



SPread Sheet

Volume 2, Issue 5, December 2009

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AN INOFFENSIVE HOLIDAY POEM *(with apologies to Clement Clarke Moore)*

'Twas the night before Christmas and Santa's a wreck . . .
How to live in a world that's politically correct?
His workers no longer would answer to "elves,"
"Vertically challenged" they were calling themselves.
And labour conditions at the North Pole
Were alleged by the union to stifle the soul.

Four reindeer had vanished, without much propriety,
Released to the wilds by the Humane Society.
Now equal employment had made it quite clear
That Santa had better not use just reindeer.
So Dancer and Donner, Comet and Cupid,
Were replaced with four pigs, and you know that looked stupid!

The runners had been removed from Santa's big sleigh;
The ruts were termed dangerous by the ol' E.P.A.
Some people had started to call for the cops
When they heard sled noises up on their roof-tops.
Second-hand smoke from his pipe had his workers quite frightened.
His fur trimmed red suit was deemed "unenlightened."

And to show you the strangeness of life's ebbs and flows,
Rudolf was suing over unauthorized use of his nose
And had gone on "Geraldo," in front of the nation,
Demanding millions in over-due compensation.

So, half of the reindeer were gone; and his wife,
Who suddenly said she'd enough of this life,
Joined a self-help group, packed, and left in a whiz,
Demanding from now on her title was "Ms."

And as for the gifts, why, he'd ne'er had such a notion
That making a choice could cause so much commotion.
Nothing of leather, nothing of fur,
Which meant nothing for him. And nothing for her.

(continued on page 2)

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, 2010**. Contact information is provided in the sidebar on page two. 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.

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ISSN 1715-5452

AN INOFFENSIVE HOLIDAY POEM *(continued from page 1)*

Nothing that might be construed to pollute.
Nothing to aim. Nothing to shoot.
Nothing that clamoured or made lots of noise.
Nothing for just girls. Or just for the boys.

Nothing that claimed to be gender specific.
Nothing that's warlike or non-pacific.
No candy or sweets . . . they were bad for the tooth.
Nothing that seemed to embellish a truth.

And fairy tales, while not yet forbidden,
Were like Barbie and Ken, and better off hidden.
For they raised the hackles of those psychological
Who claimed the only good gift was one ecological.

No baseball, no football . . . someone could get hurt;
Besides, playing sports exposed kids to dirt.
Dolls were said to be sexist, and should be passé;
And Nintendo would rot your whole brain away.

So Santa just stood there, disheveled, perplexed;
He just could not figure out just what to do next.
He tried to be merry, he tried to be gay,
(But you've got to be careful with that word today).
His sack was quite empty, and lay on the ground;
Nothing fully acceptable was there to be found.

Something special was needed, a gift that he might
Give to all without angering the left or the right.
A gift that would satisfy, with no indecision,
Each grouping of peoples, and every religion;
Every ethnicity, and every hue,
Everyone, everywhere . . . even me, even you!
So here is that gift, its price beyond worth . . .
"May you and your loved ones enjoy peace on Earth."

Source: http://www.appleseeds.org/twas-night_vers.htm

*HAPPY
HOLIDAYS!*

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

SESSIONS PENDING

IMG MURTA Session
January 5 & 15, 2010

Breast Teaching Sessions
January 6, 7, 13, 20, 21 & 27, 2010

CTA Sessions:
January 6, 8, 11, 13, 22, & 27, 2010
February 5, 10, 17, 19, 22 & 24, 2010

Med II / Neurology
January 7, 14, 28, 2010
February 4, 11, & 18, 2010

PAEP Sessions
January 7, 8, 11 & 12, 2010

CAPE
January 16 & 30, 2010
February 20, 2010

Occupational Therapy Course 6140
January 22 & 26, 2010
February 2, 2010

Pharmacy Course 1100
January 24, 2010
February 24, 2010

Occupational Therapy Course 6303
January 29, 2010

Nursing Course 7300 / MURTA
February 4, 2010

Physiotherapy Course 3760
February 10, 2010

CS206: Clinical Interviewing / Abuse & Neglect
February 16 & 23, 2010

Health Canada / MURTA
February 18, 2010

Pharmacy 3100
February 9, 2010
March 2, 2010

NB: This listing is for informational purposes only; some of the sessions listed are already in progress. 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.

