New privacy requirements now in place

How tools on the SMA website can help you remain compliant

PLUS

- Representative Assembly resolutions, fall 2012
- Medical bonspiel makes a comeback
- Evaluating your EMR vendor’s “quality of care”
SMA News Digest is the official member magazine of the Saskatchewan Medical Association. It is published twice per year and is distributed to nearly 90 per cent of practising physicians in Saskatchewan.

Upcoming issues
The next issue of SMA News Digest will be distributed in June 2013.

Bylines
Where bylines are not given, articles were written or solicited by SMA communications staff.

Advertising
The deadline for booking and submitting advertising for the summer issue is Monday, May 13, 2013. Rates for display advertising are available upon request. Classified ad placement is free for members promoting physician, locum and practice opportunities; ads should be submitted via email and must not exceed 150 words.

Feedback
Member feedback is valuable and encouraged. Please direct comments, letters, ideas and advertising inquiries to:
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SMA mission
The mission of the Saskatchewan Medical Association is to advance the educational, professional and economic welfare of Saskatchewan physicians; to advance the honour and integrity of the profession; and to promote quality health care practices, quality health services, and to advocate for a quality health care system for Saskatchewan.

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As we kick off what promises to be a busy but rewarding year, I want to thank SMA members for the tremendous work you do on behalf of your patients and colleagues. Saskatchewan’s health care system is strong thanks to our dedicated physicians, and in spite of some challenges and continuing issues, the people of Saskatchewan continue to receive quality care from their doctors and other health care providers.

One of the issues is the restructuring of the University of Saskatchewan’s College of Medicine. The College is currently undergoing a renewal to maintain accreditation. It is important we see the process through to ensure that all of the issues are adequately dealt with and we support the work of the Provincial Working Group and Provincial Oversight Committee.

As the renewal process is ongoing and the accreditation issues are being addressed, the SMA encourages physicians, both community-based clinicians and university faculty, to remain engaged in clinical teaching. The students and residents need the support of practicing physicians to teach and mentor them, and that support and involvement in the education of our future physicians is more important now than ever before.

Physicians also need to remain engaged to lead innovation in the health care system and ensure that the focus remains on the patient. I recently attended the Institute for Healthcare Improvement (IHI) 24th Annual National Forum in Florida, and the opening address from IHI President and CEO Maureen Bisognano offered a simple approach to spread innovative models of care.

In another of the keynote addresses at the conference, author Dan Heath compared the emotional and rational systems of the human brain. Heath said that emotion is much more powerful when it comes to initiating change and that data alone is not sufficient to bring about real change. He urged IHI conference attendees they need to leverage the emotional side of change to lead change in health care. He also reminded those in attendance that failure should not stop efforts to lead improvement and bring about needed change.

The approach consists of a five-part checklist that any health care provider can use to promote innovation and ensure a patient-first focus.

1. Setting a vision to build will;
2. Finding or creating the best ideas;
3. Creating the infrastructure for scale up;
4. Moving beyond the walls (of health care institutions); and
5. Leveraging teamwork to effect change.

It takes a dedicated and caring group to deliver change that benefits the entire system, from physicians to patients. We need this leadership in Saskatchewan to bring change that gives our students and residents the best learning environment and keeps patients first. I know that Saskatchewan’s physicians and surgeons will lead the change and that we will all benefit from it.

Contact SMA President Dr. Janet Shannon by email: smanewsdigest@sma.sk.ca
Highlights from the fall 2012 RA

By Nicole Quintal

The fall 2012 meeting of the SMA Representative Assembly was held November 2 and 3 in Regina with several key themes emerging from the discussion, including physician engagement and leadership in health care transformation.

Dr. Janet Shannon set the tone for the proceedings during her president’s address, noting the importance of evolving and growing the health care system – a process for which physician engagement is a key component.

“I think it’s vitally important that Saskatchewan’s physicians are engaged, not just with the SMA but with their regional medical associations, their sections, their regions and the health care system in general,” she said.

Physician leadership and innovation are part and parcel of the physician engagement strategy and it can start within one’s own practice, or anywhere in the system, Dr. Shannon said.

The Hon. Dustin Duncan made his first presentation as Health Minister to SMA delegates. He noted that the Premier is also taking an active role in shaping the health care transformation agenda – a commitment that has been reiter- ated in the province’s growth plan, echoing the importance of physician engagement in improving the Saskatchewan health care landscape.

“The key to success for a high-performing health care system is and will continue to be strong physician engagement,” he said, adding that doctors are already leaders in the system and have a great ability to accelerate and influence change.

Duncan also focused on the topic of physician recruitment and retention. He noted that improvements are being made in the area following the establishment of the Physician Recruitment Agency of Saskatchewan (Saskdocs), the Saskatchewan International Physician Practice Assessment (SIPPA) and the appointment of the Hon. Randy Weekes, Minister Responsible for Rural and Remote Health.

“Today over 200 more physicians are practising in Saskatchewan than just five years ago,” he said.

However, he added that the Ministry recognizes more work needs to be done, particularly in rural and remote areas. Saskdocs CEO Ed Mantler also provided an update during the proceedings regarding the work the agency is doing to bring more doctors into the province.

Also high on the agenda of the government to ensure patient interests remain at the centre include strengthening LEAN and primary health care processes by working with patients, communities and health care providers to develop a framework, Duncan noted.

LEAN strategy: in-depth

Dr. Tom Schmidt of John Black and Associates presented on some of the tools he has successfully implemented to improve efficiencies in his former role as Medical Director for Patient Safety for Park Nicollet Health Services in Minneapolis. He holds an intimate knowledge of LEAN and has incorporated several innovative lean strategies into health care settings, including “mistake-proofing” and Rapid Process Improvement Workshops.

Dr. Schmidt has already worked with the Sun Country and Five Hills Health Regions to help improve efficiencies. His presentation offered attendees useful tips on how to go LEAN – from the physical layout of a clinic to self-inspecting your work. He noted LEAN is a continuous improvement process.

