



SPread Sheet

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Contributors to this issue include:

Jacqui Fox

Nancy Gajdosik

Randall Willis



100 MEDICINE STUDENTS RECITE HIPPOCRATIC OATH

On August 22, 100 first-year medical students began their first official day at the Faculty of Medicine, University of Manitoba, by reciting the Hippocratic Oath and participating in a symbolic white coat ceremony as part of the annual Inaugural Exercises. The purpose of the event was to welcome the Class of 2011 into the Faculty of Medicine and into the medical profession.

This year, guest speaker, Dr. Kim Wiebe, Med Class 1987, provided the keynote address about her journey through medicine and her experience as a University of Manitoba medicine graduate. Dr. Wiebe completed her Critical Care Fellowship at the University of Manitoba and became an Assistant Professor in 2001. In 2002, she took a leave of absence to volunteer with "Doctors Without Borders".

"Today, 100 new students begin their professional medical journey. This is cause for celebration, and recognition of the efforts of our faculty and staff and our community which makes our medical school so remarkable and effective," said Dr. J. Dean Sandham, Dean, Faculty of Medicine.

***From a University of Manitoba Public Affairs Department
press release by Kimberley Corneillie, August 22, 2007***

TRANSPOSITIONS

This feature is to let readers know about forthcoming format changes to the *SPread Sheet*.

- In order to separate condolences regarding the loss of a loved one from the general news of the SP Program found in **SPIN AND AROUND**, we are introducing a new feature entitled **OUR SYMPATHIES**, which can be found on page 7 of this issue.
- We would also like to take this opportunity to apologize for not publishing a September issue for those of you who missed it.

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 29, 2008**. Contact information is provided in the sidebar on page 2. 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.

Contact the *SPread Sheet*:

T151—770 Bannatyne Ave.
Winnipeg, MB, Canada
R3E 0W3

Phone:
(204) 480-1307

Fax:
(204) 977-5682

E-mail:
webstert@cc.umanitoba.ca

Home Page:
http://www.umanitoba.ca/faculties/medicine/education/ed_dev/spp.html

NEWSLETTER EDITOR

Tim Webster

SP PROGRAM STAFF

Lezlie Brooks,
SP Coordinator

Holly Harris,
SP Coordinator

Tim Webster,
SP Coordinator

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SPACE UPDATE

Manitoba Health Minister Theresa Oswald announced in June that the province and its partners are investing \$3.6 million in the new Clinical Learning and Simulation Facility (CLSF). The state-of-the-art facility will bring medical, nursing and allied health-care students and professionals together to practice medical and surgical procedures prior to contact with patients.

“When health-care providers have access to training that improves their clinical and surgical skills, it translates into better health care for patients in Manitoba,” said Oswald. “In the simulation facility, students and professionals will be able to practice life-saving procedures, developing their clinical skills while improving team communications and enhancing patient safety.”

Medical, nursing and allied health students and professionals will use the facility to practice technical and complicated procedures while using highly-advanced and innovative equipment. The facility will recreate clinical practice environments including examination rooms that resemble outpatient care facilities and simulation labs that recreate critical-care settings. The facility will enhance students’ ability to communicate effectively and efficiently with patients and families, and improve their interviewing and clinical assessment skills.

“This new educational facility will directly benefit patient-centred care in Manitoba,” said Dr. J. Dean Sandham, Dean, Faculty of Medicine, University of Manitoba.

The University of Manitoba’s Faculty of Medicine, its students, alumni, staff, corporate friends and partners have committed \$1.6 million and the Winnipeg Regional Health Authority has committed \$1 million for the development of the facility. Manitoba Science, Technology, Energy and Mines is providing \$1 million through the Manitoba Research and Innovation Fund for the purchase of simulation teaching equipment.

(continued on page 3)

HUMERUS PROSE

One Christmas, Bob and Doug built a skating rink in the middle of a pasture. A shepherd leading his flock decided to take a shortcut across the rink. The sheep, however, were afraid of the ice and wouldn't cross it. Desperate, the shepherd began tugging them to the other side.

“Look at that,” remarked Bob to Doug. “That guy is trying to *pull the wool over our ice!*”

Source: http://www.joe-ks.com/archives_dec2003/Christmas_Puns.htm

SPACE UPDATE (continued from page 2)

Potential benefits to the health-care system through the use of medical simulation include more extensive education when it comes to patient safety and the fostering of shared problem-solving and teamwork.

