department of Medicine’s faculty efforts will get us there!

This past year we changed Resident Research Day to the Department of Medicine Research Day, which included presentations from not only our residents, but medical students who have worked with our faculty, and trainees under the supervision of Department of Medicine PhD Scientists. This change was made to enhance our research and clinical success in translational science.
and to improve Departmental engagement. The new format was overwhelmingly successful as evidenced by the dramatic increase in the number of abstracts submitted and presentations compared to previous years. We hosted more than 200 attendees at this meeting which proved to be an ideal forum for networking and developing collaborations.

With respect to acceptance of change and continuous improvement to ensure we are en route to success, we have: increased transparency within our recognition and funding of academic pursuits; completely revised our allocation guide, recognizing activities not previously supported; created a new funding pool to remunerate “Creative Professional Activities (CPAs)”; and created a new time investment credits pool to expand and standardize financial incentives for teaching and administrative work; and, finally, we developed new protocols and software codes that built on existing data sets to allow for the elimination of STAR, saving money and hundreds of hours of physician AND administrative time.

The Department’s quest for continuous improvement is also illustrated by the development of a new communications strategy which will be implemented shortly and a perfect report card from The Ottawa Hospital on our quality metrics. We are en route to further success in research, education and quality of care, working side by side with The Ottawa Hospital and uOttawa Faculty of Medicine administration including: working closely with our residents to improve our training programs; funding the acquisition of a state of the art video conferencing facility for cross campus teaching; and continuing to provide significant funding to the Ottawa Hospital Research Institute to support our new researchers and trainees.

Our Executive Committee and Division Heads have worked hard to meet the standards of excellence and support our Departmental Faculty. It is through these efforts at collaboration, hard work, and respect that we are leading the way at the hospital and Faculty of Medicine. For this, I am extremely grateful to our Department leaders.

I encourage all of you to read this annual report, especially the profiles of our colleagues which may reveal sides of them that you weren’t aware of. Each of our annual reports can only profile a small number of the Departmental Faculty. I wish we could profile all the incredible members of this Department because they deserve it. I am extremely proud to be given the privilege to be involved in the leadership of this department.

Philip S. Wells
MD FRCPC MSc
Chair & Chief, Department of Medicine
University of Ottawa & The Ottawa Hospital
Department at a Glance

<table>
<thead>
<tr>
<th>510 Physician Members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>266 Full Time Academic (FTA)</td>
</tr>
<tr>
<td>174 Part Time Academic (PTA)</td>
</tr>
<tr>
<td>32 Scientists</td>
</tr>
<tr>
<td>7 Emeritus Professors</td>
</tr>
<tr>
<td>31 Adjuncts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>297 FTA and Scientists (University Status)</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Professors</td>
</tr>
<tr>
<td>82 Associate Professors</td>
</tr>
<tr>
<td>132 Assistant Professors</td>
</tr>
<tr>
<td>12 Lecturers</td>
</tr>
</tbody>
</table>

Division Heads

Reflects the period of July 1st, 2016 to June 30th, 2017

- **Dr. Rob Beanlands**  
  Cardiology
- **Dr. Dean Fergusson**  
  Clinical Epidemiology
- **Dr. Jim Walker (Acting)**  
  Dermatology  
  *Dr. Mark Kirchhof as of July 1st, 2017*
- **Drs. Erin Keely & Alexander Sorisky**  
  Endocrinology & Metabolism  
  *Dr. Heather Lochnan as of July 1st, 2017*
- **Dr. Alaa Rostom**  
  Gastroenterology
- **Dr. Alan Karovitch**  
  General Internal Medicine
- **Dr. Allen Huang**  
  Geriatric Medicine
- **Dr. Marc Rodger**  
  Hematology
- **Dr. Jonathan Angel**  
  Infectious Diseases
- **Dr. David Steward**  
  Medical Oncology
- **Dr. Greg Knoll**  
  Nephrology
- **Dr. David Grimes**  
  Neurology
- **Dr. Lionel Zuckier**  
  Nuclear Medicine
- **Dr. Jill Rice (Acting)**  
  Palliative Care
- **Dr. Shawn Marshall**  
  Physical Medicine & Rehabilitation
- **Dr. Shawn Aaron**  
  Respirology  
  *Dr. Gonzalo Alvarez as of July 1st, 2017*
- **Dr. Antonio Cabral**  
  Rheumatology
### New Faculty Positions (FTA & PTA)

Reflects the period of July 1st, 2016 to June 30th, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Stephanie Brule</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Sandeep Sehdev</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Andrew Aw</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jill Fulcher</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Cynthia Tsien</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Abhinav Iyengar</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Tetyana Kendzerska</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Gary Small</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Nina Ghosh</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. James Brooks</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Ines Midzic</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Dr. Tad Fantaneanu</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Shanna Spring</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Peter Tanuseputro</td>
<td>Palliative Care</td>
</tr>
</tbody>
</table>

### Faculty Promotions

Reflects the period of July 1st, 2016 to June 30th, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Robin Parks</td>
<td>Full Professor (PhD, Infectious Diseases)</td>
</tr>
<tr>
<td>Dr. Nancy Dudek</td>
<td>Full Professor (Physical Medicine &amp; Rehabilitation)</td>
</tr>
<tr>
<td>Dr. Virginia Roth</td>
<td>Full Professor (Infectious Diseases)</td>
</tr>
<tr>
<td>Dr. Alexandre Stewart</td>
<td>Full Professor (PhD, Cardiology)</td>
</tr>
<tr>
<td>Dr. Melissa Forgie</td>
<td>Full Professor (Hematology)</td>
</tr>
<tr>
<td>Dr. Mitchell Sabloff</td>
<td>Associate Professor (Hematology)</td>
</tr>
</tbody>
</table>
# Postgraduate Program Directors

Reflects the period of July 1st, 2016 to June 30th, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Cathy Code</td>
<td>Core Internal Medicine</td>
</tr>
<tr>
<td>Dr. Gianni D’Egidio</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dr. Steven Glassman</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Janine Malcolm</td>
<td>Endocrinology &amp; Metabolism</td>
</tr>
<tr>
<td><em>Dr. Amel Arnaout as of January 1st, 2017</em></td>
<td></td>
</tr>
<tr>
<td>Dr. Nav Saloojee</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td><em>Harinder Dhaliwal as of July 1st, 2017</em></td>
<td></td>
</tr>
<tr>
<td>Dr. Heather Clark</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td><em>Dr. Samantha Halman as of January 1st, 2017</em></td>
<td></td>
</tr>
<tr>
<td>Dr. Lara Khoury</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Dimitri Scarvelis</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Craig Lee</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Cedric Edwards</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Christine De Meulemeester</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Xuan Pham</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. Neil Reaume</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td><em>Dr. Xinni Song as of May 1st, 2017</em></td>
<td></td>
</tr>
<tr>
<td>Dr. Chris Barnes</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Gerald Wolff</td>
<td>Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Dr. Nha Voduc</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. John Thomson</td>
<td>Rheumatology</td>
</tr>
</tbody>
</table>
## Directors

Reflects the period of July 1st, 2016 to June 30th, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<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. Chris Johnson</td>
<td>Postgraduate Medical Education Director</td>
</tr>
<tr>
<td>Dr. Cathy Code</td>
<td>Core Internal Medicine Program Director</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine Associate Director</td>
</tr>
<tr>
<td>Dr. Nadine Gauthier</td>
<td>Core Internal Medicine Associate Director</td>
</tr>
<tr>
<td>Dr. Sue Humphrey Murto</td>
<td>Medical Education and Scholarship Director</td>
</tr>
<tr>
<td>Dr. Debra Pugh</td>
<td>Core Internal Medicine OSCE Co-Director</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>Core Internal Medicine OSCE Co-Director</td>
</tr>
<tr>
<td>Dr. Vladimir Contreras-Dominguez</td>
<td>Undergraduate Medical Education Program Director</td>
</tr>
<tr>
<td>Dr. Justine Chan</td>
<td>Clerkship Site Coordinator</td>
</tr>
<tr>
<td>Dr. Isabelle Desjardins</td>
<td>Clerkship Site Coordinator</td>
</tr>
<tr>
<td>Dr. Curtis Cooper</td>
<td>Resident Research Director</td>
</tr>
<tr>
<td>Dr. Robin Parks</td>
<td>PhD Research Director</td>
</tr>
<tr>
<td>Dr. Delvina Hasimja Saraqini</td>
<td>Department of Medicine Quality Assurance Committee Chair</td>
</tr>
<tr>
<td>Dr. Delvina Hasimja Saraqini</td>
<td>Core Internal Medicine Co-Lead Quality Improvement and Patient Safety</td>
</tr>
<tr>
<td>Dr. Krista Wooller</td>
<td>Core Internal Medicine Co-Lead Quality Improvement and Patient Safety</td>
</tr>
</tbody>
</table>
### 2016 Recognition Ceremony Award Recipients

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Shajia Khan</td>
<td>Jeff Turnbull Healthcare Advocacy Award</td>
</tr>
<tr>
<td>Drs. Grant Stotts, Kathy Suh</td>
<td>Going the Extra Mile Award</td>
</tr>
<tr>
<td>Drs. Doug Smith, Debra Pugh, Ben Chow</td>
<td>Department of Medicine Mentorship Award</td>
</tr>
<tr>
<td>Dr. James Chan</td>
<td>Department of Medicine Vision Award</td>
</tr>
<tr>
<td>Dr. Steven Glassman</td>
<td>Department of Medicine Professionalism &amp; Collegiality Award</td>
</tr>
<tr>
<td>Drs. Pierre Bourque, Jim Nishikawa,</td>
<td>Department of Medicine Bedside Teaching Award</td>
</tr>
<tr>
<td>Mouhannad Sadek</td>
<td></td>
</tr>
<tr>
<td>Robin Parks, Ph.D.</td>
<td>PhD Scientist Award</td>
</tr>
<tr>
<td>Carrie Barlow, Debbie Clement</td>
<td>Chairman's Cornerstone Award</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>Meridith Marks Educator Award for Innovation and Scholarship in Medical Education</td>
</tr>
<tr>
<td>Dr. Christopher Johnson</td>
<td>Resident's Clinical Teaching Choice Award</td>
</tr>
<tr>
<td>Dr. Brent Herritt</td>
<td>Resident Award for Excellence in Medical Education Scholarship</td>
</tr>
<tr>
<td>Dr. Andrew Baird</td>
<td></td>
</tr>
<tr>
<td>Dr. Pietro Di Santo</td>
<td>Peter MacLeod Ambassador Award</td>
</tr>
<tr>
<td>Drs. Roy Khalife, Kevin Boczar, Anna Romanova, Pietro Di Santo, Amanda Young</td>
<td>Chief Resident Awards</td>
</tr>
<tr>
<td>Dr. Daniel Lelli</td>
<td>Joseph Greenblatt Award</td>
</tr>
</tbody>
</table>
Medical Education
No one can realize how substantial air is, until he feels its supporting power beneath him. It inspires confidence at once.

— Otto Lilienthal
As part of the overall research awards system, we developed a new method of evaluating our educational research activities to align with clinical research.
As I reflect over the past year I am proud of our department’s accomplishments, in particular the hard work and dedication of my partners on the education committee. During the past academic year, we continued to work towards achieving our 2017 departmental objectives with the bulk of our efforts focused on developing new approaches and guidelines. This substantial body of work will be used to frame the department’s future in education.

The new Creative Professional Activities (CPAs) framework for academic points will build on the innovation points system previously used in education. We broadened the definition of CPAs to include quality and safety and also identified innovative activities outside of mainstream education and research which will help support our clinician teachers. As part of the overall research awards system, we developed a new method of evaluating our educational research activities to align with clinical research. This new approach will allow for improved clarity and transparency on remuneration. Through the assistance of Dr. Rakesh Patel, who previously led the strategic planning team focused on the clinician teacher (CT), we developed a guidebook for the physician whose focus is on education. It formally defines the role; it provides guidance on how to expand academic and leadership activities by listing available opportunities; and it offers a structure for Division Heads hiring clinician teachers and educators to clearly articulate the department’s expectations. I look forward to feedback from our Clinician Teachers.

We are preparing for the 2018 rollout of Competency by Design (CBME) and have spent considerable time and effort developing a guide outlining expectations, roles, and responsibilities of various levels of our leadership teams in the department. This document will set the stage for a new approach to evaluation which will have a major impact on how our training programs function. Each division will be asked to designate an education coordinator, separate from...
the program director, to take the lead for CBME for their division specifically as it relates to rotating learners from outside their own program. This education lead will also be part of a larger department committee that will focus on devising a successful integration of CBME for our core IM residents as they rotate through the specialties.

In addition to the work outlined above, I would like to acknowledge the dedication and commitment of our program directors and program administration, especially their efforts during our Royal College accreditation in November 2016. Moving into the new academic year, the department is working with individual divisions to address any gaps identified during this review. I would also like to thank Dr. Cathy Code and her dedicated team, including: Odile Kaufmann, Rachel Glennie and Jeanne Lemaire. Dr. Code will be stepping down from this role at the end of 2017. Cathy has been a remarkable leader and is deserving of special thanks. Under her direction the internal medicine core program has grown and developed into one of the best in Canada.

I would like to welcome Dr. Loree Boyle, replacing Dr. Code as the new IM Core Director and Dr. Nadine Gauthier who joined the Core team as Associate Program Director in February. I know they will bring innovation and enthusiasm to these roles. I am also happy to welcome Dr. Chris Johnson as the new Director for Postgraduate Medical Education for the Department. He has hit the ground running and is already reviewing the allocation of training spots for subspecialty programs within the department. This is a complex task as numbers assigned to us will continue to change.

This past year, there was also an enhanced focus on quality and patient safety teaching. Dr. Curtis Cooper is leading the development of a research program. The success of this program was demonstrated during our Departmental research day in June. As we move forward, mentorship support for residents will be a priority.

In undergrad, under the direction of Dr. Vladimir Contreras-Dominguez, the program changed the preceptor orientation pamphlet for clerkship; reviewed the content of the Problem Assisted Learning sessions (PAL); and explored ways to provide ambulatory care opportunities for our students. We continue our role as leaders in the undergraduate medical education program and are assisting them in their drive towards accreditation. We wish to maintain our leadership as the most frequent teachers in UGME and therefore are looking to develop new processes to enable even broader participation within the curriculum. I am proud that the Department of Medicine has now developed a partnership with the Department of Innovation and Medical Education (DIME) at the University of Ottawa Faculty of Medicine. We are involved in assisting with the hiring of a PhD Researcher, Dr. Kori LaDonna, who started at the department this October.

Dr. Susan Humphrey-Murto continues as Director of DIME research support unit and she and others play a large role in the provision of the health education scholarship program at the Faculty. A number of our department members participate annually in this year-long program, to enhance their capacity for scholarship and education.

In closing, there are many people deserving of thanks for their tremendous support and dedication to the education portfolio within our Department. I would like to give special recognition to the following outgoing Program Directors: Drs. Christine De Meulemeester (Neurology); John Thomson (Rheumatology); Janine Malcom (Endocrinology); Neil Reaume (Medical Oncology); Nav Saloojee (Gastroenterology) and Dimitrios Scarvelis (Hematology). These hard working and extraordinary clinicians ensured successful accreditation for their programs while also making them stronger and in some cases, recognized as the best in the country.

I would also like to thank our departmental education leaders whose tireless dedication continues to amaze me as they explore innovative and inventive approaches to education. These include Drs. Susan Humphrey Murto, Vlad Contreras-Dominguez, Chris Johnson, and Sam Halman. Finally, none of the above would be possible without the hard work and support from Sue Somerset, Nicole Neocleous, Dr. Phil Wells and the great Department of Medicine Executive Team. I am privileged to work—and laugh—with them each and every week.
## Leadership Roles in Education

Members of the Department of Medicine continue to be leaders in education at the Faculty of Medicine and nationally.

<table>
<thead>
<tr>
<th>Faculty of Medicine Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr. Melissa Forgie</strong></td>
</tr>
<tr>
<td><strong>Dr. Heather Lochnan</strong></td>
</tr>
<tr>
<td><strong>Dr. Genevieve Lemay</strong></td>
</tr>
<tr>
<td><strong>Dr. Susan Humphrey Murto</strong></td>
</tr>
<tr>
<td><strong>Dr. Robert Bell</strong></td>
</tr>
<tr>
<td><strong>Dr. Vladimir Contreras-Dominguez</strong></td>
</tr>
<tr>
<td><strong>Dr. Heather MacLean</strong></td>
</tr>
<tr>
<td><strong>Dr. Michael Schlossmacher</strong></td>
</tr>
<tr>
<td><strong>Dr. Barbara Power</strong></td>
</tr>
<tr>
<td><strong>Dr. Robert Bell</strong></td>
</tr>
<tr>
<td><strong>Dr. Anna Byszewski</strong></td>
</tr>
<tr>
<td><strong>Dr. James Chan</strong></td>
</tr>
<tr>
<td><strong>Dr. Heather Lochnan</strong></td>
</tr>
<tr>
<td><strong>Dr. Catherine Gray</strong></td>
</tr>
<tr>
<td><strong>Dr. Debra Pugh</strong></td>
</tr>
<tr>
<td><strong>Dr. Anne McCarthy</strong></td>
</tr>
<tr>
<td><strong>Unit 1—Dr. Robert Bell</strong></td>
</tr>
<tr>
<td><strong>Unit 2—Dr. Heather MacLean</strong></td>
</tr>
</tbody>
</table>
National

Dr. Claire Touchie is Chief Medical Education Advisor for the Medical Council of Canada.

Dr. Debra Pugh is Vice-Chair of the Central Examination Committee at the Medical Council of Canada.

Dr. Samantha Halman is a member of the scientific planning committee of the CCME 2017 and is the Chair of the planning committee for CCME 2018.

Dr. Susan Dojeiji is a Clinician-Educator with the Royal College of Physicians and Surgeons of Canada.

Dr. Jolanta Karpinski is Associate Director of the Specialties Unit at the Royal College of Physicians and Surgeons of Canada.
Key Education Publications in the Past Year


In 1970, an 11-year-old Erin Keely used McCall’s Pattern #6941 to make Raggedy Ann dolls with her mom—the ones with red yarn for hair and a triangle nose. For fun, she sold them at a little store in her home town of Kingston for about 10 dollars. She also used this creative talent to sew her own clothes—shirts, pants and dresses for formals. She did other ‘crafty’ things too, like knitting, embroidery and once made a quilt for an old boyfriend which, she points out, he never gave back. She trained in ballet, swam at the local Y where her Dad was a volunteer coach and at some point, added gymnastics to the mix. To further entertain herself—as if that was necessary—she held imaginary school in the basement where she would yell at her invisible ‘pupils’ to stop talking and pay attention. Erin loved school, and if not for medicine she likely would have become a teacher. When assigned a project she’d complete and hand in two! “I’m sure the teacher thought this was very obnoxious since she’d have to mark them both. Basically, I’d just copy out the World Book Encyclopedia and call it a project”, she recalls. Erin wasn’t a keener though, she just liked ‘doing stuff’ and gaining the kind of satisfaction that only comes from ‘completing stuff’.
Over the years this innate energy to keep busy and get things done hasn’t changed much and this ethos has served her well. It’s a documented fact that what separates successful people from everyone else is the ability to get stuff done—to be a ‘doer’. “To get things finished feels good”, so it’s no wonder then that Dr. Keely is one of those successful people. She’s a full Professor with the University of Ottawa, headed the Division of Endocrinology and Metabolism for 11 years, was responsible for the Department of Medicine’s Medical Education portfolio as its Vice Chair, and is widely praised as an outstanding role model by her colleagues, in particular women within Internal Medicine. The success she’s most proud of however, other than her family, is the work she’s done enhancing communication between primary care physicians and specialists—from teaching and evaluating consult letters to co-founding the highly recognized and nationally acclaimed Champlain BASE eConsult service.

From the charming and stately veranda overlooking the 18th green of the Royal Ottawa Golf Course, where Erin and her husband Rick are members, Dr. Keely talks about family, feminism and the importance of finishing things.

On a supportive family unit:
I grew up in Kingston on a dead-end street, with a circle at the end of it, in the same house my whole life. It had no traffic so we played on the street—it was ideal.

In high school, I always tried to be cooler than I was [laughs]. I had the shag haircut which was just awful, and I did typical stuff like smoking and hanging out. I had one boyfriend through most of university, a guy named John who played football for Queens. And no, my son John is not named after him. Everyone from university goes ‘seriously, you called your son John?’, because we went out for five years. But no, my husband Rick lost a brother named John in a car accident, so he’s named after his uncle.

I had amazing parents and it was just one of those very easy places to grow up. My Dad was an engineer, worked in a plant and my mom stayed at home. Even though Dad didn’t make huge money, my parents always made sure we could do what we wanted to do like go to summer camp My Dad died the day before 9-11, suddenly, in his favourite chair. My mom’s still living, but with dementia. My parents were always very interested in our school and certainly motivated us to do well.

They were interested in what we did and took us to every activity, they never really did much for themselves. My mom would wait in this scuzzy neighbourhood in Kingston for me to finish my ballet lesson. They were great role models and I think I’ve been a role model for my kids as well.

Rick, an oral surgeon, and I just celebrated our 30th wedding anniversary. Our four kids are now aspiring adults. Fortunately they got Rick’s athleticism and sense of humour. Rick and I have both coached or been the trainer for our kids many sports. Up until this year we travelled every weekend for five years to watch John play football at Western. This fall we will watch our daughter Allison play for the Canadian ringette team. Now that the kids are grown I need to work on improving what I do with my off time. I did take up golf, but I’m still not very good. Retirement is not imminent but it’s not that far away.

On three sibling doctors:
I have two sisters: Kathy’s the oldest, a pediatrician and then Sheryl, a retired family physician and then me. Both my sisters started in Phys Ed (now it would be considered Kinesiology) at Queens and both
went into medicine once they finished. We didn’t have anyone in our family who was in medicine so it was Kathy that showed us it was possible. I always liked health sciences so I started in physiotherapy.

I was doing a summer internship at the Victoria Hospital in London when I realized physio wasn’t for me. Sheryl had just gotten into medicine. So, after the second sibling entered medicine I thought maybe this is what I should be doing too. Sheryl was visiting me at the time and we came up with a plan for me to leave physio and try to get into medicine. There was no email, no internet then, you actually had to go and do things in person back in the day. I was stuck in London, so Sheryl went back to Kingston and arranged for me to drop out of physio and registered me in all the prerequisites I needed.

On being a mother of four and having a successful career:

The first child’s the hardest because that changes your life immediately. After that it’s just a blur. You always feel like you are leaving work too early and getting home too late. You have to be willing to accept that life is a compromise—some days the balance tips to family, other days it tips to work. Fortunately for me, Rick was hugely supportive of my career and was able to pitch in and pick up the pieces when needed. I certainly couldn’t have achieved what I have without that. We had a wonderful caregiver who lived with us for 12 years until she had children of her own. That made a huge difference. We always tried to keep her happy, treated her well and compensated her for extra work. Because after all, she’s taking care of our kids!

There was a time when I was negotiating to work four days a week. Well...someone else negotiated on my behalf because I wasn’t allowed at the board meeting. It really surprised me when they reported back that someone was actually afraid that I was only going to work four days a week for Medical Associates and somewhere else the other day just to keep the (tithe) money. I was like ‘yep, that’s what I’m going to do. I’ve got four little kids and I’m going to work somewhere else for a bit more money’. Thankfully I did have people stand up for me in that meeting so it got approved. It gave me a little breathing room.

I had someone once ask me how many days I get home for dinner in a week. What they didn’t realize that if I wasn’t home, there was no dinner. I tried to never stay late more than one day a week. Some people just like to make you feel they are working harder that you. To me, it is better to manage your time and be efficient.

People forget that we, as physicians, are so lucky because we control our schedule so if we want to get to our kids events we just book the time off. I’m a big believer in flexible work hours because I think that makes a huge difference for people to leave early if they need to, without having to take a full day of holidays just to get to a track and field meet. Rick and I didn’t miss many of our kid’s events and we loved being there. We used to have five ice schedules because my son played hockey, two daughters played

“Now that the kids are grown I need to work on improving what I do with my off time.”
ringette and one daughter played hockey and ringette. The other time when four is hard is during back to school shoe shopping. I can remember dragging all the kids into Kiddy Cobbler and trying to get two pairs of shoes for each—it was a disaster. Some things you just can’t delegate to your husband. That, and snowsuits—there’s just no way he’s going to be able to pull that off [laughs].

One family trip I remember...we flew to Calgary and then took a van and drove out to Vancouver. I didn’t have time to go shopping before we went so my poor son...in all the pictures, he’s in his sister’s hand-me-down pink and purple wind shirt because I didn’t have time to get him a boy’s version. We look at those pictures now and laugh.

