



# SPread Sheet

Volume 1, Issue 12, March 2008

## IN THIS ISSUE

### FEATURES

SESSIONS PENDING	3
SPIN AND AROUND	4
OUR SYMPATHIES	4
STAYING PROFESSIONAL	4
HUMERUS PROSE	5, 8
SIMULATING PHYSICALLY . . . Coma	6

### ARTICLES

MORE OPPORTUNITIES IN THE FACULTY OF MEDICINE	2
SPOTLIGHT ON . . . Dr. Emily Etcheverry	7
FIRST PROGRAM OF ITS KIND	8

Contributors to this issue include:

Dr. Wil Fleischer

Ilana Simon



## IT'S A GRAND OPENING!

Hold the date!

Dr. Emőke Szathmáry  
President and Vice-Chancellor, University of Manitoba

Dr. J. Dean Sandham  
Dean of Medicine, University of Manitoba

Dr. Brian Postl  
President and CEO, WRHA

. . . cordially invite you to the . . .

**Clinical Learning and Simulation Facility (CLSF)  
Grand Opening & Media Conference  
Friday, April 11, 2008, 1PM  
University of Manitoba Brodie Centre Atrium  
727 McDermot Avenue**

Guided tours of the CLSF will be available 2—4:30PM.

For more information, call 977-5615 or e-mail:  
[ext\\_rel\\_bannatyne@umanitoba.ca](mailto:ext_rel_bannatyne@umanitoba.ca)



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Faculty of Medicine



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**Compiled from files from the External Relations Office,  
Bannatyne Campus, and the Faculty Development Office,  
Faculty of Medicine, University of Manitoba**

## 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 **May 31, 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](mailto:webstert@cc.umanitoba.ca)  
 Home Page:  
[http://www.umanitoba.ca/faculties/medicine/education/ed\\_dev/spp.html](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

Cathy McDonald,  
 Office Assistant

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**MORE OPPORTUNITIES IN THE FACULTY OF MEDICINE**

Starting in September 2008, the University of Manitoba will add 10 more seats to the Faculty of Medicine. A \$3-million investment from the province will help bring the total number of students entering the faculty to 110.

The announcement was made on February 5 by Health Minister Theresa Oswald and Advanced Education and Literacy Minister Diane McGifford.



*Left to right: Health Minister Theresa Oswald, U of M President Dr. Emőke Szathmáry, Advanced Education and Literacy Minister Diane McGifford*

“This announcement reflects our strong commitment to the health-care needs of Manitobans. With these additional 10 seats, we are continuing to add to the growing number of physicians practising in Manitoba,” said Oswald. “Investing in front-line health-care professionals is part of our continuing commitment to improving the quality and access to our health-care system for all Manitobans.”

The Manitoba government will have expanded the U of M’s school of medicine seats by 57 per cent with the addition of these 10 new seats. Since 1999, the province has increased the total number of seats by 40.

“The University of Manitoba faculty of medicine is proud to partner with the Province of Manitoba to enhance medical training and education in this province,” said Dr. J. Dean Sandham, dean of the Faculty of Medicine. “Additional spaces in the faculty address the challenges of today’s health-care system and will positively impact patient care in Manitoba.”

The ministers also introduced the new Medical Education Curriculum Management System, an electronic, web-based information system on which both students and faculty can utilize real-time access to the curriculum including lectures, notes and reference material online from anywhere in Manitoba. The system also includes management of schedules, locations, teachers’ schedules, access to the U of M library and individual spaces for students to utilize. This is part of a larger strategy to expand the U of M’s expertise in health informatics.

*(continued on page 3)*

**SPECIAL OCCASION**

The University of Manitoba 2008 Convocation honouring Medical School Graduates will take place  
 Friday, May 16, 2008 at 10:30AM in the Brodie Centre Atrium.

***From MEDLines, the Faculty of Medicine E-News, March 26, 2008  
 edited by Ilana Simon, External Relations Office, Bannatyne Campus***

**MORE OPPORTUNITIES IN THE FACULTY OF MEDICINE** *(continued from page 2)*

“Innovative approaches to teaching and learning are an important part of the current educational environment. Students at the U of M need to be able to take advantage of new technology and teaching tools whenever possible,” said McGifford. “This system will make it easier for students to study and have access to the information they need.”

“I want to thank the Province of Manitoba for its very generous support for these two important initiatives in the faculty of medicine,” said Dr. Emőke Szathmáry, president and vice-chancellor of the University of Manitoba. “The support of the province to increase the number of seats for medical students by 40 over a nine-year period reflects its commitment to serve the health-care needs of Manitobans. The increase of 10 seats announced today, combined with the implementation of the Curriculum Management System, will assist the university in offering a high-calibre medical education to our students.”

