

er, because we will. But having teachers who guide us through our mistakes and are there to help celebrate our successes will ensure that four years from now our love of medicine will have only grown. Nearly everyone in the health care profession shares a common love of challenge, and this particular challenge is our gift to our mentors. Complementary to a student's lack of knowledge is a childlike excitement. Please continue to help us nurture that excitement because, from what I have experienced, it only takes one statement to extinguish it.

Second, I can see that countless individuals have invested vast amounts of effort into making this class feel welcome and comfortable. The same students who were nervously walking the halls at the end of August are now armed with the self-esteem that comes only with the feeling of belonging. For that, we all thank you.

And finally, I can see a medical community truly worthy of congratulations. Every day I am proud to step confidently through those large glass doors as an emerging BC health care professional. I am as proud as every member of the health care sector should be for helping to create an incredible community. You are all responsible for constructing the environment conducive to the production of phenomenal doctors and, on behalf of the UBC MD class of 2012, I thank you for it.

As a final note: To the generous physician who donated over 100 new stethoscopes to the class of 2012, a very sincere thank you. We are anxious to find ourselves in a position to perpetuate your act of kindness.

## **BCMA AGM: 13 June 2009**

The BCMA's 2009 Annual General Meeting and Convention will be held in Vancouver on Saturday, 13 June 2009, at the Sheraton Vancouver Wall Centre Hotel. Please contact Ms Lorie Janzen with any related questions at [ljanzen@bcma.bc.ca](mailto:ljanzen@bcma.bc.ca) or go to the BCMA web site at [www.bcma.org](http://www.bcma.org) for updates.

## **Children's product safety**

Injuries from the use of consumer products are common, frequently serious, and sometimes fatal, and there appears to be a disconnection between product safety realities and consumer expectations.

Most Canadians believe that if a product is available for sale on the market, it is safe or has been tested for safety. This is not necessarily the case in Canada, particularly for children's products. Under the current Hazardous Product Act there are a variety of consumer products, including many children's products, which do not have any standards or regulations. The result is an increasing risk of product-related injuries to children and youth due to age, cognitive abilities, and developmental stage.

There is a need to renew and modernize Canadian federal product safety legislation. To address this growing need, Safe Kids Canada's national public awareness campaign, Safe Kids Week, held 25–31 May 2009, will focus on home product safety. Find out how to show your support for the renewal of consumer product safety legislation in Canada by visiting [www.safekidscanada.ca](http://www.safekidscanada.ca) and clicking on the Safe Kids Week link, or call 888 SAFE-TIP.

## **Verchere joins BCMJ Board**



*Dr Cindy Verchere*

The *BCMJ* Editorial Board is pleased to welcome Dr Cindy Verchere as its newest member. Dr Verchere is a pediatric plastic surgeon at BC Children's Hospital. She is a 1988 graduate of UBC medical school and was a rotating intern at Dalhousie. Her residency in plastic surgery in Vancouver was followed by a fellowship in pediatric plastic surgery at the Hospital for Sick Children in Toronto. She has been in practice at BCCH since early 1996 and counts among her professional interests care of cleft lip and palate, congenital hand surgery, burn care and reconstruction, brachial plexus injury management, ear reconstruction, and the general birthmarks, lumps, and bumps of childhood.

She is the mother of three boys aged 7 to 11 and happily married to Professor Bruce Verchere, a scientist involved in diabetes research at UBC. She loves gardening, sewing, building things, and probably reads too many books. She has also been known to perform on stilts several times a year.

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## Hayden named Canada's health researcher of the year

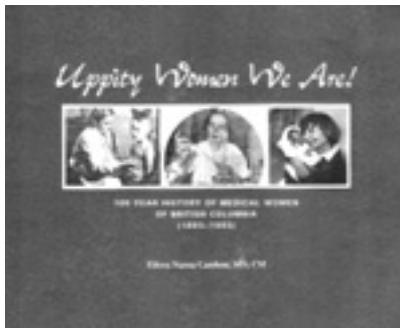


Dr Michael Hayden

Dr Michael Hayden, professor in the Department of Medical Genetics at UBC and director of the Centre for Molecular Medicine and Therapeutics, has been named Canada's 2008 Health Researcher of the Year for Biomedical and Clinical Research. Dr Hayden will be presented with the Canadian Institutes of Health Research (CIHR) Michael Smith Prize, an award that recognizes innovation, creativity, and dedication to health research.