"We're pleased to partner with the Faculty of Medicine to create and implement this exciting new learning opportunity for health-care students and professionals in Manitoba," said Dr. Brian Postl, president and CEO of the Winnipeg Regional Health Authority. "The chance to practice their skills and learn by doing will benefit, not only the professionals and students, but the patients they care for."

Since it began in 2003-04, the Manitoba Research and Innovation Fund has provided more than \$50 million for research and development projects, and research infrastructure and innovative support activities in areas such as health, agriculture, advanced materials and manufacturing, aerospace, cultural and new media industries, and alternative energy developments.

The new education facility using simulation equipment will be located at the University of Manitoba's Brodie Centre. Construction is now underway.

From a press release co-produced by the University of Manitoba's External Relations Office Bannatyne and the Winnipeg Regional Health Authority

SPIN AND AROUND

- "Farewell!" to **Office Assistant Jackie Welbourne**, who left the SP Program for a new job on October 26, 2007. We wish her well in all her future endeavours!
- "Welcome!" to new **SPs Kim Foxworthy, Betsy & Kailey Hiebert, Rachel Klassen, Colleen McIntyre, Gillian Sellman, and Alix Tessler**
- "Welcome *back!*" to **SP Ron Clay**, who returns to us after battling a prolonged illness
- "Congratulations!" to:
 - 1) **SP Jacqui Fox**, who is providing the voice for "Lunabory" on the animated series "Noonbory and the Super 7"
 - 1) **SPs Steve Pennicook, Scott Plett, and SPC Tim Webster** for winning "Best of Fest" for their Fringe show, *Mennonite's Guide to Savage Street Fighting* in July 2007
- "Safe travel!" to **SP Marilyn Rudge**, who will be studying in Norway until June 2008
- "Get well soon!" to **SP Noel Jolicoeur** who is recovering from surgery in October 2007
- 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 Recruit looks like, and this 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*

SESSIONS PENDING

Neuro III CS239: January 10 & 17, 2008

CAPE: January 12, 2008

Neuro IV CS244: January 31, 2008
February 7, 2008

CAPE: February 9, 2008

Neuro V CS251: February 14 & 21, 2008
CTA Sessions: January 8, 2008
February 19, 2008

Nursing 49.730: January 24, 2008 (CTAs)

Occupational Therapy 168.614:
February 1, 2008

Occupational Therapy 168.633:
February 4, 2008

Nursing 49.730: February 7, 2008 (MURTAs)

Occupational Therapy 168.614:
February 22 & 26, 2008

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.

SIMULATING PHYSICALLY . . . Muscle Weakness

*This feature ties in with the March issue's article on **Hemiparetic Gait**, and last issue's article on **Muscle Hypertonicity, Rigidity, & Spasticity**.*

* * *

Weakness is manifested in various ways on examination. It is often formally assessed by asking the patient to push or pull with various muscles such as bending or straightening the arm against resistance offered by the examiner holding the patient's wrist. Other muscles are assessed by the patient squeezing the examiner's fingers, or by watching a patient sit up without using his or her arms, standing from a chair, ascending steps, etc.

Let's take a fifty percent weakness in flexing the elbow as an example. Holding the SP's wrist, the trainer will ask the SP to bend his or her elbow against resistance to assess full strength. Then, the SP would flex again with only half that strength; the trainer should be able to overcome the push or pull and flex the elbow. No matter whether the trainer resists very hard or not hard at all, the SP should always apply that same fifty percent of strength.

When SPs simulate weakness, the resistance they offer is often jerky, and adapts to whether the examiner is pulling hard or pulling easily. The SP must practice until the motion is smooth and the degree of strength remains constant. Interestingly, once this is accomplished, the SP's strength will automatically diminish when the weak muscle is stretched a fair distance since muscles weaken when they are stretched; it's more difficult to bend an extended arm than to extend a bent one.

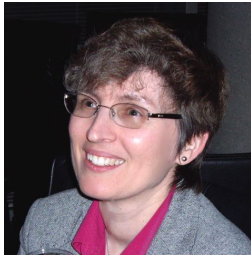
An SP simulating weakness must be prepared for all the different ways that weakness might be tested or noticed. The weakness must be demonstrated accurately when sitting, standing, walking or in any other movements that occur during the examination even if the muscles are not being directly examined. A good examiner will always watch a patient's movements to see if the muscle weakness remains present.

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. 22 & 23

SPOTLIGHT ON . . .

This feature continues to focus on the heads of three departments in the Faculty of Medicine which currently are the main funding partners for the Standardized Patient Program. Last issue profiled the head of Undergraduate Medical Education (UGME), and next issue will profile the head of the School of Medical Rehabilitation (SMR). This month will profile the head of Continuing Medical Education (CME).