The ministers also noted that details are being finalized to support the implementation

of a new physician assistant masters program at the University of Manitoba. Physician assistants are health-care professionals who work under the supervision of a physician, performing a number of duties which may include conducting physical examinations, ordering diagnostic tests, assisting in surgery, prescribing medications and counselling patients on health-care issues. Once details are finalized, the physician assistants masters program would be the first of its kind in Canada (\* *Editor’s note: see page 8 for more details*).

Since 1999, medical seats at the University of Manitoba's faculty of medicine have expanded as follows:

- 1999 – 70 seats
- 2001 – 15 seats added, totalling 85
- 2005 – eight seats added, totalling 93
- 2006 – seven seats added, totalling 100
- 2008 – 10 seats added, totalling 110.

***From a University of Manitoba e-memo, Wednesday, February 6, 2008***

<http://myuminfo.umanitoba.ca/index.asp?sec=2&too=100&eve=8&dat=2/6/2008&npa=14997>

**SESSIONS PENDING**

Comprehensive Patient Assessments:  
 April 4, 9, 18 & 23, 2008  
 May 2 & 7, 2008

Clinical Interviewing: Information Sharing  
 April 8, 15, 18, & 22, 2008

Occupational Therapy Exam, Course 168.777:  
 April 9, 2008

Med II OSCE: April 12, 2008

Western Neonatal-Perinatal OSCE:  
 April 14, 2008

Family Practice Assessment: April 19, 2008

Clinical Interviewing: Sharing Bad News  
 April 24, 2008  
 May 1, 8, & 15, 2008

Med I Mini-OSCE: April 26, 2008

RCA Exam: April 26, 2008

CTA Sessions: March 31, 2008  
 May 12, 2008

CAPE: May 24, 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.**

## SPIN AND AROUND

- **SPC Lezlie Brooks** has a new phone number to go along with her new office in T151A. You can reach her at: 977-5674.
- "Get well soon!" to **SP Dennis Schrofel** who is recovering from heart problems
- "Congratulations!" to:
  - 1) **SPC Holly Harris**, who became engaged in November 2007; a December wedding is planned
  - 2) **SP Darren Felbel** on his appearance in the True Value commercials
  - 3) **SP Tami Giesbrecht** and her husband, Mike, on the birth of their fourth son, Phinehas Wesley (pictured at right), 7 lbs., 11 oz., 20 inches, on March 24, 2008
- "Welcome!" to:
  - 1) new **SPs Geoffrey Konrad** and **Sandra Starr**
  - 2) our new Office Assistant, **Cathy MacDonald**, who's been with us since January 28, 2008. Please be sure to give



her a warm welcome the next time you're in the office . . . and provide her with any changes in your personal or contact information as they occur. You can reach her at 480-1308 or at [macdona3@cc.umanitoba.ca](mailto:macdona3@cc.umanitoba.ca). See the **SPOTLIGHT ON ...** feature in the next issue of the *SPread Sheet* for more information about our newest team member.

- We are still compiling a catalogue of photos of all the SPs and Applicants in the program. Not all of the Coordinators know what each and every SP and Applicant 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](mailto: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*

## OUR SYMPATHIES

We extend sincerest condolences to:

- 1) **SPs Sheila** and **Jacqui Fox** on the loss of Sheila's father and Jacqui's grandfather, Mendle Meltzer, on March 15, 2008. The full obituary is available for viewing at: [http://www.passagesmb.com/obituary\\_details.cfm?ObitID=133251](http://www.passagesmb.com/obituary_details.cfm?ObitID=133251)
- 2) **SP Alf Kollinger** on the loss of his wife's mother, Mary Mocogni, on March 11, 2008. The full obituary is available for viewing at: [http://www.passagesmb.com/obituary\\_details.cfm?ObitID=132893](http://www.passagesmb.com/obituary_details.cfm?ObitID=132893)

## STAYING PROFESSIONAL

Standardized Patients have three new opportunities to enhance their learning in the two months.

- **Scoring & Providing Written Feedback for the IPS Component of CAPE – Part II**

Dates and times: Tuesday, April 8, 2008, 6–9PM

Tuesday, April 15, 2008, 6–9PM

*(continued on page 5)*

**STAYING PROFESSIONAL** *(continued from page 4)*

Location: Bannatyne Campus, Chown Building, 753, McDermot Avenue, Room A106 (enter through Brodie centre and look for directing signs)

Facilitator: Ingrid Toews, Ph.D

The focus of this workshop will be watching videotaped physician/patient interviews and comparing participants' ratings and comments, in order to assess accuracy and consistency amongst the ratings.

Attendance is strongly encouraged; the workshop is open to SPs on the VIP system who are currently involved in CAPE exams and those who would like to be in the future.

