WE ARE: AT THE CENTRE OF IT ALL
WE ARE:

THOUGH WE ARE GEOGRAPHICALLY LOCATED AT THE CENTRE OF CANADA, IT’S NOT JUST OUR PHYSICAL LOCATION THAT MAKES US THE CENTRE OF IT ALL.

LOOKING AHEAD
Message from the Department Head, Dr. Eberhard Renner. From present challenges to future opportunities, our leader shares on the trajectory of the department.

DISTINCT
Our people make us great. How we got here, what we learned here, or what we are doing while here; each individual’s contribution to our department is a true reflection of our success.

PARAMOUNT
Recognizing our acclaimed leaders, while ensuring an extraordinary future. We are continually establishing prestigious opportunities for our students, educators and researchers to add to their achievements.

COMMUNITY FOCUSED
Uniquely positioned to create lasting impact. Our location provides unparalleled access to the surrounding population. We are building on our community support as a priority of the department, where our drive to “pay it forward,” has only just begun.
EDUCATORS
Cultivating wisdom through our distinguished institution
Our core and direct entry programs, plus the introduction of CBD, create an expanding environment for comprehensive learning.

WORLD CLASS
Transcending research beyond borders. As we continue to be recognized globally, we aim to leave a lasting imprint for generations to come.

EVOLVING
Limitations do not exist in our world. We are redefining standards, as we continue to raise the bar in all aspects of our vision.

THE CENTRE OF IT ALL
#Winnipeg
#onlyinthepeg
#WPGWhiteout
Let us show you why we choose Winnipeg to be our home.
Dr. Eberhard Renner graduated from Medical School at the University of Basel, Switzerland, and completed a research thesis in the Department of Clinical Immunology at the University of Bern, Switzerland. Following completion of his postgraduate training in Internal Medicine and Gastroenterology/Hepatology at the Universities of Basel and Bern, and a Research Fellowship in Gastroenterology/Hepatology at the University of California (San Francisco), Dr. Renner joined the faculty at the University of Bern.

From 1997 to 2003, Dr. Renner served as the Head of Hepatology, Medical Director of the Liver Transplant Program and Vice-Chairman of the Division of Gastroenterology and Hepatology at the University Hospital in Zurich, Switzerland. In 2004, Dr. Renner was recruited to the Department of Internal Medicine at the University of Manitoba as a clinician-scientist, Director of the Liver Transplant Program, and Professor of Medicine and Pharmacology. Dr. Renner relocated to Toronto in September 2007 where he was the Director GI Transplantation and Professor of Medicine at the University Health Network, University of Toronto.

Dr. Renner has published in excess of 200 peer reviewed papers, reviews and book chapters. His research interests include clinical and immunological aspects of liver transplantation.

Effective October 1, 2016, Dr. Eberhard Renner returned to the University of Manitoba as Head, Department of Internal Medicine and Medical Director, Medicine Program, Winnipeg Regional Health Authority (WRHA).
We are currently in the midst of a major overhaul of our health care system. While this creates uncertainty and the changes are disruptive at times, they are necessary to improve and sustain how we do business in the best interest of both patients and providers. A new ambulatory care centre, scheduled to open in 2020, will unite all our outpatient clinics in one building and aims at interdisciplinary collaboration, and at strengthening the Department’s academic mission (education, research).

Sustaining a respectful learning environment is a number one goal which all Department members work hard on and continuously together. This includes diversity and civility in dealing with each other. Next year’s UGME accreditation and preparing for the introduction of Competency By Design (CBD) are at the forefront of our attention in medical education.

Highlights of the Department’s research activities include translational research by various clinician-scientists collaborating with the Department’s own Manitoba Centre of Proteomics and Systems Biology. This allowed our transplant medicine and rheumatology research groups to gain international reputation. Other internationally recognized research is performed on various aspects of inflammatory bowel disease, multiple sclerosis, nephrology, infectious diseases, cardiology, critical care and hematology/ oncology to name just a few.

There are many more things to highlight, not the least the striving for excellence of any and all of our Department members, regardless of their rank or professional background. Working together as a team makes us strong, and includes accepting that not everybody and every achievement can be mentioned in a report like this. I trust that those who do not read about themselves here will understand.

THE DEPARTMENT OF INTERNAL MEDICINE IS THE LARGEST AND MOST RESEARCH INTENSE CLINICAL DEPARTMENT AT THE MAX RADY COLLEGE OF MEDICINE/RADY FACULTY OF HEALTH SCIENCES, UNIVERSITY OF MANITOBA. I AM HUMBLED AND PROUD AT THE SAME TIME OF BEING ABLE TO SERVE AS ITS HEAD.
WE ARE: DISTINCT | OUR PEOPLE MAKE US GREAT

WE ARE: DISTINCT

[Images of people]
OUR PEOPLE ARE THE ESSENCE OF THE DEPARTMENT. EVERY INDIVIDUAL IS AN INTEGRAL PART OF OUR CURRENT SUCCESS AND CATALYST TOWARDS AN UNPRECEDENTED FUTURE. IT IS BECAUSE OF THEIR PASSION, DEDICATION AND RESILIENCY THAT OUR VISION IS BECOMING A REALITY.
DEPARTMENT OVERVIEW

THE DEPARTMENT OF INTERNAL MEDICINE AT THE UNIVERSITY OF MANITOBA’S RADY FACULTY OF HEALTH SCIENCES IS THE LARGEST ACADEMIC DEPARTMENT OF THE MAX RADY COLLEGE OF MEDICINE.

The Department supports tertiary care and quaternary care medicine for the Province of Manitoba, and parts of the Northwest Territories and Northwestern Ontario - a catchment area consisting of over 1.5 million people. The Department is made up of 17 Sections with national and world-renown faculty members and staff dedicated to excellence in patient care, research and education.

DEPARTMENT HEAD
Eberhard Renner

ASSOCIATE HEADS
Clinical Services:
Nick Hajidiacos
Diversity and Professionalism:
Jillian Horton
Education:
Pam Orr
Research:
Hani El-Gabalawy

MANAGING DIRECTOR
Dale Gustafson

STANDING COMMITTEES
Executive
Senior Advisory
Research & Faculty Development
Promotions
Financial Oversight & Advisory

SECTIONS & SECTION HEADS
Allergy & Clinical Immunology:
R. Warrington
Cardiology:
D. Jassal
Critical Care:
A. Garland/B. Paunovic
Dermatology:
M. Wiseman
Endocrinology & Metabolism:
P. Katz
Gastroenterology:
L. Targownik
General Internal Medicine:
N. Hajidiacos
Geriatric Medicine:
P. St. John
Hematology/Oncology:
M. Seftel
Hepatology:
G. Minuk
Infectious Diseases:
K. MacDonald
Nephrology:
C. Rigatto
Neurology:
A. Jackson
Physical Medicine & Rehabilitation:
R. Skrabek
Proteomics & Systems Biology:
J. Wilkins
Respiratory Medicine:
A. Ainslie
Rheumatology:
C. Peschken
## OUR DEPARTMENT BY THE NUMBERS

<table>
<thead>
<tr>
<th>Category</th>
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Left: Senior Advisory Committee (not present: Dr. J. Horton).
Above: Members of the Executive Committee (not all members present).
I am a scientist, and yes a woman. I believe that knowledge is empowering. I was taught to be curious and ask questions by my father, who was a scientist, and to be creative by my mother, an artist. I was born in India in a family of academics who encouraged their only child, a daughter, to believe that she can be anything she wants, which looking back was incredibly fortunate considering the social construct. The duality of my upbringing led me to pursue a bachelor’s degree in microbiology while at the same time completing a diploma in Indian classical dance. This resulted in the difficult task of choosing between performing arts and science for graduate studies. As homage to my father whom I lost as a teenager, I decided to pursue a career in science and serendipitously landed up in Canada, at the University of Victoria, for my graduate studies.

