



SPread Sheet

Volume 2, Issue 2, December 2008

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Contributors to this issue include:

SP Betsy Hiebert

Lonnie Smetana



U OF M'S LARGEST MEDICINE CLASS IN HISTORY

The University of Manitoba Faculty of Medicine welcomed 110 new medical students - its largest medical school class ever - at the annual Inaugural Day Exercises on August 20. Founded in 1883 as Western Canada's first medical school, the U of M Faculty of Medicine is celebrating 125 years of creating physicians in Manitoba.

First-year medical students began their first official day at the Faculty of Medicine by participating in a symbolic White Coat ceremony that includes reciting the Hippocratic Oath. The event formally welcomes the Class of 2012 into the Faculty of Medicine, University of Manitoba and into the medical profession.

University of Manitoba alumnus and award-winning author Dr. Kevin Patterson (MD/89) provided the keynote address reflecting on his on his life experiences in challenging health-care environments. Dr. Patterson (Consumption, Country of Cold and The Water In Between) has a special interest in infectious disease and the impact of social transition on illness.

This year's class is comprised of 99 Manitoba residents and 11 out-of-province residents. Of the 110 students, six self-declared as Aboriginal and 26 self-declared as rural.

"Over the last six years, we have seen in Manitoba the largest growth in health professional education in two generations," says Dr. J. Dean Sandham, Dean, Faculty of Medicine. "We celebrate the largest class of new medical students in Manitoba with pride and we thank our partners in the community and government for this exciting, and important, opportunity."

Source: U of M e-memo, August 22, 2008

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=8/22/2008&npa=16865>



First-year medical students began their first official day at the Faculty of Medicine by participating in a symbolic White Coat ceremony that includes reciting the Hippocratic Oath.

MISS-PRINT

The Editor would like to take this opportunity to apologize for not publishing a September issue to those of you who may have missed it.

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PHARMACY RELOCATES TO BANNATYNE CAMPUS

The Faculty of Pharmacy was given a warm welcome to the Bannatyne Campus by the Faculties of Medicine and Dentistry and Schools of Medical Rehabilitation and Dental Hygiene on September 18, 2008.

Students, staff and faculty packed the Brodie Centre Atrium as Dr. Robert Kerr, Vice-President (Academic) and Provost hosted an informal welcoming ceremony and lunch in honour of the newest residents of the Bannatyne Campus. The Faculty of Pharmacy moved into the new Apotex Centre on the corner of McDermot and Emily in July.

Med Rehab and Medicine Senior Sticks, Mike Wheeler, Jesse Dziad and Kaif Pardhan provided Pharmacy students with Bannatyne Campus survival tips, including the best places to grab a coffee. And Pharmacy Senior Sticks, Jodie Au and Barret Procyshyn responded, noting that Pharmacy students have quickly realized the joy of finding an open parking space in the morning.

Dr. Tony Iacopino, Dean of Dentistry, Dr. Dean Sandham, Dean of Medicine, Dr. Emily Etcheverry, Director of the School of Medical Rehabilitation and Prof. Salme Lavigne, Director of the School of Dental Hygiene each took their turn to welcome Pharmacy students, staff and faculty to the Bannatyne Campus. Dr. David Collins, Dean of the Faculty of Pharmacy thanked his colleagues for the warm welcome and guests then enjoyed lunch and cake cut by the Deans and Directors of the Bannatyne Campus.

The \$30-million Apotex Centre has doubled teaching and research capacity, and relocated the Faculty of Pharmacy from the Fort Garry Campus to the Bannatyne Campus. Components of the new facility include advanced lecture theatres, a manufacturing lab designed to provide hands-on experience, a pharmaceutical care lab and research facilities. The grand opening of the Apotex Centre was held on October 16, 2008 (*see article on [page 3](#)—editor*).