SPOTLIGHT ON . . .

Dr. José François, Acting Head, Department of Medical Education

Dr. J. Dean Sandham, Dean, Faculty of Medicine, is very pleased to announce the appointment of Dr. José François as the Acting Head, Department of Medical Education effective October 1, 2009 (pending Board of Governors approval).

Dr. François is a family physician at the St-Boniface General Hospital and the St-Boniface Health Centre. He completed his B.Sc. at the College Universitaire de St-Boniface, his M.D. degree at the University of Sherbrooke and his family medicine residency at the University of Manitoba. He has recently completed a Masters of Medical Education from the University of Dundee in Scotland.



In his clinical practice, he has promoted the use of several innovations including Advance Access Scheduling, shared-care models for mental health services, interdisciplinary practice,

(continued on page 4)

SPOTLIGHT ON . . . (continued from page 3)

as well as the integration of electronic medical records and Telehealth in primary care settings.

He is Assistant Professor in the Department of Family Medicine and was the Faculty lead for the development of the Department of Family Medicine's Bilingual Family Medicine Stream which includes clinical training sites in St-Boniface, Ste-Anne and Notre-Dame. At a national level, he has led AFMC initiatives in the area of social accountability to francophone minority communities and has been a member of Health Canada's Ministerial Committee on Tobacco Control.

In 2008, he was appointed Associate Dean, Continuing Medical Education at the Faculty of Medicine, University of Manitoba. In addition to his experience as a family medicine educator, he brings expertise in the area of accreditation of medical programs.

**Source: MEDLines, E-Newsletter of the Office of the Dean, Faculty of Medicine
October 21, 2009**

SPIN AND AROUND

- "Farewell!" to **SP Ruthy Gale** who resigned in September after many years of participation in the SP Program.
 - "Welcome!" to:
 - 1) New **SPs Reid Graham** and **Tracy Shibou-Savoie**
 - 2) **Cindy Lewkiw**, Administrative Assistant for the Department of Medical Education
 - The phone number for the Standardized Patient Program Training Room, 203 Brodie Centre, is **272-3164**. Please use this number if an SPC is expecting you for a training session but for some reason you aren't on time.
 - Please be sure to provide our Office Assistant, **Cathy MacDonald**, with any changes in your personal or contact information as they occur. You can reach her at macdona3@cc.umanitoba.ca or at 480-1308.
 - We are still compiling a catalogue of photos of all the SPs and Applicants in the program. The Coordinators don't know what each and every SP and Applicant looks like, and a catalogue will help us to fill roles more easily. If you haven't already, please forward an 8" x 10" picture of yourself – preferably in black and white – to the SP office. You can send your pictures electronically to: webstert@cc.umanitoba.ca
- . . . or mail them by regular post:
- Attn: Tim Webster, SPC
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HUMERUS PROSE

Not everyone is fond of visiting Santa. In fact, some children—and adults even—are downright terrified of Old Saint Nick. Psychiatrists now say these people suffer from a condition known as . . . *Claustrophobia*. The cure? You have to build up your *low elf-esteem*.

Source: <http://www.bbc.co.uk/stoke/features/christmas/jokes.shtml>

HOLIDAY PARTY SNAPS

The fifth annual SP Program Holiday Party was held on Friday, December 11th from 5–7PM in the Pedway Café. Just over two dozen SPs, faculty members, friends, and family attended amidst candlelight, decorations, music, and tons of food.



SP Nancy Gajdosik & Manju Balachander, CLSF System Administrator



SP Brett Buckingham — plus one goofy hat.



SPC Lezlie Brooks and SP Luc Labelle



Singing maven and CLSF receptionist Gloria de Paz-Hrynuik



SP Barbara Winestock



No, it's not St. Nick—it's SP Harold Stone!



SP Brian Davisson



SP Rick Frost & UGME Associate Dean, Dr. Bruce Martin



SP Sheila Bradford is having more fun than she probably should —as usual.

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

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!