The next phase of my life as a graduate student in Canada was challenging, and at the same time exhilarating. I obtained a Ph.D in microbiology from the University of Victoria, made wonderful friends and amongst them met my extremely supportive and amazing partner Dustin Lippert. I have been fortunate to have had extraordinary mentors along the way, my Ph.D supervisor Dr. Terry Pearson, and at the postdoctoral level Drs. Robert (Bob) Hancock and Philip Griebel, to name a few. My research focus during my postdoctoral training at University of British Columbia was in molecular immunology, in particular understanding how innate immunity influences the regulation of inflammation. This theme of research is what I continue to explore as a faculty member at the University of Manitoba.

I secured a faculty position at the University of Manitoba in 2008, and moved to Winnipeg.

I very much appreciate the warm and collaborative environment at the Manitoba Centre for Proteomics and Systems Biology, where my lab is located.

I have established a research program which primarily aims to define the molecular networks critical in chronic inflammatory diseases such as arthritis and asthma, and to examine the ability of immunomodulatory molecules known as host defence peptides in regulating inflammation. We are also working on projects to understand how environmental pollutants such as diesel exhaust impact chronic diseases like asthma. Despite the frequent challenges and inevitable rejections, I am driven by the fundamental understanding that basic research is vital in biomedical science for discoveries that can help to tackle disease and improve health care.

A fulfilling aspect of my job is the opportunity I have to interact with, teach and mentor students and trainees. This resonates deeply with me, as I believe that education and the pursuit of knowledge can transform lives. As a woman in science, I try to remain focused without getting distracted by discrimination, and to use criticisms to fuel my conviction to do better. However, it has also made me acutely cognizant that we need to inspire, support and strengthen our community of women academics. In my efforts to do so, I have recently started an initiative at the Rady Faculty of Health Sciences, with support from our Dean and many colleagues, called WISDOM; Women in Science, Outreach & Mentorship. My hope is that as a community we can make certain that diversity is enhanced and dynamic women are not left behind. ■
When I decided on Internal Medicine as a specialty, from research relevant to themselves and their families. Opportunities for students, and platforms for patients to shape clinical acute care-hematology research initiatives, research training opportu
tists. With the creation of the Lyonel G. Israel’s Professorship in
tentors can receive the support they need to launch their trainees and future clinician-scientists include evaluating intravenous immunoglobulin in septic shock (with Dr. MurdochLeeies), studying how the trajectories of white cells and other hematologic variables can inform outcomes in critical care (with Dr. Emily Rimmer) and investigating if tranexamic acid can reduce transfusion and preserve Canada's blood supply (with Dr. Brett Houston). In partnership with the Government of Manitoba and several other stakeholders in Manitoba, we are planning to create a comprehensive clinical data platform that links all clinician databases in the Province of Manitoba.

**RESEARCH INITIATIVES**

**RZ** Trained as a hematologist and a critical care physician, I study hematologic aspects of critical illness. My major program of research is examining if an inexpensive and widely available anticoagulant (unfractionated heparin; a.k.a. a blood thinner) improve survival of patients with life-threatening infection. The HALO (heparin to improve outcomes in septic shock) research program has culmi
ated in what is the first large multi-national randomized trial to be run out of the Department of Internal Medicine. This research program includes many world-wide investigators, including Drs. Anand Kumar, Donald Houston, and Charles Bernstein from the Department of Medicine). Other programs of research that have been developed with trainees and future clinician-scientists include evaluating intravenous immunoglobulin in septic shock (with Dr. MurdochLeeies), studying how the trajectories of white cells and other hematologic variables can inform outcomes in critical care (with Dr. Emily Rimmer) and investigating if tranexamic acid can reduce transfusion and preserve Canada's blood supply (with Dr. Brett Houston). In partnership with the Government of Manitoba and several other stakeholders in Manitoba, we are planning to create a comprehensive clinical data platform that links all clinician databases in the Province of Manitoba.

**OUTLOOK FOR THE FUTURE**

**RZ** Essential to our success is the ability to train and retain those with the highest potential. If we prioritize and continue to make strategic academic investments, I believe the potential for academic success within our Department is truly outstanding. With increasing availability of training platforms, such as the Clinician Investigator Program, and the Clinician Epidemiology training stream within the Department of Community Health Sciences, our trainees can finally stay in Manitoba to be trained as cli
cal scientists. With a growing number of successful and committed mentors, trainees can receive the support they need to launch their own successful programs of research.

**Q&A: TWO UNIQUE VIEWS**

**WHERE AND HOW DID YOU BEGIN YOUR JOURNEY?**

**RZ** My academic journey began in the BSc.(Med) program. Even though I was a medical student at the University of Ottawa, U of M uniquely had the BSc.(Med) program, an opportunity for me to experience what it’s like to generate new knowledge. The BSc.(Med) experience, sparked an interest in academic medicine and exposed me to world-class researchers and clinician scientists at the University of Manitoba.

**OK** My journey began in a small Siberian city 4000 kilometers from Moscow. I became interested in chemistry and got additional chemistry lab lessons from an analytical chemist who was working at the local uranium/plutonium enrichment plant. This journey continued at the Chemistry Department of Lomonosov Moscow State University – leading educational institution of the former Soviet Union.

**WHY WINNIPEG?**

**RZ** When I decided on Internal Medicine as a specialty, from Ottawa, I returned to Winnipeg for residency because of the superb clinical training the Manitoba Internal Medicine residency program offers. First and foremost, I wanted to be an excellent clinician – Drs. Ken Van Ameyde, Ken Kasper, Turnly Wong, Glen Drobot, and so many others, challenged and worked with me to become the best clinician I could be. At the same time, Drs. Donald Houston, David Robinson, and Dan Roberts showed me that I could learn from and study each patient whereby each patient informs the care of those who follow.