“The other part of LEAN is you never get done,” he said.
Physician Health Program
Dr. Alana Holt, who has been assisting on the SMA Physician Health Program Committee for three years, made an inspirational presentation about the realities of physician mental and physical health issues, including depression and burnout. She offered tips on how to combat stress, find fulfillment and achieve resiliency.

Pooled referrals
Dr. Corrine Jabs, department head of obstetrics and gynecology at the Regina Qu’Appelle Health Region, and Mark Wyatt, executive director of the Saskatchewan Surgical Initiative (SSI), provided event-goers with an overview of the Initiative’s new pooled referrals process that aims to shorten patient wait times.

Dr. Jabs’s department recently adopted a pooled referral management process. With the new process, patients have the option to choose to see the next specialist available to treat that condition. Dr. Jabs showed delegates how her department has experienced shortened wait times since it began using the system at the end of April 2012.

The process uses a Plan-Do-Study-Act cycle where feedback received about the process is used to make continuous improvements as it program progresses.

SMA staff presentations
Delegates also heard presentations from SMA staff in the areas of communications, including the results of the 2012 membership survey. An interactive strategic planning break-out session was also held, in addition to an update on the status of the Saskatchewan Electronic Medical Records (EMR) Program.

Reports from the Canadian Medical Association, College of Physicians and Surgeons of Saskatchewan and Saskdocs wrapped up the meeting proceedings. The next RA will take place May 3 and 4 at the Sheraton Cavalier in Saskatoon.

Couldn’t make it to the RA? Watch the video highlights on the SMA website at www.sma.sk.ca
Representative Assembly resolutions, fall 2012

The fall meeting of the Representative Assembly was held November 2-3, 2012 in Regina. These are the resolutions that were carried or referred to the board during the meeting.

1. That the narrative portion of the reports be received for information. (Abdulla | Pillay – Carried)

2. That the Representative Assembly approve the actions of the Board as reported. (Trevedi | Pillay – Carried)

3. That the annual dues for an ordinary member for the membership year beginning January 1, 2013 be increased by $125 resulting in the following dues structure:

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(Finance Committee - Carried)

4. That the 2013 proposed budget (Appendix A of Delegate Package) be approved. (Finance Committee – Carried)

5. That the SMA create a program to reimburse rural physicians who promote community involvement to medical students on rotation. (SMS-Brendan Kushneriuk | Jasmine Hasselback – Carried)

6. That the SMA, working with the College of Medicine, devise and promote an experience for Phase B students for selected urban sites in Saskatchewan which will facilitate learning about the health care and social issues at these sites. This will be equivalent and complementary to the rural roadmap experience. (Carson | Sivertson – Carried)

7. That the RA direct the Board to lobby the Ministry of Health, RHAs, and SMA specialty sections to include at least two family physicians appointed by the Section of Family Practice to participate in the development and implementation of pathway and pooled referrals. (Ibrahim | Ledding – Carried)

8. That the SMA establish a committee to re-evaluate criteria for the Family Physician Comprehensive Care program. (Ibrahim | Strydom – Carried)

9. That the SMA extend an invitation to the RHA CEO’s to attend the Spring Representative Assembly meeting in 2013. (Brown | McCarville – Carried)

10. That the SMA urge the Ministry of Health and RHAs to support and extend collaborative anti-coagulation management programs between MD’s and pharmacists. (Strydom | Sandomirsky – Carried)

11. That the SMA strongly urges the Ministry of Health to provide physician practices which are using Optimed as an EMR and want to transition to PHC team-based collaborative practice, with equal/equivalent support as had been provided to Med Access users. (Fourie | Doig – Carried)

12. That the SMA urge the Ministry of Health to include cost coverage for inter-facility patient transfer in CEC (Collaborative Emergency Centre) design. (Kozroski | Shannon – Carried)

13. That the SMA urges the Ministry of Health to provide funds as a separate line budget item to Regional Health Authorities for physicians participating in committee and administrative work. (Sridhar | Fourie – Carried)

14. That the SMA encourage physicians, both community-based clinicians and university employed faculty, to remain engaged in clinical teaching while ongoing accreditation issues are being addressed at the College of Medicine. (SMS-Brendan Kushneriuk | Jasmine Hasselback – Carried)

15. That the RA directs the SMA to establish encryption as a standard in EMR programs. (Sridhar | Fourie – Carried)

16. That the RA urges the SMA EMR program to support physicians beyond 2013. (Fourie | Stewart – Carried)

17. That the SMA be the anchor for a comprehensive, longitudinal mentorship program for medical students. (Kushneriuk | Hasselback – Carried)

18. That the RA membership thanks the committees and staff of the SMA for their hard work over the past year. (McCarville | Brown – Carried)
Medical bonspiel makes a comeback

By Nicole Quintal

The Saskatchewan Provincial Medical Bonspiel is a curling event with a rich history in the province. It began in 1954 and was held annually until 2000 in communities across the province, including Melfort, Swift Current, Prince Albert, Kindersley and Humboldt.

After a number of years without the event, a group of local physicians are set on re-establishing the tradition.

Dr. Myles Deutscher helped organize the first medical bonspiel to be held in over 12 years on November 3 and 4 at the CN Curling Club in Saskatoon. Nine teams participated in the bonspiel, making for a successful comeback.

“I thought it went quite well, considering it hasn’t been held since 2000, so 12 years of no bonspiel,” Dr. Deutscher said. “I was a little bit disappointed that we didn’t get any out-of-Saskatoon teams, but it was the first year in a long time, so hopefully that will improve as we get the word out.”

Dr. Deutscher attributes the event’s 12-year hiatus to declining interest in the sport that has swept across the nation.

“I think the bonspiel just suffered the same fate as curling as a whole has,” he said. “There’s just been overall less interest in the sport.”

