



Dr Shirley Sze

An overwhelming passion for medicine and a desire to be of service has resulted in a cavalcade of accomplishments.

Shelley Ross, MD

The Doctors of BC Board is made up of 39 elected members. Of that number, only six are female—three of whom serve on the Doctors of BC Executive. With such a paucity of female representation, what attracted the few women who are present to serve on the Board?

In the case of Dr Shirley Sze, it is an overwhelming passion for medicine and a desire to be of service.

Shirley is the daughter of a female physician—a pioneer in the field of women practising medicine. Her mother studied medicine in China, immigrated to Canada, trained across Canada, and settled as a family physician in Alberta. Her mother was

Dr Ross has spent her career as a full-service family physician in Burnaby. She has always had a special interest in obstetrics and the health of women and children. Having been president of Doctors of BC in 2012–2013, she is now co-chair of the General Practice Services Committee. She sits on the boards of Doctors of BC, the Canadian Medical Association, and the Medical Women's International Association.

This article has been peer reviewed.

such a good role model that there was never a doubt in Shirley's mind that she, herself, would become a doctor. In fact, her mother showed there was no difficulty in balancing work life and home life, being able to raise her children as well as work. Shirley followed right along in her mother's footsteps.

Shirley graduated from medicine at the University of Alberta in 1976, completed a family medicine residency at Queen's, and started work in Kamloops in 1979. Shortly after she arrived in Kamloops she was called urgently to the case room for a patient with significant fetal distress (there was no audible fetal heartbeat). The first problem with the call was that Shirley didn't know where the case room was. The second problem was that the case room nurse, recognizing that Shirley was new, suggested that they call someone who knew what they were doing. In the unflappable manner that was to continue throughout her career, Shirley promptly put on the forceps, delivered a healthy baby, and set her career on the right path from day one. Shirley chose family practice because it offered a vari-

ety of challenges and enabled her to provide longitudinal care to the whole family. Looking after the children in her practice was the highlight of her day. She would have such fun with her patients and her practice that people often asked whether there was a party going on in her office.

For the next 30 years, Shirley divided her time among three activities: providing full-service family practice care to her patients, raising her family, and supporting her medical community through her role in continuing professional development.

Shirley quickly learned that the issues people bring into emergency are not always straightforward. She recalls her time as doctor of the day, an elderly man was admitted through emergency following a single-vehicle MVA with the information that he needed a few days to get over his soft-tissue injuries. A few hours later, he was comatose. Following the emergency CT scan of his head—looking for the suspected subdural—which was not found, he spiked a temperature and on lumbar puncture was found to have meningitis.

One advantage of working in



L–R: Dean Gavin Stuart, Dr Shirley Sze, and Dr Gisele Bourgeois-Law.

family practice is the opportunity to have good relationships with a variety of medical professionals, allowing for coordination of care. Shirley recalls one of the specialists in her medical building appearing in her office with his school-age son in tow. The son had been tobogganing and was hit in the throat by a toboggan. His mother had brought him to see his father. By the time he walked through Shirley’s door all that could be heard was the strident breathing. With a couple of phone calls Shirley had the ambulance on its way, the OR on standby, and an ENT colleague running to her office to accompany the boy to the hospital.

Not one to let technology evade her, in 2008 she developed and chaired the PITO Community of Practice for Kamloops. That resulted in many of the physicians in Kamloops adopting the same EMR, which facilitated better information exchange. She is

presently involved with the Physician Data Collaborative, a nonprofit society comprising Divisions of Family Practice that looks at the collaborative use of clinical data to improve patient care.

After transitioning out of full-service family practice in 2009, she was able to devote more time to health care transformation at the systems level. The first step was becoming a member of the Doctors of BC Board of Directors, soon followed by founding and leading the Thompson Region Division of Family Practice. It wasn’t long before the divisions realized that a good working relationship with the health authorities would be beneficial to creating change that would make patient care better. This led to the creation of the Collaborative Service Committees (CSCs) and Shirley was co-chair of the Thompson Region CSC. One of the earliest tasks of the Thompson CSC was to work on

supporting family physicians to stay involved with in-hospital work.