**NB:** *SPs do NOT need to have participated in one of the fall CAPE workshops in order to attend.*

SPs who attend will be reimbursed at Level 1 for their time, and food will be provided. Register by calling Cathy MacDonald (SP Program Office Assistant) at 480-1308 or e-mailing: [macdona3@cc.umanitoba.ca](mailto:macdona3@cc.umanitoba.ca)

- **Non-violent Crisis Intervention ® Course**

Date and time: Wednesday, May 7, 2008, 8:30AM—4:30PM

Location: Fort Garry Campus, University Centre, Room 205/207

Facilitators: Patrol Supervisor Kurt Christoph  
Constable Blair Herrebut  
Constable Randy Schmeichel

Cost covered by Learning and Development Services.

"Nonviolent Crisis Intervention is a safe, non-harmful behaviour management system designed to help human service workers provide for the best possible care and welfare of assaultive, disruptive, or out-of-control persons even during the most violent moments." - Crisis Prevention Institute, Inc.

Register online at: [http://www.umanitoba.ca/admin/human\\_resources/training/reg](http://www.umanitoba.ca/admin/human_resources/training/reg)

**HUMERUS PROSE**

A doctor made it his regular habit to stop off at a bar for a hazelnut daiquiri on his way home. The bartender knew of his habit, and would always have the drink waiting at precisely 5:03PM.

One afternoon, as the end of the work day approached, the bartender was dismayed to find that he was out of hazelnut extract. Thinking quickly, he threw together a daiquiri made with hickory nuts and set it on the bar.

The doctor came in at his regular time, took one sip of the drink and sputtered: "This isn't my usual! What is this?"

Without missing a beat the bartender replied: "*It's a hickory daiquiri, doc.*"

**Source:** <http://www.punoftheday.com/cgi-bin/punjoke.pl?number=7>

## SIMULATING PHYSICALLY . . . Coma

*This feature is the beginning of a series on how to accurately simulate various degrees of coma and unresponsiveness. The next installment will focus on the Cheyne-Stokes respiration pattern mentioned in the article below.*

\* \* \*

An SP simulating a comatose patient will lie on the bed or table, unresponsive to any stimuli: speech, loud noises, or being stuck with a pin or other painful stimuli. If the examiner were to open the SP's eyelids, the SP would need to use the same technique as for simulating blindness (*\*Editor's note: this will be included in September's issue*).

If the limbs are moved, the limbs are limp and unresponsive. If, for example, an examiner were to lift and bend the patient's knee and then suddenly let go, the leg will collapse out straight. If the examiner were to lift up the patient's arm with the hand over the patient's face and suddenly let go, the hand will fall on the face.

The SP's fingers, wrists, arms, ankles, legs, jaw, and neck should offer no resistance when moved; they should all be limp as a wet noodle.

Different comatose patients, however, will present with varying symptoms, and varying degrees of those symptoms, so determining the appropriate level of consciousness with the trainer based on the case notes is crucial.

- Will the patient respond to verbal commands and/or hearing his/her name?
- Will the patient respond to being shaken or painful stimuli?
- If so, will that response be mere reflex or meaningful (mumbling or withdrawing)?

## HUMERUS PROSE

The difference between a neurotic and a psychotic: a psychotic patient thinks that  $2 + 2 = 5$ , whereas a neurotic *knows* the answer is 4, but worries about it.

**Source:** <http://www.geocities.com/medicaljokes/>

Attention to such details can produce a very realistic simulation.

Depending on the cause for coma given in the case notes, the SP may need to simulate other neurological signs: reflex changes, lack of sensation on one side, or even paralysis. A dilated pupil can be simulated with a few drops from a quick-acting solution (mydriatic). If the drops are administered with accurate timing, the pupil will become less reactive and dilate during the physical examination, suggesting an emergency.

In vigilant coma, the patient appears to be comatose, but is not actually in a coma; a lesion deep in the brain is preventing the patient from responding to his or her environment. This is sometimes referred to as "locked-in" syndrome; the patient cannot move a muscle—arms, legs, mouth, eyes—or speak. The eyes are open with an unblinking stare, apparently about to talk (reptilian stare).

Some patients, however, with vigilant coma are able to close and open their eyes on command. They may close their eyes if something rapidly enters their field of vision or if it seems that they are about to be hit in the face. To simulate this, the SP must be able to keep eyes open without blinking or fluttering the eyelids. If the eyes go dry, the SP can close them for a short period of time, and then open them again, but without blinking or fluttering of the eyelids.

**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. 8 & 9**

**SPOTLIGHT ON . . .**

*This is the final installment of this feature's 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 Continuing Medical Education (CME), and this month will profile the head of the School of Medical Rehabilitation (SMR).*

\* \* \*



**Dr. Emily Etcheverry, Ph.D.** has traveled the path of an Occupational Therapy (OT) student, to becoming an OT, to an instructor of OT students, to an administrator of teachers of OT students – all within the same faculty!