Dr Hayden is a researcher in the area of Huntington's disease (HD), most notably having developed a predictive genetic test for HD. The award provides funding to pursue critical research and to support and mentor trainees, and Dr Hayden will be establishing four trainee endowments in the areas of global health, rare diseases, mental health, and biotechnology. During the next 2 years he will use his CIHR research award to cover the operating costs for each of these trainee awards and will be raising funds for these endowments.

## Book review



***Uppity Women We Are! 100-Year History of Medical Women of British Columbia (1893-1993)*** by Eileen Nason Cambon, MD, CM. Vancouver, Vancouver Desktop Publishing Centre Ltd., 2008. ISBN 978-0-9694983-1-5. Paperback, 536 pages. \$43 (Duthie Books); \$47.95 (UBC Bookstore).

The main content of this book was developed when the author sent out requests for an autobiography to over 600 female physicians in BC between 1999 and 2000. Approximately 160 replies were received. The author does not state how she selected the women or whether the process was, indeed, random or selective. Be that as it may, the result is a collection of stories—from brief paragraphs to detailed accounts—telling the tales of these women, many of whom were pioneers in our profession.

Most of the stories are autobiographical, some are written by family members (such as the one on Dr Irene Clearihue written by her daughter Dr Joyce Clearihue), and a few of the earliest ones are compiled from the archives of BC history. The stories are divided by decade from 1893 to 1993.

This is not a book that one reads from cover to cover but rather explores by skipping from one story to another as the mind desires. I checked out a few of my mentors (Doris Kavanagh, Josephine Mallek, and Erica Creighton), a couple of my contemporaries (Vera Frinton and Holly Stevens), plus a number of stories at ran-

dom. Fascinating details of life in early BC days emerged in addition to a reminder of the ravages of the Second World War as a number of the women or their parents landed on Canadian shores after that conflict. All of the stories that I read were interesting and gave food for thought.

I would recommend this book to anyone interested in the history of medicine or the history of women's rights. It is a stark reminder of how much we have gained—from the days when most medical schools refused entry to women, to the present when women make up approximately 60% of medical students in Canada. Certainly, this book should be included in the College of Physicians and Surgeons library as well any college or university library where health care professionals are taught.

—LML

## Evaluation of the Practice Support Program

The General Practice Services Committee (GPSC) implemented the Practice Support Program (PSP) in May 2007 to support general practitioners in clinical redesign, practice management redesign, and optimizing clinical information systems. An important component of the PSP is participation in accredited learning modules.

As part of a recent evaluation of the PSP, 215 physicians and 161 MOAs who completed learning modules also completed surveys regarding the presentation and perceived benefits of the modules. Twenty-one physicians who had not completed learning modules completed surveys regarding the reasons for not completing.

The findings indicated that both the physicians and the MOAs who completed learning modules were generally satisfied and felt the modules had a positive impact.

Of the physicians who completed the Advanced Access module, 50%

indicated that wait times for urgent appointments had decreased (by an average of 2.1 days) and 73% indicated that wait times for regular and third-next-available appointments had decreased (by an average of 4.6 and 4.1 days, respectively). In addition, 64% of physicians had reduced their backlog and 62% were able to start and end their day on time.

Of the physicians who completed the Chronic Disease Management (CDM) module, 89% indicated that attending the module had enabled them to take better care of their patients with chronic diseases, 83% were able to identify which of their patients require CDM, 87% felt they actively considered CDM guidelines in providing care, and 65% were more satisfied with their work.

Of the physicians who completed the Patient Self-Management module, 54% felt it enabled them to work in a more efficient manner and 71% indicated it had increased their satisfaction with their work.

For physicians who completed the Group Medical Visits module, 73% indicated they were able to work in a more efficient manner and 82% indicated they were more satisfied with their work.

