RIDING WAVES
A YEAR OF EBBS AND FLOWS
RIDING WAVES

A YEAR OF EBBS AND FLOWS
Our vision is to be recognized as a world leader in medicine.

We exist to innovate, advocate and practice the highest quality of patient-centred care, medical education and research.
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“It has been my privilege to serve as Chair and my great pleasure to observe the outcome of so much dedication and hard work.”
As I ride on a tidal wave out of the Department of Medicine Executive Office I reflect that this year’s annual report, “Riding the Waves: A Year of Ebbs and Flows” is so appropriate. For so many of us the lows of restrictions related to the pandemic were also accompanied by the highs of teamwork, collaboration, and so many positive ways in which we tackled the challenges of this past year. The Department leadership met regularly, so that we could turn on a dime and adjust rapidly to the disruptions and hurdles associated with COVID-19. Together, we faced the new working from home mandate, restrictions to our training programs, the rise of virtual care from 0.5% of outpatient visits to 60%, all the while managing ongoing EPIC concerns, burnout and moral distress. Collectively we found solutions and shared them widely. This spirit of collaboration was uplifting and sorely needed; people weathered the storm admirably.

I can only hope that the progress we’ve made, not only during the last year but over the entire course of my 12 years as Department Chair will have created a wave to be ridden on for future success and continue our legacy as leaders, educators, researchers, and innovators.

It has been my privilege to serve as Chair and my great pleasure to observe the outcome of so much dedication and hard work.

Philip S. Wells
MD, FRCPC, MSc

Chair and Chief, Department of Medicine (April 2009–July 2021)
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
“I’ve inherited a strong Department and I look forward to leading this team of talented and committed physicians, scientists, learners, and administrators.”
As incoming Department Chair and Head, it is my honour to share with you this annual report which highlights many important accomplishments over the last academic year, as well as some of our priorities for the future. I’ve inherited a strong Department and as my first term begins, effective July 1st, 2021, I look forward to leading this team of talented and committed physicians, scientists, learners, and administrators. I am especially grateful for my new staff in the Department of Medicine Executive Suite as I will rely on their legacy knowledge and expertise to help navigate my way forward through these first few months.

I have given much thought to ways in which we can strengthen this Department but will be looking to all our members for help in defining our future aspirations and priorities. But first, the pandemic has taken an enormous toll on us all, and we need a recharge period. We can’t advance without an energized, engaged, inclusive Department and my actions will always consider the wellness of our staff and learners.

Our future is bright, in part because of the exceptional leadership of Dr. Phil Wells. During his tenure, he was instrumental in making the Department of Medicine what it is today. Phil’s zeal for our success was matched only by his conviction, rigorous decision-making, and steadfast advocacy. As Chair, he steered this Department through some very tough challenges and created tremendous opportunities to let us shine. It’s truly a privilege to continue Phil’s work and lead us onward to our next chapter.

We are a remarkable Department made up of exceptional people. I will do my very best to serve them all well.

Greg Knoll
MD, FRCPC, MSc
Chair and Head, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
Department at a Glance

573
Department members
353 FTA
220 PTA

48
Graduate students supervised
29 MSc
19 PhD

312
Postgraduate medical trainees

8 Emeritus Professors
91 Full Professors
102 Associate Professors
206 Assistant Professors
128 Lecturers
38 Adjunct Professors

135 Direct Entry Program Residents
~ Core Internal Medicine (88)
~ Dermatology (15)
~ Neurology (21)
~ Physical Medicine & Rehabilitation (11)

84 Subspecialty Program Residents
6 Clinical Scholars
87 Clinical Fellows
Moving forward, building our EDI strategy and implementation of sound organizational change management processes will be essential to a successful and sustained EDI change effort, not just for gender equality, but for all underrepresented groups.

Women are:
12% of DoM Emeritus Professors
17% of DoM Full Professors
37% of DoM Associate Professors
48% of DoM Assistant Professors
62% of DoM Lecturers
37% of DoM Adjunct Professors

Women in DoM paid leadership positions:
2 of 5 Vice Chairs (40%)
1 of 18 Division Heads (6%)
6 of 12 Directors (50%)
11 of 17 Residency Program Directors (65%)

From 61,708 faculty members across Canada, women are:
26% of Full Professors
39% of Associate Professors
49% of Assistant Professors
58% of Instructors

Source: The Association of Faculties of Medicine of Canada
## Executive Suite Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Allsop</td>
<td>Process Improvement Specialist</td>
</tr>
<tr>
<td>Matthew Armour</td>
<td>Program Administrator (Undergraduate Medical Education)</td>
</tr>
<tr>
<td>Jean-Michel Bouchard</td>
<td>Administrative Coordinator</td>
</tr>
<tr>
<td>Geoff Delaunay</td>
<td>Business Manager (University of Ottawa Medical Associates)</td>
</tr>
<tr>
<td>Soroush Fard</td>
<td>Communications &amp; IT Support</td>
</tr>
<tr>
<td>Justine Fortier</td>
<td>Program Administrator (Core Internal Medicine Residency Training Program)</td>
</tr>
<tr>
<td>Rachel Glennie</td>
<td>Program Administrator (Core Internal Medicine Residency Training Program)</td>
</tr>
<tr>
<td>Angela Harvey</td>
<td>Clinical Academic Specialist (Clinician Teacher Program) &amp; Program Administrator (Postgraduate Medical Education)</td>
</tr>
<tr>
<td>Krista Hind</td>
<td>Manager, Human Resources</td>
</tr>
<tr>
<td>Angela Lamb</td>
<td>Financial Coordinator</td>
</tr>
<tr>
<td>Jeanne Lemaire</td>
<td>Program Administrator (Core Internal Medicine Residency Training Program)</td>
</tr>
<tr>
<td>Lissa Lepage</td>
<td>Executive Administrative Assistant to the Chair</td>
</tr>
<tr>
<td>Mélanie McCallum</td>
<td>Program Administrator (Undergraduate Medical Education)</td>
</tr>
<tr>
<td>Kylie McNeill</td>
<td>Research Methodologist</td>
</tr>
<tr>
<td>Tara Routh</td>
<td>Academic &amp; Research Coordinator</td>
</tr>
<tr>
<td>Tracy Serafini</td>
<td>Manager, Communications &amp; Stakeholder Relations</td>
</tr>
<tr>
<td>Lori Sherman</td>
<td>Human Resources Advisor</td>
</tr>
<tr>
<td>Kailey Thrower</td>
<td>Human Resources Advisor</td>
</tr>
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</table>
## 2020–21 Department of Medicine Recognition Ceremony

### Award Recipients

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Smita Pakhale (Respirology)</td>
<td>Jeff Turnbull Healthcare Advocacy Award</td>
</tr>
<tr>
<td>Dr. Danny Lelli (Neurology)</td>
<td>Going the Extra Mile Award – Faculty</td>
</tr>
<tr>
<td>Drs Jessica Xu and Moses Fung (Core Internal Medicine)</td>
<td>Going the Extra Mile Award for Core IM Trainees</td>
</tr>
<tr>
<td>Dr. Michael Froeschl (Cardiology)</td>
<td>Department of Medicine Mentorship Award</td>
</tr>
<tr>
<td>Ms. Rachel Raude (General Internal Medicine)</td>
<td>Chairman’s Cornerstone Award</td>
</tr>
<tr>
<td>Dr. Dominick Bossé (Neurology)</td>
<td>Quality Improvement Award of Excellence</td>
</tr>
<tr>
<td>Dr. Arif Awan (Medical Oncology)</td>
<td>Department of Medicine Professionalism &amp; Collegiality Award</td>
</tr>
<tr>
<td>Dr. Andrew Aw (Hematology)</td>
<td>Bedside Teacher Award</td>
</tr>
<tr>
<td>Dr. Glenn Wells (Cardiology)</td>
<td>PhD Scientist Award</td>
</tr>
<tr>
<td>Dr. Sarah Mansour (Infectious Diseases)</td>
<td>Clinical Teaching Choice Award</td>
</tr>
<tr>
<td>Dr. Aliza Moledina (General Internal Medicine)</td>
<td>Peter MacLeod Resident Award</td>
</tr>
<tr>
<td>Drs Calum Redpath (Cardiology) &amp; Jennifer McDonald (PMR)</td>
<td>Clinical Innovation Award</td>
</tr>
<tr>
<td>Dr. Peter Munene (General Internal Medicine)</td>
<td>Department of Medicine Vision Award</td>
</tr>
</tbody>
</table>
# Division Heads

Reflects the period of July 1st, 2020 to June 30th, 2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Rob Beanlands</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Dean Fergusson</td>
<td>Clinical Epidemiology</td>
</tr>
<tr>
<td>Dr. Mark Kirchhof</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Heather Lochnan</td>
<td>Endocrinology &amp; Metabolism</td>
</tr>
<tr>
<td>Dr. Alaa Rostom</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Alan Karovitch</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Allen Huang</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Marc Carrier</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Jonathan Angel</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Neil Reaume</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Greg Knoll</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. David Grimes</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Eugene Leung</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. James Downar</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Shawn Marshall</td>
<td>Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Dr. Gonzalo Alvarez</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Antonio Cabral</td>
<td>Rheumatology</td>
</tr>
</tbody>
</table>
## Department Directors

Reflects the period of July 1st, 2020 to June 30th, 2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Role</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. Christopher Johnson</td>
<td>Postgraduate Medical Education Director</td>
</tr>
<tr>
<td>Dr. Amel Arnaout</td>
<td>Postgraduate Medical Education and Fellowship Program Director (combined role as of May 1, 2021)</td>
</tr>
<tr>
<td>Dr. Susan Humphrey-Murto</td>
<td>Medical Education Research Director</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine Residency Program Director</td>
</tr>
<tr>
<td>Dr. Vladimir Contreras-Dominguez</td>
<td>Clerkship Program Rotation Director — Internal Medicine</td>
</tr>
<tr>
<td>Dr. Robin Parks</td>
<td>PhD Research Director</td>
</tr>
<tr>
<td>Dr. Alexander Sorisky</td>
<td>Physician Mentorship Director</td>
</tr>
<tr>
<td>Dr. Camille Munro</td>
<td>Equity and Diversity Director</td>
</tr>
<tr>
<td>Dr. Grègoire Le Gal</td>
<td>Research Plus Pipeline Program Director</td>
</tr>
<tr>
<td>Dr. Delvina Hasimja-Saraqini</td>
<td>Quality Improvement and Patient Safety Director</td>
</tr>
</tbody>
</table>
New Faculty Positions *(FTA and PTA)*

Reflects the period of July 1st, 2020 to June 30th, 2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mark Canney</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Natalia Causada Calo</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Abid Ismail</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Elaine Kilabuk</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Michelle Laneuville</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Rinu Pazhekattu</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Dr. Kaitlyn Boese</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Leila Cohen</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Grace Warmels</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Michaeline McGuinty</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Miriam Kimpton</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Rebekah Murphy</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Tzu-Fei Wang</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Katrina Dezeeuw</td>
<td>Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Dr. Hassan Mir</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Adrianna Bruni</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Andrew Mulloy</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. David Harnett</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Deborah Siegal</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Anna Romanova</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Sophia Colantonio</td>
<td>Dermatology</td>
</tr>
</tbody>
</table>
Physician | Division
---|---
Dr. Daniel Ramirez | Cardiology
Dr. Rebecca Mathew | Cardiology
Dr. Farzad Abbaspour | Nuclear Medicine
Dr. Raistlin Majere | General Internal Medicine
Dr. Anthony Greico | Hematology
Dr. Nancy Maltez | Rheumatology
Dr. Marc Monsour | Physical Medicine & Rehabilitation

Faculty Retirements

Reflects the period of July 1st, 2020 to June 30th, 2021

Physician | Division
---|---
Dr. Hyman Rabinovitch | Neurology
Dr. Marc Andre Beaulieu | Neurology
## Faculty Promotions

Reflects the period of July 1st, 2020 to June 30th, 2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Hsiao-Huei Chen (Neurology)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Curtis Cooper (Infectious Diseases)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Darryl Davis (Cardiology)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Dariush Dowlatshahi (Neurology)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. James Downar (Palliative Care)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Kathy Suh (Infectious Diseases)</td>
<td>Promoted to Full Professor</td>
</tr>
<tr>
<td>Dr. Lana Castellucci (Hematology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Shane English (Critical Care)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Simone Fahim (Dermatology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Rachel Goodwin (Medical Oncology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Tina Hsu (Medical Oncology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Natasha Kekre (Hematology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Ran Klein (Nuclear Medicine)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Kwadwo Kyeremanteng (Critical Care)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Nataliya Milman (Rheumatology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Sanjay Murthy (Gastroenterology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Rakesh Patel (Critical Care)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Michel Shamy (Neurology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Grant Stotts (Neurology)</td>
<td>Promoted to Associate Professor</td>
</tr>
<tr>
<td>Dr. Jodi Warman Chardon (Neurology)</td>
<td>Promoted to Associate Professor</td>
</tr>
</tbody>
</table>

*Based on notifications received at time of annual report production.*
# Department Residency Program Directors

Reflects the period of July 1st, 2020 to June 30th, 2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Froeschl</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dr. Loree Boyle</td>
<td>Core Internal Medicine</td>
</tr>
<tr>
<td>Dr. Gianni D’Egidio</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dr. Carly Kirshen</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dr. Amel Arnaout</td>
<td>Endocrinology &amp; Metabolism</td>
</tr>
<tr>
<td><em>Dr. Chris Tran as of May 1st, 2021</em></td>
<td></td>
</tr>
<tr>
<td>Dr. Harinder Dhaliwal</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dr. Samantha Halman</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Dr. Lara Khoury</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Dr. Andrea Kew</td>
<td>Hematology</td>
</tr>
<tr>
<td>Dr. Arianne Buchan</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Dr. Xinni Song</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Dr. Caitlin Hesketh</td>
<td>Nephrology</td>
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<tr>
<td>Dr. Daniel Lelli</td>
<td>Neurology</td>
</tr>
<tr>
<td>Dr. Stephen Dinning</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. Christopher Barnes</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Dr. Deanne Quon</td>
<td>Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td>Dr. Vanessa Luks</td>
<td>Respirology</td>
</tr>
<tr>
<td>Dr. Susan Humphrey-Murto</td>
<td>Rheumatology</td>
</tr>
<tr>
<td><em>Dr. Nataliya Milman as of July 1st, 2021</em></td>
<td></td>
</tr>
</tbody>
</table>
A deep dive with
Dr. Antonio Cabral

In a nutshell, Antonio grew up in Mexico City, the son of two physicians. Learned English so he could understand the lyrics to Beatles songs. Landed a short gig as visiting professors Drs Anthony Fauci and Giles Bole’s personal driver and tour guide because he spoke English. Used these connections to get funded and moved to Ann Arbor, Michigan to work with a well-known researcher in the biochemistry of connective tissue. Gave it all up and moved back to Mexico for family reasons. Became an Associate Professor of Rheumatology. Was extremely critical of those he taught. Lost his temper, often. Got a divorce. Lost two close research collaborators to an illness and a tragic accident. Rebuilt. Published. Got passed up for the Head of Rheumatology, a job he thought he was being groomed for. And deserved.

Through it all: the politics, setbacks and personal turmoil, Antonio still managed to establish himself as a renowned world player in the antiphospholipid syndrome and, to make a significant mark in rheumatological research.
Today, at age 69, Dr. Antonio Cabral is the Head of the Division of Rheumatology in Ottawa. He is quiet, pensive in a way a person might look while having a conversation with themselves. His current contentment he attributes wholly and gratefully to his wife, Janete. A line from *The Bridges of Madison County* sums his life up best: “The old dreams were good dreams; they didn’t work out but I’m glad I had them”.

Below, a candid reflection from a man seated at opposite ends of an outstanding career.

*My parents were both physicians* and had an office right in our home. At the age of six I would spend time in the waiting room talking with patients or watching my father as he met with them. He’d sometimes get up at 3:00 a.m. to do house calls. I admired his very strong work ethic. I think I got that from him.

*We were five children* and after the second, my mother stopped seeing patients to look after us. She always had a lot of rules. We’d get up in the morning and go to school and she’d pick us up at a certain time and it was clear that you must be on time. You do your homework from this time to this time and if you don’t have homework then you study for a couple of hours in the afternoon. When you were eating, you were not doing anything else. She was a very gentle and influential person and she and I had a loving relationship for 48 years. At age 77, in the year 2000, she passed away in my bed. I took care of her during the last seven days of her life. My parents weren’t together at that time. They got divorced in 1975, when I was in my fifth year of medical school at the University of Mexico. We didn’t see our father for 25 years after that.

*In 1979, I met Tony Fauci* in Mexico City during my internal medicine residency when he came over to give us a talk about vasculitis, a particular interest of his at that time. I was one of the few residents that spoke English, so my boss asked me to pick him up along with Dr. Giles Bole, who was the Rheumatology Division Head at The University of Michigan in Ann Arbor, at the airport and drive them around the city. We had a lot of time to speak personally over lunches and dinners and it really solidified my interest in research. Both were kind enough to ask me about my professional dreams and to introduce me to the American academic world. Later that year, Dr. Bole invited me to pursue a Rheumatology Fellowship in Ann Arbor. I wanted to be a rheumatologist for kids and at that time there was a famous physician in Ann Arbor named James T. Cassidy. Jim didn’t have funding so, Giles connected me with Dr. William (Bill) Castor, a very well-known researcher in the biochemistry of connective tissue. My time under his dedicated and fatherly supervision in his lab changed my life and mindset forever.
**My former wife and Ricardo Antonio,** our only son at that time, lived in Ann Arbor over five years. Our youngest son Rafael was born there in 1985. And then my former wife and I had some difficulties making things work so we moved back to Mexico but eventually divorced. We currently have a friendly relationship and talk to each other often, of course. She is a great person and a great mom. Our two beloved sons have kept us connected.

**After I moved back to Mexico** in 1986, Bill and I stayed in touch especially during the American College of Rheumatology meetings. There was a point when I was ready to quit research because of all the difficulties there and thought, ‘What I’m doing here? I should just set up my private practice, make a lot of money and get rid of the basic research’. Bill convinced me to keep going. His autographed portrait has accompanied me during my journey in medicine/science for 35 years.

**In my early days in Mexico** as a full time research investigator, it was hard to perform research in antiphospholid syndrome. Originally, because it was not recognized as a distinct clinical entity and even once it got recognition, it is a rare disease. You don’t get to have many patients in your cohort, so it took a while to gain momentum. In the hospital I worked in, shortly before I got there, they had managed to build a cohort of 667 patients, a crazy number at that time. It’s still one of the largest cohorts gathered in a single center. That helped me immensely to launch my career and to meet tons of honest and dedicated researchers that thankfully allowed me to lead them and gave me a strong sense of belonging.

It wasn’t as smooth as it sounds; a very close collaborator, friend and colleague died while diving in Cancun, and our leader, Dr. Donato Alarcón Segovia, who created one of the strongest APS research programs in the world, had passed away 5 years earlier. After these two big losses our group was badly hurt. Fortunately, I had a committed and capable team that helped keep our research going after I took over the leadership. It was tough, but once we regrouped, we did very well afterwards for several years.

**As professors and mentors,** we were asked to evaluate our residents after research and clinical seminars in person, right on the spot, in front of the whole unit, which was about 25 to 30 people. I was critical of my students—very tough. I was aware of how they perceived me, but I didn’t care; they knew it was not personal, but a matter of not being okay with mediocrity, with being in the middle instead of on top. I did not ask more of any of them than I asked of myself. I spoke strong words. I was still young at that time and wanted to make myself known. I did not train in that hospital, so, I was always the outsider. Physicians that had trained there were treated preferentially over me. That’s my justification for my behavior. I want to make clear now, that I do regret my approach, I think I should have been easier on them with the same goals in mind. When I run into some of my former trainees at meetings, many of them are now extremely successful in multiple countries, they are very grateful as they eventually came to realize the benefits of my strive for perfection. I must say also that I also run into some of them who don’t speak to me anymore. I regret that as well.
I've been mellowed now, and I'm more self-aware. I was tough with my kids too. Now when we speak about it they laugh, but after the divorce they didn’t want to see me for months. I regret that, of course. But today, you are looking at a different person. I’m quiet now because I have learned that words really matter, so I try to choose them wisely. I didn’t think about that before. I thought that actions were more important than words.

My former boss was a Renaissance man who knew everything about everything. He was an intelligent and wise person; it was truly fascinating to speak with him. He also had an ego bigger than life. By 2011, I was up for Head of Immunology and Rheumatology and naively thought I stood a particularly good chance. But in Mexico, many things are handled below board, among ‘friends’. It came down to a competition between two people that was clearly fixed in advance. After multiple interviews and formal presentations, literally, almost five minutes after my final presentation, where I presented an elaborated and extensive plan, they chose the other candidate. That crushed my sense of belonging. I had spent almost 30 years in my former hospital. I was the President of the Internal Review Board for 10 years. I was the Associate Program Director also for 10 years, ran a very successful nationally and internationally recognized research program, so I thought I proved myself there and yet I was not allowed to become Head. It was never meant to be. My dear mother Lucy used to say, “Son, God knows why he does things”. She was a very religious person. I’m not, but I understood her message: things happen for a reason. She was right, she was always right.

As Vice-president and President of the Mexican College of Rheumatology, I founded the Mexican College of Rheumatology Research Unit. Its main objectives were to create, promote, conduct and financially support scientific research in Rheumatology among its membership. I managed a high budget that increased three-fold during my tenure. I'm quite proud of that. This Research Unit is still fully operational 13 years later.

In 2014, I got an email from Phil [Wells] to offer me the position of Division Head. So, I spoke with Janete, spoke with my two kids, spoke frequently with my dear friend Dr. James Jarvis, took a while to think about it, and eventually I wrote my letter of intent. Phil was a very, very important part of my decision to come here.
He was the right boss for me. Life has a way of giving you things that you don’t really ask for or pursue. You never know how life works. Things happen for a reason. It was the right move.

*My Rheumatology colleagues* here in Ottawa see me mostly as an administrator rather than a researcher or a scientist. In journal clubs, grand rounds, etc I contribute and make comments about cases for the academic part of my role, but very few know the specifics of my full contributions in science. Few have asked me about the 30 years I spent as a researcher. Many don’t know much about my life, including my personal life. They don’t ask me, and I don’t speak about it. Aside from a few things here and there, it’s not in my nature to volunteer that information. I became the Head of the Division of Rheumatology when I was 63, which was what brought me to Canada and drives me to this day. At the present time, it’s more important to focus on that than to brag about my proud past.
Over the past two years I never felt like I was drowning because of the pandemic. Moments maybe, but I’m not the kind of person that will allow negative feelings to stick around. I’ve had a lot of difficulties in my life, but I had a very good childhood. We had everything we could dream of, always food on our table, good clothing and a cozy house. My father was a good provider. It was unfortunate that he missed our achievements and failures for 25 years. When he came back into our lives we didn’t get along. We just couldn’t rebuild a meaningful relationship. He died in 2016 and when I came back to Ottawa after his funeral, I concluded again that you cannot blame your father or your mother for who you are. I was 40 years old when I first understood that.

So, what I’m saying is that over the years I have developed a mechanism of self-defense and learned not to allow yourself to suffer for things that you can’t control, which is what’s happening in the world right now.

The camaraderie and commitment of each and every member of our Division have been evident throughout the pandemic. While our current manpower is low, and has been low for years, on top of the pandemic, my colleagues are always there kicking in and working hard. I am very proud of our team. It hasn’t been easy. Fatigue, burnout and demoralization are serious preventable issues, so I’ve tried to stay connected with them, long talks in my office. I am a quiet and timid person, but I speak with people when I feel they need it. I’m glad I have developed the ability to understand what people are going through, without the need to tell them what to do. I just listen and try to give some comfort on a PRN basis and deliver guidance if wanted. I practice that with my sons as well. It is my leadership and management style.

“One of my favourite things is to read Nietzsche just for fun. He has taught me that there is no better tool than thinking because thinking is the only capital you have at your disposal.”

I have contributed to the science of rheumatology. The antiphospholipid syndrome was and still is my greatest intellectual passion. Research? Just a bit. I am fortunate to still get invitations to lecture, and as a past member of the Antiphospholipid Syndrome International Committee, I get calls and emails for opinions from time to time. My colleagues in thrombosis know me well and I’m grateful and happy to get phone calls for advice or when they refer patients to my APS clinic. I hope that my legacy will be to build a long-lasting and strong foundation for an academic Division of Rheumatology in Ottawa.

I haven’t mentioned my wife Janete much, but she has been there for me. Without her I wouldn’t be here. She’s the most important part of my life.
My great joy in life is to hear my wife and my two sons laughing their chests out.

I know it sounds corny, but I like to be by myself, with myself. One of my favourite things is to read Nietzsche just for fun. He has taught me that there is no better tool than thinking because thinking is the only capital you have at your disposal. When I jog, I exercise the muscles. When I think, I exercise the mind. I took a meditation course many years ago to imitate The Beatles. I don’t do it anymore, but the theory stayed with me. I’ve also read Hindu philosophy for the same purpose, to try to understand the nature of the mind, the mind of people, my mind. It doesn’t always work because sometimes minds are elusive, they take you to places you don’t want to visit. If I could have dinner with anyone it would have to be Fritz Nietzsche. I would like to ask him two questions: “Did you choose to remain silent the last 10 years of your life?” and “Did your relentless writing help you to find yourself?”

One rule of parenting: guide without pain.

The greatest remedy on Earth today is love.

I don’t understand how people do the same things over and over and expect different outcomes.

My definition of smart is to connect two dots seemingly disconnected.

The most indulgent thing I do each day or week is eat tons of cashews and peanuts.

The best ritual of my daily life is to prepare my wife’s morning coffee and deliver it at her bedside.

You have to give people permission to put their thoughts together during a tough discussion/conversation.

To compete in life, you’ve got to think high, aim high and act accordingly.

To become good at anything you have to listen to your heart, know yourself, have one or two living role models, read the biographies of the people you would like to emulate and develop an original you.

If I’ve learned any truths in life, it’s this: the most difficult thing people can do is to change their opinions. When I face this, I am powerless.

To do good is to listen to people when they are in pain.

I think you do your best when you overcome your fear of failure.

You go through a lot of phases in life. Right now, I’m in the harvest phase. It hasn’t been an easy harvest but I’m now benefitting from both the personal and professional work that I’ve done.

The worst thing in the world is poverty.

My greatest personal achievement is being bilingual. It has allowed me to live and explore the world from two perspectives.

In high school I was very good in track and field. The furthest I’ve ever pushed myself physically was to run 10 km at sea level at 100% humidity and 39º temperature. On the other hand, I was terrible at playing soccer—note that in Mexico, soccer is the favourite National pastime!
The most imaginative thing I've done as an adult is being comfortable and happy writing scientific papers in English and fictional literature and newspaper articles in Spanish. A good friend of mine, a physician rheumatologist, is a writer, and has published about 15 to 20 novels, writes poems and newspaper articles every week in a big newspaper in Mexico City. He always asked me to review his writing, give him ideas, and correct the grammar because I’m good at Spanish grammar. And then I decided to try to write as well. So, for about 10 or 15 years, I wrote a medical essay every month for the same newspaper on rheumatoid arthritis, fever, joint pains, uncertainty in medicine and so on. I love writing. Your language is the limit of your world, in my opinion. If you don’t know the word for something, then you cannot describe it.

Marcel Proust is one of the authors I revisit often. My father used to have a library in which he had a lot of books. He only allowed me to look at them, not to touch them. So, the first minute I had when he was not at home, I’d grab a book, read it and then very carefully put it back exactly where I found it. I’d make a note of the page I was on so I could go right back to that spot in the novel. And that’s how I read Frankenstein. It was the first book I read from start to finish. I was 9 or 10 years old. It changed my view of the main character portrayed in the movie, but most importantly, it was my first encounter with an emotional experience brought about by the written word. Without a doubt, I owe this book my love for the written word.

If I had one trip in a time machine, I would love to go back and meet Miguel de Cervantes and William Shakespeare.

My favourite food is Mole Poblano. Our mother used to cook that delicious meal for all of us kids on our birthdays. It was her way to celebrate the life of her beloved children every year until she died.

The most rebellious thing I’ve ever wanted to do is to get rid of John Lennon’s murderer in a second. When I first heard a Beatles song, I was maybe six years old and it just grabbed me. When I watched them on television interviews, they were speaking English and I could not understand them. At that point I decided to learn the language; it was the first thing that drove me to learn English. I learned a lot of words by reading their lyrics on the album jackets.

My most treasured current possession is my collection of several editions of The Beatles albums. I’m quite a nostalgic person, especially for things from my past that connect me on an emotional level. We didn’t bring much when we moved from Mexico to Canada. I got rid of about 500 books and left close to 500 music albums. My sons have them now, including some original Beatles albums. The Beatles are as important to my sons as they are to me. When we hear their songs, we sing them together.

If you looked at my playlist, you’d see the following artists: The Beatles, Sarah Brightman, Frederick Chopin, Gustav Mahler, Bob Marley.

I chose Rheumatology because it is one of the most (if not the most) intellectually demanding subspecialties of Internal Medicine. We have few procedures, everything else is intellectual.
We hear the patients. We examine the patients. We do the laboratories, the lab work, the imaging, and we put it all together in our minds. Our subspecialty is so broad, so big. We get looped in to explain things others cannot. That’s probably why we are called “The Philosophers of Medicine”.

**The technical advance** I most anticipate is tailor made or genetically engineered therapeutics for autoimmune inflammatory rheumatic diseases.

**My mother taught me** to treat everybody as you would like to be treated, have respect for people’s ideas independent of their religion, cultural background, skin color and nationality, and the love of family.

**The best advice I was ever given** was it is possible and feasible to be a successful physician and at the same time be an accomplished scientific researcher.

**The historical figure I most identify with** is François-Marie Arouet (Voltaire).

**Growing up, holocaust** was not a word I knew. I was brought up in a Catholic family and I spent most of my undergraduate education in a Catholic school as well. As such, my parents and teachers hardly spoke about other religions. I first heard the word “holocaust” from two of my classmates during my first year of medical school. This opened my eyes and changed my thinking of religions almost immediately. More so, after I read Olga Lengyel’s book *I Survived Hitler’s Ovens*.

**If I could only pack 3 things** in my suitcase to travel to an unknown destination, they would be the original edition of *Don Quijote de la Mancha*, The Beatles’ album *Abbey Road* and a photograph of my family.

**I always wanted a Porsche.** In the parking lot of the Mill Street restaurant every Sunday, there are 10 to 15 cars on display; most of the owners are my age. It’s incredible that they have the same dream that I had at age 17. I’d never buy one though, $100,000 is a lot of money to spend on a car, and we’re talking a 1972–73 model.

**The biggest risk I’ve ever taken** was to move to Canada at 62 years of age to lead the Division of Rheumatology with very little knowledge of the Canadian medical system.

**The closest I’ve ever come to death** was when I was eight years old. An electric cable fell on me when I was walking with a friend on the street under a very heavy rain. I remained unconscious for about 30 minutes and was declared “dead”. Fortunately, a famous Mexican bullfighter (Emilio Rodriguez) lived right across the street from where that accident happened, gave me 30 minutes of CPR. I have several scars on my left thigh caused by second- and third-degree burns suffered that day.

**I feel I’m on the threshold of** understanding that life is not what you would like it to be. Life is what it is, whether you want it or not. You don’t like the pandemic, but it is what it is. You don’t like the opinions of people, but it is what it is. You don’t like your boss’s decisions or you disklike your boss period, but it is what it is. You don’t like the weather, but it is what it is. You don’t like …
Report from the Vice Chair, Medical Education

Executive Summary: A Year of Collaboration and Innovation

The past year has been challenging for everyone, personally, clinically, and academically. Our trainees and Program Directors were faced with unprecedented stress as they navigated the many barriers to teaching and learning brought on by COVID-19; delivering and receiving education and clinical care in a virtual world and engaging in bedside teaching and clinical skills while wearing gowns, masks and shields that inhibited their contact with patients. I am extremely proud of the way our Program Directors and education leaders collaborated during this difficult time. With a common goal and a commitment to place education at the forefront, they worked tirelessly to meet regularly, share ideas, create solutions, maintain continuity, and ensure our trainees continued to receive the best possible educational experience. Their successful implementation of innovative concepts, new teaching models and new approaches to virtual clinics, rounds and training, were integral to keeping our programs alive and thriving. It was truly remarkable and inspiring to see how quickly everyone adapted to the changes.

This year, I would like to dedicate my message to our outstanding Program Directors and the persistent energy, enthusiasm, unwavering advocacy, and support they brought to our residents. In particular, I would like to thank Dr. Loree Boyle, the Core IM Program Director, and her Co-Directors and
“With a common goal and a commitment to place education at the forefront, they worked tirelessly to meet regularly, share ideas, create solutions, maintain continuity, and ensure our trainees continued to receive the best possible educational experience.”

administrative staff for their tireless energy in supporting the academic, clinical, and wellness needs of >90 residents, while also managing the challenges of delivering academic half days and CBME.

Clinician Teacher Program

The role of the Clinician Teacher (CT) was a key focus for our Department this year. In keeping with our goal to make the Department of Medicine the “Centre of Excellence” for CTs in Canada and our commitment to investing in the academic future of our CTs, we launched the Clinician Teacher Program. This strategic initiative includes opportunities for CTs to participate in professional development activities, enhance their clinical teaching skills, and engage in academic output. In collaboration with our Clinician Teacher Advisory Committee, we developed our “Pathway to Teaching Excellence,” which provides three streams of professional development courses designed to improve teaching and leadership skills. The Department also committed to protecting teaching and professional development time and providing financial support for participation in these activities. We are also introducing the Peer Observation Initiative to Nurture Teaching (POINTE); a structured CT peer observation tool, designed to provide CTs with constructive and relevant feedback on their teaching skills.
Academic productivity is a strategic objective of our CT program, and we are committed to providing educational opportunities and supports to our CTs in order to increase their scholarly output.

Our Clinician Teacher Program has been further enhanced by the addition of Ms. Angela Harvey, a Clinical Academic Specialist. Angela brings an abundance of knowledge, enthusiasm and skills to the role, and I am delighted to have her on the team to lead this important initiative.

Program Leadership

In addition to the educational challenges we experienced over the past year, we also saw changes in Program leadership. Dr. Chris Johnson officially stepped down as Postgraduate Director. During his tenure, Chris streamlined the approach to the subspecialty match, ensured continuity of our Program Director retreats by adapting them to a virtual platform and supported and navigated the Program Directors through a very complex year. Chris has also been an activist for changes to the university Elentra system, a strong advocate for introducing Point of Care Ultrasound (POCUS) to our trainees, and a leader for CMBE in our Department. We thank Chris for his outstanding leadership.

Dr. Nha Voduc also stepped down from his role as Fellowship Director. Over the past 10 years, Nha built an outstanding program for our fellows. He expanded our Department’s clinical and research fellowship programs to ensure standardization in finances, education, and application processes. He has been a strong advocate at the hospital and university to ensure Fellows’ needs are addressed. Nha’s enthusiasm, innovative approach and leadership will be missed.

To maximize efficiencies, eliminate overlap and create operational oversight, the Postgraduate and Fellowship positions were merged into one position: Postgraduate and Fellowship Director. I am delighted to report that Dr. Amel Arnaout assumed this role on May 1, 2021. I am very excited to be working closely with Amel, who brings her expertise as a former Program Director and Fellowship lead in her Division of Endocrinology and Metabolism to this new position.
Dr. Samantha Halman is currently serving as a member of the Scientific Planning Committee for the annual 2021 Canadian Conference on Medical Education.

I am also proud to report that Dr. Susan Humphrey-Murto received a Tier 2 Research Clinical Chair Award in Medical Education from the Faculty of Medicine, uOttawa. This appointment highlights Susan’s dedicated commitment and the Faculty of Medicine’s support of medical education within their strategic plan. Internally, to further enhance the Department’s opportunities and support of Medical Education research, the Department of Medicine refined the criteria for Department grants and increased the number of research grant competitions and awards to two per year.

**Looking Ahead**

Moving forward the focus for our Department will be the ongoing implementation of educational initiatives for our Clinician Teachers; the introduction of CBME to the remainder of our unconverted programs; further exploration, innovation and integration of technology, virtual learning in education, and supporting education scholarship. I want to take this opportunity to thank Dr. Phil Wells, outgoing Department Chair, for his friendship and his invaluable leadership, guidance, and support to medical education in our Department. I wish him the best in the next stage of his journey. I am excited to be working with Phil’s successor, Dr. Greg Knoll, who is also a champion of medical education. Through his direction, I am confident the Department will continue to grow and flourish.

**Special Awards**

This year, we are also proud to share details on an outstanding group of Department of Medicine staff who were honored with special awards:

Dr. Robert (Bob) Bell was selected as the recipient of the 2021 Association of Faculties of Medicine of Canada (AFMC) Clinical Teacher Award and was celebrated at the virtual AFMC Awards Ceremony on Sunday Apr 18, 2021.
Dr. Christopher Tran was the recipient of two awards: Educator of the Year – Pre-clerkship, Faculty of Medicine Awards of Excellence, and the Educator Award for Manager Competency.

Dr. Susan Humphrey-Murto was awarded the 2020 Researcher of the year — Innovation and Education Award.

Ms. Jeanne Lemaire was awarded the PARO 2021 Lois H. Ross Resident Advocate Award for a Non-Clinician, for her exemplary support of residents in our Core IM Program.

In March, the Department of Innovation in Medical Education held its 14th annual conference in medical education, and Department members participated in oral and poster sessions. Dr. Jean-Michel Guay (Internal Medicine resident) was recognized as the Best New Investigator for his oral presentation, and Dr. Ryan Gotfrit (Neurology resident) received Best New Investigator for his poster presentation. Congratulations to both!

Dr. Barbara Power

MD, FRCPC

Vice-Chair Medical Education, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
Report from the Director, Undergraduate Medical Education

The Undergraduate Program had a very active year with many challenges and opportunities. We continued to see an increase in the number of students in 3rd and 4th year.

I am pleased to report that all students in the academic year were successfully placed in the General Internal Medicine (GIM) rotation. The GIM rotation has continually adapted to the issues and needs that have arisen during the pandemic, is highly valued by the students, and is proving to be a role model for educational delivery for other clerkship rotations.

Despite the challenges of 2020, I am incredibly proud of the innovative ways we adapted and pivoted many of our programs to accommodate student needs. We shortened the pre-pandemic 6-week GIM rotation to 4 weeks and introduced a two-week virtual orientation boot camp, including a CTU orientation and an afternoon of shadowing on the unit. The delivery model used was a hybrid of PAL’s, SLM and simulation and our typical small group teaching sessions were adapted to virtual delivery. We also introduced an “Isolation Curriculum” for students who became ill during their rotation, allowing them to continue their learning activities. Finally, we introduced a “Kudos Program” designed to recognize Faculty based on student evaluations and feedback.

We also reduced our administrative workload and improved processes for clerks by reducing the number of mandatory forms and adopting a technology platform that supports online exams and virtual marking and generates performance reports.