Source: *U of M e-memo, September 24, 2008*

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=9/22/2008&npa=17192>



SUBMISSIONS, PLEASE

The *SPread Sheet* is *your* newsletter; if you have any articles, photos, opinions, thoughts, trivia, anecdotes, pictures, or jokes to contribute for the next issue, please do so by **February 28, 2009**. Contact information is provided in the sidebar on the left. We reserve the right to edit any and all submissions for length and content in collaboration with the contributor. Submissions that are not included in one issue may be included in subsequent issues.

SESSIONS PENDING

MED II, Neurology:

January 8, 15, & 29, 2009
February 5, 12, & 19, 2009

Occupational Therapy Session, Course 6140:
January 23, 2009

Family Practice Assessment
January 24, 2009

Occupational Therapy Exam, Course 6140:
January 27, 2009

Occupational Therapy Session, Course 6330:
January 30, 2009

IMG Program Session
January 13 & 15, 2009

Pharmacy Session, Course 3100:
February 10, 2009

Occupational Therapy Exam, Course 6140:
February 13, 2009

Med I, Clinical Interviewing: Abuse & Neglect
February 15 & 22, 2009

CAPE: February 21, 2009

Pharmacy Session, Course 3100:
March 9, 2009

Pharmacy Session, Course 1100:
February 4, 6, & 13 2009
March 6 & 11, 2009

NB: This listing is for informational purposes only; some of the sessions listed above have already begun. If you are required for a role, you will be contacted directly by an SP Coordinator. If there is a discrepancy between the information provided here and a confirmation form you have received, please regard the information from your SPC as correct.

NEW DIGS FOR PHARMACY

On Thursday, October 16, 2008, the new home of the Faculty of Pharmacy, the Apotex Centre, was formally opened. Located just across the street from Brodie Centre at the University of Manitoba Bannatyne campus, the Apotex Centre was feted by a large group of students, faculty, staff and donors.

Built at a cost of about \$32 million, the Apotex Centre houses the Faculty of Pharmacy and the department of immunology. The 95,000 sq.ft. facility features three lecture theatres including the Procurity Lecture Theatre as well as substantial laboratory space, including the Procurity Pharmaceutical Care Lab and the Thorkelson Undergraduate Laboratory.

David Barnard, president and vice-chancellor of the University, noted: "This is a remarkable new facility that enhances an already excellent pharmacy education and research program through a state-of-the-art teaching and research centre."

David Collins, dean of pharmacy, said: "Through the development of this outstanding research and teaching facility adjacent to the Faculties of Medicine and Dentistry, we have added value to our profession and our counterparts in other health professions by providing all of our students and faculty with greater opportunities for collegial interaction."

In addition, Collins said: "We are extremely excited about the potential benefits to our patients and to the health care system of the interprofessional education model that will be possible to develop on the Bannatyne Campus."



Left to right: Premier of Manitoba Gary Doer; University of Manitoba President & Vice-Chancellor Dr. David Barnard

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NEW DIGS FOR PHARMACY *(continued from page 3)*

The new facility was made possible through the generosity of the Provincial government and a number of corporate and private donors, including Apotex Inc., Procurity Inc., Kristjan and Maryanne Thorkelson, Rexall, Shoppers Drug Mart, Super Thrifty Drugs, Cibinel Architects and McKesson Canada.

At the event, the Honourable Gary Doer brought greetings on behalf of the Province of Manitoba, which provided \$7 million of the \$50 million Building on Strengths Campaign in support and construction of the facility.

Jack Kay, president and COO of Apotex, Inc., said: "I am delighted that Apotex was able to play an important role in the development of this building. The legacy of helping pharmacy students receive training and our scientists conduct research in a world-class facility is testament to our concern for the health and well-being of Manitobans, Canadians and people everywhere."

Mr. Barret Procyshyn, the Faculty's Senior stick, said: "These new labs, classrooms and office spaces can only help me and my fellow students achieve our goals with improved technology and learning conditions. This is a great place to learn."