CLSF Director Dr. Rob Brown



SPs Xiam & Xyla Webster & SPC Tim Webster

SYMPTOMS . . . Meningitis

Meningitis is a serious inflammation of the meninges, the thin, membranous covering of the brain and the spinal cord. Meningitis is most commonly caused by infection (by bacteria, viruses, or fungi). Although there can be other causes, the most serious and difficult-to-treat types of meningitis tend to be those caused by bacteria. In some cases, meningitis can be a potentially fatal condition

Brudzinski's Sign

This test for meningitis is done with the patient prone (lying down). The SP's head is suddenly and forcibly flexed forward pushing the chin towards the chest. When the sign is present (positive) the patient will reflexively bend hips and knees, usually to only a slight degree.

It is a very painful experience for a patient who actually has meningitis and is normally used only with unresponsive or poorly responsive patients. There would also be nuchal rigidity.

Nuchal Rigidity

This common symptom of meningitis is associated with a severe headache, and is also best assessed when the patient is prone. The examiner puts his or her hand behind the patient's head and bends it forward. Nuchal rigidity prevents the head from being fully

flexed and as the neck is being bent it actually feels like it locks and cannot be bent further. This flexing severely aggravates any headache.

When this is being simulated and the SP stops the examiner from bending the head fully by locking the neck, the tendency is for the SP to push back on the examiner's hand. The SP must practice locking the neck at the appropriate point without pushing back—this takes practice. The SP would demonstrate considerable distress and discomfort with this maneuver.

Even though the head cannot be bent forward it can be moved in all other directions, and can be rotated and bent to the right and left. This differentiates nuchal rigidity from arthritis.

- 1) 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. 6 & 23
- 2) Definition of meningitis from The Free Medical Dictionary, <http://medical-dictionary.thefreedictionary.com/meningitis>

DR. MARTIN WINS PRIZE

Bruce Martin, MD, CCFP, MSc; Associate Dean, Undergraduate Medical Education; Director, J. A. Hildes Northern Medical Unit; Coordinator, Clinical Skills Programme has been named the John Arthur Hildes Circumpolar Health Award medal winner.

In 1987, the Canadian Society for Circumpolar Health, with a grant from the Donner Canadian Foundation, struck a medal in honour of Dr. Hildes. The Hildes medal has been awarded at each International Congress on Circumpolar Health to distinguished individuals nominated by the adhering bodies of the International Union for Circumpolar Health. Since 1987, more than twenty researchers and health workers from



DR. MARTIN WINS PRIZE *(continued from page 6)*

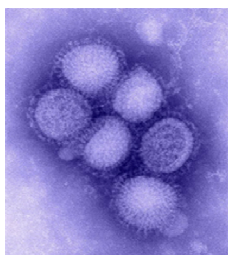
Alaska, Canada, the Nordic countries and Russia have received this award. Between them, the recipients share an unsurpassed volume of knowledge and experience about the Arctic.

The award is one of prestige and honour, to be given to those working in any of the circumpolar nations with the dedication exemplified by that of Dr. Hildes. It is an international prize, awarded to individuals demonstrating excellence in northern medicine and health, in consideration of their contributions through service, research and humanitarianism.

From an interdepartmental e-mail, October 6, 2009

H1N1 IMMUNE RESPONSE

A University of Manitoba led national team of researchers has been awarded \$300,000 in new funding from the Canadian Institutes of Health Research (CIHR) to study the mechanism of infection and the immune response of patients who experience severe respiratory illness (SRI) associated with the H1N1 flu virus.



The H1N1 virus

The team is being led by Satyendra Sharma, professor and head of the section of respirology in the University's department of internal medicine and head of respirology at the Health Sciences Centre and St. Boniface General Hospital.

Federal Minister of Health Leona Aglukkaq today announced support for a total of five new research projects designed to help further understand and address the H1N1 flu virus, while touring the Public Health Agency of Canada's National Microbiology Laboratory in Winnipeg.

"Canada is a global leader in H1N1 flu virus research, including research with our international partners on a safe and effective H1N1 vaccine," said Health Minister Leona Aglukkaq. "The scientific research we are funding today will help ensure that our knowledge, approach and planning remain among the best in the world."

Sharma's project will provide insights into what leads to SRIs that result in hospitalization of the patient. The team will study the immune systems of the infected individuals, the spectrum of gene activation in host cells upon H1N1 viral infection, and the genetic variation in both individuals with SRIs and those with mild disease following H1N1 infection. This approach will reduce both the number of people who become ill and those who die as a result of seasonal influenza.