I want to take this opportunity to congratulate Mélanie McCallum, UGME Program Administrator, for completing the Health Education Scholars Program (HESP) and applying her learning from this program to innovate and improve our work.
“Despite the challenges of 2020, I am incredibly proud of the innovative ways we adapted and pivoted many of our programs to accommodate student needs.”

Challenges Ahead

Notwithstanding our many successes this year, some challenges continue. The availability of “On-Call Rooms” remains a significant concern for the rotation since it limits the students’ experience in preparing for Residency. The administrative workload continues to increase due to the shortened timeframe between student cohorts, an increased number of students, the frequency of mandatory reporting and evaluation, and new rotation procedures. Given current COVID-19 imposed restrictions, virtual learning will continue. Once it is safe to do so, we will return to classroom teaching and resume 6-week rotations.

Dr. Vladimir Contreras-Dominguez
MD, FCCM
Report from the Director, Core Internal Medicine Residency Program

The Core Internal Medicine program continues to be active with 91 trainees currently on rotation. We are committed to excellence in patient quality and safety and medical education and to supporting General Internal Medicine, which continues to be at the forefront of systems innovation and patient care initiatives at The Ottawa Hospital.

Unprecedented challenges brought on by COVID-19 directly impacted the academic year but with the dedication, energy, and innovation of the extraordinary Core IM team, we created several new initiatives, maintained our current programs and surpassed our training objectives. A big thank you to Rachel Glennie, Justine Fortier, Jeanne Lemaire, Cydney Boyington and our Associate Program Directors Drs Nadine Gauthier, Babak Rashidi and Rakesh Patel.

Some of our most significant accomplishments this year include:

- successful transition to virtual delivery of the curriculum
- internal preparatory review for RC 2024 IM training accreditation
- a successful CaRMS subspecialty match and RI success, despite the cancellation of all electives
- the introduction of a weekly communications newsletter
- expansion of CBME to all core cohorts
- a working group for anti-racism and inclusion
- the implementation of a resident leave system, and
- ongoing wellness, mentoring and peer support initiatives
“Unprecedented challenges brought on by COVID-19 directly impacted the academic year but with the dedication, energy, and innovation of the extraordinary Core IM team, we created several new initiatives, maintained our current programs and surpassed our training objectives.”

Plans for the Coming Year

Going forward, we plan to enhance the curriculum to include thrombotic thrombocytopenic purpura (TTP) and simulation modules, boot camps for international learners, and research-related content. We will continue with the CBME, EDI, anti-racism, fatigue management and wellness initiatives started last year, and support research, medical education and leadership programs for our trainees within TOH, University of Ottawa and other associated organizations. We will integrate the call and leave systems and be preparing for Accreditation 2024.

Dr. Loree Boyle
RN, MD, FRCPC
Report from the Director, Postgraduate Subspecialty and Fellowship

It has been a challenging year for postgraduate programs as residents experienced the impact of being on the front lines during the pandemic. Throughout it all, we maintained unwavering support for our residents and their educational goals. The graduating PGY-3s had a successful medicine subspecialty match and we are currently underway with the 2022 match process for this year’s PGY-3 cohort. The financial commitment made by the Department of Medicine this year has resulted in the addition of one additional subspecialty program resident spot, excluding those funded by the Ministry of Health. This additional spot allows for greater placement equity among the programs and more significant opportunity for residents who wish to remain here, or those who wish to do their residency training in Ottawa.

The equity of the match allocation and continual fostering of excellence in our residency programs are the principles at the forefront of our Program Directors’ meetings. We are fortunate to have a collaborative group of educators from all subspecialties working together. In 2021/22, we will be launching a new department-wide shared Academic Half Day series for all subspecialty residents and fellows on the topics of Wellness, Research, and EDI followed by Patient Safety and Quality, Leadership, and CANMEDS in 2022/2023. This initiative will address shared accreditation requirements for all programs and encourage collaboration and a sense of community among our trainees.

Despite the uncertainty around travel restrictions, the Department’s fellowship programs remain very active, with 87 enrolled this past academic year and 81 new fellows starting this past summer (2021). We have 35 active fellowship programs across the Department, and we encourage and support each division in developing new fellowships in order to grow the program. The launch of the new uOCampus portal has resulted in changes to the application process.
Training on the new process for our program administrators and Fellowship Directors will be held this coming fall (2021). Our goal is to be a central departmental resource for our large and growing fellowship community by improving processes, resources and education that support the highest standards of training.

Dr. Amel Arnaout
MD, FRCPC

“In time and with water, everything changes.”

— Leonardo da Vinci
Report from the Director, Medical Education Research

Despite the challenges posed by COVID-19, it has been a very productive year for our Department of Medicine medical education scholars!

The researchers continue to receive external research grants and publish impactful peer-reviewed publications in top medical education and clinical journals. While a more detailed list is provided in the Divisional Reports, the following is a selection of medical education grants and journal articles from 2020-2021 from senior and junior members of the Department.

Medical Education Project Grants

Christopher Tran, Lypka K, Chin Koon Siw K, Halman S, Keely E, Humphrey-Murto S. Assessing the Quality of Electronic Progress Notes: Development of The Ottawa Medicine Inpatient Note Tool (O-MINT) ($8,000).

Edward Spilg received a grant from the Canadian Institutes of Health Research (CIHR) — COVID-19 Mental Health & Substance Use Needs Service Delivery Operating Grant, for a grant worth over $100,000 to examine the impact of COVID-19 on the mental health of Canadian medical residents.

He also received grants related to burnout and stress in health care professionals from TOHAMO — 2020 Quality & Patient Safety Grant (two grants totally $39,000), Centre for Excellence on PTSD and Other Related Mental Health Conditions (Veterans Affairs Canada) ($25,000) and the Division of Geriatric Medicine ($35,571).

Dr. Roy Khalife, a newly minted faculty member, and Dr. Kori LaDonna received $85,187 from the Canadian Hemophilia Society/Pfizer Care until Cure Research Program in order to understand patient experiences to better inform training and care.
Dr. LaDonna is senior investigator on a SSHRC Insight Development grant to explore racialized learners’ training experiences ($67,979) and Dr. Humphrey-Murto a collaborator on a Social Sciences and Humanities Research Council Grant (SSHRC) grant providing expertise in consensus methods ($71,640).

Dr. Samantha Halman and Co-PI Dr. Aliza Moledina received a TOHAMO grant related to Assessing Learner Experience of a PGME Health Advocacy Curriculum ($8,000), and a DIME grant for The Impact of COVID-19 on Professional Identity Formation in the Transition from Core to Subspecialty Training in Internal Medicine ($5,500).

Dr. Jolanta Karpinski is a collaborator in a project that received $10,000 from the University of Calgary to explore “The translation of quality improvement and patient safety from CanMEDS 2015 to the standards for competency based medical education training across postgraduate specialties in Canada”.

**Key Publications**


Dr. Susan Humphrey-Murto
MD, FRCPC, MEd
A deep dive with
Dr. Chris Johnson

If someone asked you to name the most important part of your day, you might have to stop and think for a bit. Dr. Chris Johnson has an answer before that question is finished being asked: my workout. Without question his training is the most important part of his day. Period.

Prioritizing things that are important to him is accomplished by compartmentalizing his life. “I’m good at setting boundaries to make sure that work doesn’t infringe too much on my life at home”, he says. “I can put work in one box that I basically leave behind when I go home.”

His colleague Dr. Michele Turek marvels at his ability to be completely in the moment. At work he has tremendous focus and thinks very well on his feet.

For Chris, this propensity for improvement has found expression in the work that he’s done outside of the gym as well, equally fueled by the incredibly high standards he sets for himself. As an Associate Program Director for the Core Internal Medicine Training Program, he achieved national recognition for implementing the leadership team’s innovative solutions to professionalism challenges.
As Department of Medicine PGME Director he developed an improved approach for allocating positions for the subspecialty match.

Today, as site director for cardiology at the General Campus, Chris is currently focused on optimizing ambulatory care using hospital- and community-based environments to support the care of cardiology patients. The key to his success: help people understand why they should make a change in the first place.

Below, Dr. Chris Johnson discusses giving up his zombie apocalypse survival vehicle, picking out clothes for his wife, and his wish for permanent, total, irreversible and complete removal of all forms of email.

When I first started out in life I went into private practice and worked at the Queensway Carleton Hospital. I wasn’t sure if I wanted to be in a big academic organization or if I would like clinical work in a hospital of TOH’s size and complexity. The Queensway was great for about six months, but then I started to really miss the non-clinical things we take for granted in an academic setting. It was pure clinical work without the teaching and medical complexity that surrounds us in an academic health science center. The opportunity to teach and work in an academic setting with more challenging tertiary care cases made my move to TOH a no-brainer.

The University of Ottawa Heart Institute has a philosophy and model where they prefer most of their cardiologists to be very subspecialized. What I like about Cardiology is the ability to use a range of technologies to solve combinations of problems in the same patient.

My training in a variety of diagnostic modalities is invaluable, especially at the General where we are referred more complex patients. I also like the variety in my work-week, which combines clinic with various diagnostics like nuclear imaging, echocardiography, and the cath lab.

I kept my private practice going all these years because the hospital is an extremely intense clinical environment where patients are medically complex often due to non-cardiac co-morbidities. My private practice patients usually offer a nice break from that medical intensity, at least in terms of their co-morbidities. Seeing non-complex patients in the hospital can be an inefficient use of resources. A person with a straightforward valve problem or other simple cardiac condition with no other medical problems should go to a private office. It costs less per case and it’s a better experience for the patient.
The other thing I like about private practice is that the organization is small which allows us to be more nimble. In a big organization like TOH, getting anything done requires a much larger investment of time & effort with a lower probability of seeing results. I like the private office environment better in that respect.

A few years after I became staff at the hospital, cardiac complications of cancer therapy started to become a very big deal, initially in the breast cancer patient population. Oncologists had revolutionized cancer care with targeted therapies, but were struggling to manage the small number of cancer survivors who were getting short term cardiac complications during therapy. My colleagues Susan Dent, Michele Turek and myself decided we needed a few cardiologists locally who were comfortable looking after patients with cancer therapy induced cardiac problems. This collaboration between cardiology and oncology led to one of Canada’s first Cardio-Oncology clinics and one of Canada’s first Cardio-Oncology training programs.

Prior to taking on the position of Postgraduate Medical Education Director for the Department of Medicine, I helped Dr. Cathy Code work through some challenges with our Core Internal Medicine Program. The work I did with her drove me to take on the PGME Director role, with the initial focus on improving how we allocate spots among subspecialty training programs during the medicine subspecialty match. I went through all the national medicine subspecialty match data for the entire history of the match. I spoke to all Program Directors to understand each program’s perspective on the shortcomings of the old subspecialty match. I went through all the national medicine subspecialty match data for the entire history of the match. I spoke to all Program Directors to understand each program’s perspective on the shortcomings of the old subspecialty match. National & local data, combined with talking to all the program directors, laid the groundwork to create something better. It was mostly a problem of math: divide up the pool of funded positions in proportion to what we think the national physician manpower needs will be, then have an approach to selecting the best possible candidates in the country in a way that meets the objectives of each of our training programs.

I’m reasonably okay at helping groups or units overcome challenges and problems and go through change. The key is to help people understand why they should make a change in the first place. If you can measure and demonstrate how it will improve outcomes, then people really buy into that. That’s the strategy I’ve used to get change implemented and operationalized.”
Because we worked together to find solutions to the problems with the old match, all program directors were on board with running our new subspecialty match process. Once we agreed on basic principles and ironed out details for the mechanics of running the match, we landed on a process to make the best of the funded spots we have here in Ottawa.

*I’m reasonably okay* at helping groups or units overcome challenges and problems and go through change. The key is to help people understand why they should make a change in the first place. If you can measure and demonstrate how it will improve outcomes, then people really buy into that. That’s the strategy I’ve used to get change implemented and operationalized.

*I didn’t have time* to do a master’s in education but I wanted to have a little bit of professional training, so I enrolled in HESP [Healthcare Education Scholars Program]. It was an efficient way to get an overview of medical education, like a survey course to help you understand the language people were using across all subcomponents of medical education. I found it very useful when helping struggling trainees and when moving towards the new CBD curriculum. HESP hasn’t made me an expert in any branch of medical education, but at least I know where to find experts if I need them, or where to get the knowledge from literature or online resources.

*TOH* is a massive organization so change is not always possible, especially with the financial condition of the hospital, whose annual operating costs increase faster than revenue. As site Chief for cardiology at TOH I find that frustrating. I have learned that you need to respect the boundaries that are imposed on us by economics, then operate within those boundaries to create the best service possible. Within those boundaries, our cardiology leadership team at TOH has accomplished a lot, certainly in diagnostics and for our inpatient unit. Next up is to work towards achieving similar success in optimizing ambulatory clinical cardiac care.

“The greatest remedy on Earth today is exercise. I just get up early and do it first thing in the morning before the day starts. Everything else starts after the workout.”

In Cardiology, we absolutely have to start to think regionally, beyond the Heart Institute. It is in the best interest of TOH to become a big player in regional cardiac care for heart failure, because so many patients with that disease occupy TOH ER’s and in-patient units.
Most in-patient heart failure is looked after at TOH by internists on CTU, not by cardiology and certainly not at the Heart Institute. It is time for TOH to take more responsibility to manage the ambulatory phase of heart failure, which if done well, can keep patients out of the ER and in-patient units. TOH has committed to supporting a new outpatient clinic which has been delayed by COVID, but which should launch in the spring of 2022. We’ve been coordinating with the Ottawa Heart Institute and private office practices to allocate heart failure care based on acuity. The sickest patients will go to the Heart Institute, the next sickest here at TOH, while patients who stabilize will be seen in our private cardiology offices. Heart failure can be an example of how as a region we optimize heart failure care by coordinating amongst our clinical environments.

**During the last year and a half**, I felt as though I was holding onto bricks underwater, trying to get up. Professionally life has sucked for the past few years: no more pandemics please, and I’ll pass on the next EMR upgrade. We have had some positive things come out of the pandemic. We implemented a triage process for our diagnostic testing, such that your diagnosis determines when you get your echo. It’s a process for allocating echo spots that is clinically appropriate and fair, and which we are expanding across all modalities.

**My great joy in life** is driving, especially if it’s somewhere fun and there are good tunes on.

**Courage** is trying, even when the odds of success are low.

**My principle fault** is when I do something, I usually overdo it.

**My greatest regret** is not playing football in high school. I was playing a lot of competitive tennis and I couldn’t make the time commitment to do well at both sports.

**The one thing** I’d most like to forget is how to open my email inbox.

**The one thing** I’d most like to be forgiven for is taking a long time to answer email.

**The greatest remedy on Earth today** is exercise. I just get up early and do it first thing in the morning before the day starts. Everything else starts after the workout.

**It is important to make decisions** based on accurate data when you have it, consensus of expert opinions when you need it, and consensus among those affected by the decision when there is no accurate data and expertise is not available or not applicable.

**There’s no such thing** as too much free time.

**If you learn anything with age**, it’s that you cannot fix everything. Some things just won’t work and you have to go around them and get on with it.
One rule of parenting: Disneyland in California: so many people per square meter that you can’t even move; half are other people’s children who aren’t as well behaved as yours; the parents aren’t much better; even the bad rides have a 2-hour line. Tip: there is a sports bar on the left just past the entry gates. Go in there and tell your family to pick you up on the way out. If you can get away with it, do it!

As you get older, you get to experience your kids becoming young adults. It’s really cool to hang out with them and find out what they think.

I think the world will be better once more people like my kids reach stages in their careers where they can influence society. Broader application of their values would solve many of the problems we see on the news every night.

I think those that are very successful have figured out how to optimally allocate time to balance the need for professional recognition, money, and free time.

I don’t understand how people back in to parking spaces using rear-view cameras. I always wind up crooked.

My definition of smart is passing high stakes professional milestones (med school graduation, Royal College exam, promotion in academic rank) with the least time investment.

The most disturbing sound I know of is the grinding sound when you release the clutch before you are in gear.

What I dislike most about my appearance is nothing, I really don’t care.

A phrase I should use more often is, I am really looking forward to opening my email now because that would be almost as much fun as opening my EPIC inbox*

* denotes sarcasm

You have to give people permission to try something innovative, even if it fails.

The stupidest argument to have with somebody is over what the best sports car is.

A friend is someone who will take any photos from my bachelor party to the grave.

I don’t like it when people say, “Did you see that email about…”

The cruelest thing a person has ever said to me is, “The next flight to get you and your family to your March break vacation is in 4 days”. I felt sorry for myself until I overheard the couple beside me who were about to miss their entire all-inclusive, prepaid luxury cruise of a lifetime & I noticed TV coverage of the Fukushima disaster. A reminder that problems are relative.

The situation I exaggerate the most is any time I tell my family about a job I have to do. I always over-state the time, complexity and required skill level.

I think people see me as (overly) optimistic.
**To compete in life**, you’ve got to have a game plan.

**It was always an expectation** that I give 100% effort for anything I did.

**If I’ve learned any truths in life**, it’s this: In medicine, you cannot have a lot of professional recognition, a lot of money, and a lot of free time for yourself and your family. Successful people divide their time among these three pieces of a pie, allocating a variable amount of their time to each piece at various stages of their career and personal life.

**The worst thing in the world** is a single lane road, nowhere to pass and a Prius in front of you.

**The three greatest words** in the English language are: commercial free music.

**My favourite app** is Sirius XM, especially Lithium which is devoted to 90s alternative music. The DJs are about my age with a similar sense of humour to mine.

**I’m incapable of failing.** I try to never put myself in a position where failure is likely. I like challenges, but if there is no realistic chance of success, I’ll pass.
“The most rebellious thing I’ve ever wanted to do is leave Ottawa and teach medical school in the Caribbean. I usually have these thoughts in January, then they subside…”

My greatest personal achievement is marrying Karin and having my daughters Mackenzie and Mikayla.

In high school I was very good at math, science, sports, and drinking beer on the weekend.

Last Saturday, I was off. It was great.

The childhood fear I still have as an adult is failing. At my private practice we had a treadmill contest amongst our staff to see who could go the longest on a Bruce protocol. I went last on purpose so I would know what time to beat. We have some very fit techs that play a lot of women’s hockey, plus our chief tech Jennifer had been at Everest base camp so I knew she would be hard to beat. I beat her by seven seconds, made it to the recovery bed, then pretty much passed out.

The dirtiest place I’ve ever been is the garage at our old house the first time I gave it a good clean. It was hot and dusty, so I had covered my face with a mask, bandana, and goggles & had really good noise cancelling headphones. I looked like something from Mad Max. I was overheated, dehydrated, and then a funny thing happened.

Out the window, I saw a hot air balloon crash-land in the field beside my house, with people that to me looked like the cast of a Jumanji movie (the original, not the one with the Rock). Thinking that I was hallucinating from heat stroke, paint fumes, or both, I ran up to the hot air balloon in case the Jumanji cast was injured. I couldn’t hear anything they were saying because of my noise cancelling headphones and I think I scared them a bit due to my Mad Max look, but eventually we sorted everything out. There was 100% balloonist survival (it really happened), and the garage looked awesome.

I grew up in a small town near Ottawa called Almonte. I bump into people from Almonte all over the place, which is strange for a small town. For example, I got to know Dr. Jeff Sulpher who did medical oncology and a cardio-oncology fellowship at uOttawa and is now out in Victoria. Not only is he from Almonte, but as it turns out, we lived in the same house! My parents bought the place from his parents when I was in high school.

The most ridiculous thing someone has tricked me into doing was watching the Greatest Showman. I didn’t know it was a musical. I am not a big fan of musicals.
The most imaginative thing I’ve done as an adult is helping my wife pick out clothes when we go shopping. She is really pretty, so it’s easy to find clothes that look good on her. The sales person gets me a catalogue and I tell them what will look good—it’s a weird talent I have.

To this day, I can’t stop obsessing over which car I want next. I just gave up my last fun one as we moved to a place with no garage while our new house is being renovated. A lot of internet time is being used on this issue lately.

Sometimes when you’re trying too hard... you can’t try too hard, this is a dumb sentence.

Time is life’s greatest luxury.

Everything tastes better when someone else is buying.

If I had one trip in a time machine, I would go back before email but after my favourite music started; early 1990s when the Seattle alternative scene was starting would do just fine.

My favourite food is anything that is prepared by a restaurant that really cares about the experience of being in their place and is totally different than anything I could ever prepare. For example, we ate at Fraser Café recently, and I had their “tuna confit and pork belly rice bowl”. I didn’t know what that was, but it sounded interesting, and it was awesome.

My greatest guilty pleasure is binge-watching Friends with my wife and two girls.

The biggest reward I would pay to get my pet back is...actually, I would like to get rid of one of our cats—anybody want one?

The most rebellious thing I’ve ever wanted to do is leave Ottawa and teach medical school in the Caribbean. I usually have these thoughts in January, then they subside...

My definition of a good hotel is one with a great gym. If they have put in the effort to create a world class workout experience then chances are the rest of the hotel will be pretty good too.

Montreal is my favourite city. Fairly-priced world-class culture is a 90(ish) minute drive away.

The afternoon of my dreams would include getting lost south of my old house in my old car with some good driving music (e.g. Beastie Boys’ Sabotage). Early in the first summer of the pandemic I found a network of great driving roads that went on for miles.

My most prized childhood possession was my dog.

The most money I’ve spent on something really stupid are great vacations. My accountant would say it’s stupid, but I disagree. I would rather have a lot of great experiences than a lot of money.
“As my mom would say, ‘Many hands make light work’ I used to joke around and say, “many hands make many problems”. I suppose it depends on the quality of the hands and how effectively they work together.”

The silliest thing I owned was my Raptor. I was driving my kids to school from south of the city and I wanted something safe. I was also into Zombie movies at the time, and the people with big trucks seemed more likely to survive. So, I needed a winter driving safety / zombie apocalypse survival vehicle—a Raptor fit the bill. It was fun until my kids became passionate about climate change and relentless in expressing their opinions to their dad. So bye-bye Raptor, which has the fuel economy of a small tank and its own carbon footprint.

If you looked at my playlist, you’d see the following artists: Nirvana, Foo Fighters, Pearl Jam, Temple of the Dog, Soundgarden.

My favorite genre of music is 90s Alternative... but I will listen to anything. For example, I find country music relaxing—I first tried it when I went to a conference in Nashville.

My father was a consultant who helped teams perform better. My mother was a nurse by training who then worked for a family doctor in Almonte. My sister is a law clerk for a big commercial real estate firm in town.

My wife is an epidemiologist who transferred to vaccine safety at PHAC in 2019 “because it’s nice and quiet”. Little did she know her job would soon be to basically save the world!

My grandpa once told me a story about how he got free admission to every Manchester United soccer game in the 1950s and 60s. He left Ireland to volunteer for the British Navy and then was a fireman after the war. He couldn’t afford tickets to the games and feed four kids, so he went to the stadium in his fireman’s uniform and asked them who their fire marshal was. They didn’t have one—until they hired him. True story.

What I got from my father was the ability to put people at ease when speaking to them.

As my mom would say, “Many hands make light work”. I used to joke around and say, “many hands make many problems”. I suppose it depends on the quality of the hands and how effectively they work together.

If I could change one thing about my family, it would be to make us taller—it would have helped in sports.
**The technical advance** I most anticipate is AI. I need AI to increase my diagnostic test reading speed and quality incrementally. This is the only way the small number of cardiologists we currently train can keep up with growth in demand for our services.

**The best advice** I was ever given was take the time to enjoy things along the way. My colleague, Michele Turek told me that, and I put that into practice by travelling to conferences. I like going to a new city and because cardiology in Canada is a relatively small community, you are bound to bump into friends and colleagues.

**A turning point** in my life was getting into medical school. I had no idea it was so hard to get in. When I look back, I realize how lucky I am to have been accepted.

**A difficult choice** I had to make was picking cardiology instead of cardiac surgery. After some electives, I realized I preferred the variety of technology and clinical tasks in cardiology to the largely procedural work of cardiac surgery.

**The closest I’ve ever come to death** was sky diving. My buddies and I thought it would be a fun thing to do in first year undergrad. Recently, my friend dug up the video tape of our experience and after watching it we started reminiscing about all the other dumb things we did back when we were 20 something. I am pleasantly surprised that I survived that portion of my life.

**If I could only pack three things in my suitcase** to travel to an unknown destination, they would be a toothbrush, TRX, bathing suit.

**I would never do well** in a band. I cannot play a musical instrument if my life depended on it.

**If the pandemic** has taught me one thing, it’s that a four-day workweek is great. Once we sorted out how to function within the restrictions, my cath day (Friday) became a day off for summer of 2020.

**If I could have dinner with anyone (dead or alive)** it would have to be Tom Morello. He has a show on SiriusXM where he tells stories about his career with Rage Against the Machine, Audioslave and other bands, and picks an eclectic mix of less well-known music. He advocates for freedom of expression and inclusiveness and tells great stories that highlight how you can fight for what you believe in, with no fear of authority. He got this from his mom, a life-long minority and women’s rights activist who is in her 90s and is a regular guest on the show!

**Smells Like Teen Spirit** guarantees I start my day off right.

**If after I died,** I could choose to come back as something it would be an elephant.

**If I would like to be transported** into the movie Mad Max. Mostly for the racing in the desert, not so much the post-apocalypse environment. I would also like a battery-powered Raptor when I get there.

**If I had to write my autobiography using only 6 words**, it would be “Do or do not”. Only four words but who’s counting, and I thought I should end this with a Yoda quote.
MEDICAL RESEARCH
Report from the Vice Chair, Medical Research

The Department of Medicine (DoM) is proud to have a strong research culture within an innovative merit-based academic plan. We support our researchers through strategic investments in pilot grants and salary awards and maintain a training pipeline to develop future investigators. In this annual report, I’m excited to share our many successes of 2020–2021.

After last year’s pandemic cancellation, we were thrilled to bring back our Resident Research Day. We further reinforced our commitment to trainees by growing the DoM Residency Research Plus Program. In addition, our Department continued to collaborate closely with our partners at the Ottawa Hospital Research Institute (OHRI) and the University of Ottawa to advance our academic mission. We supported the OHRI Ottawa Methods Centre, the DoM-OHRI Translational Research Grants, the uOttawa Faculty of Medicine Clinical Research Chair Program, and the uOttawa Translational Grants.

These investments, initiatives and successes could not happen without the support of all our members. As researchers, we are indebted to the entire Department. Our member’s time, trust, and support allows us to succeed. On behalf of the DoM research program and its many researchers: thank you!

Dar Dowlatshahi
MD, PhD, FRCPC, FAHA

Vice-Chair Medical Research, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
As with all members of DoM, the past year has been challenging for DoM PhD Scientists, their laboratory staff and graduate student trainees. Onset of the pandemic was accompanied by a complete shutdown of all but essential or COVID-related research, with a phased reopening of labs starting late last summer. Now, almost back to full capacity, many researchers have established productive clinical collaborations to focus their expertise on improving our understanding of COVID-19 and the human disease condition. Projects include elucidating the response to virus infection or vaccination, establishing a network to give decision makers access to the best COVID-19 science, exploring novel therapies to ameliorate COVID-19-induced disease, and biotherapeutic production of experimental vaccines for human clinical trials. Together, these projects have infused millions of research dollars into Ottawa-based labs working towards alleviating the burden of COVID-19. DoM PhD Scientists have also continued to secure funds in support of non-COVID-19 projects, including major grants from CIHR and NSERC, amongst many more. Our successes have been accompanied by significant recognition in the form of high-profile publications and awards. In short, although we are certainly not yet back to business as usual, our research programs have rapidly evolved and successfully risen to the challenge of the new normal.

Robin J. Parks
PhD
Research Plus Program

In 2020–21, the Research Plus Program continued to thrive under the leadership of Dr. Grègoire Le Gal and Mr. Jean-Michel Bouchard. Our goal is to prepare trainees to become successful independent academic physicians. At the level of medical students, the Program gives the opportunity for interested students to discover medical research, thanks to the contribution to DoM members acting as mentors. Many of the students have successfully embarked on research projects. During residency, this competitive program supports highly-motivated DoM residents by providing the opportunity to undertake research with the supervision and mentorship of a faculty member. The program offers research seminars, a journal club, protected research blocks, and some seed funding for research expenses. This year we welcomed our second group of Research Plus residents. Our next step will be to enrich the Academic Scholarship Program, so that the Research Program supports future clinician scientists throughout the whole continuum.

DoM Research Plus Residents 2020–2021

- Dr. William Phillips (PGY2 Core IM)
- Dr. Stéphanie Mercier (PGY2 Core IM)
- Dr. Xing Sun (PGY2 Core IM)
- Dr. Melissa Fay Lepage-Ratté (PGY2 Core IM)
- Dr. Dennys Franco-Avecilla (PGY2 Core IM)

We continue to celebrate the progress of our inaugural 2019–2020 class:

- Dr. Anand Bery (PGY4 Neurology)
- Dr. Travis Davidson (PGY4 PM&R)
- Dr. Danyal Ladha (PGY3 Core IM)
- Dr. Joanne Joseph (PGY3 Core IM)
- Dr. Katherine Magner (PGY3 Core IM)

Dr. Grègoire Le Gal
MD, PhD
2021 Department of Medicine
Resident Research Day Winners

- **Best Oral Abstract Junior (undergrad, PGY1-3)**
  Danyal Ladha (Core Internal Medicine)
  “Efficacy and Safety of Apixaban for the Primary Prevention of VTE Among Patients with Gastrointestinal Cancers: A Post-Hoc Analysis of the AVERT Trial”

- **Best Oral Abstract Senior (PGY4 and above)**
  Ronda Lun (Neurology)
  “Ticagrelor vs. Clopidogrel in Addition to Aspirin in Minor Ischemic Storke/Transient Ischemic Attack – a Systematic Review and Network Meta-Analysis”

- **Best Platform Presentation Junior (undergrad, PGY1-3)**
  Jennifer Leigh (Core Internal Medicine)
  “Barriers to access of contemporary treatment for lethal prostate cancer: an Ontario population-based study”

- **Best Platform Presentation Senior (PGY4 and above)**
  Simon Thebault (Neurology)
  “High or increasing serum NfL predicts impending multiple sclerosis relapses”

**Grants**

**Dr. Mark Campbell**
Peripheral nerve injections for the treatment of upper extremity complex regional pain syndrome: A feasibility study for a proposed randomized design.
Department of Medicine Developmental Research Grant
$48,000
Drs James Downar, Shirley Bush, Peter Lawlor, Henrique Parsons and Salmaan Kanji
Effects of Dexmedetomidine in patients with delirium in palliative care.
Department of Medicine Developmental Research Grant
$47,800

Dr. Ed Spilg
Assessing the implementation and feasibility of the Stress Management and Resilience Training – Moral Resilience program (SMART-MR) with frontline clinical staff at The Ottawa Hospital: A non-randomized pilot study.
Department of Medicine Developmental Research Grant
$35,571

Dr. Sibel Aydin
Early changes in pain, disease activity, and ultrasound evidence of inflammatory synovitis in patients receiving JAK-inhibitor vs. TNF-inhibitor therapy for active rheumatoid arthritis: A feasibility study.
Department of Medicine Developmental Research Grant
$44,000

Drs Arianne Buchan and Derek MacFadden
Department of Medicine Developmental Research Grant
$48,000

Drs Jill Fulcher and Marjorie Brand
Identification of the cell surface marker profile of adult T-Acute Lymphoblastic Leukemia stem cells to guide the development of targetable immunotherapies.
Ottawa Hospital Research Institute Translational Research Grant
$48,000

Drs Juthaporn Cowan and Angela Crawley
Immune tolerance, exhaustion, and metabolism in the immunopathogenesis of post-acute COVID-19 syndrome.
Ottawa Hospital Research Institute Translational Research Grant
$48,000
**Dr. Jodi Warman-Chardon**  
Unlocking Myotonic Dystrophy: Characterization of mitochondrial and muscle stem cell dysfunctions in DMI patients.  
University of Ottawa Faculty of Medicine Translational Research Grants $25,000

**Dr. Angela Cheung**  
Defining pathogenic mechanisms involved in primary sclerosing cholangitis through the multiomic evaluation of the gut microbiome and immunophenotypes of extreme phenotypes.  
University of Ottawa Faculty of Medicine Translational Research Grants $25,000

**Dr. Arleigh McCurdy**  
Trogocytosis - A new immune escape mechanism in multiple myeloma.  
University of Ottawa Faculty of Medicine Translational Research Grants $25,000

**Dr. Darryl Davis**  
Induced pluripotent stem cell modelling of postoperative atrial fibrillation.  
University of Ottawa Faculty of Medicine Translational Research Grants $50,000

### Department of Medicine Research Grant Progress and Successes

Our internal DoM grants help our members to launch new programs and generate pilot data, putting them in a position to compete for larger external grant funding. In spite of the pandemic challenges, our grant recipients continue to make progress. Dr. Hundemer (Nephrology, DoM Pilot Grant) has obtained REB approval and CARTaGENE approval for his study on subclinical primary aldosteronism. He has acquired and performed renin/aldosterone biochemical phenotyping on an initial batch of 500 plasma samples and anticipates acquiring the remaining samples in the coming year. Dr. Clark (Nephrology, DoM Pilot grant) has worked with Dr. Keir Menzies at uOttawa to test the optimal method for study sample preparation for NAD+ metabolite testing.
He obtained REB approval and patient recruitment will begin in late 2021. Drs. Stanford, Berardi and Sabloff (Hematology, Translational Research Grant) obtained ethics approval and started to analyze the first 20 patients’ samples for genetic and epigenetic profiles to predict refractory acute myeloid leukemia. They continue to recruit and work towards expanding access to samples.

Research Chairs Currently Held by Department Members

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

University of Ottawa Junior Clinical Research Chairs

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

University of Ottawa Clinical Research Chairs — Tier 2

- Dr. Sibel Aydin (Rheumatology) — Chair in Inflammatory Arthritis
- Dr. Lana Castellucci (Hematology) — Chair in Thrombosis and Anticoagulation Safety
- Dr. Sharon Chih (Cardiology) — Chair in Cardiac Transplantation
- Dr. James Downar (Palliative Care) — Chair in Palliative and End of Life Care
- Dr. Susan Humphrey-Murto (Rheumatology) — Chair in Medical Education
- Dr. Natasha Kekre (Hematology) — Chair in Cellular Immunotherapy
• Dr. Tiago Mestre (Neurology) — Chair in Parkinson’s Disease
• Dr. Sanjay Murthy (Gastroenterology) — Chair in Inflammatory Bowel Disease
• Dr. Peter Tanuseputro (Palliative Care) — Chair in Palliative Care and Predictive Analytics
• Dr. Jodi Warman Chardon (Neurology) — Chair in Diagnosis and Discovery Pipeline for Patients with Genetic Neuromuscular Disease

University of Ottawa Clinical Research Chairs — Tier 1
• Dr. Gonzalo Alvarez (Respirology) — Chair in Prevention of Tuberculosis in Indigenous Communities
• Dr. Jonathan Angel (Infectious Diseases) — Chair in HIV Cure Research
• Dr. David Birnie (Cardiology) — Chair in Cardiac Arrhythmia Research
• Dr. Marc Carrier (Hematology) — Chair in Venous Thromboembolism and Cancer
• Dr. Darryl Davis (Cardiology) — Chair in Translational Cardiovascular Medicine
• Dr. Dar Dowlatshahi (Neurology) — Chair in Patient Oriented Cerebrovascular Disease Research
• Dr. Grégoire Le Gal (Hematology) — Chair in Diagnosis of Venous Thromboembolism
• Dr. Lisa Mielniczuk (Cardiology) — Chair in Heart Function
• Dr. Smita Pakhale (Respirology) — Chair in Equity and Patient Engagement in Vulnerable Populations
• Dr. Michael Schlossmacher (Neurology) — Chair in Neurodegeneration
• Dr. Kumanan Wilson (General Internal Medicine) — Chair in Digital Health Innovation
University of Ottawa Distinguished Research Chairs

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

Canada Research Chairs

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

Dr. Sarina Isenberg — The Bruyère Research Institute in collaboration with the Department of Medicine, Bruyère Centre of Individualized Health and the University of Ottawa Division of Palliative Care, Chair in Mixed Methods Palliative Care Research

Dr. Peter Liu — Province of Ontario, Order of Ontario

Dr. Dean Fergusson — Canadian Academy of Health Sciences, Fellow; OHRI, Grimes Career Achievement Award.

Dr. Ari Breiner — Éric Poulin Centre for Neuromuscular Disease, Chair in ALS Clinical Research

Dr. John Bell — Canadian Society for Clinical Investigation, Distinguished Scientist Award

Dr. Angela Crawley — University of Ottawa Faculty of Medicine, Denis Williamson Teaching Award

Dr. Christopher Kennedy — Kidney Foundation of Canada, Dr. John B. Dossetor Research Award

Dr. Dylan Burger — International Society of Hypertension, Fellow

Dr. Jeffrey Dilworth — OHRI, Chrétien Researcher of the Year Award

And congratulations to the following researchers who were honoured with the Faculty of Medicine’s Awards of Excellence:

- Researcher of the Year, Innovation and Education: Dr. Susan Humphrey-Murto (Rheumatology)
- Publication of the Year, Public Health and Epidemiology: Dr. Peter Tanuseputro (Palliative Care)
- Mentor of the Year, Clinical: Dr. Dar Dowlatshahi (Neurology)
- Engagement, Outstanding Service Award: Dr. Phil Wells (Hematology)
Notable Publications

Our researchers published numerous outstanding manuscripts, many of which are featured in the Divisional Reports. The following is a small sample of articles in high impact journals from 2020-2021:


**Notable Grants**

DoM researchers continued to make a mark at the Canadian Institutes of Health Research (CIHR):

Drs Lana Castellucci, Grégoire Le Gal and team received $100,000 to launch COBRA AF comparing bleeding risk between rivaroxaban and apixaban in atrial fibrillation.

Dr. Dean Fergusson and team received $112,500 to perform a systematic review of sex differences in preclinical models of sepsis.

Dr. Jon Angel and team received $734,400 to study the use of antimicrobial peptides as vaginal spermicides/microbicides as part of multipurpose prevention technology.

Dr. Peter Tanuseputro and team received $378,675 to evaluate the palliative and end-of-life care of older Canadians living and dying with dementia. His team also received $382,500 to investigate the impact of cannabis retail policies on health harms and benefits.

Dr. Sharon Chih and team received $566,100 for the Early Initiation Antiplatelet ThERapy In HeArt TransPlantation Trial.

Drs Pablo Nery and David Birnie received $952,426 for the Characterization of Arrhythmia Substrate to Ablate Persistent Atrial Fibrillation (COAST-AF) Randomized Controlled Trial. Dr. Birnie also received $956,250 for the Optimal Anticoagulation for Enhanced Risk Patients Post-Catheter Ablation for Atrial Fibrillation (OCEAN) Trial, and $944,776 for the Cardiac Sarcoidosis Multi-Center Randomized Controlled Trial (this cardiologist is on fire!).

Dr. Robin Parks received $960,076 to study extracellular vesicles as a biomarker and therapeutic for Spinal Muscular Atrophy.

Dr. Marjorie Brand received $937,125 to study the mechanism of TLX1-induced T-cell acute lymphoblastic leukemia.