The ribbon-cutting for the building was attended by many graduates and donors of the Faculty of Pharmacy, including members of the Class of '58, celebrating its 50th anniversary. A special "white coat ceremony," a traditional symbolic presentation of pharmacists' attire, was held in honour of a new era for the Faculty of Pharmacy, followed by a reception and tours of the building.

Source: U of M e-memo, October 22, 2008

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=10/16/2008&npa=17455>

SPIN AND AROUND

- "Farewell!" to **Dr. Gisèle Bourgeois-Law**, former Associate Dean of CME, who has taken a new position at UBC
- "Welcome!" to:
 - 1) **Dr. José François**, the new Associate Dean of CME
 - 2) **Dr. Marilyn Singer**, Director of Clinician Assessment Programs in the CME office
 - 3) new **SP Gen Henderson**
- "Congratulations!" to **Dr. Andrew MacDiarmid** and his wife, Leanne, on the birth of their baby girl, Megan Elizabeth, on September 1. "She's healthy and has an excellent head of hair and weighed 8 lbs. 5 oz."
- We are still compiling a catalogue of photos of all the SPs and Recruits in the program. Not all of the Coordinators know what each and every SP and Applicant looks like, and a catalogue will help us to fill roles more easily. Please forward an 8" x 10" picture of yourself – preferably in black or white – to the SP office at your earliest convenience if you haven't already done so. You can send your pictures electronically to:

webstert@cc.umanitoba.ca

or mail them by regular post to:

*Attn: Tim Webster, SPC
SP Program Wall of Fame
T151B-770 Bannatyne Avenue
Winnipeg, MB R3E 0W3*

SYMPTOMS . . . Blindness

This feature is the last in a series on how to simulate various degrees of coma and unresponsiveness accurately.

* * *

Although it might seem ridiculous to describe how to simulate blindness, there are things an SP might not understand about the inability to see. Normally, during conversations one's eyes will automatically rove from point to point. A blind patient, however, will not look *at* anything, just in one direction.

When an examiner moves in front of a sighted patient to carry out various examinations, the patient's eyes will almost automatically turn to track the examiner's movements. To simulate blindness, an SP must fix his or her gaze on something in the room and stare at it to prevent those automatic movements.

A favourite trick of examiners for establishing whether or not blindness is fake is to bring a hand or fist into the patient's line of sight very quickly, as if to strike the patient, watching to see if the patient blinks. In order to prepare for this possible ruse, the SP needs to learn to suppress the blink reflex during training. The SP trainer or a trusted partner must swing at the SP suddenly and without warning, being careful never to hit the SP accidentally or even in jest, or trust will be broken and the SP will not be able to learn to suppress the blink reflex.

Blindness is often not total, so the case notes must clear as to what the patient can or cannot see: light, shapes, large objects, and where it may or may not be seen: everywhere, peripherally, only on one side, only in the middle, etc.

**Adapted from *Training Standardized Patients to Have Physical Findings*,
by Howard S. Barrows, M.D., Southern Illinois University, School of Medicine,
Springfield Illinois, 1999, pp. 5 & 6**

SUCCESSFUL PRESCRIPTION

The University of Manitoba's pharmacy students again have proven they're the best in Canada by pulling in a number 1 ranking in the 2008 Pharmacy Examining Board of Canada (PEBC) licensing examinations.

The University of Manitoba was one of only two programs in Canada to receive a 100 per cent overall certification on the national licensing examinations for 2008. The exam process includes both a written multiple choice test and a practical, structured clinical examination component. As well achieving a 100 per cent pass on both components, our students achieved the highest and fourth highest average grades on each component respectively.

"The qualifying examination is a comprehensive, objective and high- stakes examination that assesses the most important aspects of competency at entry-level practice," says David Collins, dean. "While Manitoba offers one of the smaller pharmacy programs in Canada, our performance on the national qualifying exam has typically been excellent."

Collins notes that Manitoba averages about a 93 per cent pass rate each year, and our students have achieved first place three times in this competition over the past five years. "Our generally small class sizes allow professors to spend more time

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SUCCESSFUL PRESCRIPTION (continued from page 5)

teaching and mentoring students," adds Collins.

