Circumpolar Conference

Story by Andrew Lodge

Arriving at the Moscow airport, what seemed like a gang of men clustered around us yelling "Taxi Taxi". We huddled around each other, trying to come up with a game plan amidst the noise of the Moscow airport and the confusion of being surrounded by a completely different language and an entirely unfamiliar environment.

We had roughly four more hours of air travel to reach our destination, a city named Novosibirsk in Siberia. The 13th Circumpolar Conference was to take place in a unique venue. Just outside of Novosibirsk (a bustling city of over one million inhabitants) lies The Academy. The Academy was constructed by the former Soviet Union with the intent of sequestering their intellectuals into a community designed specifically to nurture academia and the pursuit of knowledge.

For my part, I considered myself extremely fortunate to be a part of the

....continued Page 2
The International Congress on Circumpolar Health is held every three years. The first was held in Fairbanks, Alaska in 1967.

The International Union for Circumpolar Health (IUCH) is a multilateral scientific union which promotes scientific medical and public health research in order to reduce death, disease, and disability and to improve the quality of life for those living in the polar regions. It has five adhering bodies: the Canadian Society for Circumpolar Health, the Nordic Society of Arctic Medicine, the Siberian Branch of the Russian Academy of Medical Sciences, the Danish/Greenlandic Society for Circumpolar Health, and the American Society for Circumpolar Health.

An informal network on circumpolar health, of which Dr. Hildes was involved, existed from the early days of the circumpolar health movement in the 1960’s and 70’s. In 1981 at the 5th International Congress on Circumpolar Health the IUCH was formally established as a unique entity.

Presentations made by the NMU Delegation

S. Grewal (former NMU physician) - Management of an Influenza A Outbreak in the Canadian Arctic
B. Martin, presented for A. Macaulay & A. Durcan (they were unable to attend the conference) - A Retropective Audit of the Rankin Inlet Birthing Centre, 1991-2004
M. Achtemichuk & B. Martin - Community-based Medical Rehabilitation Program in the Kivalliq Region of Nunavut
J. Friedman (NMU physician based in Rankin Inlet) - Clinical Case Report: Emergency Direct Whole Blood Transfusion
A. Lodge, P. Orr, and B. Martin - Tuberculosis in a Remote Canadian First Nations Community: The Impact of Virulence, Genetic and environmental Factors on Epidemiology and Control

Every Med Student Should Experience the North

by Malcolm Gooi

M y experiences in rural and remote Manitoba made my summer very fulfilling. I always wanted to experience rural Manitoba and the Northern community environment and medical circumstances. With an interest in community medicine, these trips to Hodgson (Percy E. Moore Hospital), Boundary Trails Hospital, St. Theresa Point, and Wapusk National Park helped me gain perspective. Although each visit was only for one week or less, I felt that I learned much during this time.

Hodgson was special because my father had practiced there 25 years ago. The staff were kind and some even remembered working with my father. I was impressed by the continuity and long years of service. All the nurses and doctors were generous to teach me. During that week I saw many cases that were novel and exciting to me. Being in first year my clinical experience was shallow and I took great interest in observing simple procedures, such as diabetic foot ulcer debridement. This experience helped put the textbook learning into context, as well as reinforce the humane recognition of the challenges that many rural diabetics face.

My supervisor, Dr. Nichole Riese shared with me her clinical and administrative experiences from rural medicine. By spreading my time between clinic and emergency/after-hour cases, I was able to appreciate both these different facets of medicine. In addition, I explored the pharmacy, the lab, and the digital x-ray department. By the end of the week, I had experienced more than I would have seen during several months at school.

My next exposure involved surgery at the Boundary Trails Hospital. I found it incredible how one team could see such a variety of cases. In rural medicine this flexibility and capacity in role occurs because there is not a specialist for every little subdivision of cases. During just one day, I observed removal of a patch of atypical cells from the scalp, multiple colonoscopies (including biopsy), gastroscopy, ...continued Page 5
In Support of Aboriginal Students

by Julie Creasey

On Wednesday, 20 September 2006 the Centre for Aboriginal Health Education (CAHE) located at the U of M’s Bannatyne Campus held a grand opening ceremony resplendent with fiddle music, Metis and pow wow dancers, drummers, and throat singers. The Centre is for medical, dentistry, nursing, pharmacy, and medical rehabilitation students. It is complete with educational resources, a boardroom, and a study area for aboriginal students pursuing a career in health care.