The number of curlers has also declined; many of the participants from past years do not curl anymore. Also, physicians’ busy schedules may hinder participation in extracurricular activities.

In an effort to re-institute the Medical Curling League in Saskatoon, Dr. Deutscher said he and a group of other physicians felt it would also be a good idea to get the medical bonspiel going again.

“We generated a lot of interest in the bonspiel this year. It will be held again next year later in November, so anyone out there in the province that wants to curl in this please keep it in mind,” Dr. Deutscher said.

He added that the event is truly a medical bonspiel now, whereas in the past it was open to physicians only. The November competition saw nurses, medical students and residents join in the action.
Program positioned well to reach its objective

By Dallas Carpenter

The growing Saskatchewan Electronic Medical Records (EMR) Program took centre stage for a session at the fall 2012 Representative Assembly. The SMA’s Director of Information Technology, Doug Dombrosky, gave an update on the successful program to an appreciative group of physicians, many who have benefited from having EMRs in their practices.

The EMR program, which is run jointly by the SMA, Saskatchewan Ministry of Health and eHealth Saskatchewan, started in 2008 with three employees. Initially, the objective was to have 80 per cent adoption by 2012-13. While they haven’t reached that lofty goal just yet, what they have accomplished in four years has been impressive.

“The initial adoption rate was quick,” says Dombrosky. “There was a lot of interest in the program and many physicians realized the benefits of switching to an EMR thanks to the hard work of the EMR team and support from the Ministry of Health and eHealth Saskatchewan.”

The EMR program has grown to cover over 1,300 Saskatchewan physicians, or 56 per cent of the province’s physicians. The program is positioned well to reach its objective of having 60 per cent of the province’s physicians by March 31, 2013, although Dombrosky notes that achieving the overall objective of 80 per cent will be a greater challenge than getting the first 60 on board.

“Once you get past 50 per cent, the adoption rate slows down,” explains Dombrosky. “We have our work ahead of us to get the late adopters to implement EMRs in their practices, and we will have to increase our marketing and make sure the physicians are aware of the many benefits of converting from paper records to electronic records.”

Now that a majority of Saskatchewan’s medical practices have adopted EMRs, the program is transitioning to a support model. Privacy support for EMR and non-EMR physicians is being increased through the program, while SMA Change Management Advisors will be training in the systems of the...
two EMR vendors to provide physicians with better support with their systems.

Efforts are also being made to enhance EMRs and the services physicians can access. Support for chronic disease management and connecting to the Pharmaceutical Information Program (PIP), which will be available to both physicians and pharmacists, will not only provide for more efficient practices but will also mean a better patient experience and better communications between health care providers.

“There are many new features being worked on that will benefit patients,” says Dombrosky. “By integrating PIP into EMRs, for example, it will enhance patient safety by having up-to-date drug information available for physicians and pharmacists, decreasing the possibility of drug interactions or duplicating prescriptions. Having accurate information available and shared by physicians and other care providers will improve patient care and lead to a more efficient and responsive health care system.”

The importance EMRs have gained in Saskatchewan was evident at the fall 2012 SMA Representative Assembly where three resolutions were directed at the EMR program, including one directing the SMA to continue to support physicians beyond 2013. It was also noted by some delegates that the concept of EMR is not so much about technology but about providing quality care to patients, and some felt they could provide better care with an EMR.

“The EMR program is focused on improving the support and service for physicians, from those who are just in the process of adopting an EMR to experienced users who are looking to upgrade their current system.

Dombrosky and the SMA EMR team will be changing their approach and develop a targeted marketing approach to reach out to physicians who have yet to adopt an EMR.

“A survey will be sent to physicians and their office staff to try and understand their barriers to adoption,” he said. “We have heard in the past that we need to develop a repeatable change management process. We also have privacy education and support services to assist physicians with their privacy requirements prior to going live with their EMR.

“If we continue to improve our service and work to overcome the barriers holding non-adopters back, we’re confident we will achieve our objectives and give physicians the tools they need to enhance their practices.”
Evaluating your EMR vendor’s “quality of care”

According to Saskatchewan EMR program's statistics for 2012, approximately 1,900 Saskatchewan physicians and support staff are using an EMR (electronic medical record) system. To ensure approved vendors maintain the standards of value, quality and consistency negotiated by the Saskatchewan EMR program on behalf of physicians, EMR users are invited to participate in a vendor assessment survey running from January 21 to February 15.

The purpose of this survey is to gather information on the type of customer experience medical practices encounter with their current EMR vendor. The Saskatchewan EMR program uses survey results to measure customer satisfaction, as well as direct service and product improvement requests.

This survey is open to any Saskatchewan physician, medical practitioner (e.g., nurse practitioner) and medical office staff working with an EMR. It takes less than 10 minutes to complete. Opinions and responses may be identifiable but will be kept confidential. The survey can be completed online through the Saskatchewan Medical Association's (SMA’s) website or in hard copy. Details concerning this year’s vendor assessment survey will be communicated through the program’s change management advisors and the SMA website (www.sma.sk.ca) closer to the survey release. A summary of survey findings will be published for respondents.

The Saskatchewan EMR program is dedicated to helping physicians realize the many benefits of incorporating this technology into their quality of care and office administration. Participation in this survey will aid in the program’s efforts to identify user needs and concerns to approved EMR vendors.

If you have any questions regarding the survey, please contact Darlene Osborne, change management advisor at (306) 657-4585 or darlene@sma.sk.ca.

SMA signs memorandum of understanding

In July 2012, a new memorandum of understanding (MOU) that provides a non-fee-for-service (NFFS) bargaining framework was signed by the SMA and the Saskatchewan Ministry of Health. The bargaining process will ensure consistency in compensation rates and work/service expectations across the province for NFFS physicians.