When I first came to Ottawa during my PGY-1 year, I worked with two amazing physicians: Ian Hart, an Endocrinologist and medical education leader and Peter Garner, an Obstetric Medicine specialist. So, the logical choice for me was to do endocrine and combine it with obstetric medicine. In Endocrinology I like the combination of acute, short term problems and following patients with chronic disease long term and getting to know them. I have followed some patients for over 25 years due to the chronic nature of diabetes and some endocrine disorders. My favourite patients—even though you’re not supposed to have favourites—are the ones that ‘let you inside their world’ so you can really understand how their disease affects their life and how their life affects their disease. It also tends to make you share a little bit of your world with them, so you develop a mutual caring which makes clinic visits a lot more fun.

On medical education in all its forms:

When I was recruited to Ottawa by Phyllis Hierlihy, the undergraduate curriculum was changing from a lecture based curriculum to problem based learning and I was asked to create a new thing called ‘link block’. I had no idea what I was doing. At that time people didn’t get training in medical education, you just kind of did it. John McFadyen, a General Internist and one of the first to do a masters in education helped me pull it together. I can still remember him saying, ‘Erin, you know, you can’t make objectives while you’re watching the hockey game’, because I thought this would be easy, I’d just sit down on the couch and get it all done. He taught me that you needed to put some serious thought into it.

That was my first attempt at curriculum development.

And then I took this systematic planning course run by Meridith Marks and Lisa Moore (mostly at the insistence of Craig Campbell, my division head at the time) and oh my god it was so much fun. Michelle Turek, Peter Magner, Barb Power and a few others and I all did this course together. We went once or twice a month and had modules and homework to do in between. Besides laughing a lot, it really taught us how to approach planning something in the curriculum. This course really gave me a sense that there were skills you needed and that there was a way to do it right. Meridith went on to develop the AIME group and kind of dragged me along.

In addition to traditional medical education I was always interested in provider-to-provider communication. Clare Liddy (a family physician) and I were having coffee in my office and she was complaining about how long it was taking to get patients into our clinic and I was complaining that I was seeing patients that didn’t need to be seen in our clinic. So I said, ‘we should do something about this, we should consult by email’. That was 2009; so we got a small grant and quickly learned that
email wouldn’t pass the privacy requirements, but luckily the LHIN was launching this collaborative space called LHIN Works so we leveraged that platform and their IT expertise. And then everything else just fell into place and it’s grown and grown from there. We have just processed our 30,000th eConsult! We have over a hundred specialty services involved. We have about 80% of all providers in our region signed up and we process about 1000 eConsults per month on our Champlain BASE service. We are leading the Ontario implementation and our model has been duplicated in Newfoundland and Labrador, Quebec and Manitoba. The family doc gets their answer within an average of two days instead of waiting nine months. It makes an impact on patient’s lives because they don’t have to wait and worry. And it makes the primary care doc’s life easier too because they’re not worried and not knowing what to do in the meantime. It’s been very rewarding.

**On girl power and women’s rights:**

Even though we were a house full of women, my sisters and I never really talked about feminism or women’s rights. I think we just always assumed it was there. (although one of my favourite songs was Helen Reddy’s “I Am Woman Hear Me Roar”!) My daughters, especially Jennie and Laurie certainly talk about it though. The recent US election devastated them and brought the discussion to the forefront (they got Hilary t-shirts last year for Christmas and participated in the women’s march!). I think they would define me, and themselves, as feminists. My son will try to get under our skin and get us going by making stupid jokes but I think he is as feminist as the rest of us because he knows I’d kill him if he wasn’t. I’d describe our house as pretty equal in terms of workload although we had our own responsibilities— I don’t cut grass and Rick doesn’t organize family events. I think the responsibilities that women have for their kids are inherently different than their partners in most families. But in the workplace, I just don’t see why the opportunities aren’t always the same for both sexes. Unfortunately the number of women in leadership roles doesn’t appear to be increasing. There is still a bit of an “old boys club” feel around leadership tables so I think there is still room for improvement. I also think there are sometimes issues with women willing to step up to the plate and make that compromise to take on leadership roles. We haven’t made much impact at the division head level—I would love to see more women become Division Heads. For the most part though, I think we’re extraordinarily lucky and the opportunities are there. But every once in a while, you still have to remind people of their unconscious bias.

**On Dancing with the Docs:**

The main reason I decided to participate was in memory of my friend Paul Stothart who had a hematologic malignancy and bone marrow transplant but didn’t survive. I could just hear his voice telling me, ’you’ve gotta do this, it will be fun. You’ve got to get out of your comfort zone’. He was a guy
who really took advantage of all that life has to offer and I think would have been thrilled that I had done it in his memory.

On helping others succeed:

My whole involvement in obstetric medicine came through Dr. Peter Garner. When he got sick and couldn’t return to work I recruited Alan (Karovitch), in part because he’s smart and I knew he would push me to know more but also because I thought he would be fun to work with. You want to work with people who you like to be around and then you want to help them succeed. It’s hugely rewarding and it’s what we should be doing for each other as I can’t imagine it any other way. Certainly, Peter was that kind of role model for me and he was so gracious about it. I can remember when I won a teaching award, he was the first person I told, and he looked so proud because I think he knew he had something to do with that. So, when I look at Alan and think that maybe I played a small role in helping his career, it’s great…it feels good.

“I would love to see more women become Division Heads.”

It was a little bit embarrassing to win [laughs] because I clearly wasn’t the best dancer but I know how to pack an audience. I think it really helped to have my four kids, and their friends there. I did a lot of ballet stuff as a kid, in fact I was asked to try out for the National Ballet when I was a teenager but my mom refused for me because she didn’t want me moving to Toronto. It was fun to try and recreate that. My mom was always the one taking me to ballet lessons and my sisters commented on how thrilled she would have been to see me dance again—it was just good all around.
Dr. Keely’s Customs and Declarations

1. If you could go anywhere in the world for vacation, where would it be, and why?
   Australia, because I haven’t seen much of it yet and I really want to see the Great Barrier Reef before it disappears.

2. Describe a funny/embarrassing moment that has happened to you.
   Shortly after 9/11, I confiscated a pair of handcuffs from my son (he had bought them at the dollar store and was handcuffing himself to the seat at an Ottawa 67’s game). I put them in my purse so he wouldn’t hurt himself. The next day I was flying to Toronto and as I was going through security they found the handcuffs. Because they were a ‘restraining device’ they had to get the police involved. The OPP officer—a very tall, good looking guy—came up and said, ‘feeling a bit sheepish are we?’ thinking they were my handcuffs! Needless to say, I missed my flight and then had to explain to everyone at the meeting why I was late.

3. What 1990’s fashion trend do you miss the most?
   I didn’t know there was a fashion trend in the 1990’s—I was wearing maternity clothes mostly for the first half of that decade and I don’t miss that!

4. Favorite time of year and why?
   Fall because of the colours and the optimism of a ‘new year’ (in school and sports).

5. What is your greatest extravagance?
   Senators season tickets. We have awesome seats behind the Senators bench.

6. If you could trade places with anyone in the Department for one day, who would it be and why?
   I think it would be Barb Power because I’d love access to her wardrobe and her shopping skills.

7. If you could have dinner with anyone (dead or alive) who would it be, and where would you take them?
   It would be my dad and I would bring him to my house so he could catch up with the grandkids.

8. What do you most value in your friends?
   The ability to sit and laugh about everyday events.

9. If your home were on fire, what prized keepsake would you grab on your way out?
   The scrapbooks I made for my kids on each of their 21st birthdays and my husband on his 60th birthday.

10. What do you consider your greatest personal achievement?
    Having a family who genuinely love each other and like hanging out together.

11. What is your principle fault?
    Being too judgmental.
Dr. Keely’s Destination of Choice

Australia Quick Facts

Area: 7,692,024 km² (2,969,907 square miles)
Population: 24,504,100 (2017 estimate)
National language: English
Capital: Canberra (35°18'29"S 149°07'28"E)
Popular landmarks: Sydney Opera House, Great Barrier Reef, Sydney Harbour Bridge, Uluru, the Twelve Apostles, Bondi Beach
Known for: Kangaroos, Vegemite, Ugggs, Blundstones, koalas, wine, the didgeridoo, the dual-flush toilet, WiFi, boomerangs,
Celebrities: Hugh Jackman, Heath Ledger, Paul Hogan, Kylie Minogue, Nicole Kidman, AC/DC, Baz Luhrman, Dame Edna, Steve Irwin,
Medical Research
Once you have tasted flight, you will forever walk the earth with your eyes turned skyward, for there you have been, and there you will always long to return.

— Leonardo da Vinci
Medical

In the past year over $4.9 million was given to DOM members in the form of research salary awards, operating grants, and fellowship grants.
Report from the Vice Chair

Executive Summary

The Department of Medicine (DOM) remains a national and international leader in medical research. Our members have contributed to practice changing research in different spheres of Medicine often through international collaborations leading to high-impact publications. We were very successful in securing external grants funding and salary support despite scarce peer-reviewed grant opportunities.

The DOM is proud to support its members in achieving excellence in health research. In the past year over $4.9 million was given to DOM members in the form of research salary awards, operating grants, and fellowship grants. Two new Internal Research Award competitions were created to ensure collaborations between our clinicians and PhD researchers (Department of Medicine Translational Research Grants) and to enhance our members’ access to data from the TOH Data warehouse and Institute of Clinical Evaluative Sciences (IQ@TOH Big Data Project Support). The sections below highlight our internal commitment to driving our research capacity and some of the major research successes over the past year.

Marc Carrier
MD FRCP MSc
Vice-Chair, Medical Research
Department of Medicine
**Resident Research**

Drs. Curtis Cooper, Director of Resident Research, and Robin Parks, Director of PhD Research, have done fantastic work in organizing and overseeing the 2017 Department of Medicine Research Day. Over 170 trainees, scientists, and physicians attended the event which included high caliber oral and poster sessions, and our first ever highly entertaining Dragon's Den competition! Drs. Jodi Warman Chardon and Marc Carrier were the keynote speakers and provided outstanding talks. I would like to thank all the residents, fellows and trainees who contributed to make this Annual Resident Research Day an overwhelming success and to all the supervisors who have invested time, efforts and energy to ensure a valuable research experience for our trainees and remarkable quality of the research presented. Congratulations to our 2017 Department of Medicine Research Day Winners!

**Oral Presentation Winners**

- Cancer and Transplantation
  Teslin Sandstrom (PhD Student)
- Cardiovascular Disease and Imaging
  Dr. Daniel Ramirez (PGY6 Adult Cardiology)
- Metabolic and Autoimmune Diseases
  Samantha Kornfeld (PhD Student)
- Dragon’s Den Competition
  Dr. Jaclyn Ernst (PGY5 General Internal Medicine)

**Poster Presentation Winners**

- Basic Research
  Naomi Boisvert (Graduate Student)
- Quality and Safety
  Dr. Weiwei Beckerleg (PGY2 Internal Medicine)
- Clinical Research
  Dr. Kirles Bishay (PGY2 Internal Medicine)
- Clinical Research
  Dr. Catalina Hernandez (PGY5 Medical Oncology)

**Department of Medicine Research Grants**

**Developmental Grants**

Dr. **Jeff McCurdy** (Division of Gastroenterology) received a Developmental Research Grant in the amount of $35,000. Title—“The Risk of Venous Thromboembolism in Post-discharge Patients with Inflammatory Bowel Disease”.

Dr. **Mitchell Sabloff** (Division of Hematology) received a Developmental Research Grant in the amount of $35,000. Title—“Dose-extended-Total Body Irradiation and Plerixafor followed by an Allogeneic Stem Cell Transplantation for the Treatment of Refractory Acute Leukemia”.

Dr. **Jennifer Beecker** (Division of Dermatology) received a Developmental Research Grant in the amount of $39,718. Title—“Systemic treatment of Stevens-Johnson syndrome and toxic epidermal necrolysis: A pilot study in advance of a Phase III clinical trial”.

Dr. **Edward Clark** (Division of Nephrology) received a Developmental Research Grant in the amount of $39,988. Title—“Saline versus Albumin Fluid for Extracorporeal Removal with Slow Low Efficiency Dialysis”.

Dr. **Tetyana Kendzerska**—Division of Respirology received a Developmental Research Grant in the amount of $40,000. Title—“Validation of provincial health administrative data algorithms to identify patients with obstructive sleep apnea (OSA): Feasibility project”
Department of Medicine
Translational Research Grants

Drs. Rashmi Kothary and Michael Schlossmacher
(Division of Neurology) received a Translational Research Grant in the amount of $40,000. Title—“Filling a knowledge gap in multiple system atrophy, a lethal disease of oligodendrocytes”.

Research Chairs Currently Held by Department Members

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

University of Ottawa Junior Clinical Research Chairs
- Dr. Girish Dwivedi (Cardiology)—Chair in Vascular Inflammation and Atherosclerosis Research
- Dr. Jodi Warman Chardon (Neurology)—Novel Gene Discovery in Neuromuscular Disease

University of Ottawa Clinical Research Chairs—Tier 1
- Dr. Shawn Aaron (Respirology)—Chair in Obstructive Lung Disease
- Dr. Rob Beanlands (Cardiology)—Chair in Cardiovascular Imaging Research
- Dr. David Birnie (Cardiology)—Chair in Cardiac Arrhythmia Research
- Dr. Gregory Knoll (Nephrology)—Chair in Clinical Transplantation Research
- Dr. Gregoire Le Gal (Hematology)—Chair in Diagnosis VTE
- Dr. Marc Rodger (Hematology)—Chair in Venous Thrombosis and Thrombophilia

University of Ottawa Clinical Research Chairs—Tier 2
- Dr. Gonzalo Alvarez (Respirology)—Chair in Tuberculosis in Canadian Aboriginal Communities
- Dr. Marc Carrier (Hematology)—Chair in Cancer and Venous Thromboembolism
- Dr. Darryl Davis (Cardiology)—Chair in Cardiac Regeneration
- Dr. Lisa Mielniczuk (Cardiology)—Chair in Heart Failure and Pulmonary Hypertension Research

Canada Research Chairs
- Dr. Jeremy Grimshaw (Clinical Epidemiology)—Canada Research Chair, Health Knowledge Transfer and Update
- Dr. Michael Rudnicki (Neurology)—Canada Research Chair, Molecular Genetics
- Dr. Peter Tugwell (Rheumatology)—Canada Research Chair, Health Equity
**Honours & Awards**

Dr. **Harold Atkins** received the OHRI Chrétien Researcher of the Year Award for Multiple Sclerosis (MS) breakthrough that was published in Lancet. Dr. Atkins is a world leader in the field of regenerative and immunotherapeutic aspects of hematopoietic stem cell transplantation.

Dr. **Duncan Stewart** received the Grimes Research Career Achievement Award. His innovative research program using gene and stem cell therapy to treat pulmonary hypertension is bringing the separate worlds of basic research and clinical medicine closer together.

Dr. **Ian Burwash** was the well-deserved recipient of the Canadian Society of Echocardiography’s Annual Achievement. Dr. Burwash has made outstanding contributions to the field, which has impacted patient care, training and research.

Dr. **Antoine Hakim** has received the Canada Gairdner Wightman Award for “outstanding research into stroke and its consequences, and championing stroke prevention and treatment in Canada and beyond.”

**Notable Publications**

Once again, DOM researchers published an amazing number of peer reviewed papers this past year. A representation of the department’s outstanding journal articles from 2016–2017 is presented below.

Drs. **Virginia Roth** and **Alan Forster** led a study that found that screening every patient admitted to TOH for antibiotic-resistant MRSA did not reduce the rates of new infections and cost $1.16M more than screening only those at high risk of carrying the bacteria. Other DoM co-authors include Dr. Kathryn N. Suh (ID).


Dr. **Harold Atkins** and his colleagues led a clinical trial published in JAMA Neurology that has resulted in a Myasthenia Gravis (MG) breakthrough. The team looked back on data from seven severe myasthenia gravis patients who were treated at TOH with an autologous stem cell transplantation. **Co-authors:** Elizabeth Pringle (Neurology), Lothar Huebsch, Isabelle Bence-Bruckler, Mitchell Sabloff, Christopher Bredeson (all Hematology).

Dr. Peter Lawlor co-authored a trial published in JAMA Internal Medicine. This randomized controlled trial found that two antipsychotic drugs commonly used to manage delirium in patients receiving palliative care actually make symptoms worse.


Dr. Shawn Aaron recently led a study which was published in JAMA found that 33 percent of adults recently diagnosed with asthma did not have active asthma. Co-authors: Sunita Mulpuru, Gonzalo Alvarez, Smita Pakhale (all Respirology).


Dr. Dar Dowlatshahi and his colleagues have recently published in PLOS ONE about a mobile tablet-based platform they have developed for stroke patients. The team is now conducting a second feasibility study using a new and improved program for Android tablets, developed in collaboration with Julien Guerinet from Dr. Kumanan Wilson’s mHealth Research Team. The next step will be a randomized controlled trial. Co-authors: Hillel Finestone (PMR), Michel Shamy (Neurology), Grant Stotts (Neurology).


Dr. Greg Knoll published in the American Journal of Transplantation about the research he led on the chances of getting a potentially life-saving kidney transplant and how this varies depending on where you live in Ontario.


Dr. Rashmi Kothary’s group has published in Human Molecular Genetics about Spinal Muscular Atrophy, which was traditionally thought of as a neuromuscular disease, may also affect the immune system.


Dr. Glen Goss led a clinical trial published in The Lancet Oncology about a new kind of personalized therapy available for some patients with non-small cell lung cancer.


Dr. Marc Rodger led a research group that developed and validated a rule that was published in BMJ and could let half of women with unexplained deep vein thrombosis stop taking anticoagulants for life. Co-authors: Drs. Le Gal G (Hematology), Ramsay T (CEP).

Drs. Alexander Sorisky and Teik Chye Ooi recently published in Obesity on why some obese people develop diabetes, heart disease and other life-threatening conditions, while others do not. Experts increasingly believe that part of the answer lies in how fat is stored.


Drs. John Hilton, Mark Clemons and Dean Ferguson recently published in the Journal of Oncology Practice on what is the most efficient way to improve care for cancer patients. The team came up eight key principles which form the basis for their Rethinking Clinical Trials (REaCT) Program. Co-authors: John Hilton (Medical Oncology), Dean Ferguson (CEP), Mark Clemons (Medical Oncology).


**Noteworthy Grants**

This past year DOM researchers were once again successful at obtaining highly competitive peer-reviewed grants. This included the second round of the CIHR Project Grant competition and the third round of the Foundation grants. A special mention goes out to Dr. Lana Castellucci (Hematology) and her American colleagues have been awarded $14.8 million USD by the Patient-Centered Outcomes Research Institute to test the safety and effectiveness of three oral anticoagulants. Drs. Vicente Corrales-Medina (Infectious Diseases) and Girish Dwivedi (Cardiology) were awarded $153,000 from the Heart and Stroke Foundation to investigate whether pneumonia can cause inflammation in the arteries of older patients. Dr. Curtis Cooper (Infectious Diseases) received $17,500 from The Canadian HIV Observational Cohort for: A comprehensive review of hepatitis B characteristics and clinical outcomes in HIV co-infected individuals on antiretroviral therapy.

Dr. David Stewart (Medical Oncology) and Bryan Lo, Pearl Campbell and Craig Ivany led a team that has received funding from Genome Canada to develop a test that can better deliver personalized care for patients with non-small cell lung cancer. Dr. Michael Schlossmacher (Neurology) was awarded $200,000 USD by The Michael J. Fox Foundation for Parkinson’s Research to create research tools that can identify various forms of a specific brain protein that is involved in about half of young-onset Parkinson’s disease cases. Dr. Rashmi Kothary was awarded $300,000 from the MS Society of Canada to investigate a molecule that may be preventing repair of the damage caused by multiple sclerosis. Finally, Drs. Lauralyn McIntyre (Critical Care), Duncan Stewart (Cardiology), Harold Atkins (Hematology) and their colleagues are receiving funding from the Stem Cell Network to support three clinical trials:

- Dr. Lauralyn McIntyre (Critical Care) and colleagues received $1 million to lead the first multi-centre clinical trial of mesenchymal stem cell therapy for septic shock. They recently treated nine patients in a Phase I trial of this therapy. Local co-investigators/collaborators include: Duncan Stewart (Cardiology), Shirley Mei, Dean Ferguson (CEP), Kednapa Thavorn, Timothy Ramsay (CEP), David Courtman and Shane English (Critical Care).

- Dr. Duncan Stewart (Cardiology) and colleagues received $1 million to advance their world-first clinical trial of a genetically-enhanced stem cell therapy for heart attack. Local co-investigators include: David Courtman and Chris Glover (Cardiology).

- Dr. Harold Atkins (Hematology) and Dr. Gary Levy received $216,000 to see if a procedure involving blood stem cells and chemotherapy may be able to reprogram the immune system to prevent organ rejection in liver transplant patients.
Two research teams have also received grants from the CIHR for planning, partnerships and knowledge dissemination: The 4th Ottawa International Conference on Neuromuscular Disease and Biology by Dr. Robin Parks; and Reducing HIV Transmission and Improving Health Engagement among Gay Men in Ontario by Dr. Paul MacPherson (Infectious Diseases).

**CIHR Foundation grants**

- Dr. Shawn Aaron (Respirology)—Identification of Undiagnosed Airflow Obstruction In the Canadian Population: Diagnostic and Management Strategies ($4,152,573).
- Dr. Ruth McPherson (Cardiology)—Genetics and Genomics of Coronary Artery Disease ($1,346,653).

**CIHR Project grants**

- Dr. Lana Castellucci (Hematology)—Apixaban Twice Daily vs Rivaroxaban Once Daily for the Treatment of Venous Thromboembolism: A randomised controlled trial ($1,231,650).
- Dr. Shane English (Critical Care)—Aneurysmal Subarachnoid Hemorrhage—Red Blood Cell Transfusion and Outcome (SAHaRA): A Randomized Controlled Trial ($1,384,650).
- Dr. Dean Fergusson (CEP)—An innovative Trial Assessing Donor Sex on Recipient Mortality (iTADS) ($371,026).
- Dr. Douglas Gray (PhD – Cancer Therapeutics) Co-investigator: Michael Schlossmacher (Neurology)—Assessing the site and mechanism of Parkinson's disease initiation in vivo ($761,175).
- Dr. Kevin Burns (Nephrology)—Endothelial Progenitor Cell Exosomes and MicroRNA Transfer as Therapy for Acute Kidney Injury ($100,000).
- Dr. Lauralyn McIntyre (Critical Care)—Cellular Immunotherapy for Septic Shock (CISS): A Phase II Trial ($100,000).
- Dr. Smita Pakhale (Respirology)—A Community-Based Participatory Action Pragmatic Randomized Controlled Trial using Electronic-Cigarette for Tobacco Dependence in the Inner City Population with a holistic approach ($100,000).
Taking off with
Dr. Kumanan Wilson

In a conversation with one of the Department’s top researchers, Dr. Kumanan Wilson shares his views on boring research papers, the necessity of change and an aversion to parties.

Dr. Kumanan Wilson’s research centre is affectionately named the ‘house’—because it is...a house. Its four floors of modern collaborative spaces provide a Silicon Valley’esque setting for his young and brilliant think tank. This geek pod is just a quick stroll to the Hintonburg Public House, a local pub where today Kumanan insists on sitting in the back to conduct his interview, in the darkest corner of the place. His look bears no resemblance to the staged, lab coat research poses so often seen of him online. Today he’s wearing hip jeans and a Hawkman DC comic hero t-shirt. The fact that he owns an article of clothing with a winged vigilante who fights crime using a flight harness is the first of many things that suggest there might be more to this successful researcher than meets the eye.

Before the rum & Diet Coke coupled with beer nuts have been ordered, Kumanan takes the lead with “So how did all this happen, right? It’s clearly a story he’s told many times and he seems enthusiastic to tell it yet again. Approximately 2000 words later, he’s explained how a chat in the park with a mom, a few thousand bucks and a research house full of 20-something brain power eventually led to his most
significant accomplishment to date: releasing CANImmunize. In case you aren’t aware, CANImmunize is a national immunization app, profiled as a best new app by Apple when it was first launched and, based on its download stats (210,000 and counting), is likely one of the most downloaded Canadian health apps. But that’s not Kumanan’s only claim to fame, just Google his name... but be prepared to scroll through dozens of pages related to his work and accolades.

Below are excerpts from a conversation about boring research papers and the necessity of change.