For many years Manitoba has been lacking a community for aboriginal health care professionals.

In addressing the audience at the opening ceremony of the new Centre, former Associate Director of the NMU, Dr. Catherine Cook, Director of CAHE cited the Centre is long over due, “Aboriginal students have lobbied for more than 30 years for a space that is reflective of their personal, cultural, academic, and professional needs of students in health career paths.”

With the opening of CAHE students now have that community and space. The Centre will be providing academic and professional development support as well as focusing attention on aboriginal health issues. Most significantly the Centre will be providing cultural and social support.

Norway House’s Courtney Leary, Med III student stated that “Having a centre like this gives people a sense of community and also a sense of pride when they come here and will make the transition of coming to the city a lot easier.”

The Centre will also be a resource for non-aboriginal health professional students. Dean of Medicine, Dr. Dean Sandham addressing the audience stated “The reason we are here is we not only need to support students in the health care work force of aboriginal origin but we also need to educate the rest of us in the work force in how to provide health care to all people of aboriginal descent.”

It is believed CAHE will also encourage physician recruitment. Aboriginal physicians practising in northern communities would have an identification of a community’s background and understanding of its’ culture. They also would be more likely to commit to working in Aboriginal communities for long periods of time.

Announcements

Dr. Fondi Boyan has returned to his home and family in Africa. When he first came to the NMU he worked in Norway House and for the last 3 years has been at Percy E. Moore Hospital in Hodgson. Rumour has it though he might be returning as a locum.

Congratulations to Bruce Buelow (audiology) and Megan on the birth of their son, Owen on 16 July 2006.

Kurt Jansen makes our announcement section yet again! “This time though the foreign location he is off to is marriage. Congratulations Kurt and Jessica.”

Hannah (Henka) Hulsbosch, a former Norway House family doctor has returned to the NMU from Kenora. She will be working part time in Garden Hill. Welcome back Henka.

Stephanie Giverson, Director of Rural CME at U of M is coordinating a winter rural conference at Elkhorn Lodge, the 26th to 29th of January 2007.

Dr. Kevin Patterson launches his new novel, Consumption, at the HSC bookstore on the 16th of October at 4:30 pm.

Med Student continued from page 3

vasectomy, circumcision, and laparotomy (including removal of a carcinoma and multiple bowel resections). Dr. Don Klassen explained to me the techniques and procedures throughout the day. I also spoke with a first-year medical student working here for 10-weeks through SWEAT.

She told me of her experiences observing and participating in a wide spectrum of cases. In one day I had observed many new clinical situations; being in a rural setting for 10-weeks would greatly boost one’s clinical ability and understanding.

St. Theresa Point and Wasagamack capped off my summer rural/remote experiences. The flight was beautiful and I remember being enthusiastic as the plane landed in the Island Lake region. These First Nations reserves improved my awareness of the people’s everyday life. I shadowed the staff on Home Care visits and witnessed the rough living conditions. Following Dr. Wendy Smith for a week in clinic and emergency was a valuable experience, and I could see her strong rapport with her patients. She was always very good to take the necessary time with the patients and encouraged me to be involved by teaching me simple procedures and taking histories. My history taking during school had been with either standardised patients or on wards; working with real patients gave me excellent practice for the real world.

I am happy for the opportunity of these rural and remote exposures with the Northern Medical Unit. The NMU made it easy for me to schedule these exposures to accommodate my Manitoba Centre for Health Policy research project. The NMU experiences added another dimension to my training, and I hope to get some more rural clinical exposure in the future. My positive experience reflects the warm attitude shared by the rural staff and patients. For any medical student, rural experience is beneficial because likely you will get to do and see more. In addition, you get to experience the community where rural Manitobans live — this is a valuable asset no matter what you do or where you go.