* * *



Dr. Giselè Bourgeois-Law first encountered Standardized Patients in the late 70's here at the University of Manitoba when she met one or two SPs and some of the first CTAs (Clinical Teaching Associates) as a medical student. She now works full-time in the Office of Continuing Medical Education; half-time as Director of Clinician Assessment Programs and half-time as Associate Dean. She has been the Associate Dean CME since 2004 and the Director of CAPE since 1998.

The oldest of five siblings, she was born and raised in Winnipeg, a self-described "nerdy girl when girls weren't supposed to be nerds." She credits several former high school teachers as some of the most positive influences in her life, stirring her passion for learning new things. She graduated from the University of Manitoba with her Bachelor of Science (Medicine), her MD in 1979, and anticipates earning her Master's in May 2007.

She has her name on a dozen posters, presentations, and peer-reviewed publications, and fulfills several other commitments as: co-chair of the Western Assessment Alliance for International Physicians (WAAIP); a member of both the International Physician Assessment Coalition (IPAC) and the Coalition for Physician Enhancement (CPE); and as secretary of the Canadian Association for Medical Education (CAME). A member of the Canadian Task Force on Licensure of International Medical Graduates (report in 2004), she was also recently appointed to the Credentials Committee of the Royal College of Physicians and Surgeons of Canada, and elected to University of Manitoba Senate (June 2006-May 2009).¹

As it happens, the expiration of her term as a University Senator coincides with her plans to move to Victoria in 2009. She loves seeing new places, but at the moment prefers to visit Montreal where she can visit her two grown daughters, "who get along amazingly well when their parents are not around!" Her preference for Montreal may (or may not!) also be connected to her predilection for chocolate, since she found "a place in Montreal that sells different varieties of drinking chocolate from around the world."

Reference:

- 1) http://umanitoba.ca/faculties/medicine/dean/associate_dean_continuing_med_ed.html

HUMERUS PROSE

A paramedic in Miami answered a call about a man who received a head injury when some teenagers were throwing eggs at cars. It seems that the egg had come through the open window of the man's car as he was driving. He had a large swelling on his forehead, and the official report described the incident as an *egg-noggin*.

Source: <http://www.gomilpitas.com/humor/164.htm>

SPECIAL OCCASION

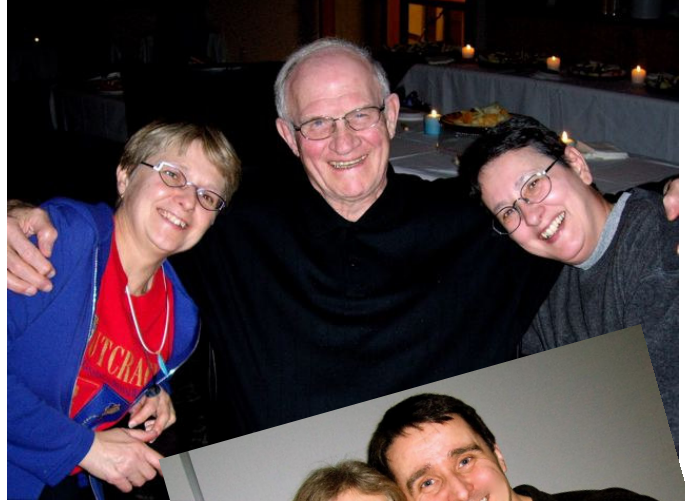
The third annual SP Program Holiday Party was held on Friday, December 7th from 5—7PM in Room 403 of the Brodie Centre.

Just over two dozen SPs, faculty members, friends, and family attended amidst candle-light, decorations, music, and tons of food. Our new resident photographer, SP Nancy Gajdosik (pictured below at centre) 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 temporary Office Assistant Krista Shidel in particular for handling the meticulous details.

We've 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!