**OK** I had two reasons: 1) I knew that such a place existed from the 1970’s, when the Soviet’s hockey team played exhibition games in Canada: Dynamo Moscow 7:0 wins over Jets in Winnipeg on January 2, 1980 was one of the memorable ones. Therefore, choosing a somewhat familiar place when leaving for Canada was a bonus; 2) In late 1990 Winnipeg hosted one of the leading laboratories in the field of mass spectrometry – new method for bio-analytical chemistry with great potential, which I was interested in.

**WHAT IS KEEPING YOU HERE?**

**RZ** Strong commitments to support research is what keeps me in Manitoba. Challenged with significant clinical demands, CancerCare Manitoba and the Department of Internal Medicine, under the leadership of Sri Navaratnam and Eberhard Renner have both recognized the importance of embedding research in clinical practice to effectively enable learning hospitals and clinician-scientists. Leaders at CancerCare have collectively ensured that a consistent amount of my time remains devoted to generating new knowledge, and mentoring those who will be the next generation of clinician-scientists. With the creation of the Lyonel G. Israel’s Professorship in Hematology, The Department of Medicine has invested to expand acute care-hematology research initiatives, research training opportunities for students, and platforms for patients to shape clinical research relevant to themselves and their families.

**OK** The people that have helped me to succeed in my field and who continue to support me.

**RESEARCH INITIATIVES**

**RZ** Trained as a hematologist and a critical care physician, I study hematologic aspects of critical illness. My major program of research is examining if an inexpensive and widely available anticoagulant (unfractionated heparin; a.k.a. a blood thinner) improve survival of patients with life-threatening infection. The HALO (heparin to improve outcomes in septic shock) research program has culminated in what is the first large multi-national randomized trial to be run out of the Department of Internal Medicine. This research program includes many world-wide investigators, including Drs. Anand Kumar, Donald Houston, and Charles Bernstein from the Department of Medicine). Other programs of research that have been developed with trainees and future clinician-scientists include evaluating intravenous immunoglobulin in septic shock (with Dr. Murdoch Leeies), studying how the trajectories of white cells and other hematologic variables can inform outcomes in critical care (with Dr. Emily Rimmer) and investigating if tranexamic acid can reduce transfusion and preserve Canada’s blood supply (with Dr. Brett Houston). In partnership with the Government of Manitoba and several other stakeholders in Manitoba, we are planning to create a comprehensive clinical data platform that links all clinician databases in the Province of Manitoba.

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**OK** I plan to continue my studies in the field of peptide chromatography, building fundamental understanding of peptide interactions with bio-membranes. I strongly believe that advances in fundamental science are a key in building world-leading biomedical research programs.
The Department of Internal Medicine at the University of Manitoba is home to eight endowed research chairs created through contributions from individuals, foundations, corporations and/or faculty members. A chair is established with a sizeable gift to an academic area designated by the donor; the gift is invested in an interest-bearing fund for which the principal remains intact and the interest provides a perpetual source of annual income. This income provides valuable financial support to our chair holders.

The Department of Internal Medicine is grateful for the generous contributions of the donors who make these Chairs possible.

ACADEMIC AWARDS

The Department is proud of the commitment and dedication that our faculty members bring to their diverse roles and celebrate their achievements at an annual event to recognize and celebrate their contributions to medical education and teaching, clinical service, and research. The annual dinner is hosted by the Head of the Department of Internal Medicine.

The BARRY J. KAUFMAN CTU CLINICIAN EDUCATOR AWARD recognizes a clinician educator amongst the CTU Attendee Group.

The MORLEY LERTZMAN SUBSPECIALTY CLINICIAN EDUCATOR AWARD recognizes a Clinician Educator amongst the subspecialty attending staff.

The LIAM J. MURPHY YOUNG INVESTIGATOR RESEARCH AWARD was established in 2006 in recognition of an outstanding clinician-researcher, and his dedication, patience and generosity in mentorship. The award recognizes young investigators with outstanding scholarly potential and demonstrated research excellence in the early stages of their career.

The FACULTY AWARD FOR CAREER EXCELLENCE (EMERALD PIN AWARD) is a new award, established in 2017, to honor and recognize an outstanding faculty member of the Department of Internal Medicine for extraordinary long-term achievements and contributions in academic medicine.

The HECTOR MA AWARD IN RESEARCH was established by Dr. Ma (practicing in Hong Kong), a graduate of the University of Manitoba, to enhance resident research in the field of Internal Medicine. Dr Ma stipulated that the award recipient must be a full-time resident in good standing, performing a supervised research project and have demonstrated an outstanding interest in, or commitment to, research.

The EMY OZAMOTO RESIDENT RESEARCH AWARD FOR QUALITY IMPROVEMENT. The Ozamoto family established an endowment fund in 2014 in recognition of Emy Ozamoto, the department’s first clinical education coordinator, in recognition of her 25 years of dedication to the Internal Medicine Residency Program. The purpose of the award is to encourage resident research in quality improvement initiatives.

The DALE IWANOCZKO INTERNAL MEDICINE AWARD is an award derived from a fund established through the Department of Internal Medicine at the University of Manitoba in honour of Dr. Dale Iwanoczko’s memory, achievements and his many gifts of mind and spirit to patients, colleagues, friends and family. The monetary award may be used for travel to a professional conference or for the purchase of educational material including books or journals.

ENDOWED RESEARCH CHAIRS

The Department of Internal Medicine at the University of Manitoba is home to eight endowed research chairs created through contributions from individuals, foundations, corporations and/or faculty members. A chair is established with a sizeable gift to an academic area designated by the donor; the gift is invested in an interest-bearing fund for which the principal remains intact and the interest provides a perpetual source of annual income. This income provides valuable financial support to our chair holders.

The Department of Internal Medicine is grateful for the generous contributions of the donors who make these Chairs possible.
Dr. Ruth Ann Marrie  MD, Ph.D

SECTION OF NEUROLOGY

I grew up in Nova Scotia, which is also where I went to medical school (Dalhousie). Following medical school I completed neurology training at McGill University. At that point I decided I wanted to do subspecialty training in multiple sclerosis, and that I wanted to concurrently pursue formal research training; so I did a fellowship at the Cleveland Clinic and epidemiology training at Case Western Reserve University.

As I was nearing the end of my Ph.D in Epidemiology, I was contacted by Dr. Dan Robert (past head, Internal Medicine) about a job opportunity. It was a great opportunity – to return to the Canadian health system, lead a multidisciplinary clinic for multiple sclerosis, and to do population-based research. The centralized systems of care, and access to administrative (health claims) and other databases were ideal to develop a research program. The potential local funding opportunities for a new investigator were also attractive.

Since I have been at the University of Manitoba I have been fortunate to establish collaborations with other clinician-scientists locally, as well as across Canada. Along with strong departmental support, these collaborations have been instrumental in helping me to obtain funding from CIHR and the MS Society of Canada, among others.

