



SPread Sheet

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Contributors to this issue include:

SP Sheila Fox

SP Kim Gerbrandt

Pat Kolody

Donovan Le Nabat



SPACE TO GROW

The Standardized Patient Program will continue to evolve as it becomes a part of the Clinical Learning & Simulation Facility (CLSF) in Fall/Winter 2007. Located in Brodie Centre, this 8,000 square-foot, \$3.5 million facility will combine the most advanced educational techniques with leading-edge technology for superior hands-on learning opportunities.

The facility will offer fully-equipped patient examining rooms with computer work stations which will allow not only software-based evaluation processes, but also the potential of modeling the electronic health record.

Using the latest in simulation technology, students will have the opportunity to practice procedural skills such as veni-puncture, stitching a wound, or casting a fracture with single-task models, mannequins, "Sim Man," and haptic (touch)-based software.

The CLSF will provide a new educational environment to teach and evaluate undergraduate students as they interact with SPs to learn the basic communication and clinical skills necessary for clinical practice. The facility will also be available to postgraduate students and practicing clinicians for the enhancement or remediation of specific skills.

Incorporating tele-health technology to accommodate distance education, the facility will also offer the added benefit of increasing the familiarity of instructors and students alike with techniques of distance consultation. The design of the CLSF also calls for universal access to accommodate people with disabilities.

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TRANSPOSITIONS

- The *SPread Sheet* has a new look! We've changed colours to match the Faculty of Medicine's new communication guidelines.
- Also in keeping with those new guidelines, we will no longer be including the **EVENT LISTINGS** feature. If you're involved in an event or activity that you think may interest other SPs, please contact **SPC Tim Webster** and he can pass the information along to the appropriate parties.
- A new regular feature débuts in this quarter's issue wherein SPs can share funny recollections and anecdotes about their experiences in the SP Program. See page 10 for **SPOOFS!**

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SPACE TO GROW (*continued from page 1*)

The CLSF is a result of a partnership established by the Faculty of Medicine, University of Manitoba, the Winnipeg Regional Health Authority, and Manitoba Health. Their united goal is to provide the community with health-care graduates who will ensure Canadians receive the best in safe health care delivery.

The Clinical Learning & Simulation Facility is the future of health education delivery in Manitoba.

COORDINATOR SPEAK . . . Payment Levels *by* **SPC Tim Webster**

Recently, course instructors and department heads have been approached by SPs about payment levels. At the request of these faculty members I have included an article in this issue regarding payment levels and how they are determined.

SPs are hired for a minimum of three (3) hours - *unless* they are working as back-ups or in training where the minimum is one (1) hour.

SPs are paid at **Level 1** if they are:

- Serving as a back-up on site (if utilized, pay is adjusted to correspond to duties)
- Participating in a training session
- Participating in a teaching session wherein they play a role and give little or no feedback about students' performances
- Participating in an exam as a model, giving no feedback

SPs are paid at **Level 2** if they are:

- Participating in a teaching session wherein they play a role *and* provide considerable feedback about students' performances
- Participating in an exam as a model *and* giving basic feedback such as completion of a short check list

SPs are paid at **Level 3** if they are:

- Participating in an examination in which they provide extensive feedback that is part of the evaluation of the student

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SUBMISSIONS

The *SPread Sheet* is *your* newsletter; if you have any articles, opinions, thoughts, trivia, anecdotes, pictures, or jokes to contribute for the next issue, please do so by **February 28, 2007**. Contact information is provided in the sidebar above. We do, however, 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.

COORDINATOR SPEAK . . . Payment Levels (continued from page 2)

SPs are paid at **Level 4** if they are:

- Participating as an SP where an invasive procedure is practiced – only the CTA and MURTA programs pay out at this level.

If you have any further questions regarding payroll or the exact hourly rates, please contact an SPC directly.

MISPRINT

In our last issue, I wrote an article (**COORDINATOR SPEAK . . . Role Call**) in which I asserted that: "Prior to 2004, there was no consistent electronic record of which SPs had performed what role when."

This is, in fact, not the case, nor was this an attempt to cast aspersions or blame on the previous administration. There was a record, but I was unaware of this document until this past September.

This document has since been recovered, and is now being used as the basis for the new "electronic filing cabinet" we are developing to track cases and SPs who do the roles.

Further, I would like to apologize publicly to **SP Marlene Grott**—who ran the SP Program so capably for so many years that it took five of us to replace her — for any embarrassment or distress I may have unintentionally caused her. I would also like to thank her equally publicly for the guidance she provided not only to the SP Program as a whole, but also to me, personally, over the years.

