

SPread Sheet

Volume 1, Issue 7, September 2006

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LIFE IMITATES ART? by SP Coordinator, Holly Harris

Greetings, SPs:

As some of you know, I decided to forego the world of standardized patients and became a "real" patient myself this past spring.

A nasty cycling accident on May 24th left me with a fractured elbow, with (here's your test) a left radial head arthroplasty. Translated, this means I was hospitalized for joint-replacement surgery and spent several months convalescing and gaining first-hand experience with our health care system.

The prognosis is good, but the healing journey has been long and filled with seemingly endless physiotherapy (including a fascinating array of splints and other gizmos) that is helping me regain my mobility.

I did want to take this opportunity to express my sincere appreciation to all those who sent their good wishes, positive energy and messages of concern during this challenging time. Your support has meant the world to me, and will not be forgotten.

Holly Harris

TRANSPPOSITIONS

- In the absence of a Program Director, we are featuring a new column called **COORDINATOR SPEAK** (see **page 2**) wherein individual SPCs can share thoughts and ideas about the SPP.
- The former regular feature entitled **UPCOMING SESSIONS** will from now on be titled **SESSIONS PENDING**. As always, please remember that this list is for informational purposes and is never comprehensive. Check with your SP Coordinator in case of any discrepancies.

SESSIONS PENDING

Med II Reproduction SP History: September 21, 28
October 12, 19, 26
November 2, 9, 16

Med I Intro: September 22

Med II Comprehensive Patient Assessments: September 22, 27
October 6, 11, 20, 25
November 3, 8

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SESSIONS PENDING (continued from page 1)

LMCC, Part II Prep Exam: September 23

CCE: September 30

MURTA: October 5, 12, 26
 November 9

Occupation Therapy Exam: October 4

Occupation Therapy Exam: October 6

Med I Orientation - Finding Common Ground: October 10

CAPE Exam: October 14

Occupation Therapy Teaching Session: October 17

Med I Clinical Interviewing: October 20, 24, 27, 31

RCA Exam: October 21

Discovery Day: November 3

Occupation Therapy Exam: November 17

CAPE Exam: November 25

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 directly contacted by an SP Coordinator. Please do not e-mail or phone the SPP office regarding your availability.

COORDINATOR SPEAK . . . Role Call by SP Coordinator, Tim Webster

Recently a few SPs have expressed some curiosity as to “how I decide” who does and doesn’t participate in any given teaching session or exam. The simple answer is: I don’t.

You do.

The complex answer takes a little longer but comes down to same thing and what follows are some of the reasons why.

Playing favourites

Over time, SPs can develop references for playing certain roles – “favourites” - and the familiarity of time of year, role, and location can become a welcome routine. Finding out that another SP is doing “your” role, that you haven’t been invited back or asked to reprise it can be hard on the ego individually, and bad for morale collectively.

I’m thankful to those SPs that have approached me to ask – although they never said it in so many words – “Why didn’t you pick me?” If that’s you, I’d like to assure you that it’s nothing personal nor does it mean you’ve done a bad job. If your performance needs reviewing, we will review it, not blacklist you.

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COORDINATOR SPEAK . . . Role Call (continued from page 2)

Tracking the data

If you're not called back to do a role you've done before (perhaps even many times!) it's most likely that the SPC in charge of the project has no idea of what roles you may have done previously. "But can't you track that information in the database?" you may ask. Yes, we can, and that's certainly what the database is for, but it only works if the information is complete.

Prior to 2004, there was no consistent electronic record of which SPs had performed what roles when. Our former director sent out an e-memo last fall asking SPs to confirm what roles they had performed in the past, but the return was inconsistent. Additionally, two (2) new SPCs started in the office (Lezlie Brooks and myself) who had no idea of even who all of the SPs are, never mind what roles they might have done.

We may never fully recover the data on those "lost" years. Compiling information on which SPs have performed what roles will be on a *from-now-on* basis. In a very real sense, the SMR and CAPE Programs "started fresh" last year when the duties were all transferred once again. Once we have the information and a reliable way to access and use it, we can track roles and give priority to SPs who have performed those roles reliably in the past.