Within the MOU, the membership of the Negotiating Committee and Management Committee were set, as were the roles for the SMA, the Ministry and the Regional Health Authorities. The negotiating processes for both existing contracts and new contracts were outlined, while the processes for dispute resolution in non-compensation and compensation-related disputes were also outlined.

The MOU is intended to align the bargaining framework with the patient-first focus, which, among other objectives, will provide for a financially responsible and sustainable process for the negotiation framework for physician services and establish a fair, transparent and standardized approach that aligns with the strategic priorities of the health care system.
The College of Physicians and Surgeons of Saskatchewan (CPSS) has amended its bylaws, requiring physicians to ensure they have a privacy policy in place before they can renew their license.

The new provisions went into effect on December 31, 2012. Overall, they require trustees of personal health information to have a written privacy policy available at each practice location and ensure all physicians who work there are familiar with the policy.

Dr. Karen Shaw, CPSS Registrar, said it is the responsibility of the physician to ensure the new obligations are met.

"Basically it sets out the requirement to have a privacy policy and understand its contents if one is a trustee of the information," she said.

Privacy support and resources

The SMA is offering support to help you transition to the new CPSS requirements and remain compliant with the Health Information Protection Act (HIPA).

There are new privacy resources on the SMA website (www.sma.sk.ca), developed in conjunction with the CPSS, eHealth Saskatchewan and the Ministry of Health. The resource materials were initially developed for clinics entering into the EMR Program. They include a step-by-step guide, pointing you to the necessary documents you should review, checklists, and policy and procedure and agreement templates that can be adapted to suit your practice environment – whether you are using an electronic medical record (EMR) or not.

SMA Privacy Officer Darcy Hryn said the Saskatchewan EMR Program has incorporated the new CPSS requirements into the policies and procedures that EMR doctors should have in place; however, these tools can easily be adapted by non-EMR physicians.
“A record is a record. It doesn’t matter whether it’s an electronic or paper record. Obligations under the legislation and the bylaw expectations still exist.”

- Darcy Hryn, SMA Privacy Officer

“Although they were initially made for an electronic system, they can be tweaked very easily,” she said. “A record is a record. It doesn’t matter whether it’s an electronic or paper record. Obligations under the legislation and the bylaw expectations still exist.”

She added that for doctors using EMRs, they would also have the assistance of the change management advisor to assist them in the implementation of the EMR, which includes the privacy and security requirements. However, Hryn is readily available to answer any privacy questions relating to the process from doctors who are not interested in implementing an EMR at this time but recognize they need to be compliant with the new CPSS bylaws.

**Using the privacy resource materials**

Hryn has some helpful advice for doctors going through the new privacy resource materials on the SMA website.

“I think first and foremost, try not to be overwhelmed by the sheer volume of information that is there. It can be done in bits and bites,” she said, adding that the checklists included on the step-by-step guide are a great place to start because they allow you to see what policies your clinic may already have in place.

She then suggests going through the policy and procedure templates that can be easily downloaded from the website and adapted specifically to the clinic; there is an instruction piece at the beginning of the step-by-step guide that explains how to go about making those changes in Microsoft Word. The EMR and non-EMR resource pages can then help to answer dangling questions you may have after going through the step-by-step piece.

Hryn said the ultimate goal of the privacy resource materials is to answer any questions about privacy and security that may arise. Although the material is not legally binding, it was created to assist physicians in identifying what policies and procedures they should have in place in their practice so that they are compliant with the legislation and also meet the expectations of the CPSS with respect to the bylaws.

“We think that we have created some material that is user friendly, but we do really want it to be a living, breathing document that’s assisting you, not hindering you,” she said. “The more feedback we get the better the materials are going to be.”

If you have any concerns or feedback for improving the privacy web resources, you’re encouraged to contact Hryn at privacy@sma.sk.ca.

**Reviewing the privacy step-by-step guide on the SMA website is a great place to start because it allows you to see what policies your clinic may already have in place.**
Medical Benevolent Society enters its 51st year

By Nicole Quintal

The Medical Benevolent Society (MBS) is entering its 51st year as a charitable foundation established and directed jointly by the SMA and College of Physicians and Surgeons of Saskatchewan (CPSS). Over the years it has grown exponentially to provide assistance to physicians and their dependents in need.

An evolving Society
The Society was founded on December 20, 1962 – the year the Medicare crisis between the provincial government and physicians was at its peak.

Earlier that year, only a few hours after attending a meeting that prepared the way for a settlement of the Medicare crisis, Drs. John Knox of Maple Creek and Robert Nixon of Estevan, en route to a reunion with their families, died in an air crash near Arcola, Saskatchewan. The Society was established thereafter to provide financial support to their widows and young children through donations from Saskatchewan physicians.

This scope has since expanded.

“Currently, we provide financial assistance to students, residents, physicians, surviving spouse and/or dependent children who are or will be necessitous and deserving,” Brenda Senger, Director of Physician Support Programs for the SMA, said.

Senger added the Society is continuing to evolve as the needs of applicants change, and it has helped doctors in many different situations.

In the past, the fund covered the cost to have the body of a deceased physician flown home to his family in South Africa. It also came to the aid of a physician’s wife who needed help covering bills and other financial expenses after her husband was admitted to long-term care.
“It’s about physicians helping other physicians,” explained Senger.

Educational support in the form of scholarships and bursaries is also available through the Society for doctors who are Canadian citizens. Assistance for physicians requiring out-of-province treatment or medical care is also available, which the Ministry of Health contributes towards.

Senger said Saskatchewan is currently the only province that has a Medical Benevolent Society. On the national front, the Canadian Medical Foundation was established to fund projects, many of which are research projects, through donations. However, Senger said this foundation is on a different scale than the Society. She added that many local physicians continue to support the Society because it’s a way for them to take care of doctors here – support that continues to grow.

“In the year 2000 we collected $2000. In 2011 we collected $44,867,” she said.

Anyone can donate to the fund – physician or not. Doctors also have the option to make charitable donations from stocks and bonds through MD Physician Services.