I have a particular interest in the impact of comorbidity on multiple sclerosis, as well as in pediatric MS. Recently, Charles Bernstein (Section of Gastroenterology) and I have been leading a CIHR-funded team grant to look at the epidemiology and impact of psychiatric comorbidity on immune-mediated inflammatory diseases including multiple sclerosis, inflammatory bowel disease and rheumatoid arthritis. We’ve been fortunate to have a team of co-investigators with expertise in rheumatology, psychiatry, clinical health psychology, biostatistics, neuropsychology, family medicine, health services research and epidemiology. I hope this will work will ultimately change how we care for people with these chronic diseases.

RECOGNITIONS

06/2009  Aubie Angel Young Investigator Award in Clinical Research (University of Manitoba)
11/2012  Liam J. Murphy Young Investigator Award (Dept. Internal Medicine, University of Manitoba)
04/2016  Waugh Family Chair in Multiple Sclerosis
11/2016  WXN’s Top 100 Most Powerful Women in Canada for 2016
06/2017  Robert J. Herndon Award (Most outstanding paper – International Journal of MS Care 2016)

Dr. Janilyn Arsenio  BSc., Ph.D

SECTION OF BIOMEDICAL PROTEOMICS

In Sept. 2017, Dr. Arsenio was appointed Assistant Professor in the Department of Internal Medicine with a cross appointment in Immunology. She is nominated for the first Canada Research Chair (CRC) Tier II, in Internal Medicine, CRC in Systems Biology of Chronic Inflammation. An advocate for gender equity, diversity, and mentorship, Dr. Arsenio is a professional member of the Association for Women in Science (USA), Society for Canadian Women in Science and Technology, and is the Vice-Chair of WISDOM MB, a local initiative for Women in Science: Development, Outreach, and Mentoring. She has received the young investigator award, a Department of Internal Medicine Young Investigator Grant, and a Health Sciences Centre Foundation Operating Grant.

H.E. SELLERS RESEARCH CHAIR IN INTERNAL MEDICINE (EST. 2001)
Created to provide leadership and vision for the creation of new areas of strength in clinical and translational research.

RHEUMATOLOGY RESEARCH CHAIR (EST. 2003)
Created to promote excellence in research, teaching and the care of those suffering from arthritis and other rheumatic diseases. Dedicated to the goal of eliminating the burden of rheumatic diseases for all.

THE DEPARTMENT OF INTERNAL MEDICINE QUALITY CHAIR (EST. 2007)
Created to advance innovation in the function and design of medical services. Aimed at improving effectiveness and safety of patient care. Dedicated to the development skills for Physicians.

BINGHAM CHAIR IN GASTROENTEROLOGY (EST. 2008)
Created to advance research in the field of inflammatory bowel disease and other gastrointestinal disorders. Dedicated to the goal of eliminating the burden of these diseases.

FLYNN FAMILY CHAIR IN RENAL TRANSPLANT (EST. 2009)
Created to advance research in the field of renal transplantation. Dedicated to the goal of improving access and quality of outcomes associated with renal transplantation.

MORBERG FAMILY CHAIR IN HEPATOLOGY AT THE HEALTH SCIENCES CENTRE (EST. 2010)
Created to advance research in the field of liver diseases. Dedicated to improving health care for patients with hepatobiliary disorders.

EVELYN WYRZYKOWSKI RESEARCH CHAIR IN CARDIOLOGY (EST. 2011)
Created to advance research in the field of cardiovascular disease. Dedicated to improving heart care for patients with cardiovascular disorders.

WAUGH FAMILY CHAIR IN MULTIPLE SCLEROSIS (EST. 2014)
Created to advance research in the field of Multiple Sclerosis. Dedicated to improving health care for patients with Multiple Sclerosis.
Since 2004 Drs. Linda Larcombe and Pamela Orr have been working with Northlands Denesuline First Nation (Lac Brochet) and Sayisi Dene First Nation (Tadoule Lake) investigating the roles of housing, nutrition and food security, the environment and host biology in the prevention of illness and the promotion of health. This research partnership began in an effort to address epidemic and endemic tuberculosis in the region, but has since embraced a holistic vision of health that unites a variety of academic disciplines and community members and groups in common purpose.

Focusing on health equity, the research team has developed concepts for culturally responsive and healthy Dene housing. Current housing in these communities is inadequate both in terms of quantity, leading to overcrowding, and quality, as evidenced by defects in structure, safety, ventilation, and water and sewage systems, among other factors. In addition, Dene cultural and social values are not currently expressed or considered in community housing at the present time.

In a CIHR funded project, the two Manitoba Dene First Nations partnered with the University of Manitoba Department of Internal Medicine and the Department of Architecture (led by Professor Lancelot Coar) to bring together community members, including elders and high school students in particular, as well as University students of Architecture, in order to achieve the following goals: Discover how the Dene, policy makers, and researchers envision the intersection of culture, health and housing; Envision and revitalize the Dene language, ideology and beliefs for healthy housing; and use the creative energies of University students and Dene senior-high students to create and articulate Dene concepts/plans/designs for healthy houses in preparation for future funding interventions.

The designs were informed by community workshops, first hand experiences with Dene lifestyle and university settings, through student and community exchange programs.

In a book titled Sekuwe (Dene for “My House”), designs and concepts inspired by this relational approach are presented. Key themes include education, job opportunities, the use of local and recycled resources, alternative heat sources, sustaining traditional and current cultural activities, spiritual concepts of wellness, local resilience and...
In 2006 I had no idea a move to Winnipeg would involve work with Indigenous people; specifically, First Nations. I applied for a research position advertised by the University of Manitoba, Internal Medicine, with Dr. Hani S. El-Gabalawy and the “Early Identification of Rheumatoid Arthritis in First Nations,” research study. After interviewing and getting the job I figured Dr. El-Gabalawy must be the brightest man I know because he hired ME!

Before working in the project, I had opportunity to teach a sociology course in two First Nations reserves. The opportunity of the University of Manitoba offering a university course on reserve, I felt, was on-the-mark.

My current position involves interacting with First Nations at-risk for Rheumatoid Arthritis (RA). This engagement is the highlight of what I do in the project. My greatest joy is seeing an individual get timely medical care, since their involvement in the study means that any evidence of RA (or risk for auto-immune disease) means an immediate referral to our clinic with top-notch Rheumatologists.

Each person enrolling as study participant (diagnosed with RA or at-risk for the disease), is unique. While there are specific research aims, the thread of medical care that weaves its way through this project, keeps me here. In Winnipeg, we are in a unique position to engage and affect the life of First Nations. I see this research activity as unique, interesting, medically beneficial to a person, community, and the scientific endeavor.

Reflecting on an already long-life, being a late starter to the academy, I realized my life journey has always interfaced First Nations. Returning “home” for family reasons, I had no idea that I would also be focused in an area where I would experience the disease, Rheumatoid Arthritis. How fortuitous! I was located in that exact field when symptoms began (a quick diagnosis!). I was in a position to use intuitive inquiry and sympathetic resonance in a personal way (I do not reference the study’s specific academic approach, but rather a personal approach to enjoying each individual coming into my office).