Please forgive me, Marlene, and thank you. May you enjoy many more years on the "other side" of the SP Program!

SP Coordinator
Tim Webster

SESSIONS PENDING

OT Teaching / Exam Session:
January 26 & 31, 2007
February 8, 14, 16 & 21, 2007

OT Exam: January 30, 2007

MURTA Session: February 1, 2007

Clinical Interviewing / Abuse & Neglect:
February 16 & 23, 2007

PT Teaching Session: February 26, 2007
March 2 & 8, 2007

CPAs: January 5, 10, 19, 24, 2007
February 2, 7, 16, 21, 2007
March 2 & 7, 2007

Neurology: January 11 & 18, 2007
February 1, 8, 15 & 22, 2007

CAPE: January 20, 2007

CAPE: February 10, 2007

Clinical Interviewing / Information Sharing:
March 6, 13, 16 & 27, 2007

CAPE: March 24, 2007

NB: This listing is for informational purposes only and is not comprehensive. 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.

STAYING PROFESSIONAL . . . Ataxia of Gait

Ataxia is "an inability to coordinate voluntary muscular movements that is symptomatic of some central nervous system disorders and injuries and not due to muscle weakness -- called also *incoordination*." ¹ Ataxia of gait refers to uncoordinated leg movements when walking.

Trying to walk along the rolling deck of a ship or the aisle of a rapidly moving train or bus produces ataxia-like gait movements in normal people as they cannot move their legs appropriately to anticipate where the foot should go to keep balance. As a result, one has to walk with feet further apart to keep balance. Even so, balance is not good and one weaves from side to side to keep in balance, trying not to fall or bump into things.

An ataxic gait is characterized by:

- a broad base (the feet are placed more widely apart)
- an erratic and irregular placement of the feet on the ground
- a side-to-side weave, bending at the trunk²

Ataxia is symptom, not a diagnosis. Many ataxias are hereditary, but they can also be

acquired. Medical conditions that can cause acquired ataxia include:

- alcoholism
- lesions of the central nervous system or spinal cord
- metabolic disorders
- multiple sclerosis
- peripheral neuropathy (damage to the peripheral nervous system)³
- stroke
- tumors
- vitamin deficiencies (ataxia may indicate a Vitamin B₁₂ deficiency)⁴

References:

1. Merriam-Webster Online Dictionary
<http://www.m-w.com/dictionary/ataxia>
2. *Training Standardized Patients to Have Physical Findings*, by Howard S. Barrows, M.D., Southern Illinois University, School of Medicine, Springfield Illinois, 1999, p.3
3. National Institute of Neurological Disorders and Strokes
http://www.ninds.nih.gov/disorders/peripheralneuropathy/peripheralneuropathy.htm#What_is
4. Wikipedia, the Free Encyclopedia
<http://en.wikipedia.org/wiki/Ataxia>

SPIN AND AROUND

- "Season's Greetings!" from former SPs Bob & Linda Washington, who are now involved with the SP program in Vancouver. They appreciate their new associations with the staff and other SPs but still miss some of the old (and some not-so-old!) familiar faces. "Life is good," they say, and they're enjoying their new home.
- "Congratulations!" to:
 - **SPC Lezlie Brooks** who now serves on the Education and Professional Development Committee of the Association of Standard Patient Educators (ASPE)
 - **SPC Tim Webster** who now serves on

the Publications and Website Committee of ASPE, writing a quarterly column about SP Programs all across Canada

- We extend sincere condolences to the family of **SP Bill Taylor** who passed away suddenly on November 29. Services were held on December 5 at Glen Eden Funeral Home. Friends are invited to sign the Book of Condolences at www.gleneden-mb.ca. The full obituary is available for viewing at: www.passagesmb.com
 - We are still compiling a catalogue of photos of all the SPs and Recruits in the program; not all of the Coordi-
- (continued on page 5)*

SPIN AND AROUND (continued from page 4)

nators know what each and every SP and Recruit looks like, and this will help us fill roles that much more easily. So, if you haven't sent us one already, could you please forward an 8" x 10" picture of yourself – preferably in black or white – to the SP office at your earliest convenience? You can send your pictures electronically to webstert@cc.umanitoba.ca or mail them by regular post to:

Attn: Tim Webster, SPC
Standardized Patient Program
T151B-770 Bannatyne Avenue
Winnipeg, MB R3E 0W3

- Because of the coming merger of the SP Program and the new Clinical Learning & Simulation Facility, the Faculty of Medicine
- Also, because of this merger, the SPP Logo Contest has been postponed until further notice. Thanks for all the entries!

has decided to head up the SPP with a Steering Group (the SPSG) at this time rather than a hire a Director now and change the position again next year. Serving on the SPSG are:

- Dr. Emily Etcheverry (SMR)
 - Dr. Bryan Magwood (UGME)
 - Dr. Gisèle Bourgeois-Law (CME)
 - Holly Harris (SPC)
 - Tim Webster (SPC)
 - Lezlie Brooks (SPC)
 - Jacqueline Crowther (Office Assistant)
- . . . along with several other *ad hoc* members.