Backing up

It's equally possible that an SP Coordinator knows you've done a particular role – and done it well! – but also needs to have a back-up trained as well. If you are the only SP who does a particular role, then your unanticipated absence from a particular exam or teaching session could be, well . . . catastrophic! (Please see **SIX DEGREES OF DESPERATION** on page 7 for more details.)

In the near future, we will be training SPs who are required to be on-site as back-ups for exams to assist us with Quality Assurance, by having them assess the performance of the SPs who do the encounter. Developing and implementing a Quality Assurance process is essential to the overall growth of the SPP, and, in fact, this process has already begun at some of the recent CAPE exams.

Maintaining an average

It's expensive to put and keep SPs on the payroll that we only use once or twice a year. We have even had suggestions to cut costs by dropping less-frequently used SPs from the program, and focus on the twenty to thirty (20 – 30) SPs who seem to work fairly consistently. We don't want to drop anyone! We know that even if you only work once a year as an SP, you bring something unique and valuable to the program, but we are nonetheless attempting to average out the frequency of SP use.

SPs who: have learned multiple roles: have learned to apply feedback techniques: are trained in Quality Assurance: can assist in staffing roles will be more versatile, used more often, and contribute to the growth of the SPP. I'd like each and every one of you to be this well-rounded, but this means that those SPs who already have these qualities might have to relinquish some "favourite" roles so that others can be adequately trained.

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COORDINATOR SPEAK . . . Role Call *(continued from page 3)*

Establishing a process

When I get a request from the School of Medical Rehabilitation (SMR) for either Occupational Therapy (OT) or Physiotherapy (PT), I recruit any SPS that the Contact specifies, if I can. If I can't, or they haven't specified any, I will broadcast a focused, mass e-mail detailing age, gender, and availability requirements, and then I will slot SPS into roles on a "first come, first served basis." I am very rigorous in this approach and there is no favouritism, although at times it may seem otherwise.

This method is my own, first approach at maintaining an average use of SPS. You are all very talented at what you do, and I wish all of you could be employed regularly, but requests from OT and PT tend to call for small numbers of SPS – not like the big, multi-stations OSCEs. OT and PT, however, need SPS for many different courses, so there will be more work coming . . . after all, it's only the first month of classes!

Deciding roles

So who decides which SP will play a role? Although ultimately the final selection rests with me as the SP Coordinator, you, as the SPS, decide. How? By:

- responding to messages promptly (by phone or by e-mail)
- being willing to back-up occasionally instead of perform (give someone else a turn!)
- letting us know about your previous experience (who, what, when, and where!)
- continuing to be the most talented and professional SPS you can possibly be!

My hope in addressing this topic is to bring some clarity and relief to what can sometimes be a delicate and difficult subject. If you have any further comments, questions, or concerns, you are invited to contact me at my office.

SPICE OF LIFE

A British paramedic has launched a campaign to encourage people to store emergency contact details in their mobile phones. Bob Brotchie hatched the plan last year after struggling to get contact details from shocked or injured patients.

By entering the acronym ICE – standing for "In Case of Emergency" – into a mobile's phone book, users can log the name and number of someone who should be contacted in an emergency. The idea follows research that shows more than 75 per cent of people carry no details of who they would like telephoned following a serious accident.

Brotchie, 41, who has been a paramedic for 13 years, said: "I was reflecting on some of the calls I've attended at the roadside where I had to look through the mobile phone contacts struggling for information on a shocked or injured person. It's difficult to know who to call. Someone might have "Mom" in their phone book but that doesn't mean they'd want them contacted in an emergency. Almost everyone carries a mobile phone now, and with ICE we'd know immediately who to contact and what number to ring."

Brotchie hopes that all emergency services will promote ICE in their area to highlight the importance of carrying next of kin details at all times. He said the idea

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SPICE OF LIFE (continued from page 4)

was for the benefit of loved ones as well as the patient. "Research suggests people recover quicker from the psychological effects of their loved one being hurt if they are involved at an earlier stage and they can reach them quickly," he added.