Dr. Marc Carrier and team received $1,383,745 to study primary thromboprophylaxis with rivaroxaban in patients with malignancy and central venous catheters.
Dr. Manish Sood received $110,000 to reducing bleeding with DOACs in breast cancer patients.

Drs Michel Shamy and Dariush Dowlatshahi received $100,000 to study advanced consent for participation in acute stroke trials.

Dr. James Downar received $719,101 to study the use of an automated prospective clinical surveillance tool to drive screening for unmet palliative needs among patients in the final year of life.

Dr. Greg Hundemer received $443,701 to characterizing cardiovascular outcomes in subclinical primary aldosteronism.

Dr. Lynn Megeney received $810,900 to study Caspase 3 stimulation of dystrophic muscle stem cell differentiation.

Dr. Tiago Mestre received $432,225 to study a feasibility-controlled trial to investigate the addition of an integrated care network to usual physician-centered care to address complex care needs in Parkinson disease.

Dr. Michael Schlossmacher received $879,750 to study oxidation of parkin in adult mammalian brain.

Dr. Deborah Siegal received $179,776 for post-bleed management of antithrombotic therapy after gastrointestinal bleeding.

Dr. Lana Castellucci received $478,125 to study reduced-dose thrombolytic treatment for patients with higher-intermediate risk acute pulmonary embolism.

Dr. Thais Coutinho received $679,320 to study aortic function as a predictor of thoracic aortic aneurysm expansion.

Dr. John Bell received $1.9 million to use cancer-fighting viruses to develop a COVID-19 vaccine.

Drs Jeremy Grimshaw, Angela Crawley, Raphael Saginur and colleagues received $9 million from the coronavirus variants rapid response network.

Dr. Lynn Megeney received $810,900 to study Caspase 3 stimulation of dystrophic muscle stem cell differentiation.

Drs Stanford and Dilworth received $1 million to study the regulation of the epigenome by replication stress in vascular disease and aging.
In addition to our huge CIHR wins, we give a big shout out to the researchers who were successful with the new COVID-19 Immunity Task Force and the Vaccine Surveillance Reference Group opportunity: Dr. Glenwood Goss ($1.9 million), Dr. Juthaporn Cowan ($2.4 million), Dr. Arianne Buchan ($2 million) and Dr. Angela Crawley ($1.7 million).

“Water is soft and humble, but it is the most powerful and is the most endurable.”

— Debasish Mridha
In a professional or social context, Dr. Michaeeline (Mikki) McGuinty is bright and outspoken, always up for a healthy debate. Privately she prefers the company of pets to people. She was shaped by a childhood moving around the world; her father was a geologist. The family’s diverse and ever-changing experiences, including a near-death encounter on a crocodile-infested river, have left some lasting marks. Mikki’s hobbies and interests are equally diverse; some would say as varied as a Las Vegas buffet and change about as frequently as the seasons. Amid the flux, one thing has remained constant: regardless of the pursuit, Mikki has become good at everything she’s set her mind to.

Before starting medical school, Mikki worked in Dr. Jonathan Angel’s lab doing bench research and soon realized that clinical research would be better suited to her interests. Her brief exposure to The Third World during medical school electives reaffirmed what she was meant to do and made clear how little understanding we have on how to help guide practice for any population that is less advantaged.
“For me it really pushed the agenda that we need better or more comprehensive research because we’re not going to solve the problem with more physicians. We’re going to solve it with better solutions to disease”.

As a new staff in the Division of Infectious Disease, Dr. Mikki McGuinty’s research and clinical work focuses on HIV cure, women with HIV, and maternal-fetal immunology with a view to advancing our understanding of maternal vaccination. During the COVID-19 pandemic she worked on clinical trials of COVID-19 therapies, vaccines, and on studies of the immune response to SARS-COV-2.

Dr. Angel, now her Division Head, says she has the perfect environment in which to succeed: support from both her division and the department, strong mentorship and connections. The future is wide open for her to be incredibly successful. How will she leverage all of this? “Greedily,” she says.

Below Mikki talks about her research, procrastination, anti-vaxxers and her ability to sing a mean karaoke when called upon.

_**Growing up**_, “impossible” was not a word I knew. Our unusual upbringing afforded us a ton of opportunities and experiences most people never have. And because our parents prioritized us, they ensured we benefitted from the conventional structures of childhood; particularly education and access to fun.

_**I grew up**_ all over the place: Ontario, Cuba, Honduras. My father was a geologist, my mother was a bookkeeper, accountant, manager, and CEO. Change was very normal in my childhood.

We changed where we were living, the language that was being spoken, we changed all sorts of things all the time. I’ve lived in Ottawa for almost eight years now and I haven’t really looked into buying a place because it seems like I should be leaving soon. Even though intellectually I have no intention of leaving—I’m happy where I am—I’ve never been this permanent anywhere before. Without change I tend to get a little bit restless. And that goes for all things. I pick up new hobbies that usually last a year, and then I get into other things.
Moving around had a tremendous impact on my worldview, and probably shaped a lot of my personality. You learn to be OK by yourself, because most of the time you don’t have continuous social systems going on. But you also get quite good at forming new relationships. All that exposure has made it easier for me as an adult to know what I want and don’t want to do and what kind of people I get along with and don’t get along with.

In high school I was very good at putting on a musical. I could perform well, but most of the time I assumed the role of stage manager, director and assistant director. I ended up with the jobs that meant you had to actually pull the thing together as opposed to just show up. I’m not very good at delegating responsibility to other people, so it was a role that worked fine for me.

The closest I’ve ever come to death was on a dangerous canoe trip down an Amazonian river. Our entire group definitely considered we might not survive! I was 13 at the time. My extended family were in Ecuador on vacation and were going to be staying in a sort of eco resort in the middle of the jungle. On the way to it we were held up for hours because of protests about local mining. It hadn’t rained there for about a month so the water table was very low, and our boat was very full and kept getting stuck on everything in the river, and taking on water. So I was bailing for five solid hours and the boat kept getting stuck and at times, we even needed to get out and stand in the river and rock the boat free. And because we were super delayed, it meant that 80% of this trip happened at night, in the dark. We’d shine the flashlight and see cayman hanging out nearby. My parents are very calm in a crisis and never freak out. My my dad is very bush-competent because of the industry he worked in so it made it less scary for the rest of us. But still, it was not fun. By the time we left the resort there had been plenty of rain... It took us eight hours going in and 95 minutes to get out.

I worked in Jonathan Angel’s lab when I was an undergraduate student, and from there developed a increased interest in immunology and HIV.
Jonathan had a significant influence on my career. As a supervisor of my undergraduate honours project, he provided my first exposure to a clinician scientist career track, and thereafter the support, structure, and advice that has further shaped my career.

*If I hadn’t ended up in medicine* I probably would have gone into virology and worked on HIV in that area.

*Ottawa* is really the ideal place for me to be. I came to Ottawa as a resident, then did a fellowship, then a second fellowship and now I’m on staff. It’s not traditionally fantastic to spend so much of your training and then professional life in the same place, and I thought about this a lot, but there really isn’t anywhere else in the country where I’d have the opportunity that I have here to get established in the early part of my career. Other institutions are not as welcoming, or are way more competitive or just do not have the same structured support.

Having been here throughout my training means that I’ve worked with lots of these people already and hopefully have managed to get them invested in whether I succeed—or not. It will certainly be helpful for those times when I feel like I’m floundering and looking to get pushed in the right direction.

*There’s a lot of great research* involving HIV in Ottawa and the group here is very willing to share that space.

*Our HAVARTI study* was based on an animal study and is a new way of thinking about how to treat HIV by modifying the immune system. We’re using a monoclonal antibody that targets the host, hopefully to boost the natural immune responses that control HIV. Since the agent used in the animal study had a licensed human version already, vedolizumab, it made sense to take it forward into a human population. To accomplish this, we also added another novelty; a fairly long interruption of ART so that we could really see the effect of the drug on the participants’ immune control of HIV. We weren’t able to replicate the findings of the preclinical work, but we have learned a lot about the potential roles of these treatments, and the management of trials in HIV cure.

*Dr. Bill Cameron* has been great to work with on this. He’s provided a ton of opportunity and, as many probably know, he also provides a ton of solicited and unsolicited advice on how to move forward. He’s always been very supportive and incredibly helpful.

*Epidemics* are cool, that’s what HIV still is at the end of the day, and I think if we lived somewhere slightly more exotic, I would probably do a lot more epidemic related work. At the beginning of the pandemic, I was excited by the opportunity to look into a novel disease and got involved in many ways because we have a pretty small group here and somebody needed to figure out what we were gonna do. Before we were even seeing cases, I suggested to Jonathan that we should probably review the literature and figure out how we were
going to respond to people’s questions about COVID infections. And he said, ‘Sure. You should do that.’ And then I just never stopped. That one simple question led to gigantic projects.

As a new faculty member, there were times when I felt that I was in over my head, but I think everyone feels like that when they just get on staff and, in fact, every step up in your medical training can be a bit overwhelming. I just happened to start at the beginning of a pandemic and took on additional pandemic related responsibilities. Certainly in those first six months or so, I felt very, very stretched. I don’t want to say that I was drowning, but it was close.

I’ve done a few media interviews on the topic of COVID and, in general, I think I do a pretty good job speaking to a topic. I’ve always been comfortable delivering presentations and don’t get super nervous about it, but media is a different beast altogether. The most important thing about weighing in on the pandemic was remembering not to give speculative answers because the public at large don’t understand how you speculate as an expert—they latch right on to every word. To be clear, I was more than happy to let other people with more expertise take the spotlight and do the interviews. I’ve only been on faculty six months—what business do I have talking about anything? For that matter, what business does anyone have talking about COVID as though they’re an expert?

I have a very low tolerance for anti-vaxers in a social situation and I usually just don’t engage.

Professionally I feel like my job is to listen to concerns, be open to the things that people are laying down, because even if it’s mostly hearsay anecdotal data, it usually represents something about the issue that is central to their fear. Then you can address those core issues and offer support for their decision making, and give them time. But with those who are really “anti”, I’m not sure there is a strategy that works.

I think this pandemic has really highlighted our public health agency and its role, scope, size and nimbleness, which is something the general public probably didn’t appreciate was there. It’s also come at a time right after many people were of the opinion that the agency didn’t do enough and was costing too much money. To have a pandemic show up and have them handle it so well is a really great demonstration of the importance of these institutions. It’s not perfect, but it was well above average.

The pandemic has also taught us to be more flexible in our care delivery as healthcare providers. It would have taken us 10–15 years to get to the point of virtual care delivery that we got to within four or five months because of necessity. From a research respective, it’s showed us that people can do large, multicenter, collaborative, randomized trials in an organized, efficient way in a very short amount of time and that our research infrastructure, which is traditionally slow and very pedantic, can move quickly if it is pushed to do so by necessity. Which means it should be able to continue to do so after this pandemic is over.
When the country/world goes back to some semblance of normal I’m most excited to have people sitting in my living room again playing board games or watching movies. As someone who is not particularly outdoorsy, I’ve really missed the lack of normal activities that you would do with people in the same room, whether it’s at home, or out for dinner, or locked in an escape room.

My great joy in life is good company.

My idea of misery is doing the same thing every day.

My principle fault is a little too much objectivity. I have a very blunt way of communicating with people and often I don’t realize that I’m not allowing enough subjectivity into the objectivity of my position or statement. I don’t know that I see the world entirely in black and white, it’s more that I’m very direct.

The greatest remedy on earth today is still penicillin.

It is important to make decisions based on rational judgement and then instinct.

You don’t know what people are really like until you are stuck in the wilderness with them for five days without running water.

Maybe I’m wrong, but I think that the neoliberal experiment has pretty much played out.

The most disturbing sound I know of is velcro!

When I wake up in the morning I try to go back to sleep until I get a coffee or the dog insists. Ever since I was 11 or 12 I’ve hated getting out of bed in the morning, and not because I don’t like going to work or didn’t like school. I was always eager to go to school. It’s just something about mornings—they don’t agree with me.

The most indulgent thing I do each week is lie in bed an extra hour with the cat.

I’ve been known to tell a lie when I am supposed to be there already but haven’t left the house yet.

My stress-reducing trick is puzzles. Any kind of puzzle will do but jigsaw puzzles are my ultimate weakness.

The best ritual of my daily life is walking my dog morning and evening. And coffee.

I’m a pretty introverted person in general. I like people just fine but I’d be happy for any excuse to skip the social event and stay home with my pets.
The stupidest argument to have with somebody is one with an answer the encyclopedia can verify.

A friend is someone who gives you total freedom to be yourself. I’m not super extroverted so I don’t have a ton of energy. With other people I sort of feel like I’m working hard to appear interested and energetic and when you’re with people who know you well there’s no pressure to feel like you’re ‘on’.

I think people see me as smart, and standoffish. My friend Siobhan told me how to answer that.

The furthest I’ve ever pushed myself physically was swimming in 800m and 1500m competitive races.
“The most imaginative thing I’ve done as an adult is written a comic series.”

If I’ve learned any truths in life, it’s this: Putting something off makes it instantly harder and scarier. My Masters involved running a clinical trial which took longer to get going than I thought, and then just when we were ready, the pandemic hit, so we put it on hold. And every month that things weren’t happening it made it harder to go back to it and start up again. The thought of how much work it’s gonna be tends to grow larger than the project the longer you wait.

You go through a lot of phases in life. Right now I’m in my Dungeons and Dragons phase. That game is the perfect outlet for me. It’s an escape from reality into a world where you get eight hours of sleep, the puzzles all have solutions, and there’s magic!

The three greatest words in the English language are: It’s already done.

I’m incapable of withholding my opinion when it seems relevant. I like to say that my parents gave me the entitlement of a middle class Caucasian man. I feel that people are entitled to my opinion—and they can have it for free.

The habit I’d most like to give up is snoozing through my alarm.

Last Saturday, I visited a relative in the hospital, worked on a paper, and called a friend.

The childhood fear I still have as an adult is heights.

This morning, I walked the dog, made coffee, and took care of 15 people’s infections.

The most ridiculous thing someone has tricked me into doing was waterskiing.

The most imaginative thing I’ve done as an adult is written a comic series. A friend of mine is designing a video game and asked me to help by developing characters and plot points. I write the comic story and then someone else does the art. It’s in the realm of Dungeons and Dragons. Up until university I spent more time doing creative writing than I did anything else. I probably did three or four hours a day from the time I was 13 to the time I was 19 or 20. I haven’t written much since then, until this video game came up.

When I really want something I get it. I don’t have good willpower.

Everything tastes better when you add butter.
My favourite food is sushi, because it’s delicious.

My greatest guilty pleasure TV show is Criminal Minds. Or any of those shows that feature tiny houses.

My willpower is the weakest for ordering takeout instead of cooking.

The most rebellious thing I’ve ever wanted to do is go to medical school (not my mother’s ideal choice).

My ideal holiday is one with an unambitious schedule.

Paris is my favourite city because of its history, culture, wine, and shopping.

My favourite activity outside of the hospital is baking. I make a lot of cupcakes because they’re easy to transport and share. I also make a really good cheesecake. I started baking in high school as a way to bribe my teachers and classmates before giving oral presentations. But there was a lot of baking in my family. My grandmother baked pies. As fruits would come into season she would buy them in bulk, enlist my grandfather to peel or pit them, and then fill dozens of pie shells. There was always pie in the freezer. After she died I got more into pie baking because it was a way to remember the familyness of it. Baking is good for me because it requires you to understand the science a little bit and follow the recipe with precision, but leaves room for creativity. It ended up being super meditative because you have to pay attention to what you’re doing, read instructions and not try to multitask.

The afternoon of my dreams would include a nap, a game with friends, and a great dinner.

My greatest extravagance is probably the numerous entertainment services I subscribe to—without time to actually watch them all.

The silliest thing I own is a set of roller skates that I haven’t used in 10 years.

My favorite genre of music is at present 70s–80s rock, but until recently it was showtunes—it changes every six months or so.

I was raised to be confident, work hard, and try to make things better.

“I started baking in high school as a way to bribe my teachers and classmates before giving oral presentations. But there was a lot of baking in my family.”
**In the beginning** of any career there are so many doors to open, and most of them are hidden. I had my first mentorship meeting a couple of months ago where I casually found out so much information that will help make my life easier going forward. To a certain extent, you need to spread yourself around your professional network and uncover those things.

**When I was sixteen or seventeen** I wanted to be a lawyer. I was a pretty argumentative teenager :) I probably wouldn’t have been a physician if lab work was more fun.

**I knew I was going to become a physician** only at the very end of my undergraduate degree. As a kid I used to say that I’d be a psychiatrist one day because I loved psychological thrillers.

**I chose my subspecialty** because it was the most appropriate to my nerdiness. But someone also once told me that Infectious Diseases physicians are the last line of defense between humans and the organisms trying hardest to kill us, so I’ll go with that reason.

**The technical advance I most anticipate** is the tricorder. I can’t wait for a handheld answer to all diagnostic challenges.

**My Mom** taught me that children were a renewable resource (her favourite joke), but more importantly, how to always stand up for what I think is right.

**The best advice** I was ever given was release the idea that things could have been any other way. I tend to get really hung up when there’s a challenging decision to make. I don’t necessarily like to be the one who’s deciding, and then wonder, what if I had done the other thing. So it’s helpful to remember that once it’s done, there’s no point in imagining what else there could have been.

**The historical figure I most identify with** is Julie d’Aubigny. She was very counterculture. She was her own person, did what she wanted to do and she was completely fine with it. It was clearly not appropriate socially for her to live the way she did at the time and she didn’t care, she did it anyway.

**I can sing** a mean karaoke when called upon. I always do a Journey song, even though nobody sounds good singing it. *Don’t Stop Believing* became the anthem of a core group of my friends in undergrad. We kept hearing the song everywhere, even when we were walking down the street. It felt like it was following us so we embraced it. We played it at every party and requested it every time we went out. It was our song then and is probably still our song.

**I feel I’m on the threshold** of feeling like I actually am what I say that I am, and coming into my role.

**I always wanted** to be on *Jeopardy*. I’d do well with the history and literature questions, and the science questions are never that hard so I’d get those ones too. But not the music. I never know any of the pop culture stuff they have.
I would never do well in a beurocracy.

If the pandemic has taught me one thing, it’s that virtual meetings are way more tiring than conversations in person.

If I could only pack three things in my suitcases to travel to an unknown destination, they would be sunscreen, a phone charger and antimalarials.

A book that has had a lasting impression on me is 28 stories of AIDS in Africa, by Stephanie Nolan. I read it at the right time in life to broaden my curiosity about global inequity and HIV. It really made me want to work in the career path I ended up choosing.

She’s Not There—The Zombies is guaranteed to start my day off right. (Or Hey Mickey—Tony Basil)

If after I died, I could choose to come back as something it would be a house cat.

The 1990s fashion trend that I miss the most is crushed velvet. I used to wear a lot of crushed velvet tops in the 90s. I still have some. I’m waiting for it to come back.

Best movie line of all time: “You sit on a throne of lies.”—Elf. Or “you’re gonna need a bigger boat.”—Jaws

My unknown talent is cross-stitch comedy, when I have downtime to do it. I usually just make little wall hangings with jokes. We used to have one in our university apartment that said, “Put out or get out.” cross-stitched in a nice grandmotherly font.

I used to be a competitive swimmer. I coached for Special Olympics Canada and for our competitive teams through university.

If I had to write my autobiography using only 6 words it would be “Looking for references that don’t exist” // “Will there be coffee there?” // “I can do it in five”. The last one is from a research career perspective, you’ve always gotta cut words somewhere. The maximum word limit is always a big problem with writing papers. You’ve got to get really good at cutting out stuff that doesn’t need to be said. Plus, it’s a smart answer because it’s actually 6 words.
QUALITY & CLINICAL CARE
Report from the Vice-Chair, Quality and Clinical Care

Executive Summary

This past year, we affirmed our commitment to excellence and compassionate patient-centered care by helping build the infrastructure related to the COVID-19 pandemic and vaccine rollout. We supported ongoing successful programs, developed new non-COVID-related programs, and optimized EPIC-related initiatives to further enhance patient care. The last year’s events have continued to challenge our resources, stamina, and strength. But united, we have grown, adapted, and learned from our experiences. In doing so, we built a stronger Department of Medicine (DoM), which continues to prioritize patient care and quality in everything we do.

Transformation in Clinical Care

2020–21 was, and continues to be, dominated by the COVID-19 pandemic. Throughout, the Division of General Internal Medicine (GIM) was instrumental in designing ongoing care plans and pathways. Working with The Ottawa Hospital (TOH) leadership, they help build dedicated COVID-19 units at both inpatient sites. GIM physicians undertook quality initiatives and research studies for the care of these high-risk patients. The Division of Infectious Diseases continued to lead the charge in facilitating a TOH COVID-19 response, which included developing infection prevention and control protocols, staff education, physician support, and creating an emergency operations committee for COVID-19 response and assistance with testing recommendations.
Several of our DoM members have been instrumental in the provision and rollout of COVID-19 vaccines. Other Divisions, such as Medical Oncology and Geriatric Medicine, optimized and modified their programs to allow essential services to continue safely for at-risk patients. The Division of Palliative Care provided support and consultation to the region’s long-term care community. The Division of Cardiology created a modified Code-Blue procedure to minimize staff risk and optimize workflow and safety. More recently, the Division of Cardiology also started a rapid access clinic for patients who develop acute cardiac inflammatory disease as a result of the COVID-19 vaccine and disseminated recommendations to our health care teams. Notably, every Division in our Department was able to pivot and optimize the use of virtual care in this ongoing pandemic environment.

Beyond COVID-19 related activities, the DoM was able to initiate many novel programs and processes this past year to enhance the mission and vision of The Ottawa Hospital, including:

- Endocrinology and Metabolism
  - Collaborative bariatric-endocrinology clinic
  - Transgender clinic

- Neurology
  - Quality of care program for patients with ALS and their caregivers
  - New notification pathway for reporting of critical radiology findings
• GI
  o New glycemic control protocol for TPN
  o Emergency department protocol for CT scans in IBD patients
  o Novel prediction rule for bowel prep prior to colonoscopy
  o Advanced and therapeutic endoscopy registry to monitor efficacy and complications

• Rheumatology
  o Patient satisfaction with outpatient rheumatology virtual care
  o Creation of a biologics clinic

• Cardiology
  o Ambulatory HF clinic at General site
  o Cardiology/Infectious Diseases multi-disciplinary endocarditis consultation service

• Geriatrics
  o Novel emergency department liaison service
  o TOH dementia service

• Infectious Diseases
  o Antimicrobial stewardship program
  o Transplant specialized infectious disease clinic

• Hematology
  o Optimization of transfusion scheduling in patients with hematologic disorders at TOH

This past year also saw the continuation of several ongoing successful initiatives within the DoM including a frailty focused COPD care model for TOH, a combined nephrology-endocrinology diabetes clinic, a ferritin clinic, an anemia clinic and a vascular health clinic. Over the next year we will call attention to our new innovative programs and share our successes broadly.

As we move into our third year of EPIC, our DoM members have worked collaboratively with TOH to further refine and advance the EPIC user interface to optimize patient care. This includes the development of insulin order sets (Endocrinology & Metabolism), a priority triaging system (Nuclear Medicine),
and a central intake triage for specialized geriatric services (Geriatric Medicine). Finally, the Division of Medical Oncology has instigated several EPIC changes, including revisions to electronic DI requisitions, process changes to reduce patient loss at discharge, and improved labeling of CHIPP orders.

Virtual care continues to be the foundation for ambulatory care visits for many Divisions in our Department. Under the leadership of Dr. Heather Clark, DoM Medical Director of Ambulatory Care, we completed a patient experience survey. We will use the feedback to assess technology and our patients’ willingness to access virtual care. Additionally, TOH launched an ambulatory care dashboard that will provide us with real-time data on outcomes, report trending and wait time indicators.

Making Strides in Quality

Under the leadership of Dr. Delvina Hasimja Saraqini, our Quality Committee continued to meet quarterly to share experiences, discuss quality/patient care issues, and brainstorm future quality initiatives and program improvements. These committee members were also instrumental in helping the Department meet and exceed The Ottawa Hospital Academic Medical Organization's (TOHAMO) yearly metrics and maximize our funding allocation. These meetings have become the cornerstone of our collaborative and evaluation efforts. Important topics covered this past year included: development of division-specific quality indicators, EPIC-related improvement initiatives, the provision of virtual care, and the formation of a quality initiative partnership with The College of Physicians and Surgeons of Ontario.

This coming year we will be promoting these "lessons learned" through our new Department SharePoint Communications site (DoM Central) and other channels to ensure rapid and timely access to essential issues in patient safety and quality. In addition, Dr. Hasimja has developed and is now validating a quality-specific SharePoint Dashboard of SLS incidents. This Dashboard will provide summative details on the most frequent types of SLS reports and trends over time. Such data is critical at developing targeted continuous quality improvement initiatives for the DoM. We are currently working closely with leaders in information technology to create an executive style dashboard in EPIC that will provide real-time data on the
most relevant quality indicators across Divisions. Over the next year, our quality leads will also be able to access a patient experience dashboard in EPIC—an essential component for program development and evaluation.

**DoM Quality-Based Research**

Continuous quality improvement projects are an important objective for our team, and ensuring our quality leads have access to biostatistical support is a top priority. Our team has written a methods paper highlighting the development of a structured quality and patient safety program in the DoM at TOH, which is currently under review. In addition, we established a virtual care innovation grant in partnership with the OHRI that requires a collaborative effort between a DoM clinician and an Ottawa Methods Centre scientist (i.e., epidemiologist, implementation scientist, etc.).

This past year there have been several new and ongoing research initiatives to evaluate and enhance efficient and effective care. Some examples include:

- Patient Perspectives on Virtual Care for Diabetes Management in Era of COVID-19
- Characteristics and outcomes for low-risk hospital admissions to the ICU: A multi-site cohort study
- Increased mortality and costs associated with adverse events in the ICU
- Implementing and evaluating a structured cognitive screening program in hemodialysis patients
- SGLT1 Use in Hospitalized Patients
- Identification and Prediction of a "High-Cost User" in diabetes
Education in Quality

Our team continues to mentor residents in quality improvement initiatives. A patient safety and quality curriculum is provided annually to the core internal medicine residents. There is also support and mentorship for residents and subspecialty fellows who want to pursue quality and clinical care research.

Despite the ongoing challenges with the COVID-19 pandemic, the DoM members have continued to demonstrate resilience, strength, and commitment to excellence in patient care and quality. This past year we have witnessed innovation and growth in both COVID-19 and non-COVID-19 related clinical initiatives, expansion of quality-based research, and excellence in patient satisfaction. Our vibrant Department will continue to grow and thrive over the next year as we look forward to the opportunities and challenges that lie ahead.

Lisa M Mielniczuk
MSc, MD, FRCPC
Vice-Chair Quality & Clinical Care, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
Camels are by and large gentle creatures. Even so, they stand tall, can sometimes be a tad fractious, and let’s face it, they look like domesticated dinosaurs. As a petit 5-foot-1 person, Dr. Isabelle Desjardins was understandably nervous about being trapped between those iconic humps to live out her Lawrence of Arabia fantasies. Still, with a bit of encouragement, she hoisted herself up, hung on for dear life and loved every minute of it. Courage, after all, is being scared but doing it anyway.

Isabelle is an Internist and the Service Chief for her division at the General Campus of The Ottawa Hospital. When the pandemic began, she was one of the first to volunteer to work on the new COVID ward and despite certain fear and anxiety over her personal wellbeing thought, “If I were there, feet on the ground, I would know for sure that people were safe”. After finishing her week of service, she’d go in on Saturday to run with her replacement, to watch them don and doff their PPE, which, in the beginning, she says, was always a bit of a gamble.
Dr. Alan Karovitch, her Division Head at the time, wasn’t surprised that she jumped in feet first to help. “She put her life on the line back in March. As Service Chief, she did the bulk of the work, collaborated with allied health, developed protocols—she put in hundreds of hours,” he recalls. “And it had nothing to do with being power-hungry. She has no ego. She simply cares tremendously about the team and would never ask someone to do something she wouldn’t take on herself. Whenever we face new challenges, Isabelle always steps up in a big way”.

One more thing to like about Isabelle—she’s generous. Not only with things like birthday gifts or taking the middle seat on a plane but she will sacrifice herself in terms of time; a trait she inherited from her parents. Dr. Samantha Halman says she can sometimes lose herself to help others. Sam should know. She’s both a colleague and a close friend. Many within their division think of Isabelle and Sam as a single unit, a dynamic duo, sisters even.

In their shared love of travel, Sam points out that when planning any activity, like their donkey ride in Santorini, Isabelle is never concerned about how much something costs, but instead about the risk in doing it. After all, Isabelle’s steadfast rule in life is safety first! “My mom would never get on a plane; in fact, she was terrified of most modes of transportation: cars, planes, boats, whatever. I’m not that fearful, I love to fly, but I would never get on a boat without a life jacket, even if I’m often the only adult wearing one”, she says.

Below Isabelle opens up about a variety of fears, including earwigs and bed bugs, the isolation of her pandemic bubble and her profound aversion to puréed food.
I’m super weird about food, both texture and spice level. Sam is my barometer. If I’m not sure I’ll like it, I’ll make her taste it first. My nightmare would be a pureed diet. I don’t even like mashed potatoes. Just the thought of it makes my jaw lock a little bit. It could taste delicious, but if the texture is mushy, forget it.

I’m an only child. My parents have always had all the time in the world for me. If I needed help with school projects, I could always count on them. Growing up, my dad would drive me and my friends everywhere, he was our personal cab driver. Their gift of time was limitless. When I started driving, I took on the role of cab driver, which wasn’t ideal because my first car was a 2-door red RDX with a super small back seat. I’d say to my friends, ‘if you can pry yourself back there, I’ll drive you anywhere you want to go’. That kind of generosity came from my parents. I get significant joy from seeing other people happy and so it’s no skin off my back and maybe even a little selfish.

I love working with residents and students. It’s nice to see fresh, eager, non-jaded members of this medical community who think everything is fascinating. Things that you, as seasoned staff now take for granted or find boring. Their wonder and enthusiasm keep me interested in this job because of the freshness they bring to it.

When I became a staff, I started doing my masters, which I never finished. Mostly because I realized that as much as I love medical education, the medical education research part is not what I’m good at. Writing 2,000 words about something is not what I want to do. I can spend an hour moving a comma. I’m a very inefficient researcher.

The administration part of my job—clerkship, the Medical Council of Canada (MCC)—those things probably suit me better. My two mentors in residency were Drs. Claire Touchie and Debra Pugh. They were people that I wanted to emulate. They were good clinicians. They were really dedicated from a medical education point of view and opened the door for me. Good mentors create opportunities and then it’s up to you what you do with them after that.

I’m super grateful to Debra and Claire for introducing me to the MCC. I started with my own little medicine test committee, then joined other internal groups and most recently I was nominated to be on their exam Overview Committee. I got in because of the people I knew but I believe the ‘promotions’ that followed were based solely on me, on the merits of what I had contributed. I’m probably the proudest of what I’ve accomplished there.

I like anything that’s new. I will weirdly say that I like COVID. It was something that we had never been through, and I felt needed. On any occasion when people are reluctant to participate, I’ll be like ‘I’ll do it’, which is often the motivator for the things I take on. It was the same thing for our new HRIS EPIC. As much as people kind of hated it, I liked it.
I could see that the implementation was going to be really challenging and I wanted to make sure that as a group we were heading in the right direction. I spent a lot of time on it. If I’m really dedicated to something, I won’t count the hours I will just do what needs to be done.

**With COVID**, people were very worried about bringing it home to their families, especially at first when we didn’t really know how children were reacting and many of my colleagues have younger children. And although my parents live with me, I knew that I could be safe at home from this. I made sure that I knew what IPAC was telling me to do. Even still, you never really knew what to expect when you showed up to work. One day we arrived on the ward and pulled a gown from the bin and it was literally see-through. We used to call them our Victoria’s Secret gowns. I thought, how is this supposed to protect me? And then the following week we’d have these blue plastic bags that had a completely open back and I was like, no way, we’re not going wear this to go in there. And so I made them double up - one in the front, one in the back, which in theory was actually the wrong thing to do, because then you could really contaminate yourself, taking them off.

**My parents moved in with me** in the fall of 2018 because my dad wasn’t well. When the pandemic started, we were hearing horror stories from Italy and so not knowing exactly what to do, we were very, very careful at home. At the beginning I felt like a stranger in my own house. I wasn’t allowed to touch the fridge, or anything in the kitchen for that matter. I would walk straight to my room, strip down, shower and take my designated spot on the couch. My mom doesn’t drive, and my dad can’t drive, so I drive them everywhere. Last weekend was the first time we’d ever been in the car together without wearing masks because it was finally two weeks after their second dose of vaccine. So, from a family perspective, it’s been a long 18 months.

**I would say most of the time** my parents forget what I do for a living. When it comes to health issues I often find myself saying, ‘just trust me’. My dad has Parkinson’s; not the disease but he has parkinsonism if you will and I know what’s going to happen down the road. So, I try to gently nudge them into realizing what we can expect. I think my presence is helpful to them because I’m an extra pair hands, less so from a medical perspective.

**During the past year and a half** I felt as though I were treading water. It’s really been challenging at times, but the pandemic really showed what you could do on a dime when push came to shove for a lot of things. We worked as a team from a hospital point of view; setting up our COVID wards with people we didn’t know all working together. That was an extremely rewarding thing to be part of.

**It’s rare that I’ve** been personally scared, but I was a bit personally scared during the pandemic. In the end it will likely be one of the most rewarding things I will have done in the last 10 years.
“During the past year and a half I felt as though I were treading water. It’s really been challenging at times, but the pandemic really showed what you could do on a dime when push came to shove for a lot of things. We worked as a team from a hospital point of view; setting up our COVID wards with people we didn’t know all working together. That was an extremely rewarding thing to be part of.”

_Back in the days_ when we had special events, Sam had googled something about putting your hair in a braid before going to bed so you would wake up with natural beachy waves. She tried it out the night before the event and sent me a picture the next morning. I texted the following back: I can’t sit in public with you looking like this! So, I fixed it. And then I did her makeup. And then word got out and I became the resident makeup artist and hairdresser for a number of women before our big events. Every year moments before our Winter Party started, the girls would be all dolled up, excited and ready to go and I wouldn’t even be dressed yet—no make-up, hair not done—cause I’ve just spent the last several hours fixing everybody else. And I love it. I’m always surprised by how much people can appreciate something that to me is so simple and small.

_I have way more issues_ accepting help. My family will tell you that my most common statement is, ‘no thank you’. Do you want something? No thank you. Do you need help carrying that? No thank you. I want to be independent and do everything independently. I don’t want to burden anyone. And the same thing is true for accepting gifts. Regardless of what I’m given, I have never returned a thing. It could be a knickknack and I would love it. I’m easy to shop for because there is nothing that you could give me that I would not like.

_’I was raised to be_ fiercely independent. Growing up, my mom would not ask for help for anything until a time when my Dad was diagnosed with A-fib. He was not doing well and we were in the middle of one of our moves. It was the first time she realized she couldn’t do it on her own. My mom is extremely creative. She will find very resourceful things or ways to get things done so she never has to ask for help.
My independence stems from watching her. Which is very helpful now, mostly because of things that I would have relied on my Dad or husband (that I don’t have) to do. I’ll be like, ‘I got this’.

For 10 years, the last being an obvious exception, I’ve hosted a Love Actually party around Christmas. It started with friends from residency coming over to watch the movie and in the last few years have mostly been women from our division. I don’t invite the men, although I do have one male colleague who secretly loves it (don’t worry your secret is safe with me). I know every word of that movie script by heart. That movie has everything—you laugh, you cry and, I’m a huge fan of Hugh Grant, his little situation with the prostitute notwithstanding. I’m a romantic at heart.

My great joy in life is to travel.

I know it sounds corny, but friends are the family you choose.

My principal fault is procrastination! It has led to many all-nighters. I would say my masters probably being the best example. There are many of those; course assignments that I submitted at 6:59 PM. when it was due at 7:00 PM. If I don’t want to do something I will find every excuse in the book to push it—to the very end.

As you get older, you get more and more like your parents. I’m living the life that I think my dad would have wanted in terms of travel and things he would have wanted to do. I think my dad and I are very much alike. I got his blue eyes and sense of humour. But now as I get older, I’m becoming more and more like my mother. She’s very cautious. And she does this thing where she’ll say random things completely out of context and it’s because she’s still following up on a conversation we had two weeks ago. She assumes we’ve both kept track and I’ll understand. I’ve caught myself doing this recently where I’ll finish a conversation two weeks after starting it.

The most disturbing sound I know of is dentures clicking/clattering. It’s worse than nails on a chalkboard.

When I wake up in the morning, I hit the snooze button way too many times.

What I dislike most about my appearance is a toss-up really, between my nose or my short chin—good luck to whomever has to intubate me some day.

A word I most overuse is: Excellent. I don’t say ok or good, I say excellent. I feel it’s a small step up and offers a bit of encouragement.

The room in my home that I spend the most time in is my living room, TV on, laptop on lap.

The best ritual of my daily life is taking a bubble bath.
“I think people see me as more of an introvert than I actually am. In high school I was very good at improv/drama! As shy as I am, you put me on a stage, and I thrive.”
The stupidest argument to have with somebody is on a topic you know nothing about. It’s OK to not have an opinion!

A friend is someone who still loves you at your worst. As much as I am nice 99% of the time, there may be 1% when I’m not so nice and a friend would realize that maybe I’m just having a moment and it’s not really my full personality.

I don’t like it when people say, “Why don’t you...”, especially if I didn’t ask for their advice.

I think being nice comes from being a people pleaser. Primarily I want people to like me, whether that’s friends, family or patients and so I have trouble saying no. In some ways, people can take advantage of that because they know that I can struggle to say no.

I can stand my ground though. I can have hard conversations if I know it won’t be awkward. Awkward, I cannot do, and I’ll send Sam in. I can’t even watch people argue about things. I remember one day in our division someone was arguing about politics, which was really just a healthy debate, but I had to leave because it made me really uncomfortable, it’s really anxiety provoking. Having tough conversations in my role as Site Chief is different. It’s a different persona, I wear a different hat and it’s my job and my responsibility. But I still want people to leave my office thinking she was nice about it.

I think people see me as more of an introvert than I actually am. In high school I was very good at improv/drama! As shy as I am, you put me on a stage, and I thrive. I had a drama teacher who had a great impact on my life. She found a way for me to squeeze in drama while still managing all my mandatory science electives. Years later she told me that when she saw me make all my classmates laugh, she knew I was in my element. To put it in context, this was not easy given that I was a Grade 11 taking a Grade 12 class surrounded by people outside my usual science crowd. I loved it.

The furthest I’ve ever pushed myself physically was running to a Code Blue from 8W at the General Campus to the Rehab Centre—did I mention I was not athletic.