I’ve been studying immunization and policy for a long time, writing lots of papers and sometimes you wonder if it makes any difference at all—does anybody read them? So, one day, somewhat frustrated with the lack of progress and wondering about the value of my work I happened to be at McKellar Park. One of the moms who had just come from Silicon Valley says to me, “so, you do immunization stuff, what’s up with this yellow card thing? Every time I go to the doctor I forget the yellow cards and have to get more. I can bank on my phone, why can’t we do this on our phone? This is ridiculous.” And I said “this is a great idea but I don’t know how to program.”

So, I pitched the idea to Cam, a family friend who had just finished his first year of engineering and was looking for a summer job. He said, “Okay this sounds interesting, I’ll get back to you,” and I didn’t hear another thing from him that whole summer. Honestly, I didn’t even know if he was working for me. Then, out of the blue he sent me a mock up video of his app and said, “I taught myself how to code.” When I looked at it, I thought, “this is amazing!”

And then I realized that a lot of questions that I’d been dealing with [as a researcher] could also be answered through this app. How do we improve immunization rates?—remind people; how do we deal with anti-vaccine info online?—post accurate information; how do we tell people that vaccines are still relevant?—link to other data sources. So that eventually turned into ImmunizeON which was an IOS app for only Ontario.

A few months and some great press later we formed a partnership with the Canadian Public Health Association and Immunize Canada. Katherine, a 21-year-old ward clerk up on E5, who was working for me as a research assistant, did an amazing job coordinating things. Yulric and Julien, two extremely talented classmates of Cam’s from McGill Engineering, joined the team. And the rest of the team has multiplied from there.

I believe to this day that we’re the only pan-Canadian government endorsed personal medical record app. And this isn’t just your immunization information on its own, this is an immunization management tool. It will tell you while you’re waiting at your appointment what vaccines you’re there to receive and offers you information about them. We have outbreak maps, we now have a kids’ section with the Immunity Warriors comic book and we have a section on pregnancy and immunization which the Society of Obstetrics and Gynecology is helping us with. It’s not just your immunization information, it’s your immunization information in context.

“It’s not just your immunization information, it’s your immunization information in context.”
So, then we launched ImmunizeCA, now called CANImmunize. It has been very well received—the federal Health Minister listed it in her top health achievements in 2014, and in 2015 it won an award from the Canadian Wireless Telecommunication Association. Not only that but we’re starting to get international interest in the app/platform now.

We’ve had glitches with past releases which is very stressful. This isn’t like traditional research. There if you get it wrong it’s unfortunate but you can do a correction. This is immediate. When there’s a problem, if people can’t open the app or they think the data is lost, they understandably get upset. We had to pull the app once for a few days because there was a problem that we couldn’t figure out right away. It took a while and the developers were up all night, but we learned. We learned about customer relations and how to communicate. This is not how I had approached things as an academic.

I learned from running the business how to sell and change my personality, because I had to. There’s no choice when you have a business, you’ve got to make payroll right? I think everybody should do it—learn how to hustle. I had to consider, what do other people want? We don’t typically think of that in academics, because we often feel we know what’s best. Instead I had to find out what other people wanted and give it to them.

So, I go from all these papers that nobody is reading to this app that people are using. And that led to other people approaching me about developing other apps. Dar [Dr. Dowlatshahi] told me about this amazing idea he had for a stroke recovery app (RecoverNow), Dr. Deb Zimmerman contacted us about an idea for a phosphate management app (OKKidney) and Dr. Ian Stiell ran into me in Emerg and complained about nobody reading journals anymore, resulting in the Ottawa Rules app. We created this thing and its concept keeps growing and growing (www.ottawamhealth.ca).

I’ll make the app stuff happen because it’s the future although it’s not my first research passion. Medical students also want this stuff built and there’s not a lot of places to get it done. I’m a social scientist by heart, I want to talk about that stuff. My value has been taking these great ideas, including the immunization app, and making them happen. I’ve learned a lot from this whole process and it’s changed me. I was a social science-y academic, writing papers all the time. I wrote legal papers, political science papers, they’re long, they’re substantive with gravitas, but they’re dry, and I felt nobody read them. I used to first author everything and I had very few people on my team, maybe one. And now there are 20 people in that house. And I’m an introvert. It’s a little stressful. But then I realized—you’re working with these young people, you see them grow up and they’re amazingly talented.

Simultaneously I was working on this other project with Alan Forster and Dean Fergusson using big data for transfusion research. My friend Pranesh Chakraborty is the Head of Newborn Screening Ontario. He cares about all the children with diagnosed rare diseases but I said,
'you've got all this other metabolic data from screening we should link it to ICES,' so that led eventually to the Gates Foundation funding. Nobody else in the world had this data. I think we were one of only three Gates Phase II grants ever given to Canada. Using Canadian data from about a million babies, Steve Hawken, our biostatistician, developed an algorithm to estimate gestational age of newborns after they are born. Phase II funding will allow us to further adapt our algorithm and evaluate our results globally. We just presented to one of their senior guys last week and he said, ‘this is incredible, I’m going to show this to Bill Gates’. Malia has done a great job leading this. I’ve got this amazing team of brilliant young people.

I remember when I had my 40th birthday, I had a Canada Research Chair, I was a fairly well-known policy person, but I wasn’t very happy where I was at in my career, I just felt like I was doing nothing, I was just writing papers and getting the media coverage but thinking there’s nothing real here. Phil Wells does real stuff, his stuff’s impactful. What I was doing met the criteria for academic success but how do you actually make an impact? So now I feel I’m closer to that. People are actually using it and hopefully it will be implemented, and work. It will be amazing to have that kind of impact.

Q&A

More words from Kumanan about being an introvert and passing out while giving a talk.

Tracy Serafini: How would you describe yourself in elementary school? High school? University?

Kumanan Wilson: In elementary school, I had one friend at a time, in high school I was mostly alone. First year university is when I made friends. My brother-in-law taught me how to play squash so sports helped me socialize. Now I look back and, at times, kind of long for those days. I really enjoy being on my own.

TS: What is your clearest memory from childhood?

KW: Reading comic books and playing chess.

TS: Rate your affection for comic books on a scale of 1–10 (10 being completely addicted).

KW: I was brought up on comic books so it’s a 10.

TS: Do you have a collection?

KW: 50 dollars. It was a signed hard cover. I don’t believe in speculating in comics.

TS: Did your love of comic books spark the idea for your Immunity Warriors: Invasion of the Alien Zombies digital comic book?

KW: No. Kim (wife) volunteered me to present to Matthew’s science class at Broadview so I decided to do it on immunization. Star Wars was just coming out so I thought let’s do a space invasion theme. I gave the talk
and the kids got it, and it was up to first year med school level stuff. They weren’t bored, they asked questions, the teachers were quite into it too and I came back to my team and I said I think there’s something here. I’ve been studying anti-vaccinationism for a while and one of my conclusions is that you can’t change an adults mind because they’re set in their ways but kids are keen to learn, you can see it in their eyes they want to learn and they find this stuff cool. All they know about vaccines is a shot so they’re already sensitized to be anti-vaccine so I thought we need to start focusing on kids. And, we need to start using this media cause they’re all into this stuff. Why don’t we do a video?

So, I started to work with Algonquin College, with a guy named Kevin Holmes, and I suggested putting together a movie. But he said movies are a lot of work and they’re hit or miss. This looks like it would work as a comic book—a motion comic book. And I couldn’t believe it because I love comic books [voice raises!] Now I’m in my element because I know comics. I’ve got my 10,000 hours of something and it’s comics. So I wrote a script and made it like a play. We went back and forth and made tons of edits, it was an intense process but it was worth it in the end. I’m very proud of it.

TS: Do you have siblings and if so, are you close?

KW: I have two sisters—10 and 12 years older who live in Toronto. One was the Assistant Attorney General for Ontario, she’s now in private practice. The other was an engineer, then did radiology and then switched to Dermatology—she’s retired now. Both very successful women.

TS: Talk about the key moment when you chose your path to pursue medicine.

KW: I didn’t. I didn’t know what to do in first year university. I loved political science and my Dad was a political science professor but I just decided to do science, I don’t know why. By the way, he thought being a doctor was the most amazing thing in the world. I did quite well in science so I applied to medical school and got into everywhere. I picked Western and was bored for the first two years because it was just rote memorization. But I did model UN and model parliament and debate club. I also had friends in law school. When I went into Internal Medicine residency it became more intellectual, more solving problems and I found that much more interesting.

TS: Why did you choose Internal Medicine?

KW: It was the only thing I didn’t not like. I did surgery—no good at it. OB Gyn—I wasn’t really into it. Emerg—I was terrible at because I’m not quick-thinking. Psych I didn’t mind, but I thought it would be difficult to do it long term. I was more like a reflective type. Internal I liked, I liked the algorithms.

TS: How did you get started down the research path?

KW: Clinical medicine is okay for a while but then you want to be more intellectually stimulated. When I left Ottawa and moved to Toronto, they initially wouldn’t fund me as a researcher so I started work at the Naturopathic College. I helped create a research program there and became a senior scientist. At the College I learned that there are people who don’t believe in vaccines. And that’s where I did a lot of my original research—on anti-vaccinations and alternative medicines.
TS: You said your idea of misery is interacting with lots of people at once and there will be a lot of people at your annual Christmas Party?

KW: I tell Kim that my favourite day of the year is the day after that party because I don’t have to do it again for another 364 days! There’s a hundred and fifty to two hundred people there. I’m in the basement. I will come upstairs every so often to check in but Kim runs the party. I usually go to bed well before all the guests have left. But a couple of times I have called cabs for people to get them out of my house!

TS: Do you find your job/roles to be stressful?

KW: Yes, sometimes. It’s the human interactions that I find difficult. The team is on my side I think, they’ve come to appreciate what I’m doing and they’re probably my biggest advocates right now. Two weeks ago I gave seven talks in seven days. Other people like this stuff but I don’t.

TS: Has it changed your home life since starting the team?

KW: When I was writing my papers I was really brain dead at home because writing is hard. I don’t write that much anymore. But sometimes I just don’t feel like social activities. I have 20 people there, right, and when I’m on service I’ve got my residents too, I’ve got my patients—that’s a lot of people for an introvert to talk to. For a while I was just going upstairs and listening to Radiohead when I got home—blinds closed. I like watching music videos, it’s a right brain thing right and it helps turn off that left brain.

TS: Describe the circumstances of you passing out while presenting.

KW: I sometimes have panic attacks when I give talks. It’s kind of bad, even now. And it’s random. I go up there and I don’t know what’s going to happen. Am I not going to be able to talk or am I going to do really well? It’s usually one or the other. Sometimes I just can’t speak. So, when I was giving this talk to Public Health Ontario about three or four years ago I wasn’t feeling great. I usually get my panic right away but that time I didn’t. But then I started getting cross examined and I just wasn’t feeling good and the next thing I knew Natasha Crowcroft was standing over me—they thought I had a seizure—I had just collapsed. And so I told them to go and sit down so I could finish my talk and then I start slurring my speech. They called an ambulance and brought me to Sinai and said it was vasovagal. I had just gotten new glasses and I think they screwed up the script. Everything was looking wavy, although I’m sure the stress didn’t help. When people tell me they’re nervous before talking I say ‘what’s the worst thing that can happen?’ and then I say ‘let me tell you the worst thing that can happen’. People don’t even remember me passing out. So that’s what I tell them... ‘you can pass out at a talk and the audience won’t even remember it, so don’t worry about it.’

TS: If not for medicine what field would you have pursued?

KW: Something in the humanities. Maybe political science or maybe an entrepreneur. Only just because of what’s going on now. Whatever I’m doing seems to be resonating. And I don’t really understand because I’m not a leader in any way, like personality-wise. I’m not a Phil...
Wells or Alan Forster but it seems to be working and I can’t figure out why. Steve Jobs is one of the stories I find appealing cause he was kind of crazy but he made it work and he was running multiple companies and that’s what I sometimes feel like I’m doing. I think having the social science background really helped me because I have a bigger picture sense of things. I understand from a policy perspective how things work. And to marry that with what’s going on here. I think social scientists have an opportunity to do entrepreneurial stuff.

**TS: 10 years from now, what does success look like for you?**

**KW:** First of all I think we’re in a new model where it’s agile. You’re always iterative, you’re always adjusting, you’re always changing. I think we’re at a unique point in human history and with technology we don’t know what next year is going to be like. I think we need to think about it from a philosophical level and I keep wondering why have we succeeded so far. Dar’s stuff’s amazing. Ian’s app has resonated. Doug’s project Big Life has really taken off. And our immunization thing… what is different? And I think there are two things… one is every one of these people really cared about what they were doing. I’ve been circulating in this place for a while and the problem is that eHealth etc. is procedural, bureaucratic. Dar cares about those stroke patients, Ian cares about his Emerg patients, Doug cares about public health… so ultimately I think it’s about empowering that patient and that physician at the bedside—that would be success. And, if we can make things better for clinicians at the bedside and the patients at the bedside by ensuring they have the information they need that would be great. I’d also love to be involved internationally for immunization. I’d love our Gates stuff to take off…but ultimately, it’s gotta be about empowering people. I’m a libertarian at heart.
Dr. Wilson’s Customs and Declarations

1. What technical advance do you most anticipate?
   AI diagnostic assistance.

2. What talent would you most like to have that you currently don’t possess?
   Better social skills.

3. Which historical figure do you most identify with?
   I’m a Steve Jobs fan.

4. Which living person do you most admire?
   Bill Gates.

5. What faults in others are you most and least tolerant of?
   Most tolerant: difficult personalities if they are productive, least tolerant: elitism.

6. Which words or phrases do you most overuse?
   I have a new plan.

7. If your home were on fire, what prized keepsake would you grab on your way out?
   My most valuable comics.

8. What do you most value in your friends?
   Interesting conversation.

9. Would you describe yourself as a “foodie”? Do you prefer to go out to eat, or cooking at home?
   My wife is a great cook, so I’d eat at home.

10. Name a book (fiction or non-fiction) that has made a lasting impression on you, and why.
    Brave New World by Aldous Huxley had a big impact on me by teaching me that the goal in life is not happiness. I’m also a big fan of Albert Camus.

11. Your six-word memoir ‘Be productive’, is four words short. Are you a man of few words?
    Yes.

12. On a scale of 1-10 (1 being low), how resilient would you consider yourself to be?
    10.

13. How would you prefer to die?
    Painless

14. If you were to die and could choose what to come back as, what would it be?
    I would prefer not to come back.

15. Why not?
    Why would you? Peace, quiet, solitude.
Dr. Wilson’s Destination of Choice

Metropolis Quick Facts

- **Area:** 7,124 km² (2,750 square miles)
- **Population:** 6.418 million (2016)
- **National language:** English
- **First Appearance:** Action Comics #16 (September, 1939)
- **Country:** USA
- **Aliases:** The Big Apricot, The City of Tomorrow, The Monarch City, New Troy
- **Popular landmarks:** New Troy, The Daily Planet, Superman Monument, Centennial Park, Wireless City Movie Theater, Metropolis Museum of Art, Halldorf Hotel, Lexcorp, Hobb’s River and Metropolis Bay
- **Celebrities:** Superman, Doomsday, Bizarro, Supergirl, Brainiac, General Zod, Clark Kent and Lois Lane
Inside an office in the Research Institute hub of The Ottawa Hospital, there's a shelf on which sits a treasure trove of bobble heads and assorted trinkets. The objects on display have been accumulating for a while. Some, like the gyrating head of Albert Einstein, characters from the Big Bang Theory and a stuffed toy chicken pox virus seem right at home in this scientific environment. But others, like the Crazy Cat Lady or Barney Stinson—not so much. Dr. Robin Parks, the owner of this curious assortment, is a PhD Scientist. He's quiet and reserved. Hearing him share little stories behind his cherished mementos feels like a gift; like a door opening just a crack. Take the Pinky and the Brain bobblehead for instance, “I watched that cartoon from way back when. I always liked the fact that the show always ended the same way, ‘Gee, Brain, what are we going to do tonight?...The same thing we do every night, try to take over the world!’”

In contrast to his scattered disarray of collectables, Dr. Parks is habitually tidy, having a posture that suggests an attitude of caution and control. His movements—unobtrusive, his speech—precise, his person—well-groomed and fashionable.
He’s private and does not like to be made fun of. Nor does he like to be caught off guard, as evidenced by his pre-typed answers to today’s interview questions. As a scientist, he’s trained to look at data and come up with the most efficient and logical game plan to move studies forward. This trait however, is not shared by anyone in his family and applies to both small things: the order of how to get ready for bed, and big things: navigating the uncertainty of post-secondary school. Despite trying to help, he’s not sure exactly how much of an impact it’s having.

Frustration with what seems illogical, or inefficient, occasionally applies to his work life as well. Don’t tell his graduate students but every time an experiment doesn’t work due to improper technique he dies a little inside. He’s in the office seven days a week, he meets deadlines, he’s reliable and he self-identifies with many of Canada’s early explorers. In his 20’s, sporting a long curly mane of reddish brown hair, he spent several summers driving across the country, alone, visiting National Parks, camping and hiking, discovering unknown aspects of his native land. Today he’s exploring and uncovering new biological frontiers studying the biology of adenovirus, a common cold virus, as it pertains to its use as a gene delivery vehicle in gene therapy applications. His research career has been highly collaborative and work in his lab, diverse. From discovering approaches to treat cocaine addiction or developing novel therapies to treat neuromuscular disease, and establishing the new, dedicated Neuromuscular Research Clinic, Robin’s work has helped to satisfy his broad-ranging innate curiosity while at the same time improving patient care.

Below, Robin talks about science as an obsession, his new job as a translator and on being a creature of habit.

**On pieces of the past:**

I spent my early years hanging out with my brother building forts and appreciating nature but nowadays we’re not that close, perhaps because we’re very, very different. We grew up outside of North Gower, which is 25 minutes south of Ottawa, in an area that was all farmers’ fields and forest. In grade seven, I moved right into North Gower, which isn’t saying much since it only had about 1000 people. It did however have a corner store and bowling alley so my Dad signed us up for Saturday morning kids 5-pin. I did it for five winters and by the end I was pretty good. Growing up I could pretty much do anything I wanted because my parents had already been through the gamut of everything. My sister and my brother are both older than me, I’m the “baby”. My sister was kind of a goody two shoes and my brother a bit of a hell raiser—I just came right up the middle.

My mother was an entomologist and studied insects back in the day when you didn’t actually have to have any formal training. I believe she worked at the experimental farm and probably just applied for the job and got it. She was also a bit of a model and there are even photos of her modelling the latest, greatest microscope back in the 50’s. When she was 25, her and three friends decided to take a driving trip across Canada. They basically jumped into this little beater of a station wagon and drove. It turns out that one of the ladies she was travelling with was a photographer who became famous. Once the photographer passed away, Archives Canada decided to make a little bit of a story out of it and posted her photos. My mother never mentioned that this had ever happened so I was quite surprised to see all of these pictures of her on the internet. Particularly because, when I was 25,
I drove across Canada and she lectured me on driving by myself and how it’s not safe. And at no point did she ever say ‘oh ya, by the way, I did that too at your age’. Unfortunately, when the photo exhibit came out a few years ago my mother had already passed away so I never had a chance to ask her about it.

On being the guy in charge:

At first I thought about being a veterinarian but then closer to the end of high school I became more interested in sciences, biology in particular. I had already got it into my mind that I was headed to Guelph to the Ontario Veterinarian College. As it happened, the University of Guelph had a very good genetics and microbiology program so I didn’t really alter my plan. I fit in there quite well too, it’s a farm town and not all that different from where I grew up.

At the end of my masters degree I more or less ran out of money—they don’t pay graduate students all that well—and I got a job as a technician working in a lab. I did that for about two and a half years when I realized that I wanted more out of life. Technicians are very crucial to the functioning of the lab but they’re kind of told what to do. So I decided during that time that I wanted to be the guy in charge and I thought that I could probably run a lab which meant I needed to go on to do a PhD and post doc. I went back to the lab where I did my masters because I already knew the system, the biology, and the approaches so I could dive into this really quickly, get my results and then move on. I finished my PhD in two and half years where typically it takes four to five. When I was finishing my PhD, gene therapy was just starting to come into its own at that time and I jokingly said to a friend that I was going to apply to work with a very well respected researcher in that field. It actually became a reality and I got a post doc position at McMaster working on a project that got a bit of notice and so I stayed in the field. I think it’s worked out well.

For those of my generation, once you decide that you really like being a scientist, to a certain extent, it becomes a little bit of an obsession. You always want to get that next result, you always want to get in the lab and move things forward. When I was doing my masters and PhD I’d get up in the morning, go into the lab, come home for dinner then go back into the lab. You end up sacrificing a bit of your personal life and growth, but by the same token, that time is why many of us become somewhat successful at doing science.

On blood and bubbles:

SMA is a motor neuron disease. It’s caused by mutations in the SMN gene that causes reduced levels of the SMN protein. If the patient produces only a small amount of the SMN protein, they are really sick and usually die at a very early age, as young as two. Very recently there was a treatment developed, and made commercially available to patients that causes the cells to start producing more of the SMN protein. Essentially this treatment can take a severe patient and make them less severe, also extending their life. However, only about 40% of patients respond to this therapy—which means we still need more effective treatments.
There are two parts to our study. The first is that we are trying to develop a simple blood test, or an even simpler saliva test, where we can monitor the amount of SMN protein that is being produced by a patient. In this way, we will have a simple method to follow disease progression and therapy response—just do the blood or saliva test and you have your answer. So, we are taking advantage of the fact that all cells in the body release these little bubbles of microscopic material called exosomes and there are millions of them in every milliliter of blood or saliva. We’ve shown that SMN protein is naturally released from cells in these little exosomes, and that the amount of the protein seems to correlate to the disease state—exosomes from a patient have low levels of SMN protein, exosomes from a normal control have high levels of the SMN protein.

The second part of our work is to develop these little exosomes as a therapeutic for SMA. We have shown that we can use a gene therapy approach to dramatically increase the amount of SMN protein in exosomes. We can purify them and sprinkle them on cells in culture to transfer the new protein into recipient cells. We hope to use this approach to turn a severe SMN cell or patient into a less-severe form of the disease. We have shown that it works fairly well in tissue culture models of the disease. Our next step is to test it in a mouse model of SMA.

On getting out of the lab and onto the road:

I must admit that the first time I participated in the Walk for Muscular Dystrophy it was a little bit of a shock. You show up and there’s a lot of people there in wheelchairs, there are a lot of children who are obviously having some difficulties in their life and it’s not something I’d been really exposed to before. Basic researchers don’t see patients. So, I went the first year, and then the second year, and I started to get to know a few people. These diseases are usually progressive so five years ago I may have walked with these kids but now they are wheelchair bound and some of the older people are no longer with us. It showed me that my life is really easy and that other people have things really tough. The least I can do is go out and walk a 5k and raise a thousand dollars. I think the patients and families appreciate getting the scientists out there to show that we care. Getting the graduate students out there is also important. It’s very easy to stay in your lab, do your research, play with your mice and do what you do—but you need to realize you’re doing it for a reason. There are people out there that are afflicted with these horrible diseases and that’s what we do the research for—because there is a ‘real people’ element.

On speaking a different language:

Dr. Jodi Warman and I took over as co-directors of the Centre for Neuromuscular Disease (CNMD) almost five years ago now. MDs and PhDs don’t approach things the same way—not research or life. Our jobs are completely different and over the years, through my work with Jodi and CNMD, I’ve come to appreciate and acknowledge that. Having this two-pronged approach...
to working together, where you have one person who understands the basic side, the other the clinical side, has really benefitted the Centre. When the position came up for Director for PhD Research in the Department, which is essentially in my view the same job I had been doing for the CNMD, I thought I was qualified, applied and got it. In this position I view myself somewhere between a cheerleader and an advocate explaining that PhD researchers do valid, legitimate research. We're trying to understand disease mechanisms and develop new therapies for tomorrow. On the reverse side, clinicians are seeing a lot of interesting cases that may not be straight forward and the basic researchers may have the ability to help them figure out what may be going on using molecular or cell biology. So that's where I fit in, to try and get people to understand that we speak different languages but we've got the same goals in the end. And if we work together we can really enhance both the clinical and the basic research that's going on within the Department of Medicine. I think things like the Department of Medicine Research Day, where we slowly integrated the basic researchers into it is a good thing—it's not as scary anymore because clinicians are starting to hear talks by these people and figure out who they are. Quite frankly, up until now, most PhD researchers in the Department of Medicine didn't really consider themselves part of the department because we didn't see where we fit in. I think that is changing now.

If I can take credit for anything, it's that it was my suggestion that the new Department of Medicine Translational Research Grants should have a PhD scientist and clinician co-applicant to be truly collaborative. And I suggested that they approach OHRI to see if they would partner with the Department to fund the PhD side of the award. Dr. Greg Knoll, Vice Chair of Research for the Department at the time, made it all happen.