Of the 21 physicians who did not complete learning modules, 48% in-

## Call for Bachop Gold Medal nominations

The Dr David M. Bachop Gold Medal for Distinguished Medical Service is awarded to a BC doctor who has made an extraordinary contribution in the field of organized medicine or community service. Achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession in BC. There shall be no obligation on the fund to make the award annually. Nominations close **3 April 2009**. Please send a letter of nomination along with the candidate's current CV to Ms Lorie Janzen at the BCMA, 115–1665 West Broadway, Vancouver, BC, V6J 5A4.

dicated that they had already incorporated most of the changes covered in the learning modules into their practices.

More information on PSP is available at [www.practicesupport.bc.ca](http://www.practicesupport.bc.ca) and [www.impactbc.ca](http://www.impactbc.ca).

—Liza Kallstrom  
Practice Support Program

## Teaching physicians to lead the PMI way

When the CMA launched its Physician Manager Institute (PMI) program almost three decades ago, the goal was to give physicians the knowledge and skills to effectively participate in the management of issues that had traditionally been dealt with by health care managers and administrators. Twenty-seven years later the goal remains the same, but the methods used to achieve it are changing.

The redesigned PMI has evolved to support learning across the full continuum of professional activities undertaken by physicians, as outlined by initiatives such as the Royal College's CanMEDS professional development model. These core competencies for physicians include medical expert, communicator, collaborator, health advocate, manager, scholar, and professional, and this CanMEDS model now serves as the foundation for all leadership courses within the PMI curriculum.

Designed collaboratively with physicians, the PMI curriculum is delivered as a set of interactive workshops held in classrooms, online, or on site in hospitals where the MD students learn from leading faculty and peers registered in the course.

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still be considered after bites, scratches, or mucous membrane contact with any other animal with suspected or confirmed rabies as indicated in the **Table**.<sup>6</sup>

In the event that rabies is not prevented, recognition of symptoms is critical. Transplanting of organs from individuals who have died from undiagnosed rabies has been implicated in five cases of rabies transmission from two donors.<sup>5</sup>

Fortunately, rabies remains a rare disease. Therefore, guidelines for administering RPEP in relation to bats have been revised to more reasonably reflect that risk assessment. Prevention by limiting opportunities for physical contact with bats as well as postexposure prophylaxis constitute the cornerstone of protection.

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5. De Serres G, Dallaire F, Cote M, et al. Bat rabies in the United States and Canada from 1950 through 2007: Human cases with and without bat contact. Clin Infect Dis 2008;46: 1329-1337.
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The program has three levels: foundation, focused, and advanced. The advanced courses represent the evolution of the PMI program over the past 20 years and are targeted at physician-managers and leaders who have completed the foundation courses but are seeking more training in specific areas.

The 2.5-day courses are offered throughout the year and feature training in strategic planning, health human resource management, finance and economics, and increasing strategic influence.

For further information and to add your name to the mailing list, e-mail [professional\\_development@cma.ca](mailto:professional_development@cma.ca) or visit [www.cma.ca/index.cfm/ci\\_id/86920/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/86920/la_id/1.htm).

The PMI program qualifies for CME credits

—Steve Wharry  
CMA Communications

#### VMA annual Osler Dinner

The 88th annual Osler Dinner will be held on Thursday, 26 March 2009, at the Shaughnessy Golf and Country

Club in Vancouver. Dr Peter Newbery will give the Osler Lecture this year, titled A Gold Thread—One of Osler's Secrets.

Past members will be recognized and Primus Inter Pares awards will be handed out. To encourage younger colleagues, bring a student or resident. Spouses are also welcome to attend.

Tickets are \$65 per person (\$55 for students and residents). For further information contact the Vancouver Medical Association at 604 638-2843.

#### Two dynamic UBC MED social events

The 2nd-year medical student class would like to invite everyone to attend the upcoming MedRun and MedBall. The MedRun is an annual 5 km walk or 10 km run to raise money for UBC Rural Family Medicine Clerkships. The run is taking place on 4 April at UBC, UVic, and UNBC sites. Tickets are \$10. The MedBall will be Casino Royale, a night of James Bond inspired elegance and glamour at the River Rock Casino in Richmond on 18 April. Tickets are \$50. Visit [www.ubcmed.com](http://ubcmed.com) for further details.