“I’m very much of the belief that having to phone the SMA to access funding for MBS is probably one of the most difficult things a physician ever has to do,” she said. “It’s often a last resort for many physicians.”

Senger noted that many physicians who have used the fund in the past are now major contributors.

For more information about accessing the Medical Benevolent Society or to make a donation, contact Brenda Senger, Director of Physician Support Programs, at (306) 244-2196 or brenda@sma.sk.ca.

Accessing the SMA member site

To access the SMA member site so you can check your dues, CME balance, insurance summary and more, you must first register to use the site. Here is how:

- **Step 1.** Go to [www.sma.sk.ca](http://www.sma.sk.ca)
- **Step 2.** Click on the orange box in the top right-hand corner that reads ‘need member site access?’
- **Step 3.** Enter your SMA ID number (same as your CMA ID number) and email address, then create a new username and password
- **Step 4.** Click ‘register’
- **Step 5.** Enter your username and password in the ‘member login’ area
- **Step 6.** Click the right-facing arrow or hit the ‘enter’ key on your keyboard. That’s it - you are logged in!

If you encounter any problems when logging into the site, please contact a member of the SMA communications team:

Nicole Quintal  
Communications Advisor  
P: (306) 657-4582  
E: nicole@sma.sk.ca

Dallas Carpenter  
Communications Strategist  
P: (306) 657-4567  
E: dallas@sma.sk.ca
Dr. Lalita Malhotra was awarded the Queen Elizabeth II Diamond Jubilee Medal in May 2012 for the contributions she has made to health care both locally and overseas.

A resident of Saskatchewan for over 36 years, much of Dr. Malhotra’s work centres on women’s health and wellness, and she also works closely with First Nations in northern Saskatchewan who have labeled her the ‘Angel of the North’. On the international scale, she recently established a cervical screening program for women in India.

The medal was created to mark the 2012 celebrations of the 60th anniversary of Her Majesty Queen Elizabeth II’s accession to the throne as Queen of Canada. It serves to honour significant contributions and achievements by Canadians.

Malhotra is one of 60,000 deserving Canadians who are being recognized with the Diamond Jubilee Medal.
CFPC names Dr. Daniel Johnson 2012 Family Physician of the Year

The College of Family Physicians of Canada (CFPC) named Dr. Daniel Johnson of Kindersley one of the Family Physicians of the Year for 2012.

The Reg L. Perkin Award is presented annually to outstanding family physicians from each province that are acknowledged as Canada’s Family Physicians of the Year. Award recipients are nominated by colleagues and peers for exceptional professional achievements and contributions to their patients, communities, and family medicine research and education. Overall, they represent excellence in family medicine in Canada.

Dr. Daniel Johnson was nominated by his colleagues and medical residents for his outstanding commitment to family medicine throughout his 38-year career.

Dr. Johnson received his medical degree from the University of Saskatchewan in 1971 and completed his family medicine residency at St. Joseph’s Family Medical Centre at the University of Western Ontario in 1974. That same year, he received Certification in Family Medicine and became a Fellow of the College of Family Physicians of Canada in 2001.

Dr. Johnson began practising family medicine in Tyne Valley, PEI, in 1974. In 1975, he returned to Saskatchewan and began practising family medicine, with an interest in anaesthesia, at the Kindersley Clinic in Kindersley, Saskatchewan, where he continues to practise today.

Among his many roles with the University of Saskatchewan, Dr. Johnson serves as Clinical Associate Professor and Preceptor for medical students and residents. He also participates as an evaluator of local and international applicants applying to the family medicine program.

Among his professional affiliations, Dr. Johnson served as President of the Saskatchewan College of Family Physicians in 1982 and was a Board member of the Saskatchewan Medical Association.

Dr. Johnson has been President of his local Kinsmen Club and President of the Kindersley Drug and Alcohol Abuse Society. In previous years, he coached swimming at the community swim club.

In all of his work, Dr. Johnson is supported by his wife Connie, son Neil, and daughter Camille, their spouses, Michelle and Josh, and is also a proud grandfather of four. Dr. Johnson enjoys spending time at the family cottage, golfing and cycling. He once cycled in the World Masters Games in Edmonton, and completed a cycling tour from Ottawa to Toronto.

Formal award ceremonies took place during the week of CFPC’s annual Family Medicine Forum in Toronto and were part of Family Doctor Week in Canada celebrations from November 12 – 17, 2012.

Early call for nominations: SMA Physician of the Year Award

In order to recognize the valuable contribution and service of another exemplary Saskatchewan physician, the SMA is now accepting applications for its Physician of the Year Award.

A colleague, a section, an RMA, a community or a citizen can nominate a physician. A summary of the candidate’s achievements and why he or she should be considered is all that is required for nominations. All submissions will be forwarded to the Appointments and Awards Committee for consideration.

In order to be considered, a physician must be an SMA member and be living in Saskatchewan at the time of the nomination. The award is presented for outstanding contributions made by a physician either during a particular time span or throughout his or her career. Physician contributions can be made in the medical profession or volunteer sector and can be to a community or district, or at the provincial, national or international level. The nomination deadline is March 4, 2013.

For complete details, visit www.sma.sk.ca/poty.aspx.
Submitted by the Saskatchewan Drug Information Service

The Saskatchewan Drug Information Service (SDIS) has been providing Saskatchewan health care professionals with up-to-date, evidence-based medication information for over thirty years. SDIS is a not-for-profit organization sponsored by Saskatchewan Health and staffed by licensed pharmacists. The service is free to all Saskatchewan health care professionals and consumers.

Clinicians have identified that quicker and more convenient access to drug information would be a valuable resource. Saskatchewan health care professionals can now send their clinical questions via text-messaging to SDIS and receive a response within one business day—and often sooner.