The University's community partners, organizations and professional pharmacists who assist in the training of students in the field contribute to the high quality of graduating students. Success on the pharmacy exams has practical benefits for the students and the faculty, translating to job placement and eligibility for licensure in Canada.

Source: U of M e-memo, October 8, 2008

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=10/6/2008&npa=17320>

DISCOVERY DAY 2008

On Friday, November 7, over 310 students and teachers from 86 high schools across Manitoba spent their day sampling career options at the 8th annual Pfizer Canada Discovery Day in Health Sciences. The event is offered by The Canadian Medical Hall of Fame in partnership with the University of Manitoba's Faculty of Medicine.

This year featured a record number of participants from Aboriginal schools and for the first time, francophone youth learning about health-related career opportunities in their first language.

"Discovery Days offers rural and urban high school students from across the Province an unparalleled introduction to career options within medicine and the other health sciences. It is one of the most effective ways for the University to expose the health professions to youth and ultimately will lead to more Manitobans pursuing careers in medicine, nursing, medical rehabilitation and research," said Dr. J. Dean Sandham, Dean of Medicine, University of Manitoba.

To ensure this unique program is inclusive, the Faculty of Medicine contributes towards costs, including transportation for students and teachers from rural and remote communities to participate in Discovery Day – some from as far away as Churchill.

Keynote speakers from the Faculty of Medicine, Dr. Marcia Anderson, Department of Community Health Sciences and Professor Pamela Wener, School of Medical Rehabilitation kicked the day off at the Brodie Centre with their respective lectures "Medicine's Open Doors" and "The Health Care Team in the 21st Century". From there, the students dispersed to hands-on workshops delivered by some of Canada's brightest scientific minds in their labs, classrooms, the Clinical Learning and Simulation Facility and hospital settings.

Students discovered what it's like to enjoy a career in science. They chose two workshops from a total of 29 including the following:

Neurosurgery with the Gamma Knife where students saw how brain tumours and other abnormalities of the brain are treated with beams of radiation.

A Day in the Life of a Family Doctor where students received basic training on how to suture a wound, read x-rays, and perform a delivery and colonoscopy using simulators and models in the new Clinical Learning and Simulation Facility.

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DISCOVERY DAY 2008 *(continued from page 6)*

Spinal Instrumentation where students inserted spine implants (screw, rods, hooks) into lumbar spine models and found out how spinal instrumentation is used to reconstruct the spine.

Why They Call It "Practice" where students took part in a mini-OSCE (Objective Structured Clinical Examination) to learn the way med students do, as highly trained standardized patients simulated realistic scenarios wherein the students were the doctors.

Discovery Day wrapped up with a lively career panel discussion where students had the opportunity to ask health care professionals about their work – how they achieved their goals to date and what drives them to continue.

"Results show that Discovery Day participants are more interested, excited and informed about a career in health sciences after attending these one-day events. It's rewarding to know we are offering a program that is helping to address some of the issues related to Canada's critical shortage of health professionals," says Janet Tufts, Executive Director of The Canadian Medical Hall of Fame.

The Canadian Medical Hall of Fame offers Discovery Days at eight universities and colleges across the country involving over 1500 students every year. There was no cost to participate thanks to the generous support of the program's national sponsors, Pfizer Canada, Great-West Life, London Life and Canada Life, and CIHR's Youth Synapse program, as well as many local sponsors.

Source: U of M e-memo, November 12, 2008

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=11/6/2008&npa=17695>

VIDEO VIRUS PLUG-IN *by Lonnie Smetana, U of M Web Systems Administrator*

A virus has been infecting the popular social networking sites MySpace and Facebook.

On Facebook, the virus is causing email messages to be sent to people on "friends" lists asking them to watch a video supposedly on YouTube. A user has to download what purports to be a plug-in to watch the video. The plug-in is actually a virus.