*Pulsimeter continued on page 84*

#### Guide to Drive

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the BC *Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at [Drivesafe.com](http://Drivesafe.com), on the public side of the BCMA web site, and at the SGP web site.

Chapters available include Brain Injury, Brain Tumor, Cardiovascular Disorders, Cerebral Palsy, Cerebrovascular Disease, Diabetes, Epilepsy and Seizure, Hearing, Multiple Sclerosis, Musculoskeletal Disorders, Parkinson's Disease, Peripheral Vascular Disease, Psychiatric Disorders, Renal Disease, Respiratory Disorders, Sleep Disorders, Syncope, and Traumatic Vestibular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

—John McCracken, MD, Medical Consultant, OSMV

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## New office and wireless phone deal

The BCMA has entered into an agreement with Telus that will offer you member pricing on wireless (cellular) solutions, long distance, and local phone services. This is similar to the arrangements we have with insurance companies and other organizations that leverages the power of group purchasing to secure significant savings for our members.

The BCMA will purchase these services on your behalf and you can subscribe to any or all of the services depending on your needs. Whatever you choose, we can promise you substantial savings over typical consumer pricing.

Initially, we will be offering wireless devices and special rate plans from Telus. You will be able to order wireless smartphones or voice-only handsets from the members' area of the BCMA web site and have them delivered directly to your office. Members-only pricing on local phone lines and long-distance service will be available later this year.

This agreement is designed to bring you the latest communications solutions and tools to help you deliver high-quality patient care, to make it easier to stay connected with colleagues, family, and friends, to lower your communications costs, and to provide you with simplified billing and improved service levels.

**Quick and convenient.** Order online with next business-day delivery for orders placed before 2 p.m.

**Faster service.** Priority access to the Telus help desk for repairs and service issues.

**Real savings.** The BCMA has secured preferred pricing for devices, rate plans, and features. Choose from a voice-only plan or a combined voice and data plan that includes unlimited e-mail and wireless web browsing.

**Great selection.** Choose from:

- Canada's largest selection of smartphones—including the new BlackBerry Storm—for e-mail, the web, and access to a variety of productivity-enhancing applications.
- All the latest mobile phones for your business and personal needs.

For more information about this exclusive offer and details regarding eligibility and ordering, please visit the BCMA Member Centre at [www.bcma.org](http://www.bcma.org).

—Peter Denny  
BCMA Systems

## Health equipment loans now need referrals

As of this month, patients need a referral from a health care professional for all Red Cross loans of basic bathroom, mobility, and daily living aids.

The Red Cross has determined that clients are safer when using equipment that has been prescribed by a health care professional. Many patient safety advocacy groups believe that proper assessment is a critical part of effective patient care, and while indi-

viduals may know their own needs, they are less likely to be aware of safety hazards associated with various pieces of equipment.

Physicians are asked to complete a written referral when sending patients to the Red Cross Health Equipment Loan Program for basic equipment. In some cases a referral from an occupational therapist or physiotherapist is required for specialized equipment.

Referrals can be faxed to your local Red Cross office. Referral information can also be taken over the phone by Red Cross volunteers and, for the convenience of health care professionals, referral pads are available through Red Cross offices.

This referral policy is in place in every other province across Canada in which the Red Cross Health Equipment Loan Program operates.

For more information pertaining to the referral policy please contact your local Health Equipment Loan Program. Lists of locations of the Red Cross short-term Health Equipment Loan Program are available, by region, online at [www.redcross.ca/helplocations](http://www.redcross.ca/helplocations).

**HELP**

**Health Equipment Loan Program**

Coping with illness, injury or surgery can be a trying and difficult experience. The Red Cross Health Equipment Loan Program helps make this time a little easier by lending out health equipment to people of all ages.

To find a location in your community, visit [www.redcross.ca/helplocations](http://www.redcross.ca/helplocations)