My hope is that throughout the life of any research project at the University of Manitoba most study participants can know that they received respectful care. I see scientific aims and good medical care work in tandem, and isn’t this what counts?

Environmental assets. The designs require testing through future construction, hopefully in partnership with indigenous educational and economic programs.

This research is a journey of relationships - relationships between peoples, between the environment we see and the environment we can envision, and between (at least) two ways of knowing.
Core Program Overview

Resources

The Internal Medicine Training Program consists of two tertiary hospitals and one community hospital in Winnipeg:

Health Sciences Centre
St. Boniface Hospital
Grace Hospital

The catchment area includes all of Manitoba and parts of Northwestern Ontario, Saskatchewan, Nunavut and the Northwest Territories (approx. 1.5 million people). The large catchment guarantees that residents receive a variety of clinical experience from a diverse patient population.

Faculty

Program faculty consist of both full-time and part-time members in all Royal College recognized internal medicine subspecialties including general medicine, infectious diseases, respirology, cardiology, nephrology, endocrinology, rheumatology, hematology/oncology, immunology, gastroenterology, geriatrics, hepatology and critical care. Sub-specialty training programs are available in all of these areas.

Academics

Curriculum

The program consists of three core years. Each year is divided into 13 four week periods. The program is designed to provide residents with a broad clinical experience to attain the knowledge, skills, and attitudes to practise internal medicine in an exemplary manner. There is an emphasis on becoming a strong clinical physician. As residents progress through the program, they assume increasing responsibility under appropriate supervision with the flexibility to be self-directed in defining their own educational needs. Ambulatory care is emphasized in our program to expand the patient spectrum upon which to learn.

Research

Residents are required to present a clinical vignette or clinical investigation in each of their Core years at the annual departmental Resident Research Day, open to residents and fellows. There are opportunities to become involved in research in every area of internal medicine. Many faculty members are actively engaged in research and interested in supervising and corroborating with residents. One to two subspecialty rotations can be devoted purely to research, allowing dedicated time to both clinical and basic science endeavours. Residents from Manitoba have presented and won competitions at large meetings, including national ACP conferences.

Residents

The residents in the program come from a diverse array of backgrounds. The largest proportion are University of Manitoba grads, with representation from most programs around the country and a few schools from abroad.

Direct Entry

The Department of Internal Medicine offers three direct entry programs to graduating medical students:

- Core Internal Medicine
- Neurology
- Physical Medicine and Rehabilitation

Features of the Manitoba Program:

Morning Report  Residents run Morning Report every weekday from 7:30am to 8:15am. The goal is to provide interactive Royal College style case-based discussions to junior residents on the CTU and Night Float services with an emphasis on core internal medicine concepts. Attending physicians frequently attend Morning Report to contribute to discussion. There is also a focused handover from the prior night.

Senior Rounds  Occurring every Friday at noon, these rounds are given by an R3 on their senior block to a group of attendings and senior residents. Topics surround a specific clinical question and the evidence behind the answer.

Emergency Summer Series  Throughout the summer, sessions are held a few times a week from 12-1pm with attendings giving lectures on common medical emergencies/urgencies.

Grand Rounds  Held every Tuesday morning, guest speakers and local faculty present topics related to their area of expertise.
COMPETENCY BY DESIGN FROM A MEDICAL ONCOLOGY PERSPECTIVE
– GEARING UP FOR POSITIVE CHANGE AHEAD
– Story by Melissa Blonjeaux, Program Administrator Hematology/Oncology, Rheumatology

These are definitely exciting times as we prepare for Competency By Design (CBD). We are moving from a pass/fail mentality, to a stage based approach that is process and outcome based. The Entrustable Professional Activities (EPAs) being assessed are observable and measurable. Assessments will be more accurately based since there will be measurable milestones to base our assessments on. Residents will be observed directly and indirectly in their clinical settings. Residents will be mentored and coached during the stages of training from Transition to Discipline to Transition to Practice.

Medical Oncology is scheduled to implement CBD in July of 2018. Over the past few years we have been busy preparing our residents (previous and incoming) as well as Faculty for what’s ahead. A year ago we piloted a few EPA’s with our previous residents. A one page form was developed. The assessment was easy to follow. Faculty and residents complied with the process and we received good feedback on the process.

We have developed a monthly Journal Club that meets off site and discusses Medical Oncology and Hematology based journal articles. The evening is a great way to kick back and wind down informally. Food is ordered and it’s a fun time for all. Present and incoming residents as well as rotating residents and medical students are invited to participate. We also hold an annual ‘Meet the Oncologist’ event where we invite residents in the local Internal Medicine programs to come out and learn about the program. The evening is raved by all as a very memorable event.

Over the past 6 months; we have scheduled workshops directed to our faculty and residents. Our faculty have learnt how to properly assess a resident in situations such as discussing serious news, providing an assessment and basic management plan and developing the proper communication skills. Competencies have been taught on when to mark the resident as ‘In progress’ or ‘Fully achieved’ for the EPA they are being assessed on.

It’s exciting times ahead as we launch CBD at the University of Manitoba…

We are ready for change ahead. Change in a positive way – that will empower our residents to succeed, in becoming better Physicians who are competent to make an important impact on the world!

Dr. Roopesh Kansara  
BSc., MD, FRCPC  
SECTION OF HEMATOLOGY/ONCOLOGY

I started my journey in a small city of Arusha (Tanzania, East Africa). I grew up in a small middle-class family with my parents. My parents operated a spice-shop, but I grew up wanting to become a physician for reasons I could not explain however, I knew that I wanted to help people.

With that mission in life, I studied with a focus to pursue my dreams. I was accepted and was half way in my medical education at a University in Tanzania, when at age twenty-three, my parents and I decided to relocate to Manitoba in search for better education and opportunities. We chose Winnipeg as we had family in this province.

Despite challenges including language barrier, cultural differences and weather, Winnipeg always felt like home. I have now received my Medical degree, specialty training (Internal Medicine) and subspecialty education (Hematology) at the U of M. Throughout these years, I have had excellent education, mentors and role models.

In 2013, I was awarded a two-year fellowship at the British Columbia Cancer Agency in Lympho-proliferative disorders. I came back to Winnipeg for the professional opportunities, family, cost-of-living and the city itself. But simply, Winnipeg is always home.

Today, I work as a Clinician, educator and investigator in the Section of Medical Oncology/Hematology, Department of Internal Medicine at the CancerCare Manitoba. The focus of my patient-care is lympho-proliferative disorders. I also practice benign hematology and rotate as one of the consultant hematologists for the St. Boniface hospital.