Kaspersky Lab, one of the first companies to report on the virus, has detected two variants of the new worm, **Net-Worm.Win32.Koobface.a** and **Net-Worm.Win32.Koobface.b**, which attack MySpace and Facebook respectively. As part of their malicious payload, the worms transform victim machines into zombie computers to form botnets (*see the June 2007 issue of the SPread Sheet for more information on zombies and botnets—editor*).

Social networks such as Facebook and MySpace are particularly good targets for security attacks: they have massive user bases, plenty of outside developers working on the site, and lots of ways (messages, wall posts) to spread malware to unwitting members. Users tend to be far more trusting of "friends" on social networking sites so there is a strong potential for a virus to spread quickly.

There are likely to be more of these attacks to come, some of which will exploit Facebook Connect, an API that allows other Web sites and apps to have their users log in, or authenticate, to the Facebook system.

DELIVER 200 JOULES, PLEASE by SP Betsy Hiebert

The following article is an excerpt from the blog of one of our SPs.

* * *

Monday and Tuesday of this week (*September 15 & 16*) delivered a nice change of scenery.

As a standardized patient (SP) - someone who acts as a patient with a variety of maladies for medical research or exams - it has been my pleasure to participate in the Winnipeg Regional Health Authority (WRHA) educational videos.

Wardrobe was way cool - I got to wear scrubs - always wanted to do that and I didn't even have to go to school for 5 years to get the chance. I played a nurse in various scenes but mostly helped coordinate scenes and actors. Long days, decent pay and tons of fun.

What did I learn? That's the beauty of being an SP—you always come away with more than you arrived. We had first-hand training in CPR, bagging a victim/patient (with oxygen), learning about defibrillators both hospital and portable types, and what a code blue team does. Extremely fascinating stuff. And yes - they really can deliver 200 joules - that's the jolt you see on TV when they defibrillate a patient.

I got to have a bird's eye view of what a code blue looks like from a healthcare perspective while being a participant in a mock emergency. It never ceases to amaze me how much we take our healthcare teams for granted. Our healthcare professionals are highly trained and while, yes, they are human and will make mistakes, they really do have your and my best interest at heart.

* * *

Betsy has published and is currently marketing a Personal Healthcare Journal. If you would like to know more about it, or read more of her blog entries, please visit:

<http://mycare necessities.blogspot.com/>

INSTALLING A NEW PRESIDENT

No, not Mr. Obama.

Three sessions of Fall Convocation at the University of Manitoba began on Tuesday, October 28 and were preceded by the Installation of the 11th president of the University of Manitoba, Dr. David Barnard.

Dr. David Barnard was appointed 11th president and vice-chancellor of the University of Manitoba effective July 1, 2008.

Dr. Barnard brings to this position a distinguished career as an academic administrator, including serving as the president and vice-chancellor of the University of Regina from 1998 to 2005. During the period 2005-08 he was COO of iQmetrix, an IT Company that provides information and technology solutions for the retail sector.

Prior to joining the University of Regina in 1996 as vice-president (administration) and controller, Dr. Barnard spent 19 years at Queen's University where he was a professor of computing and information science, director of computing and commu- **(continued on page 9)**

INSTALLING A NEW PRESIDENT *(continued from page 8)*

nications services, head of the department of computing and information science, associate to the vice-principal (research), associate to the vice-principal (human services) and associate to the vice-principal (resources).

Dr. Barnard is also a professor of computer science. His research interests focus on compilation and the use of computers to analyze language and texts. He holds BSc, MSc and PhD degrees in computer science from the University of Toronto and a DipCS in theological studies from Regent College, University of British Columbia. He has supervised more than sixty graduate and undergraduate students and has received research funding from many sources including both the Natural Sciences and Engineering Research Council and the Social Sciences and Humanities Research Council of Canada.

He is the author or co-author of nine books, including *With Skillful Hand: The Story of King David*, 33 referred journal articles and numerous other publications, in addition to serving on the editorial boards of several journals.