I think that a lot of the leg work also needs to be done at the division level. It would be nice if there was a grass roots division level goal of getting these two groups together. Some divisions have embraced this already quite naturally and it's been beneficial to both sides but several of our divisions might not even know they have PhD scientists because they've been out in left field for a while.

On the end game:

I don't have any desire to be Head of an institute or department or anything like that. I just want to try and help people move their research forward. That's where I think I fit in—I'm the problem solver type guy. Research-wise, I think that we've probably been a little light lately, I'd like to do some things that are a little more impactful or recognized a little bit more by my peers. There's nothing better than getting an email from someone that says ‘hey I read your last manuscript and I thought that was kind of cool.' It doesn't have to be a big award, just someone saying ‘hey, I thought you did a good job,' that's success to me.

“It's very easy to stay in your lab, do your research, play with your mice and do what you do—but you need to realize you're doing it for a reason.”
### Dr. Parks’ Customs and Declarations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If you could go anywhere in the world for vacation, where would it be, and why?</td>
<td>I am a big J.R.R. Tolkien fan, and was in awe of how Middle Earth was portrayed in Peter Jackson's &quot;Lord of the Rings&quot;. I don't need to go on &quot;the hobbit tour&quot;, but I'd like to go to New Zealand. Who am I kidding, I'd go on the hobbit tour!</td>
</tr>
<tr>
<td>2. Which talent would you most like to have that you currently don't possess?</td>
<td>I guess there are a few. Personally, and professionally, I'd like to be able to draw better. I can produce a wicked stickman, but I am incapable of drawing anything more complex or delicate. It would be nice to be able to illustrate “what I mean” both at home and work a bit more clearly. I'd also like to be better at giving talks. I always get nervous. I think I usually do an okay job, but I'd like to be better, more comfortable, and more natural at it.</td>
</tr>
<tr>
<td>3. What movie would you want to be transported into?</td>
<td>Lord of the Rings, but only if they have flush toilets and showers, and the war for the rings was over. (Nerd.)</td>
</tr>
<tr>
<td>4. Which actor would portray you in a movie about your life?</td>
<td>Gary Oldman—I just scanned down the list of highest grossing actors and he is the first one that seems a likely candidate.</td>
</tr>
<tr>
<td>5. What childhood fear do you still have as an adult?</td>
<td>I don't like feeling humiliated. Some people can shrug it off, I can't.</td>
</tr>
<tr>
<td>6. Which living person do you most admire?</td>
<td>A hard question for me. Perhaps Barack Obama. He was a politician, but he seemed like a decent man who really wanted to help. He cared about people, and tried hard to do the right thing, or at least what he thought was right. He also had an element of &quot;cool&quot; to him.</td>
</tr>
<tr>
<td>7. What do you dislike most about your appearance?</td>
<td>In getting older, my hair changed from red to brown (and now has quite a bit of grey in it). I miss my red hair—it was a browny-red and not that florescent orange thing that many &quot;gingers&quot; get.</td>
</tr>
<tr>
<td>8. What is your greatest extravagance?</td>
<td>I am a naturally frugal guy, so this is a tough one. Most recently, I have tried to ensure I have nice clothes for when I need to look professional. They don't come cheap, but I do have some really nice clothes. However, I still prefer jeans and a t-shirt.</td>
</tr>
<tr>
<td>9. What is your greatest regret?</td>
<td>I certainly haven’t enjoyed life as much as I could. I like my job, and I like what I do, but it is a big world out there and I have only seen a very small amount of it. That whole thing about “stop and smell the roses” has been lost on me, and I guess I worry a little bit that I am getting older and I’ve missed out on a lot of awesome life experiences.</td>
</tr>
<tr>
<td>10. What do you consider your greatest personal achievement?</td>
<td>Getting my oldest step-son through high school. It was hell. I will not provide additional details.</td>
</tr>
</tbody>
</table>
Dr. Parks’ Destination of Choice

New Zealand Quick Facts

Area: 7,692,024 km² (2,969,907 square miles)
Population: 4,832,890 (2017 estimate)
National languages: English, Māori, New Zealand Sign Language
Capital: Wellington (41°17’S, 174°27’E)
Known for: Māori heritage, Lord of the Rings, penguins, kiwifruit, kiwi birds, unique biodiversity, varied topography, sheep, rugby
Celebrities: Flight of the Conchords, Russell Crowe, Rhys Darby, Lucy Lawless, Taika Watiti, Sir Peter Jackson, Ernest Rutherford, Sir Edmund Hilary
Quality & Clinical Services
Flying starts from the ground. The more grounded you are, the higher you fly.

— J.R. Rim
Quality & Clinical

Every doctor in the Department of Medicine should feel proud of their contribution to helping our care delivery system continually improve—external recognition is rare so we should celebrate it.
Services

Report from the Vice Chair

Executive Summary

In the spring of 2017, The Ottawa Hospital received Exemplary standing on its assessment by Accreditation Canada. In their review, the accreditation team commented on how the physician staff displayed a strong commitment to patient-centered care. The physicians’ efforts were a major reason why the hospital received the highest result possible during an accreditation. Large academic institutions like the Ottawa Hospital almost never achieve this standing. Every doctor in the Department of Medicine should feel proud of their contribution to helping our care delivery system continually improve—external recognition is rare so we should celebrate it.

Department of Medicine (DoM) Quality Program

The DoM Quality program is thriving. Under the direction of Dr. Delvina Hasimja, the Departmental Quality Assurance Program is meeting regularly to ensure TOHAMO requirements are met, to identify common patient safety challenges, and to develop individual education plans to develop their careers in quality.

Every division has a Quality lead along with a hospital counterpart. Together they are driving divisional change (Table 1). Their commitment to the department and the patients we treat is exemplary. The division lead is overseeing a Quality Assurance program which regularly reviews clinical performance data, monitors patient safety, and uses a variety of approaches to ensure patient needs are met.

With respect to the latter, every division has identified a physician to be a patient experience ‘expert’. These doctors have participated in additional training and are helping to lead the way in our ongoing journey to address patient needs.
Our systematic approach to quality assessment allows us to have a better understanding of the system and is leading to an increasing ability to set a priority for quality improvement. Currently, there are seven physician led quality improvement projects being supported by our Department (Table 2). Many of these have also obtained external funding and/or are being incorporated into broader health system level efforts to address particular opportunities in healthcare delivery.

### Table 1

<table>
<thead>
<tr>
<th>Division</th>
<th>Quality Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Angeline Law</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Mark Kirchhof</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Janine Malcolm</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Catherine Dube</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>Delvina Hasimja</td>
</tr>
<tr>
<td></td>
<td>Saraqini</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Shirley Huang</td>
</tr>
<tr>
<td>Hematology</td>
<td>Arleigh McCurdy</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>Kathy Suh</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Garth Nicholas</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Pierre Antoine Brown</td>
</tr>
<tr>
<td>Neurology</td>
<td>Jocelyne Zwicker</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Eugene Leung</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Ed Fitzgibbon</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>Sue Dojeiji</td>
</tr>
<tr>
<td>Respirology</td>
<td>Sunita Mulpuru</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Ines Midzic</td>
</tr>
<tr>
<td>Quality Dimension</td>
<td>Issue</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improving Flow</td>
<td>Preventing hospitalizations by improving access to ambulatory care</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improving access to care in the ED</td>
</tr>
<tr>
<td>Improving Patient</td>
<td>Aligning health services with goals of care</td>
</tr>
<tr>
<td>Centered Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved Safety</td>
<td>Hospital acquired infections</td>
</tr>
</tbody>
</table>
IQ@TOH

An innovation can be defined as “a discovery or new way of doing things that when put into practice results in demonstrable improvements in quality”. Dean Fergusson and I have led the development of IQ@TOH which is The Ottawa Hospital’s Innovation Center. IQ@TOH is designed to facilitate innovation in three areas—healthcare technologies, digital health, and staff empowerment. Its mission is to align clinicians and scientists to achieve healthcare’s quadruple aim.

How will IQ@TOH help the DoM? IQ@TOH is already helping. Samantha Hamilton from The Ottawa Hospital has taught a group of our doctors how to use the “TOH Innovation Framework”. This course was co-developed with physicians from our Department and will be useful for any form of innovation.

IQ@TOH is also facilitating access to data analytics. DoM initiated a program this past year to enable our doctors to obtain support from Dr. Carl van Walraven—a world-leading data scientist. While this program is in early days, there has been a tremendous amount of interest and a few initiatives are underway. Funding provided by the Department will help our physicians initiate and evaluate their innovations by paying for access to the unique data analytics capability within Ottawa without having to develop the technical skills required.

Finally, IQ@TOH is directly supporting Department of Medicine physician led innovation in the following domains—management of patients with rare diseases (Dr. Arleigh McCurdy—Hematology), management of patients with peripheral vascular disease (Dr. Dan Kobewka—General Internal Medicine), and management of medication safety in the elderly (co-led by Drs. Allen Huang—Geriatrics and Babak Rashidi—General Internal Medicine).

Additional Innovation led by DoM Physicians

There are many innovations occurring because of DoM leadership. I will highlight four:

Dr. Erin Keely from Endocrinology and Metabolism has championed the creation of a platform to enable eConsults. By supporting interactions between primary care physicians and specialists using information technology, Dr Keely’s multi-disciplinary team have made a sustainable impact on healthcare in our region—resulting in better access to care at lower cost. The solution is now being used in health systems across the country.

Dr. Kumanan Wilson from General Internal Medicine has developed a method to assess a newborn’s gestational age using blood metabolites. By enabling doctors to determine the gestational age, the technology allows healthcare teams in developing countries to reduce infant mortality. This technology is now being spread in multiple low income countries in collaboration with the Gates Foundation.

Dr. Sunita Mulpuru from Respirology has developed a clinical care pathway based on a patient’s health state. This innovation ensures the entire healthcare team is focused on the patient’s goals of care and are applying best evidence interventions to achieve them. The care pathway is currently being assessed in Ottawa and there are plans to expand to other regions in the province.

Dr. Bill Cameron from Infectious Disease has developed care protocols to administer IVIg by subcutaneous route. This innovation allows patients to administer their own treatments at home rather than having to come in to a hospital for administration. This has resulted in improved patient experience and reduced costs. The province has now changing its funding approaches to enable adoption of the practice.
What’s on the horizon?

The coming year will be busy. In addition, to the ongoing pressures of clinical care and the stress created by changing funding approaches, we have a couple of very high profile change initiatives. The Fusion Project—also known as the Epic implementation—will be all consuming for some of us. After much anticipation, the project has begun. There is a planned launch of the system in June 2019. DoM leadership is involved in project leadership—Drs. Turnbull, Forster, and Geiger have critical roles in this massive change initiative, leading the clinical standards, the benefits realization, and the physician engagement components of the effort, respectively.

Conclusion

In conclusion, it is a great privilege for me to work with the fantastic doctors in the DoM. It is inspiring to see the contributions of everyone. While I have highlighted some prominent initiatives and examples, it should not be forgotten that it is the daily commitment of everyone that makes the difference. Thank you.

Alan J. Forster
MD FRCPC MSc
Vice Chair, Quality & Clinical Services
Department of Medicine
On June 11th 1999, two days before NATO sent in ground troops that ended the 3 month war in Kosovo, Delvina stood outside her family’s home with a gun pointed at her face. Seconds later she heard a click. Then nothing. Then everything—she was still alive because miraculously the gun had jammed. To hear her relive it now, sitting in her peaceful office surrounded by photos of her young family and drawings made by her son Ari, is unfathomable, yet her voice doesn’t shake. Her ability to share such a personal moment in such a matter of fact way is likely ascribed to the realities of war and the injustices she faced. So many fragments from our past stick to our memories and help shape and reshape who we are today. This is one such fragment. And there would be several more just like it as this child of war overcame countless obstacles in the pursuit of her life’s dream of becoming a physician.

Dr. Delvina Hasimja Saraqini is Albanian and grew up in former Yugoslavia in the 80’s, at a time when it was a thriving westernized communist country. She was smart, being ranked as one of the country’s best young physicists and almost certainly guaranteed a scholarship to attend one of the prestigious Balkan Universities.
She had supportive parents, who, despite the patriarchal system and culture of the time, raised their family (five daughters, one son) with the mentality that women were equal, strong and should be both educated and given the same opportunities as men. She had a lot going for her. And then came Slobodan Milosevic and his Serbian regime, and her perfect, happy life disappeared in the blink of an eye.

From that moment on everything that had to do with Albanians such as geography, history, culture, and literature was forbidden. Despite being the majority, they were kicked out of schools and universities, were thrown out of hospitals and fired from other state-run government jobs. They lost everything. Amidst the turmoil of an impending war and with considerable risk not only to herself, but her entire family, remarkably Delvina continued her studies covertly, in an illegal parallel underground education system. She took classes in her sister’s town of Prishtina in warehouses, basements and other hidden alcoves for parts of high school and all of University. As a medical student, she was just a few months away from graduating when NATO launched its first air strike.

Here, Delvina talks about present day through the lens of her life experience, and how drawing from the well of her past has influenced her observations in our own health care system, primarily to improve the quality and care we deliver to our patients.

Q&A

Tracy Serafini: What was it like studying in the underground education system?

Delvina Hasimja Saraqini: We were always looking at our backs, watching for police or other military because if they figured out we were using these houses as schools they would come and arrest us. It was hard, and I was in constant fear of going to jail simply because I was studying. Whenever I would visit my parents, I would have to make sure not to have anything with me that would identify me as a medical student like books, lab coat or stethoscope. Going through military check points I would have to lie about my reason for traveling and tell them I was visiting my sister.

TS: Why didn’t your family leave with the million others who did?

DHS: Because we never thought things would turn out as they did. We thought it was just going to be a couple of nights of bombing and then the Serbian forces would give up and we’d be free and, before we knew it, it became impossible for us to leave. About 25% of my city in the first week got burned and by the end almost 75% of it was destroyed. During the three months of air strikes my family opened their doors to so many people who lost their houses. For most of that time we were close to 70 people living there; it was like being held hostage in your own home. Nothing worked, we had no electricity, minimal food and everything was completely destroyed. Every night there were more and more slaughters and it soon became evident that we were all going to be killed. I remember it was April 13th when they burned down half of my street and killed five people, including a man in a wheelchair and we were all just hoping for a quick and easy death rather than one of the other atrocities.

TS: Share a moment of life-defining change that shaped you into the person you are today.

DHS: The day the NATO ground troops came. It was June 13th, 1999, and it was like seeing God. For the first time in three months we could leave our homes and walk into the streets. There were so many people outside and I remember thinking, “where were all these people hiding?” The desperation we saw in those
faces that day is something I will never forget. They were pale and scared but also excited and hopeful at the same time. Kids were giving the troops flowers and I remember one man took his necklace off and randomly handed it to a NATO soldier. Every single person hiding in my city thought they were going to die so knowing that we were saved and could finally sleep safe in our beds that night was a life defining moment. Unfortunately, to this day there are still close to 2000 people from Kosovo that are unaccounted for, including some of my friends.

TS: What was life like immediately after the war?

DHS: I started translating for a war crime journalist from the Chicago Tribune and we worked together for about ten days. During that time we discovered many mass graves, went into houses where women and children had been tortured and burnt and places where there were scattered limbs and body parts everywhere. We walked through valleys that were full of booby traps to reach remote areas but at that time I didn’t care if I lived or died because we were free, and I needed to tell the world what really happened in Kosovo. Despite the terrible things we witnessed I was never scared or shed any tears. Then one day the journalist and I were making our way through Prishtina and I wanted to pass by my sister’s house even though she had since fled to Macedonia. The regime had blasted her house using small grenades and it was wrecked from the rain and snow. Just before the war broke out and I moved back with my parents, I had sent my medical things to her house. I remember running quickly to her bedroom that day and seeing the keys from my niece’s piano scattered into my books—everything was destroyed. It was at that moment that I completely lost it and broke down in tears. Of course the journalist was trying to figure out what the hell happened, did I see a dead body? So, he comes running up the stairs and asks, ‘what’s going on?’ and I responded, ‘look at my medical books’. To this day, I remember that was the moment I had to let it all go—everything that had happened during the last three months of my life.

TS: How did you end up in Canada?

DHS: I finally ended up graduating from the underground university in May of 2000 which after the war became the legitimate Albanian University of Prishtina and officially recognized by our interim government, the United Nations. After graduation, I thought that I would become a humanitarian worker because based on my experience I thought I could make a difference. But then I got introduced to my husband and my life changed. He’s also from Kosovo, spent seven years in Switzerland as a refugee and then immigrated to Canada because they were looking for engineers. We got introduced through a friend, exchanged emails and started talking then we eventually met in Kosovo and I had to decide—do I want to be a humanitarian worker or settle down and start a family? So I gave him a chance—we got married and here I am [laughs].

The first year in Canada was tough. My friends back home were starting residency and I had to go...
back and sit through anatomy and biochemistry—which drove me nuts. I had to start over, eventually taking the Canadian and American licensing exams. I applied to the US because their system seemed more streamlined and got accepted into a family medicine residency program in Maine then eventually switched into Internal Medicine at Tufts University. Boston was a nice city but it never felt like home. Because I had all my licensing exams in Canada it was very important to take my Royal College exams there as well. After a lot of time convincing my husband we came back.

That whole process was a lot more difficult than it sounds. When I moved to Canada I had a Yugoslavian passport but soon after that, the country no longer existed. I wasn’t a refugee so couldn’t get travel documents based on that status and I couldn’t apply for a UN passport from Canada which meant that I had to go back to Kosovo to apply, but I had no passport to get there. I was stateless for close to two years and couldn’t travel, I couldn’t do anything. I couldn’t believe that after everything I’d already been through, this, a passport, would stop me from reaching my goal. It was the worst part of my life here in Canada because when I moved I always thought that I left that oppression behind me and when it started interfering with my plans here that really bothered me. I eventually got the travel documents after a lot of back and forth between the Canadian and Serbian embassies and when I finally got my Canadian citizenship, I’m like ‘oh my god, finally I belong somewhere.’

When I hear people complaining about stuff, I’m like, ‘you have no idea how good you have it. You should be thankful every day that you are up in the morning, you can breathe air, you don’t have to worry about anything. And, you can make whatever you want from your life if you’re born in this country’.

TS: What got you interested in quality?

DHS: I was always interested in quality. Things like are we using the appropriate guidelines and evidence-based medicine, is care accessible and equitable for everyone, and are we getting the right care for the money we’re spending as a society because I think at times we go through unnecessary tests and I’m glad that right now patients and physicians are more conscientious and organizations such as Choosing Wisely Canada are trying to improve care while dealing with health care costs. I’ve also been involved in M&M rounds from the moment I started on staff here and I feel like there are certain things that we can do better. Recognizing what needs improvement is a very important thing—that’s the part of quality and safety that I want to be a part of.

TS: What are you most proud of?

DHS: The Foley catheter project. Of all the work I’ve done in quality, that has had the most impact in terms of cost savings and patient safety. As clinicians, we’ve see patients we’re trying to discharge but because of the catheters we can’t and so we have to wait until the next day. And, we see complications from Foley catheterization. With a small grant from the Department of Medicine we investigated and found that about 50% of Foley...
catheters have no physician orders and at the same time we found that 50% are unnecessary. This led us to create a physician order set and post-catheter care plan. We also held education sessions for staff, nurses, and house staff and we reduced Foley use from 22% to 13%. As a physician, we should never forget that when we want to achieve quality improvement projects, or even any change, we cannot do it alone. That’s why it’s very important to have a multidisciplinary approach. You need nurses, clinical managers, educators and your executives to be on your side. You also need to make sure your priorities match with the corporate ones.

TS: Why is it important to get quality on the map early, starting at the resident level?

DHS: Quality and patient safety is a part of any clinician’s world so residents in training should prepare now for what is expected of them in the future. Whether they go to work in an academic center or the community it does not matter. In 2015 PQ&S became a crucial part of CANMEDs roles so two years ago we started teaching our GIM fellows approaches to root cause analysis and provided them with tools to carry out a project in Quality Improvement. Last year we introduced Quality Improvement and Patient Safety to the core Internal Medicine residents and part of that program was to ensure they felt comfortable talking about adverse events, disclosure and M&M rounds.

TS: What else do you hope to achieve in your career?

DHS: I’d like people to be recognized for the work that they do in Quality and Patient Safety - obviously, as this is my career path. I’m also hoping that one day this work will make the care that we deliver to our patients safer, more accessible, and more efficient. I’d also love to see The Ottawa Hospital continue to be the Canadian leader in this area.
# Dr. Hasimja Saraqini’s Customs and Declarations

1. If you could go anywhere in the world for vacation, where would it be, and why?
   - Thailand. Love the food and culture.

2. Which living person do you most admire?
   - My parents and my husband.

3. What is your favourite activity outside of the hospital?
   - Being at home cooking... or napping, which is a luxury when you have a kid that never sleeps.

4. Which living physician do you most admire?
   - Dr. Michael LaCombe. He is a Cardiologist, an Associate Editor of Annals of Internal Medicine and an author of many books on being a physician. I had the privilege of working with him during my training. He has been my mentor as well as my second Dad in North America. He believed in me even when I did not.

5. What is your principle fault?
   - Being precise. I’m a ‘black or white’ person. Sometimes people are thankful that you’ve given them a very straight answer but other times people are not ready to hear the answer. I would make a bad politician and in life sometimes you have to be a politician... which I’m learning every day.

6. What faults in others are you least tolerant of?
   - People that complain all the time and yet expect solutions from others - they don’t take charge themselves.

7. If you could trade places with anyone in the Department for one day, who would it be and why?
   - Dr. Alan Karovitch. We’re very similar and I don’t know how he does it. He’s so busy and even when he has to deliver bad news or make tough decisions he does it so graciously. There’s a lot for me to learn from him.

8. What is your greatest regret?
   - Having not started a family earlier. I had my son after 11 years of marriage.

9. If your home were on fire, what prized keepsake would you grab on your way out?
   - I’m not a sentimental person at all. I would like to think that my life experience has shaped me this way. I would make sure that my son and husband get out though.

10. Would you describe yourself as a “foodie”?
    - Do you prefer to go out to eat, or cooking at home?
    - I’m totally a “foodie” but as much as I would love to go out and eat, I’d rather stay at home and cook with good music and glass of wine.

11. What food do you detest the most?
    - Gravy. I don’t know what it is about gravy but I cannot stand it. That’s why being here in Canada for almost 16 years I never tried poutine until very recently. I don’t like the consistency, and how it makes the food mushy.
Dr. Hasimja Saraqini’s Destination of Choice

Thailand Quick Facts

- **Area:** 513,000 km² (198,000 square miles)
- **Population:** 68.863 million (2016)
- **National language:** Thai
- **Capital:** Bangkok (13°45’N, 100°28’E)

**Popular landmarks:** Prasat Hin Phimai, Bridge Over the River Kwai, Khao San Road, Tiger Temple, Sukhothai Historical Park, Grand Palace, The Great Buddha, Ko Phi Phi Lee, Koh Phangon, Koh Kret

**Known for:** spicy & aromatic cuisine, floating markets, martial arts, beaches, spas, Buddhist temples, nightlife, street food stalls, Tony Jaa, full moon parties, Tuk-tuks, Pad Thai
Wellness & Professional Development
Real flight and dreams of flight go together. Both are part of the same movement. Not A before B, but all together.

— Thomas Pynchon
Executive Summary

This past year there has been a welcome opportunity to innovatively join together two key themes resulting in a modification of my portfolio: Wellness and Professional Development. At a time when physician burnout rates are at an unprecedented high and when the rate of change we are all experiencing in our professional lives appears to be overwhelming, we need to take stock and look at what the Department of Medicine (DoM) can do to support our Physicians’ wellness. This is not just about mitigating against or preventing burnout, it must focus on delivering meaning to a physician’s everyday experiences in the healthcare environment. This meaning is crucial to our workplace engagement and job satisfaction, as well as the delivery of compassionate care to our patients and the loved ones who support them.

The DoM’s focus on professional development comes at a time when the Royal College of Physicians and
Surgeons of Canada is also looking to ensure that physician’s professional development meets both the needs of the physicians and the needs of their patients. The CanMEDS roles, namely Medical Expert (the integrating role), Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional are all equally important, but when it comes to patient care the one area of professional development for physicians which is often given less focus is that of Communicator. Over the course of the last academic year (2016/2017) the DoM held 38 Grand Rounds. Faculty felt that these rounds primarily addressed the CanMEDs roles of Medical Expert (23%), Health Advocate (16%) and Scholar (13%). Up until now, we have traditionally measured our CPD outcomes based on participation, satisfaction and learning. However, the challenge moving forward is to measure CPD outcomes based on competence, performance, patient health and community health, something which will be even more challenging as we try to simultaneously develop CPD opportunities which focus on the other CanMEDs roles of Communicator, Collaborator, Professional and Health Advocate. Many would argue that in order for CPD to have real impact on improving physician’s competence, performance and their patient’s health, this is the direction we must take.