I am fortunate and thankful of this Journey at the U of M.
THE EVOLUTION OF THE ROLE OF PROGRAM ADMINISTRATOR
– Story by Suzanne Doyle, BA, Program Administrator Manager

Over the years, I have always felt at home working in healthcare. My motivation is from working with other healthcare professionals that have pushed me to strive and inspired me to want more. The fulfillment I receive from the positions I have had are seen through the overall growth and success of our education programs, which has continued to inspire me to do more, work harder and be a leader to those now coming into the role of Program Administrator.

Each Program Administrator in Internal Medicine has taken their own unique path to joining our team. Some started out as secretaries in other Departments, some got their start in non-profit foundations on campus, and some were assistants in a medical clinical, and some got their start in Human Resources. Each administrator has their own skill set they bring to the team, and we foster teamwork by sharing best practices, covering for each other, and assisting each in our projects.

Historically, the role of the physician attending as an educator has changed through the eras of Medical Education, and so has the role of the educational support staff person behind the scenes – we have had a variety of titles over time, previously Educational Coordinator. The Royal College standardized the title to be what it is today - Program Administrator, as this falls in line with the Program Director.

As educational programs grew in complexity, so did the role of Program Administrators in Internal Medicine, specific to their section. A smaller collection of Program Administrators for multiple programs could easily adapt and modify their tasks for their training programs, as changes came through the Royal College. The benefits of fewer PAs across multiple programs makes it easier for the Royal College to convey messages of change and have them implemented with some degree of consistency.

My outlook for the future for myself, mirrors that of medical education – to continue to change, grow, improve, especially in the new upcoming environment of Competency by Design and to continue to build the network of other Program Administrators, Program Directors, and residents.

I am thankful for the opportunity to have studied at the University of Manitoba, which has allowed me to basically spend my whole working career in the Department of Medicine all the while in different roles.

My career is a mixture of clinical care, administrative and clinical trials research activities, as well as medical education, and by being involved in all of these areas, I feel that my job is extremely rewarding and that I am very privileged to live this fulfilling life.

Throughout my training I enjoyed the experience of teaching residents and students, and this became one of my passions. On my return to Winnipeg as a staff medical oncologist I took an active role in teaching with the rotating resident supervisor lead in the medical oncology program. After assuming this role and beginning to become comfortable, I was asked to step forward into the medical oncology UGME lead position, and developed the brand new Medical Oncology curriculum. I held this position for a year, and planned and taught the majority of the curriculum myself for the first iteration.

After a year in the UGME lead role, I was asked to take on the Program Director role for the University of Manitoba PGME Medical Oncology Program. I have now been in this role for the past 2 years and am preparing now to implement the Competency By Design in Medical Oncology education. This has been very much a whirlwind induction into the medical education world and is an exciting and challenging part of my career. If I had any advice for others it is to get involved and if education is an interest, do not hesitate to pursue it as it is a rewarding part of a medical career.

I hope to continue to improve our program and establish the program as a centre for excellent training in medical oncology.
I started medical school at the University of Manitoba in 2009, at which time I knew little else other than that I wanted to be a doctor. My academic journey started with the BSc.(Med) program, which provided me with my first exposure to clinical research. I was fortunate to learn from an exceptional mentor and an extremely collaborative and motivating team. From this point on, I knew that I wanted to pursue a career in academic medicine as a Clinician-Scientist.

In effort to broaden my exposure to other health care systems and academic institutions, I completed my Internal Medicine residency at the University of Toronto. My experience was very positive, and I continued to learn a lot about myself as a clinician, and the different roles I saw myself adopting in the future.

I chose to return to the University of Manitoba for Hematology residency for many reasons, both personal and academic. Winnipeg is my home, and I’m fortunate to have an exceptional support network. The Hematology program offers a breadth of clinical exposures, is extremely supportive and uniquely flexible.

The Hematology program offers a breadth of clinical exposures, is extremely supportive and uniquely flexible.

Lastly, but certainly not least, my longstanding mentor Dr. Zarychanski and I had plans to start developing the next phase of my academic career.

I am now finishing my Hematology residency, and have concurrently enrolled in a Ph.D program through the College of Pharmacy. I am surrounded by instrumental and engaging team members from various domains of expertise, from whom I have learned a great deal about the planning of a research program, preparation of funding applications, and collaboration within a multidisciplinary team. I am part of the Acute Care Hematology Research Cluster, which is a group of trainees and mentors whose research paradigm is to develop and execute comprehensive research programs. We meet on a bi-weekly basis, where program updates are presented, individual challenges are discussed, and issues pertaining to study design, analysis and interpretation are tackled. I have also been generously supported by local funding agencies and award committees, including the Manitoba Medical Services Foundation, R. Samuel McLaughlin/MMSF Award, Hector Ma award, as well as the Lyonel G. Israels Professorship, who have graciously provided me with operating funds and salary support for my graduate studies. Following the completion of my residency, I will be starting the Clinician Investigator Program at the University of Manitoba, during which time I will complete my Ph.D. Ultimately, my goal is to work as a Clinician Scientist, where I will engage in patient-oriented, practice-changing research that will improve clinically important outcomes, maximize health, and reduce suffering, and I strongly believe that the University of Manitoba has provided me with the necessary foundation to do so.
The Manitoba Centre for Proteomics and Systems Biology develops and applies high content genomic, proteomic and computational approaches to the analysis of biomedical systems. High content approaches permit the simultaneous measurement of thousands of different proteins or gene products in a single sample.

Examining multiple samples over time enables the generation of detailed understanding of what may change during a disease. Such information can provide clues as to what leads to disease, and what might be important targets to prevent or cure a disease.

Systems under investigation range from single cells and model organisms to humans. Basic biomedical studies include the molecular mechanisms...
The Adult Interventional Cardiology fellowship program is proud to be the first program at the University of Manitoba to receive AFC accreditation from the Royal College of Physicians and Surgeons of Canada. This accreditation validates the high training standards and confirms that we have the skills, commitment and resources necessary to prepare future leaders in the field of interventional Cardiology.

The fellowship is based at the St. Boniface hospital cath-lab program, one of the busiest in the country. We provide invasive cardiac care to the population of Manitoba and southwestern Ontario, a population of over one million. We perform over 5000 diagnostic angiograms and 2500 PCIs a year.

The structural program is vibrant with about 60 TAVI procedures annually in addition to other structural procedures, while the CTO PCI program is nationally renowned and performs 60-70 procedures on an annual basis.

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Complex PCI procedures including left main PCI, bifurcation stenting and rota-blation are performed on a regular basis. The teaching staff is highly skilled, motivated and dedicated to the education and training of our fellows.