SPOTLIGHT ON . . . Kim Gerbrandt

In the summer of 1993, **Kim Gerbrandt** took her youngest son to the doctor for his two-month check up. In the elevator, on the way up, she met a woman named Marlene who asked how old the baby was. This woman went on to ask if Kim would be interested in letting some med students examine her baby as part of their training. That was Kim's (and her son's!) first SP role.

Born and raised in Winnipeg, Kim graduated with a Business Accountancy diploma from Red River Community College in 1986. As a stay-at-home parent when Marlene first recruited her, Kim thought the SP Program "sounded interesting as a *very* part-time job." Kim estimates that since then she has been involved in 25 - 30 different SP roles, and she values the opportunity to contribute "to the quality of doctors that we have in this province, especially improved communications in the doctor/patient relationship."

One of her favourite roles is one she played many times with her kids as time went on and they each reached the age of that role in turn. It was with the Northern Nursing Program and in the role she was a mom who had taken her child to the nursing station with abdominal pain. "I now know what to look for if I suspect any of my kids may have appendicitis," she claims.

She met her husband, Randy, in 1981 and they just celebrated 21 years of marriage. For their 20th anniversary last year, they were able to take a trip to Paris; it was "very romantic, very beautiful, and the food was delicious" according to Kim. They have three kids: two boys, 16 & 13, and a daughter who is 11, and the entire family has been involved in many different SP projects.

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SPOTLIGHT ON . . . Kim Gerbrandt *(continued from page 5)*

In her down time, Kim likes to play volleyball and board games, read, and travel. She'd like to get back to Europe one day, and last summer she and her family toured the eastern U.S. states with a travel trailer for four weeks, visiting 10 different Six Flags theme parks. "Our family loves roller coasters and water parks!"

Amidst the flurry of roles and activities, Kim values the words of the unknown author who said: "Peace does not mean to be in a place where there is no noise, trouble or hard work. It means to be in the midst of those things and still be calm in your heart."

SECOND PARTY

The second annual SP Program Holiday Party was held on Friday, December 8th from 6—8PM in Room 403 of the Brodie Centre.

Just over two dozen SPs, faculty members, friends, and family attended amidst candlelight, decorations, music, and tons of food.



Pat Kolody (pictured left) from the CME office was on hand with her digital camera, and we've included some of the photos she took along with some captions that may—or may not—indicate what the person was thinking when the picture was taken.

All of the staff at the SP Program helped to plan the event and decorate, but we'd like to thank Office Assistant Jacqueline Crowther in particular for providing not only all of the decorations but also the fabulous punch recipe.



SPC Holly Harris prepares the punch.

Pat Kolody and SPC Lezlie Brooks

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!

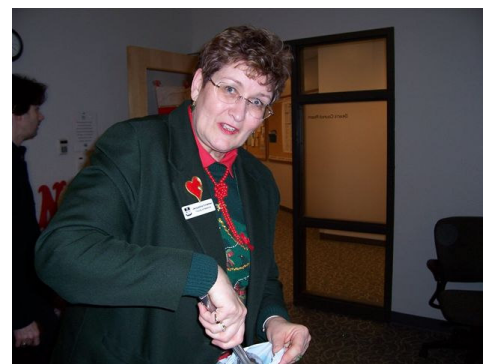
Cheers!



"The bunny goes through the hole and around the tree . . . "



"I wonder if pineapple juice is flammable?"



"It's just ice, I tell you! "

SIX DEGREES OF SEPARATION

It never takes too long to start. A group of SPs who are previously unfamiliar with each other will begin seeking common ground:

"You look familiar."

"Have we met?"

"Do you know so-and-so?"

Soon they're off and running . . . comparing lists of friends and acquaintances . . . establishing new connections . . . sidetracking the training session . . . announcing confidently that there are only six degrees of separation, anyway.

Who came up with the theory in the first place?

The theory that everyone in the world is separated by at most five acquaintances was first proposed in a 1929 short story by the Hungarian writer Frigyes Karinthy.¹ The story was called "Chains," and while the six degrees theory was a purely fictional conceit, the idea proved popular.