He said he hoped mobile phone companies would now build the ICE contact into future models, adding: "It's not a difficult thing to do. As many people say they carry mobile phones in case of an emergency, it seems natural this information should be kept there."¹

To get the best out of ICE:

- Make sure the person whose name and number you are giving has agreed to be your ICE partner.
- Make sure your ICE partner has a list of people they should contact on your behalf - including your place of work.
- Make sure your ICE person's number is one that's easy to contact - for example, a home number could be useless in an emergency if the person works full time.
- Make sure your ICE partner knows about any medical conditions that could affect your emergency treatment - for example, allergies or current medication.
- Make sure that if you are under eighteen (18), your ICE partner is a parent or guardian authorized to make decisions on your behalf - for example, if you need a life or death operation.
- Should your preferred contact be deaf, type ICETEXT then the name of your contact before saving the number.

If your ICE contact number is a duplicate entry of another contact in your phone book, your phone won't know which one to display, and may not even let you make the second entry. To get around this, simply type an asterisk (*) after the number under your ICE contact. It will still work and will cure the caller-ID problem.²

In a strange twist, hoaxers have apparently attempted to sabotage the ICE campaign by circulating nonsensical e-mail rumours that ICE is actually a type of mobile phone virus. These rumours are completely false and should be ignored.³

References:

1. East Anglican Ambulance NHS Trust
<http://www.eastanglianambulance.com/content/news/newsdetail.asp?newsID=646104183>
2. In Case of Emergency: ICE
<http://www.icecontact.com/products.asp?productID=8>
3. Brett M. Christensen
<http://www.hoax-slayer.com/ice-campaign-email.html>

HUMERUS PROSE

As you know or may not know, Mahatma Gandhi walked barefoot most of the time, which produced an impressive set of calluses on his feet. He also ate very little, which made him rather frail, and with his odd diet he also suffered from bad breath. This meant he was a . . . *super calloused fragile mystic hexed by halitosis.*

Source: *Puns for Intellectuals* http://www.lighthousekeepers.com/cgi-bin/forumscgi/ultimatebb.cgi?ubb=get_topic;f=10;t=001006;p=

SPOTLIGHT ON . . .



Brett Buckingham has been with the SP Program so long he was an SP when his own current doctor went through Med school and got his license!

Originally hailing from Regina, SK, Brett and family moved to Calgary, AB and Vancouver, B.C. before settling back in Winnipeg in 1961. He graduated from the University of Winnipeg with his Bachelor of Arts degree in 1969 with a major in Sociology and a minor in English.

Brett joined the SP program in 1980, originally interviewing with Gail Schnabl, who some longer-standing SPs might remember. "I was doing a play with a girl who was an SP and she asked if I would be interested," he recalls. Twenty-six (26) years later, Brett still enjoys playing roles and helping to train students, estimating that he has done more than ten (10) roles since joining the program.

Brett also currently works as a shuttler for a car rental agency – even though he's "retired" – which he enjoys immensely. When he does get down time, his favourite vacation is to visit his sister in Lethbridge, AB during the summer.

Brett is single, lives in the Maples, and just savours being alive: "I really enjoy my life right now as I enjoy every thing I do . . . my life is wonderful right now."

HUMERUS PROSE

Two Eskimos sitting in a kayak were chilly, so they lit a fire in the craft. Unsurprisingly, it sank, proving once again that *you can't have your kayak and heat it too*.

Source: *Puns for Intellectuals* http://www.lighthousekeepers.com/cgi-bin/forumscgi/ultimatebb.cgi?ubb=get_topic;f=10;t=001006;p=

STAYING PROFESSIONAL . . . Romberg Sign

When you are standing, information from both your feet and your vision allow you stand up straight without falling. An exact statue of a human standing would not stay standing very long because of the small area of the feet in relation to the height and weight of the body. Statues of humans have the feet attached to platforms or they would fall over.