The AFC fellowship is two years in duration, we accept both Canadian and international trainees, and will enroll one to two trainees on an annual basis. Applicants must have completed or are expected to complete training in general cardiology by the start date of the fellowship.
THE WINNIPEG CRITICAL CARE AND MEDICINE DATABASE

Dr. Allan Garland
MD, MA, BSc., FRCPC
SECTION OF CRITICAL CARE

The ICU database was created in 1988 by Dr. Dan Roberts, when he was the head of the Section of Critical Care Medicine. Creating a database from scratch is a substantial endeavour: data elements must be chosen and clearly defined; collection rules decided upon; collection methods operationalized; and an electronic data storage plan made. A custom system of approximately 3000 diagnoses and procedures was devised. Data collection included the elements of the APACHE II score, enabling benchmarking and adjustment for case-mix differences between subgroups and over time. Elements of the Therapeutic Intervention Scoring System (TISS) were collected to measure nursing workload. Data elements were included to assess aspects of medical resources used in caring for ICU patients. Dr. Roberts recruited an ICU nurse, Trish Ostryzniuk, to be the first data collector, and worked with a local company to create a software solution for data entry, storage and reporting.

In 1988 this database included only the Medical and Surgical ICUs at HSC. By 1999, powered by a cohort of former critical care nurses as data collectors, it came to encompass all adult ICUs in Winnipeg. Currently, the database is also supported by a statistician/programmer, systems analyst, and a Wiki that acts as a data dictionary, data collection guide, and repository of its changes over time.

From the beginning, the ICU Database was meant to support both practice and research – which often overlap.

Recognizing that Quality Improvement must be driven by systematically collected and analyzed data, the ICU database is the central focus of QI efforts within the Adult Critical Care Program of the WRHA. Quarterly reports to medical and nursing leadership of each of ICU report and compare severity-adjusted outcomes between ICUs, and within each ICU over time. The TISS data has been used to re-adjust nursing ratios in the various ICUs. One of the first publications using data from the ICU database, appearing in Critical Care Medicine in 1993, described how the resource utilization data was leveraged to reduce unnecessary laboratory testing.

A major leap in the value of the Winnipeg ICU Database came in 2008, when it was linked with the provincial health data at the Manitoba Centre for Health Policy. Combining the clinical detail of the ICU database with all provincial administrative health data enables addressing a wide range of critical care-related questions. One of the first uses of the linked data was a comprehensive survey of the epidemiology of critical illness throughout Manitoba. Dozens of publications have resulted from this data linkage.

And work is ongoing to improve the usefulness of the ICU database. It now contains laboratory test values in addition to simple counts of tests performed. Changes currently in process include: coding using national standards, ICD-10 for diagnoses, and the Canadian Classification for Health Interventions for procedures; capturing the timing of procedures and acquired diagnoses; adding information about hospital admission and disposition; and linking to provincial death data to allow for analysis of mortality at any timepoint.

The Winnipeg ICU Database has proven to be a potent tool for research and Quality Improvement. In its isolated form it is available for use, free of charge, by all faculty in the Department of Medicine.
I started my journey as the youngest nerdy kid in a family of athletes born in Regina Saskatchewan where my family ended up because my father was playing football for the Saskatchewan Roughriders. I moved to Winnipeg at age 8, but left town as soon as I could after high school to see more of the world and step out from my sister’s shadow. I got a scholarship to Queens University where I developed my love of microbiology by working in a lab for the summer infecting bacteria with Gypsy Moth caterpillars to study their immune system. Fast forward to medical school and a medical elective in a Nairobi STD clinic where I found myself explaining to the nurses that a man dying of pneumonia and wasting disease from Congo almost certainly had AIDS. They answered me with incredulity and horror “You mean all of these men we diagnose with the HIV blood test here every day who look so well will die like him?”. I still recall helplessly stumbling for words and saying “Uh… Yes. I think so.”

That inadequate answer helped me decide that diagnosing HIV was not enough. I needed to do something different. Looking back, this motivation has guided my life’s work.

I went on to train as an infectious diseases specialist and microbiologist and to conduct HIV vaccine research. My latest vaccine candidate is based on using a virus in the herpes family called Varicella. This has already been a very successful preventative and treatment vaccine for Chickenpox and Zoster (Shingles) respectively. Monkey studies show that after repeated challenge, vaccinated animals control their viral load significantly better than controls and human studies to date show the safety and immunogenicity of the Varicella vector in African women.

But making vaccines is not the whole story! For HIV infection to be defeated, communities have to be empowered to reduce stigma and have the courage to confront epidemics of drugs and dangerous group behavior that threaten them. Sexual health and safety from gender violence must become the norm among our youth. Research lessons learned in Africa, Brazil and India must be translated to Indigenous communities in Canada. You would be surprised what they have achieved!

This in part explains my enthusiastic return to Winnipeg as a researcher and clinical leader in 2015. It brings me the opportunity to apply my research expertise and potentially share it with communities and populations here where HIV incidence rates are high. Furthermore, it gives me a chance to train young Manitobans to continue my legacy as vaccine researchers whether they be in the lab, in the field or at the bedside.

With my clinical training in Manitoba I was more than prepared and excelled in my fellowship, with great references and recommendations from my attending physicians there.

After my training was finished, I returned to Canada, and started my career in Halifax, at Dalhousie, assisting in restarting a liver transplant program for Atlantic Canada. During my training in Winnipeg and Nebraska I performed several clinical research studies under the guidance of Drs. Gerry Minuk, Tim McCashland and Michael Sorrell. While in practice, being a small centre I created a research consortium amongst all the liver transplant programs in Canada. Shortly after starting this, I was recruited by Mayo Clinic, Rochester, MN. Given the opportunity that created, I moved to Minnesota, and started working at Mayo Clinic in Nov 2006. Within 5 years at Mayo Clinic I had numerous publications and was promoted to Associate Professor of Medicine. In 2013, I was appointed Medical Director of Liver Transplantation. I am a strong member of the AASLD and ILTS, giving presentations at numerous national and international meeting. I serve on several committees within these societies. I continue my clinical research career, largely focusing on post transplant outcomes.
Service Redesign

The Service Redesign Team is comprised of professionals representing engineering, medicine, nursing, information technology, and health care. The breadth and depth of experience is substantial enabling the pursuit of a variety of process improvement projects within the region. Sponsored and supported directly by the medical community, the team has, in a short period of time, achieved some notable successes, especially in the areas of electronic medical record integration and comprehensive redesign of a number of key service areas. Applying a scientific management approach to their work, the team is able to bring a fresh perspective to the delivery of health care services that recognizes the principle of cost containment and customer service without sacrificing patient safety, performance and the pursuit of innovative ideas. The team continues to mature in terms of its ability to deliver value-added services to the local health care community.

The primary customers are WRHA Medicine Program Managers and Medical Directors at various sites around the city. Upon direction from these managers, projects are initiated. Most projects result in analysis of outpatient and inpatient service provision. The team engages with key stakeholders including medical staff, researchers, finance, and information technology staff. The team provides project management and facilitation services. Key to these responsibilities are effective and appropriate communication techniques. Many of the projects extend to include implementation of recommendations in conjunction with local management. Information management has become a central focus of many of these efforts. Data analysis to support management decision-making is also a core function.