To utilize the service, health care professionals can text their questions to (306) 260-3554. All correspondence is confidential and the information will be delivered directly to the user’s phone.

SDIS can also be contacted by phone (306) 966-6340, email druginfo@usask.ca, online at www.druginfo.usask.ca or fax (306) 966-2286.

The service is available from Monday to Friday, 8:30 a.m. – midnight, and Saturday and Sunday from 5:00 p.m. to midnight.

Here are some examples of drug information the service has provided to physicians:

**Q: We want to start Adalat (nifedipine) in a patient who is not yet pregnant but wishes to conceive; what is the most recent pregnancy data on the acceptability of Adalat (nifedipine) in pregnancy and what are some alternatives?**

**A:** Previously, the issue with nifedipine was thought to be that it could lower perfusion of maternal blood to the fetus more than other anti-hypertensive therapy. There have been reports of premature birth, and low birth weight but this has not been shown to be statistically significant. Two recent studies have shown nifedipine is not a teratogen and does not increase the rate of birth-defects above the baseline risk. A general consensus can be reached that nifedipine is safe in pregnancy and can be considered for first-line therapy. However, only extended release nifedipine should be used; regular release nifedipine should be avoided as it has been shown to cause maternal problems (stroke, MI). Other first-line options in pregnancy include labetalol and methyldopa.

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**Q:** I have a patient in hospital who was prescribed both Flomax and Xatral. I thought they were both alpha blockers or am I mixed up?

**A:** Both Flomax (tamsulosin) and Xatral (afluzosin) are alpha blockers. Indirect evidence suggests there is no difference in efficacy among the alpha blockers and for the most part they have the same side effect profile. Theoretically, Flomax may be associated with less vasculature side effects as it blocks alpha 1A and D, whereas the others block all of 1A, 1B and 1D; 1B is mainly in the smooth muscle of the vasculature. There is no rationale to use tamsulosin and alfuzosin in combination.
PET-CT will bring new level of medical imaging to Saskatchewan

By Dallas Carpenter

Advanced medical imaging is coming to the Royal University Hospital (RUH) in Saskatoon through the purchase of a PET/CT.

Originally announced by the Government of Saskatchewan in early 2011, this equipment will allow better clinical information not available through magnetic resonance imaging (MRI) machines. Primarily used to monitor cancer, cardiac and neurology patients, PET/CT (which stands for positron emission tomography/computerized tomography) scans produce three-dimensional images and can identify the density and size of a mass, allowing doctors to confirm if the mass is benign or a tumor.

“This represents the introduction of a new extension for Nuclear Medicine with Molecular Imaging,” says Bryan Witt, Director of Medical Imaging and Nuclear Medicine Services for the Saskatoon Health Region. “Our radiologists and nuclear medicine physicians are very excited to be able to work with this new technology in Saskatchewan.”

Currently, PET/CT scans are only available to Saskatchewan residents who travel to Edmonton or Winnipeg. Having a PET/CT in Saskatchewan will give physicians the ability to avoid invasive examinations or surgical procedures and give patients access to earlier diagnoses and faster treatments. According to Witt, the PET/CT is already attracting top physicians, technologists and researchers to the province.

“A new nuclear medicine physician has already started with Saskatoon Health Region in preparation for the opening of the new PET/CT facility. Recruitment is currently underway for other specialists and scientists who will work in and support the new PET/CT department.”

The installation of the PET/CT will open new doors for the University of Saskatchewan, continuing the university’s strong history in nuclear medicine and biomedical imaging. A particle accelerator will be constructed that will produce short-lived radioactive isotopes for the PET/CT while also being used to research isotope use and detection technologies for medical diagnosis and treatment.

“There is a lot of excitement around the installation of this PET/CT program both for its clinical applications, but also for its research possibilities,” said Witt. “Plans are underway for the production of medical isotopes used in PET/CT scans to be produced by the cyclotron at the U of S, which will be part of the Sylvia Fedoruk Canadian Centre for Nuclear Innovation. There is a lot of innovation in imaging right now coming out of Saskatchewan and the U of S, and this new PET/CT will definitely play a part in ongoing research and innovation in imaging, specifically molecular imaging.”

It is estimated that once fully operational in early 2013, the PET/CT will be able to provide about 2,000 scans per year. The RUH Foundation has committed to raising $2.5 million towards the purchase, renovation and installation of the PET/CT at RUH through their Picture This! campaign. PotashCorp has committed to match every dollar donated to the campaign up to $1 million.

For more information on the Picture This! campaign, please go to foundation.saskatoonhealthregion.ca.
students and residents

Roadmap Program tours medical learners across the province

By Nicole Quintal

The Committee on Rural and Regional Practice’s (CORRP’s) Roadmap Program for Students and Residents has quickly moved forward with engaging students in a variety of events and contests. Overall, the goal of the program is to create opportunities early in a student’s medical career for positive experiences in Saskatchewan.

Two bus tours have been held to date that aim to open student’s eyes to the possibilities that await in Saskatchewan, particularly in rural and regional communities.

Tour update
The fall months sparked a busy tour schedule for the program. On October 20, students and residents were taken to a football game in Regina to watch the Saskatchewan Roughriders take on the Montreal Alouettes. The tour was well received with 42 learners of all levels in attendance.

Just one week later, the first Roadmap Rural Bus Tour for Phase B students – and staple ‘passport’ contest of the Roadmap Program – launched on October 27. In a nutshell, the contest asks participants to visit five rural or regional practices with each visit granting them one stamp on their Roadmap passport. Students who successfully gather five stamps by March 1, 2013 receive $500 and a chance to win a trip to the 2013 Society of Rural Physicians of Canada’s Rural and Remote conference in Victoria, BC.

A total of 25 Phase B students attended the first tour to the Five Hills Health Region, visiting both Craik and Moose Jaw. This trip was organized by the Five Hills Health Region recruiters and local physicians from the region.