Within DoM over the past year we have started to introduce specific CPD to focus on these areas. In March of 2017, Wellness Grand Rounds were delivered by Dr. Jane Lemaire, Clinical Professor and Vice Chair Physician Wellness and Vitality, Department of Medicine, University of Calgary, who delivered a presentation “From Burnout to Wellness”. The DoM also ran a successful Faculty Development Workshop as part of this lectureship on “The Important Role of the Clinical Teaching Unit (CTU) Preceptor: A Focus on the Complex Work Environment” which was well attended by many of our CTU Attending Physicians. In May 2017, the John Seely Professionalism Lectureship titled “Professionalism Excellence—How to Keep it Real in Today’s World” was delivered by Dr. Gurdeep Parhar, the Executive Associate Dean, Clinical Partnerships and Professionalism for University of British Columbia’s Faculty of Medicine. Again, the DoM ran a highly successful Faculty Development Workshop alongside this “Identifying and Remediating Challenging Professionalism Learner and Teacher Situations”.

As part of the Department of Medicine’s ongoing commitment to support the academic and professional development of its faculty, the DoM “Buddy Program”
has now been fully implemented within our onboarding process to provide support to our new faculty recruits, particularly during the first 3-months in their new position. Academic Promotion remains a core value within the DoM and is one way by which faculty members’ contributions are recognized. Work remains ongoing to provide better support to faculty both in preparation to apply for promotion and to assist faculty going through the actual promotion process. In 2016, we launched the Physician Mentorship Program and hope this initiative has and will continue to go a considerable way in helping us achieving that goal.

Dr. Alexander Sorisky was appointed as the DoM Director of Mentorship and I am indebted to him for the significant contribution he has made. Dave Allsop (DoM Process Improvement Specialist) and Tara Routh (DoM Research & Academic Coordinator) have also helped me create and deliver the faculty development program which was designed to prepare mentors and mentees, the DoM Physician Mentorship Guide, and the launch and subsequent coordination of the DoM Physician Mentorship Program. Eight mentor faculty development sessions took place during 2016 (2 were full-day and 6 were half-day). The overall feedback scores were very positive and even more so for the half-day program.

**Figure 1:**

<table>
<thead>
<tr>
<th></th>
<th>Full Day Course</th>
<th>Half Day Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Needs Work</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Good</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Very Good</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Excellent</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Outstanding</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

REFERENCE
To date, 92 faculty have undergone formal mentor training with 79 mentees enrolled in the program. The first annual mentor retreat took place in June 2017 with 17 faculty attending. Work in progress includes a 1-year program evaluation, development of an online mentorship web resource and a research project to measure the impact of the physician mentorship program on physician health, wellness and academic engagement.

Effective communication is at the heart of our commitment to improving physician wellness and professional development. Tracy Serafini, DoM Manager of Communications and Stakeholder Relations, has been instrumental in leading the development of the DoM Communications Strategy based on its core objectives, vision and values. Only through effective communication can we ensure that our faculty are kept well informed and that opportunities for two-way communication to leadership exist to keep us on track to meeting our goals and guide us in our key strategic planning.

We will no doubt face additional challenges as 2018 approaches but the Department of Medicine will remain completely committed to our faculty’s wellness and professional development. It is a great privilege to be charged with this key leadership role and responsibility and to ensure that the Department continues to build on its infrastructure which is meaningful to our faculty and our patients, and infrastructure that helps develop the resilience we will undoubtedly require to cope with all the pressures and changes which lie ahead. I wish you all a peaceful and thoughtful end of the year and hope everyone has the opportunity over the holiday period for some well-deserved rest and time spent with friends and family.

Ed Spilg
MBChB MSc FRCP (UK)
Vice Chair, Wellness & Professional Development
Department of Medicine
Divisional Reports
The secret of flight is this—you have to do it immediately, before your body realizes it’s defying the laws.

— Michael Cunningham
Cardiology

Prior Year’s Divisional Goals

- Pursue faculty recruitment in heart failure, electrophysiology, cardiology-imaging, MRI, adult congenital heart disease, valvular disease.
- Create and implement a faculty expectation and accountability framework to manage physician workloads.
- Conduct a Division of Cardiology retreat to identify solutions for key leadership and workplace issues such as partnership changes, physician health and wellness and faculty expectations.
- Further develop the rapid referral program after ER Discharge; expansion of regional HF program; ensure resources to reduce wait times for EP procedures.
- Develop a data harmonization strategy for the Division of Cardiology to enhance our abilities to produce quality indicators and outcomes, and to perform clinical research utilizing our integrated data holdings.
- Continue Heart Team work in EP, Revascularization and Women’s Health.
- Establish Heart Team in Critical Care Heart Team in collaboration with Cardiac Anesthesia and Cardiac Surgery.
- RCPS Accreditation Residency and 3 AFCs.
- Implement the Ottawa protocol for imaging and management of chemotherapy related toxicity in breast cancer patients.

Most Significant Divisional Accomplishments in Last Academic Year

5-Year Divisional Review—The External 5-year Division Review was conducted in Dec 2016 and we are proud of the results and observations made. It was reported that the morale of faculty, residents, fellows and administrators was very high. Compared to other divisions across the country, there was a much higher than average level of collaboration, collegiality and recognition of individual needs and interest than are seen in other divisions. We received a strong recommendation.

Training Program—The residency training program, under the leadership of Dr. M. Froeschl, as well as the AFCs in Echocardiography (Fellowship Director (FD): L Beauchesne), Interventional Cardiology (FD: D So) and Arrhythmia (FD: M Green) all received successful Accreditation and were considered exemplary programs (November 30, 2016).

Clinical achievements—The following clinical achievements demonstrate our ‘patient-first culture’:

- Performed Ottawa’s 1st Transcaval TAVI (A Dick, M Labinaz, M Boodhwani);
- Implemented a rapid referral process in imaging and cardiology referral clinic (B Chow/J Worrcall (ER));
- Implemented the Ottawa Imaging protocol to reduce radiation exposure (T Ruddy/B Chow);
- Implemented the CPEP chest pain evaluation protocol—rapid access (within 1–4 business days) to a cardiologist and an appropriate test for myocardial ischemia in patients discharged from the ER (C Johnson);
• Implemented routine strain imaging for oncology patient echos, thereby permitting earlier detection of LV dysfunction during cancer therapy (C Johnson, A Law, M Turek, G Small, E Stadnick);
• Rapid Intervention Clinic for Heart Failure patients (L Mielniczuk);
• Triage guidelines for Atrial Fibrillation (D Birnie, L Duchesne)

Research achievements—The Division of Cardiology continually outperforms the national average success rates for peer-reviewed funding competitions and 2016/17 was no exception. Four of our members received their first ever peer reviewed grants as nominated PIs (P Nery, G Nair, S Chih, C Redpath) and personal support was received by L Mielniczuk.

R & D/Commercial achievements—1) JDI announced they received FDA approval for Rb-82 generator originally designed by R deKemp; 2) RubyFill (R deKemp) has received full FDA approval; 3) CMICE-13 patent (T Ruddy) approved in Japan (in addition to US, Canada and Europe)

Our people—Dr. Thais Coutinho was appointed as the Chief of the Division of Cardiac Prevention and Rehabilitation and Chair of the Canadian Women's Heart Health Centre.

Plans for Coming Year

Enhancing our Division—in 2017/18 a series of initiatives to enhance the capacity, organization, and wellness of our Division will be undertaken. Specifically,
• Create an official Associate Divisional Head position.
• Create and implement a faculty expectation and accountability framework to improve mechanisms for accountability in allocating clinical work and protecting time for academic work.
• Enable Faculty development at all levels and all tracks with mentorship and leadership opportunities.
• Increase focus on physician wellness, support, collegiality and respect.
• Re-evaluate funding models to support excellence in clinical care and the academic mission.

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

New Building—With the completion and opening of the new building, our goals are to transition to our new space with minimal operational impact.
Supporting Exemplary Clinical Care

• **Heart Teams**—The Heart Team model was adopted at UOHI in 2016 and aims to provide integrated, patient-oriented solutions with combined multidisciplinary expertise across various specialities and providers. We will continue to support our current teams in Revascularization (Cardiology Chair: AY Chong), Arrhythmia (Chair: D Birnie), Women’s Health (Chair: T Coutinho), Critical Care (Cardiology Chair: M Labinaz) and special teams including Code Shock (Chair: Sharon Chih).

• **Perioperative Cardiac Risk**—Pilot the CCS perioperative guidelines at the General Campus in collaboration with the departments of surgery, anesthesia, and division of internal medicine in order to understand the resource use, patient flow and patient safety implications of a new way of evaluating cardiac risk during non-cardiac surgery.

• **Cardio-oncology**—Enhance our local cardio-oncology research and service by adding cardiac biomarkers and a recently developed clinical risk score to strain echo imaging in order to detect cancer therapy induced cardiac dysfunction early and permit prompt preventive therapy in cardio-oncology clinic.

• **Post-revascularization clinic**—establish clinic to enable quality care and post-revascularization outcomes and quality metrics (B Hibbert, D So).

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

Key Publications & Grants

Publications


Grants

Sharon Chih—Early Post Transplant Cardiac Allograft Vasculopathy: EVAC Phase I Study (Heart and Stroke Foundation $300,000 over 3 years, awarded in April 2017, NEW).

Lisa Mielniczuk—Spironolactone Therapy in Chronic Stable Right Heart Failure (STAR-HF) (Heart and Stroke Foundation $281,648 over 3 years, awarded in April 2017, NEW).

Ruth McPherson—TRIB1 in the regulation of hepatic lipid metabolism: From GWAS locus to function (CIHR Project Scheme Grant $263,753 for 3 years).

Girish Nair—Augmented Wide Area Circumferential Catheter Ablation for Reduction of Atrial Fibrillation Recurrence (Aware)—A multicentre Randomized Clinical Trial. (CIHR—$747,404 over 3 years, awarded May 2017, NEW).

Pablo Nery—Correlation between Arrhythmia Mechanism and Substrate to Ablate Persistent Atrial Fibrillation (COAST-AF) (Heart and Stroke Foundation $205,619 over 3 years, awarded in April 2017, NEW).

Rob Beanlands—Bio-AMI-HF Study: Role of Biomarkers in Optimizing Imaging Directed Management in Ischemic Heart Failure (Heart and Stroke Foundation $289,338 over 3 years, awarded in April 2017).

David Birnie—Cardiac Sarcoidosis Multi-Center Prospective Cohort (CIHR Project Scheme Grant $600,135 for 5 years, awarded July 2016).

Calum Redpath—Reducing Sudden Cardiac Death via ICT: coordinated use of information and communication technologies (ICT) to empower patients and their families to reduce sudden cardiac death post myocardial infarction. (CANet Strategic Research Grant—$445,000 over 2 years).

Riina Kandolin (Supervisors Lisa Mielniczuk and Rob Beanlands) Neurohormonal adverse remodeling in chronic heart failure; validation of a novel imaging approach & evaluation of right heart failure targeted treatment (STAR-HF) (Banting PFD Fellowship—$140,000 over 2 years).

Alex Stewart—Genetic mechanisms of arterial calcification (CIHR Project Grant, $554,625 over five years, awarded May 2017)
Honours & Awards

- **Ian Burwash**—2016 Canadian Society of Echocardiography Annual Achievement Award.
- **Terry Ruddy**—2016 Canadian Society of Cardiovascular Nuclear and CT Imaging Annual Achievement Award.
- **Kwan Chan**—2016 Canadian Cardiovascular Society Distinguished Teacher Award
- **Peter Liu**—2017 Canadian Annual Achievement Award for the Canadian Heart Failure Society.
- **Lisa Mieleniczuk**—Mid-Career Investigator Personal Award from the Heart and Stroke Foundation.
- **DoM Awards**: **M Sadek** (Bedside Teaching Award), **B Chow** (Mentorship Awards), **C Barlow** (Chairman’s Cornerstone Award).
- **Luc Beauchesne** elected as the Governor-Elect for ACC for Ontario.
- **Rob deKemp** accepted the position of Chair of the Technology Committee for ASNC.

Leadership

New Appointments:

- **Thais Coutinho**—Chief, Division of Prevention and Rehabilitation and Chair of the Canadian Women’s Heart Health Centre
- **Chris Johnson**—Department of Medicine Director of Postgraduate Medical Education
- **Nadine Gauthier** appointed Assistant Program Director for Internal Medicine and Unit 1 Chair in Undergraduate Education
- **Ellie Stadnick** appointed the Undergraduate English CV Block Content Expert
- **Chris Johnson**—Site Director of Cardiology, TOH General Campus

A Selection of Existing Appointments:

- **Michael Froeschl**—Education Director for Cardiology (and Residency Training and Fellowship Director)
- **Peter Liu**—VP Research, Chief Scientific Officer, UOHI
- **Nadine Gauthier**—Director Core French Cardiovascular Block Program

Recruitment & Departures

In 2016–17, we welcomed **Dr. Gary Small** and **Dr. Ben Rotstein**, PhD (UOHI Scientist). We also said good-bye to **Dr. Girish Dwivedi** and **Dr. Robert Lemery**.
Clinical Epidemiology

Prior Year’s Divisional Goals

In 2016–17 both Dean Fergusson and Jeremy Grimshaw:

- enhanced and enabled research in the Department of Medicine
- assisted with academic promotions
- assisted with Department of Medicine recruitment
- promoted Department of Medicine's research visions and activities within the Ottawa Hospital Research Institute

Most Significant Divisional Accomplishments in Last Academic Year

The Clinical Epidemiology Program accomplished a variety of initiatives in the 2016–17 academic year. Two that we would like to highlight are:

REthinking Clinical Trials (REaCT) Program

Despite decades of research and the investment of billions of dollars, there are many unanswered questions that continue to plague the treatment and care of cancer patients. Clinical trials are an important way of testing new ways to treat a disease, yet the number of patients actually entering clinical trials continues to fall. It is time to think outside the box and redesign how clinical trials are conducted. Trials should focus on answering questions that affect patient’s lives in a concrete way today. The REthinking around Clinical Trials (REaCT) Program proposes an innovative trial design that uses the knowledge and methodologies we use every day to come up with a new gold standard of care and treatment effectiveness.

REaCT is an ongoing research platform that supports innovative clinical trial methodology with a particular focus on breast cancer treatments and standards of care. First and foremost, the REaCT program engages and empowers breast cancer patients and their health providers to help define and evaluate important questions related to management and treatment choices. Secondly, it builds capacity by attracting researchers with a focus on shifting their programs to include more innovative methodology. REaCT also contributes to encouraging the use of health system information and digital technologies on a grand scale. Finally, REaCT increases the awareness and intensity of patient-oriented research in women with breast cancer. This is an area where comparative effectiveness trials to determine best practices are notoriously lacking. We aim to expand the REaCT program to a national level in order to make a more robust impact on the advance of health-related knowledge, research, and importantly, care.

The Excelerator translational model

All components of the Excelerator model contribute to the design of optimized clinical trial protocols of novel therapies and diagnostics; helping improve the feasibility, safety and efficiency of translation; and thereby increase chances of success. First, we synthesize all available preclinical studies and clinical studies of our proposed therapies to establish safety. This includes a review of therapy and treatment failures to identify clinical patient-related factors that may have led to these outcomes. These reviews will provide the evidentiary basis required by ethics boards and regulatory agencies to proceed to a clinical trial and guide its design. Second, we use knowledge translation techniques (surveys, interviews) to identify patient, clinician, and institutional barriers and facilitators to conducting clinical trials of our proposed IBD therapies and diagnostics. Third, we perform early economic evaluation of our therapies to estimate the maximum cost at which it can be brought to market and still be considered feasible.
Fourth, we “test” various eligibility criteria and other trial design elements in retrospective cohort studies/registries using Canadian data to realistically estimate the expected number of eligible patients, identify suitable trial sites, and model trial enrollment time. These five component projects inform pre-trial protocol development meetings in which investigators and knowledge users will finalize potential eligibility criteria, relevant outcome measures, and trials sites for an interventional trial. Finally, we conduct a prospective cohort study of control patients to provide a ‘real-world’ test/feasibility assessment of proposed eligibility criteria and outcome measures.

Plans for the Coming Year

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

Key Publications & Grants

Publications


Grants

Co-PI: Dean Fergusson

Co-PI: Dean Fergusson

Co-PI: Dean Fergusson, Alan Tinmouth, Michael Chassé

Co-PI: Dean Fergusson


Co-PI: Jeremy Grimshaw


2015–2018. SPOR ($1,867,000). A Provincial Implementation Science Laboratory: sequential, pragmatic randomized trials and policy-oriented evaluations of large-scale quality improvement initiatives. PI: Jeremy Grimshaw


Critical Care

Prior Year’s Divisional Goals & Most Significant Accomplishments

Dr. Lauralyn McIntyre led the Cellular Immunotherapy for Septic Shock (CISS) program, which examines the use of mesenchymal stem cells in the management of septic shock for critically ill patients. This program has received grant and financial support from Canadian Institutes of Health Research (CIHR), the Ontario Institute for Regenerative Medicine, and Critical Care Medicine, and has received media attention from print and television media for its innovation in clinical research for critically ill patients. The CISS study has now received Phase II trial support for CIHR for 2016–2018.

Drs. Aimee Sarti and Pierre Cardinal have continued to establish Critical Care as a national and international leader in systems needs analysis and educational system-level interventions on multiple fronts in 2016–17. Dr. Sarti’s and Dr. Cardinal’s work received grant and financial support from the Royal College of Physicians and Surgeons of Canada (RCPSC), the Ottawa Hospital Academic Medical Organization (TOHAMO), the Department of Medicine and the Critical Care Medicine, and system-level grant support from the Trillium Gift of Life Network (TGLN). Dr. Sarti’s, Dr. Cardinal’s and Dr. John Kim’s study comparing theatre-based simulation vs. traditional methods in system-level needs assessment was published by Critical Care Medicine in 2016. Finally, in collaboration with Dr. Michael Hartwick, Drs. Sarti and Cardinal developed a national curriculum development in physician communication skills with organ and tissue donation that is now distributed by the Trillium Gift of Life Network.
Dr. Shane English continues his research program examining red blood cell (RBC) transfusion and resuscitation during subarachnoid hemorrhage (SAH). He now leads the SAHaRA group, who are conducting a multi-center phase 1 randomized control trial (RCT) examining the effect of different RBC transfusion strategies on neurologic outcome following SAH. Dr. English’s work has received grant and financial support from CIHR, Canadian Blood Services (CBS), The Department of Medicine and Critical Care Medicine, and the pilot trial has recently been successfully published in BMJ Open. Dr. English also continues his research in traumatic brain injury as a member of the Canadian Traumatic Brain Injury Research Consortium (CTRC). This work offers the clear potential to improve outcome after both SAH and traumatic brain injury.

Plans for the Coming Year

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

Critical Care seeks to further its commitment to excellence in clinical care and quality improvement by the development of 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, with pilot phase implementation now planned for early 2018.

Critical Care also seeks to consolidate its status as leaders in medical education and system change management. Drs. Sarti and Cardinal seek to expand their recent development of organ and tissue donation national curriculum into the domains of end-of-life care, in collaboration with Dr. Hartwick. Critical Care continues its leadership with the completion of the revised National ACES program book, led by Dr. Pierre Cardinal; and in bedside point-of-care ultrasound (POCUS) evaluation tool validation, led Dr. Scott Millington.

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

Critical Care expanded on its commitment to excellence in quality of care and patient safety (QuSa) with the creation of a new QuSa section in 2016–17. Dr. Rosenberg (Knowledge translation), Dr. Gianni D’Egidio (complex systems analysis), Dr. Kwadwo Kyeremanteng (strategic modeling), Dr. Sherissa Microys (Anesthesiology) and Dr. Dalibor Kubelik (Surgery/Vascular Surgery) bring multi-speciality QuSa expertise that Critical Care believes will ensure ongoing success in both clinical QuSa initiatives and in QuSa scholarship.
Key Publications & Grants for Internist Intensivists

**Publications**


**Grants**

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


2016–17 Trillium Gift of Life Network ($380,000): Aneurysmal SubArachnoid Hemorrhage—Red Blood Cell Transfusion And Outcome (SAHaRA): a Pilot Randomized Controlled Trial. Principal Investigators: **A Sarti, P Cardinal**

Honours, Awards & Leadership

Drs. Michael Hartwick and Hilary Meggison received the TOH Guardian Angel awards for 2016–17, in recognition of their exemplary roles as advocates for patient care at The Ottawa Hospital.

Dr. John Kim and Ms. Catherine Youngson accepted the TOH Award of Excellence on behalf of the Critical Care Accreditation team for its efforts as a hospital leader in Accreditation preparedness, helping TOH achieve an Exemplary status from Accreditation Canada in 2017.

Dr. Michael Hartwick serves as the Regional Medical Lead for Organ Donation for Trillium Gift of Life. Drs. Hartwick, Cardinal and Sarti are currently collaborating on national curriculum development for physician communication with organ and tissue donation.

Dr. Sarah McIsaac (ICU Fellow) received the award for Top 5 Research Paper for the Royal College of Physicians and Surgeons of Canada International Conference on Residency Education (ICRE).

Dermatology

Prior Year’s Divisional Goals

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

Most Significant Divisional Accomplishments in Last Academic Year

The Charlie Logue Dermatology Centre of Excellence is nearing completion on the fourth floor of the Civic Parkdale Clinic. Phase 1 has been completed and the dermatology outpatient services at the Civic were transferred to the new centre as of August 2017. Full completion is expected by January 2018. The Division, in cooperation with key community members and the Ottawa Hospital Foundation, have raised over $3.5 million to fund this project.

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

Dr. Jim Walker has stepped down as interim division head, but will continue to be a member of the division. Jim’s impact on the division over the years has been tremendous. He has been instrumental in the planning, funding and construction of the new Dermatology Centre of Excellence. His vision and ideas will continue to impact the division for years to come.
Dr. Scott Bradshaw, our lead community dermatopathologist, and the lead pathology educator of our residents has been appointed assistant program director. Our residents are extremely fortunate to benefit from Scott’s teaching and mentorship.

Dr. Jennifer Beecker continued her remarkable contributions to the research environment in the Division. This year she led the Division involvement in a psoriasis registry and was able to hire a research coordinator to facilitate ongoing and future research projects.

This year we celebrate the 50th anniversary of our residency training program. Despite some recent setbacks, the program continues apace and looks forward to a special commemorative meeting in September 2017.

Plans for the Coming Year

We will continue our efforts to recruit dermatology clinicians and academics to Ottawa. We will complete the Dermatology Centre. We plan to organize a dermatology CME day. We will continue to improve the dermatology residency program and act on the Royal College suggestions. We will continue our pursuit to obtain operational funding from TOH and strive to improve our financial health.

Key Publications & Grants

Publications


Grants

Dr. Jennifer Beecker was awarded the Department of Medicine Developmental Research Grant ($39,718) and a Canadian Dermatology Foundation Grant ($30,000) for her work as the Principal Investigator in a Phase III randomized trial of the treatment of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis comparing supportive care, cyclosporine, and biologic therapy in adults (NATIENS Study Group).

Dr. Jillian MacDonald was awarded a TOHAMO Quality & Patient Safety project grant ($20,000) for the project entitled "Patient Satisfaction, Preference & Knowledge Retention after Mohs Micrographic Surgery: A Cluster-Randomized Controlled Trial of Video & Website Education".

Dr. Michele Ramien was awarded a Pediatric Dermatology Research Alliance Team Grant ($25,000) for the “North American Study of Pediatric Stevens-Johnson syndrome and TEN: Setting diagnostic criteria, systematic review and retrospective cohort analysis comparing outcomes of common treatments” and a CHEO Research Institute—Research Growth Award ($22,484) for a study of the “Ottawa Clinical Criteria for Pediatric Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis and Multicenter Retrospective Cohort of Adjuvant Therapy”.

Honours and Awards

Dr. Louis Weatherhead has been invited to sit on the new Provincial Skin Cancers Advisory Board.

Guardian Angel honour roll for 2016–17 included Dr. Melanie Pratt and Dr. Jennifer Beecker.

Dr. Steven Glassman won the Department of Medicine Professionalism and Collegiality Award.