"The research team led by Dr. Sharma and his colleagues nationally, is taking a unique approach to finding answers to the factors associated with SRIs in at-risk populations," said Digvir Jayas, Vice-President (Research) at the University of Manitoba. "This collaborative approach will give answers that can be used to reduce the severity of current and future pandemics."

The research team is made up of collaborators across Canada and includes the Cadham Provincial Laboratory; University of British Columbia; University of Western Ontario; Hospital for Sick Children, University of Toronto; Institute for Bidiagnostics, National Research Council; McMaster University, Dalhousie University, Public Health Agency of Canada; and the Ontario Agency for Health Protection and Promotion.

The research announced today – a total \$2.4 million to five projects over 2 years - is being funded through

(continued on page 8)

H1N1 IMMUNE RESPONSE (continued from page 7)

CIHR’s Catalyst Grant program, which provides short-term funding for targeted health research activities. The projects were selected through a rigorous, independent peer review process following a call for applications issued in July 2009.

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's agency for health research. CIHR's mission is to create new scientific knowledge and to catalyze its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support over 10,000 health researchers and trainees across Canada.

Source: U of M e-memo, October 14, 2009

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=10/14/2009&npa=20537>

SCIENCE OF PRECISION Fighting AIDS With Math

Every minute, four more young people become infected with HIV. Each day, over 5,000 people die of AIDS. How do you tackle numbers this daunting? With math, according to Abba Gumel.



cally just bones, like nothing. I think by the time we left, he had probably died,” says Gumel. “It’s not just something abstract that mathematical modelers are doing. It is a well-rounded science that affects the lives of millions of people around the globe.”

The University of Manitoba professor puts pen to paper to develop and test mathematical models that track the spread of diseases like HIV or H1N1 and determine the most effective plan of attack. He figures out their pattern and tries to predict how many people will get sick, end up in hospital or die. He can also show public health officials how to best control an outbreak by using methods like quarantine, vaccination, and awareness campaigns.

His latest project has the potential to make a huge impact. Gumel and his postdoctoral fellow Dr. Salisu M. Garba recently constructed a mathematical model (which is a system of equations) that if put into action, they say, would lead to the elimination of HIV in Nigeria in roughly 20 years. About three million people in the West African country (population 150 million) are HIV-positive.

Gumel’s world revolves around scores of numbers but he says it’s the individuals behind the figures that drive him. He recalls touring a health centre in Botswana and looking into the eyes of a young man in his 20s only minutes away from dying of AIDS. The patient could no longer talk but his eyes spoke volumes.

A mathematical model is a representation of reality and, in the context of disease spread, is designed with input from sources like public health officials, clinicians, statisticians and pharmaceutical scientists. Gumel then plugs in different parameters and runs scenarios to determine which control strategy – condom distribution, for example – would prevent the greatest number of new infections and deaths.

“That was compelling. That was absolutely compelling. I looked at him and he was basi-

He says mathematics offers a cost-effective scientific approach for studying disease transmission since it doesn’t require expensive lab equipment **(continued on page 9)**

SCIENCE OF PRECISION Fighting AIDS With Math *(continued from page 8)*

and lengthy lab experiments. Mathematical modeling also helps resource-poor nations minimize the burden of diseases while using limited available resources.

Gumel’s recent findings have caught the attention of some Nigeria public health officials who want to know more about his low-cost recipe of counseling, condom distribution and drug intervention. Helping to eliminate HIV in the most populous country in Africa may be a lofty goal, but it’s also a personal mission for the researcher.

He holds Nigeria close to his heart; it’s where he was born and raised, and where he first fell in love with math. At only three-years-old, he would tag along to class atop the shoulders of his uncle, who was a primary school teacher in Kano. One of nine siblings, Gumel recalls hunkering down at the back of the classroom and being enamored by the sight of numbers his uncle scribbled on the chalkboard for the older school children.

“Mathematics is the science of precision. It is everywhere. It’s the foundation of the natural and engineering sciences,” says Gumel, who is the director of the Institute of Industrial Mathematical Sciences at the U of M. “Mathematics is about studying the often complex relationships between objects and observing patterns. It’s not just about adding

and subtracting numbers.”

Gumel has put his expertise to use to help combat diseases like Tuberculosis and West Nile virus. He and his colleagues successfully predicted that the 2003 SARS outbreaks in Toronto could effectively be contained using quarantine and isolation.