The furthest I’ve ever pushed myself mentally was trying to teach myself Spanish. Sam speaks Spanish very well so when we travel together, I often feel like I’m the kept woman just sitting there mindlessly smiling. All I can say is ‘Hola’. And I also came to realize that if you know the language you get treated very differently, you get better deals. Once the world safely opens up to traveling, I’ll start Rosetta Stone again. All I can remember now is caballo blanco. It’s not very helpful when you travel unless I come across a white horse.

If I’ve learned any truths in life, it’s this: you never know what someone is dealing with.
To do good is to put others ahead of yourself.

You go through a lot of phases in life. Right now, I’m in middle age—I can’t believe it.

The three greatest words in the English language are: Out of Office.

My greatest personal achievement is my recent weight loss. It was one of the hardest things I’ve ever done, way harder than residency, because I love to eat. Trevor Lush, our event photographer was my motivation. During our 2018 or 19 Winter Party he took a group picture of our General Internal Medicine division. I had a very sparkly dress on which I thought fit me fairly well. And then I saw the photo posted on our website and I thought, ‘who the hell is that?’ I mean, it was me but talk about hitting the bottom of the barrel! So, shortly afterwards I started following an app called Noom. Like most programs it helps you relearn your eating habits, counts calories, weaves in the psychology of weight loss and deals with the inevitable plateaus. I used to buy lunch every single day. I’ve spent a lot of money in our hospital cafeteria. I think I’ve gone down there once in the last two years. Thanks, Trevor!

The childhood fear I still have as an adult is earwigs. It’s irrational. We were surrounded by them at our family trailer. As kids, my cousins and I slept at the foot of the bed as far away from the curtains as possible so they wouldn’t fall on us. We’d take every single bowl we could find and fill them up with soapy water because we heard it would attract them and then they would stay away from us. We’d sleep with cotton in our ears so they wouldn’t crawl in!

And then there’s my fear of bedbugs. Not at the cottage but when I travel. Alan [Karovitch] wants to put me on Prozac because he seriously thinks there’s something wrong with me. It’s more a fear of bringing them home. If I got them, I’d be so disgusted that I’d leave all my things wherever we were and just fly home. Honestly, I’d have to burn my house down if it came to that. There was one time, not my finest moment, when I was staying at the Delta in Toronto. I came out of the shower and saw three little dots on the top of my calf. I’ve done my research so I know that bedbugs bite in threes—they call it breakfast, lunch and dinner. So of course I call the front desk, security comes and tears the room apart, I insist on changing rooms, they promise to investigate further etc., etc. That night while getting ready to go out, I put my winter boots on and realize that the marks were exactly where the zipper of my boot was. I think I was wearing jeans tucked in and I just busted a little blood vessel or something. I was like oh **** but of course I didn’t say anything. Back at work on Monday I get a call from the Delta telling me the investigation concluded that the room was totally clean, but I never came clean.

The most imaginative thing I’ve done as an adult is crafts—lots of crafts. I can sew, do needle point, I’ve made Christmas stockings.
I’d eat bacon all the time if it wasn’t for my health.

My favourite food is rice—all rice. It comes in tons of varieties, it’s tasty and filling.

My greatest guilty pleasure TV show is, actually, there are oh so many to choose from. The Bachelor (or anything in that franchise), Big Brother, Survivor... the classics. I like watching people interact and there are specific skills required to do well on those shows. I am amazed by how good some players can manipulate other players and they’re completely oblivious. I’m like, ‘Dude, you’re being played here!’

The biggest reward I would pay to get my pet back is thousands! My first pet was a turtle, which is ironically funny because I don’t understand how my parents got me something that could carry salmonella. It kind of goes against the whole safety-first concept in our house. My mom likely didn’t know any better.

Growing up we also had dogs. If I had a pet now it would definitely be a dog, even though they don’t live that long and die. That, to me, is the worst. The first time I watched Titanic, there’s a scene where someone brings their dog on the ship and when people started talking about the 3,000 people that died, I’m like, ‘yeah, but they had dogs on the ship and those dogs probably died too’.

The most rebellious thing I’ve ever wanted to do is... ha! I don’t have a rebellious bone in my body.

My definition of a good hotel is one with a nice pool—it must have a pool. But mostly because I love to float.

My ideal holiday (pre-COVID) is a cruise—lots of places to see and you only unpack once.

Perth (Australia) is my favourite city for its amazing waterfront. It’s friendly, has tons of green space—it’s like a mix of Ottawa and Halifax but with kangaroos! I could live there.

The afternoon of my dreams would include sun, a pool and a magic show. I’m fascinated by not knowing how something happened. A few years ago I went to a 50th birthday party and they hired a magician to entertain the kids. I stood there with a bunch of 6-year-olds watching this guy perform with two rings, and I was totally mesmerized. I would never want to know their secrets because I actually love not knowing. That’s what makes it magical, right?

My greatest extravagance is any international travel in a pod—so worth it.

My most treasured current possession is my air fryer!

The most money I’ve spent on something really stupid is buying every Dyson hair styling tool, (though they are really amazing!).

The most valuable thing I own is my trailer. It’s the perfect summer get-away. My family has been going there since I was nine. All of my mom’s siblings were on the same campground as us,
so I was surrounded by my cousins. With all my family there, it was a home away from home. I’ve moved a lot. I think my current house is my 12th. People will often describe the home where they grew up, but I can name you four or five where I grew up. This trailer has been the one constant in the last 32 years of my life.

**I did not speak a word of English** until I was twelve. I had English courses when we lived in Gatineau but most of our teachers didn’t speak English either, so our learning was really just based on a book. Something like *Mary Plays the Violin*, where you had to draw a line from Mary to the violin. When we moved to Ottawa I had to read *Charlotte’s Web* out loud in front of the class and I thought holy **** this is going to be hell. Practicing at home, ‘Once upon a time’ came out as gibberish and I remember my Mom saying, ‘it’s gonna be a long night!’. Let’s just say, I’ve come a long way.

**My father was** in charge of the residences at the University of Ottawa, my mother was a computer programmer at Stats Canada.

**My grandma once told me**, ‘You can be dead and buried in a week, make it count’.

**When I was sixteen or seventeen**, I wanted to be a lawyer. I spent a lot of time watching the OJ Simpson trial.

**If not for medicine**, I probably would have pursued event planning (but not weddings, too many bridezillas).

**My greatest professional achievement** is being the first in my extended family to complete any University degree.

**I knew I was going to become a physician when** they finally let me into med school. It took two tries.

**I chose my subspecialty because** I loved something about all the other subspecialties. As an internist I can be jack of all trades!

**The technical advance I most anticipate** is the next EPIC upgrade. I’m a graduate of EPIC University and have the mug to prove it. I know most people think of EPIC as a four-letter word but when we think of what we’ve had to do in the last year or so, without EPIC I’m not sure how we would have survived. People underestimate how powerful it can be, and what bugs them are things that can actually be overcome with a little time and effort, but people choose not to invest. People say EPIC writes bad notes, but EPIC is a system, it’s never written a note in its life. The user may have tried to create a note using all these little tricks and made it bad. EPIC didn’t do it. And I get it, not everyone wants to dedicate the time it takes for advanced learning. EPIC University was about 18 extra hours of training and many of the lessons learned are only saving seconds, not hours, but the seconds do add up and will make your life easier.
My mom taught me every superstitious belief I have. Classics like knocking on wood. Don’t sing first thing in the morning, you must eat before you sing. My mom did not believe in the power of visualization, quite the opposite. If you ever pictured yourself out at a mall before actually going to the mall then for sure something bad was going to happen to you there. You couldn’t go shopping that day. It’s bad luck if you’re driving away from your house and have to come back. You then have to sit for a minute in your car before going back out. I could write a book there’s so many.

I’ve been shaped by my parents and their relationship. My mom is way more of a caregiver now than a spouse. I don’t know that most people could do that. If my Dad were in a nursing home, someone would put his socks on, but they wouldn’t do it so nicely and care so much about how the seam sat on his foot. That’s a different kind of love, a different kind of commitment to a relationship. It’s beautiful.

The best advice I was ever given was hope for the best, plan for the worst. It’s a safety measure I use so that I can totally enjoy things. If I’ve imagined what the worst can be, then I’m ready for it and there won’t be any surprises. COVID was tougher because it was much harder to plan what the worst could possibly be.

Growing up, I never had a curfew and was never grounded. I was always really responsible, and my parents trusted me—wholeheartedly.

A turning point in my life was deciding to work at TOH instead of another local community hospital. Best decision I ever made.

I would never do well in jail. I’d be served porridge for breakfast or something. I’m sure picky eaters don’t do well in jail.

Cooking without following a recipe is the talent I’d most like to have that I currently don’t possess. I’d love to be able to just toss ingredients together and make something delicious. I need exact quantities—I don’t do “pinches” or “dashes”.

I hope my legacy will be that I made people laugh. There is nothing better than laughter, and I think if I can do that for someone else it’s a great reward. I want people to leave a conversation having had a good time.

If I could only pack 3 things in my suitcase to travel to an unknown destination, they would be my camera (love taking pictures), a bathing suit (hoping there’s a pool!) and a toothbrush (because, you know, gross!).

“I would never do well in jail. I’d be served porridge for breakfast or something. I’m sure picky eaters don’t do well in jail.”
If I could be anywhere other than here, right this minute, I’d be in Mexico, at The Beloved—best resort!

Karma Chameleon is guaranteed to start my day off right. I have fond memories of two things from childhood: sweatshirts without sleeves—I had a Michael Jackson one and a Boy George one—and that Culture Club song.

My favorite genre of music is country!

The 1990s fashion trend that I miss the most is overalls.

Best movie line of all time: “To me, you are perfect”, or any line from the movie Love Actually.

My unknown talent is cupcake decorating. But to be clear, I don’t bake, I decorate!

If I had to write my autobiography using only 6 words it would be: “Last to leave the dance floor”.
PHYSICIAN WELLNESS & SUPPORT

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Executive Summary

Our wellness focuses this past year primarily centered on establishing a new DoM Wellness Intervention Framework to help us organize and guide our efforts in the coming years. It consists of three areas of intervention: Individual Wellness, things that members can do to enhance their own wellness; Leadership in Wellness, what leaders can do to improve their member’s wellness; and Institutional Wellness, things that the hospital or the entire system must implement to enhance wellness.
“We continued to educate our members about this emerging field of wellness by publishing articles in our weekly update, promoting educational seminars, at our Medical Grand Rounds, on our SharePoint site, and with special talks within the divisions.”

Individual Wellness

Amid the pandemic, and at the point when many were desperate for a haircut, we partnered with Terlin Construction, community hairstylists, and TOH to design and build a haircutting booth for healthcare workers situated within the hospital walls. “Haircare for Healthcare” was a collaborative and community-minded endeavour that successfully contributed to individual wellbeing at a time when we needed it most.

We also collaborated with TOH by providing content for their new Wellness Navigator SharePoint site, which now acts as a one-stop resource for all TOH staff. [https://theottawahospital.sharepoint.com/sites/mySupport]

We continued to participate in leading practices in onboarding, member recognition and appreciation, communication, and advocacy.

Leadership in Wellness

During this last year, we began to recruit wellness leads within each of our Divisions to collaborate efforts and create synergies across our entire Department.

We designated and designed a ‘wellness’ room within the Executive Suite that was offered up as a place to rest during the increased call schedules and workloads this past year.
Thanks to the incredible engagement of its members, our DoM EPIC group, under the leadership of Dr. Pierre Antoine Brown, continued to address deficiencies with our Health Information System and advocate for DoM specific EPIC interests at the hospital level. The group pushed along several initiatives, some still a work in progress, that would likely not have been priorities, including auto-faxing of prescriptions (and soon external lab requisitions), a printed DI req that is accepted across the region, a revamped OLIS lab tree that sorts data in a meaningful way, and a strong push to have CCAC & public health requisitions part of EPIC. In addition to this voice, as DoM Wellness Vice-Chair, I also participate on many EPIC committees and campaign for changes on behalf of our members. Members of the committee also produced step by step video tutorials as a means of improving our efficiency and created ‘tip sheets’ to guide users through new processes. Made by physicians for physicians, they help clinicians spend less time in front of a screen each day.

We continued to educate our members about this emerging field of wellness by publishing articles in our weekly update, promoting educational seminars, at our Medical Grand Rounds, on our SharePoint site, and with special talks within the divisions.

A DoM Wellness Inventory for divisional leaders and wellness leads is in draft form and will soon be rolled out. This new inventory will provide us a means to track the progress of wellness initiatives across the entire Department.

**Institutional Wellness**

DoM wellness continues to collaborate closely with TOH and the Faculty of Medicine’s wellness efforts, such as their peer support program, policy development, and continued EPIC support.

On a personal note, I was honoured and privileged to be invited to attend the Stanford WellMD Physician Well-Being Director Course. As a recognized world leader in physician wellness, the course offered a full breadth of insights within published literature, education, and research in this new field. In 2021–2022 I’ll begin to translate this new knowledge to benefit our DoM community.
Over the next academic year, we will explore educational support for wellness leaders and conduct leadership training based on leading best practices. We recognize that shifting the culture of DoM towards wellness is a long process. There are no quick solutions and, perhaps we can never solve wellness. But, with persistence and a coherent vision, it is possible to move the needle of wellness forward a little each year.

Medical Grand Rounds

We halted grand rounds in March 2020 due to inconsistent attendance and poor engagement and at that time asked ourselves, ‘Was the era of Grand Rounds over?’ Little did we know that COVID was coming and that events such as Grand Rounds were destined to change dramatically. We came back with virtual Grand Rounds using Microsoft Teams as a trial in September 2020 and this new approach was met with great success. Leveraging technology suddenly made tuning in easier and allowed us to explore current, important topics like our handling of COVID-19, LGBTQ+ health issues, and virtual care.

A July 2021 survey of medical grand rounds confirmed what we already suspected: that our new format was here to stay. We will continue to provide a mix of local and external speakers, include panel discussion formats, and pick timely, relevant topics. Once safe to do so, we’ll consider a hybrid of virtual and in-person talks and attempt to provide our members with more notice.

James Chan
MD, FRCPC, Med

Vice-Chair Physician Wellness & Support, Department of Medicine
The University of Ottawa, Faculty of Medicine and The Ottawa Hospital
A deep dive with
Dr. James Chan

“When I was a child, I was what Chinese people called a lump of rice (what Western people called a bump on a log). I kept everything on the inside, and I was painfully shy. My family pretty much thought of me as the child who would never amount to anything. That really affected me. When you have a strong internal world, even things that seem inconsequential can be very traumatic. For example, all three of my siblings have godmothers. I don’t. To this day I’m thinking, was I not lovable?”

Today, Dr. James Chan is an internist and our current Vice Chair of Physician Wellness and Support. Love, as it were, is something he references often, informed in large part by his Christian faith. It’s a word seldom used in a professional environment and when said aloud can really jolt people. James honestly believes that the secret of emotional well-being comes when our relationships with our colleagues are rooted in love. “How nice would it be to work at a place where you know others deeply, and you love others deeply, just as you yourself is known and loved. If somebody told me, ‘I know you and I believe in you’, I’d go through a wall for that person. That’s wellness rooted in love.”
Wellness may not be a problem that can be fixed, but he’s certain we can move the needle. Progress, however, isn’t always something that can be measured in a quantifiable way and is hard to come by; a concept that James fully supports. “I came into the job as Vice Chair of Physician Wellness as a non-expert. I had the passion, but I had lots to learn when I took the role. I needed to educate myself especially because my predecessor Ed (Spilg) was so academically focused. It’s really taken me two years of learning to start to feel knowledgeable enough about the field to have any opinions of my own. And while the learning never ends, I’m happy to report that we are now on the cusp of rolling out our own unique Department of Medicine Wellness model”.

According to Dr. Alan Karovitch (his former Division Head and mentor) “James is the most conscientious hard-working man I know. He’s an excellent teacher, contributor, and clinician. He’s got tremendous enthusiasm for the work that he does and a deep commitment to what he’s learned and taught others. He’ll continue to do great things and, I predict, one day he will even star in the all-Asian remake of Saturday Night Fever”.

In the meantime, James says, he still often feels that he’s a lump of rice. In a candid interview, Dr. James Chan reaches deep down to share some honest and sometimes raw memories from his childhood, the hard work of getting through adversity and his sympathy for those who have struggled—a big part of why he always wants to help.
I had three grandmothers on both sides of my family because polygamy was a thing in Hong Kong for my grandfather’s generation. As a result, I had so many aunts and uncles. Every Sunday my paternal grandfather gathered “the clan” together at his house for dinner. Imagine 50 people playing Mahjong and afterwards eating around five separate tables in separate rooms. In Chinese culture, children had to present themselves to address extended family members by “position.” You start with your first uncle, then second uncle, then first aunt (because women are counted separately), then skip over to the fourth uncle (because third uncle just doesn’t exist, but nobody tells you why). When the sibling is older than your parents it’s a different name altogether. You are shamed when you get it wrong. For a four-year-old introverted child, running that gauntlet every week was traumatic. My mom led us around to do it, but eventually you are told to do it yourself. But I could not because I was so painfully shy, and people thought that I was an idiot because all the other grandchildren could do it. My father was the eldest son, and I was the eldest son of the eldest son, but I felt like I was the least smart grandchild because I was just so often dumbfounded by my environment.

When I came to Canada at age seven, my shyness really started to bother me. I did see that funny people seemed popular. As an introverted boy of course I loved the library, and I resolved to read all the joke books I can, so I can develop a sense of humor. I would practice my joke on my parents, who—as immigrants—didn’t get the jokes at all but I still remember them:

Why did the driver drive his truck off a cliff? He wanted to test his air brakes!

Like the joke telling, I think in becoming a physician I did somewhat the same thing. You realize that the shy introverted James isn’t ever going to get into medical school let alone residency, and so you develop a more public, more aggressive, and professional persona named “Dr. Chan.” I did think about whether I was being “fake” and “untrue” to myself, but I realize now that both versions of myself are still me; over time I really did become more like Dr. Chan.

The gregarious Dr. Chan isn’t at all like the old James. Nowadays I do skits, appear on videos, and I’ve been known to dance to Gangnam Style at parties. Perhaps I need to be restrained. But the point is, I don’t believe you should ever say, “well that’s just the way I am” as an excuse for not bettering yourself. You can change; you can be better. You can choose to change yourself in good ways even if you’re born the opposite way. You may not be born with talent in this area or that area but with hard work and time you can achieve things that come naturally to those with talent.

I never wanted to become a doctor. I was actually very turned off by the idea. I had this uncle who everybody in my family worshiped, solely because he was a doctor. The problem was he was this terrible human being who very much thought that he was in fact superior to everyone. The more my family lifted him up, the more I hated the very idea of being a doctor. When my parents told me that I should apply to medicine,
it just sounded like they want me to be him. I resisted the idea and so I didn’t apply, but I didn’t know what I wanted to do either, so I wasted a lot of time. It took me a lot of soul searching to come to the realization that I can’t plan my life based on who I didn’t want to be. I finally decided that I would pursue medicine, but I would do it differently.

**As a medical student** I wanted to do family medicine, mostly because I had a great family medicine mentor who I idolized. I guess the lump of rice did improve as a person, as I had a lot of mentors who took time to guide me and shape me. I’m so grateful for their time and influence and I try to be that person for others. Not that I think I have a lot to teach but gratitude demands that you give back to others, I think. I still seek out mentors, though it’s harder now. I think it’s always a thrill to talk to people you admire, who think you are worthwhile and teachable.

**As for becoming a family doctor,** I admired my mentor so much I thought I wanted to be him. Turns out, family medicine didn’t think so, as they rejected me. I remember it as such a devastating blow at the time, though obviously it turned out so well in retrospect. I did internal medicine as my very last rotation, which was after the deadline to apply for the first residency match and discovered that I loved it. So being rejected in the first iteration gave me a chance to apply for internal in the second. To this day, I think it’s reflective of how my life has been so twisty and bendy, and not at all like a rigid tube. You sometimes think your “career choices” will determine your future but how life turns out often isn’t about those seemingly huge choices at all. Not that you make those choices frivolously, but it takes the pressure off to know that it’s not all up to you.

**I was told** in my promotions application seminar that I should have a theme to my career, and I thought, thanks for telling me only 20 years into my career. Looking back, if there is any theme at all, it would have to be eclecticism. I guess I didn’t get very good advice (or I ignored it) at the beginning of my career, but I just did whatever came up that I thought was fun or interesting. I never had a plan.

**My career** probably looks like a dog’s breakfast but even if that’s a detriment to my career advancement, nobody can say it hasn’t been a load of fun. But even if it isn’t quite accepted as a niche for promotion, I feel that eclecticism is a strength as it allows me to bring a lot of different experiences to bear on problem solving. I love thinking outside the box, innovating and solving problems in new ways, and nowadays whatever problem I’m asked to solve I feel like I probably have some experience that I can bring to bear, which is an empowering feeling. At the same time, I still feel like I don’t fit neatly into any box and sometimes my old doubts come up to erode my self-confidence and that’s not good.
I got my Master of Education because everybody else (like Alan) was doing it, and they told me I had to! But seriously, I loved doing my Masters. It was heavily focused on critical theory, and it really taught me to be appropriately cynical about what people tout as the latest and greatest. It introduced me to looking out for “the other” and that has served me well as I pursue physician wellness—much of our unwellness comes from unintended consequences of what was thought to be good things. My Masters led me to an early posting in PSD and a brief career as a medical education researcher and technology in education, both of which were crazy fun.

My interest in technology led me to forays into innovation and entrepreneurship and gave me insights into how the research paradigm is different from the innovation paradigm. My PSD experience led me to some experiences in Shanghai, which led to some interesting forays into cross cultural medical education.
When EPIC came along, I knew I wanted to be deeply, wholly, and longitudinally involved—not just because I was a tech head, but because I knew how powerful this change was. I perceived quite early on that EPIC wasn’t a tool to deliver medicine, it was in fact going to become medicine itself. It was for me a lens by which I could learn and have a say in almost every facet of the inner workings of the organization. Three years in, I think I was right in the sense that there is no clinical intervention that you can implement that doesn’t mean change in EPIC. And it’s quickly becoming true that if something can’t be done in EPIC, it probably means it can’t be done at all. If you wanted to help your patients in the best way possible, then you needed to master EPIC. I knew right away also that it would mean huge upheaval and stress for physicians. And so, if you wanted to help your friends, then you needed to know EPIC. If there was one skill to learn to gain mastery over health care in the 21st century it would also be EPIC.

The vOSCE (virtual OSCE) came about as so many things do, out of desperation. During my time as PSD Co-Chair, I was told that my Anglophone students were doing way worse than their Francophone counterparts in the PSD OSCE. I was devastated and I thought, “what am I doing wrong?” I soon realized that because the Francophone stream had 30 students while we had 130, they could get 1:1 teaching with their tutors. I figured that my students needed a combination of OSCE practice time and increased feedback. I wanted to create a practice OSCE that included running feedback during the entire 10 minutes of the station.

In the vOSCE the examiner is watching your performance from outside the room, recording his/her feedback in real time that is then superimposed on your recorded performance. The video provides the live audio on the right channel, and a running feedback audio channel on the left. The next step was the rOSCE (remote OSCE). If the examiner can be in the next room examining and giving feedback, then why can’t the examiner be in the next country? In light of the pandemic the applicability of the rOSCE is clear. Necessity is the mother of innovation, but innovation requires minds that think, “what can we do to try to make the impossible, possible?”

The vOSCE and rOSCE also taught me the inadequacy of research paradigms in developing innovation. The first iteration of the vOSCE was framed as a research study, but as with any alpha build, we had tremendous technical failures that affected the results of the study. By conventional measures the study was a failure, but in technology innovation early failures merely provide feedback for further iterative innovation. Purchased equipment proved inadequate and more money was needed to buy better equipment. The research process of funding, building, running the study then reporting doesn’t easily allow for this.

Serendipity brought an NGO into the picture who was willing to further fund vOSCE if we agreed to help international doctors prepare for the LMCC by running them through the vOSCE. It was a win-win scenario as over the next five years the technology of the vOSCE got iteratively
better and more reliable, and we helped many international doctors become Canadian physicians along the way. The international doctors were tolerant of the occasional technical failures as they were grateful to have the practice, and we didn’t have to generate publishable results at every iteration. I regret that as a one-man team I was never able to study the VOSCE in the way that I wanted, but that speaks to how research takes a community and institutional support. What innovation requires however, is a sandbox—a place where iterative improvements can be made on an original idea where the output isn’t positive experimental data but evidence of problems being solved.

**Haircare for Healthcare** came together in quite a different way but tells the same story. The beginning of the pandemic was a great time for innovation, and many creative people did a lot of great things. The best problems to solve are always your own problems and I needed a haircut. I sketched out a hair cutting booth for myself using the principles of one-way airflow. Through speaking with engineering at TOH I got into contact with an external contractor for TOH (Terlin Construction) who was also looking to doing something innovative and give back to health care workers. Soon we had a prototype and a list of hairstylists who volunteered but who could give permission for this innovation to start?

**The next four weeks** were a sea of emails, phone calls, applications to various city and provincial public health offices, provincial Ministry of Health, the federal government, Ontario innovation programs, and hospital departments. It appears that what people wanted in terms of innovation was the production of PPE and hand sanitizer, what they weren’t ready for was a hair cutting booth. Everyone I spoke to loved the idea, but nobody quite thought it was within their jurisdiction to give us a green light to go ahead. Through sheer determination it did come to fruition, but it does illustrate that innovation, produces the unexpected. If the sandbox is too restrictive you wind up with innovations of only one type. A can-do attitude need to not only be in the inventors, but also in those who regulate them. The sandbox needs to have flexible boundaries.

**Currently what requires innovation** in my world is of course the wellness portfolio. Not many people know that wellness itself is not clearly defined. When one person speaks of physician wellness, they are thinking of sleep hygiene and a yoga studio, whilst another person is thinking of clinical depression and physician suicide. They are not the same things, nor is it clear that they are opposite ends of the same spectrum. It’s not clear how concepts such as resiliency, moral injury, and burnout relate to wellness. The research is in its infancy and conceptual models are rare. There is ample evidence however that wellness is a VUCA environment, where the issues are ever changing, and root causes are unclear or extremely complex.
Data about wellness shifts with time and circumstances and even definable problems often do not have definable answers. To move the needle in a VUCA environment requires a framework from which to generate hypothesis and gather data. From the data we should encourage DoM members to try solutions that might work, gather more data, and improve our hypothesis. That is what we are doing more, although the work is slower than I care to admit.

My biggest personal wellness challenge related to COVID is currently dealing with the longevity of this pandemic. In short bursts, crisis can be fun. It’s a change from the mundane, everyone pulls together, innovation is the order of the day, and you are recognized as a hero. However, a crisis that has no end loses the fun factor quickly. What’s more, this crisis doesn’t end when you leave work, it permeates your home life, your social circle, your entertainment, and even threatens the trajectory of your life.

Canadian astronaut Chris Hadfield said that in order to survive the long, lonely hours in space, you need a strong sense of your mission. Why are you there? Having that, what helped to pass the hours was that all of those hours were broken up into phases of the mission, each with its own jobs. We haven’t had that. Which phase of the Pandemic are we in now? Sometimes it seems the mission is going backward. We’re reacting rather than defining our own meaning and purpose and I think people are having a lot of trouble with it.

What continues to be worthwhile is seeing the goodness of our people. It’s easy to dwell on the bad examples, but each day I see the altruism, selflessness, and resiliency of our people and I am grateful. And I truly believe that as we focus outside of ourselves and be thankful for what we are, we will help our own wellness as well.

I thought winning the Department of Medicine Vision Award was a token gesture at the time, something conjured up by Alan Karovitch because poor James Chan hasn’t won anything, what can we possibly give him. I’m embarrassed to say I didn’t realize what it meant, and of course now I’m so flattered.

A really big test of how kind a human being is, is when they take the time to understand your person’s wants and needs and then does something about it. Also, people who sit around and think of you for no good reason are very kind. I don’t think I’m very kind. I need to work on that.

You know you’re in love when you voluntarily give up your right to be right. Even when you know without a shadow of a doubt that she is wrong.

Courage is standing up for what you believe in even at great cost to yourself.

There’s no good way to tell people that you actually hate them.
I have three big fears in life: goldfish, mannequins, and heights. So I guess what terrifies me is to see to be flown to 10,000 feet in a helicopter by mannequins while surrounded by goldfish. You’re probably wondering why. Growing up in Hong Kong, my family loved pets but they didn’t take care of them. Hong Kong can get very hot and the goldfish would jump out of the water when the water got too warm. Nobody took care of the water and I’d come home and there’d be dead fish on the ground, it was so gross. And worse, they’d throw them in the toilet. And I had to sit on that toilet, right? It really traumatized me. As for mannequins, in the old days they really tried to make them look real, they were so freaky. I had so many dreams of mannequins coming alive and trying to kill me.

My idea of misery is wearing a suit in Shanghai in August—and it actually happened. Oh, the humanity.

My principal fault is I lie, a lot. As a Christian I wish I could say I’m committed to the truth, but you could make me lie easily because I’m socially awkward and it’s sometimes easier. For example, if you asked, ‘James, did you know it was my birthday today?’ I would say, ‘absolutely yes, yes I did’ even if it wasn’t true. I guess you shouldn’t trust anything I said in this profile.

The one thing I’d most like to be forgiven for is wearing those tinted prescription glasses in high school.

The thing that would make me go insane the fastest is being wrongly accused. The worst affront for me would be to insult my character by assuming I felt a certain way, and I would spend the next three years trying to prove to you that you’re wrong.

The greatest remedy on Earth today is tea. Tea cures everything. It’s a big threat to our profession.

It is important to make decisions based on Google. It’s always Google (or YouTube, a subsidiary of Google).

If you learn anything with age, it’s that there is no email so urgent that you can’t get around to it next week. Of course, I’ve been burned by this a few times but still, I keep on doing it hoping it will work out differently. Triage, people, and don’t expect an instant reply.

As you get older, you get hair growing in the oddest places and we need a solution to this problem.

Maybe I’m wrong, but I think bicycles should either be cars or pedestrians. Not both.

I don’t understand how below-average looking guys wind up with really hot girls. Really please tell me how it happens. I’m not against it or anything—I just need to know.

When I wake up in the morning, I am usually late.
“I think people see me as a paradox. I think some see me as never serious. Some see me as too serious. Some think I’m outgoing, but others see me as introverted. Some think I’m easy going but some know that there are people I like and people I don’t like. Some see me as a geek, some see me as not.”

I’m a great procrastinator so I find just starting a project helps. I tell myself I’m just going to do a very little bit but then once I get into it, I do the whole thing. I’m fine. It’s like watching Korean drama, I tell myself I’ll just watch one episode but then six hours later . . .

My sense of humor is twisted. I’ll say almost anything to get a laugh. It’s developed over time and gone way out of control. I sometimes feel that it shocks people and doesn’t fit with the image of somebody who you want to be a leader.

Words or phrases I should use more often are: Winner! Gagnant!

The most indulgent thing I do each day or week is watch teen dramas. Winx Saga on Netflix is amazing.

You have to give people permission to dance. That’s too bad.

I don’t like it when people say, “I’m too old to do that.”

I think people see me as a paradox. I think some see me as never serious. Some see me as too serious. Some think I’m outgoing, but others see me as introverted. Some think I’m easy going but some know that there are people I like and people I don’t like. Some see me as a geek, some see me as not. And all that is intentional I guess; I hate being pegged as one kind of person or another. I think that kind of categorization is so confining. I haven’t studied this, but the idea of a renaissance man is cool. I am not trying to be good in everything so much as I am trying not to have any obvious weaknesses.

I told my son, you may not be the most talented person in your group, but you can make up for it (to a large degree) by hard work. It goes with what I’ve been saying about being typecast. You may not be born with the most natural athletic ability but with practice you can play basketball with everyone else. You may not get to the NBA but maybe that jock who’s putting you down won’t either. On the other hand, that jock may not be sharpest pencil in the drawer,
but with hard work he can do well in school. Maybe he can’t get to Harvard, but he can get good grades. I think I’ve screwed him up good.

_The furthest I’ve ever pushed myself physically_ was 1) Short Term Missions in Taiwan 2) Taekwondo. If you are a church-going person, eventually you will be invited to do these short-term missions, sometimes in a place like France where you would teach English and also try to share the gospel with people. We went to a summer camp for kids in Taiwan that was not in session and dug ditches, chopped down trees and burned garbage. It was 43º Celsius. Taekwondo was more recent, and it was just me puking every time because these 12-year-old kids would be like _bam bam bam bam bam bam bam_ and I didn’t want to look bad, right?

_The reason I chose academic medicine_ was crystal clear. Left to myself, I’d never read, never keep up, never improve myself as a physician. Being in an environment with medical students and residents helps me to stay at the top of my game because I’m terrified of looking bad in front of them. It’s sad, but true. I think a whole chunk of becoming mature is to learn to stop trying to defeat your weaknesses and learn to get around them by putting yourself in a position to succeed.

_If I’ve learned any truths in life_, it’s this: Unlike in the movies, people are neither completely good or bad. So many people have trouble believing such and such did something truly evil, because they received some kindness once from them or they’re good friends.

_Stephen R. Donaldson_ said, “I would not work so hard, except for love.” Love is always the best motivator. In the context of wellness, if we want people to work hard yet not burn out, it always comes down to love. If we want people to care about each other, it also comes down to love. You want people to pull together and work for someone else other than themselves? Love. It shouldn’t be a banned word for work. It’s part of our humanity.

_The three greatest words in the English language are:_ Indefatigable is a strong contender—you get giggles just saying it. Inconceivable is another but not quite as strong as indefatigable. Invincible is a great word. Coincidentally these are all great ship names.

“Much of the fun of wanting something is researching it, imagining it, finding ways to get it without paying full price, talking about it and dreaming about it. The actual experience of getting it is never as good as you think. It is the tragedy of life.”

_A deep dive with Dr. James Chan_
I’m incapable of being serious for too long. I can’t take myself that seriously. Furthermore, the world is too dark, and I’m too cynical about it.

Much of the fun of wanting something is researching it, imagining it, finding ways to get it without paying full price, talking about it and dreaming about it. The actual experience of getting it is never as good as you think. It is the tragedy of life.

To this day, I can’t stop having dreams about exams. What is wrong with me?

When I was young, I wasn’t allowed Coke very often. I distinctly remember promising myself that when I grew up and got my own money, I’d drink Coke all the time. But when you grow up you realize that if you drink Coke all the time, you’d die. Plus, if you had it every day it would no longer be special.

Wellness is life’s greatest luxury, at least that’s what I ought to say. But come on, a $70-million mansion with a Lamborghini in the garage is life’s greatest luxury.

If I had one trip in a time machine, I would go backwards in time, of course. The problem with going forward is never quite knowing when the zombie apocalypse will be.

Plus, in a technologically advanced future you’d be a functional idiot, so you’d be immediately sent to Logan’s Run. Going back isn’t always the most hygienic, but at the very least you can bring a sports almanac with you and become rich.

Hong Kong is my favourite city but sadly, the Hong Kong of my youth no longer exists. People hate colonialism but I’ve had nothing but good experiences under British rule. It truly is the city that never sleeps, and I love the energy. Buildings go up in Hong Kong in weeks, not months because people never stop. Hong Kong is a shell of its previous self now and that’s too bad.

My playlist would make a sane man go nuts. I’ve got Cantopop, Kpop, Jpop, 70s, 80s, 90s music, current Top-40 stuff, classical, opera, movie and TV soundtracks, even some video game tunes.

I grew up in Hong Kong. My father was an import/export merchant of toys and stationery. My mother was a housewife. What I got from my father was the value of hard work, and the notion that you can’t take money with you and some things are just expensive. If it’s worthwhile, you should spend the money.
I think my insights and opinions are hard earned. They are not the ramblings of a guy who’s just sitting in his living room playing video games. But then again, they are.

In the beginning of any career, I think you have to be humble. Learn from everyone you can. Ask what people did before; you don’t have to copy them but don’t assume you know it all already. Come to think of it, that’s not just at the beginning, but all the time.

When I was sixteen or seventeen, I wanted to be an artist. Not because I really wanted to be an artist, but because it was what everyone told me to do because I could draw, and they certainly didn’t think I could be anything else.

I feel I’m on the threshold of being at that age where my closet could just have many sets of identical clothes. You know that state of being where I have such self confidence that I no longer have a yearning to dress myself in flashy clothes just to look cool.

I have found out what looks good on me, and what clothes are of high quality, and are comfortable. And I would content myself to just buying and wearing the same clothes all my life. And that would be my look. And every day I’d look good and there is no need to match things because everything matches. And you open the closet, and you’d just see neatly folded sweaters all the same color. I know this is only possible for men, but women have such good choices and men really don’t. And then I would invent the iPhone.

Conan O’Brien always makes me laugh. A comic genius.

If I could have dinner with anyone (dead or alive) it would have to be, Keanu Reeves. I’d love to be his friend.
Report from the Director, Physician Mentorship Program

The Fulltime Academic Physician Mentorship Program strives to effectively match newly appointed members in all academic domains of expertise (clinical care, education, research) with more senior members who have established themselves in these tracks. We are grateful to mentors who provide this timely support to mentees. These special relationships can offer valuable career benefits both to mentees as well as mentors.

This past year, we are fortunate to have had nine new mentors enter the program—Drs Thais Coutinho, Rein Rosenberg, Sharon Chih, Melissa Forgie, Delvina Hasimja, Aurelien Delluc, Peter Tanuseputro, Daniel Kobewka, and John Hilton.

Over the past year, we welcomed 20 newly appointed physicians into mentorship arrangements. Overall, there are now 120 ongoing mentorship groupings.

We are now coordinating our mentorship activities with our new Clinician Teacher Program to focus on shared interests and are facilitating project support and expertise for all mentees and their mentors by the Ottawa Methods Centre.

We shared elements of our program to support the development of a new mentorship program in the Department of Medicine at McGill University. Thanks to Tara Routh for her essential administrative support and Dave Allsop for his database expertise.

I continue to be inspired (through various conversations and by reading the forms our participants fill out!) by the care, attention, and wisdom that underline the mentoring relationships that have blossomed in our Department. Our plan for the coming year is to develop a mentorship committee composed of mentees and mentors to further reflect on our program and consider future developments.

Dr. Alexander Sorisky
MDCM FRCPC
Report from the Director, Equity and Diversity

Disparities were exposed and made evident during the COVID-19 pandemic. The inequities that were seen throughout the year are not meant to discourage us but galvanize us into action. Diversity and inclusion matter more than ever. The DoM realizes the full potential of all physicians and is choosing a more dynamic future by being more inclusive and attempting to close the gaps and address the inequities in healthcare.

This past academic year, we continued to educate our physicians to reinforce the need to change the culture of our Department at all levels. All DoM members completed the annual Stanford University’s Unconscious Bias in Medicine module, and there was ongoing delivery of presentations to divisions to mitigate biases and increase cultural competencies.

Following a presentation for a proposal developed by myself, Dr. Michael Quon (an EDI Working Group member), and TOH Senior Officer, Dr. Kathleen Gartke, the Ottawa Hospital Medical Advisory Committee (MAC) unanimously approved a position statement supporting and including physicians with disabilities at TOH.