Dr. Barnard has extensive experience on boards and committees, locally, nationally and internationally. He has served on, among others, the Boards of the Bank of Canada (and its Executive Committee), the Association of Universities and Colleges of Canada, CANARIE (Canadian Network for the Advancement of Research, Industry and Education), the Saskatchewan Provincial Court Commission (chair), the Saskatchewan Arts Board (vice-chair) and the Saskatchewan Power Corporation (including two years as chair).

Currently he is a member of the Boards of the Canada West Foundation, Greystone Managed Investments, NetSecure Innovations Incorporated and Ground Effects Environmental Services.

Source: U of M e-memo, October 29, 2008

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=10/29/2008&npa=17581>

MORE EXAMS TO PASS?

Canadian doctors should face regular medical testing: medical school head

Doctors should have to regularly prove their skills by passing requalifying exams, the head of one of Canada's largest medical schools says.

In an editorial in the *Canadian Medical Association Journal*, Dr. Wendy Levinson, chair of the University of Toronto's department of medicine, called for provincial colleges to require revalidation for all doctors.

"I just basically trust my doctor and hope she knows what she's talking about," said Maureen Ocampo, who lives in Halifax.

Currently, Saskatchewan, Ontario and Quebec require doctors to self report their participation in continuing medical courses.

Alberta and Nova Scotia go one step further, requiring doctors to participate in performance reviews from patients and peers, but even these also lack an external standard for passing, Levinson said.

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MORE EXAMS TO PASS? *(continued from page 9)*

"There's nothing external checking to see, well did the doctor actually learn something?" Levinson said, adding no one knows whether doctors take what they learn and incorporate it into their practice.

Levinson pointed to the cases of pathology errors in New Brunswick and Newfoundland and Labrador as evidence that the current scrutiny of doctors is insufficient.

In the editorial, Levinson said doctors should be required to take a rigorous written exam every decade, as doctors have to do in the U.S. The United Kingdom also has a more demanding revalidation than most Canadian provinces, the editorial said.

"Both the practice improvement and the preparation for the [U.S.] examination required significantly more sweat equity than the Royal College's process," in Canada, Levinson said in comparing the process she went through on both sides of the border for internal medicine.

"I studied for four months and was worried that I would fail. I would never have made the effort if not faced with an examination."

But making busy doctors write exams isn't practical and wouldn't reflect true skills, said Dr. Howard Conter, a family doctor in Halifax.

"What we do every day is not really a book learning thing," said Conter, noting regulatory bodies are in place. "To say, in fact, that because you pass an exam makes you a good physician every 10 years is absolutely wrong."

Levinson said that errors such as those in Newfoundland and Labrador and New Brunswick occur and if doctors have not self-regulated enough then governments will step in to create regulations.

The Federation of Medical Regulatory Authorities of Canada, a national group representing medical regulators, is recommending a new validation process for doctors, but it's not clear what the process will look like or when it will be in place.

Source:

http://ca.news.yahoo.com/s/cbc/081104/topstories/science/doctor_retest_2

HUMERUS PROSE

Bishop Hans Grapje was raised in a Catholic school in the Hague. As a young man, he aspired to become a priest but was drafted into the services, flying B17s. In 1943, his aircraft was shot down and he lost his left arm.

He spent the rest of the war as a chaplain. After the war, he became a priest and served as a missionary in Africa, piloting his own plane into the deepest, most remote villages.

In 1997, then Archbishop Grapje was serving at an outpost in Zimbabwe, when a mine cave-in took him deep into the shafts to administer last rites to the trapped workers. While down there, another cave-in resulted in him losing his right eye and toxic fumes turned his skin an indigo hue—a condition known as "purpura."

Although the Cardinal had devoted and indeed risked his life in the service of God for nearly 70 years, he was rejected as Pope, when church leaders made it clear they didn't want . . . *a one-eyed, one-armed, flying purple Papal leader.*

SNAPSHOTS

The fourth annual SP Program Holiday Party was held on Friday, December 5th from 5—7PM in Room 403 of the Brodie Centre. Just over two dozen SPs, faculty members, friends, and family attended amidst candlelight, decorations, music, and tons of food.