Learning of other divisions getting together in the Fraser Health region, Shirley advocated along with six other divisions in the Interior Health region at the time to create the Interior Health Inter-Divisional Strategic Council, where the health authority senior executive team along with reps from Doctors of BC and the Ministry of Health would meet with the leads of all Interior Health Divisions of Family Practice. Shirley continues to be the physician lead for the Thompson Division.

When Shirley became aware of the lack of access to primary care for patients suffering from mental illness and substance use, she and the local medical director of psychiatry were able to involve the health authority to create the King Street Project (primarily using the division framework), an

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integrated clinic of care for this vulnerable patient population. Through acceleration funding, this project model is being expanded to several other regions in Interior Health.

Through a patient journey mapping exercise that she did with her community, Shirley was able to tell the stories of children and youth with mental illness and their families trying to access health care for their significant concerns. One of the teenage patients involved and his mother had been trying to get the boy the help he needed over the course of 14 years. On one visit, his mother told Shirley that he was finally getting the much-needed help. Shirley's pleasure at this news was soon dampened when she realized that it took his entry into the judicial system to access the help. This led to the provincial vision for a Child and Youth Mental Health and Substance Use Collaborative, through the support of Stephen Brown, deputy minister of the Ministry of Child and Family Development at the time. Working with many physicians; Val Tregillus, lead of the Interior Health ISC; and Shared Care and Specialist Services Committees, Shirley has helped guide this prototype in Interior Health. This collaborative has now engaged three ministries—Health, Child and Family Development, and Education—as well as the First Nations Health Authority, and Shirley

has been supporting the work as best as she can. Many others have come along to support the collaborative, and the plan is to take what was developed in Interior Health, sustain it, and spread it to the other regions in BC.

Shirley has also been involved in many of the Shared Care Committee's projects. She has been a physician champion for the Practice Support Program modules and has participated at the steering committee level for adult mental health and chronic pain.

With her love of lifelong learning, it is only natural that Shirley would be involved with the Doctors of BC Continuing Medical Education Nucleus Committee—she has chaired it for the past 6 years—and the CMA Council on Continuing Medical Education and Professional Development. This led her to membership on the Committee on Accreditation of Continuing Medical Education and to chair the Working Group on the Professional Relationship of Physicians within the Healthcare System, where she oversaw the production of a policy paper. This made her a natural selection for the Doctors of BC Council on Health Economics and Policy Working Group on professionalism.

Shirley is also one of the reviewers for UBC's online continuing professional development program, *This Changed My Practice*, and she continues to engage with UBC CPD on their multiple innovative projects.

As a natural extension of her role in local CME delivery, Shirley also volunteered to be the site faculty development lead for the UBC Family Medicine Residency Program in Kamloops.

She has presented at many forums, including the Institute for Healthcare Improvement, which is famous for the triple aim principles—principles by which all the collaborative committees work and which are incorporated into the Doctors of BC Strategic Plan. The triple aim stresses the need for quality improvement projects and health care transformation to accomplish three ideals: improving population health, improving the experience for both patient and provider, and realizing savings for the system. Some of her presentations revolve around work with Patients as Partners and Impact BC on Health Literacy and other projects.

Shirley is a member of the Federation of Medical Women of Canada and she spoke, as a member of a panel, at the organization's annual meeting held in Vancouver on 19 to 21 September 2014, appropriately titled *Women as Medical Leaders: Empowered, Engaged, and Extraordinary*.

With all these accomplishments to her name, you may be surprised to learn that Shirley is a quiet, unassuming person who continues to accomplish great things. Consider following her lead and becoming an engaged member of Doctors of BC. You can choose to sit as a Board member or begin your involvement as a member of one of the many committees, and let your hidden talents emerge.

Thank you, Shirley, for all the good work you do for Doctors of BC!

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