Additionally, I presented updated activities and DoM accomplishments to TOH Board of Governors and was invited to be an inaugural physician member of a new TOH Diversity and Inclusion Council. We continued to promote and celebrate events throughout the year in our weekly update that commemorate important dates such as International Women’s Day, International Men’s Day, Day of Pink and National Indigenous Day.

In March 2021, the DoM hired an EDI Specialist, Elliot Chapple to join our pre-existing EDI working group members: Drs Habibat Garuba, Erin Keely, Elaine Kilabuk, Greg Knoll, Aliza Moledina, Miriam Mottiar, Sunita Mulpuru, Camille Munro, Smita Pakhale, Mike Quon, resident physicians Sumaiya Ahmed and Alan Zhou and DoM Manager of communications, Tracy Serafini. We also established EDI physician representatives from each division within our Department who will act as EDI champions to influence and inform their respective divisions.
The DoM will be developing the following six policies in the next year, including guidelines, targeted actions plans and metrics: pregnancy and parental leave; accommodations and accessibility; safe working environments; recruitment; promotion and compensation. Timelines and concurrent activities have been identified. We will be repeating our biannual survey to determine if there are any changes in our Department’s diversity, including at the leadership level.

Changing the culture of a department takes time, but we are taking some necessary steps forward. Inherent biases run deep, and we are individually and collectively responsible for unlearning discrimination and eliminating the barriers to equity.

Dr. Camille Munro
MD, CCFP (PC)
“When life places stones in your path, be the water. A persistent drop of water will wear away even the hardest stone.”

— Autumn Morning Star
In the small village of Chester, Nova Scotia, a young Camille Munro attended school in a 2-room building complete with matching outhouses—one for girls and one for boys. When she was in Grade 3, her neighbour and his friends put a snake in the girls’ loo and Camille was the first to go in. She learned two things that day: not to be afraid of snakes (or you’ll be picked on), and not to go to the bathroom until you get home.

Perhaps Camille’s courage, strength and determination we see today are characteristics she built from this, and other, childhood experiences.

Dr. Camille Munro is a Palliative Care physician and the Director of Equity, Diversity and Inclusion for the Department of Medicine. As such, she’s charged with promoting a climate free of discrimination and inequity, ensuring that the search practices for new faculty, promotion processes, and eligibility for leadership within the Department are unbiased and just. It’s a daunting task but she’s not afraid to take on tough challenges. She’s also not afraid of having tough conversations, embracing what other find uncomfortable, and dealing with conflict head on.
This role is yet another opportunity for her to give voice to her values. In her world of medicine, amplified through her current leadership role, she’s hyperaware of both conscious and unconscious biases that have impacted her life personally as well as the lives of others. “I’ve always been an advocate for issues of equity or inclusion,” she says, “a better advocate for other people than I am for myself most of the time.” Deep-rooted cultural and family experiences have fueled this passion for equity and inclusion.

What we know about her is exactly what we see: she’s friendly, dedicated, compassionate, has strong leadership skills, and is working towards creating a path forward for women in medicine. She eats plain Lays chips, loves to dance, and smiles with unrestrained and dazzling delight at the mere mention of any of her three children.

Below, a rare peek behind the curtain into the life of Dr. Camille Munro.

*My father* is a high school physics and math teacher. He is 86 years old and is still a supply teacher in Chester. He has taught three generations of children. Everyone who had him as a teacher loves him. We could be walking down the street in Chester and suddenly you would hear someone of any age shout out, “Hello Mr. Sehmbey! How are you doing?” And then I would hear a story about when my Dad taught them. My mother was trained as a teacher but stayed home to care for us after we were born. She is very dedicated to our family. She taught me that family is one of the most important and valuable gifts in life.

*My younger brother* and I are a year apart. My mother says I corrupted him. He was very shy when he was young, so when I was in Grade 12, I made him come to the parties with me. Now he’s the most sociable guy you will ever meet.

*You wouldn’t* see me be my completely authentic self until you’ve spent time with me in Nova Scotia. If someone were to follow me around there with a camera, it would capture a happy, carefree, friendly person who socializes with everybody. First, I’d visit my parents and then I’d be off on a walk to the ocean. I’m no different than most people from the East Coast. We open our homes to individuals no matter who they are, and we love to have a good party—
I enjoy both of those things. Cooking and having people around also bring me joy and is a natural part of my Indian culture. If you ever come to my parents’ home you would be offered food, and even if you said no, my mother would bring it out anyway.

**In my family**, when there’s conflict, we don’t hold it against that person. It gets resolved and you carry on. Growing up I would see people hold resentment for years. I can’t do that. Whether in personal or professional relationships, if something is bothering you it’s best to just get it out there. Otherwise, it has the potential to affect a much wider group—people feel the tension. If left unresolved, it can be toxic.

**Growing up**, **sarcasm** was not a word I knew. My parents spoke Punjabi to us at home and we spoke English back to them. They never used sarcasm ever. To this day, I don’t recognize it. My children find it very funny and must explain to me when someone is being sarcastic.

**My greatest regret** is that I didn’t continue to speak Punjabi, my first language. Now I have lost most of my ability to have a meaningful conversation with my patients who only speak Punjabi, or when I return to India, with my relatives there.

**The most disturbing sound** I know of is fingernails across a chalkboard. When I was in elementary school, some of the boys in my class used to go to the chalkboard when the teacher wasn’t looking and use their fingernails to make that awful noise. Even thinking about it now makes me cringe.

**In high school** I was very good at talking in class. I would sit beside any of my classmates and often talk when we were supposed to be doing our work. One of my teachers wrote in my yearbook when I was in grade 10 “Talk Less!”

**The best ritual of my daily life** is praying. My parents are Sikhs. They immigrated to a little village of 1000 in Nova Scotia called Chester. We were the only Indian family there at that time so there was no temple. My father taught us that there’s only one God and having faith can carry you a long way. And it doesn’t really matter how or where you practice so we went to a Baptist Church from the time I was three into my teenage years. Eventually a temple was built in Halifax and my parents started to go there. To this day, when I go home, I attend the Baptist church. It’s a very important part of me, and I can’t imagine life without my faith.

**To compete in life**, you’ve got to remember that you’re not competing against others or comparing yourself to others, but rather being and doing the best you can every day. My father taught me that. I have a great relationship with my father. He’s a very kind loving man, a very gentle soul and full of wisdom. One time while driving, someone behind him on a motorcycle was being very impatient and started beeping his horn before passing him on a very narrow road. My father didn’t get upset. Instead, he said, “You know, when you come across people like that, you have to remember there’s probably something going on in their lives that has nothing to do with you”.
I wanted to be a teacher in a small village like my father, but at the time there were no job opportunities for new teachers.

I probably wouldn’t have been a physician if my mother had listened to her mother. When I was a teenager, my grandmother told my mother not to support me going to university because I should have an arranged marriage as soon as I graduated from high school.

Palliative care fits perfectly with the hopes I had for my medical career in that it’s life-affirming, patient, family and caregiver-centred. It’s whole person care focusing attention on the physical, social, spiritual, and psychological needs of patients and their families during very difficult times. Through many honest conversations, where they shared their hopes and fears, I connected with them because of our shared humanity. It is in these connections that I’m reminded that great Palliative Care requires time, consistency, and connection. Over the many years and encounters I’ve had with patients, families, and colleagues I realize how much of a gift I have been given and the privilege to make a difference in patients’ and their loved ones’ lives. Although I expected it to be very challenging at times—it takes great courage and hope—I had no idea how the people I have met would enrich my life.

Dr. Margaret Cottle had a significant influence on my career. I went to Dalhousie University for medical school and she gave the only two palliative care lectures in our curriculum. We became friends and I looked to her for advice about my career and personal life.

When I grew up, I did not experience any kind of prejudice that I was aware of. But having taken my role on as the director of EDI I am much more conscious of how race, gender, disability, sexuality are impacted by people’s biases both conscious and unconscious.

This has been a particularly meaningful role for me with regards to how much growth I have had in terms of understanding intersectionality, racism, ableism, homophobia as well as issues of patriarchy just to name a few. In my role, my goal has been to break down very complex nuanced concepts as well as building bridges between different groups of people that are impacted.
I mentor three women in our department because I believe mentorship is an excellent tool to provide support and guidance to the other physicians. I want to ensure they don’t feel like they’re alone and to help them find their voice. When you’re first starting out on staff, you might be nervous or fearful to speak up. The people who I mentor know that I’ll be completely honest and offer them career or personal advice and encourage them to have their voices heard.

The most imaginative thing I’ve done as an adult is to start writing stories about patients. As a palliative care physician, you come across the most amazing people with incredible lives. I learn so much from their stories and their experiences. So many have a big impact on me, and I don’t want to forget. That’s why I write them down.
“I value family tremendously, but I suspect a lot of other people have now realized that family and friends are more important above all else. They might start to prioritize differently, work differently and, maybe, move closer to be with their family.”

_**I think those who are very successful**_ are those who are honest and grateful for the simplicities of life, generously share with others and give back. The first step toward greatness is to be honest. I don’t understand how people tell lies. Even well-intentioned lies can separate people from each other.

_In the beginning_ of any career watch, listen and learn. Be confident but not arrogant to think you know it all. If you lack humility, you may lose the opportunity to learn.

_**My definition of smart**_ is having emotional intelligence. Not to diminish book smarts, but I believe intelligence includes having the ability to manage your emotions and relationships in a positive way.

_**Inequities**_ have been highlighted across the world due to the pandemic. Healthcare was poor for certain groups before COVID-19 for many reasons. Sadly, I’m not sure that even with a spotlight on these gaps that much has changed.

_**The worst thing in the world**_ is poverty. Poverty results from discrimination and inequities in access to health care, education, food security, social services, and safe housing. Greed prevents equal distribution of wealth and resources by individuals, communities, governments, and institutions who have an excess of resources and money.

_**The biggest challenge**_ for me personally during the pandemic was witnessing the impact our strict hospital visitor’s policy had on care. Advocating for families to be with their loved ones while dying was exhausting. A spouse could be there at the bedside, but their adult children couldn’t and were denied the opportunity to say goodbye. It was extremely challenging.

_**There’s been a lot of talk**_ about moral injury during the pandemic. That caused moral injury for sure and for so many of us. Denying access just didn’t feel like the right thing to do and we were powerless to change it.
During the past 18 months, I experienced times where I was quite comfortable, and other periods where I could probably tread water for a long time. But I certainly had moments where I felt like I was under water, but always grateful for having a loving family and friends and for having the privilege of doing the work I do.

I value family tremendously, but I suspect a lot of other people have now realized that family and friends are more important above all else. They might start to prioritize differently, work differently and, maybe, move closer to be with their family.

If you learn anything with age, it’s to be true to yourself and be brave. As you get older, you get more comfortable with who you are. I’m kind of in a place where I feel like I can be who I am and not worry about what other people think.

The stupidest argument to have with somebody is over money because money doesn’t mean anything. Money doesn’t bring happiness or buy love. It’s such a terrible tragedy when money destroys relationships.

A friend is always present, in good times or bad, and will always be honest with you. A friend will respect and communicate with you if there is a conflict and resolve it together to grow with you.

I’m least tolerant of arrogance and laziness in others.

Courage is being vulnerable and living your values wholeheartedly.

I would like to be transported into the movie *Fast and Furious* because 1) I like to drive cars and ride motorcycles, and 2) I like to drive fast.

I am motivated by love. Love transforms us to be better people.

Last Saturday, I was at the cottage. It’s on an island on Bass Lake, Ontario and is one of my favourite places to go other than Nova Scotia to re-energize. It’s rustic with solar power, no running water and has an outhouse.

I never go camping or to the cottage without having a fire. It’s relaxing, like the ocean. And I like burning things—the bigger the fire, the better.

I think garden gnomes are funny. They make me laugh.

I would never do well in a theatre production because I am too shy to perform on stage. Even doing this interview makes me so nervous, I’m sweating right now! This is really out of the box for me.

If you looked at my playlist, you’d see the following artists: U2, Coldplay, Tom Petty, Shania Twain and ABBA.

I do my best thinking when I go for a walk, alone.

My stress-reducing trick is to sit beside the ocean (or lake)—it brings me calmness. And if there’s no water around, then listening to loud music brings me comfort—it’s like therapy—the louder it is, the better.
“The most rebellious thing I’ve ever wanted to do was stand up at my friend’s wedding and yell out when the minister asks, ‘Is there anyone who objects to the marriage?’ She’s divorced now.”

**On the weekends** in the summer, I typically wear a dress. In the winter it’s multiple layers of clothing, including long underwear to keep me warm.

**The room in my home** that I spend the most time in is the kitchen. I’m a Maritimer and that’s where we cook together, eat together, listen to music together and party together!

**The most indulgent thing** I do each week is go out with friends to a pub for supper and wine (when not in a COVID-related lockdown!).

**Time** is life’s greatest luxury. Time for love; time to live; time with family and friends; time to read a good book; time for sleep; time to eat...

**My favourite type of food** is Mexican because it has so many flavours and reminds me of all my trips to Ixtapa. Everything tastes better when it’s spicy!

**My willpower** is the weakest for Lay’s plain potato chips. I can’t stop eating until the entire bag is gone.

**The best way to get rid of a dead body** is the way John Cusack did it in the movie *Grosse Pointe Blank.*

**My favourite app** is FaceTime because you get to see the faces of your friends and family members who don’t live in Ottawa and do activities together like have meals, drinks or even watch movies together virtually.

**One characteristic** I share with my brother Paul is that we can never remember which movies we’ve watched, even as recent as last week.

**The most rebellious thing** I’ve ever wanted to do is stand up at my friend’s wedding and yell out when the minister asks, ‘is there anyone who objects to the marriage’? She’s divorced now.

**The greatest remedy** on Earth today is the ocean. It’s peace to my soul.

**A book that** has had a lasting impression on me is *The Four Things That Matter* by Ira Brock about four simple phrases that are keys to improving important relationships and about what matters most. I have personally and professionally applied these four sentences to help relieve sufferings: *I forgive you, Please forgive me, Thank you,* and *I love you.* They have tremendous power to mend and nurture relationships and improve our emotional wellbeing.
A turning point in my life was right after I had my first baby. It was such an exciting time for me as a new mother starting a family.

My greatest personal achievement is raising my children. They are my life’s work and legacy.

If the pandemic has taught me one thing, it’s that my family and friends are so important for my personal wellbeing. There is no amount of money that can replace spending an evening with your friends. There is no price that can be put on spending time with your children playing games, camping, watching a movie, cooking together or simply hanging out. And nothing can replace the feelings of a hug from your children.

If I could only pack three things in my suitcases to travel to an unknown destination, they would be Evan, Amy and Anna (my kids) or a dress, a camera and cozy pajamas.

The biggest risk I’ve ever taken was going sky diving with Evan and Amy, my two older children. I loved it. Having said that, I did tell them that they’re never allowed to do it again.

The furthest I’ve ever pushed myself physically was when I walked up and down the Grand Canyon in a day at age 52 with my two adult daughters, Amy, and Anna. During the last 5 km, I literally had to stop every 2 minutes for a break and my daughters had to carry my empty backpack and water bottle because at that point, carrying anything was too heavy!

Although I am a country gal, New York is my favourite city. I was so surprised at how everyone was so friendly, and that you can get away from the noise just by walking in Central Park. My son lived in NYC for a few years and my daughters and I drove the seven hours to visit him frequently. I have such fantastic memories of our time together. The best things in life are free, and we found all the fun, free things to do. Both my daughters live there, and I am so excited! If you have never had the chicken and rice from a halal street vendor, you must go just for that!

There’s no such thing as a perfect parent. Just give them unconditional and wholehearted love. As parents, we may not always be happy with the choices our children make, but they are their own persons and live in a different world than us. Giving your child unconditional love also means giving empathy with understanding, and compassion without judgment.

My greatest joy in life is my children. I have such a wonderful relationship with them. There is nothing better than being together, sharing time with them, and loving them. They are an inspiration to me. The thing that would make me go insane the fastest is not seeing my children for another extended period of time, like I’ve had to do during this pandemic.
DIVISIONAL REPORTS
Cardiology

Accomplishments

Enhancement of Clinical Care

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

- Heart Teams and Hubs have continued to expand their roles in electrophysiology, revascularization, women’s heart health, critical care, valve disease and imaging. The Heart Teams are multidisciplinary teams that play key roles in shaping the future of cardiac care through mobilizing expertise, advancing evidence, innovative research, and practice changes, building and nurturing relationships and networks.

- A new Governance Committee has been established for Cardiocore, UOHI’s institutional data repository, which will facilitate the repository of new databases, data linkages and manage access.

- Our teams continually found solutions to address the challenging waitlists in imaging, electrophysiology and PCI.

- With a team effort, we discharged cardiac patients efficiently and safely in preparation for urgent need of hospital beds for COVID-19 patients. An additional temporary ward team (Team Yellow) was established to respond to COVID-19 outbreaks.

- The Cardiac Rapid Assessment and Triage (C-RAT) Program was initiated to help patients with post-procedure complications to avoid unnecessary ED visits (Drs Nair, Sadek, and So). This was extended to a 2nd phase where all patients known to UOHI were eligible for rapid assessment (Drs Small, Mir, Davies, Duchesne with UOHI Clinical services). A patient triage algorithm and medical directives were developed.
A new Virtual Care Heart Team established and co-led by Dr. Mir and the majority of clinic visits were completed virtually (70%).

A new five-bed Structural Unit was established and funded for TAVI patients (led by Dr. Labinaz with Drs Glover and Dick and Cardiac Surgery colleagues), thereby enhancing care efficiency and eliminating the need for beds in other critical care units.

Protocols for NSTEMI (Dr. Le May) and ICCU (sedation, analgesia, ROSC care and transfusion protocol) (Dr. Mathew) were revised and operationalized.

The Baffin Island Device Clinic was established (Dr. Birnie) providing interrogation of devices in the remote community.

The Radioablation program further expanded under direction of Dr. Redpath in collaboration with Drs A Crean and G Cook (Radiation Oncology).

The Centre of Valvular Heart Disease (CVHD) (Dr. Messika-Zeitoun) was launched this year to improve diagnosis, management, and test coordination for patients with moderate to severe valve disease.

The Stress MRI program was established by Dr. Crean.

Imaging wait times were reduced through extend hours in echocardiography and CT.

Echocardiography expanded their regional programs to now include Pembroke.

The TOH Echo department received accreditation (Dr. Law) and new Echo machines were acquired which will enhance efficiency and diagnostic accuracy.

Dr. Johnson and the team at the General Campus continued to work with TOH towards our consolidated cardiology center of excellence and to include specialty programs that include a new dedicated heart failure clinic.

The Heart Failure Rapid Intervention Clinic (Drs Mielnizcuk, McGuinty) has expanded with the support of a Transitional Care nurse working under formal medical directives.

The UOHI Cardiac Rehabilitation Program was the only program in Ontario to accept referrals throughout the entire pandemic by switching to a virtual platform.
Research Focus and Support

Our success in peer-reviewed funding competitions was notable for 2020–21 with a large CFI grant, a large Genome Canada grant, 4 CIHR and 2 Heart and Stroke Foundation grants (see below).

Overall, our number of research publications increased steadily with an all-time high of 250 publications in 2020–21 with approximately 50% being senior-authored by our faculty.

Through partnered funding, the Division of Cardiology and UOHI (ORACLE funding) supported Drs Wenbin Liang and Darryl Davis in the 2020 Faculty of Medicine Translational grant program.

Medical Education Enhancement and Support

We continue to attract top-quality trainees to our residency and fellowship programs and are consistently viewed by trainees as the top program in Canada; 4–5 residents are selected each year among 50–80 applicants. Two cardiology residents are currently undertaking dedicated research training as part of the Clinical Investigator Program (CIP). We are incredibly proud that our trainees are consistently recognized with a variety of awards and honors. Regular ‘Pulse checks’ are conducted with the residents to identify program opportunities for improvement.

Our residents and fellows demonstrated unwavering commitment during the pandemic, providing the backbone to our patients' care—volunteering off-service support for Medicine and Critical Care in addition to an adapted Cardiology schedule.

In addition to the 5 Endowed Fellowships for Cardiology, the Division has obtained support for 4 UOHI supported fellowships.

Dr. Froeschl and team have completed preparations for the first CBD cohort (start July 2021).

A virtual Cardiology Grand Rounds format was adopted and led by Dr. Stadnick with increased participation and international level speakers.

Dr. Liu and his team have also been instrumental in expanding the scope and reach of UOHI monthly grand rounds.
The UOHI Education Committee was established in 2021 with the mandate to ensure the UOHI fulfills its corporate responsibility at all levels to educate staff, trainees, and patients as an academic institution and to enable dissemination, KT, global reach of UOHI education initiatives.

### Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
</tr>
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<tbody>
<tr>
<td>Dr. Andrew Mulloy</td>
<td>FTA</td>
<td>Expertise in echo and cardiology for special populations (aviation/diving), expanding use of POCUS</td>
</tr>
<tr>
<td>Dr. Hassan Mir</td>
<td>FTA</td>
<td>Academic interest in prevention, digital health (co-lead for virtual care heart team) and advanced echocardiography</td>
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<tr>
<td>Dr. Dan Ramirez</td>
<td>FTA</td>
<td>Academic interest in the diagnosis and treatment of atrial (in particular) and ventricular tachyarrhythmias, understanding the impact of percutaneous ablative therapies on cardiac physiology, and improving the predictive ability of translational research</td>
</tr>
<tr>
<td>Dr. Rebecca Mathew</td>
<td>FTA</td>
<td>Academic interests include all aspects of acute cardiac critical care, treatment strategies in cardiogenic shock and the long-term management and prognosis of survivors of cardiac critical illness. Her interests are also focused on resident education in the critical care setting</td>
</tr>
<tr>
<td>Dr. David Hartnett</td>
<td>PTA</td>
<td>Clinical teaching and echocardiography. Dr. Harnett, stayed for one academic year and returned to his hometown in Newfoundland in July 2021</td>
</tr>
</tbody>
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Publications


Grants

**Peter Liu (PI), Ruth Slack (Co-PI)**
The Hub of Excellence for Cardio-Neuro-Mind Research (HCNMR) Canada Foundation for Innovation (CFI), $5,800,000 April 2021 (5.0-year)

**Peter Liu (PI)**
Cardiovascular Biomarker Translation Team 2—Atrial Fibrillation Genome Canada—Genomic Applications Partnership Program (GAPP), $5,955,141 April 2021 (5.0-year)
Sharon Chih (PI), George Wells (Co-PI)
Early Initiation of Antiplatelet ThERapy In HeArt TranspLantation—AERIAL Trial
CIHR Project Grant, $566,100
October 2020 (3.0-year)

Thais Coutinho (PI)
Aortic Function as a PREDICTor of Thoracic Aortic Aneurysm (TAA) Expansion: Development and Validation of a TAA Growth Prediction Model—the PREDICT-TAA Study
CIHR Project Grant, $679,320
April 2021 (5.0-year)

Pablo Nery (PI), David Birnie (Co-PI), George Wells (Co-PI)
Characterization of Arrhythmia Substrate to Ablate Persistent Atrial Fibrillation (COAST-AF) Randomized Controlled Trial
CIHR Project Grant, $952,426
2020 (5.0-year)

David Birnie (PI), Atul Verma (Co-PI)
The Optimal Anticoagulation for Enhanced Risk Patients Post-Catheter Ablation for Atrial Fibrillation (OCEAN) Trial
CIHR Project Grant, $956,250
2020 (5.0-year)

Heather Tulloch (PI)
Psychological profile and intervention needs of patients with spontaneous coronary artery dissection
Heart & Stroke Foundation Grants-in-Aid, $50,000
July 2020 (1-year)

Derek So (PI)
The Canadian Cardiovascular Collaborative Myocardial Infarction Induced Cardiogenic Shock Initiative Amount: $40,000 over 1 year
Heart & Stroke Foundation Grants-in-Aid, $40,000
July 2020 (1.0-year)

Darryl Davis (PI), Wenbin Liang (Co-PI)
iPSC modelling of postoperative atrial fibrillation
uOttawa Faculty of Medicine 2020 Translational Research Grants (TRGs), $50,000
April 2021 (2.0-year)
Awards

Dr. Peter Liu
Province of Ontario, Order of Ontario

Dr. Rob Beanlands
uOttawa Alumni Association, 2020 Alumnus of the Year

Dr. Thais Coutinho
Women as One, 2021 Escalator Award

Dr. Frans Leenen
International Society of Hypertension (ISH), 2021 Paul Korner Award

Dr. Peter Liu
University of Ottawa Heart Institute, Global Achievement Award

Dr. Robert deKemp
Cardiovascular Council of the Society of Nuclear Medicine and Molecular Imaging, 2021 Hermann Blumgart Award

Dr. Michel Le May
University of Ottawa Heart Institute, Dr. Robert Roberts Award of Research Excellence

Dr. Michael Froeschl
Department of Medicine, 2020 Mentorship Award

Dr. Calum Redpath
Department of Medicine, 2020 Clinical Innovation Award

Dr. Glenn Wells
Department of Medicine, 2020 PhD Scientist Award

Leadership Roles

Dr. David Messika-Zeitoun
- European Heart Journal, Associate Editor (new)

Dr. Girish Nair
- Medical and Scientific Staff Association UOHI (new)
Division Leadership Roles

Dr. Rob Beanlands
- Cardiology, Division Head
- UOHI, Deputy Director General (new)

Dr. David Birnie
- Deputy Director and EP Research Chair

Dr. Chris Johnson
- TOH—General Campus, Cardiology, Site Director
- Postgraduate Medical Education, Director
- Core Internal Medicine Program, Associate Program Director

Dr. Chris Glover
- Clinical Cardiology and Interventional Cardiology, Director

Dr. Michael Froeschl
- Education (Residency Training and Fellowship), Director

Dr. Darryl Davis
- Research, Director

Dr. Girish Nair
- Electrophysiology, Director

Dr. Marino Labinaz
- ICCU and Structural Heart Disease, Director

Dr. Ben Chow
- Cardiac Imaging, Director
- Cardiac CT, Co-director
- Imaging Fellowship, Director

Dr. Lisa Mielniczuk
- Advanced Heart Disease (Heart Failure/ Transplant/PH), Director
- DoM Quality/Safety/Innovation, Vice Chair

Dr. Sharon Chih
- Cardiac Transplant/MCS program, Medical Director
Dr. Andrew Crean
- Adult Congenital Heart Disease Program, Director
  (Sincere gratitude extended to Dr. Luc Beauchesne who led the program for the past 20 years.)

Dr. Gary Small
- Stress ECG Lab, Director Thanks to Dr. Kathy Ascah for her leadership over the years.

Dr. Ellie Stadnick
- Undergraduate English CV Block, Content Expert
- CME, Director (new)

Other Major Leadership Roles
Dr. Peter Liu
- UOHI, VP Research/Chief Scientific Officer

Dr. Richard Davies
- Clinical Cardiology Fellowship, OACMC Managing Partner (Ottawa Academic Cardiology Management Corp) and Director

Dr. Thais Coutinho
- Division of Prevention and Rehabilitation, UOHI, Chief

Dr. Lloyd Duchesne
- Quality Program in Cardiology, Director

Dr. Angeline Law
- Quality Program in Cardiology, Director

Dr. Duncan Stewart
- Ottawa Hospital Research Institute, CEO and Scientific Director

Dr. Nadine Gauthier
- Undergraduate Education in Cardiology, Director
- Cardiovascular Block, Content Expert
- Core Internal Medicine Program, Associate Program and Director
Plans for the Coming Academic Year

Enhancement of Clinical Care

1. Embrace UOHI’s goal to be a World-class Patient-Centred Heart Institute with focus on:
   a. Consolidation of Heart Teams
   b. Precision Medicine
   c. Institute Regional Models of Care (Hub and Spoke)
   d. Cardiac Wellness with focus on women’s heart health

We plan to achieve these goals by aligning with UOHI and DOM strategies that include Heart Teams, ORACLE research hubs and plan, Virtual Care, Telemedicine, Digital Health, Artificial Intelligence, Regional Care Strategies, Rapid Access to Cardiac Care strategies, and Women’s Heart Health.

2. Ensure success and growth of emerging programs such as Centre for Valvular Heart Disease, TOHGC CoE for Heart Failure, Rare Cardiac Diseases Program, Cardiac Arrest Research Program, New Cardiac Critical Care Model among others.

3. Enable Quality Care Programs and Key Performance Indicators.

4. Ensure development of policies/procedures for continuation of cardiology services at the new Civic site—including clinical and academic workflows and Cardiac Rapid Access Programs.

Research Focus and Support

Enhance global footprint of all research programs by:

1. Expansion of our clinical and translational research strategies.
2. Continued database development and refinement.
Divisional Priorities

1. Recruitment of new physicians focused on strategic priorities, gaps in care and academics, retirement/replacement and excellence including Electrophysiology, Critical Care, Echocardiography, General Cardiology, Women’s Heart Health, Interventional Cardiology, structural Heart Disease.

2. Mentorship and promotion of faculty to ensure clinical and academic development.

3. Enable work allocation project to balance clinical and academic work.

4. Increase focus on physician wellness—support, collegiality, respect, identify and reduce burnout.

5. Practice Plan evolution to meet the changing world of clinical and its practice to meet our clinical and academic mandates.
Clinical Epidemiology

Accomplishments

Dr. Dean Fergusson, in his role as Scientific Lead for The Ontario SPOR SUPPORT Unit (OSSU) continued to support this not-for-profit organization in pursuing its mission of engaging researchers, patients and other partners in patient-oriented research to improve the health of Ontarians and the health care system. The Ottawa Methods Centre, which is part of this network, supported over 30 successful grant applications from CIHR plus 59 from other sources in 2020–21. These include internally and externally funded grants, fellowships, contracts, studentships, scientist awards, and travel awards. In addition, there were over 240 publications supported by OMC scientists and staff in the same reporting period.

Dr. Jeremy Grimshaw, Senior Scientist at the Ottawa Hospital Research Institute, continues to co-lead the COVID-19 Evidence Network to support Decision-making (COVID-END). COVID-END has been recognized by WHO as a key partner to co-ordinate the COVID evidence response. The network is rapidly synthesizing evidence in order to inform policy and practice. In January 2021 the team received $1 million to ensure decision-makers have access to the best COVID-19 science in a timely manner (press release: https://www.canada.ca/en/institutes-health-research/news/2021/01/government-of-canada-invests-1m-in-a-covid-19-evidence-network-to-support-decision-making.html). Professor Grimshaw was also a key member of a team led by Dr. Marc-Andre Langlois which received $9 million from CIHR to develop the Coronavirus Variants Rapid Response Network (COVARR-Net). Professor Grimshaw continues to serve as a member of the Behavioural Science Working Group that informs the Ontario COVID-19 Science Table.
Notable Publications


Notable Grants

**Dean Fergusson (PI)**
Making Patient Partnerships A Reality in Very Early Phase Clinical Trials (MARVEL): Development of a patient engagement platform
BioCanRx, $145,541
October 2020 (1.0-year)

**Dean Fergusson (PI)**
Identifying effect modifiers for CAR-T cell therapeutic efficacy
BioCanRx, $100,058
July 2020 (1.0-year)
**Dean Fergusson (PI), Manoj Lalu (Co-PI)**
Cellular preConditioning for post-Surgical Myocardial Ischemic Complications (COSMIC)
Heart and Stroke Foundation, $40,000
July 2020 (1.0-year)

**Justin Presseau (PI), Jeremy Grimshaw (Co-PI)**
Preventing blindness by going to where you are: Culturally-competent tele-retina programs to support newcomers to attend diabetic retinopathy screening.
Canadian Institutes of Health Research, $637,398
October 2020 (2.0-year)

**John Lavis (PI), Jeremy Grimshaw (Co-PI), Andrea Tricco (Co-PI)**
COVID-END in Canada
Canadian Institutes of Health Research, $1,000,000
December 2020 (1.0-year)

**Marc-Andre Langlois (PI), Jeremy Grimshaw (Co-PI)**
Coronavirus Variants Rapid Response Network: CoVaRR-Net
Canadian Institutes of Health Research, $9,000,000
March 2021 (1.0-year)

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**Awards**

**Dr. Dean Fergusson**
Canadian Academy of Health Sciences, Fellow

**Dr. Jeremy Grimshaw**
University of Ottawa, Faculty of Medicine, APUO University of Ottawa Award for Excellence in Research
Critical Care

Accomplishments

Enhancement of Clinical Care

The entire Critical Care group continued to help lead the TOH and Regional response during the COVID-19 pandemic. The group established clinical practice guidelines for the Champlain Region in ventilatory management, use of high-flow oxygen, and predictive risk stratification. These initiatives were adopted both within TOH as Medical Directives, and then distributed and adopted by the Champlain Critical Care ICU’s at a regional level. This also included the development of the covidottawa.com website and mobile app that was downloaded and used by over 10,000 viewers in the Champlain region in 2020–21, and over 15,000 viewers worldwide.

This app has also been adapted for national use and distribution by the Royal College of Physicians and Surgeons of Canada, further cementing Ottawa’s role as the leader in medical education for Critical Care in Canada. Special thanks to Drs. Xingnam Xu, David Neilipovitz, John Kim, Pierre Cardinal, Shane English, Scott Millington, James Downar, Hilary Meggison, Erin Rosenberg, Karl Michael Hartwick, Giuseppe Pagliarello, and Jonathan Hooper for taking lead roles in developing specific care guidelines (adopted regionally) to provide safe and effective care in the management of critically ill COVID-19 patients. The group would also like to recognize Drs. Neilipovitz and Kyeremanteng for their leadership as media representatives providing both voice and faces in representing Critical Care at a public, provincial, and national level. A special thanks also goes out to all the members within Critical Care for coming together to provide exemplary frontline care for COVID-19 patients in the ICU.
Research Focus and Support

Dr. Shane English continues his research program examining red blood cell (RBC) transfusion and resuscitation during subarachnoid hemorrhage (SAH). He is now leading the SAHARA group, who are continuing a multi-center randomized controlled trial examining the effect of different RBC transfusion strategies on neurologic outcome following SAH. Dr. English’s work has received grant and financial support from CIHR, Canadian Blood Services (CBS), The Department of Medicine and Critical Care Medicine. Dr. English also received additional 2020 CIHR support to expand his research into optimal brain oxygenation with neurocritically ill patients, and cellular immunotherapy in COVID-19 ICU patients with Acute Respiratory Distress Syndrome (ARDS). Dr. English also continues his research in traumatic brain injury as a member of the Canadian Traumatic Brain Injury Research Consortium (CTRC).

Medical Education Enhancement and Support

Drs Aimee Sarti and Pierre Cardinal have continued to cement Ottawa’s program as a national and international leader in systems needs analysis and educational system-level interventions on multiple fronts in 2020–21.

Dr. Sarti and Dr. Cardinal’s ongoing work received grant and financial support from The Ottawa Hospital Academic Medical Organization (TOHAMO), the TOH Department of Critical Care, and system-level grant support from the Trillium Gift of Life Network (TGLN) and Canadian Blood Services (CBS). Dr. Sarti and Dr. Cardinal also secured CBS grant funding for national organ donation professional curriculum development and distribution, for which the CBS organ donation curriculum is now available for health care providers across Canada to improve delivery of care. Dr. Cardinal also served as editor-in-chief for “Navigating Medical Emergencies: An Interactive Guide to patient management”, an innovative e-learning tool created and distributed by the Royal College of Physicians and Surgeons of Canada. NAVME received over 8000 visitors and over 2000 repeat visitors in 2020. Dr. Cardinal also continued his collaboration with Dr. Xingnam Xu and Dr. John Kim, as co-editor for the covidottawa.com website and app, deployed during the COVID-19 pandemic.
Other

Dr. Kwadwo Kyeremanteng continues to expand his work in the field of Quality of Care and Patient Safety (QuSa). He serves as the Critical Care Lead in QuSa academic development and has expanded his areas of interest to include Machine Learning Model Development. Dr. Kyeremanteng also served as the public face of Critical Care with the COVID-19 pandemic, evidenced by 150+ radio, TV and/or newspaper interviews at a local and/or provincial level. Dr. Kyeremanteng’s impact has also been felt online, with his social media presence in hosting the Resource Optimization Network “Solving Healthcare” podcasts, which have been viewed upwards of 295,000 times.

Notable Publications


**Notable Grants**

**Aimee Sarti (PI)**
DDD—A BrainBased Definition of Death and Criteria for its Determination after Arrest of Circulation or Neurologic Function in Canada—Perspectives.... Canadian Blood Services, $57,714
2020 (3.0-year)

**Shane English (PI), Duncan Stewart (Co-PI), Dean Fergusson (Co-PI)**
Cellular Immunotherapy for COVID-19 induced Acute Respiratory Distress Syndrome: the CIRCA-19 Trial
CHIR, $1,860,523
2020 (2.0-year)

**James Downar (PI), Salman Kanji (Pharmacy) (Co-PI)**
Propanolol as an anxiolytic to reduce the use of sedatives in Critically Ill Patients receiving mechanical ventilation (PROACTIVE)
Hamilton Academic Health Sciences Organization, $74,580
2020 (1.0-year)

**Derek So (PI), Rakesh Patel (Co-PI)**
Development and Evaluation of Applying a Point-of-Care COVID-19 Test Strategy to Triage Patients with ACS, Instability and Cardiac Arrest—RAPID COVID TRIAGE Algorithm
Ministry of Colleges & Universities, Government of Ontario
COVID-19 Rapid Research Fund, $750,000
2020 (2.0-year)
Kwadwo Kyeremanteng (PI)
Feasibility of a Remote Monitoring & Early Warning System in the COVID-19 ward to reduce PPE use and minimize potential staff exposure
Hopital Montfort Alternative Financing and Procurement Innovation Fund, $47,744
2020 (1.0-year)

Kwadwo Kyeremanteng (PI)
Outcomes of Non-COVID-19 Hospital Patients in Ontario during the first Six months of the Pandemic
Hopital Montfort Alternative Financing and Procurement Innovation Fund, $45,756
2020 (1.0-year)

Leadership Roles

Dr. Kwadwo Kyeremanteng
- TOH, Department Head—Critical Care (new)

Dr. Shane English
- TOH, Department of Critical Care, Civic Site Chief & Champlain Region Civic Site ICU Lead (new)

Dr. John Kim
- TOH, Department of Critical Care, General Site Chief & Champlain Region General Site ICU Lead
- TOH Department of Critical Care, Vice-Chair of Education
- TOH Department of Critical Care, EPIC/EMAC Co-Lead

Dr. Karl Michael Hartwick
- TOH, Department of Critical Care, RACE Co-Lead (Dr. Jonathan Hooper)

Dr. James Downar
- Division of Palliative Care, Head
Dr. Gianni D’Egidio
• Critical Care Residency Program, Director

Dr. Scott Millington
• TOH, Department of Critical Care, EPIC / EMAC Co-Lead

Plans for the Coming Academic Year

Enhancement of Clinical Care
Critical Care will continue its leadership in pandemic surge preparedness by completing work on pandemic preparation at a system level, in coordination with Champlain region partners. It will also seek to implement novel strategies to assist with surge response, including advanced ARDS care and system-level surge planning.