In 1967, psychologist Stanley Milgram² tried to test the theory by sending several letters to random people in the Midwest. The letter featured the name, address, and occupation of a single person on the East Coast; participants were asked to forward the letters to the people who they thought were most likely to know the person. It took an average of five intermediaries to reach the target.

The experiment came into some scrutiny afterwards, but the results were published in *Psychology Today* and gave birth to the phrase "six degrees of separation." Playwright John Guare popularized the term with his play, which later became a film starring a then up-and-coming Will Smith.

But get this! - the original 1967 experiment was repeated in 2001 with e-mail, and the same results came back! Duncan Watts, a

professor at Columbia University, continued his own earlier research into the phenomenon and recreated Milgram's experiment on the Internet.

Watts used an e-mail message as the "package" that needed to be delivered, and surprisingly, after reviewing the data collected by 48,000 senders and 19 targets (in 157 countries), Watts found that the average number of intermediaries was indeed, six.³

Watts' research, and the advent of the computer age, has opened up new areas of inquiry related to six degrees of separation in diverse areas of network theory such as power grid analysis, disease transmission, graph theory, corporate communication, and computer circuitry.

Then there's that whole Kevin Bacon business . . .⁴

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1. For more information, go to:
<http://www.karinthy.hu/pages/kf/en/>
 2. For more information, go to:
<http://cornell-magazine.cornell.edu/Archive/JulyAugust98/JulyWorld.html>
 3. Whatis.com:
http://whatis.techtarget.com/definition/0,,sid9_gci932596,00.html
 4. For more information, go to:
<http://www.cs.virginia.edu/oracle/>
-

Adapted from Ask Yahoo!
for Monday, December 19, 2005

<http://ask.yahoo.com/20051219.html>

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SPAM-A-LOT?

The usage of e-mail has increased so much in most civilized countries nowadays that previous means of communication have been largely replaced. For those who are still new to the e-mailing phenomenon, here are a few simple rules of etiquette that can make the process much more pleasant for everyone.

Forwarding funnies

When forwarding a joke, first of all ask yourself: "Will the person to whom I'm sending this find it funny?" Don't just send it to everyone on your e-mail list. You wouldn't tell the same joke to your friends as to your grandmother, would you?

Also, keep in mind the size of the attachment you're sending (picture, video, audio, etc.). Some people just don't have that much room in their accounts and a large file could prevent them from receiving other, more important e-mails. You might want to check with the recipient before sending them large-size attachments.

Copy and Paste

Surveys and questionnaires are a great way to get to know obscure facts about your friends and family and vice versa. Text jokes are great, too. If you're going to take the time to fill out a survey or questionnaire and send it to your friends, copy and paste the text into the body of a new e-mail, rather than forward it. That's where all those ">>>>"s come from. You get a new ">" each time the message gets forwarded.

To Copy and Paste:

- Highlight the text area by left-clicking your mouse and scrolling over the text or press "Shift" and move the cursor with the arrow keys.
- Right-click the mouse and select "**Copy**" on the menu that appears (or hit ctrl+c on the keyboard).

- Go to the new e-mail, right-click again in the main body of a new message and select "**Paste**" on the menu that appears (or hit ctrl+v on the keyboard).

It's that easy!

Spelling and Grammar

Admittedly, shorthand ways of phrasing things can be helpful when pressed for time but when you have those extra three seconds, why not check to see if you've misspelled [sic] something? Aside from looking more professional, it is just a lot nicer for the person on the receiving end. If you check spelling at the end of every e-mail, you might just learn something, which would make future e-mails easier to read, too! Most e-mail programs have built-in spell-checkers and it only takes a moment.

Mass E-mails

Unless you are sending a message to less than ten (10) people who already know each other (i.e. family members or a work group), it's a good idea to send the e-mail "**To:**" yourself and then "**Bcc:**" it to everyone else. "**Bcc:**" stands for "Blind carbon copy," which means you'll see to whom you send the e-mail, but no one else on the receiving end of it will.

The main reason for this is to protect the privacy of everyone involved. There are always "enterprising" people out there looking to increase the number of people on their mailing list (scam and legitimate), and they will take e-mail addresses from wherever they can find them, such as mass e-mails and forwards, to bombard total strangers with spam (junk e-mail).

The other important reason to use the "Bcc" function is to lower the incidence of computer viruses. Those "enterprising" people who collect e-mail addresses may want to do more than just advertise to you. If they can get a virus on your

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SPAM-A-LOT? (continued from page 8)

computer they can crash or "hack" it, and some of these viruses are "smart" enough to open your e-mail address book and e-mail themselves to all of your friends, family, and co-workers BEFORE wrecking your computer system. A REALLY smart virus can access your banking or credit card information (if it's on your computer) without you even being aware of it: if they can do that, they will defraud you.