Advanced Trauma Life Support® Course

The Advanced Trauma Life Support© Course for physicians teaches a systematic approach for the effective assessment and resuscitation of the severely traumatised patient. The 2 day course consists of:

• pre-course test
• didactic and interactive core content lectures
• practical skill stations
• surgical skill station
• triage scenarios
• initial assessment and management skill station
• post-course test

Upon completion of the course physicians should feel confident in the concepts and principles of primary and secondary assessment, establishing management priorities, initiating resuscitative measures and demonstrating the practical skills used in the initial assessment and management of patients with multiple injuries.

A verification card is provided upon successful completion of the course and is valid for 4 years from the date of issue. A student refresher course must then be taken to maintain ATLS® provider status.

The next advanced Trauma Life Support® Provider/Refresher Courses will be held February 2 and 3. (The November course is filled)

Please contact Franca at ATLS Department of Surgery, Children’s Hospital, 787-1246
Image Gallery on Website

The image gallery gives potential health care providers and those with the NMU an opportunity to see pictures of all communities, facilities, and accommodations. We need pictures of accommodations and facilities in all the communities we serve. If you have any photos please send to: Julie at: creasey@cc.umanitoba.ca

Any other pictures would also be welcome.

Inuit Midwifery Support

Information Centre on Aboriginal Health has a midwifery resources web page at:
http://www.icah.ca/content/en/midwifery/

Even more articles, information, and support for Midwives and maternity care workers can be found at:
http://www.naho.ca/inuit/midwifery/index-e.php

Recipe

Harvest "Veggie Style" Shepherd's Pie

Traditional Shepherd's Pie is a hearty one-dish meal made of mashed potatoes, corn, and ground lamb or beef. This variation of this old favourite replaces the meat with soy protein. (If you prefer you can substitute the soy with ground turkey or beef.)

- 1 1/2 tbl olive or vegetable oil
- 1/2 tsp thinly sliced medium carrots
- 2 chopped onions or 1 thinly slice leek
- 2 thinly sliced celery stalks
- 4-6 cloves crushed garlic or 2 tsp garlic powder
- 2 small sliced zucchini
- 1 cup or 1 can fresh mushrooms
- 2 1/2 cups carrot or vegetable juice
- 1/4 cup chopped parsley
- 1 tbl chopped fresh sage, thyme, or any other herbs
- 1/4 - 1/2 tsp each of salt and pepper
- 12 ounces veggie ground round or extra firm tofu cut in cubes
- 2 cups corn kernels, fresh, frozen or canned
- 4 medium potatoes, boiled and mashed with 1/4 fat free milk
- 2 tbl grated cheese

1. Preheat the oven to 375 F.
2. Heat 1 tablespoon of the oil in a 12 to 13 inch skillet over medium heat.
3. Saute the carrots, celery, onions, and garlic for 3 minutes.
4. Drizzle the remaining oil into the skillet, add the zucchini and mushrooms, saute 2 minutes longer.
5. Add the carrot juice, parsley, herbs, salt, and pepper, then stir in the veggie ground round and the corn.
6. Heat for 3-5 minutes. Spoon the mixture into a 2 1/2- quart casserole, and top with the potatoes.
7. Bake for 20 minutes. Sprinkle the cheese over the potatoes.

Solutions to last issue’s puzzles

"Gardening is a kind of disease. It infects you, you cannot escape it. When you go visiting, your eyes roam about the garden; you interrupt the serious cocktail drinking because of an irresistible impulse to get up and pull a weed." - Lewis Gannit

Thank you to everyone who sent in a solution to the last issue's puzzles.
Word Search

(solutions to puzzles in next newsletter)

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Cryptogram

NMU Website

Have you visited the Northern Medical Unit website? We are located at:
http://www.umanitoba.ca/faculties/medicine/units/northern_medical_unit/index.php

The website has information about Northern Medical Unit programs, areas served, job postings, links to current and archived newsletters, forms, and practice guidelines.

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Opinions expressed on these pages may or may not be the opinions of the Editors.