Our resident shutterbug, SP Nancy Gajdosik (pictured at right, fourth from left), was on hand with her digital camera, and we've put together a montage of some of her best images.

All of the staff at the SP Program helped to plan the event and decorate, but we'd like to thank our Office Assistant Cathy MacDonald in particular for handling the meticulous details.



SP Luc Labelle, SPCs Lezlie Brooks & Holly Harris, SP Nancy Gajdosik, SPC Tim Webster, & SP Sheila Bradford

We received a lot of positive feedback from those who did attend and many regrets from those who could not but wanted to attend. We look forward to seeing all of you at next year's gathering!



Dr. Ingrid Toews, SPs Daniel Dell'Agnese, Pat Holbrow, & Dennis Schrofel



SPC Lezlie Brooks & SP Gen Henderson



SPs Megan Bedard & Gloria Brincheski



Dr. Andy Macdiarmid, acting Head of the Department of Medical Education



Karen Depape, Office Assistant for the Department of Medical Education & Nonato Nitafan, technician for the Clinical Learning & Simulation Facility



SP Ken Kinsley, Ed (the Tech) Walker, Bernard Boguski, Education Technician for the School of Medical Rehabilitation

SPOOFS!

My youngest daughter became a Standardized Patient at age 2. I dutifully memorized "our" history and took her to the teaching session for northern nurses. When the nurse finished her history-taking with me, she turned to my daughter to practice her clinical skills and without any preamble or introduction lifted my daughter's shirt to her neck. Two-years-olds being as they are the pure embodiment of the concept "Monkey see, monkey do," my daughter reached over and without any preamble or introduction lifted the nurse's shirt to *her* neck!

After turning red (everywhere!), pulling her shirt down, and backing off a step or two, the nurse took a deep breath and started again by introducing herself to my daughter and explaining what she was about to do. My daughter was totally compliant and the nurse's clothes stayed put for the remainder of the session.

CAROLS FOR THE PSYCHIATRICALY CHALLENGED

SCHIZOPHRENIA: Do You Hear What I Hear?

MULTIPLE PERSONALITY DISORDER:
We Three Kings Disoriented Are

DEMENTIA:
I Think I'll Be Home For Christmas

NARCISSISTIC:
Hark, the Herald Angels Sing About Me

MANIC: Deck the Halls and Walls and House
and Lawn and Streets and Stores and Office
and Town and Cars and Busses and Trucks
and Trees and Fire Hydrants and . . .

PARANOID: Santa Claus Is Coming To Get Me

PERSONALITY DISORDER: You Better Watch
Out, I'm Gonna Cry, I'm Gonna Pout, Maybe
I'll Tell You Why

DEPRESSION: Silent Anhedonia, Holy Anhedonia,
All Is Flat, All Is Lonely

OBSESSIVE-COMPULSIVE DISORDER: Jingle
Bell, Jingle Bell, Jingle Bell Rock, Jingle Bell,
Jingle Bell, Jingle Bell Rock, Jingle Bell, Jingle

Bell, Jingle Bell Rock, Jingle Bell, Jingle Bell,
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Jingle Bell, Jingle Bell Rock, Jingle Bell, Jingle
Bell, Jingle Bell Rock, Jingle Bell, Jingle Bell,
Jingle Bell Rock, Jingle Bell, Jingle Bell, Jingle
Bell Rock . . . (better start again)

PASSIVE-AGGRESSIVE PERSONALITY: On The
First Day of Christmas My True Love Gave To
Me (and then took it all away)

BORDERLINE PERSONALITY DISORDER:
Thoughts of Roasting on an Open Fire.

Source: <http://www.dezert-rose.com/humor/christmas/mentalcarols.html>

Happy Holidays!

Best wishes from all of the staff at the Standardized Patient Program!