Born and bred in Winnipeg, she began her studies at the University of Manitoba in 1968. There was no degree program at that time, so she graduated with a three-year OT Diploma in 1971. Once the degree program was established, she returned for another year and graduated with her undergraduate degree in 1979.

She became a part-time sessional instructor for the OT Department, and then a full-time instructor. She moved up to coordinating the field-work placements for students, and then became a faculty member. During this time she continued her studies and earned her Masters of Education in 1990. In 1998, shortly after earning her Ph.D., she became the head of the OT Department.

She first encountered Standardized Patients as they were introduced to OT OSCEs in the 1990's. Since then, SPs have become an integral part of the OT and PT curricula in communication skills sessions and practical exams.

In 2004, she became the Director of the School of Medical Rehabilitation and the Associate Dean of Medical Rehabilitation and Allied Health. Her name appears in several peer-reviewed publications, and she has made presentations all across Canada, from the Canadian Health Libraries Association conference in Vancouver, B.C. to the annual conference of the Canadian Association of Occupational Therapists in Montreal, QC.

She still manages to find time to teach a couple of courses, while pursuing her professional special interests: quality of student life, professional education, ethics in health care, quality of life of older adults, and occupational science.

What occupies her time outside of her profession? Her leisure activities are well-suited to the Manitoba climate: curling, gardening, and golfing. One of her favourite get-aways is to travel to golf courses outside of the urban centre of Winnipeg, but one of her most memorable trips was to Thailand in 2003.

***Compiled with information from web pages of the Faculty of Medicine and the School of Medical Rehabilitation, University of Manitoba***

[http://umanitoba.ca/faculties/medicine/dean/associate\\_dean\\_medrehab.html](http://umanitoba.ca/faculties/medicine/dean/associate_dean_medrehab.html)

<http://umanitoba.ca/faculties/medicine/units/medrehab/etcheverry.html>

**FIRST PROGRAM OF ITS KIND** by Dr. Wil Fleisher, Associate Dean, Office of Medical Education

The University of Manitoba faculties of Medicine and Graduate Studies are currently developing the innovative Physician Assistant Education Program—with an anticipated launch of September 2008—pending formal approval by the U of M Senate and the Board of Governors.

The University of Manitoba's program will be Canada's first training program for civilian physician assistants and it is supported by Manitoba Minister of Health Theresa Oswald and the Manitoba Medical Association. Until now, the only CMA-accredited physician assistant training program has been through the Canadian Forces.

Canada's physician shortage has sparked interest in physician assistants or extenders, who can perform, under physician supervision, many healthcare services. Duties typically include ordering tests; prescribing some drugs; patient interviews and medical histories; conducting physical examinations; and performing some diagnostic tests and treatments.

The PA program will be at a Master's level of education. Consequently, applicants must hold a Bachelor's degree from a University program accepted by the University of Manitoba. Other application criteria will include a specific minimum grade point average requirement (probably a GPA of 3.0 or greater), as well as some pre-requisite undergraduate courses. In addition, the typical applicant will be expected to have had a minimum of 2000 hours of direct patient (client) contact as part of his or her work experience prior to applying to the program.

The PA program itself will have two major components: year one will be comprised of a more formal didactic/seminar-based learning while year two will be clinically based. The PA student will be expected to engage in an intensive learning process for both of these experiences, and at the end of the two-year program challenge appropriate exams and certification procedures to attain appropriate regulatory licensure.

The University of Manitoba is initially considering acceptance of up to 12 candidates for the start of the PA Education Program. However, the final number of accepted candidates for the first year of the program will depend on the resources available for this program. The tuition fees for the program have not yet been determined.

We believe the collaboration of physician assistants with members of an inter-disciplinary health team will result in the delivery of high quality patient care and be part of a variety of approaches to address Manitoba's ongoing health care needs. We are proud to be Canadian leaders in the civilian education of physician assistants in Canada.

***From MEDLines, the Faculty of Medicine E-News, March 26, 2008***

**HUMERUS PROSE**

A man hadn't been feeling well, so he went to his doctor for a complete checkup. When the results came in, the doctor told him: "I'm afraid I have some very bad news. You're dying, and you don't have much time left."

"Oh, that's terrible!" said the man. "How long have I got?"

"Ten," the doctor said sadly.

"Ten?" the man panicked, "Ten what? Months? Weeks? Years? What?!"

"Nine . . ."

**Source:** <http://www.coolfunnyjokes.com/Funny-Jokes/Medical-Jokes/A-Short-Time-to-Live.html>