Endocrinology & Metabolism

Prior Year’s Divisional Goals

My Chart Evaluation; Endocrinology was an early adopter of The Ottawa Hospital (TOH) MyChart initiative. MyChart was translated into a scholarly opportunity led by Drs. Erin Keely and Mary Anne Doyle, along with our chief resident Dr. Jill Trinacty. They delved into patient and physician experiences with this innovative access to personal health information and their results were presented at Research Day.

The Endocrinology and Metabolism resident training program received full and exemplary accreditation thanks to the enormous efforts of many, and especially our past and new Program Directors Drs. Janine Malcolm and Amel Arnaout.

Revitalization of our clinical research centre is well underway, with multiple industry and investigator led studies initiated, planned and completed. High impact studies including the Empa-Reg Outcome Study, published in the NEJM and included TOH Endocrinology as a key contributing site. We are proud to offer our patients opportunities to participate in world class clinical trials.
Most Significant Divisional Accomplishments in Last Academic Year

The clinical scholars program has enabled us to recruit amazing junior faculty including Dr. Mary Anne Doyle who has met the qualifications of the RCPSC Clinician Investigator Program and has completed her MSc in clinical epidemiology. Dr. Heidi Dutton will soon complete her CIP and MSc.

Dr. Christopher Tran is well into his second clinical scholar year with support from a Department of Medicine Fellowship Award and we welcome Dr. Stephanie Dizon as our newest clinical scholar-DoM Fellowship Award recipient.

Dr. Janine Malcolm, Specialist Lead for Diabetes and Vascular Health for the Champlain LHIN and Divisional Quality Lead will use her expertise to lead us through several quality improvement initiatives focusing on improved glycemic control for hospitalized patients. Dr. Malcolm has completed the Advanced IDEAS program and has great success with demonstrating impact and uptake regarding diabetes care protocols and order sets.

Accolades, publications and major grant funding are key indicators of the continued success of Champlain Base eConsult, a truly practice changing program. Co-founded by Dr. Erin Keely (Specialist Lead) and Dr. Clare Liddy (Primary Care Lead) the footprint for eConsult expanded across the country and in addition to improving patient care, has influenced education primarily by providing a high-level analysis of physician learning needs.

Plans for the Coming Year

Endocrinology and Metabolism will focus on further enhancing the patient experience in our ambulatory care clinic environment. With the expertise of Dr. Janine Malcolm, our Quality Lead, we endeavor to tackle the wait time issues including wait lists and in-clinic waiting times.

The major success of our scientists and clinicians, evidenced by high impact publications, inspires us to further foster our translational collaborations.

Leveraging technology and informatics is key to improving the management of patients with diabetes, especially their glycemic control. Look for us to be early adopters of new digital systems and endeavour to integrate with our new HIS.
Key Publications & Grants

Publications


Grants

Doyle M-A. The Effect of Weight-Lowering Therapies on Arterial Stiffness in Patients with Type 2 Diabetes and Non-Alcoholic Steatohepatitis. 2016 Diabetes Junior Investigator Award (Bronze), Astra-Zeneca.

Dizon S, Pugh D, Malcolm J. Use of OSCEs in Endocrinology & Metabolism to expand skills assessment in Competency Based Medical Education. Department of Medicine Medical Education Research/Medical Innovation Grant.

Liddy C PI, Keely E co-PI. Building access to specialist care for remote, rural populations through eConsultation (BASE).

Keely E PI, Tran C co-PI, Lochnan HA co-I. Leveraging the Champlain BASE eConsult service to enhance practice-based learning in ambulatory care. DIME.
Honours and Awards

Congratulations to Dr. Amel Arnaout who received a TOHAMO 2017 Physician Leadership Development Grant. Dr. Arnaout plans on attending Kline in the fall, which is a week-long course in Toronto.

Dr. Heidi Dutton was awarded a University of Ottawa Canadian Fellowship for New Faculty Scholarship for her to pursue a Bariatric Fellowship and Epidemiology Master’s degree and Dr. Dutton also received a Canada Graduate Scholarship (awarded by CIHR) for her thesis project entitled “Pregnancy-related metabolic complications and associated newborn screening analyte patterns” May 1, 2017–April 30, 2018.

Congratulations to Dr. Mary-Anne Doyle for being selected as one of AstraZeneca Canada’s three finalists for the 2016 Diabetes Junior Investigator Awards.

Congratulations to Dr. Shajia Khan who is the recipient of the 2016 “Jeff Turnbull Healthcare Advocacy Award”.

Gastroenterology

Most Significant Divisional Accomplishments in Last Academic Year

Clinical Care

The division is currently up to 4 hepatologists by hiring Dr. Tsien who now leads the end stage liver disease and the pre/post liver transplant program at TOH. In partnership with The Ottawa Hospital (TOH) we have also hired an experienced full time transplant coordinator nurse. Additionally, the division has hired a fifth clinical Hepatologist who will start in Nov 2017 as a clinical scholar while completing his Master’s in education. This role will support the high demand inpatient and outpatient hepatology program and buffer for imminent retirements. Dr. Erin Kelly has taken over as Divisional Hepatology Lead.

Dr. Ralph Lee completed a seven-month sabbatical in advanced endoscopic mucosal resection in Sydney Australia with the top EMR expert (Dr. Michael Bourke). The division hired a new Clinical therapeutic endoscopist—Dr. Sana Keshil—with expertise in endoscopic ultrasound to support the hepatobiliary program benign and oncology program as well as the endoscopic microsurgery program. Drs. Rostom, Gregoire, and Dhaliwal have completed training in another advanced technique called endoscopic submucosal dissection which allows en block resection of early invasive GI neoplasia (University of Florida with Dr. Peter Draganov). Dr. Dhaliwal has now completed well over 50 endoscopic Zenkers’ diverticulotomies with very good safety and efficacy results. To support these advanced techniques, the GI division has purchased animal scopes and developed an explant organ and live animal lab at the University of Ottawa/TOH simulation Centre.

The division has also purchased an advanced radiofrequency ablation generator and have started a single common evidence based pathway for the intake and management of LHIN patients with Barrett’s esophagus. In addition, the division performed the first cases at TOH of direct endoscopy of the bile ducts with endoscopic stone lithotripsy (Dr. Gregoire). These cases were performed using a new single use bile duct endoscope called Spy Glass and were funded by the division for TOH patients.
**Improved Clinical Care Pathways**

The division developed and continues to refine several key clinical care pathways that were required for optimal GI patient care. These were: improved ER referral pathways and patient flow; centralizing referrals for key GI areas such as hepatology, Barrett’s and therapeutics; improved IBD care pathways and emergency access; and improved outcomes in common GI procedures. The division continues to work on the remaining major clinical care gaps identified in the previous clinical needs document and the GI divisional recruitment plan.

The ER paracentesis pathway partnership between ER, Radiology and GI has now been running for over a year and has significantly streamlined the care of end stage liver patients with persistent ascites. The division has also worked with ER to streamline outpatient urgent referral requests. The division is still working with corporate endoscopy administration to implement an ER central referral intake clerk and emergency scheduling process for all ER GI referrals.

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

The division took a leadership role in the newly implemented corporate PEG tube insertion and management guidelines as well as the enteral feeding guidelines. The division has implemented an evidence based Barrett’s pathway based on current guidelines that is strongly modelled after the highly successful Alberta Health Services pathway.

**Research Infrastructure**

The division continues to see important improvements in research productivity and infrastructure. The division employs a full time PhD level research coordinator with research, analysis and writing skills. This coordinator is supporting multiple investigator initiated studies and publications. The division has 2 funded IBD research coordinators and is in the process of hiring an Hepatology research coordinator. This adds to industry funded IBD research coordinator.

The division has been supporting a hepatology Clinician Scientist, Dr. Angela Cheung who is currently completing a three year research fellowship at the Mayo Clinic. Dr. Cheung will start in mid 2019 in alignment with expected retirements. Additionally, the division is on track to hire an epidemiology trained clinical nutrition expert in the summer of 2018. The division continues strong research ties with the GI groups in Calgary, Toronto, ICES, McGill, and the University of Florida.

**Education**

The division continues to build on its educational mandate, both locally as well as nationally and internationally. The Division supports a CAG accredited and supported national Skills Enhancement in Endoscopy (SEE) Centre. The Centre offers four yearly live endoscopy courses for practicing GI docs, surgeons, and GI pediatricians (CHEO). The centre also runs live endoscopy courses for GI fellows and colorectal surgery fellows. As of summer 2017 there are 15 local LHIN, and Ontario endoscopists on the wait list. Internationally, the Division has partnered with Dr. Peter Draganov of the University of Florida to collaborate on basic and advanced endoscopy education.

Dr. Ralph Lee is taking a major role in local advanced polypectomy and EMR training—bringing back his sabbatical learnings to TOH staff and residents. Dr. Majdi Boulos has joined the division in a major inpatient clinical role and to support the French GI block.
Plans for the Coming Year

The Division’s Goals for the upcoming year are to follow our updated 5-year strategic plan. The hallmark of this plan is to: a) continue to fill the remaining clinical care gaps through strategic recruitment and program development; b) improve the quality and efficiency of care for TOH patients with GI disorders through hospital and LHIN wide collaboration; and c) continue to build and support academic infrastructure in support of research and education as well as to develop the next-generation GI leaders; d) further build the GI divisional practice plan.

For the next year, the division will lay the groundwork for the start of two critical GI clinical programs at TOH. Dr. Barbara Bielawska has completed successful interviews and will start at TOH in July of 2018 as TOH Medical Lead for inpatient TPN and enteral nutrition and will support Dr. Sanjay Murthy in his role as the Home TPN Medical Lead. The two together will form a strong nutrition program at TOH and will be able to cover each other’s roles during vacation or illness. Dr. Stephanie Canning will also be returning to Ottawa to lead a new multidisciplinary Gastrointestinal Motility Program.

Regional Coordination continues to be a key priority for the Division. Significant strides have been made in the last year. The next year will see continued work, in particular in regional resource planning for the implementation of FIT colorectal cancer screening in the Champlain LHIN and, more relevant here, its impact on TOH.

Dr. Rostom will run the first National CAG polypectomy course which he co-leads with Dr. Kevin Waschke (McGill University). This course is for practicing physicians and will be held in Jan 2018 at the TOH/University of Ottawa simulation center using animal models and divisionally purchased endoscopes for animal use.

Key Publications & Grants

Publications


Grants

**Murthy S.** University of Alberta—Future Leaders in IBD. Development of Diagnostic Algorithms for Predicting Disease Phenotypes in Adult Onset Ulcerative Colitis Patients Using Ontario Health Administrative Data. ($25,000) 2014–16.

**Murthy S, Rostom A.** The Ottawa Hospital. Impact of Repeat Colonoscopy Following a Negative Colonoscopy on the Risks of Colorectal Cancer and Colorectal Cancer-Related Death in Average-Risk Patients. ($30,754) 2015–17.

**Bell J, Chatterjee A.** CIHR. Tailored Oncolytic Viral Therapeutics for Pancreatic Cancer. ($728,960) 2013–18.


Honours & Awards

Multiple Division members have received guardian angel awards and hospital recognition for excellent Care: Drs. Harry Dhaliwal, Linda Scully, Nav Saloojee, Tom Shaw-Stiffel, Avi Chatterjee.

National Provincial and Regional Leadership Roles

Dr. Catherine Dubé is the Cancer Care Ontario (CCO) Clinical/Medical Lead for the Ontario colorectal cancer screening program (coloncancercheck).

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

Dr. Alaa Rostom is the Canadian Association of Gastroenterology national endoscopy training Co-Lead. The CAG skills enhancement in endoscopy program (SEE) was modeled after a similar program supporting endoscopy quality in the UK.

Dr. Murthy belongs to two inflammatory bowel disease research consortiums: CINERGI (Consortium of IBD-focused iNvEstigatoRs and Gastroenterollgists) and Canadian Gastro-Intestinal Epidemiology Consortium.

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

Dr. Sylvie Grégoire is the Medical Director of the TOH Corporate Endoscopy Committee
Geriatric Medicine

Prior Year's Divisional Goals

In 2016–17, the Division of Geriatric Medicine focused on three priority areas:

- Further enhancements to the Geriatric Medicine inpatient consult teams to improve the timely involvement of Geriatrics expertise to more hospitalized patients in TOH.
- The Fall Assessment and Streamlined Treatment (FAST) clinic is now well-established in TOH and is entering into an expansion phase within the Ottawa region.
- Completion of the Medstopper research pilot project and preparation for the full cluster-randomized multi-center trial.

Most Significant Divisional Accomplishments in Last Academic Year

The Fall Assessment and Streamlined Treatment (FAST) clinic, launched as a pilot project in 2015, attained mainstream operational status in 2016 and is now being expanded into other hospitals in the Ottawa region. This clinic responds to the needs of older people who have fallen and have been identified in the Emergency Rooms, primary care offices and community outreach services.

The final cohort of primary care-based dementia clinics was launched in the Champlain LHIN with our Geriatricians providing clinician expert support. There are now 13 family health teams running these clinics. Their services improve the detection, diagnosis, management, and care for people with dementia and their families.

Dr. Lara Khoury led the intensive effort which resulted in the attainment of full Royal College accreditation for the Geriatric Medicine residency training program.

A serendipitous convergence of concepts occurred at the 2017 Canadian Geriatrics Society annual scientific meeting where the Ottawa 4Ms merged with a parallel development spearheaded by Dr. Mary Tinetti of Yale University, resulting in the Geriatrics 5Ms: Mind, Mobility, Medications, Multi-complexity and Matters Most. This conceptual framework improves communications to others about what specialists in Geriatric Medicine do—something that previously was difficult to explain in simple terms.

Plans for the Coming Year

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

Our Division will continue to work with General Internal Medicine on optimizing the processes for the proactive detection of admitted high risk older patients in the Emergency Room and we will aim to facilitate the direct transfers of those patients to the Geriatric Medicine Unit.
We anticipate a doubling of the capacity of the FAST clinic activities in the coming year. We will also be working to expand this model into the Montfort and Queensway-Carleton Hospitals.

Dr. Frank Molnar will continue his work on promoting and advocating for dementia care programs and policies for Ontario and Canada. In his role as the President of the Canadian Geriatrics Society, and as designated member to the Canadian Medical Association for Geriatric Medicine issues (which focuses the implementation of a National Seniors’ strategy), he will ensure that the voice of Geriatrics is loud and clear.

Dr. Allen Huang is a key member of The Ottawa Hospital team that is implementing a Canadian multi-centre (Montreal, Ottawa, Toronto, Calgary, Vancouver) cluster-randomized trial called “Medsafer” looking at reducing the use of potentially inappropriate medications in older patients who are admitted to the General Medicine Clinical Teaching Units.

Drs. Lara Khoury & Allen Huang are engaged in the development of the new Competency by Design residency training curriculum at the Royal College. Geriatric Medicine is scheduled to convert to this new training paradigm in 2019.

We will continue to explore expansion of collaborative care models between Geriatric Medicine and other specialties. Geriatrics is already a component of the Transcatheter Aortic Valve Insertion (TAVI) program at the Heart Institute. Increased involvement with the TOH Trauma service is foreseen, as well as with the Department of Anesthesia. In both areas the detection of frailty in older people aims to help the development of optimal, integrated management plans. We strive to be a service that is “hospital-based and community-faced”.

Key Publications & Grants

Publications


Grants


Huang SC. What Do Our Patients and Their Families Want? A Qualitative Study to Explore the Customers’ Perspectives to Improve Inpatient Geriatric Care. TOHAMO Quality and Patient Safety Grant 2016.

Awards & Recognition

Dr. Ed Spilg was the recipient of the Associated Medical Services Inc. Phoenix Thematic Grant and Fellowship project.

The FAST clinic team, including Drs. Shirley Huang, Frank Molnar, Lara Khoury and Ed Spilg received The Ottawa Hospital Excellence Award for Healthier Populations. This award recognizes a team that has made a significant contribution to the hospital’s drive for healthier populations.

Leadership

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

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

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

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


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

Dr. Ed Spilg: Department of Medicine Vice-Chair for Physician Health and Wellness.

Retirements & Departures

During the past year, Dr. Ruth Ellen departed from the division to pursue other interests.
General Internal Medicine

The Division of General Internal Medicine remains active academically and clinically. The division is committed to excellence in clinical care with a focus 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).

Prior Year's Divisional Goals

- Successful accreditation of our General Internal Medicine training program.
- Established POCUS training for Internal Medicine and General Internal Medicine trainees.
- Expansion of our Rapid Referral Clinic Quality Improvement Project with increased volume and patient populations.

Most Significant Divisional Accomplishments in Last Academic Year

Our GIM training program received full Royal College Accreditation last fall. Under the guidance of Dr. Heather Clark and Dr. Samantha Halman we received a very successful assessment.

We established dedicated bedside teaching rounds for both junior and senior medical residents, as well as “Difficult Diagnosis Rounds” which are led by our GIM trainees. Our Division has reintroduced “old fashioned, noon rounds”. Dr. Delvina Hasimja and Dr. Krista Wooller have expanded our M&M rounds and now we have dedicated rounds for Internal Medicine trainees.

Under the guidance of Dr. Hassan Mustafa, Dr. Catherine Gray and others we successfully established a curriculum in Point of Care Ultrasound (POCUS). This had been implemented for the Core IM residents and has now rolled out to our GIM residents.

For 2017, the Department of Medicine will complete seven projects for our TOHAMO Quality Improvement initiatives. Six of these projects involve at least one member of the Division of General Internal Medicine.

Dr. Delvina Hasimja, Dr. Krista Wooller and Dr. Peter Munene created a Foundation of Quality Improvement curriculum for the core IM and GIM programs.

Under the leadership of our peri-operative group we expanded our peri-operative clinic. We continue to be involved in the glycemic case finding study and now have added an ETOH misuse screening tool.

A new GIM ALC ward was established at the General Campus and is staffed by a dedicated MRP physician and two physician assistants.

We have a variety of ongoing PSQ projects involving many of our members. There are too many to list but they do include early CHF discharge from the Emergency Department pilot, Health Links, Catheter Associated UTI prevention project, MedStopper project, ED consult to decision time analysis and Advanced Care Planning project (including post discharge patients).
Plans for the Coming Year

- Continue to develop our Ambulatory Care process and expand its footprint to include complex disease management and other patient populations.
- Continue to focus on our successes in research, medical education and leadership roles at TOH, UO and associated organizations.
- Continue to strategically recruit into the Division of General Internal Medicine with focus on clinical care, education and database research.
- Renew efforts to improve right bedding on our in-patient units.
- Continue to use Dashboard data to drive important parameters with a focus on patient satisfaction.

Leadership Roles at The Ottawa Hospital, uOttawa and Other

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

**The Ottawa Hospital**

Dr. James Chan—Co-chair of the Physician Wellness Committee at The Ottawa Hospital. He is also the eHealth lead for the Faculty of Medicine.

Dr. Alan Forster—TOH Executive Vice President Quality, Performance and Population Health.

Dr. Glen Geiger—Chief Medical Information Officer at The Ottawa Hospital.

Dr. Alan Karovitch—TOHAMO Board of Directors, Medical Staff Association Secretary/Treasurer

Dr. Jeff Turnbull—Chief of Staff at The Ottawa Hospital

Dr. Heather Clark—TOH and Department of Medicine Medical Director Ambulatory Care

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

Dr. Alison Dugan—administrative lead between The Ottawa Hospital and the Nunavut Specialist Physician Group.

**University of Ottawa**

Dr. Loree Boyle—Associate Program Director Core Internal Medicine, University of Ottawa

Dr. James Chan—International Medical Graduate (IMG) Director at the University of Ottawa

Dr. Justine Chan & Dr. Isabelle Desjardins—Associate Directors Medicine Clerkship University of Ottawa

Dr. Cathy Code—Core Internal Medicine Program Director Department of Medicine, University of Ottawa

Dr. Vladimir Contreras-Dominguez—Director UGME and Internal Medicine Clerkship Director, Department of Medicine/University of Ottawa

Dr. Catherine Gray—Director of Link Block, University of Ottawa

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

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

Dr. Debra Pugh—Director of the Ottawa Exam Centre

Dr. Carl van Walraven—Site Director ICES@uOttawa
Other
Dr. Craig Campbell—Director, Continuing Professional Development, Office of Specialty Education, Royal College of Physicians and Surgeons of Canada

Dr. Cathy Code—Royal College Internal Medicine Oral Exam: Vice-Chair

Dr. Debra Pugh—Vice Chair of Central Examination Committee, Medical Council of Canada

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

Key Publications & Grants

Publications


Grants

Shaw T, Touchie C & Pugh P. Medical Education Research/Medical Innovation Grant:. Department of Medicine, University of Ottawa, Project: Learner Handover: How Does It Influence Assessment? $11,780

Wilson K. April 2016–March 2019 PHAC - Innovation Strategy Program Development of a mobile enhanced immunization information system $3,489,139

Van Walraven C. Pilot study of an automated one-year mortality prediction tool to trigger Advanced Care Planning National Centre for Excellence, Tech Value Net $150,000.00 March 2016 to March 2017

Kobewka D & Alan F. A multifaceted tool to improve decision making about cardio-pulmonary resuscitation for hospitalized patients who are seriously ill: a proof of concept study Source: TOHAMO Amount: $99,264

Forster A & Rashidi B. Reducing post-discharge adverse drug events amongst the elderly: a multi-centre electronic deprescribing intervention. CIHR $1,662,789 July 1, 2016–June 30, 2019
Honours & Awards

- **Dr. James Chan** won the Department of Medicine Vision Award
- **Dr. Catherine Gray** Royal College of Physicians and Surgeons Detweiler Travel Scholarship for enhanced training in Addiction Medicine
- **Dr. Samantha Halman** won the Meredith Marks Educator Award
- **Dr. Steve Kravcik** won the TOH Physician Clinician Recognition Award
- **Dr. Jim Nishikawa** won the Department of Medicine Bedside Teacher Award
- **Dr. Debra Pugh** won the Department of Medicine Mentorship Award
- **Dr. Claire Touchie** was awarded the AFMC President’s Award for Exemplary National Leadership in Academic Medicine
- **Dr. Krista Wooller** was awarded a TOH Physician Leadership Award

Hematology

Prior Year's Divisional Goals

**Expanding our Bone Marrow Transplant Program**

2016–17 brought considerable changes for the BMT program at TOH. As the provincial leaders for assessing and triaging BMT referrals for Ontario, we have begun to ramp up our local clinical capacity. Over the last year, we hired three new malignant hematologists, opened additional inpatient beds and expanded our outpatient BMT clinics. Compared to 2015–16, our patient volumes increased by approximately 10%. Expansion of our physical space, human resources and clinical capacity will continue in the coming year so we can meet the growing needs of patients in Eastern Ontario.

**Driving investigator-initiated blood cancer research**

Over the past year, research in novel therapies for blood cancer patients has been accelerating rapidly. Animal studies using oncolytic viruses for leukemia vaccines have been highly promising and have set the stage for the next phase of development towards trials in humans. Major grants have been secured to advance studies of CAR-T cells and create a cellular therapy program within the BMT program at TOH.

The Ottawa Blood Disease Centre will play a major role in transforming care for patients with blood cancer locally, nationally and internationally.

**Escalating the scope and impact of our research networks**

Within our Thrombosis program, we have continued to focus on the growth and expansion of our new research networks, CanVECTOR and INVENT. In its second year of existence, CanVECTOR achieved numerous milestones including establishing a member portal on its website for communicating and sharing research resources; approving and funding 3 new pilot trials; attracting additional partnerships and funding from industry sponsors; recruiting and training patient partners to collaborate on our research endeavours; and holding a boot camp for trainees and early career investigators to build capacity and expertise in developing funding applications. Even in these early days, CanVECTOR is an exciting success story that holds enormous potential for the continued promotion of thrombosis research across Canada.
INVENT, our new international network of venous thromboembolism research networks, went from vision to reality in 2016–17. During this past year, we formally incorporated as a Canadian not-for-profit corporation; established an Executive Committee and staffing structure; created bylaws, terms of reference, processes and guidelines; and developed a new website and social media presence. We have held virtual and in-person meetings with representatives of our 9 international research network members (with over 400 investigators!) and reviewed and endorsed 7 clinical trials (see www.invent-vte.com). Moving forward, we will work to recruit new research network members from across the globe, promote our current and future-endorsed clinical trials, develop web-based tools to support a community of clinical research scientists and to accelerate clinical trials, and secure stable funding for our ongoing projects.

Most Significant Divisional Accomplishments in Last Academic Year

5-year anniversary

Spring 2017 marked 5 years from when the Ottawa Blood Disease Centre (OBDC) opened its doors at its new location at the General campus. The establishment of the OBDC marked the culmination of significant visioning, planning and coordination efforts, as well as the birth of a new era for Hematology in Ottawa. Over the last 5 years, the OBDC has continued its growth to become a world-renowned centre for care, research and training in blood disease, and our amalgamation under one roof has fostered our collaboration and collegiality. We celebrated this momentous achievement with a day of patient-focused public educational sessions, trainee presentations and research competitions, staff appreciation events, and a festive wine and cheese reception. Onwards and upwards!