We are able to stand because the muscles in our legs and feet are constantly and reflexively compensating for any leaning we might do in any direction as the brain gets that information about the lean from either the information coming from the feet or vision. If you stand and close your eyes, you still do not fall over because of the information from your feet.

Romberg Sign is seen when information about the position of the feet does not get to the brain. When the patient closes his or her eyes, the patient begins to fall over and to step out to keep from falling. You can observe how this works by standing on one or two pillows and closing your eyes. The pillows prevent your feet from feeling which way you are leaning.

So the patient with Romberg's sign stands well with eyes open, but begins to fall when they are closed. Sometimes an examiner will aggravate the finding by pushing on the patient when the eyes are closed.

Adapted from *Training Standardized Patients to Have Physical Findings*, by Howard S. Barrows, M.D., Southern Illinois University, School of Medicine, Springfield Illinois, 1999, p.27

SPIN AND AROUND

- We would like to offer sincere condolences to:
 - * SP **Nina Riel** on the passing of her husband, Jack, on June 17
 - * SP **Noel Jolicoeur** on the passing of his brother in Bolivia, Father Louis Jolicoeur, on January 2
- Congratulations to SP **Stefanie Wiens** who won the Harry S. Rintoul Memorial Award for Best New Manitoban Play at the 2006 Winnipeg Fringe Festival for her children's play *Max and Mirabelle*. Stefanie has also been cast in Shakespeare In the Ruin's school tour of *Macbeth*, which runs October—November this year.
- Congratulations to SP **Rick Frost** on his national ranking of 3rd in his age class for badminton.
- SP **Alf Kollinger** was hard at work again this summer on the set of "Falcon Beach," which was shooting its second season.
- SP Coordinators **Lezlie Brooks**, **Tim Webster**, and Office Assistant **Jacqueline Crowther** returned safe, sound, and full of ideas after their trip to the 5th Annual Conference of the Association of Standardized Patient Educators in Tucson, Arizona, August 19—24.
- SP Coordinator **Holly Harris** has moved from her office in Brodie Centre to a new office in S204, Medical Services Building, 750 Bannatyne Avenue.
- SP Coordinator **Lezlie Brooks** will be on CKUW 95.9FM (University of Winnipeg Campus Radio) on September 21, from 9—10PM to raise awareness and recruit for the CTA program. Lezlie is still seeking female SPs and new recruits willing to train to be CTAs. The training program begins in November and requires a commitment on Thursday evenings and Saturday mornings. You can get more information by e-mailing her at brooksl@cc.umanitoba.ca, or by calling 480-1307 (ext.2).
- Mark your calendars! The Annual Holiday Party for SPs, staff, and coordinators will be on December 1, 5 -7PM. Spouses and significant others welcome.

SIX DEGREES OF DESPERATION by SP Coordinator, Tim Webster

Life happens. People make mistakes. That's why so many redundancies are built into an OSCE, because a medical exam is one of those rare occasions in life when *nothing can go wrong* – not in the sense that they are somehow sacrosanct and untouchable, but in the sense that nothing can be *allowed* to go wrong.

Something always does go wrong, though. That's reality – inevitable, really. Hopefully, it's a small, easy-to-fix thing: e.g. one room is missing a sharp point. I can deal with that: *SNAP!* "Here's half a tongue depressor. Go." Easy. Heck, I still have half a tongue depressor as back-up. No problem.

When SPs are late or absent, however, it's cause for earth-shattering, nightmare-inducing, black-night-of-the-soul, commit-seppuku-once-it's-all-over trauma. Just to give you an idea of what can happen, I've identified six (6) levels of deSPeration that SP Trainers can experience when an SP doesn't show up on time – or at all . . .