Critical Care will continue its commitment to excellence in clinical care and quality improvement by the deployment 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 2017–19, with pilot phase data collection planned for post-implementation of the EPIC patient information system. Its 2020–21 deployment was unfortunately delayed by the COVID-19 pandemic.

Critical Care will also continue to expand its support for novel research and academic program development through its expanded research competition process, implemented in the 2021–22 year.

Research Focus and Support
Critical Care will expand on its innovations in clinical research with support for the CISS, COVID-19 in the Critically Ill, SAHARa, NeurO2, variability in critically patients, led by Department members Drs. McIntyre and English.
Medical Education Enhancement and Support

Critical Care seeks to consolidate its status as leaders in medical education and system change management with enhanced distribution and dissemination of its COVID-19 clinical management guidelines and national collaboration with the Royal College of Physicians and Surgeons of Canada. Critical Care will also seek to expand the formal adoption of bedside Point-of-Care ultrasound use with the QPath data initiative in collaboration with key acute care partners within TOH.

Other

Critical Care has appointed a TOH wellness representative and will seek to expand on the current wellness initiatives to address sustainable care giving models for ICU.

Recruitment Plans

Critical Care will be conducting a review of clinical and academic priorities in 2022.
Dermatology

Accomplishments

Enhancement of Clinical Care

Dr. Shanna Spring and Dr. Mark Kirchhof have established tele-dermatology clinics to facilitate resident education on providing virtual care via the OTN, econsult and via telephone.

Research Focus and Support

The 71st Clinical and Scientific Meeting “Update on Acne Vulgaris” took place virtually on May 31st with over 100 attendees present. Guest speaker Dr. Hilary Baldwin from New Jersey was complemented by local faculties including Drs Jen Lipson, Chris Sibley, and Shanna Spring.

The 2nd Dermatology CME Day, “Update in Dermatology” took place on May 20th virtually with over 200 attendees and included presentations for primary care physicians, nurse practitioners, residents, and other interested primary care providers of education in Dermatology, focusing on practical diagnosis and management.

Medical Education Enhancement and Support

Dr. Carly Kirshen, Residency Program Director, developed and maintained the virtual educational program of academic half days and patient rounds. Furthermore, Dr. Kirshen has been involved in the development of the Competency by Design program for the Royal College for the dermatology specialty.

Other

The Division successfully hosted the 4th Annual Divisional Educational Retreat.
Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
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</thead>
<tbody>
<tr>
<td>Dr. Thusanth Thuraisingam</td>
<td>PTA</td>
<td>Lecturer, coverage of call</td>
</tr>
<tr>
<td>Dr. Alana McEvoy</td>
<td>PTA</td>
<td>Lecturer, coverage of call</td>
</tr>
</tbody>
</table>

Notable Publications


Awards

**Dr. Marcus Tan**
Division of Dermatology, Resident Patient Care Award

**Dr. Megan Lim**
Division of Dermatology, CDA-RFS Excellence in Resident Leadership Award; TOH Excellence Award, Resident Team Player Award; OMA Resident Achievement Award, Resident Physician Educator Award

**Dr. Feras Al-Ghazawi**
Division of Dermatology, Team Player Award; Division of Dermatology, DC Montgomery Resident Award

**Dr. Annie Langley**
Division of Dermatology, Patient Care Award

**Dr. Michelle Pratt**
Division of Dermatology, Patient Care Award

**Dr. Reetesh Bose**
CDA-RFS, Excellence in Resident Teaching Award

**Dr. Sophia Colantonio**
Professional Association of Residents of Ontario, Clinical Teaching Award

**Dr. David Tsoulis**
Division of Dermatology, Clinician Teacher Award

**Dr. Andrea Dawson**
Division of Dermatology, Clinician Teacher Award
Leadership Roles

Dr. Carly Kirshen
- The Ottawa Hospital, Division of Dermatology, Program Director
- Canadian Dermatology Association, Education Committee member
- Royal College of Physicians and Surgeons of Canada, Dermatology Specialty Committee member
- University of Ottawa, Postgraduate Medical Education Committee Executive (new)
- Ottawa Dermatological Society, Treasurer
- National Capital Skin Diseases Foundation, Board member
- Dermatology, Residents Innovation and Vision in Education, Co-chair (new)

Dr. Jennifer Beecker
- The Ottawa Hospital, Division of Dermatology, Research Director
- Canadian Dermatology Association, Board of Directors, President-Elect
- Royal College of Physicians and Surgeons, Vice-Chair Examination Committee (new)
- Canadian Dermatology Association Sun Awareness, Governance and Nominating Committee, Chair (new)
- Canadian Dermatology Association, President-Elect

Dr. Jillian MacDonald
- The Ottawa Hospital, Division of Dermatology, Finance Committee, Chair
- Canadian Society of Dermatologic Surgery, Board Member

Dr. Melanie Pratt
- The Ottawa Hospital, Division of Dermatology, Resident Selection Committee Chair
- The Ottawa Hospital, Division of Dermatology, Resident Curriculum Committee Chair
- Contact Dermatitis/Patch Test Clinic, Director

Dr. Simone Fahim
- The Ottawa Hospital, Division of Dermatology, Journal Club Committee Chair
Dr. Shanna Spring
- The Ottawa Hospital, Division of Dermatology, Undergraduate Dermatology Co-Chair
- Canadian Dermatology Association, Regional Director

Dr. Dailia Mikhael
- The Ottawa Hospital, Division of Dermatology, Undergraduate Dermatology Co-Chair

Dr. Steven Glassman
- The Ottawa Hospital, Division of Dermatology, Clinical and Scientific Committee Chair
- Photoderm Clinic, Bruyère, Medical Director

Dr. David Tsoulis
- The Ottawa Hospital, Division of Dermatology, Quality and Patient Safety Lead

Dr. Tad Pierscianowski
- The Ottawa Hospital, Division of Dermatology, Clinical and Scientific Committee Chair
- Ottawa Dermatological Society, President

Dr. Mark Kirchhof
- The Ottawa Hospital, Equity, Diversity and Inclusion Dermatology Lead
Plans for the Coming Academic Year

Enhancement of Clinical Care
In the upcoming year, we are aiming to streamline referral processes in Ottawa to better access Dermatology services and establish a Skin of Color Clinic to specifically address unmet medical and education needs.

Research Focus and Support
We are excited to increase the research footprint of the Division by facilitating clinical trials work, residency and staff research activities, and celebrating research accomplishments of our residents and faculty.

Medical Education Enhancement and Support
With the help of our members, the Ottawa Dermatology Morphology Textbook will be revised in honour of Dr. Robert Jackson who had great impact on the field of Dermatology. Moreover, we will be focusing to provide outstanding dermatology training for residents with ongoing didactic and clinical teaching.

Other
To better reach the community and advertise our experts, we will be continuing the development of the ottawadermatology.ca website.

Recruitment Plans
Mohs micrographic surgery is a specialized and highly effective procedure for treating common types of skin cancer. Therefore, we will be hiring an additional Mohs surgeon and coordinate succession planning for several clinics and clinicians as they reduce their clinical practices.
Endocrinology & Metabolism

Accomplishments

Enhancement of Clinical Care

Now that we have over a year experience immersed in virtual patient care, we recognize some efficiencies that allow us to increase capacity for ambulatory care to help meet the surging demand for our services. As well, the flexibility of virtual care allows us to meet wait time targets for new consultations (usually). At the same time, we have learned to work in a hybrid clinic as we slowly increase our percentage of in person visits with a goal of 50% in-person post pandemic. As part of our continuous quality improvement, we surveyed our patients for feedback and learned the majority are happy with virtual visits and hope they can continue with in person visits only if specifically needed. Determining when in-person versus virtual makes most sense for quality care is an ongoing quality project.

Last year we set the goal of creating a Transgender Endocrinology clinic for complex endocrine cases. The Gender Diversity Specialty Clinic is near ready to launch with Drs Irena Druce and Heidi Dutton leading this unique clinic.

Our collaborative clinics are thriving, the anticipated Bariatric-Endo clinic has launched at the Civic Campus Weight Management Clinic (Dr. Dutton) and the Endo-Nephro clinic continues with Dr. Cathy Sun to join this collaborative clinic. The Nephro/Transplant-Diabetes clinic is now a regular clinic with Dr. Janine Malcolm and soon Dr. Mary-Anne Doyle involved. Endocrinology is also very much involved in the Special Pregnancy Clinic with Obstetrics and Maternal Fetal Medicine, the Pituitary Clinic (with Neurosurgery) and to provide diabetes care for people with cystic fibrosis (with Respirology).
We also support a special diabetes clinic for young adults transitioning from CHEO. Even pre-pandemic the transition clinic incorporated video visits now mostly done as EPIC ZOOM or phone visits. The goal is to engage our CHEO patients in a supported fashion, easing this graduation to adult medicine as part of formally evaluated quality project. With a slight pause due to COVID, we are back on track to ensure our CHEO cohort can be followed, and our approach modified based on feedback and outcomes.

Research Focus and Support

Clinical research in our division focusses mainly on diabetes and we are happy to see our clinical scholar Dr. Cathy Sun receiving attention for her work in diabetes and lipidology. She received a major award from the Canadian Society of Endocrinology and Metabolism to investigate pathophysiologic mechanisms that lead to progression of pancreatic dysfunction in people with Type 2 Diabetes. Also dovetailing with her collaboration with researchers at McGill looking at impact of intense lifestyle modification in people with obesity and diabetes requiring insulin are the ongoing Type 2 Diabetes remission studies in our division. Meanwhile, Dr. Robert Dent, has advanced the understanding of weight management and obesity from identification of genetic markers to clinical phenotypes, in collaboration with Drs Ruth McPherson and Mary-Ellen Harper resulting in numerous publications.

Healthcare delivery remains an important research subject for endocrinologists, with Dr. Erin Keely continuing to investigate the impact of eConsult and ways to evaluate the quality of consultations, how to leverage information to inform continuing professional development, and how to integrate into triage / referrals thus broadening the scope of accessing an eConsult. Her work has generated numerous projects, papers and grants in collaboration with many divisions and physicians in the Department of Medicine.

Virtual care will be with us and Endocrinologists must learn to maximize virtual visits to ensure excellent patient care as well as optimize the educational component for training our residents and students. Virtual care remains a top priority in our division for research from a QI lens as well as patient outcome focus. This work is long term and remains ongoing with the support of all our endocrinologists and with the expert input of Dr. Janine Malcolm.
Medical Education Enhancement and Support

Endocrinology prides itself as an earlier adopter and innovator in medical education, with consistent success obtaining grant support for medical education projects. We were able to experience the customized flipped classroom for the Case Based Learning sessions during Endo-Block for second year medical students. Eleven creative and engaging videos were created by Dr. Chris Tran with support from UGME summer studentship, (Deeksh Kundapur MD 2022, and additional support from internal medicine resident Wassim Karkache), and were incorporated into the UGME program. Now registering over 3000 views on YouTube, the videos in English and French were a great addition to the curriculum and have inspired us to create more videos to support education at all levels.

Link to our videos are here:
- [https://bit.ly/3n9D7Kv](https://bit.ly/3n9D7Kv) (English)

This year many of the Endocrinology educational projects came to fruition with publication including results of the successful project assessing the validity of an Endocrinology OSCE involving internal medicine and Endocrinology residents, supported by a Department of Medicine Grant (Dizon et al., *BMC Med Educ* 21, 288 (2021)).

**Other**

This year we recognize two new roles in our division, our EDI representative is Dr. Erin Keely who is also a member of the Department of Medicine EDI committee and a lifelong advocate for EDI matters. And our new Wellness representative is Dr. Heidi Dutton, who has already found ways to address wellness for our physicians along with serving as an exemplary role model of kindness. Dr. Amel Arnaout, in her role as Program Director implemented the first Endocrinology Resident Wellness Day, delayed at first due to COVID, however ultimately a great team building trip to Gatineau Park took place for all our residents (and fellow) and will be an annual event.
Notable Publications


### Notable Grants

**Christopher Tran (PI), Erin Keely (Co-PI), Sue Humphrey-Murto (Co-PI)**
Assessing the Quality of Electronic Progress Notes: Development of The Ottawa Medicine Inpatient Note Tool (O-MINT)
Department of Medicine Medical Educational Research Grant, University of Ottawa, $8,000
June 2021 (2.0-year)

**Darine El-Chaar (PI), Erin Keely (Co-PI)**
Connection to Perinatal Care for the Management of Maternal Non-Communicable Diseases: The CONNECT Project
CIHR. Health Services and Policy Research, $100,000
April 2021 (1.0-year)
Awards

**Dr. Alexander Sorisky**  
The Ottawa Hospital Excellence Awards, Physician Clinician Recognition Award

**Dr. Christopher Tran**  
Faculty of Medicine Awards of Excellence, Educator of the Year — Preclerkship; Faculty of Medicine Educator Award, Educator Award for Manager Competency

**Dr. Cathy Sun**  
Canadian Society of Endocrinology and Metabolism, Dr. Fernand Labrie Fellowship Research Grant Recipient

**Dr. Ameena Meerasa**  
Canadian Society of Endocrinology and Metabolism, Dr Sonia Salisbury Resident Clinical Vignette Award

Leadership Roles

**Dr. Amel Arnaout**
- Endocrinology and Metabolism Residency Training Program, Director
- Post Graduate Medical Education and Fellowship, Director *(new)*
- Virtual Care Curriculum, MD Program, UGME Leader *(new)*

**Dr. Christopher Tran**
- UGME, Endocrine and Diabetes, Content Expert
- Endocrinology and Metabolism Residency Training Program, Director *(new)*

**Dr. Erin Keely**
- Ontario eConsults Centre of Excellence, Co-Executive Director (Specialist Lead)
- Ontario eServices Program, Co-Executive Director (Specialist Lead) *(new)*
Dr. Alexander Sorisky
- OHRI, Chronic Disease, Program Director
- Department of Medicine, Mentorship Director

Dr. Heather Lochnan
- CPD-Education Program, Assistant Dean

Plans for the Coming Academic Year

Enhancement of Clinical Care

Endocrinologists recognize the advantages and limitations of virtual care. As restrictions continue to permit more in-person clinic visits, we must learn to strike a balance to ensure optimal care. Over the coming year, our goal is to ramp up our in-person visits, aiming to do more consultations in person, and see our patients who we follow long-term in person annually, with exceptions. The notion of national standards for use of virtual care for patients with diabetes needs to be supported with data (when is in person better than virtual or vice versa). Answering these questions is challenging, but they encompass an important quality initiative to build on our earlier surveys of patient satisfaction and interest to preferentially select virtual care. Hybrid clinic is the new term and we recognize the need to adapt to working in hybrid and this includes reconfiguring our use of clinic space to accommodate our trainees, the endocrinologists and diabetes educators working in hybrid clinics.

Over the coming year, we are working to transform our triage processes, refining criteria for consultation, working on advice in lieu of in-person consult with leadership from Dr. Erin Keely who has tremendous experience and expertise on eConsultations and streamlining triage processes to a central process. This exciting endeavor will lead to equitable and timely access to advice and care and help us manage the huge demand for services in our ambulatory care clinics.
Research Focus and Support

Leveraging our members EPIC expertise and access to EPIC data underpins new research underway in Endocrinology which are looking at impacts of the pandemic on clinical care and emergency room visits, as an example, as well as examining laboratory testing usage to ensure appropriateness. Social determinates of health are key factors that more and more can be tracked with EPIC, as it relates to assessing equity of care. Furthermore, these are so vital to enabling access to more people with chronic diseases including diabetes mellitus.

New recruitment will lead to revitalization of our metabolic lab to uncover more about the progression of diabetes as well as its impact on lipids and cardiovascular disease. Continuing and expanding research is being done in collaboration with other sites to investigate the optimal conditions to induce remission, a new paradigm of treatment for those with Type 2 Diabetes.

These projects are enabled by both local and national collaborations, including as co-applicants on major grants, a first step for our junior members embarking on research focused careers. New opportunities for collaboration and research are arising from our new slate of clinics Nephro-Endo, Bariatric-Endo, and the newest addition to our clinics which will be the Gender Diversity Specialty Clinic.

Medical Education Enhancement and Support

Endocrinologists have a high level of engagement as well as a remarkable history of innovation in medical education at UGME, PGME and CPD level. Expanding the use of flipped classroom videos for teaching beyond the Endocrine block is underway with leadership from Dr. Chris Tran. Dr. Amel Arnaout’s expertise and new role as Director of Virtual Care Curriculum (UGME) ensures Endocrinology is well placed to innovate in virtual care teaching for our students, residents and fellows. Endocrinology and Metabolism is not yet one of the Royal College’s CBD programs. Our turn is coming and in preparation aligning competencies with our objectives and evaluation is key. That also applies to our trainees completing fellowships. We have many applicants interested in our Thyroid/Thyroid Cancer Fellowship and look to recruit for new fellowships in pituitary medicine and diabetes.
Other

Our pandemic experience has been eye opening regarding the importance of wellness for our physicians, trainees and staff, and part of wellness is the need to ensure each of our doctors can experience truly “EPIC-free” time is a wellness priority. Dr. Heidi Dutton has developed a strategy to ensure equitable coverage, for those away from work, without creating a major burden on others.

One EDI initiative for the coming year is ready to launch. A lunch and learn style bimonthly series for the Endocrine and Diabetes Centre group including physicians, educators and all staff will begin in the Fall 2021. TOH has numerous resources available to underpin these sessions with facilitated discussion. Our focus will be cultural safety and mitigating unconscious bias.

The COVID pandemic has tempered our plans for formal priority setting, now the timing is ideal as the Department of Medicine undertakes steps for a strategic plan, our division will follow suit with a strategic planning initiative coinciding with much needed recruitment.

Recruitment Plans

Recruitment is a priority for Endocrinology and Metabolism in coming months and over the next two years. Our research was focused on several fronts including diabetes, obesity and metabolism, both clinical and laboratory medicine. Our members have also excelled in obtaining grant support for educational research and healthcare delivery, and our goal is to build on these priorities.
Gastroenterology

Accomplishments

Enhancement of Clinical Care

Due to the COVID-19 pandemic, this past year has seen unprecedented challenges to the delivery of patient care, maintaining member morale and focus, and for maintaining academic activity including clinical trials and adapting new ways to deliver educational content to trainees. The focus and accomplishments of the division can be divided into clinical accomplishments, academic, and recruitment.

Gastroenterology, including the most advanced endoscopic procedures, has moved almost exclusively to the outpatient setting. Therefore, the delivery of GI care is extremely dependent on outpatient clinic and endoscopy operational volumes. Clinically, the division led regional efforts and TOH strategies to harmonize and prioritize GI and endoscopy care in accordance with ministry and cancer care Ontario directives.

This saw significant planning and operationalizing care around outpatient shut down during the peaks of COVID-19 waves while implementing protocols for urgent cases. Between waves, measured and staged reopening of endoscopy care including restructuring and implementing new pathways to handle increasing patient volumes while maintaining patient and staff safety. The process of endoscopy volume adjustments and implementing allowable priority levels occurred multiple times over the last year and continues to this day. The division also led local and regional efforts for tracking of backlogs and implementing strategies to ensure the highest priority cases were afforded care despite shutdowns and closures.

At the start of the pandemic, the division rapidly converted to a comprehensive virtual care model initially on the OTN platform, then subsequently with EPIC/ZOOM. This allowed the division to maintain and subsequently increase outpatient clinic activity to meet the demands created by rising backlogs. The increased virtual clinic activity allowed enhanced prioritization of patients needing endoscopy.
During recovery phases post COVID-19 waves, the division worked with TOH and CCO to establish hospital partnerships between TOH and the Arnprior Kempville hospitals in order to shift unused TOH QBP volume. This allowed TOH GI physicians to address the growing endoscopy backlog. In addition, the GI division created a partnership to provide GI care to Hawkesbury Hospital area patients thereby allowing the care of those patients to occur closer to home yet with tertiary level GI care.

The division continues to provide expert care for hepatobiliary endoscopy/ERCP (Drs Dhaliwal, Chatterjee, Kenshil, and Calo) and endoscopic ultrasound including biopsy, advanced cyst draining, celiac axis block, and fiducial placement. The division continues to provide biliary endoscopy with the spyglass endoscope (purchased by the Division), and Zenker’s endoscopic diverticulectomy (Dr. Dhaliwal).

The advanced mucosal resection and submucosal dissection program has grown and is providing increasingly utilized endoscopic resection of advanced polyps and early stage cancers (Drs Rostom and Lee). The division also provides Radiofrequency ablation services (purchased by the Division) for Barrett’s dysplasia and other indications for patients in eastern Ontario (Toronto is the other Ontario site).

Gastrointestinal Nutrition services, including hospital and outpatient TPN, are now led corporately by Dr. Bielawska. The GI motility program including the GII motility Lab is led by Dr. Canning.

GI division members continue to show national and international leadership. Dr. Dubé is the medical lead for endoscopy for Cancer Care Ontario and has been instrumental in rolling out FIT based colorectal cancer screening in Ontario, while providing logistic provincial leadership during the pandemic.

**Research Focus and Support**

GI research productivity continues to improve yearly. The division continues to fund through our practice plan a PhD level research associate who is instrumental in supporting all aspects of investigator-initiated studies and a part-time research assistant. In addition, the division runs an active IBD and hepatology clinical trial units with their own research coordinator.
The division continues to be committed to the success of our 70% researchers (Drs Murthy, Cheung, and McCurdy) through salary support, time protection, matching grant support and research associate support. Other division members are also supported with matching funds for successful grants. Additionally, the division continues bridge funding for promising early career researchers with salary support during transition from recruitment awards to independent funding.

Drs Murthy and Cheung were successful in obtaining junior chair positions and grant success. Drs Murthy and McCurdy continue to show national leadership in IBD care and research. While IBD and hepatology clinical trials were shut down during the worst of the pandemic, clinical trials are showing recovery post waves.

Medical Education Enhancement and Support

The Division continues to be nationally and internationally recognized for leadership in education. Dr. Rostom co-leads the Canadian Association of Gastroenterology endoscopy training programs. These include the SEE program, which is a live, hands-on endoscopy upskilling in the clinical setting. The program utilized divisional purchased AV and local broadcast equipment which was installed in the endoscopy unit at the general campus. While the courses have been put on hold over the last year due to the pandemic, the division was previously running 4 courses per year for practicing endoscopists (GI and surgeons) as well as 2 courses per year for residents (GI and surgery). All current TOH endoscopy providers (GI and surgery) have completed the course as part of our endoscopy quality program. Dr. Rostom also co-leads a polyp course which is run out of the Simulation center using animal models.

Dr. Dhaliwal currently leads the divisional general GI residency program which is highly rated and attracts excellent candidates from across Canada. The Division also is home to a therapeutic endoscopy Fellowship and an IBD fellowship which continue to be highly successful.

The division is also a strong supporter of international education and funds GI residents and Fellows from Jamaica for advanced training. Dr. Rostom and Dr. Lee support local polyp resection education for practicing TOH and local endoscopists and are planning on an advanced luminal fellowship.
Dr. Canning has taken over the GI undergraduate block leadership and is working to modernize and revamp the block. The GI division has adapted to virtual care for an expanded number of Multidisciplinary rounds including: IBD/Colorectal rounds, Hepatobiliary rounds, pathology rounds and general GI rounds. Dr. Calo has joined the department of medicine ultrasound initiative.

Other

Dr. Calo has taken over dual leadership of our equity and diversity mandate as well as our quality program with assistance from Dr. Dubé. The division has an active quality monitoring program using the internationally and Canadian validated GRS program. This monitoring and improvement program is also a requirement of the endoscopy QBP and supports TOH’s obligations to CCO/Ontario Health. The program is multifaceted and includes outcome monitoring, patient surveys, incident evaluation and M&M rounds.

The Division has followed equity and diversity guidelines for recruitment. The division has a diversity of ethnic backgrounds and with recent recruitments, women now outnumber men in the division. Given the invasive nature of endoscopy, we feel it is important to allow patients the opportunity of choice with regards to the sex of their provider.

The division has biannual strategic planning retreats with the next one occurring in early 2022.

Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Maryam Moini</td>
<td>FTA</td>
<td>Fill Hepatologist departure</td>
</tr>
<tr>
<td>Dr. Fernanda Onofrio</td>
<td>FTA</td>
<td>Replace hepatologist departure</td>
</tr>
<tr>
<td>Dr. Neta Gotlieb</td>
<td>FTA</td>
<td>Replace retiring hepatologist</td>
</tr>
</tbody>
</table>
Notable Publications


### Notable Grants

**Sanjay Murthy (PI)**
Defining cancer risk in IBD: A population-based analysis of temporal trends and the impact of biologics for intestinal and extra-intestinal cancers Crohn’s and Colitis Canada, $320,000
January 2021 (3.0-year)

**Angela Cheung (PI)**
Machine learning in HCC Banting and Best, $25,000
June 2021 (2.0-year)

**Angela Cheung (PI), Carolina Jimenez (Co-PI)**
Development of a novel care model for patients transitioning from pediatric to adult liver care with an emphasis on patient engagement TOHAMO, $100,000
November 2020 (3.0-year)

**Angela Cheung (PI), Alain Stintzi (Co-PI), Angela Crawley (Co-PI)**
Defining pathogenic mechanisms involved in primary sclerosing cholangitis through the multiomic evaluation of the gut microbiome and immunophenotypes of extreme phenotypes Translational research grant uOttawa, $50,000
October 2020 (2.0-year)
Awards

Dr. Sanjay Murthy
University of Ottawa Clinical Research Chair – Tier 2

Dr. Angela Cheung
University of Ottawa Junior Clinical Research Chair

Leadership Roles

Dr. Alaa Rostom
- TOH/University of Ottawa, Division Head
- TOH, Endoscopy Medical Director
- Cancer Care Ontario, Regional Lead for endoscopy and colorectal cancer screening
- Canadian association of Gastroenterology, Endoscopy training Co-lead

Dr. Erin Kelly
- TOH/University of Ottawa, Deputy Division Head, Hepatology Head

Dr. Harinder Dhaliwal
- TOH/University of Ottawa, therapeutic endoscopy head
- TOH, Endoscopy medical director
- TOH, GI residency training director

Dr. Catherine Dubé
- Cancer Care Ontario, Provincial Endoscopy and colorectal cancer medical Lead

Dr. Barbara Bielawska
- TOH/University of Ottawa, Nutrition/TPN Medical Lead

Dr. Stephanie Canning
- TOH/University of Ottawa, Undergraduate GI block Head
- TOH, gastrointestinal Motility Medical Director
Dr. Sanjay Murthy
- TOH/University of Ottawa, Division Research Director
- Canadian IBD Research Consortium, Director of Research
- Canadian Gastro-Intestinal Epidemiology Consortium, Scientific Committee Chair

Dr. Richmond Sy
- TOH/University of Ottawa, IBD Fellowship Program Director

Dr. Avi Chatterjee
- TOH/University of Ottawa, Therapeutic Endoscopy Program Director

Dr. Natalia Calo
- TOH/University of Ottawa, Quality, Equity and Diversity Divisional Lead

Plans for the Coming Academic Year

Enhancement of Clinical Care
The division will continue to play a leadership role regionally to provide high level GI and endoscopy care and to guide resource management as the pandemic continues. We anticipate that the coming year will largely mimic the clinical demands and shutdown/restarts with their associated planning as in the previous year. The division will work with TOH and regional partners to develop additional clinical pathways in the face of emerging COVID variant data. The division will continue to build regional partnerships and expand endoscopy to partner hospitals in order to work on the extraordinary pandemic-related backlogs.

Research Focus and Support
The division has built a robust and sustainable research infrastructure and will continue to fund and strengthen the infrastructure. As more senior researchers establish external funding, the division will be able to fund additional salary support and matching grant funds.
Medical Education Enhancement and Support

The undergraduate GI block will be rebuilt under the leadership of Dr. Canning. The division will continue to strengthen our residency and fellowship programs and work to establish a hepatology and advanced mucosal resection fellowship.

Recruitment Plans

We will be recruiting a French speaking General GI or IBD/GI specialist with nutrition and motility expertise to meet the ongoing demand of our francophone patient community.
General Internal Medicine

Accomplishments

Enhancement of Clinical Care

The largest focus for clinical work this year was the care of COVID-19 patients through the second and third wave of the pandemic. The GIM group cared for the majority of admitted COVID-19 patients outside of the ICU over the last year. The COVID wards were moved to the internal medicine units where we cared for many patients during the third wave. The site chiefs (Dr. Isabelle Desjardins and Dr. Krista Wooller/Dr. Cathy Code) worked closely with hospital leadership and the Critical Care Team to develop protocols for patients on high flow oxygen on the wards, an essential step in preserving critical care capacity in the region. We cared for patients in the region but also those transferred for care from other areas of Ontario and Manitoba.

Drs Craig Campbell, Heather Clark, and Graydon Simmons co-developed new triage criteria for the GIM Rapid Referral Clinic and General Medicine clinic. These new triage criteria helped patients access clinical care safely via virtual care as well as in-person visits. Furthermore, Dr. Reza Naghdi and Dr. Dominique Yelle have established the GIM-Liver Clinic focusing on the care of patients with cirrhosis and NAFLD. Also, Dr. Kumanan Wilson, CEO of CANImmunize, was responsible for creating the digital system that managed the Nova Scotia COVID-19 vaccine roll-out.

Research Focus and Support

GIM supported many clinical trials on the COVID wards. All members were involved in helping recruit patients for important trials which have led to the rapid development of treatments for patients with COVID-19.
Special kudos to Dr. Lana Castellucci who helped coordinate and educate the division about the clinical trials actively recruiting COVID patients. Every patient admitted to our wards was screened for clinical trial inclusion. Some examples of the trials include ATTACC, COVID-PRONE, HBOT-COVID, and many more. Dr. James Zhang was site director for ATTACC trail at the Monfort Hospital as well.

Our division continues to focus on health services research and medical education research. Dr. Alan Forster has continued to build the Ottawa Hospital’s Innovation Platform called IQ@TOH as well as participated in a International network for digital innovation. He has continued to support the WHO to develop the ICD-11, which has recently been approved by the World Health Assembly.

Moreover, our division continues to be involved in quality improvement including QI projects related to identifying patients requiring vascular risk factor reduction, improved treatment for alcohol use disorder on the inpatient unit, and implementation of tools to identify patients with serious illnesses and improve communication with these patients.

Medical Education Enhancement and Support

Due to the COVID-19 pandemic, all our Clinical Teaching Unit morning reports and journal clubs were converted to a virtual format with great success. The members of the division have enthusiastically joined these virtual teaching sessions. Furthermore, Dr. Craig Campbell has worked within the Undergraduate Medical Education Program to implement Competency-based Medical Education for the UGME. He has also implemented the Curriculum Renewal Project for the Faculty of Medicine’s MD program.

GIM continues to participate in CBME rollout and Dr. Dominique Yelle as our divisional lead has supported the second core IM cohort to participate in CBME over the last year. Moreover, the Internal Medicine UGME leads (Dr. Vladimir Contreras-Dominguez, Dr. Justine Chan, Dr. Isabelle Desjardins) have worked throughout the pandemic to adapt the Internal Medicine Clerkship to the rapidly changing pandemic. They successfully integrated virtual teaching to facilitate learning during the pandemic and redesigned the structure of the inpatient experience.
Dr. Jerry Maniate established the Digital Education team at TOH and helped develop regional approach to supporting learners through the COVID pandemic. He oversaw the growth and expansion of the TOH Patients as Partners Program.

Other

Dr. James Chan led a very successful peer-support wellness intervention for the GIM division during the third wave of the COVID pandemic in order to support members during this challenging work. In addition, Dr. Jerry Maniate developed the Equity, Diversity and Inclusion strategy for TOH.

Recruits

<table>
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<tr>
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</tr>
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<tbody>
<tr>
<td>Dr. Wei Wei Beckerleg</td>
<td>FTA</td>
<td>Her work will focus on perioperative medicine, vascular health, and health systems research. She has completed a Masters in Public Health, Harvard University, Boston, MA, USA.</td>
</tr>
<tr>
<td>Dr. Mathilde Simard Gaudreau (Clinical Scholar)</td>
<td>PTA</td>
<td>Her 2-year clinical scholar period will focus on integration of Point of Care Ultrasound in the clinical environment. She is enrolled in Masters of Health Science in Health Administration at IHPME (University of Toronto).</td>
</tr>
<tr>
<td>Dr. Aliza Moledina (Clinical Scholar)</td>
<td>PTA</td>
<td>Her 2-year clinical scholar period will focus on health advocacy and equity. She is enrolled in a Masters in Public Health/Epidemiology University of Ottawa.</td>
</tr>
</tbody>
</table>
Dr. John Graydon Simmons

Name: Dr. John Graydon Simmons
Status: PTA
Recruitment Purpose: His clinical focus in General Internal Medicine Ambulatory care as well as Inner City Health and Addictions treatment.

Notable Publications


### Notable Grants

**Samantha Halman (PI)**
The Impact of COVID-19 on Professional Identity Formation in the Transition from Core to Subspecialty Training in Internal Medicine
University of Ottawa, Faculty of Medicine, DIME Healthcare Education Grant, $5,500
February 2021 (1.0-year)

**Dan Kobewka (Co-PI)**
Supporting Canadians making emergent health decisions to focus on what matters most to them: establishing, testing, and scaling patient-oriented interventions
CIHR, $100,000
March 2021 (1.0-year)
Dan Kobewka (Co-PI)
Improving prescribing of medications at the end-of-life in long-term care homes through the COVID-19 pandemic
Canadian Foundation for Healthcare Improvement: Implementation Science Opportunity, $149,986
April 2021 (1.0-year)

Dan Kobewka (Co-PI)
Use of an automated prospective clinical surveillance tool to drive screening for unmet palliative needs among patients in the final year of life
CIHR, $719,101
April 2021 (3.0-year)

Dan Kobewka (Co-PI)
Improving prescribing of medications at the end-of-life in long-term care homes during the COVID-19 pandemic
The College of Family Physicians of Canada COVID-19 Pandemic Response & Impact Grant Program (Co-RIG), $112,752
August 2020 (1.0-year)

Aliza Moledina (PI), Samantha Halman (Co-PI)
Assessing Learner Experience of a PGME Health Advocacy Curriculum: A Qualitative Analysis
The Ottawa Hospital, The Ottawa Hospital Academic Medical Organization (TOHAMO), $8,000
January 2021 (1.0-year)

Kumanan Wilson (PI)
Immunity Passports for COVID-19: Scientific, Ethical, Policy and Design Implications
CIHR/CITF, $236,858
August 2020 (2.0-year)
Awards

**Dr. Craig Campbell**
Certified Professional in Continuing Professional Development (Health Care) credential, the Coalition on Physician Learning and Practice Improvement

**All GIM Division members**
The Ottawa Hospital, TOH Excellence Awards, The Vincent Westwick Exceptional Quality Award

**Dr. Isabelle Desjardins**
The Ottawa Hospital Foundation, Guardian Angel Award; Department of Medicine, COVID-19 Health and Wellness Award

**Dr. Samantha Halman**
University of Ottawa, Faculty of Medicine, Teaching Skills Attainment Award Level 3; Department of Medicine, COVID-19 Health and Wellness Award

**Dr. Jerry Maniate**
(FACP), Fellow of the American College of Physicians; (SACME), Member of the Society for Academic Continuing Medical Education; Nominated 2021 Canadian Federation of Medical Students (CFMS) Culture Changers Campaign, (CFMS) Culture Changers Campaign

**Dr. Peter Munene**
Department of Medicine, Vision Award

**Dr. Krista Wooller**
Department of Medicine, COVID-19 Health and Wellness Award
Leadership Roles

Dr. Loree Boyle
- University of Ottawa, Faculty of Medicine, Program Director Core Internal Medicine

Dr. Craig Campbell
- University of Ottawa, Faculty of Medicine, Curriculum Director

Dr. James Chan
- Department of Medicine, Vice Chair, Physician Wellness and Support
- University of Ottawa, Faculty of Medicine, The Ottawa Hospital, Chair of EPIC Prescription Subcommittee
- University of Ottawa, Faculty of Medicine, The Ottawa Hospital, Co-chair of TOH Physician Health and Wellness Committee
- University of Ottawa, Faculty of Medicine, IMPAC Director – Division of General Internal Medicine

Dr. Justine Chan
- University of Ottawa, Faculty of Medicine, Associate Director Medicine Clerkship

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

Dr. Heather Clark
- TOH, Medical Director Ambulatory Care
- Department of Medicine, Ambulatory Care Director

Dr. Cathy Code
- University of Ottawa, Faculty of Medicine, Royal College Internal Medicine Specialty Exam Chair
Dr. Isabelle Desjardins
- University of Ottawa, Faculty of Medicine
  Director of Ottawa Exam Center
- Faculty of Medicine UGME office Clerkship Co-director — General Campus
- Faculty of Medicine Division of General Internal Medicine, Site Service Chief — General Campus
- Medical Council of Canada, Vice Chair of Central Examination Committee (new)

Dr. Alison Dugan
- University of Ottawa, Faculty of Medicine Administrative lead between The Ottawa Hospital and the Nunavut Specialist Physician Group

Dr. Alan Forster
- TOH, Executive Vice President Innovation and Quality

Dr. Glen Geiger
- TOH, Chief Medical Information Officer

Dr. Catherine Gray
- Health Canada, Clinical Collaborator Substance Use and Addiction program Ottawa Inner City Health

Dr. Samantha Halman
- University of Ottawa, Faculty of Medicine, Program Director of General Internal Medicine Subspecialty Residency Training Program
- Faculty of Medicine, Interviewer of candidates for Undergraduate Program
- Faculty of Medicine, OSCE Co-chief Examiner for Francophone Stream
- Department of Medicine, Chief Examiner for Internal Medicine Resident OSCE
- University of Ottawa, Skills and Simulation Center — Lead Simulation Educator

Dr. Delvina Hasimja-Saraqini
- University of Ottawa, Faculty of Medicine, Department of Medicine Patient Quality Assurance Committee Chair
Dr. Alan Karovitch
- TOHAMO, Board of Directors
- The Ottawa Hospital, Medical Staff Association Vice President
- Department of Medicine, Vice Chair of Finance
- UMA, Chair of Finance

Dr. Stephen Kravcik
- University of Ottawa, Faculty of Medicine, Faculty Council Appeals Committee, Chair

Dr. Jerry Maniate
- University of Ottawa, Faculty of Medicine, Vice President of Diversity, Inclusion & Education
- Eastern Ontario Academic Health Sciences Network, Chair
- Canadian Medical Education Journal (CMEJ) Management Board, Co-Chair
- Canadian Association for Medical Education, Liaison Officer
- Sanokondu Critical Dialogues for Action Series Planning Committee, Chair (new)
- University of Ottawa, UME Curriculum Renewal Working Group on Patient Partnership, Co-Chair (new)
- Elected to Fellowship in the American College of Physicians

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

Dr. Michael Quon
- University of Ottawa, Faculty of Medicine, member of new EDI Working Group in DOM

Dr. Babak Rashidi
- University of Ottawa, Faculty of Medicine, Associate Program Director, Internal Medicine Residency Training Program
- Ottawa DOM-NFP, Medical AI Officer (new)
- The Ottawa Hospital, Critical Care Triage Medical Lead (new)
Dr. Melissa Rousseau
- University of Ottawa, Faculty of Medicine, Harvey Cardiac Physical Examination Educator, Core Internal Medicine Residents, Lead

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

Dr. Carl van Walraven
- ICES@uOttawa, Site Director

Dr. Kumanan Wilson
- Bruyère Research Institute, Scientific Advisor in Innovation
- CANHealth Network, Scientific Advisor
- CANImmunize, CEO

Dr. Krista Wooller
- University of Ottawa, Faculty of Medicine, Division of General Internal Medicine, Site Service Chief – Civic Campus

Plans for the Coming Academic Year

Enhancement of Clinical Care

We will continue to adapt our Acute Monitoring Area to a care model with a dedicated team that can meet the needs of patients and learners at TOH. This support will eventually increase the level of care provided in the AMA. Additionally, GIM will continue to work on training physicians in POCUS and implementing POCUS in our clinical practice.