The day began with a tour of the Craik Eco Centre and Eco Village where students learned about the various systems of both the Eco Centre building and eco-friendly homes built in the area and how these systems are similar to those of the body.

The group then travelled to Moose Jaw where they toured the Moose Jaw General Hospital (MJUH) alongside Dr. Rininsland, who is the residency training coordinator at MJUH. Dr. Rininsland introduced the students to other local physicians working in areas such as anesthesia, obstetrics and surgery.

The students also learned about the design process of the new Moose Jaw hospital that is scheduled for completion in 2015. The hospital was designed around patient flow and will use a P3 process, or “Production, Preparation, Process” to involve those who will use the facility.

The group then toured a historic building that has been refurbished into Dr. Rininsland’s new clinic, took in some free time to explore the unique shops and restaurants in the city, and finished the day with a dinner reception at the new Mosaic recreational complex.

The passport contest for Phase B students will continue with another Roadmap Rural Bus Tour on January 19 to La Loche. Students will travel by charter plane to the community of 2,600 to experience Saskatchewan’s northern culture, beauty and medical landscape in the Keewatin Yatthé Health Region.

On February 9, the students will travel to the Sunrise Health Region to visit Yorkton and Kamsack. Clinical sessions will be offered at this tour.

If you are a Phase B student who is interested in participating in the Roadmap passport contest, please email roadmap@sma.sk.ca.

The passport contest will close on March 1, 2013.

Get involved with the Roadmap Program
If you are a practising physician and would like your clinic featured as a Roadmap participating clinic for students to consider visiting, or if your health region is interested in hosting a future Roadmap Rural Bus Tour, please contact Nicole Quintal, SMA Communications Advisor, at nicole@sma.sk.ca.
students and residents

Medical students aboard the Roadmap Rider Tour on October 20, 2012.

Dr. Rininsland of Moose Jaw tours Phase B students around his newly renovated clinic during the Roadmap Rural Bus Tour to the Five Hills Health Region.

SMA staff en route to Regina. From left: Nicole Quintal, Communications Advisor; Rochelle Plemel, Rural Relief Program Administrator; Jane Hickson, Assistant to the Director of Professional Affairs.
The SMA and Committee on Rural and Regional Practice (CORRP) Roadmap Program for Students and Residents launched a photo contest for the medical learners this past fall. CORRP received numerous entries - all excellent photos from across rural, regional and northern Saskatchewan. It was difficult for CORRP to choose just eight photos out of the submissions. Here are the contest results.
Students and residents are in...
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No matter where you are in your career - practising physician, resident or medical student - the Physician Management Institute (PMI) will prepare you to be a more effective leader. The PMI is the Canadian Medical Association’s (CMA’s) leadership development program designed specifically for physicians in Canada’s health care system.

When you enrol in a PMI course, you can be confident that:

- course content and examples will be practical and relevant to health care and medical practice in Canada
- instructors are subject-matter and education experts with an intimate knowledge of Canada’s health care environment
- learning approaches incorporate multiple perspectives, include real-life, real-time activities and promote rich problem-solving among peers
- classmates are health care professionals with interests and needs similar to your own

As part of its commitment to advancing physician leadership in Saskatchewan, the SMA will offer the following PMI courses in both Saskatoon and Regina in 2013:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>April 12-13, 2013</td>
<td>Prescribing Quality Improvement</td>
<td>Regina</td>
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<tr>
<td>May 10-12, 2013</td>
<td>Disruptive Behaviour</td>
<td>Saskatoon</td>
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<tr>
<td>October 4-6, 2013</td>
<td>Strategic Planning</td>
<td>Regina</td>
</tr>
<tr>
<td>November 3-4, 2013</td>
<td>Dollars and Sense</td>
<td>Saskatoon</td>
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SMA workshops
The SMA also offers workshops to help physicians complement clinical proficiency with practical management and leadership skills. All physicians, students and residents are encouraged to attend these workshops. The following SMA workshop will be held in 2013:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 21-22, 2013</td>
<td>Crucial Conversations</td>
<td>Saskatoon</td>
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</table>

For more information about in-house PMI courses or SMA workshops, contact:

Delilah Dueck, Receptionist/PMI Coordinator
Email: delilah@sma.sk.ca

Register online
The SMA is pleased to offer online registration for the 2013 PMI course offerings in both Regina and Saskatoon. Visit www.sma.sk.ca to learn how.
Upcoming courses, conferences and events

**February**

7-8 POGO Women’s and Children’s Health Conference  
Saskatoon Inn, Saskatoon, SK  
For more information or to register, visit www.usask.ca/cme

**March**

8-9 Peter and Anna Zbeetnoff Drug Therapy Decision Making Conference  
Regina, SK  
For more information or to register, visit www.usask.ca/cme

**April**

10-11 Health Care Quality Summit  
Queensbury Convention Centre, Evraz Place, Regina, SK  
For more information, visit www.qualitysummit.ca

12-13 PMI: Prescribing Quality Improvement  
SMA in-house PMI Program  
Hotel Saskatchewan, Regina, SK  
For more information or to register, visit www.sma.sk.ca or call (306) 244-2196

12-13 Oncology Conference  
Travelodge Hotel, Saskatoon, SK  
For more information or to register, visit www.usask.ca/cme

26-27 Western Emergency Department Operations Conference  
The Westin Calgary, Calgary, AB  
For more information, visit cme.ucalgary.ca/courses

**May**

3-4 SMA Spring Representative Assembly  
Sheraton Cavalier, Saskatoon, SK  
For more information, visit www.sma.sk.ca or call (306) 244-2196

29-1 2013 Canadian Conference on Physician Leadership  
Hyatt Regency Hotel, Vancouver, BC  
For more information or to register, visit cspexecs.com/2013leadership/index.php

For the latest information on upcoming events, view the events calendar at www.sma.sk.ca
A day in the country. The Town of Raymore is welcoming applications for a Family Physician. We are ideally located at the junction of highways #6 and #15, only 112 kilometres north of Regina (apx. 1 hour). The Raymore Health Centre requires a Family Physician one or two days a week, whatever would fit into your schedule; we are open for discussion. Our current practice covers a 30-mile radius, which includes two First Nations communities. The only cost to you is your staffing for the day. For more information, please contact the Town of Raymore by calling (306) 746-2100 or email raymoretown@aski.ca and look us up on the web at www.raymore.ca.