Warnings and Scams

While most everyone appreciates a "heads-up" about scams and illegal activities, sometimes the fantastic stories we read are just that: fantastic stories. If an e-mail you've received tells of some unbelievable wealth, warning, website, or fund-raising activity (see "**E-mail Tracking**" and **Other Red Flags** below), chances are it is a fake. Prime examples of such include: the "Mars, Earth - Closest Approach in Recorded History," "Being Electrocuted While Using a Cell Phone That is Being Charged," the "AIDS Needles in Movie Theatres", the "Bonsai Kitten Website", or "Keith Urban Asks Canadians to Leave a Concert."

Even seemingly innocuous ones like "Have You Seen This Girl?" can just be e-mails from demented people who want to see how far it gets, or a simply a message that has continued to circle the globe years after the child has been found. Most of these e-mails lack specific details, such as the date as when it happened and/or contact information for those involved.

Please, before sending a mass e-mail to everyone on your list to inform them of such things, check out any of the reliable websites below. They have done the research into pretty much every scam, forward, and urban legend out there and can tell you if it's a hoax or not:

www.hoax-slayer.com
www.hoaxbusters.ciac.org
www.snopes.com

www.truthorfiction.com/
<http://www.scambusters.org/>
<http://urbanlegends.about.com/>
<http://www.vmyths.com/>

Another really great site is: www.symantec.com/avcenter/hoax.html, because of its anti-viral software. If the e-mail turns out to be true, then by all means, let the whole world know.

Online Petitions

"E-mail petitions are not worth the paper they're not written on." People make up names, lie about their age, where they live, and basically create entirely fictitious people. E-mail and online petitions are generally NOT taken seriously by anyone. This is one case where the regular, hand-written way is the better way to go. It is difficult to fake different handwriting and signatures, among other things. A handwritten letter holds considerably more weight than an e-mail, because it takes much more time to go through the process of writing and sending it.

"E-mail Tracking" and other Red Flags

THERE IS NO SUCH THING AS E-MAIL TRACKING TECHNOLOGY. Bill Gates is not sharing his fortune. No little girl will receive money for cancer treatment from the Red Cross with every e-mail sent. The Red Cross doesn't give money, it takes donations, and by using simple mathematics, Bill Gates would be crazy if he paid out what that e-mail suggested!

RED FLAGS for e-mail include phrases such as:

- "Please forward this on to as many people as you can"
- "It's worth a try!"
- "Something cool will happen if you send this to [x amount of] people"

If the e-mail tells you to forward it, that's the time to delete it. Nothing bad is going to

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SPAM-A-LOT? (continued from page 9)

happen if you don't, and nothing good will happen if you do. As a basic rule of thumb, remember: if it sounds fishy, it probably is.

The Truth At Last

The only e-mail forward that is accurate when it says something will pop up when you send it on is a riddle. Everyone sends this on, hoping for the answer to pop up on the screen, but no one realizes that it actually does: "What is greater than God, more evil than the Devil, the rich want it, the poor have it, and if you eat it you'll die?"

The answer?

"Nothing."

This article was adapted from a mass e-mail sent in March 2006 by Donovan Le Nabat. You can obtain an electronic version of this article to pass on to others by e-mailing SPC Tim Webster at: webstert@cc.umanitoba.ca

SPOOFS!

While I was suspended in the air in a Hoyer lift, unable to move, an OT student asked me: "What are you doing for the Thanksgiving weekend?" Staying in character, I replied: "Oh, I'll just be hanging around."

* * *

Once when I was playing a "mother" role, a doctor asked me if my baby tasted salty. I guess he was trying to determine dehydration. It caught me off guard, and I just said: "I don't know, I don't usually lick my baby."

PICTURE THIS

"Just because we're in the same neighbourhood doesn't mean you can drop by the Fortress of Solitude anytime you want."

Source: Dr. Fun's Christmas Bonus 2002

<http://www.ibiblio.org/Dave/Dr-Fun/collections/xmas-bonus-2002/images/xmas-bonus-2002-04.gif>

Have a
SUPER
Holiday!

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

HUMERUS PROSE

A woman in her late eighties decided to visit her family in another country for Christmas. As part of the preparations, she went to see her doctor and get all her charts. The doctor asked her how she was doing, so she gave him the usual litany of complaints: "This hurts, that's stiff, I'm slower, I get tired faster," and so on.

The doctor responded, "Well, at your age, you have to expect a few things to start deteriorating. After all, who wants to live to 100?"

She looked him straight in the eye and replied: "Anyone who's 99."