We will continue to expand our ambulatory care contributions in areas that complement our inpatient work including building a new Cirrhosis clinic, participation in a dedicated heart failure clinic, improving pre- and post-operative care for medical patients, and continued work to ensure timely access to our Rapid Referral Clinic to support patients after hospital discharge, emergency room discharge, and those with urgent medical needs in the community.
As the COVID-19 pandemic continues, we are prepared to expand our service again to meet the needs of COVID-19 patients in our region and beyond, should it be required.

Research Focus and Support
We have recruited new members of the division with an interest in health equity and health services research and POCUS. We strive to have diverse research focus that include areas in medical education, health services research, patient communication, perioperative medicine, patient communication and quality improvement.

Medical Education Enhancement and Support
Dr. Mathilde Gaudreau-Simard and Dr. Elaine Kilabuk will be implementing and evaluating a POCUS elective for residents to improve medical education and enhancement in our division.
Geriatric Medicine

Accomplishments

Enhancement of Clinical Care

The opportunity afforded by the COVID-19 pandemic was taken to expand virtual services to our ambulatory activities. We were also able to relaunch the geriatrics emergency department liaison service, which included a new Rapid Referral Geriatric Assessment Clinic.

Research Focus and Support

Our research activities were led by Dr. Spilg and expanded into the area of physician resilience, moral distress and wellness.

Medical Education Enhancement and Support

Our division continues to be among the leaders in implementing CBME.

Other

Dr. Spilg is a leader in wellness research at TOH, as well as having world recognition. The global COVID-19 pandemic situation has resulted in a worldwide natural experiential experiment in which to study wellness in health care workers. Dr. Byszewski assumed a new role as Division EDI lead, which engages and complements her role as the director for professionalism with the Faculty Affairs office in the Faculty of Medicine.
Notable Publications


**Notable Grants**

**Ed Spilg (PI), Kathleen Gartke (Co-PI)**
The Impact of Organizational Leadership on Physician Burnout and Satisfaction at The Ottawa Hospital
The Ottawa Hospital Academic Medical Organization — 2020 Quality & Patient Safety Grant, $20,000
July 2020 (1.0-year)

**Ed Spilg (PI), Tim Ramsay (Co-PI)**
Assessing the implementation and feasibility of the Stress Management and Resilience Training — Moral Resilience program (SMART-MR) with frontline clinical staff at The Ottawa Hospital: A non-randomized pilot study
Division of Geriatric Medicine and Department of Medicine, $35,571
July 2020 (1.0-year)

**Ed Spilg (PI)**
Interventions to reduce moral distress and moral injury and promote moral resilience in healthcare workers, first responders and military personnel: A systematic review and meta-analysis
Centre for Excellence on PTSD and Other Related Mental Health Conditions (Veterans Affairs Canada), $25,000
July 2020 (1.0-year)
Awards

Dr. Allen Huang  
University of Ottawa, Faculty of Medicine, Promotion to Full Professor

Dr. Frank Molnar  
Canadian Geriatrics Society, Ronald Cape Distinguished Service Award

Leadership Roles

Dr. Genevieve Lemay  
- Faculty of Medicine, University of Ottawa, Assistant Dean medical admissions  
- Geriatrics section of Block 4 undergraduate teaching, Director  
- Montfort Hospital, Geriatrics services, Head

Dr. Anna Byszewski  
- Faculty Affairs Office, Faculty of Medicine, University of Ottawa, Director for Professionalism  
- “e-Portfolio” Program, Anglophone Co-Chair  
- Division of Geriatric Medicine, EDI lead  
- Geriatrics, rotation coordinator

Dr. Lara Khoury  
- University of Ottawa, Geriatric Medicine residency Program Director  
- The Ottawa Hospital, Womens’ Leadership committee, Co-chair  
- Geriatrics Inpatient services, Medical Director

Dr. Frank Molnar  
- Canadian Geriatrics Society, immediate past President  
- Canadian Geriatrics Society CME journal, Editor-in-Chief  
- Regional Geriatric Program of Eastern Ontario, Medical Director

Dr. Shirley Huang  
- Division of Geriatric Medicine, Quality lead  
- Ambulatory Services, Medical Director (new)
Dr. Kristine Kim
• Division of Geriatric Medicine, ED Liaison Service, Medical Director (new)

Dr. Barbara Power
• University of Ottawa, Department of Medicine, Vice-Chair for Education
• Faculty of Medicine, Physician Skills Development, Anglophone Director

Plans for the Coming Academic Year

Enhancement of Clinical Care
We will be seeking approval from The Ottawa Hospital Senior management, to launch a new TOH dementia service unit with integrated behavior management. The creation of this much-needed clinical unit is an important step in operationalizing The Ottawa Hospital acute care dementia strategy. In support of this new service unit, we will also retool our ambulatory services and create a TOH memory program stream within our geriatric medicine clinics. We will leverage the IQ@TOH systems to ensure that health services activities are evidence-informed.

Research Focus and Support
Research into wellness, resilience, and physician distress will continue and expand under Dr. Spilg’s guidance. We will continue our efforts into developing a clinical decision tool for older people presenting to the emergency departments. This academic pursuit will be done in partnership with Emergency Medicine and network with colleagues at Sinai Health in Toronto.
Medical Education Enhancement and Support

We have 2 members who are enrolled in the upcoming intensive Healthcare Education Scholarship Program (HESP) course. Our residency training program is scheduled for its first accreditation since CBME was implemented.

Other

We will start to explore wellness activities as the Department of Medicine co-develops programs. Our strategic direction activities will enter into the second of 3-years and continue to focus on dementia, falls and frailty.

Recruitment Plans

We aim to recruit 1–2 new people as replacement for a departing member and for another member who is retiring in the upcoming year.
Hematology

Accomplishments

Enhancement of Clinical Care

This past year was another period of growth, development, and improvement for the Ottawa Blood Disease Centre. Our division responded to the challenges of the pandemic with new models of virtual care that have facilitated patients’ access to care in completely new ways. Many patients have expressed appreciation for the efficiency and ease of consulting specialists from their own home, when appropriate, without needing to travel to the hospital.

Despite the constraints brought on by the pandemic, we continued to develop and grow our programs. Our novel applications of advanced cellular therapies continued to expand, with increased care for out-of-province patients as well as Ontario residents. In fact, 226 transplants and 26 CAR-T cell therapies were conducted last year alone. Dr. Johnny Mack took on a new role with Transfusion Medicine as the Thrombosis Medicine Consultant to enhance collaboration between clinicians and the pathology lab, and to guide the safe and judicious use of blood products to achieve optimal patient outcomes.

Research Focus and Support

Our research program continued to flourish in 2020–21, with our team of research coordinators and assistants now surpassing 30 staff members, and our number of active studies topping 100. Within our division, we established the first Joint Hematology Research Committee, with the aim of collectively addressing common research issues and priorities, as well as fostering collaboration among our diverse research programs and projects. We established new parameters, selection criteria and funding for an internal research competition to provide start-up funding for pilot projects, summer student projects and other small research endeavors.
We rose to the challenge of COVID by participating in timely and important research, including Dr. Alan Tinmouth’s involvement in the study of plasma use in hospitalized COVID patients (the CONCOR study); Dr. Lana Castellucci’s and Dr. Marc Carrier’s involvement in the study of antithrombotic therapy to treat complications of COVID (the ATTACC study); Dr. Phil Wells’ and Dr. Gregoire Le Gal’s involvement in the development of CHEST’s VTE management in COVID patients; and Dr. Deborah Siegal’s involvement in the development of the American Society of Hematology’s guidelines on the use of anticoagulation therapy for COVID patients.

We are also working in collaboration with the World Health Organization (and one of our former fellows, Dr. Tritschler) to set up an individual patient data level meta-analysis of all VTE prevention trials in COVID patients. Our researchers continue to shape clinical practice in the treatment of blood disorders in Canada and across the world.

Medical Education Enhancement and Support

COVID-19 forced us to redesign our busy teaching schedule. Where we once held educational sessions in a packed conference room, the adoption of virtual methods allowed us to broaden our audience, with many educational sessions attracting record numbers of participants. We did not abandon our annual Trainee Research Day, but instead held it via Teams with outstanding participation from both presenters and audience.

Dr. Roy Khalife was appointed as our Associate Program Director and has been leading a Division Task Force to implement the Competency by Design (CBD) Curriculum. Our aim is not to only adapt to CBD but to design, implement and evaluate a new, evidence-informed curriculum that integrates the Royal College requirements for CBD. Our division has invested in a second full time Education Coordinator to support Dr. Khalife in driving this change.

Other

Our division has launched a comprehensive strategic planning process with each of our clinical programs, beginning with a thorough review of our Malignant Hematology program in 2020–21. Guided by an expert consultant, we have engaged in a rigorous process to analyze and optimize our roles, structures, cohesion and function.
While we are working to implement changes stemming from this process within Malignant Hematology, we have also initiated the strategic review process within our Thrombosis program. We will finish by reviewing our Benign Hematology program in the coming year, and look forward to the fruits of our labour: the accelerated growth, success and optimization of our individual programs as well as our larger division.

### Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Deborah Siegal</td>
<td>FTA</td>
<td>Academic interest in Adult Thrombosis Medicine with a focus on anticoagulant management after bleeding, perioperative management of anticoagulants for urgent surgery, and ischemic stroke and bleeding in cancer patients</td>
</tr>
<tr>
<td>Dr. Miriam Kimpton</td>
<td>FTA</td>
<td>Academic interest in Adult Thrombosis Medicine with a focus on specialized populations (e.g. Myeloproliferative disorders)</td>
</tr>
<tr>
<td>Dr. Tzu-Fei Wang</td>
<td>FTA</td>
<td>Academic interest in Benign Hematology and Adult Thrombosis Medicine with a focus on cancer-associated thrombosis</td>
</tr>
<tr>
<td>Dr. Hyra Sapru</td>
<td>PTA</td>
<td>Locum Tenens in the Myeloma program</td>
</tr>
</tbody>
</table>
Notable Publications


**Notable Grants**

Marc Carrier (PI), Grégoire Le Gal, Deborah Siegal, Aurelien Delluc, Tzu-Fei Wang, Phil Wells (Co-PI)
Primary thromboprophylaxis with rivaroxaban in patients with malignancy and central venous catheters: TRIM-Line
CIHR, $1,383,745
April 2021 (5.0-year)

Deborah Siegal (PI), Marc Carrier (Co-PI)
Post-Bleed Management of Antithrombotic Therapy after Gastrointestinal Bleeding (PANTHER-GI): A Mixed-Methods Study of Patient Values and Preferences
CIHR, $179,776
October 2020 (2.0-year)

Lana Castellucci (PI)
PEITHO-3. Reduced-dose thrombolytic treatment for patients with higher-intermediate risk acute pulmonary embolism
CIHR, $478,125
October 2020 (6.0-year)
Lana Castellucci (PI), Grégoire Le Gal (Co-PI)
Comparison of Bleeding Risk between Rivaroxaban and Apixaban in Atrial Fibrillation (COBRR AF).
CIHR, $100,000
October 2020 (1.0-year)

Natasha Kekre (PI)
Clinical Trial Enabling Studies for Multi-targeted Chimeric Antigen Receptor Therapeutics for the treatment of B-Cell Malignancies
BioCANRx, $1,540,791
October 2020 (2.0-year)

Tzu-Fei Wang (PI), Marc Carrier (Co-PI)
Reducing bleeding with DOACs in breast cancer patients: The STOP-Bleed Cancer Study
CIHR, $110,000
April 2021 (2.0-year)

Awards

Dr. Chris Bredeson
American Society of Transplantation and Cellular Therapy, Fellow Designation

Dr. Johnathan Mack
Division of Hematology, Excellence in Clinical Teaching Award

Dr. Alan Tinmouth
Division of Hematology, Excellence in Resident Mentorship and Career Development Award

Dr. Andrew Aw
Department of Medicine, Bedside Teaching Award

Dr. Phil Wells
University of Ottawa Department of Medicine, Distinguished Clinical Research Chair, Translational and AI Research in Venous Thromboembolic Diseases
Dr. Marc Carrier
University of Ottawa Department of Medicine, Tier I Clinical Research Chair, Venous Thromboembolism and Cancer

Dr. Grégoire Le Gal
University of Ottawa Department of Medicine, Tier I Clinical Research Chair, Diagnosis of Venous Thromboembolism

Dr. Lana Castellucci
University of Ottawa Department of Medicine, Tier 2 Clinical Research Chair, Thrombosis and Anticoagulation Safety

Dr. Natasha Kekre
University of Ottawa Department of Medicine, Tier 2 Clinical Research Chair, Cellular Immunotherapy

Leadership Roles

Dr. Marc Carrier
- Hematology, Chief
- International Society on Thrombosis & Haemostasis, Standardization Sub-Committee, Chair

Dr. Chris Bredeson
- Malignant Hematology Program, Head
- Ontario Health-Cancer Care Ontario, Clinical Lead – Complex Malignant Hematology

Dr. Grégoire Le Gal
- Thrombosis Program and Thrombosis Research, Head
- International Network of Venous Thromboembolism Clinical Research Networks (INVENT), Chair

Dr. Lisa Duffett
- Benign Hematology Program, Head (new)
Dr. Andrea Kew
• Hematology Residency Program, Director

Dr. Roy Khalife
• Hematology Residency Program, Associate Program Director (new)

Dr. Johnathan Mack
• Apheresis Program, Head (new)

Dr. Jill Fulcher
• Academic Evaluation Committee, Division Lead

Dr. David Macdonald
• Malignant Hematology Research, Head

Dr. Lana Castellucci
• DOM Finance Committee, Division Lead

Dr. Aurelien Delluc
• Thrombosis Fellowship Program, Director

Dr. Michael Kennah
• Malignant Hematology Fellowship Program, Director

Dr. Carolyn Faught
• MDCU operations, Division Lead

Dr. Pierre Villeneuve
• Quality & Safety, Division Lead (new)

Dr. Natasha Kekre
• Equity Diversity Inclusion, Division Lead (new)

Dr. Alan Tinmouth
• National Advisory Committee on Blood & Blood Products, Vice-Chair
Plans for the Coming Academic Year

Enhancement of Clinical Care

The Ottawa Blood Disease Centre has long been a leader in providing regionalized care, beginning with the development and establishment of our Regional Thrombosis Program that has been running for over a decade. Patients across Eastern Ontario are able to access the specialized care of our Thrombosis experts via telemedicine from their home community without having to travel the long distance to Ottawa. We are continuing to provide leadership in this regionalized approach by expanding our specialized care in Benign Hematology disorders to outlying communities like Renfrew and Cornwall. To this end, we have recently recruited two hematologists, Dr. Anthony Grieco and Dr. Manika Gupta, who will have dedicated clinic time in these communities in order to improve access to specialized care.

Research Focus and Support

For the coming year, our division agreed to further support our research by increasing our contribution of divisional money toward the salary costs of our Research Program Manager. This allows us to further preserve our limited research funding to use for the direct costs of research, including start up initiatives and supplemental funding for under-funded projects, while continuing to support and build our research team with a dedicated full-time manager.

The Malignant Hematology research team is also planning a retreat to evaluate and establish goals and priorities to help guide our research focus and project selection. An analysis of barriers and threats will be included in the review, planned for fall 2021.

Medical Education Enhancement and Support

This coming year will include a dedicated focus on implementing Competency-Based Medical Education (CBME) within Hematology. Our new recruit Dr. Roy Khalife will be leading the way to develop a competency-based hematology residency program.
A task force is in the process of revamping the curriculum to align with this new educational model and introducing a rigorous evaluation process to measure success. Our division has invested in a second full time Education Coordinator, Alexandra Moniz, to support our hematology residency program throughout this major shift.

Other

COVID-19 has brought changes to how and where we work. Many of our physicians and staff have pivoted to complete part of even of all of their work virtually, in an effort to reduce congestion in our office areas and prevent the spread of COVID-19. We have developed new ways of working and connecting, and for some, this has been a positive change that they want to continue. Our leadership team has decided to embrace this opportunity for change by working with a workplace design consultant to explore our needs and develop solutions that will offer hybrid work opportunities as well as address our physical space limitations.

We see this path as one that has the potential to improve recruitment and work satisfaction, while at the same time allowing us to continue growing our team within our limited physical space. We look forward to exploring the options and opportunities that this process will uncover.

Recruitment Plans

In order to enhance the research and clinical capacity of our division we have been actively recruiting four additional members who will join us in the new academic year.
Infectious Diseases

Accomplishments

Enhancement of Clinical Care

Our members have been providing outpatient clinical service for people with “long COVID”, and they have been involved with the development of special Immunization Clinic for people with adverse reactions (or concerns for adverse reactions) to COVID vaccines.

Research Focus and Support

Members of our division were awarded several well-funded (>$3M total) research projects focused on immunogenicity of COVID vaccine in various populations during the past academic year.

Notable Publications


**Notable Grants**

**Juthaporn Cowan (PI)**
COVID-19 Vaccine Immunogenicity and Safety in ImmunoDeficient patients
COVID-19 Immunity Task Force (CITF), $2,468,279
June 2021 (2.0-year)

**C. Arianne Buchan (PI)**
A prospective multi-site observational study of SARS-CoV-2 vaccination immunogenicity in patients with hematologic malignancies (VIP Study)
COVID-19 Immunity Task Force (CITF)/Vaccine Surveillance Reference Group (VSRG), $2,089,663
April 2021 (2.0-year)

**Awards**

**Dr. Jonathan Angel**
University of Ottawa, Tier I Chair in HIV Cure Research

**Dr. Bill Cameron**
University of Ottawa, Distinguished Research Chair in Infection and Immunity

**Dr. Derek MacFadden**
University of Ottawa, Junior Clinical Research Chair in Antibiotic Use and Antibiotic Resistance

**Dr. Michaeline McGuinty**
Department of Medicine, Greenblatt Lectureship Award
Leadership Roles

Dr. Jonathan Angel
- The Ottawa Hospital and University of Ottawa, Division of Infectious Diseases, Head
- Ottawa Hospital Research Institute, Co-Chair of OHRI Scientific Retreat Committee (*new*)

Dr. Virginia Roth
- The Ottawa Hospital, Chief-of-Staff
- Champlain Region, Co-Chair Regional Central Intake Steering Committee (*new*)
- Champlain Region, Co-Chair Champlain Regional Integrated Services Planning Committee (*new*)

Dr. Bill Cameron
- Ottawa Hospital Research Institute, Clinical Research, Medical Director

Dr. Kathryn Suh
- The Ottawa Hospital, Infection Prevention and Control, Medical Director
- Ontario Hospital Association/Ontario Medical Association/Ministry of Health and Long-Term Care of Ontario Communicable Disease Surveillance Protocol Committee, Chair

Dr. Juthaporn Cowan
- Ontario Immunoglobulin Treatment Program (ONIT), Medical Lead of three sites (The Ottawa Hospital, St. Michael’s Hospital, Hamilton Health Sciences)

Dr. Curtis Cooper
- The Ottawa Hospital, Viral Hepatitis Program, Director
Dr. Caroline Nott
- Science Table, COVID-19 Advisory for Ontario, Drugs & Biologics Clinical Practice Guidelines Working Group, Member (new)
- Champlain Region COVID-19 Occupational Health and Safety Working Group, Member
- The Ottawa Hospital, Pandemic Support, Lead
- TOH Antimicrobial Stewardship Program, Director
- TOH Antimicrobial Subcommittee of P&T, Chair
- AMMI Canada Antimicrobial Stewardship and Resistance Committee, Member

Dr. Paul MacPherson
- University of Ottawa, PGME, Clinician Investigator Program, Director

Dr. Vicente Corrales Medina
- Workplace Safety and Insurance Board (WSIB) COVID-19 Expert Panel, Member (new)

Plans for the Coming Academic Year

Enhancement of Clinical Care
We will be continuing to advocate for more support to expand the Outpatient Parenteral Antibiotic Therapy (OPAT) clinic and establishing a hospital position of Coordinator for intravenous antibiotics in the community.

Research Focus and Support
Given the importance of COVID-19 vaccines on our society, we will continue to establish COVID-19 vaccine immunogenicity research focus.

Recruitment Plans
In the coming academic year, we will continue our efforts to recruit a new medical lead in Travel and Tropical Medicine and an additional Infectious Diseases specialists at the Montfort Hospital.
Medical Oncology

Accomplishments

Enhancement of Clinical Care

The Division of Medical Oncology remains the sole provider of systemic anticancer therapy for solid tumours to the region with clinics and chemotherapy units at both the General Campus of The Ottawa Hospital and the Irving Greenberg Cancer Centre at the Queensway Carleton Hospital. In addition, we are also responsible for administration of systemic therapy at 5 additional satellite chemotherapy units across the region.

We recently finished the second year of Cancer Transformation which involved a new model of scheduling and provision of outpatient clinical care. In order to provide consistent and efficient capacity, this model is an iterative process of scheduling resources on a quarterly basis allowing real time adaptation based on past performance and predicted demand.

The Division continued to leverage EPIC and the Beacon module to provide standardized prescribing and care across the region. It also provided a stable and dependable platform when the COVID pandemic forced the entire clinic process to go virtual. We maintained 100% capacity in assessment and administration of systemic therapy. This included implementing COVID screening processes for patients receiving therapies on site and assessment in our triage unit.

Another response to COVID was to rationalize care to patients from Baffin Island in order to reduce travel. In partnership with the Nunavut government and Qikiqtani Health Team, we were able to implement the first ever administration injectable anticancer systemic therapy in Baffin (novel formulation of subcutaneous herceptin).

Our quality improvement team was led by our Regional Lead Dr. Stephanie Brulé and Divisional EPAC representative Dr. Dominick Bossé.
Priorities included developing a pilot system of ongoing reviewing and updating systemic therapy plans, reducing errors in home infusion program, streamlining prescribing and monitoring of the fast growing field of oral systemic anticancer therapies, and management of complications of newer therapies including immunotherapy.

Research Focus and Support

The Ottawa Hospital Cancer Centre Clinical Trials Units (Dr. John Hilton – Lead) supports over 100 clinical trials for cancer patients. This includes local, national and international trials involving both pharmaceutical sponsors and cooperative groups. The unit performs all phases of trials (I–IV) and our phase I group continues to be leaders in their field attracting an increasing number of novel therapies to our clinic for development under the guidance of Dr. Scott Laurie. In addition, the Division has multiple members as leads of disease site groups at the Canadian Clinical Trials Group.

An area of rapid trials growth has been the REaCT (REthinking Clinical Trials) program developed by Dr. Mark Clemons. Using the principles of simple and efficient trial methodology, REaCT is the largest pragmatic cancer clinical trials program in Canada, with more than 2,700 patients participating in 17 clinical trials at 15 centres in Canada.

Medical Education Enhancement and Support

The Medical Oncology Postgraduate Training program remains a leader in medical oncology education under the leadership of Dr. Xinni Song. Recent innovations include new trainee orientation boot camp, virtual clinic models, and oncology clinic debriefing sessions. Despite the pandemic, the program maintained all previous scheduled educational sessions in a virtual format.

As a lead medical specialty in Competency Based Medical Education, Competency Committee Chair Dr. Tina Hsu lead a national publication of our specialties’ experience in designing and implementing CBME.

Dr. Tim Asmis continues to attract disease site specific research fellows from across Canada and the world, including USA, Israel, Oman, Saudi Arabia, and Brazil.
Other

The Division continues to prioritize our professional community with quarterly retreats. Topics included unconscious bias, education, wellness, EPIC Tips and Tricks. We also review workload and have set goals for disease site groups to standardize practices in order to improve efficiency.

Members of the division continue to work on advocacy including Drs Stewart & Gotfrit on cancer drug approvals and access, as well as Dr. Wheatley-Price as the President of Lung Cancer Canada.

Notable Publications


Notable Grants

Terry Ng (PI), Marie-France Savard (Co-PI)
A randomized, multicenter pragmatic trial comparing bone pain from a single dose of pegfilgrastim to 5 doses of daily filgrastim in breast cancer patients receiving neoadjuvant / adjuvant chemotherapy (REaCT 5G)
TOHAMO, $100,000
March 2021 (2.0-year)

Marie-France Savard (PI), Mark Clemons (Co-PI)
A randomized, multicenter pragmatic trial comparing bone pain from a single dose of pegfilgrastim to 5 doses of daily filgrastim in breast cancer patients receiving neoadjuvant / adjuvant chemotherapy (REaCT 5G)
2020 NOAMA (Northern Ontario Academic Medicine Association AFP) Innovation Fund, $50,000
March 2021 (2.0-year)

Glenwood Goss (PI)
Prospective Cohort Study to Examine Immunogenicity of SARS-COV-2 Vaccination in Cancer Patients with Solid Malignancies
Public Health Agency of Canada through COVID Immune Task Force, $1,900,000
May 2021 (3.0-year)

Awards

Dr. John Hilton
Medical Oncology Training Program, Golden Throat Award for Best Teacher

Dr. Mark Clemons
The Ottawa Hospital Cancer Centre, 2021 Jack Aaron Prize for the health care Professionals; The Ottawa Hospital, 2020 REaCT team awarded the Ottawa Hospital’s Research Excellence Team Award

Dr. Arif Awan
Department of Medicine, Professionalism & Collegiality Award
Dr. Dominick Bossé  
Department of Medicine, Quality Improvement Award

Dr. Michael Ong  
Canadian Cancer Trials Group, Dr. Elizabeth Eisenhauer  
Early Drug Development Young Investigator Award

Dr. Joanna Gotfrit  
McMaster University, Masters in Health Management, The Founders  
Academic Award (for the highest academic standing in the program);  
The Professional Achievement Award (for achievements that have made  
a significant contribution to the area of healthcare management);  
The Outstanding Achievement Award (for outstanding achievement  
within the Faculty of Health Sciences)

**Leadership Roles**

**Dr. Tim Asmis**  
- University of Ottawa, Faculty of Medicine,  
  Medical Oncology Fellowship Program Director  
- Gastrointestinal Disease Site Group, The Ottawa Hospital  
  Cancer Centre, Lead  
- The Ottawa Hospital Medical Staff Association, Secretary Treasurer  
- Section of Hematology and Medical Oncology,  
  Ontario Medical Association, Chair

**Dr. Dominick Bossé**  
- Division of Medical Oncology, The Ottawa Hospital Cancer Centre,  
  EPIC Lead

**Dr. Stephanie Brulé**  
- Quality Committee, Division of Medical Oncology,  
  The Ottawa Hospital Cancer Centre, Lead  
- Systemic Therapy, Champlain Regional Cancer Program,  
  Medical Lead
Dr. Christina Canil
- Genitourinary Disease Site Group, Division of Medical Oncology, The Ottawa Hospital Cancer Centre, Lead
- Testicular Guidelines Working Group, Canadian Urological Association, Co-Chair
- Education Group, Canadian Genitourinary Research Consortium, Co-Lead
- Genitourinary Medical Oncologists of Canada, Treasurer

Dr. Mark Clemons
- The Rethinking Clinical Trials (REaCT) program, The Ottawa Hospital Cancer Centre, Lead

Dr. Joanna Gotfrit
- Ontario Medical Association, Elected Delegate

Dr. John Hilton
- Clinical Trials Program & Research Lead Breast Disease Site Group, The Ottawa Hospital Cancer Centre, Director

Dr. Tina Hsu
- University of Ottawa, Faculty of Medicine, Medical Oncology Postgraduate Training Program, Competency Committee Chair

Dr. Derek Jonker
- Colon Working Group, Canadian Cancer Trials Group, Chair

Dr. Scott Laurie
- Phase I Clinical Trials, The Ottawa Hospital Cancer Centre, Lead

Dr. Terry Ng
- Canadian Clinical Trials Group, Site Lead

Dr. Garth Nicholas
- CNS Disease Site Group, The Ottawa Hospital Cancer Centre, Lead
- The Ottawa Hospital Oncology Pharmacy and Therapeutics Subcommittee, Chair
Dr. Neil Reaume
- University of Ottawa, Faculty of Medicine, Assistant Professor
- Division of Medical Oncology, The Ottawa Hospital Cancer Centre, Head
- Medical Oncology Subspecialty Committee, Royal College of Physicians and Surgeons of Canada, Chair

Dr. Marie-France Savard
- The Ottawa Hospital, Co-Lead Cardio-Oncology Program

Dr. Sandy Sehdev
- Division of Medical Oncology, The Ottawa Hospital Cancer Centre, Breast Disease Site Group Lead

Dr. Xinni Song
- Medical Oncology Postgraduate Training Program, University of Ottawa, Director

Dr. Amirrtha Srikanthan
- Survivorship and Adolescent and Young Adult Transitions Program, Champlain Regional Cancer Program, Medical Lead
- Adolescent and Young Adult (AYA) Oncology Area of Focused Competence (AFC) Diploma Committee, Royal College of Physicians and Surgeons of Canada, Chair

Dr. Paul Wheatley-Price
- Lung Disease Site Group, The Ottawa Hospital Cancer Centre, Lead
- Lung Cancer Canada, President

Plans for the Coming Academic Year

Enhancement of Clinical Care

The Cancer Program is entering the second phase of redesign with the Regional Transformation. Under the guidance of consultants, key stakeholders across the hospital and region are already brainstorming priorities. A final report will be presented to senior management by mid-Fall 2021.
Within the cancer centre, the quality team will continue to guide disease site groups in the ongoing process of updating anticancer Beacon treatment plans. Pilot projects to involve allied health personnel as physician extenders as well as leveraging EPIC capabilities for patient reported outcomes as part of monitoring on anticancer systemic therapies.

**Research Focus and Support**

Members of the division have been key players in the development and contribution to national tumour registries to monitor real world outcomes on novel anticancer therapies including kidney, rectal and neuroendocrine.

Recently, members have leveraged the ICES database to monitor uptake and disparities in access to standards of care as demonstrated by Drs Leigh and Ong. This project won awards at both the Department of Medicine and Canadian Association of Medical Oncologist research days. Further ICES projects are planned regarding real world outcomes of novel anticancer therapies.

Grants have been obtained to expand the REACT portfolio as well as to lead a national trial on the immune effect of vaccination in cancer patients.

**Medical Education Enhancement and Support**

The training program will continue to refine and share experiences in CBME implementation. Areas of focus in the upcoming year will be Coaching and Wellness. Furthermore, our research fellowship program will be the largest cohort to date with 10 fellows including our first fellow focused on quality of care.

**Other**

During COVID, the division continued to hold virtual and socially distanced wellness events. This will remain a priority moving forward under the guidance of Dr. Mike Vickers.

Dr. Sharon McGee has stepped forward to assume the divisional lead for EDI. Dr. Rachel Goodwin will be assuming the role of selection committee chair for future recruits.
Nephrology

Accomplishments

Enhancement of Clinical Care

At this time last year, we envisioned that COVID-19 would impact care delivery in the coming months, but I do not think anyone foresaw how profound and long lasting the impacts would be. Nevertheless, over the last 12 months, we have managed to achieve a lot more than simply handle COVID-19. First, as it becomes apparent that virtual care is here to stay, we have completely revamped our care delivery models in the ambulatory care clinics to provide both essential in person care and virtual care. We’ve developed a comprehensive plan across all our specialty clinics which ensures that we will sustain care delivery both in person and virtually for year to come in a predictable and stable way. As an added benefit, this model will also allow our division to expand ambulatory care service delivery without the need for a much larger physical footprint.

Research Focus and Support

While COVID-19 did slow the world down, it did not stop the academic output from the division. Our new recruit Dr. Greg Hundemer successfully obtained more than $400,000 in CIHR funding with his very first application. Dr. Hundemer will thus be able to continue developing world class research in the field of primary aldosteronism. Our division continues to support many researchers with funded protected time.

Medical Education Enhancement and Support

Like many other divisions, the pandemic disrupted our medical education endeavors, yet it also served as a transformative experience. For example, our Nephrology Grand Rounds are now completely virtual something that has allowed us to host leading scientist and clinicians with much greater ease. A hybrid model with some in person and some virtual conferences
is planned long term. We have also developed a new clinical fellowship in advanced chronic kidney disease (CKD) care with a focus on conservative and palliative care of kidney disease. With this training, Fellows will gain experience in managing complex patients with advanced CKD in a diverse program that emphasizes quality of life and symptom management. They will also be involved in scholarly activities with mandatory research or quality improvement projects and regular critical appraisal activities.

### Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
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<tbody>
<tr>
<td>Dr. Januvi Jegatheswaran</td>
<td>PTA</td>
<td>A joint position with Renfrew Victoria Hospital (RVH) as RVH Site Lead, Integration (RVH/TOH) of the nephrology program. This dual role will enrich the relationship between RVH and TOH nephrologists, and enhance the services currently provided at both institutions</td>
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### Notable Publications


Notable Grants

Dylan Burger (PI), Marcel Ruzicka (Co-PI)
Sex Differences in Platelet Microparticles in Dialysis
Kidney Foundation of Canada, $120,000
October 2020 (2.0-year)

Gregory Hundemer (PI)
Characterizing Cardiovascular and Renal Disease in Subclinical Primary Aldosteronism
CIHR, $443,701
April 2021 (3.0-year)

Kevin Burns (PI)
Advanced Enzymatic Activity testing of COVID-19 ACE2 Based therapeutics
National Research Council of Canada, $81,795
November 2020 (1.0-year)

Dylan Burger (PI)
Extracellular vesicles in aging
NSERC, $180,000
April 2021 (5.0-year)

Awards

Dr. Ann Bugeja
University of Ottawa, Faculty of Medicine, UGME Educator Award for Person Competency

Dr. Swapnil Hiremath
International Society of Hypertension, Hypertension Fellow (ISHF) status

Dr. Marcel Ruzicka
American Heart Association, Elected Fellow of the American Heart Association (FAHA)
Leadership Roles

Dr. Ann Bugeja
- University of Ottawa, Renal Content Expert, Undergraduate Curriculum, Anglophone Stream

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

Dr. Brendan McCormick
- Ontario Renal Network, Regional Medical Lead (Champlain LHIN)

Dr. Peter Magner
- Ontario Renal Network, Provincial Medical Lead for Funding and Planning

Dr. Manish Sood
- The Canadian Journal of Kidney Health and Disease (The Official Journal of the Canadian Society of Nephrology), Deputy Editor-in-Chief and Founder
- Canadian Society of Nephrology, Secretary-Treasurer

Dr. Deb Zimmerman
- Canadian Society of Nephrology, Past-President

Dr. Dylan Burger
- International Society of Hypertension, Chair of the Communications
- European Heart Journal, Associate Editor- Hypertension

Dr. Chris Kennedy
- University of Ottawa, Faculty of Medicine, Director of Awards and Prizes for Excellence in Education and Research
Plans for the Coming Academic Year

Enhancement of Clinical Care

The Division plans to expand the role and create new specialized quaternary care clinics. Specifically, the Glomerulonephritis clinic has shown exponential growth since its creation only a few years ago. The demand for this clinic providing care patients with glomerulonephritis, kidney diseases requiring immunosuppression and multidisciplinary management is such that the clinic will add a 3rd half day per week in 2022. In addition, we will launch a multidisciplinary Nephrolithiasis clinic. This clinic will be unique, it will be our first clinic developed on a completely virtual care model, thus harnessing the rapidly evolving landscape of virtual care propelled by the COVID-19 pandemic. The clinic will provide complete metabolic evaluations and dietary counselling to patients with recurrent or complex kidney stones.

Research Focus and Support

Our region has seen a sustained growth in end stage kidney disease in the last two years. Some of this growth is likely related to a combination of limited access to chronic care due to COVID-19 but also related to demographic changes. To support the expanding need for dialysis care, we have expanded our home dialysis unit staffing resources and we will support an expansion of the Ottawa Carleton Dialysis and Cornwall Dialysis Clinics by providing enhanced physician coverage.

Medical Education Enhancement and Support

With all our trainees (nephrology residents and other specialty residents rotating in nephrology) now under a competence by design evaluation program, we plan to use the EPAs generated for student evaluations to also help the evaluators themselves. The comments and evaluations will be reviewed by our competency committee and feedback on the quality of the evaluations will be given to the evaluators. This innovative way of using evaluations will help the continuous development of our clinicians and provide them feedback on how they can further their evaluation skills to help train our future clinicians.
Recruitment Plans

To support our expanding care services, the Division will be hiring a FTA with expertise in glomerulonephritis and kidney transplantation in 2021. In addition, we are actively seeking a new Division Head to fill the shoes left behind by Dr. Gregory Knoll as he transitioned to become the Chair of Medicine. We therefore anticipate at least one if not two new FTAs joining our Division in the coming academic year.
Neurology

Accomplishments

Enhancement of Clinical Care

This year the division trialed a change to the neurology call coverage by adding a neurologist on call at the General campus separate from the Civic campus on weekend days. This led to improved access to care as reported by our emergency medicine and internal medicine colleagues, improved supervision for residents as reported by neurology residents, and improvement in clinical care as reported by neurologists. As a result, we changed to the call schedule on a permanent basis to have a separate neurologist on call at the General and Civic campus on weekend days.

We developed and implemented detailed job requirements for neurology staff on the consult service including teaching requirements, expectations regarding availability and supervisory expectations. Residents on this service were polled weekly for 4 months. The results from the surveys showed that with these new enhancements residents felt they clearly had a positive educational experience, they received excellent teaching and that staff were consistently available in addition to providing the necessary support.

We developed a discharge summary template to ensure the inclusion of important discharge information such as a contact should patient have questions arise post discharge, instructions regarding driving and possible side effects of new medications. We also developed infographic sheets for patients regarding aspects of stroke prevention which are distributed by the nursing team at the time of discharge.

We have improved epilepsy care with the initiation of the first seizure clinics and Women with epilepsy clinic. Working with Epilepsy Ottawa new programs and resources are available including those struggling with depression (UPLIFT) and clinic to community (C2C) improved resources.
A new neuroinflammatory and infection service led by Dr. Brooks has been started to aid in the management of both inpatients and outpatients. Due to their complexity these patients frequently require interdisciplinary collaboration to address multi-systemic concerns. The clinic has provided requisite support for emerging therapies like Yescarta (i.e. CAR T-cell therapy) where a neurologist on site must be certified in the detection and management of the neurological complications for hospital affiliates to administer the drug.

A new specialty clinic focusing on leukodystrophy/ white matter diseases NYD has been created that is operated jointly with CHEO and Dr. Rush.