SPs Darlene Hnatyshyn, Ken Kinsley, Sheila Bradford



SPC Holly Harris and SP Luc Labelle

SPs Harold Stone, Dennis Schrofel, Sheila Bradford, Darlene Hnatyshyn



SP Nancy Gajdosik



SP Dennis Schrofel



SPs Tegan and Xiam Webster



SPs Jacqui Fox and Megan Bédard



SPCs Lezlie Brooks, Tim Webster, Holly Harris

OUR SYMPATHIES

We extend sincerest condolences to:

1) the family of **SP Claire Hutchinson**, who passed away on July 14, 2007. Her full obituary can be viewed at:

http://www.passagesmb.com/obituary_details.cfm?ObitID=122359

2) the family of **SP Cyndi Brown**, whose daughter, Sarah - a former SP herself - passed away on September 10, 2007. Her full obituary can be viewed at:

http://www.passagesmb.com/obituary_details.cfm?ObitID=124812

3) the family of former **SP Margaret Lyndon**, who passed away on September 21, 2007. Her full obituary can be viewed at:

http://www.passagesmb.com/obituary_details.cfm?ObitID=125098

STANDARDIZED POETRY *contributed by SP Jacqui Fox*

SP Jacqui first presented a slightly different version of the poem below to her mother, SP Sheila Fox, as a Mother's Day gift. This October past, she thoughtfully submitted it to the SPread Sheet for everyone's enjoyment

Imagine YOU are the candidate reading the instructions below for an OSCE station . . .

PRESENTING SITUATION:

**Jacqui Fox, a 25-year-old female, presents to your office with "family trouble."
You have ten minutes to take a focused, relevant history.**

"Hello there Mrs. Fox, I'm Doctor Will. Permission to speak with you today?
Please understand that everything we say here in this room I assure you it will stay."

"Nice to meet you Doctor Will." (*He's cute, oh how freely I'd let him palpate away*)

"Oh by the way, call me Ms. not Mrs, I'm not married, much to my mother's dismay."

"What brings you in?" says the doctor, Purelling as he probes for clarification.

The patient resists breaking role though tempted to shout: "I get paid for this **Objective Structured Clinical Examination!**"

She responds with her opening line, "I'm here because of my mother."

The doctor poses an open-ended question "Hmm . . . what seems to be the bother?"

"Well, you see, it's Mayday now," elaborates the patient,

"Today, the 14th of May, is our mother's day celebration.

I can't decide what to buy for her. I'm afflicted with indecision.

The anxiety is getting to me, could you diagnose my lack of vision?"

"I can see you look upset," the doctor acknowledges the patient's distress,

"I'll prescribe some professional advice to help you sort out all this mess.

First, allow me to ask, if you don't mind, if you could rate your pain?

Anything that's dull, sharp, radiating, are details I must obtain.

(continued on page 8)

STANDARDIZED POETRY (continued from page 7)

On a scale of 1 to 10, 10 being the worst, please indicate where you feel you are,
From the presenting file on the door, I see your general health is under par."

The patient characterizes her pain and rates it a manageable 3 or 4.

"Blah blah blah," the doctor's jargoned response sounds, though she's heard this all before.

Then, remembering the SP prompt on page three of her background sheet,

She wants to offer up the checklist answer but no - she'd never cheat.

So she words her prompt, as per Tim's training, to progress the interview,

She asks if kind words might suffice, some flattering phrase or two.

She'd say she loves her mother like no other and appreciates her sacrifice.

She loves her for her nurturing. Her nattering? -a forgivable vice.

She'd share how she respects her commitment to morning exercise,

Her thoughtfulness of ideas for others, her crossword-puzzle brand of wise.

And the second buzzer sounds! This signal cues the doctor.

A knock on the door: "Two minutes to close," a reminder from Brian the Proctor.

The doctor thanks Young Patient Fox for trusting him to share her history.

He moves to information sharing, he anticipates a full recovery.

"At 25, your prognosis is good, be happy for the love, food and free rent.

Here's a pamphlet on mothers, they're a bug indeed, which require special treatment.

Avoiding the source of stress is advisable but in this case: best to face your mom.

Do you agree to the plan of honesty, to alleviate your bothersome symptom?

On our follow up in seven days we can check on how things have worked out.

Forgiveness for lack of a present, she'll grant you, of that I have no doubt.

Thank you for your time, I'm glad you chose to come to Klinik with a K.

It was great to meet such a clever young woman here in my office today."

The doctor rises to his feet and then shakes the patient's hand,

"I think your love for your mom is pure, I have a hunch she'll understand."

HUMERUS PROSE

It was the night before Christmas when Santa Claus' sleigh team became one member short because of a sudden illness.

An inflatable plastic reindeer was used to fill the void in the team, in hopes that no one would notice the missing animal.

Understandably, then, there was an awkward moment when, Regis, Chief of Elves, asked Santa just before he left:

"Is that your vinyl Prancer?"