A few years later, he and his collaborators evaluated Canada’s 2006 preparedness plan for pandemic influenza and discovered it underestimated the projected burden and may have been inadequate to effectively control its spread. His accompanying paper recently received the prestigious Dr. Lindsay E. Nicolle Award from *The Canadian Journal of Infectious Diseases and Medical Microbiology*.

Now Gumel is part of a team who are working towards achieving the United Nation’s goal of eradicating malaria from the planet by 2020. Every year, malaria kills three million people.

“Lots of people are dying, especially children. It’s very deadly. It’s terrible. It’s a big problem,” says Gumel, who believes mathematical modeling can be part of the solution.

Source: U of M e-memo, October 14, 2009

<http://myuminfo.umanitoba.ca/index.asp?sec=7&too=100&eve=8&dat=10/9/2009&npa=20483>

SIGNIFICANT PROCEDURE Fighting AIDS With Circumcision

By this time tomorrow, thousands more people around the world will have become infected with HIV. The virus remains determined and aggressive, much like the scientists trying to stop it in its tracks. University of Manitoba professor Stephen Moses was principal investigator in research that revealed a significant hole in the deadly virus’ armor. His team showed that male circumcision significantly reduces the risk of acquiring HIV for men who have heterosexual intercourse.

Today, the Canadian Institutes of Health Research (CIHR) and the Canadian Medical Association Journal (CMAJ) declared these findings one of the Top Canadian Achievements in Health Research.



U of M professor, Dr. Stephen Moses

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SIGNIFICANT PROCEDURE Fighting AIDS With Circumcision (*continued from page 9*)

Estimates show that male circumcision in hard-hit sub-Saharan Africa could avert more than 7.7 million HIV infections and 3 million AIDS deaths during the next two decades. Findings from this research have prompted the Government of Kenya to establish a task force and adopt national policy guidelines for voluntary male circumcision.

"Dr. Moses' project is one of only eight across the country to receive this prestigious honour, which speaks volumes about its impact in terms of reducing the spread of HIV and saving lives," says Dr. Digvir Jayas, Vice-President (Research) at the University of Manitoba. "Not only has Dr. Moses improved our understanding of this disease, but these findings have already been put into action, and have encouraged many countries in eastern and southern Africa to increase male circumcision services in their battle against HIV and AIDS."

Moses, along with colleagues in the United States and Kenya, conducted a randomized clinical trial involving men in Kenya, and showed that circumcised men were over 50 per cent less likely than uncircumcised men to acquire HIV during sex with women. The clinical trial began in 2001 and involved more than 2,700 men before coming to a close nearly five years later.

The trial ended early when its Data Safety and Monitoring Board deemed that the results were already so compelling it was unethical to continue without offering the control group the protection of circumcision. In 2007, Time magazine identified male circumcision for HIV prevention as one of the year's top medical

breakthroughs.

A physician and public health specialist, Moses says these findings will have the greatest impact in regions where HIV infection rates are high and rates of male circumcision are low, such as several countries in eastern and southern Africa. In these settings, it could take as few as 19 circumcisions to prevent one person from contracting HIV.

"Doing more male circumcisions over a period of years in those countries, so that the majority of adult men become circumcised, could result in a reduction in HIV prevalence in the general population by as much as 67 per cent," says Moses. "Not only would this save lives and reduce suffering, which is paramount, but it would also help economically by reducing the costs associated with HIV/AIDS care. In South Africa, for example, it has been estimated that male circumcision could cost as little as \$181 to avert one HIV infection."

Moses says he is appreciative that the findings have garnered recognition as a Top Canadian Achievement in Health Research. As one of three principal investigators – and the only Canadian – he attributes the success of the Kenya trial to having a strong team of collaborators.

"It was a complex undertaking that required expertise in a variety of different disciplines," Moses says.

Source: U of M e-memo, September 30, 2009

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=9/28/2009&npa=20366>

HUMERUS PROSE

As we invariably rush through the holiday season, attending this function or that function, shopping for this present or that present, observing whatever traditions we may or may not hold dear, you should always remember that this time of year provides its own compensation: "stressed" is just "desserts" spelled backward.

Source: http://www.bestcleanfunnyjokes.info/index.php/site/comments/one_line_christmas_jokes/