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SIX DEGREES OF DESPERATION (continued from page 7)**Level 1: Mild Concern**

Defining quote: "What, me worry?" - Alfred E. Neuman, *MAD Magazine*
 Time Index: five (5) - ten (10) minutes late
 Posture: relaxed, standing by sign-in table

At this point, I might still be sipping coffee, occasionally glancing at my stopwatch. People are late all the time. Some people in particular are *always* late – used to be me. It's no big deal. That's why we schedule SPs to arrive well before the exam even starts; it's built-in lateness. There's lots of time to get out to the car, discover that the battery is low / frozen / missing, try the ignition for half-an-hour anyway, and still get a boost / ride / taxi to be on time. Happens all the time.

Level 2: Growing Alarm

Defining quote: "Okay, I'm a little worried now." – Batman, *Batman Returns*
 Time Index: ten (10) - fifteen (15) minutes late
 Posture: standing, glancing frequently at main entrance

My blood pressure is slowly rising. My coffee begins to cool. The lanyard on my stopwatch begins to itch. I wonder why an SP would choose to arrive past the "built-in lateness." Everybody knows the coffee's fresher and there are more treats the earlier one arrives. Waste the "built-in lateness" and all that's left is bran muffins, and you know you want to stay away from THOSE during an all-day exam. There are often too many SPs to know everybody's phone number offhand and I begin mentally to locate my phone lists. I consider calling for back-up, but thinking of "calling" makes me wonder if MY phone is on. It is. So why haven't they called?

Level 3: High Anxiety

Defining quote: "I need back-up assistance now! Now . . . NOW!" – Sgt. Al Powell, *Die Hard*
 Time Index: fifteen (15) – twenty (20) minutes late
 Posture: pacing, tracking every movement so fast I risk whiplash

My coffee is now all but forgotten. It seems as though my heart beat is so loud that anyone standing next to me can hear it and then I realize it's just me: I can actually hear my digital stopwatch ticking. I suddenly have a complete and full understanding of why the phrase "Call for back-up!" sounds so ominous on cop shows. We hire back-ups in the hope that we will never have to use them, but they are, in fact, our last – only! - line of defense against the crushing onslaught of Murphy's Law. The phone lists are out and my fingers tremble as I dial. The cell phone rings in my hand – it's them! Oh, joy! No, it's a staff person wondering if the SP in question has arrived. "Let me get back to you on that," I growl.

Level 4: Total Panic

Defining quote: "I exist in a state of almost perpetual hysteria." – Sting
 Time Index: twenty (20) - twenty-five (25) minutes late
 Posture: running like a lab rat through the hallways

I am now so jittery you could hook me up to an IV with a pure caffeine drip and I wouldn't even feel a buzz. My heart rate is so high that I should be legally dead in a matter of moments. I try to time it, but the numbers on the stopwatch are moving too slowly. I scurry from checkpoint to checkpoint in the vain hope that SP in question has arrived but just didn't check in or notify me. I suddenly remember my coffee and miss my

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SIX DEGREES OF DESPERATION (continued from page 8)

mouth entirely in trying to swallow it in one gulp but I am moving so fast none of it splashes on me. At this point, either the errant SP shows up (and I must pretend that nothing is wrong) or the back-up agrees to come. Either way the crisis is over. If not, I proceed to the next level . . .

Level 5: Sudden Death

Defining quote: "Either he's dead or my watch has stopped." – Groucho Marx, *A Day at the Races*

Time Index: twenty-five (25) - thirty (30) minutes late

Posture: the foetal position, sucking my thumb

It's too late, now. My disgrace covers me like a gown that won't close properly in the rear. I shuffle through the hallways aimlessly and slip on some coffee someone has spilled. As I lay on the floor, I briefly fantasize about having nothing more complicated to worry about than a concussion and possible skull fracture, but such an idyll is not meant to be. I lurch to my feet and shamble past the sign-in table one more time. The stopwatch around my neck feels like the One Ring: "So . . . heavy - but it's my pr-r-r-r-r-eciousssss!" No SP . . . no back-up . . . the training went so well . . . what happened? I suddenly realize *it's not my fault* but *it's still going wrong* and *I can't stop it* and now *someone is going to die*. If you are ever the SP in this case DON'T show up at this point – it would be you.