Source: <http://sleepingopossum.homestead.com/Christmas/1z.html>

FUNNY THAT Using improvisation to open communications *by Randall Willis*

"A change is as good as a rest" we've often heard, but sometimes one can get just as much relaxation and insight by simply moving out of one's head—which is quite distinct from going out of one's mind—and allowing thoughts to flow freely. Such is the case with improvisational theatre—improv.

Medical practitioners are frequently called upon to make quick choices about a patient. Sure, years of medical training and experience provide guidelines that provide generally accepted practices, but patients are individuals, bringing a basketful of particulars that set each case apart from others. Thus, you are required to adapt the guidelines and experience to suit the new situation.

The same is true for improv. Improvisers may walk into a situation with preconceptions or even have a plan of attack, but people, events, and audience suggestions typically force them onto tangents. Only a quick wit and willingness to react rather than act—to cede control—keeps things moving.

"What we found is that the same skills that our actors need to be successful in an improv theatre context are the skills that you need to be successful in business," Tom Yorton, president of Second City Communications, told *Training* magazine in April 2006. "Things like how to listen, how to read a room, how to react to tough problems in the moment, how to build trust and disperse teams, and how to create and innovate."

Games people play

Like any skill, improvisation needs exercise and practice in order to improve—note the word "improv" is more than half of "improvement"—but this can be difficult without formal training. Luckily, comedy and improv classes can be found in almost any urban centre, whether through dedicated organizations, such as Second City, or through local

community colleges or adult education centres.

At Toronto's Second City Training Centre, participants make their way through five levels of improv work, each level adding new layers of complexity. The goal is not so much to churn out the next stars of "Whose Line Is It Anyway?"—unlikely, but not impossible—so much as to teach people how to explore new channels of creativity within themselves and communication with others.

The trainers—typically working improv and comedic actors—start by taking participants through a series of games designed to break down self-conscious barriers and to foster response without thought—no self-editing allowed. Beginners may feel like idiots, but they're in a supportive environment surrounded by other people who also feel like idiots. According to Bryce Moloney, account director for Second City Communication's Toronto office, it's all part of the process of learning how to play again.

Word play

Within the context of play, however, these games also teach people general lessons about human interaction.

The game "Yes, And!", for example, helps people understand the power of language, Moloney says. As he explains, two people start a simple conversation, the only rule being that each exchange must start with the expression "Yes, But."

"Person one may say: 'I'm going to take my son skating because one day he would like to play hockey'," he says. "The second person may then say: 'Yes, but hockey is a dangerous sport and your son might get hurt,'" to which the first person responds: "Yes, but hockey is our national sport and he will learn about teamwork," and onward it goes."

(continued on page 10)

FUNNY THAT (continued from page 9)

Very quickly, Moloney says, the conversation spirals downward into an argument and nothing constructive occurs. The facilitator then changes the rule so that each statement must start with "Yes, and . . .".

The very same exchange may go:

"I'm going to take my son skating because one day he would like to play hockey."

"Yes, and my daughter also enjoys skating, so perhaps she would like to play hockey too."

"Yes, and women's hockey has taken off in recent years."

"It doesn't take long for people to realize that this is a much more constructive conversation," he says. "They learn that the words you use matter. And it makes for a much healthier environment for the exchange of ideas."

Moloney describes these subtly worded exchanges as micro-transactions. He offers the example of a nurse who is afraid to speak her mind for fear of being dismissed and how she would be more likely to take that risk if presented with a physician who uses words and attitudes that seem to welcome new ideas.

"These games and exercises help to bridge the barriers or gaps to the exchange of ideas," he says.

Oh, I couldn't!

Second City Communications and other organizations also offer on-site workshops tailored to a group's needs. Typically starting with an interview with management, the workshop trainers will engage management and staff in games and interactions designed to address issues that may be barriers to optimal performance.

There isn't one personality type or professional level that does better or worse in the workshops, according to Moloney, but some people do seem to get more out of the workshops than others.

"Where we see the most growth is in people who don't think it's for them," Moloney says, in contrast to people chomping at the bit to participate. "The people who are the most nervous; the people who don't always get to practice their communications skills; these are the people who have the most room to grow."

"It may sound cliché, but we want to help people unlock the things that may be holding them back," he adds.

**Improv training resources
in the Winnipeg Area:**

Crosseyed Rascals (www.crosseyed.ca)

Crumbs (www.crumbs.ca)

ImprovVision (www.improvvision.ca)

Outside Joke (www.outside-joke.com)

Prairie Theatre Exchange (www.ptem.mb.ca)

***This article reprinted with permission from the May/June 2007 issue of Stitches
(www.stitchesmagazine.com)***

Happy Holidays!

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