Service Redesign Key Projects:
- Outpatient electronic medical record HSC (Internal Medicine, Child Health, Anesthesia and Otolaryngology)
- Sleep Disorder Centre redesign and implementation of electronic medical record including wait list to reduce patient wait times for sleep studies
- Endoscopy Central Intake and Hip & Knee Central Intake leveraging the power of the wait list to reduce wait times
- Inpatient Overstay to analyze and improve duration of stay for Medicine patients within WRHA region
- Review of support process and needs of Long Term Ventilated patients
- Creation of automated reminder calling for outpatient appointments booked on the EMR
- Support research: Patient Kiosk to collect patient driven data; EMR to collect clinical data; data mining.

We are: evolving

The Department of Internal Medicine is dedicated to maximizing and enhancing the visibility, quality and effectiveness of information to our faculty, residents, staff, programs and sites.

We strive to develop a culture that encourages transparent communication practices. Our aim is to ensure our people are informed and involved, every step along the way.

Go online for all the latest news and updates:
Website: umanitoba.ca/medicine/units/intmed/
Blog: n.umintmed.ca
Wiki: wiki.umintmed.ca

Check out the department wiki!

The department uses a collaboratively edited wiki to document its processes. Any faculty or staff member can get an account to edit processes or ask questions. We know our people know their processes best, so we have replaced management-owned standard operating procedures with a documentation process that uses software facilitated change review to allow everyone to contribute to and understand the current best practices. Semantic content annotation allows for querying of the content to re-use and aggregate documentation into other formats. The department has in-house expertise to set up and run wikis and their semantic and software structure for other projects.
NEW CLINIC

In the fall of 2017, the Department of Internal Medicine, in cooperation with Health Sciences Centre and the Winnipeg Regional Health Authority, agreed to a $8.9M project where 13 of our ambulatory care clinics which see over 75,000 patients a year, would be consolidated into a brand-new clinic in what was once a school located next to HSC.

Working with our partners at WRHA Capital Planning, Health Sciences Centre and MMP Architects Inc., this new clinic is planned with evidence based design principles, using an “On-stage/Off-stage model.”

What is On-stage/Off-stage design? For patients, the experience is like any conventional clinic – they check in at a reception desk, sit in a designated waiting areas and transit patient hallways to an exam room. What makes on-stage/off-stage different is that the patient areas are separated from the areas the clinic staff and physicians use. Each clinic room has two doors, one leading out to the patient hallways, and another opening onto large staff workspaces which are designed to encourage collaboration between physicians, residents, staff and between subspecialties.

Researchers studying this model of clinic design report that patients perceive higher privacy levels and experience lower wait times.

The time physician and staff spend with patients rises, the distances staff and physicians travel is greatly reduced and communication between care providers is significantly improved.

With the consolidation of 13 clinics scattered around the HSC campus, combined with the advantages of the clinic’s On-stage/Off-stage design, the Department expects more interdisciplinary care and patients seeing various subspecialists during a single visit.

The Department expects to move into our new clinic space in 2020.
WE ARE: AT THE CENTRE OF IT ALL | WHY WE CHOOSE WINNIPEG TO BE OUR HOME

WE ARE: AT THE CENTRE OF IT ALL
THE PEOPLE WHO CHOOSE TO LIVE AND WORK IN WINNIPEG SEE THE BIGGER PICTURE AND KNOW THAT ANY CHALLENGES EXPERIENCED ARE MATCHED AND EXCEEDED BY THE OPPORTUNITIES AFFORDED TO US.

W

We are a community of contrasts: hot and cold, laid-back and passionate, humble yet resilient, hard working people that know how to enjoy their free time.

As the “Culture Cradle of Canada” Winnipeg is overflowing with creativity in all forms, from visual arts to live music to the performing arts. Winnipeg is home to the Royal Winnipeg Ballet, the Winnipeg Symphony Orchestra, Manitoba Opera, and many theatre companies including Rainbow Stage and Manitoba Theatre Centre. Recently, the architecturally renowned Canadian Museum of Human Rights was opened in Winnipeg, the first national museum outside of Ottawa.

Creativity also expands to our local food scene. Whether you are into breweries, wine bars, small plates, fancy food kiosks, or brick ovens, discovering a new local favourite could easily become a common occurrence.

Winnipeg enjoys world class cuisine and cultural events year round, but is also known for it’s fierce loyalty and addictive attitude towards their sports teams. Home to many professional and amateur sports teams including the Winnipeg Blue Bombers, Winnipeg Jets, Manitoba Moose, Winnipeg Goldeyes, and most recently, Valour FC, there’s a team for everyone to get behind.

Though it’s easy getting from one side of the city to the other in a short amount of time, should you want to, it’s even easier to escape to numerous lakes, parks and beaches just outside Winnipeg. Camping, fishing, biking, hiking and many other outdoor activities keep Winnipeggers energized in every season.

Because the cost of living in Winnipeg is affordable, there is ample ability to thrive both personally and professionally. Individually, or as a family, the opportunity for growth and success in Winnipeg is unmatched in other markets.
WHY I STAYED AND RAISED MY FAMILY IN WINNIPEG - by Cidalia Hodnett, Program Administrator

1. Housing is affordable.  
   #moveoutofparentsbasement #adulating #250K+

2. Can get anywhere in the city in 30 minutes.  
   #nocommuting #hatetraffic

3. Winters are cold.  
   #toughenyouupforlife #appreciatesummer

4. Everyone knows your name.  
   #justkiddingthisarentcheers

5. Manitoba has polar bears.  
   #seethemwhilewehavethem #maybeextinct

6. Lots of free outdoor concerts.  
   #freedisgood

7. You can be in the USA in an hour.  
   #youneverknow #shopping

8. We have the Jets.  
   #stanleycupwinner2018 #hopeful

9. We have socials.  
   #drinking #dancing #prizes

10. My family is here.  
    #thatshouldbeenumber1 #shhdon’ttellmymom

11. We invented honey dill sauce.  
    #AMAZING

12. Slurpee capital of the world.  
    #18yearsstraight #brainfreeze

13. I stay in Winnipeg for all the wonderful things and the people and the balance it has to raise my family. I choose to work for Internal Medicine for the respect, and their continued strive for excellence.

DEPARTMENT OF INTERNAL MEDICINE | UNIVERSITY OF MANITOBA

“Once overlooked as a ‘flyover city,’ Manitoba’s capital has put itself on the cultural map once and for all.”  
- MACLEANS Magazine, 2018

THERE’S NOT ENOUGH TIME IN THE YEAR TO TAKE IN EVERYTHING WINNIPEG AND ITS SURROUNDING AREA HAS TO OFFER!

“It is impossible to mention everyone whose commitment and hard work make the Department a success. Moving forward, we will strive to highlight the achievements also of those not mentioned in this current brochure. Thanks for understanding!”

Eberhard Renner, MD, FRCPC, FAASLD
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