To ensure that virtual care delivery was optimized, regular sessions to share tips in EPIC were held thorough the year. “Rightfax” is now integrated into our EPIC workflow which has improved efficiency and minimizes the need for paper. EPIC’s direct to pharmacy faxing of prescriptions has been encouraged with both our administrative staff and physicians rapidly integrating this new functionality.

Research Focus and Support

The divisions research priorities continue to be focused in the subspecialty areas of stroke, MS, Parkinson’s and neuromuscular diseases. Divisional members now hold 6 research chairs positions: Dr. Michael Schlossmacher (Clinical Research Chair, Tier I) and Dr. Tiago Mestre (Clinical Research Chair, Tier II) for their work in Parkinson’s disease; Dr. Dar Dowlatshahi (Clinical Research Chair, Tier I) in stroke; and Dr. Warman Chardon (Clinical Research Chair, Tier II), Hans Lochmuller (Canada research Chair Tier I) and now Dr. Ari Breiner (uOttawa Chair in ALS Clinical Research) in neuromuscular diseases.

Our division has built a point system designed to augment the DoM’s Academic Protected Time Awards (APTA). A detailed review of this plan was done to ensure that all academic roles are adequately captured by our academic enhancement formula in the categories of Education, Research and Visibility.
Medical Education Enhancement and Support

This year we struck a formal remediation committee for residents who require extra help or development of learning plans and have been able to develop an ongoing process with support from the Department and the University. This has created a transparent, fair, supportive and accountable process for residents who require extra assistance to meet their educational goals and those of the program.

We reviewed how medical students and neurology programs adapted CaRMS interviews and processes for the virtual match due to the COVID-19 pandemic. We looked at how programs across Canada adapted their match processes and how these changes were received by students. The project was presented at the Meredith Marks education research day and won an award for best student presentation.

Other

The division has modified its recruitment process to incorporate the new DoM EDI recommendations and has worked to ensure that the entire process is transparent and allows input from all members. The priority for recruitment is set by the executive committee with divisional input and the recruitment committees have broad divisional representation that strive for a balanced gender ratio but must have at least one female member.

Divisional recruitment capacity and areas to focus on in the next 2 years were developed. The division has lost 6 members due to retirements from TOH or moves in the last 2 years. A plan was developed with the priorities for recruitment being in the subspecialty areas of stroke (one PTA and 2 FTA), multiple sclerosis (3 FTAs), epilepsy (1 PTA and one FTA) and sleep medicine (1 FTA).
Notable Publications


## Notable Grants

**Mohammed Almekhlafi (PI), Michel Shamy (Co-PI)**

**INTERRACT**: Thrombus characteristics for predicting Reperfusion with Alteplase compared to Tenecteplase  
CIHR, $527,850  
April 2021 (3.0-year)

**Tiago Mestre (PI), David Grimes (Co-PI)**

**iCarePD**: a feasibility controlled trial to investigate the addition of an Integrated Care Network to usual physician-centered care to address complex care needs in Parkinson disease  
CIHR, $432,225  
April 2021 (2.5-year)

**Michel Shamy (PI), Dar Dowlatshahi (Co-PI)**

Feasibility of Advanced Consent for Participation in Acute Stroke Trials  
CIHR, $100,000  
April 2021 (1.0-year)

**Dariush Dowlatshahi (PI), Michel Shamy (Co-PI)**

A pilot study of Hyperacute mEchAnicaL endoscopic Minimally invasive surgical (MIS) intracranial hemorrhage Evacuation (HEALME)  
New Frontiers in Research Fund, $250,000  
March 2021 (2.0-year)
Robert Ohle (PI), Danny Lelli (Co-PI)
A best practice diagnostic and treatment algorithm for benign paroxysmal positional vertigo: A multi centre implementation study
PSI Foundation, $199,000
September 2020 (2.0-year)

Richard Aviv (PI), Dariush Dowlatshahi (Co-PI), Michel Shamy (Co-PI)
A pilot study of Hyperacute mEchAnicaL endoscopic Minimally invasive surgical (MIS) intracranial hemorrhage Evacuation (HEALME)
University of Ottawa Brain and Mind Research Institute, $100,000
April 2021 (1.0-year)

Michael Schlossmacher (PI), Tiago Mestre (Co-PI), Douglas Manuel (Co-PI)
Validation and calibration of the PREDIGT Score: A tool to predict the risk of developing PD in healthy individuals.
Parkinson Research Consortium, $30,000
July 2020 (1.0-year)

Awards

Dr. Danny Lelli
Department of Medicine, 2020 Going the Extra Mile Award

Dr. Ari Breiner
Éric Poulin Centre for Neuromuscular Disease,
Chair in ALS Clinical Research

Dr. Dar Dowlatshahi
University of Ottawa, Faculty of Medicine, 2020 Mentor of the Year

Leadership Roles

Dr. Dar Dowlatshahi
• Department of Medicine, Vice Chair of Research
Dr. Michael Schlossmacher
- uOttawa Brain & Mind Research Institute, Neuroscience, Program Director

Dr. Heather MacLean
- University of Ottawa, Faculty of Medicine, Pre-clerkship (Anglophone), Director
- Neurology, Anglophone, Neurology, Unit 3 Leader

Dr. Pierre Bourque
- University of Ottawa, Faculty of Medicine, Francophone, Neurology, Unit 3 Leader

Dr. Dylan Blacquiere
- University of Ottawa, Faculty of Medicine, Anglophone, Neurology, Unit 3 Leader (new)

Plans for the Coming Academic Year

Enhancement of Clinical Care

We will evaluate our newly developed discharge summary template to ensure that patients and their health care team are receiving and understanding the key information from their hospital admission. Moreover, we will incorporate simulation more formally into the training program. Specifically, we will be working with fellows in headache and simulation to develop learning modules.

Our epilepsy program under the leadership of Dr. Fantaneanu has received new Ministry of Health funding to expand and improve care. The priorities are as follows: expand the epilepsy monitoring unit beds and allow for weekend coverage; improve the efficiency in ambulatory EEG service; expand testing with functional MRI scans, SPECT scans and neuropsychology; begin performing lobectomies, callosotomies and thalamic deep brain stimulation; and work with the division of neurosurgery to aid in recruitment of an additional epilepsy neurosurgeon.
We will complete the move of neuromuscular services to the Civic campus as well as the new space needed for the expanded epilepsy program.

Finally, development and evaluation of the protocol for transferring patients to TOH for endovascular therapy will be led by Dr. Stotts.

Research Focus and Support

The division will continue to support members using its academic enhancement formula where points are earned in broad areas that include categories like writing grants, initiating research projects with residents and grant/journal article reviews. We will continue to provide matched support for new clinician researchers that are recruited.

New research areas include Dr. Shamy’s work in stroke studying how the advanced consent process can be implemented in an ethical way and incorporate this knowledge into phase three clinical trials. Dr. Dowlatshahi and Dr. Shamy are testing whether patients with intracranial hemorrhage benefit from early endoscopic minimally invasive surgery. Dr. Mestre has been developing a new care delivery model for individuals with Parkinson’s disease. He will be leading a CIHR sponsored feasibility-controlled trial of this Integrated Parkinson Care Network in two different Canadian centers and comparing it to standard care delivery. Dr. Brooks is working with our MS and neuromuscular colleagues plus other medical sub-specialties including rheumatology, hematology and laboratory medicine will be collaborating to build our research efforts in neuroinflammation.

Medical Education Enhancement and Support

We will be aiming to develop a program for continuing medical education and simulation in the emergency department for acute stroke. This initiative will incorporate the launch of the rapid processing of perfusion and diffusion (RAPID) software. Moreover, we will be designing curricula for non-neurology residents and staff practicing in underserviced areas and countries to look specifically at developing competence in assessment and treatment of neurological diseases.

In addition to improving programs, we will be developing a facility with CBD, with a focus on program evaluation and streamlining of evaluation processes.
We will also be updating our internal documents and policies and ensure CanAMS system is populated and up to date for upcoming internal accreditation review.

Other

Given the difficult situation in recent months due to COVID-19 pandemic, we will be strengthening our wellness committee and develop in-house programs to support resident wellness. Moreover, we will continue our efforts to ensure we our following the EDI requirements from both the Department and University.

Our main limitations for recruitment remain office and clinic space. With virtual care now being possible the division will be moving to have more flexible space by expanding our administrative and physician sharing of offices. By maximizing virtual care visits post COVID, we will ensure that our clinic space for the division will be used only for those patients that require in person visits.

Recruitment Plans

With the assistance of the University of Ottawa Brain and Mind Institute we will expand the “MS pillar” with the need for at least three new positions in the coming years. The first and most imminent need is for a clinician researcher, skilled in the management and treatment of MS, who can continue the clinical research efforts of the MS group. The second and equally important recruit would be for a clinician scientist, a neurologist skilled in the management and treatment of MS, whose main focus would be basic translational research. The third is a researcher who can link with the basic scientists at the Faculty of Medicine and possibly fill the Canadian Research Tier 2 Chair in “Infection, Immunity and Inflammation”.

With the expansion of the EMU and building the epilepsy surgery program there is a critical need for at least one FTA and one PTA clinician teacher in the coming year.

The rapidly increasing acute stroke volume due to the broadening of treatment windows requires the recruitment of a stroke neurologist with advanced expertise in late window patient selection, neuroimaging, acute patient management and stroke prevention.

Divisional Reports
Recruitment of a French speaking candidate would facilitate ongoing negotiations and collaborations between Montfort and Quebec hospitals as well as improve uOttawa Francophone undergraduate teaching.

Sleep neurology has always been a crucial and unique part of the Sleep Medicine program at the Ottawa Hospital. Dr. Skinner has been providing exceptional care for sleep patients for many years; however, he is retiring. His replacement would be expected to increase the academic activities within the sleep program by supporting the Royal College Sleep Fellows TOH program while also supporting the very active and productive TOH sleep research team.
Nuclear Medicine

Accomplishments

Enhancement of Clinical Care

We have acquired additional space for our PET/CT program to improve patient experience and workflow efficiencies, and we have implemented requisition prioritization system created to triage and manage wait lists.

With tremendous effort of teamwork involving physicist, physicians, managers and technologists, we have revised and finished patient education materials for each nuclear medicine procedure.

System improvements were also performed to reduce patient no-shows and track report turnaround times to meet the Intersocietal Accreditation Commission (IAC) guidelines.

Research Focus and Support

Our division continues to focus attention on computer-aided tools in Medical Imaging. One such tool to create synthetic lesions is being trialed in testing limits of detection by the human eye which is the result of our Artificial Intelligence, Machine Learning and Limits of Human Perception research program.

The pandemic has also afforded opportune investigations to examine impact of COVID vaccinations on oncologic PET/CT scans and Digitization of a Triage Protocol for Major Surge in Critical Care.

Medical Education Enhancement and Support

Nuclear Medicine Residency has converted to CBME.
Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Farzad Abbaspour</td>
<td>FTA</td>
<td>New Residency Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program Director, Expertise in Radioisotope Therapy</td>
</tr>
</tbody>
</table>

Notable Publications


**Leadership Roles**

**Dr. Stephen Dinning**
- University of Ottawa, Nuclear Medicine Residency Program, Program Director

**Dr. Wanzhen Zeng**
- Patient Quality and Safety, Division Director
- PET, Division Director
- Clinical Research, Director

**Dr. Eugene Leung**
- Division Head
- Ottawa Hospital Radiation Safety Committee, Co-Chair
- Ontario Medical Association, Section on Nuclear Medicine, Vice-Chair
- Royal College of Physicians and Surgeons of Canada, Exam Board Member and Examiner
- Kuwait Institute for Medical Specialization, External Examiner

**Dr. Ran Klein**
- Medical Physicist and Research, Division Director
- DOM-NFP, AI Program Implementation Manager
Plans for the Coming Academic Year

Enhancement of Clinical Care

We will be further improving our PET/CT program to reduce wait times, improve image quality, and pursue an additional scanner. Moreover, new therapy program, Lu-177 Dotatate for neuroendocrine tumours and a new imaging program for pre-operative seizure localization for Epilepsy will be implemented. Overall, these new additions help us rebrand our division to include Molecular Imaging.

Research Focus and Support

In the coming year, our focus will span both academically and clinically important endeavors which include:

- Disseminate Lesion Synthesis Toolbox to collaborating researchers and engage other vendors
- Publish first synthetic lesion database
- Formalize collaboration with Hermes Medical Solutions for lung lobe segmentation project
- Launch and publish Web App Calculators for Nuclear Medicine
- Initiate collaborative research with Thrombosis and Jubilant-DraxImage in AI for Lung V/Q scans in suspected pulmonary embolism

Medical Education Enhancement and Support

We will be expanding our residency training program links with other institutions using several strategies including joint exchange with other Canadian programs and expanding the international fellowship program. We will also create additional Simulation Center Training Sessions and develop Nuclear Medicine Teaching File.
Palliative Care

Accomplishments

Enhancement of Clinical Care
Clinically, we have provided high-quality consultative support to all hospitals in the city throughout the pandemic, and also in the community through our regional palliative care team. We have also deployed a regional response team to support long-term care facilities experiencing COVID-19 outbreaks. We are particularly proud of our outpatient team, which has managed an unprecedented workload in difficult circumstances for more than a year. We have also established new consultative teams to support hepatology clinics and dialysis units across the region, as part of a broad effort to expand the support provided to people with non-cancer illness.

Research Focus and Support
Our researchers have had tremendous success over the past year, winning more than two dozen peer-reviewed grants as Principal Investigators, and publishing more than 80 articles in peer-reviewed journals. We also established a new research chair in mixed-methods palliative research and hired an experienced research scientist in that role. Our division continues to be a national and international leader in clinical, qualitative and health services research in palliative care.

Medical Education Enhancement and Support
We welcomed our first trainee in a new postgraduate palliative care training program for physicians who have completed subspecialty training, and we continue to implement and support competency-based medical education.
Other

We have established division leads for Equity, Diversity and Inclusivity (Dr. Camille Munro) as well as Wellness (Dr. Paula Enright).

Notable Publications


**Notable Grants**

**James Downar (PI), Salmaan Kanji, Debi Laselle, Peter G. Lawlor, Henrique Parsons** (Co-PI)
Effects of dexmedetomidine in patients with agitated delirium in palliative care: An open-label phase I/II proof-of-concept, feasibility, and dose-finding clinical trial
CIHR, $100,000
April 2021 (1.0-year)

**Peter Tanuseputro, Amy T. Hsu (PI)**
Evaluating the palliative and end-of-life care of older Canadians living and dying with dementia
CIHR, $378,675
November 2020 (4.0-year)

**James Downar (PI)**
Use of an automated prospective clinical surveillance tool to drive screening for unmet palliative needs among patients in the final year of life.
CIHR, $719,101
April 2021 (3.0-year)
Paula Enright (PI)
Implementation of Virtual Schwartz Rounds in the Department of Medicine – Improving physician and staff wellbeing and engagement
TOHAMO, $20,000
November 2020 (2.0-year)

Peter Lawlor (PI)
Supporting family members with severe grief reactions during the COVID-19 pandemic: a mixed methods study
Ottawa Department of Medicine, $49,712
November 2020 (2.0-year)

Awards

Dr. Adrianna Bruni
The University of Ottawa, Faculty of Medicine, Mentor of the Year

Dr. Christine Whetter
The Ottawa Hospital, Clinical Excellence Award

Dr. Claire Dyason
Palliative Medicine Residency Program, Pierre Allard Award

Dr. Paula Enright
The Ottawa Hospital, Gratitude Award

Dr. James Downar
Ontario Medical Association Section on Palliative Medicine, Award of Excellence

Dr. Peter Tanuseputro
Ministry of Colleges and Universities Data, Research and Innovation Division, Early Researcher Award
Leadership Roles

Dr. Chris Barnes
- University of Ottawa, Faculty of Medicine, Subspecialty Residency Program (Year of Added Competency),
- Division of Palliative Care, Education Lead

Dr. James Downar
- Canadian Critical Care Society, Secretary
- Pan-Canadian Palliative Care Research Collaborative, Co-Chair

Dr. Valerie Gratton
- Hopital Montfort, Site Lead

Dr. Peter Lawlor
- Division of Palliative Care, Research Lead

Dr. Rebekah Murphy
- Division of Palliative Care, QCH Site Lead

Dr. Camille Munro
- Department of Medicine, Equity and Diversity Director
- EDI, Divisional Lead

Dr. Henrique Parsons
- Division of Palliative Care, TOH Site Lead

Dr. Jill Rice
- Bruyere Continuing Care, Associate Chief of Staff
- Division of Palliative Care, Bruyere Site Lead
- Champlain Regional Palliative Care Network, Clinical Co-Lead

Dr. Daniel Vincent
- Hospice Care Ottawa, Medical Lead
Plans for the Coming Academic Year

Enhancement of Clinical Care

We are in the process of hiring four new members to further stabilize our workforce as the demand for palliative care increases across the region. We have been able to recruit both established researchers as well as early career physicians with promising academic plans.

Research Focus and Support

With our new grant funding, we are in the process of hiring more than half a dozen new research staff to support our funded and planned projects. We are also set to make a major funding announcement to support a national palliative care research collaborative based at Bruyère Continuing Care.

Other

We will continue to build on collaborations formed during the pandemic to expand the clinical and academic supports provided to long-term care facilities in the region through a new regional “hub”. We continue to advocate for the growth and expansion of palliative care beds and resources in the region, including a planned move of the Bruyère Palliative Care Unit from the Elizabeth Bruyère site to the St. Vincent Site, and hopefully the creation of more hospice beds in the east of Ottawa.
Physical Medicine & Rehabilitation

Accomplishments

Enhancement of Clinical Care

We have transitioned into outpatient virtual care delivery at both the TOH and Bruyère sites and formally struck a committee to review best practices and had multiple presentations on provision of virtual care for rehabilitation patients.

Dr. Vidya Sreenivasan led a formally funded quality improvement project in relation to spinal cord injury best practices on an inpatient rehabilitation unit. Also, to help with the ongoing pandemic, our members created the Ontario workers network (WSIB) COVID assessment program focused on assessment and rehabilitation of workers with prolonged symptoms following COVID-19 infection. Furthermore, a pilot COVID-19 rehabilitation program was created with formal development of a proposal for a comprehensive Ottawa Hospital and Bruyère based program. A wound consultation program was also created at St. Vincent Hospital.

Research Focus and Support

We will be focusing on technology-based research initiatives including robotics, virtual reality, simulation and big data (sensor data). Also, to help with translational aspect of our research, we have improved our connections with industry to collaborate on research in relation to technology. We have supported our members on the development of proposals for government sponsored research initiatives and hired a Research Assistant for the Division as a resource for publications, pilot projects and grant writing.
Medical Education Enhancement and Support

We implemented CBME on July 2, 2020 and increased use of virtual teaching allowing for outside speakers and teachers.

Other

We completed a strategic planning session in relation to Stroke Rehabilitation Care at Bruyère, and we consolidated a new model of Hospitalist care delivery at Rehabilitation Centre to assure coverage.

Recruits

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Katrina DeZeeuw</td>
<td>FTA</td>
<td>FTA primarily based out of St. Vincent Hospital, recruited for wound care expertise, bone health and spinal cord expertise</td>
</tr>
<tr>
<td>Dr. Marc Monsour</td>
<td>PTA</td>
<td>Recruited to provide MSK interventional support at Rehabilitation Centre and for the WSIB OWN program; teaching to enhance training for residents</td>
</tr>
</tbody>
</table>

Notable Publications


Campbell, T. M., Ghaedi, B., Uhthoff, H. K., & Trudel, G. (2021). Healthy women confined to 60 days of bed rest showed no change in Achilles tendon dimensions but reduced calcaneal bone density. *Annals of physical and rehabilitation medicine, 64*(2), 101412.


**Notable Grants**

**Mark Campbell (PI)**
Peripheral nerve injections for the treatment of upper extremity complex regional pain syndrome: A feasibility study for a proposed randomized design
DoM, $48,000
December 2020 (2.0-year)

**Mark Campbell (PI)**
Determining the cartilage regeneration potential of novel stem cell populations to repair cartilage defects
University of Ottawa Faculty of Medicine, Translational Research Grant, $50,000
October 2020 (2.0-year)

**Shawn Marshall (PI)**
Concussion Ontario Network: Neuroinformatics to Enhance Clinical Care and Translation (CONNECT)
Ontario Brain Institute, $30,000
April 2021 (1.0-year)

**Shawn Marshall (PI)**
Living Guidelines for Concussion/mild Traumatic Brain Injury
Ministry of Health, $165,274
April 2021 (1.0-year)
Awards

Dr. Mark Campbell
Canadian Association of Physical Medicine and Rehabilitation, Paper of the Year Award; Journal of the American Geriatrics Society, Innovation and Excellence Award

Leadership Roles

Dr. Scott Wiebe
- Rehabilitation Advisory Committee of Champlain, Co-Chair (*new*)
- University of Ottawa, Division of Physical Medicine and Rehabilitation Partnership, Finance Chair

Dr. Anna McCormick
- America Academy of Cerebral Palsy and Developmental Medicine (AACPDM)
- 2021 Medicine Scientific Program, Co-Chair (*new*)
- CHEO, Developmental Medicine and Rehabilitation, Division Chief

Dr. Deanna Quon
- University of Ottawa, Residency Program, Director (*new*)

Dr. Mark Campbell
- University of Ottawa PM&R, Resident Research, Director

Dr. Shawn Marshall
- Bruyère Continuing Care, Department Head PM&R
- The Ottawa Hospital, Post-acute Dyad lead
- Ontario Workers Network, Neurology Program, Director

Dr. Nancy Dudek
- University of Ottawa PM&R, CBME Chair (*new*)

Dr. Susan Dojeiji
- University of Ottawa PM&R, Quality Lead
Dr. Kelsey Crawford

- University of Ottawa PM&R, Undergraduate Coordinator
- Plans for the Coming Academic Year
- Enhancement of Clinical Care
- Our plan to improve clinical care depends on multiple levels and involves several action items:
  - Creating a Virtual Care subcommittee to provide standards for virtual care delivery in Rehabilitation Setting
  - Implementing COVID-19 Rehabilitation program for persons with prolonged symptoms following COVID-19
  - Expanding outpatient resources at Rehabilitation Centre and Bruyère Continuing Care
  - Creating wound program for complex Neurological patients in collaboration with Infectious Disease and Plastic Surgery
  - Continuing to pursue a Functional Neurologic Syndrome Clinic (interdisciplinary)

Plans for the Coming Academic Year

Research Focus and Support

We are aiming to improve our research capacity and support the ongoing research by our members with the following:

- Awaiting a submitted CFI grant for brain-heart research collaboration with Bruyère and Heart Institute
- Fostering research linkages with Japan Physiatry
- Supporting ongoing research in mobility and arthritis by supporting junior researchers
- Formally pursuing industry relationships for technology with TOH, CHEO, and Bruyère
- Focusing on the Rehabilitation Research priorities which include robotics, simulation, virtual reality, and big data (sensors)
Medical Education Enhancement and Support

We will continue to improve our CBME implementation and focus on diversity in educational plans for Annual Physiatry Day.

Other

We will attempt to develop a culture of wellness, identify a wellness lead and improve EDI within our division.

Recruitment Plans

We will be hiring a stroke physiatrist to provide care outside of Ottawa with an academic focus. Additionally, we will be hiring a brain injury physiatrist, a MSK Interventionist, and an Oncological Rehabilitation Physiatrist.
Respirology

Accomplishments

Enhancement of Clinical Care

Our quality improvement and safety committee undertook a review of the current TOH formulary of inhaled medications and made several evidence-based recommendations for new inhaled medications. The committee feels that updating the inhaler formulary will create less medication errors during patient admissions and discharges and will allow for optimal drug delivery to patients.

The Quality Committee has also worked with the PFT lab director, Dr. Nha Voduc, to create a new triage system for pulmonary function test requests in response to the pandemic closures and subsequent long wait times for testing. This new triage system will ensure that patients are prioritized according to need, and it will help to manage wait times.

Finally, we continue to work on developing and implementing our new frailty-focused clinical pathway for hospitalized patients with Chronic Obstructive Pulmonary Disease (COPD). The objective of this pathway is to assess the risk of poor outcomes for patients with chronic lung disease and to subsequently create a personalized care plan after patients are discharged from hospital.

Research Focus and Support

Although the pandemic did slow down many of our research studies and some had to be completely put on hold, our group still managed to achieve excellent research outputs. Our division produced over 50 peer reviewed publications this past year. Several of our members were involved in developing international and national respiratory guidelines including Drs Aaron, Mulpuru, Kenderzska, Chandy and Pakhale. In a paper that was published in the New England Journal of Medicine, Dr. Aaron was part of an international group that showed that nocturnal oxygen did not have
an effect on survival or progression to long-term oxygen therapy in patients with COPD. As one of our early clinician researchers, Dr. Chris Pease published several papers stemming from his Master’s thesis investigating prevention of TB in Nunavut.

**Medical Education Enhancement and Support**

Changes to the Adult Respirology program in the past academic year include the rollout of Competence by Design, implementation of a second journal club series in Sleep Medicine, conversion of the interstitial lung disease multidisciplinary discussion to include trainees and community partners, successful conversion of all half-days and rounds to a virtual format easily accessible at both sites and recordable for future viewing, successful maintenance of our simulation program with low-fidelity simulations while the sim-centre was unavailable, implementation of a cross-division education series on clinical epidemiology topics, and implementation of a rigorous residency selection process that will be shared with other divisions and hopefully applied uniformly across all divisions for the medicine subspecialty match. The division of Respirology is also proud to announce the development of a new fellowship in airways disease (Directors: Dr. Shawn Aaron and Dr. Jackie Sandoz).

**Other**

While we continue our efforts to support the EDI committee at the DoM level through our divisional representation (Drs Smita Pakhale and Sunita Mulpuru), we are working on some concrete EDI action items at the divisional level. Dr. Pakhale is working along with Dr. Alan Tinmouth from the division of hematology to create a long-awaited multidisciplinary clinic for Sickle Cell Disease (SCD) patients at TOH. SCD is a multi-system, progressive and life limiting disease similar to CF and over 90% of SCD patients have abnormal lung function. A business case has been presented to the TOH administration to create a multi-disciplinary clinic for SCD patients, similar to Cystic Fibrosis. This is a meaningful action with over 80% SCD patients in Ontario being from low-income racialized minorities. Dr. Pakhale is working closely with two of the prominent SCD patient organizations, the Sickle Cell Awareness Group of Ontario (SCAGO) and the Sickle Cell Disease Association of Canada. Dr. Pakhale presented two
educational webinars on Sickle Cell Lung Disease this past year. The membership of Sickle Cell Disease Association of Canada is very interested in setting up a national registry for SCD patients in Canada and Dr. Pakhale is leading that effort at TOH.

Tobacco inequity is another essential EDI issue, as the most marginalized patients suffer from tobacco dependence at a significantly greater proportion than the general population. Hence the disease burden for many diseases including obstructive airway diseases is disproportionately higher in the most-marginalized patient populations. Dr. Pakhale leads a community-based research center, the Bridge Engagement Center (the Bridge), where research projects are conducted in true partnership with people who self-identify as homeless, at-risk for homelessness, low-income racialized including Indigenous people. The Bridge is now recognized as a safe, non-judgemental and a low threshold place by the local communities in Ottawa with its community-based work, and internationally for its research. The Bridge is poised to tackle tobacco inequity at TOH with evidence-based initiatives, co-created with, for and by the people with lived experience.

Dr. Chin and the Chief Respirology resident Dr. Daniel Wadden are leading the Wellness program in our division. Our goal is to incorporate initiatives that support the wellness of our residents and division members. Thus far, we have had an academic half day on lifestyle and medicine by Dr. Dutton, we also have an upcoming lecture from Dr. Bridges from the CMPA entitled Disclosure and resilience following an adverse event.

Notable Publications


**Notable Grants**

**Sunita Mulpuru (PI), Shawn Aaron (Co-PI), Jonathan Angel (Co-PI)**
A Pilot Feasibility Study to Inform the Development of a Novel Clinical and Biomarker-driven Definition of COPD Exacerbation among Hospitalized Adults in Canada  
CIHR, Boehringer Ingelheim Canada, $30,000  
April 2021 (1.0-year)

**Sunita Mulpuru (PI)**
Validating the Use of Frailty Measurements to Predict Care Expectations and Deteriorations in Quality of Life Among People with COPD: A Prospective Cohort Study  
The Lung Foundation ‘Breathing as One’ Young Investigator Research Award, $30,000  
January 2021 (1.0-year)

**Sunita Mulpuru (PI), Tetyana Kendzerska, Melanie Chin (Co-PI)**
Development and Validation of a Real-Tim, Frailty-Focused, Risk Prediction Model for Mortality Among Hospitalized Patients with SARS-COV-2 infection (COVID-19) in Canada  
TOHAMO COVID-19 Innovation Fund, $100,000  
July 2020 (2.0-year)
Tetyana Kendzerska (PI)
Patterns of use and experiences related to cannabis in veterans with post-traumatic stress disorder.
CIHR Catalyst Grant, $115,000
March 2021 (1.0-year)

Tetyana Kendzerska (PI)
The role of Sleep and circadian disturbances in cancer development and progression: A historical multicenter clinical Cohort Study
Chest Foundation, $28,500
September 2020 (2.0-year)

Smita Pakhale (PI)
Ottawa Cannabis and Mental Health Project in Marginalized Populations (OCM): Examining the experiences of youth using Photovoice
CIHR Catalyst Grant, $102,000
November 2020 (1.0-year)

Awards

Dr. Sunita Mulpuru
The Ottawa Hospital Foundation, Gratitude Award Program Recipient; Lung Health Foundation, ‘Breathing as One’ Young Investigator Research Award; CIHR/Canadian Lung Association/AZ Canada, Emerging Clinician Scientist Award

Dr. Shawn Aaron
University of Ottawa, Distinguished Clinical Research Chair in Obstructive Lung Diseases

Dr. Gonzalo Alvarez
Tier 1 University of Ottawa Clinical Research Chair in Prevention of Tuberculosis in Indigenous Communities

Dr. Smita Pakhale
Tier 1 University of Ottawa, Clinical Research Chair in Equity and Patient Engagement in Vulnerable Populations
Leadership Roles

Dr. Vanessa Luks
- University of Ottawa, Respirology Residency Program Director

Dr. Nha Voduc
- University of Ottawa, undergraduate block Chair,
- TOH, Pulmonary Function Testing Laboratory Lead

Dr. Sunita Mulpuru
- Department of Medicine, Quality and Safety Committee Co-Lead

Dr. Melanie Chin
- Department of Medicine, Quality and Safety Committee Co-Lead
- Department of Medicine, Respirology Wellness Lead

Dr. Tetyana Kenderzka
- The Ottawa Hospital Sleep Center, Director

Dr. Kayvan Amjadi
- Interventional Respirology Program, Director

Plans for the Coming Academic Year

Enhancement of Clinical Care

The division of Respirology would like to expand in the areas of Interventional Respirology, Interstitial Lung disease, and Airways diseases in the coming 5 years (see recruitment plan). We also plan on expanding and growing key areas within our division. Dr. Pakhale is aiming to be part of a new Sickle Cell multidisciplinary clinic that will provide a new avenue of research in conjunction with Hematology. Dr. Sandoz is planning on collaborating with palliative care and her clinic in pulmonary rehabilitation to develop a refractory dyspnea clinic. Dr. McKim is
expanding his international research reach and impact to Kerala, India to facilitate establishment of home ventilation programs. Dr. Amjadi will be doing further research on endobronchial pulmonary valves for persistent air leaks to improve outcomes and reduce hospitalizations. He is also working on developing new ways to do whole lung lavage in pulmonary alveolar proteinosis. Drs Pease and Alvarez continue to work together with their Inuit partners in Nunavut to assist in developing evidence-based solutions for the elimination of TB among Canadian Inuit.

**Recruitment Plans**

We will be hiring an Interventional Respirologist clinician researcher, an Airways (Asthma/COPD) clinician researcher, and a clinician researcher with specialty in Interstitial lung disease.
Rheumatology

Accomplishments

Enhancement of Clinical Care

Dr. Sibel Aydin and colleagues successfully started and concluded a QI project “Patient satisfaction with outpatient rheumatology virtual visits during the COVID-19 pandemic”. Moreover, in collaboration with Drs Harry Atkins, Marie Hudson, Peter Tugwell, George Wells and other Canadian and international associates, Dr. Nancy Maltez performed an in-depth analysis of the benefits on health-related quality of life of autologous hematopoietic stem cell transplantation for the treatment of rheumatic diseases, notably systemic sclerosis. Her work was published in a high-impact factor journal and was also presented at Harvard University Rheumatology Grand Rounds.

Research Focus and Support

Dr. Sibel Aydin conducted two nationwide train the trainer courses in musculoskeletal ultrasound and created the most detailed online learning e-book to date in musculoskeletal ultrasound in association with Dr. Johannes Roth (CHEO). Also, Dr. Aydin developed multiple educational videos in musculoskeletal ultrasound under the auspices of the international Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA).

Dr. Nancy Maltez continued to explore the benefits of the autologous hematopoietic stem cell transplantation for the treatment of systemic sclerosis. In collaboration with Drs Harry Atkins, Marie Hudson, Peter Tugwell, George Wells and other Canadian and international associates, she performed in-depth analysis on clinical outcomes for this treatment modality.
Medical Education Enhancement and Support

Dr. Susan Humphrey-Murto, Rheumatology Program Director, successfully completed the training of the first CBME cohort in our division. Dr. Humphrey was also instrumental in successfully moving to an online format for many Fellowships in Medical Education.

In collaboration with Dr. Peter Tugwell, Dr. Nancy Maltez was involved in an international collaboration to appraise the outcome measures used for the evaluation of Raynaud’s phenomenon in systemic sclerosis.

In her lead role with the Canadian Research Group of Rheumatology in Immuno-Oncology (CanRIO), Dr. Nancy Maltez developed online learning tools (information sheets and virtual modules) for Rheumatologists to learn more about immune-related adverse events secondary to checkpoint inhibitor use.

Other

The Arthritis Centre fully operated during the COVID-19 pandemic. From June 1, 2020, to July 30, 2021, we saw 11,701 patients: 1,271 new consults and 10,430 follow-ups. The great majority of patient visits were virtual; 86% by telephone and 14% by ZOOM.

Recruits

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<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Recruitment Purpose</th>
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<tbody>
<tr>
<td>Dr. Nancy Maltez</td>
<td>FTA</td>
<td>Interest in systemic sclerosis</td>
</tr>
<tr>
<td>Dr. Julie D’Aoust</td>
<td>PTA</td>
<td>Medical Education</td>
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</tbody>
</table>
Notable Publications


**Notable Grants**

**Susan Humphrey-Murto (PI)**
Does learner handover bias ratings, entrustment decisions and feedback over time?
The Medical Council of Canada Research in Clinical Assessment Grant Competition, $37,500
January 2021 (2.0-year)
Awards

Dr. Sibel Aydin
University of Ottawa, Faculty of Medicine, Department of Medicine, Tier 2 Research Clinical Chair Award in inflammatory arthritis

Dr. Susan Humphrey-Murto
University of Ottawa, Faculty of Medicine, Department of Medicine, Tier 2 Research Clinical Chair Award in Medical Education; Faculty of Medicine, University of Ottawa, Researcher of the year, Innovation and Education Award; Association for Medical Education in Europe (AMEE), Research Paper Award

Dr. Peter Tugwell
Canadian Institutes of Health Research, 2020 CIHR Barer-Flood Prize in Health Services and Policy Research Award

Leadership Roles

Dr. Sibel Aydin
- International large vessel vasculitis disease activity Delphi, Leader
- Provincial Psoriatic arthritis registry, Ontario Biologics Research Initiative, Leader
- International psoriatic arthritis ultrasound working group, Co-leader
- Canadian Rheumatology Association special project on adverse events in rheumatology, Leader (new)

Dr. Susan Humphrey-Murto
- University of Ottawa, Faculty of Medicine, PGME, Rheumatology Residency, Program Director, (new)
- Research Support Facility, Department of Innovation in Medical Education (DIME), University of Ottawa, acting Director
- uOSSC/DIME Fellowship in Medical Education, Director
- Education Research, University of Ottawa, Department of Medicine, Director
- University of Ottawa Faculty of Medicine Centre for Innovative Medical Education (ciMED) / Centre d’innovation en éducation médicale de la faculté de médecine (ciMed), Advisory Committee member
Dr. Nancy Maltez
- Canadian Research Group of Rheumatology in Immuno-Oncology, founding and active member

Dr. Peter Tugwell
- Journal of Clinical Epidemiology, North American Editor
- International Development Review Group in the Campbell Collaboration, Chair
- Chronic Diseases in the Cochrane Collaboration, Senior Editor

Plans for the Coming Academic Year

Enhancement of Clinical Care
Dr. Sibel Aydin is aiming to improve the quality of care for patients with inflammatory arthritis attending the biologic clinic. The goal is to improve assessment of comorbidities, improve patient satisfaction and reduce unnecessary treatment modifications.

Drs Nancy Maltez and Harry Atkins will start a Rheumatology-Hematology multidisciplinary clinic. They both have a clinical and research interest in the use of autologous hematopoietic stem cell transplantation for rheumatic diseases. This will not only facilitate patient care but will offer a unique opportunity to develop original research including a prospective cohort that will collect valuable outcome data to characterize the benefits of this treatment modality.

Drs Nancy Maltez and Catherine Ivory will team up with several colleagues from the pulmonary hypertension group to establish a multidisciplinary clinic to streamline patient care and continuity of care.

Research Focus and Support
Dr. Sibel Aydin is involved in a new collaboration with the University of Ottawa to study the pathogenesis of Spondyloarthitis. The group will be studying the interaction between smoking and biomechanical stress...
in animals in collaboration with the veterinary faculty, pathology and imaging cores. In addition, Dr. Aydin has started a new collaboration with Drs Koray Tascilar and Georg Schett from Uniklinik Erlangen, Germany for implementing a neural network platform using 3D ultrasound.

**Medical Education Enhancement and Support**

Dr. Humphrey-Murto continues her research on how best to train physicians for the use of electronic health records. Dr. Humphrey-Murto has funding from the Royal College of Physicians and Surgeons of Canada and is completing a case study and a scoping review on the topic. Furthermore, Dr. Humphrey-Murto will continue with her role as Director to lead the cross Departmental fellowships in medical education in the Department of Innovation in Medical Education (DIME).

Dr. Nataliya Milman will be the new Program Director for the Rheumatology Training Program as of July 1, 2021.

Dr. Nancy Maltez will coach five core internal medicine program trainees. This will further establish a link between the Division of Rheumatology and the Internal Medicine core program and trainees and will assist with CBME implementation.

Dr. Julie D’Aoust will organize and implement a Rheumatology Webinar Series for Family Physicians at the University of Ottawa Department of Family Medicine and the Division of Rheumatology.

Dr. Sibel Aydin will start two research and one clinical Musculo-skeletal ultrasound fellowships in the coming academic year.

**Recruitment Plans**

Dr. Elliot P. Hepworth will join the Clinical Epidemiology program in the new academic year.