Planning for our future

While we are thrilled to celebrate our past success, we have continued to shape and build our path forward. In 2016–17, we dedicated time and energy to envision and plan our short- and longer-term future. Who will work here? Who will train here? How will our patient population change? How will our treatment options change? These and other questions were the focus of two divisional retreats that led to a position paper envisioning the future Ottawa Blood Institute—a major hub of clinical care, research and education. This visioning exercise included a detailed assessment of our physical capacity needs in the future, and has been instrumental in our discussions as part of the capital planning process for The New Ottawa Hospital. Our exciting vision of an expanded Blood Institute will serve as a roadmap and reference for our continued growth and development.

Overhaul of call schedule process

What takes 3 residents, 4 admins, 30-odd emails and approximately 12 hours to create? A monthly hematology call schedule! As part of our commitment to continuous quality improvement, in 2016–17 we launched a pilot project to streamline our call schedule process. As a first step, we examined the current challenges in our system and identified several key process issues that were both time-consuming and error-prone. We then explored potential solutions and evaluated their costs, advantages and feasibility. After extensive consultation, we contracted with a software company to design and implement a web-based tool to create and manage our call schedule. With our highly complex schedule (spanning 3 programs, 2 sites, multiple shifts), the first step—documenting all the rules to be considered when building a schedule—was an enormous task and important milestone. We are now working with the software company to build a system that will streamline the schedule creation process as well as offer the advantages of a cloud-based schedule with real-time updates, integration with Outlook calendars, simple
shift-swap processes, and automated reports. We will assess our progress in the coming months and decide whether the pilot project should be rolled out as our new standard.

Recognized excellence for physician training

In 2016–17, our residency program in Hematology received full accreditation from the Royal College of Physicians and Surgeons of Canada. Specific identified strengths of the program included a dedicated and respected program director, a full spectrum of expertise and research spanning thrombosis, benign and malignant hematology, strong division-wide support for education, and excellent resources for teaching and learning. Kudos to our education team for their efforts and dedication to build a highly respected training program and ensure a successful accreditation experience.

Plans for the Coming Year

Establishing The Ottawa Blood Institute

We will continue to work with The Ottawa Hospital, the Ottawa Hospital Research Institute, the University of Ottawa and other stakeholders to turn our vision of The Ottawa Blood Institute into a reality. We are committed to ensuring that our future growth builds on our prior successes and supports excellence in care, research and education. We will remain fully engaged in the capital planning process to ensure that resources are in place for us to care for our rapidly growing patient populations, discover and implement the most effective novel therapies, recruit top talent, and train tomorrow’s leaders.

Transforming lymphoma care

In 2017–18, our lymphoma specialists in concert with the cancer program leadership will initiate the Lymphoma Transformation Project. The project will streamline the referral and consultation process for all patients with suspected lymphoma in our region. The goal is to develop an intake algorithm which will direct patients to the most appropriate form of diagnostic biopsy and diagnostic imaging at the time of initial contact. This will decrease the wait time from consult to first treatment. Transforming care involves close participation with our partners in radiology, surgery, ER and primary care in order to understand the challenges and opportunities in implementing this pathway. The plan is to employ an RN to triage and navigate referrals through the system, with planned implementation of stage 1 in April 2018. A follow-up to the transformation project will also consider how to best utilize a multi-disciplinary team to their full scope of practice, including expanded use of pharmacists, physician assistants and/or nurse practitioners in the clinic setting.

Growing our teams—again!

Over the coming year we have plans to hire 6 new hematologists to meet our clinical capacity demands and pursue our research goals. Our success and reputation as a world leader in blood disease research and care have helped us recruit the best and brightest talent from near and far.
Key Publications & Grants

Publications


Grants


Honours & Awards

- **Dr. Harold Atkins** received the Chrétien Researcher of the Year Award for MS breakthrough.
- **Dr. Elianna Saidenberg** received the Educator Award in Communicator Competency for “communicating clearly and effectively even in the face of adversity.”

Recruitment & Departures

In 2016–17 we welcomed three new hematologists to our Malignant Hematology program: **Dr. Andrew Aw** (lymphoma), **Dr. Jill Fulcher** (leukemia), and **Dr. Sultan Altouri** (BMT). We are thrilled to have them on board.

We also said goodbye to **Dr. Esteban Gandara** (thrombosis), who relocated to his native Argentina last summer. While we miss seeing him on a daily basis, we are still connected through our Thrombosis research pursuits.

Infectious Diseases

Prior Year’s Divisional Goals

- **Enhance the Clinical and Academic Activities in the Viral Hepatitis Program**
  We are in the process of recruiting a part-time academic Infectious Diseases specialist with additional training in viral hepatitis. We are optimistic she will come to Ottawa in late 2017 and contribute to the clinical and academic activities of the VHP.

- **Continue to Enhance Antibiotic Stewardship and Infection Control**
  Caroline Nott has now been fully integrated into these programs and is now the Co-Director of the Antimicrobial Stewardship Program (ASP). Two new ASP fellows will begin in late 2017 and early 2018 respectively, with the hope of recruiting one of them into a faculty position. We are also considering formalizing the ASP fellowship with the possibility of developing it into a Royal College Area of Focused Competence.

- **Formalize the Role of ID at the Montfort Hospital**
  This goal has been achieved and we are currently providing two half-days of inpatient ID consults per week at the Montfort.

- **Recruit an FTA with clinical and research expertise in infections in the transplant population**
  Arianne Buchan has been recruited to fulfill this role and is to begin September 2017.
Most Significant Divisional Accomplishments in Last Academic Year

- Establishment of an Infectious Diseases service at the Montfort Hospital.
- Facilitated the establishment of a TOH/OHRI Chair in Gay Men’s Health for which TOH Foundation is currently fundraising.

Plans for the Coming Year

- Establish a clinical service and academic program in infectious diseases in transplant recipients.
- Recruit a laboratory based clinician scientist for July 2018 (candidate identified)
- Increase the ID presence at the Montfort with a goal of having a consult service 5 days per week as well as outpatient care.

Key Publications & Grants

Publications


Grants


2016–2017. Heart and Stroke Foundation of Canada ($158,000). “Vascular Inflammation after acute pneumonia as measured by 18FDG-PET/CT scan”. Principal Investigator: **V.F. Corrales Medina**


**Honours & Awards**

**Caroline Nott** received a Masters of Science, Public Health, Health Services Management with Distinction.

**Caroline Nott** completed Telfer School of Management Quality Improvement & Patient Safety Leadership Program.

**Kanchana Amaratunga** received the Dr. Anil Dudani Award for Scientific Excellence.

**Medical Oncology**

**Prior Year's Divisional Goals**

**Patient Care**

Cancer Care Ontario assesses the 14 regional cancer centres according to a wide range of patient care metrics. The Ottawa Hospital Cancer Program continues to lead all other academic centres in the province in these patient care metrics.

We continued our work in Lung Cancer Transformation and have decreased the wait times for new patients to <2 weeks for >80% of the patients.

With the dedicated hard work of Dr. Tim Asmis and other members of the GI Site Group in Medical Oncology, we will work with administration and with our colleagues from other departments to push forward on Hepatobiliary Cancer Transformation, with the goal of reducing wait times from referral to initiation of treatment by at least 40%. We have taken the initial steps to also expand this initiative to other tumour types.

Dr. Susan Dent has continued to play a major national and international role in the field of cardio-oncology in Brazil, China, England, India and several cities in USA and Canada.

TOH Cancer VP Paula Doering, along with Drs. Tim Asmis and Garth Nicholas from the Division visited Nunavut to meet with government and health care officials to explore ways to improve cancer patient care in Nunavut and to enable Nunavut doctors to treat cancer patients in the North, cutting the costs of sending patients south,
while at the same time reducing the marked inconvenience currently experienced by patients and their families.

Dr. Sandeep Sehdev worked with Suzanne Madore and expanded Telemedicine services offered by the Division providing consults and other services across all TOH campuses and across the LHIN. Dr. Tim Asmis will also begin exploring the potential role of Telemedicine in permitting us to provide more effective, user-friendly cancer patient care in Nunavut.

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

**Excellence in Research**

Dr. David Stewart is working with the Life Saving Therapies Network to set up an international roundtable with the aim of speeding access of patients with lethal diseases to effective new therapies, while at the same time cutting the cost of these therapies. Funding has been raised for this, and preliminary steps are being taken to set up the roundtable. In November 2016, Dr. Stewart and colleague Dr. Razelle Kurzrock (University of California, San Diego) were presented with the annual Federa Award by the Foundation Federation of Dutch Medical Scientific Societies for their work in this area, and Dr. Stewart has received several national and international invitations to speak on this.

Dr. Mark Clemons has led a major multidisciplinary effort in setting up the Rethinking Clinical Trials (REaCT) initiative to permit highly efficient, cost-effective comparisons of available therapeutic options so that optimal approaches can be defined. The program has to date randomized more than 1114 patients to a series of trials, and, under Dr. Clemons’ leadership, is expanding across the country.

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

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

Clinical Research Transformation Project: Work continues on this project (modeled on the highly successful Lung Cancer Transformation Project), with the objective of streamlining cancer clinical research at TOH to make it more efficient, cost-efficient and productive.

Despite having a clinical workload that is very heavy compared to other academic oncology centres in Ontario, members of the Division published 101 peer-reviewed with an average of 8 peer-reviewed publications per Division member this past year.

**Excellence in education**

Dr. Xinni Song is now the program director for Medical Oncology Training Program.

Dr. Tim Asmis will continue to work with the Department of Medicine Fellowship Committee and with members of the Division and with donors to further expand and strengthen the Medical Oncology Fellowship Program. Funding has come from various pharmaceutical companies (through The Ottawa Hospital Foundation), and from contributions made by the members of the Division. Dr. Tim Asmis (head of the Division’s fellowship program) also participated in the recent Department of Medicine Fellowship initiative. We have again been successful in recruiting excellent fellows to train in our Division.

Dr. Stephanie Brulé is the new undergrad lead for Medical Oncology.

Drs. Neil Reaume, Xinni Song, Tina Hsu and other members of the Division have been working with the Royal College on the Competency by Design (CBD) program for the Division.

We will continue to work on inpatient service reform to optimize both patient care and the trainee experience.

For their excellence in teaching, members of the division continue to receive very positive evaluations from trainees.
Recruitment

This year we have been fortunate in attracting a very high quality candidate. Dr. Sandeep Sehdev started here in August, 2016, and we are in the process of recruiting into another new AFP position provided to us by Cancer Care Ontario.

Division of labour

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

Other:

- Dr. Paul Wheatley-Price has been appointed President of the patient advocacy group Lung Cancer Canada.
- Dr. Roanne Segal is playing an important international role in helping build cancer services for Rwanda.
- Dr. Scott Laurie successfully organized the Oligopressive, Pseudopressive and Oligometastatic NSCLC a national accredited lung conference her in Ottawa.
- Working with colleagues in other departments, Drs. Scott Laurie and Paul Wheatley-Price have succeeded in having Ottawa designated as the site of an international conference on mesothelioma.
Plans for the Coming Year

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

We will continue our work to transform cancer clinical research so that patients with lethal diseases like cancer may have much faster access to effective new therapies. We will:

- To make clinical research here faster, more efficient and more productive, we hope to push forward with the TOH Clinical Research Transformation Project, with Drs. Goss, Hilton, Jonker, Clemons and others working with our colleagues from the transformation team and from OHRI and other departments and divisions.

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

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

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

With respect to education:

- Dr. Tim Asmis will continue to work with the Department of Medicine Fellowship Committee to further expand and strengthen the fellowship program.

- Drs. Xinni Song, Neil Reaume, and Tina Hsu and other members of the Division will continue to work with the Royal College to introduce the Competency by Design (CBD) program to the Division.

- We will continue to explore opportunities to increase our contribution to undergraduate teaching.
Key Publications & Grants

Publications


Grants

Title: Standardization of molecular diagnostic testing for non-small cell lung cancer. Funding Agency: Genomic Applications Partnership Program (GAPP), Total Amount: $2,020,134 over 3 years ($750,000 portion from GAPP), PI: Dr. David Stewart, Role: Co-investigator, Dr. John Hilton, 2016–2019

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

Title: NCIC CTG—Canadian Collaborating Clinical Trials Network (NCTN) CA180863 (Dancey) $15,115,295, March 2014–Feb 2019 NIH/NCI. The goal of this grant is to enable collaborative clinical trial conduct between Canada and the US by permitting Canadian contributions to recruitment to US Cooperative Group clinical trials and to enable Canadian-led trials with US Cooperative Group involvement to be developed and conducted. Coinvestigator Dr. D. Jonkers, Dr. S Laurie, Dr. G Goss
Title: Randomized Phase III Trial of Preoperative Chemoradiotherapy vs Preoperative Chemotherapy for Resectable Gastric Cancer, Canadian Institutes of Health Research (CIHR), Jonker DJ (co-investigator) GA.1—$1,690,829, 04/2012 to 03/2019. This grant is in support of the named phase III clinical trial and provides for its conduct in Canada. Dr. Jonker is the Chair of the Gastrointestinal Site Committee of the NCIC Clinical Trials Group, responsible for the academic agenda of the GI site.

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

Honours & Awards

Dr. David Stewart and his collaborator Dr Razelle Kurzrock (University of California, San Diego) were presented with the Annual Federa Award 2016 from the Foundation Federation of Dutch Medical Scientific Societies at the FederaDag 2106 conference in the Netherlands in recognition of their work in attempting to reform clinical research in lethal diseases. The Federa award is regarded as being a major award, with 4 of the past recipients subsequently going on to win a Nobel prize.

Dr. Tim Asmis—was recognised for his contribution as an E-Portfolio coach—The Portfolio on Core Competencies (ePortfolio) program is a mandatory component of the undergraduate curriculum. The program fosters reflective learning, and supports our students’ development of competency in all the physician roles.

Dr. Roanne Segal was crowned the winner of Dancing with the Docs competition, and together with Dr. Mark Clemons from the Division, brought in over $70,000 for the Ottawa Hospital Foundation.

Dr. Tina Hsu was awarded the Golden Throat—Best Teacher in Medical Oncology.
Nephrology

Prior Year's Divisional Goals

A key Divisional goal from last year was an initiative to streamline and enhance the delivery of palliative care services to patients at all stages of chronic kidney disease in our program. The initiative, under the leadership of Dr. Jan Davis, has established a new Conservative Management Clinic for our patients with advanced chronic kidney disease who have decided to forego dialysis. This new clinic, which will begin in October 2017, has a focus on identifying patient goals of care and providing kidney care in alignment with those goals. Symptom assessment and management will be a key component of care in this new clinic model.

We will be joined by our Palliative Care colleagues who will provide expertise and guidance with advance care planning and end-of-life care. In our dialysis units we have established a new process to improve the conduct and documentation of advance care planning. Each patient will have a substitute decision maker and power of attorney clearly established. Discussions about prognosis and goals of care will be carried out at regular intervals and when their condition changes. Our goal with this new program is to learn what our patients want so we can respect these wishes and provide the level of care they desire.

Most Significant Divisional Accomplishments in Last Academic Year

Patient Care—The Ottawa Hospital Renal Hypertension Program

In February 2017, The American Society of Hypertension certified The Ottawa Hospital (TOH) Renal Hypertension Program as a Comprehensive Hypertension Centre. This prestigious designation has been awarded to only 14 hypertension programs in the United States and our program is the first non-American centre to be certified. This designation came after extensive peer-review of our program and recognizes that we have the expertise to treat patients with complex or difficult-to-treat hypertension and we are actively engaged in research and education.

The TOH Renal Hypertension Program was founded in 2006 by Dr. Marcel Ruzicka. Under his leadership the team of Hypertension Specialists grew to include Drs. Swapnil Hiremath, Cedric Edwards, Brendan McCormick, Ann Bugeja and Peter Magner. The TOH Program not only delivers world-class comprehensive hypertension care, but also provides advanced training for medical students, residents, fellows, and physicians from around the world. In the past 10 years, 11 of our trainees successfully passed the American Society of Hypertension certification exam and are now designated as a Specialist in Clinical Hypertension.

Each year Hypertension Canada updates an extensive guideline on the diagnosis and treatment of hypertension that is widely used by practitioners across Canada (http://guidelines.hypertension.ca). Over the past several years, Drs. Ruzicka, Hiremath and Burns have been actively involved in this guideline providing leadership in the areas of hypertension in chronic kidney disease and resistant hypertension. This year another member of the TOH Renal Hypertension Program, Dr. Cedric Edwards, will be joining the task force further establishing our leadership in this important Canadian guideline.

The TOH Renal Hypertension Program is internationally recognized in several aspects of hypertension research. This includes the accuracy of blood pressure monitors (Drs. Edwards, Hiremath, McCormick, and Ruzicka); resistant and refractory hypertension (Drs. Ruzicka and Hiremath); salt and hypertension (Drs. Ruzicka and Hiremath); and the sympathetic nervous system and hypertension (Dr. Ruzicka).
Education—Solid Organ Transplantation Training Program

The TOH Kidney Transplant Program was among the first two transplant programs in the country to receive accreditation for a new training program. In August 2016, the Royal College of Physicians and Surgeons of Canada accredited our centre as an Area of Focused Competence (AFC) diploma program in Solid Organ Transplantation. This program is now a new Post Graduate Medical Education program having been approved by the University of Ottawa Senate in November 2016. The accreditation process required extensive work and was rigorously reviewed by the Royal College. The Solid Organ Transplant Program is a unique collaboration between the Divisions of Nephrology and Urology and has both medical and surgical streams. The process was led by Drs. Stephanie Hoar and Jeff Warren and has already graduated two trainees, one medical and one surgical.

Plans for the Coming Year

The Division of Nephrology has several initiatives under development but we will highlight two that have been approved and are moving forward.

TOH Will be an Early Adopter of an Integrated Dialysis Care Model

The TOH Home Dialysis Program, led by Dr. Brendan McCormick, has been selected by the Ontario Renal Network to establish a new Integrated Dialysis Care Model. The goal of this novel approach is to streamline the homecare provided to our peritoneal dialysis patients by transferring the responsibility for all home visits from CCAC to the TOH program. Currently, more than 50 patients in the Ottawa area receive CCAC support on a daily basis to assist with their peritoneal dialysis. In addition, these same patients are seen every one to two months at TOH for medical and nursing assessments.

The new TOH Integrated Dialysis Care Model will incorporate these daily home visits into the patient’s overall model of care. Instead of separate visits, the TOH nurses will now visit patients in their home to assist with peritoneal dialysis exchanges as well as to perform clinical assessments. In addition, the nephrologist will perform a medical assessment through a tele-health link while the nurse is present with the patient. This novel model of care will shift from an outdated provider-focused model to a fully patient-centered approach. This will allow our patients to spend more time at home rather than travelling to the hospital for visits.

To fund this initiative, the Ontario Renal Network will transfer the current CCAC funding envelope of approximately $1.2 million to our Home Dialysis Program. This additional funding will allow us to significantly increase the number of registered nurses in the program and provide much more comprehensive care. The Ottawa Hospital is the only home dialysis program in the province to propose this paradigm shift of care from the hospital fully into the community and our success will provide a template for other programs throughout the Canada.

TOH Cystic Kidney Disease Clinic

Starting in 2018 the Division of Nephrology will be starting a new Cystic Kidney Disease Clinic at the Jindal Kidney Care Centre (Riverside Campus). The new clinic, to be led by Drs. Brown, Akbari and Biyani, will assess and treat patients with autosomal dominant polycystic kidney disease. This condition is the most common hereditary kidney disease causing permanent kidney failure. An estimated 45 to 70% of patients with this condition progress to kidney failure before the age of 65 leading to a major impact on their quality of life, ability to work and economic cost to the province. There have been significant advances in the treatment of polycystic kidney disease in the past few years with new medications approved to slow cyst growth and delay the progression of kidney disease. A dedicated clinical program geared towards this unique patient population will fill an unmet, tertiary care need for patients in our region.
Key Publications & Grants

Publications


Grants

Dr. Dylan Burger was the Principal Applicant on a $685,440 grant from the Canadian Institutes of Health Research—Microparticles in Diabetes

Dr. Kevin Burns was the Principal Applicant on a $100,000 grant from the Kidney Foundation of Canada—Exosomal transfer of MicroRNA-486-5p in acute kidney injury repair. Kevin's grant was ranked FIRST in the entire competition.

Dr. Deb Zimmerman was the Principal Applicant on a $93,330 Innovation Fund Provincial Oversight Committee Grant—iOS APP to Assist End Stage Kidney Disease Patients with Phosphate Self-Management

Drs. Marcel Ruzicka (Co-Principal Applicant), Swapnil Hiremath (Co-Principal Applicant) and Cedric Edwards (Co-Applicant) were awarded a $45,000 grant from the Physicians Services Incorporated Foundation—Blood Pressure Measurement: Should Technique Define Targets?
Dr. Kevin Burns was the Principal Applicant on a $100,000 grant from the Canadian Institutes of Health Research—MicroRNA Transfer as Therapy for Acute Kidney Injury.

Drs. Ted Clark and Swapnil Hiremath were Co-Principal Applicants on a $47,988 DOM Developmental Research Grant—Saline versus Albumin Fluid for Extracorporeal Removal with Slow Low-Efficiency Dialysis (SAFER-SLED).

Dr. Manish Sood was a Co-Applicant on a $2,970,675 grant from Canadian Institutes of Health Research—An integrated platform for innovative pragmatic cluster-randomized registry trials in hemodialysis.

Dr. Manish Sood was a Co-Applicant on a $260,000 grant from the Ontario SPOR Support Unit—Major Cardiovascular outcomes with personalized dialysate temperature: A registry-based cluster randomized control trial.

Dr. Greg Knoll was a Co-Applicant on a $25,000 grant from Canadian Institutes of Health Research—Evaluation of partnerships between patients and researchers within the Canadian National Transplant Research Program.

Dr. Greg Knoll was a Co-Applicant on a $99,987 grant from Canadian Institutes of Health Research—Registration for Deceased Organ Donation in Family Physician Offices.

Dr. Greg Knoll was a Co-Applicant on a $275,400 grant from Canadian Institutes of Health Research—Nicotinamide chemoprevention for keratinocyte carcinoma in solid organ transplant recipients: A randomized, placebo-controlled, internal pilot trial.

Honours & Awards

Dr. Ayub Akbari was awarded the 2017 Physician Health and Wellness Award for enhancing the health and morale of his colleagues.

Drs. Ted Clark and Caitlin Hesketh were recognized as TOH Guardian Angels.

Leadership

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

Dr. Bob Bell: Director, Distinguished Teacher Program, Undergraduate Medical Education

Dr. Bob Bell: Curriculum Director, Undergraduate Medical Education

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

Dr. Cedric Edwards: Director of Nephrology Subspecialty Program

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

Dr Brendan McCormick: Regional Medical Lead (Champlain LHIN), Ontario Renal Network, (A division of Cancer Care Ontario)

Dr. Peter Magner: Provincial Medical Lead for Funding and Planning, Ontario Renal Network, (A division of Cancer Care Ontario)
Neurology

Prior Year’s Divisional Goals

Create a Neuromuscular Center of Excellence.

The construction of the Ottawa Hospital Muscle Nerve Institute (OMNI) will begin this fall with a completion date early in the new year. Its mandate is to deliver exceptional clinical care today and the ground-breaking research of tomorrow. This new dedicated clinic space for the treatment of neuromuscular disorders will also include dedicated clinical research space. Dr. Ari Breiner, an expert in clinical studies in neuromuscular diseases, started this past summer and will be helping to bridge the link with Ottawa’s strong basic science programs in this field. OMNI aligns with several strategic clinical and research opportunities within the hospital and will deliver world-class care to patients within the Champlain LHIN region.

Enhance our Stroke Program.

Our Stroke program continues to grow and graduated two fellows this past year. The creation of our neurovascular inpatient unit has been an immense success in enhancing the care of stroke patients within our region. Patients now flow much more efficiently with their care plans and have faster access to allied health services including OT, PT and speech 6 days/week. The time to transfer to rehabilitation services has also been effectively reduced. We are actively trying to recruit another full-time stroke neurologist but over the last year benefitted from the exceptional skills provided by Dr. Tsai who filled a locum position.

Recognition of Clinician Teachers.

As the Department has made considerable efforts to enhance the recognition of the important role that clinical teachers play, the division sought to also make this a priority. A review of the divisional practice plan was done in an effort to ensure that all academic roles, including those provided by clinician teachers, was adequately captured by our divisional academic enhancement formula that is now divided into three broad categories of Education, Research and Visibility.