Family physicians required. Space available for up to eight physicians. Opportunity to select your own hours, days and style of practice. Walk-in or private practice. Flexible, full or part-time office hours. Friendly, efficient and very professional environment. Fee-for-service opportunity. Attractive overhead split. For more information, please contact:

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The Student Medical Society of Saskatchewan’s (SMSS’s) SMA representative Brendan Kushneriuk presents Dr. Brian Geller, SMA Director of Professional Affairs, with a plaque acknowledging the SMA’s contribution to the first annual SMSS Healthcare Classic slo-pitch fundraising tournament that was held on August 26, 2012.

Spousal education session

As part of our strategic plan for enhancing physician and family well-being, the SMA is hosting an annual education session for spouses.

The SMA will be hosting its third-annual spousal education session in the New Year in Saskatoon. Stay tuned for more information, including the event date and schedule, by checking the SMA events calendar at www.sma.sk.ca.

Date: TBD
Location: Saskatoon, SK

For more information about SMA spousal education sessions, contact Brenda Senger, Director of Physician Support Programs.

Phone: (306) 244-2196
Email: brenda@sma.sk.ca
obituaries

Dr. James (Jay) Montague Scott, FRCPC
Dr. Jay Scott passed away suddenly on Saturday, September 22, 2012 in Kelowna, British Columbia.

Dr. Scott resided in Saskatoon, Saskatchewan, where he had worked as a radiologist for Associated Radiologists since 1999. He studied medicine at the University of Alberta and at the University of Calgary. He had two fellowships in Neuroradiology; one from the University of British Columbia, and the second from Harvard University. He also trained in pathologic radiology at Walter Reed Medical Army Centre. Before practicing in Saskatchewan, Dr. Scott worked in British Columbia as a radiologist.

Dr. Scott loved to travel and was a physician of Hyperbaric and Diving Medicine, an Instructor Trainer and a Medical First Aid Instructor with PADI, and held an Associate Professional Membership with Divers Alert network (DAN).

Although recently retired, Dr. Scott planned to continue practicing on a part-time basis. In August he attended a Neuroradiology conference in Santa Fe, New Mexico. From Santa Fe he travelled with his wife to Costa Rica and Isla Mujeres, Mexico; his favorite vacation sites. He passed away a few days after returning home to Canada while visiting Kelowna.

Dr. Scott is survived by his loving wife and best friend Deborah Vanson Scott. He leaves behind children Ryan and Elise Scott from a former marriage, and step-children Matt and Tamara Phillips. He will be dearly missed by his close sister, Tia Scott as well as his lifetime friend Erv Schill, and several other friends in Mexico, Ecuador, Saskatchewan, Ontario and British Columbia.

Dr. Louis Horlick, OC, SOM, MD, FRCPC
Born December 2, 1921 in Montreal, Quebec, Dr. Louis Horlick passed away on October 23, 2012 in Saskatoon, Saskatchewan.

Dr. Horlick graduated in medicine from McGill University in 1945 where he received the Holmes Gold Medal for the highest standing over four years of studies. He interned at the Montreal General Hospital, spent two years as a fellow in the Cardiovascular Institute at Michael Reese Hospital in Chicago where he began his career in medical research in the area of experimental atherosclerosis. In 1952, he became a Fellow of the Royal College of Physicians and Surgeons of Canada and the American College of Physicians. Dr. Horlick completed his training in internal medicine and cardiology at McGill receiving an MSc. and Diploma in Internal Medicine (Experimental Medicine) in 1953.

Dr. Horlick’s goal was to work in academic medicine, and in 1954 he joined the staff of the College of Medicine at the University of Saskatchewan (U of S). Dr. Horlick established the Division of Cardiology, its laboratories and developed a research program in atherosclerosis. From 1968 to 1974 he was Professor and Head of the Department of Medicine. He was a highly skilled clinician and treated patients from throughout Saskatchewan in his over 50 years of medical practise at the Royal University Hospital in Saskatoon. He became Emeritus Professor in 1989 and continued to work in cardiology until earlier this year. Recognized internationally for his research, he published more than 60 papers in scientific journals and gave many papers at scientific meetings in his area of research, cholesterol and atherosclerosis. Dr. Horlick also wrote and edited three books dealing with the history of the U of S College of Medicine and the Royal University Hospital.

Dr. Horlick had the honour and privilege to be involved in many of the important institutions which make up Canadian medicine. He served as a Member of the Medical Research Council of Canada, as Member of the Medical Council of Canada, and as Member of Council and Vice President (Medicine) of the Royal College of Physicians and Surgeons of Canada. He was a Member of the Saskatchewan Health Research Board and served as Vice-Chairman of that Board. He served as Chairman of the Canadian Council on Hospital Accreditation and served on the U of S Board of Governors.

Dr. Horlick was also the recipient of many awards, including: National Health Scientist Award 1975; National Volunteer Award 1988; Saskatchewan Order of Merit 1991; James Graham Award, Royal College of Physicians and Surgeons of Canada 1991; Annual Achievement Award, Canadian Cardiovascular Society 1992; Heart and Stroke Foundation of Canada Award of Scientific Merit 1994; and Officer of the Order of Canada 1995.

As a long-time volunteer with the Saskatchewan Heart and Stroke Foundation and with their support, Dr. Horlick was instrumental in persuading the City of Saskatoon to establish a 9-1-1 emergency system that is relied on every day by over 240,000 Saskatonians.
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