Level 6: Final Substitution

Defining quote: "Never give up – never surrender!" – Commander Peter Quincy Taggart, *Galaxy Quest*

Time Index: thirty (30) or more minutes late

Posture: Whatever it takes . . .

Before I was an SP Trainer I was just a simple actor . . . but even then I learned - first and foremost - that: *The. Show. Must. Go. On!* My own training kicks in and I head to the lounge for another cup of coffee. Re-galvanized, I pull the case notes to refresh my memory. I advise my administration team of my intentions as I hand over my stopwatch. "You can't be serious," they gasp in horror. "It's the only way," the physician advisors counter grimly. "I'm going in," I say: "Cover me." I take a breath and pause to find my character as I stand before the door, much as the candidates will in a few minutes. I am no longer a stressed-out SP Trainer; I am now a 50 year-old woman with a yeast infection. I enter the room.

. . . to find the original SP chatting amiably with the examiner, having arrived and checked-in while I was getting my last cup of coffee.

* * *

When I'm training, I often joke with SPs: "If something happens to you on the morning of the exam – like the earth opens up and swallows you whole – here's my cell number. Short of that, please be on time." Some discussion about whether or not decapitation and/or dismemberment are valid reasons usually follows as I use humour to make my point.

Here's the *real* joke: I'm not kidding. If you, as an SP, ever find yourself being slowly ground to a pulp in a fissure deep within the earth on the morning you are scheduled to participate in an exam . . . CALL ME. I will have the utmost sympathy for your plight and may even direct emergency personnel to your location . . . right after I call your back-up.

SAVE YOUR PASS

The Canada Revenue Agency is advising transit users to keep their monthly transit passes and receipts if they plan to claim a proposed new tax credit for public transit use on their 2006 income tax return. If a transit pass displays the following information, the pass itself will be sufficient to support a claim for the tax credit:

- an indication that it is a monthly (or longer duration) pass,
- the date or period for which the pass is valid,
- the name of the transit authority or organization issuing the pass,
- the amount paid for the pass; and,
- the identity of the rider, either by name or unique identifier.

If a transit user's pass does not contain **all** of this information, the Agency advises that transit users also obtain a dated receipt, or retain cancelled cheques or credit card statements, to support the claim. The credit will be available for the portion of the pass that is used on or after July 1, even if the pass is purchased before that date.

Additional information on how to claim the proposed tax credit for public transit passes will be posted soon on the Canada Revenue Agency Web site at www.cra.gc.ca.

The transit pass credit, announced as part of the May 2006 federal budget, will allow individuals to claim the cost of passes for commuting on buses, streetcars, subways, commuter trains and ferries. In addition to claiming his or her own cost of transit passes, an individual can make a claim on behalf of a spouse or common-law partner, and the individual's children under the age of 19, to the extent that they have not already been claimed by them.

Source: University of Manitoba ememo, Thursday, September 7, 2006

<http://myuminfo.umanitoba.ca/index.asp?sec=229&too=100&eve=8&npa=11166>

OPPORTUNITY KNOCKS

- FireGate Films, a local, independent, Winnipeg-based film company, is accepting resumé's and applications for extras in their upcoming film project, *Among Thieves*. Filming will be take place between August and November 2006. All roles are volunteer positions. For more information, please contact Tim Horch by e-mail at tim@firegatefilms.com or call (204) 663-6463.
- Absurd Machine Studios is currently offering Voice Talent Demo Packages that actors and actresses can use as a tool to find work in the industry including:
 - * Use of a World Class Studio Environment
 - * Producer/ Engineer with years of experience in film, television, and radio Vocal Direction
 - * An extensive selection of scripts for both male and female voice-overs, covering:

- Radio Commercials	- Educational Narration
- Television Commercials	- Technical Narration
- Television and Radio Station Imaging	- Corporate Narration
- Public Service Announcements	- Classic Narration

Your demo will include production music and sound effects, professionally mixed and mastered and will be included in our Voice Talent Database. For pricing and information please contact Byron Foster, Producer/ Engineer at contact@absurdmachine.com or (204) 338-4496.