Most Significant Divisional Accomplishments in Last Academic Year

The Division of Neurology underwent a five-year external review and overall it was felt that the division was functioning well and was a strong contributor to the Department. As per the recommendations of the reviewers, a more formal executive committee structure was established that consists of a Deputy Head of the Division (Grant Stotts) and five subcommittees within the Division; Research (Dowlatshahi), Education (De Meulemeester), Finance (Skinner), Clinical Services (Stotts) and Patient Quality and Safety (Zwicker).

The Division hosted several educational events over the past year including “From Patients to Neurons and Back to the Bedside” organized by Dr. Schlossmacher. It honoured the work of three eminent scientists at the TOH/OHRI, Drs. L. Renaud, C. Morris and A. Hakim. It took place at the Museum of Aviation in Ottawa and included as keynote speaker Dr. Joseph Martin, Dean Emeritus of the Harvard Medical School. Dr. Zwicker lead the “Neurology for Primary Care” conference and Dr. Stotts led the Ottawa Stroke Summit with both receiving very positive reviews.
A number of divisional quality improvement projects lead by Dr. Zwicker have been initiated. These include; “EQuIP” the Peer to Peer EEG Quality Improvement Project, “Do the Discharge” involving the development of discharge summary laminated cards and new end-of-life communication templates on OASIS called “Neurology End of Life Communication” and “Neurology End of Life Care Plan”.

Plans for the Coming Year

Enhance the Neuromuscular program.

Ensure the successful start of the new Ottawa Hospital Muscle Nerve Institute (OMNI) once construction has been completed. This will include the integration of both clinic and research needs within the new Health Information System platform.

Expanding our Epilepsy Program.

The recruitment of Dr. Fantaneanu has enhanced the care of epilepsy patients within our region. We now provide epilepsy monitoring within our Epilepsy Monitoring Unit and for select patients within the ICU. This expansion of clinical services requires the recruitment of another dedicated epileptologist. An epilepsy surgery program is also needed if we want to provide optimal care for our patients in the region.

Make General Neurology a “sub-specialty” program.

We will appoint a lead for General Neurology who will manage the Urgent Neurology Clinic, liaising with community family practice, establishing a central triage referral system for the city, teaching and supervising the neurology residents in general neurology clinic etc. This person will take a role in establishing when a patient can be managed in general neurology and when they need to be moved on to another sub-specialty clinic.

Ensure all divisional members are engaged to meet our TOH Quality metrics.

The focus for the division will be to improve our discharge by 11 am statistics and decrease our cost per weighted case.

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

Work with all key groups to consolidate a common vision for the future of neuroscience within the city in the context of the construction of the new TOH Civic campus. The overall goal would be to improve patient care and research by building more cohesive links between clinicians, clinician researchers and basic neuroscientist. This would involve other Divisions, Departments, the University, area Hospitals and Research Institutes.
Key Publications & Grants

Publications


Grants

**Grimes DA (PI), Schlossmacher M, Mestre T.** Parkinson Canada grant to update the Canadian Guidelines on Parkinson's Disease ($110,000)

**Schlossmacher M (PI), The Michael J. Fox Foundation for Parkinson’s Research.** Safety of LRRK2 inhibition in vivo (US$ 200,000)

**Schlossmacher M (PI), Mestre T (co-investigator).** Validating the PREDIGT Score I (US$ 150,000)

**Fantaneanu T, S Whiting and D. Dyment.** University of Ottawa Brain and Mind Research Institute “emerging Network for Epilepsy Understanding and Transition research in Ottawa” (e-Neutrino). ($60,000)

**Dowlatshahi D (PI) CaSTOR/CIHR.** RecoverNow: Bringing Rehabilitation to the acute care setting. Collaborative Network Grant ($29,840)
Honours and Awards

Antoine Hakim received the Canada Gairdner Wightman Award for “outstanding research into stroke and its consequences, and championing stroke prevention and treatment in Canada and beyond.”

Mark Freedman accepted The Ottawa Hospital’s Research Excellence Award on behalf of his team of researchers responsible for a ground-breaking clinical trial of stem cell therapy in multiple sclerosis.

Tiago Mestre, David Grimes and Michael Schlossmacher along with their Partners Investing in Parkinson Research group received the award for the Outstanding Philanthropic Group from the Association of Fundraising Professionals.

Pierre Bourque was co-recipient of the Department of Medicine “Bedside Teaching Award”.

Grant Stotts was co-recipient of the 2016 Department of Medicine “Going the Extra Mile Award”.

Jodi Warman Chardon helped secure a $1 million-dollar agreement with University of Lyon and the Centre for Neuromuscular Disease.

Jodi Warman Chardon received the Dr. George Karpati Award from Muscular Dystrophy Canada in recognition of exemplary contributions to neuromuscular research, the advancement of care of people with neuromuscular disorders, and public awareness, services and/or fundraising.

Mark Freedman was honoured by the Ottawa REDBLACKS for his research on multiple sclerosis during a recent game. He was called down to the field and presented with a “wood cookie”.

Leadership Roles

Dr. Michael Schlossmacher:
Program Director, Neuroscience
MD PHD Med School Program Director

Dr. Pierre Bourque:
Unit 3 Leader, Francophone, Neurology

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

Prior Year's Divisional Goals

- Develop new Division of Nuclear Medicine Practice Plan including support for increased tumour boards.
- Install dedicated software for teaching cases (MIRC server).
- Expand involvement in The Ottawa Hospital tumour boards.

Most Significant Divisional Accomplishments in Last Academic Year

- Integrated the two nuclear medicine reading rooms using advanced teleconferencing technology under the “Laurent Dinh Educational Reading Room” initiative to facilitate teaching and patient care.
- Formulated new Division plan which will support future growth in our academic mission.
- Populated multiple tumour boards with nuclear medicine support to enhance patient care.
- The Division successfully organized a CME course on Medical Emergency Treatment for Exposures to Radiation (METER) in collaboration with the Radiation Safety Department and Health Canada in November 2016, attended by 60 participants from TOH and the Ottawa environs.

Plans for the Coming Year

- Recruit for new Nuclear Medicine Subspecialty training program.
- Increase research studies involving novel radiopharmaceuticals.
- Continue to increase clinical PET-scan service and tumour-board support.

Key Publications & Grants

Publications


Grants


Honours & Awards

The Division received full accreditation from the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL).

Nuclear Medicine Residency Training Program received full accreditation from the Royal College of Physicians and Surgeons of Canada.

Dr. Mark Bryanton received First Place—Young Investigator Award for his presentation on ‘Predicting lung cancer recurrence in patients within two years of curative radiotherapy via a trained machine learning algorithm’ at the 2017 Annual Meeting of the Society of Nuclear Medicine and Molecular Imaging

The first foreign fellowship candidate, Dr. Fahad Allhedan, successfully completed a new fellowship training pathway in Nuclear Medicine.

Dr. Eugene Leung successfully completed Quality Improvement and Patient Safety Leadership Program from the University of Ottawa, Telfer School of Management.

Dr. Sam Samaan successfully completed Health Education Scholars Program (HESP) from the University of Ottawa, Department of Innovation in Medical Education (DIME).

An updated Nuclear Medicine reading room at the General campus was inaugurated as the ‘Dr. Laurent Dinh Educational Reading Room’ in recognition of the late Dr. Dinh’s singular contribution to our residency training program.
Palliative Care

Prior Year’s Divisional Goals

- Recruit a new Division Head.
- Develop a 5-year strategy for the Division of Palliative Medicine, including reviewing Mission and Vision statements.
- Implement Phase I of the Delirium Guidelines and Practice at Brûlere in November 2016, based on research published on delirium by Dr. Shirley Bush in the CMAJ.
- Continue efforts to focus and develop our research program.

Physician Human Resources

In December of 2016, Dr. Jill Rice assumed the role of Interim Head, Division of Palliative Medicine and in January 2017, also assumed co-appointment as Brûlere Department Chief. Dr. Wells had been filling this role since the departure of Dr. Pereira and his assistance during that period was greatly appreciated. He continues to provide valuable support. The recruitment process for a new Division Head continues.

Dr. Rice also continues in the role of Clinical Co-Lead for Champlain, Ontario Palliative Care Network (CCO and LHIN joint administration).

Dr. Christopher Barnes filled the role of Interim Department Chief at Brûlere Continuing Care until January 2017. We wish to formally acknowledge his skill and leadership during that challenging time, particularly as he maintained his position as Program Director of the Palliative Medicine Residency program and continued his clinical role during that period. We also wish to acknowledge his capable guidance to the residency program during its recent accreditation.

We have benefitted from locum support provided by several physicians, who are recent graduates of our Palliative Medicine residency program. These include: Dr. Adrienne Kwong, Dr. Andrew Mai, Dr. Richard Plantive, Dr. Daniel Vincent and Dr. Christine Whetter. We recruited Dr. Peter Tanuseputro, a physician scientist whose primary research focus is to provide evidence to inform interventions and policies to improve care for the aging and dying.

Most Significant Divisional Accomplishments in Last Academic Year

Divisional strategic planning retreat, November 2016: Division Mission and Vision statements were redeveloped and a three year plan for administrative development, education and clinical programs established.

Divisional research retreat, December 2016 under the guidance of Dr. Peter Lawlor, Division Executive Research Vice-Chair. The Division’s research priorities have been clarified and fall into three main streams:
(1) clinical symptoms and syndromes; (2) health services research; and (3) educational research. The development of a research infrastructure that can provide sustained support for investigators has been recognized as a central need.

Comprehensive Delirium Practice Guidelines (phase 1) were successfully implemented on the Palliative Care Unit at Bruyère Continuing Care.

Members of the Division actively participated in Palliative Care working group of the Champlain Region sub-acute review.

While the focus of the group was the allocation of inpatient subacute beds, the continuum of inpatient care was explored. Advocacy from members of the Division helped ensure that the importance of the education and research programs were considered in decision making.

Plans for the Coming Year

The Palliative Medicine Residency program is working to establish the new 2 year subspecialty Royal College program in Palliative Medicine. It is hoped that the first resident will begin in the 2017–2018 academic year. Dr. Barnes is leading this effort. Two other key initiatives are linked to the development of the residency program. Dr. Barnes is working to establish partnerships with community palliative care providers to enhance community educational opportunities for residents with the goal of formalizing and activating these within the year.

Discussion is underway with The Ottawa Hospital about possibly establishing an Acute Palliative Care unit. This is both an academic priority, as training on this type of unit is a core element of the subspecialty training program, and a clinical need. Physician human resources remain a significant risk/barrier to this project and thus efforts will also continue to stabilize and expand staffing support.

A key research priority is hiring a new research coordinator and continuing efforts to establish a stable infrastructure for the Division’s research program. It is hoped this will allow greater research and academic productivity in the Division.

We will continue to develop mechanisms to allow and encourage more frequent movement of members between the different palliative care programs within the Division. This principle was agreed to at the Division Retreat to help improve maintenance of skills in multiple settings and enhance knowledge of the opportunities and challenges of the different programs.

Key Publications & Grants

Publications


Bush SH, Lacaze-Masmonteil N, McNamara-Kilian MT, MacDonald AR, Tierney S, Momoli F, Agar M, Currow DC, Lawlor PG. The preventative role of exogenous melatonin administration to patients with advanced cancer who are at risk of delirium: study protocol for a randomized controlled trial. Trials. 2016;17:399.


Grants


Kyeremanteng K (Co-I) Developing and piloting an automated tool to identify patients at high risk of one-year mortality at the time of admission to hospital. TVN Catalyst Grant ($110,000) 2016.


Manuel D (NPI), Tanuseputro P (Co-I), Burge F (PI), Sattler (PKU), Urquhart R (Co-I), Lawson B (Co-I), Pereira (Co-I), Klinger C (Co-I), Bronskill S (Co-I). Canadian Institutes of Health Research (CIHR) Operating Grant: SPOR PIHCI Network: Quick Strikes. Improving End-of-life Care in the Community.


To align data collection across multiple Division sites/programs data reporting is from April 1, 2016 to Mar 31, 2017.
Physical Medicine & Rehabilitation

Prior Year’s Divisional Goals & Extent to Which They Were Met

The goals for the Division of Physical Medicine & Rehabilitation from 2016 are ongoing as we collaborate with the LHIN initiatives and future TOH plans that will take a few years to realize. These include:

- LHIN Sub-acute Capacity Implementation plan for rehabilitation resources across the Champlain LHIN following the release of the LHIN report.
- Repatriate all inpatient stroke rehabilitation back to Bruyère and confirm temporarily allocated stroke beds mandated by the Champlain LHIN as permanent. Currently, LHIN sub-acute planning process underway which should help establish ultimate location of 33 stroke rehabilitation beds in Ottawa.
- Continue with the transition to a new Most Responsible Physician model with involvement of hospitalists providing inpatient care in conjunction with Physiatrists.
- Interventional Pain: Dr. Jennifer McDonald has completed her fellowship in Interventional Pain Medicine and has extended this skill to the Division of Physical Medicine and Rehabilitation. She has integrated with Anaesthesia in the Pain Program at the General campus.
- Growth in neuromuscular rehabilitation clinical program and scholarship (ALS and other neuromuscular disorders): Dr. Dojeiji has expanded the neuromuscular clinics at The Ottawa Hospital Rehabilitation Centre. The Division has also recruited Dr. Kelsey Crawford who will be completing her Pediatric fellowship with an emphasis on transition of care.
- Growth of the post-concussion initiative: Dr. Quon and Dr. Marshall have worked to expand and coordinate the services for post-concussion patients.
Most Significant Divisional Accomplishments in Last Academic Year

The Division of Physical Medicine & Rehabilitation has over 100 inpatient 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:

- Dr. Jennifer McDonald has initiated our Musculoskeletal Intervention program at the Ottawa Hospital.
- Transition of Short Term Rehabilitation Beds from General Campus to Rehabilitation Centre over 2-month time span.
- Dr. Dudek, along with Dr. Wade Gofton, completed training in Australia to bring Osseointegration techniques for Amputee patients to The Ottawa Hospital and Canada.
- Implementation of a Physician Assistant Role in the Concussion Out-patient clinic

In addition to the above accomplishments, the Physicians of PM&R sit on various committees and hold various positions which shape the medical environment in the Champlain LHIN and Canada. These positions include:

- Dr. Jeff Blackmer is Vice President of Medical Professionalism at the Canadian Medical Association.
- Dr. Sue Dojeiji and Dr. Nancy Dudek each hold positions with the Royal College of Physicians and Surgeons of Canada which are reshaping medical trainee assessment through the new Competency by Design faculty development and the CanMEDS roles.
- Dr. Marshall is the Co-chair for the Rehabilitation Network of Champlain. This committee will be involved in developing and implementing a plan for rehabilitation services throughout the Champlain LHIN.

Plans for the Coming Year

In addition to the ongoing goals/plans from 2016, The Division of Physical Medicine & Rehabilitation will also:

1. Engage in the development and implementation of the TOH Integrated Pain Program. We will aim to increase the size and scope of our interventional pain program.
2. Complete and provide leadership for a WSIB RFP proposal for provision of diagnostic and rehabilitation services to injured workers in Eastern Ontario. This will include, Spine, Upper Limb, Lower Limb and Neurological services (e.g. Brain injury).
3. Establish a Quality Committee for Rehabilitation. This committee has been inaugurated and is led by Dr. Sue Dojeiji in conjunction with other Rehabilitation team members. This committee will report to the Rehabilitation Management Committee.
### Key Publications & Grants

#### Publications

- **Campbell TM**, Churchman SM; Gomez A; McGonagle D; Conaghan PG; Ponchel F; Jones E. Mesenchymal Stem Cell Alterations in Bone Marrow Lesions in Patients With Hip Osteoarthritis. *Arthritis Rheumatol*. 2016;68(7):1648–59.

#### Grants


### Honours & Awards

#### TOH Guardian Angel award was received by Dr. Guy Trudel.

- Dr. Hillel Finestone was awarded a Spark award from the Centre for Aging & Brain Health Innovation (CC-ABHI) in relation to his work in virtual reality and stroke rehabilitation.

#### Dr. Lynne MacGregor retired from the Ottawa Hospital Rehabilitation Centre.
**Respirology**

**Prior Year’s Divisional Goals**

In regards to our prior year’s divisional goals, we have continued to mentor young researchers within the division to help them achieve research prominence.

Dr. Kaissa de Boer who joined our division in July 2016 has now started a tertiary care interstitial lung disease clinic with Dr. Nha Voduc. They have teamed up with Dr. Marcio Gomes (Pathology) and Dr. Carolina Souza (Chest Radiology) to develop a multidisciplinary approach in the form of formal rounds to provide advice for the region.

Dr. Tetyana Kendzerska is an MD/PhD population researcher joined our division in 2016. Her research focuses on administrative database/population health research in sleep medicine and obstructive lung diseases. She has managed to secure funding and publish several papers since joining our division last year.

**Most Significant Divisional Accomplishments in Last Academic Year**

Together with several colleagues from the Division of Respirology Dr. Aaron completed a multicentre, CIHR funded study entitled “Re-assessment of diagnosis in adults with physician-diagnosed asthma”. The study was published in January 2017 in the Journal of American Medicine Association (JAMA). Dr. Aaron was awarded a CIHR Foundation grant in 2017 for his planned studies on undiagnosed airway disease. The $4.125 million CIHR grant will support 7 years of research.

**Plans for the Coming Year**

We would like to thank Dr. Aaron for his 10 years of service as the Division Head. Our division is bigger and better thanks to his leadership. Dr. Alvarez has taken on the role of Division Head and is looking forward to the challenge. His aim is to support and nurture innovation at all levels within this academic division with a focus on clinical and education research. He plans on hosting a divisional retreat in the coming year to chart a new course for the division. The long-term goal is to continue to mentor young researchers within the division to help them achieve research prominence.

A short and medium term goal is to recruit new academic members to the division. We will work to fill clinical ‘gaps’ and academic ‘gaps’ in interventional pulmonology, cystic fibrosis, interstitial lung disease, sleep medicine, medical education, and quality improvement. Given the expanding population of patients with cystic fibrosis, and the specialized clinic that we offer at The Ottawa Hospital, we aim to recruit a Respirologist with extra training in cystic fibrosis. Our division will also seek to find a Respirologist with extra training in the domain of quality and safety.
### Key Publications & Grants

#### Publications


#### Grants

**Dr. Shawn Aaron** was awarded a CIHR Foundation grant in 2017 for his planned studies on undiagnosed airway disease. The $4.125 million CIHR grant will support 7 years of research.

**Drs. Sunita Mulpuru (PI), Nha Voduc** and **Jacqueline Sandoz** were awarded an Ontario Thoracic Society grant for $47,000 to study the impact of a COPD care pathway on clinical patient reported outcomes.

**Dr. Nha Voduc** also received a Royal College Medical Education Research Grant for measuring the development of competency with the Ontario Bronchoscopy Assessment Tool.

**Dr. Gonzalo Alvarez** continues his multiyear, multisite study of a new treatment for latent TB infection. The $540,000 Public Health Agency of Canada and First Nations Inuit Health Branch, Health grant will support his work until the end of 2018.
Honours & Awards

Dr. Kayvan Amjadi won a Quality Award: 2016 Regional diagnostic process redesign: Application of a systems approach to lung cancer care transformation from the Ottawa Hospital Cancer Program.

Dr. Smita Pakhale was the recipient of the Educator award for Health advocate competency from the Faculty of Medicine.

Dr. Shawn Aaron was awarded the Asthma Canada’s 2017 Leadership Award in Health Research.

Rheumatology

Prior Year's Divisional Goals

Recruit one academic Rheumatologist

Dr. Catherine Ivory, currently a PGY5-Rheumatology, will join the Division full-time in January, 2018. She’ll pursue a research career in laboratory medicine/immunology. Her start up projects will be:

a) Negative ANA and positive ENA: pattern of ANA staining cytoplasmic, nuclear dots, and corresponding diagnosis.

b) Translational research in collaboration with basic scientists (OHRI and/or UOttawa) on immunopathogenesis of disease and immune targets of early disease or loss of tolerance in patients with early rheumatoid arthritis or lupus or with a recent disease flare, to evaluate specific expression of anti-apoptotic markers and necrosis, interferon release and downstream signaling-chronic inflammation.

Dr. Ashley Sterrett will join the Division in October 2017 as PTA. She will run a half-day clinic a week, participate in the on-call schedule and in undergraduate and graduate teaching.

Generate the funding and space to meet the needs of the projected expansion.

In partnership with The Arthritis Society, we participated in a fund-raising All In For Arthritis Poker Gala on March 30, 2017. We received a $25,000 donation that is already in place at The Ottawa Hospital Foundation. The remodeling process is in progress in collaboration with Marnie Robinson, Clinical Operations Planning Coordinator Planning & Development Department at The Ottawa Hospital. We hope that by the end of the current academic year, our Division will have new offices to accommodate two physicians and their admins, a remodelled office for residents and a remodelled space for research fellows.
Most Significant Divisional Accomplishments in the Last Academic Year

- We maintained the 6 month wait time for new patients and the 8-month mark for follow ups throughout this year.
- Three percent of Rheumatology follow up visits (n=363) were seen in last year’s newly created Nurse Specialist Clinic.
- We created the Rheumatology Division Patient Quality and Safety Committee which is now in full operation.
- We recruited Dr. Catherine Ivory (FTA) and Dr. Ashley Sterrett (PTA).
- In partnership with The Arthritis Society, we organized the All-In for Arthritis fund-raising event and generated $25,000 towards the build of office space for new recruits.
- We launched the international GRAPPA ultrasound working group.
- An MSK ultrasound fellowship research program was started.
- An annual patient satisfaction survey rated us as “excellent” on 84% of responses.

Plans for the Coming Year

- Recruit two full time academic rheumatologists. One of them will be a mid-career PhD/MD.
- Decrease wait time of new consults to 3 months and follow ups to 6 months to meet the Canadian Rheumatology Association Guidelines for Inflammatory Arthritis.
- Improve the referral system between First Care Providers and the Division of Rheumatology.
- Launch a one of a kind in Canada (for it's methodology) musculoskeletal ultrasound teaching program for subspecialty rheumatology residents.
- Start the quality improvement and patient safety curriculum for the rheumatology subspecialty residents.
- Organize the Second Division of Rheumatology Strategic Planning Retreat
- Participate in the Second All-In for Arthritis fund-raising event.
Key Publications & Grants

Publications


Grants

Nataliya Milman. Improving the Care of Patients with Systemic Vasculitis through the Development of Management Recommendations and Educational Materials: A Canadian Vasculitis Network (CanVasc) Initiative, Canadian Initiative for Outcomes in Rheumatoid Arthritis (Canada). $90,170

Nataliya Milman. ICF Core Sets for ANCA-associated Vasculitis, a 2-year grant from Vasculitis Foundation. $20,000

Peter Tugwell, Vivian Welch. When should systematic reviews be replicated and when is it wasteful? CIHR. $382,252

Glen Hazlewood, Peter Tugwell. Establishing the foundation for a patient-centered pragmatic registry-randomized trial of treatment tapering in rheumatoid arthritis. CIHR. $99,724

Sibel Aydin. Exploring the disease modifying effects of psoriasis and/or colitis on disease features and severity in axial spondyloarthritis. SPARCC $22,500
Honours & Awards

Dr. Jacob Karsh is the Secretary-Treasurer of the Canadian Rheumatology Association, the Vice-President of the Board of the Journal of Rheumatology, the Chief Medical Officer of Red Maple Trials, and an external reviewer for the Canadian Agency for Drugs and Technology in Health (CADTH).

Dr. Peter Tugwell continues his role as Director for the Center for Global Health, Institute of Population Health, University of Ottawa. Peter also holds a Canada Research Chair for Health Equity.

Dr. John Thomson is highly active at the national level with the Canadian Rheumatology Association as a Board Member of the CRA Executive and Chair of the Human Resources Committee. He also co-chairs the Eastern Ontario Rheumatology Association Annual Meeting with Dr. Brian Boate.

Dr. Susan Humphrey-Murto continues to have several leadership positions within education including Co-Chair Education Research and Development Committee, Royal College of Physicians and Surgeons of Canada, and founding faculty member of the Canadian Association for Medical Education National Assessment Course (CAME-PACCC). She is the Interim Director for the Research Support Unit, Department of Innovation in Medical Education, University of Ottawa and the DIME/University of Ottawa Skills and Simulation Center Medical Education Fellowship Director.

Dr. Doug Smith was presented with the 2016 Mentorship Lifetime Achievement Award from the Faculty of Medicine, University of Ottawa as well as the 2016 Department of Medicine Mentor Award.