Academic Deliverables and Job Descriptions

Participation in teaching activities and collaborative research projects are noble obligations of any faculty member in an academic Department of Internal Medicine. They do not need to be specifically mentioned (or remunerated) in a job description, but are part of the academic job per se. What do I mean by that? Bedside teaching, lecturing in undergraduate and postgraduate curricula, and participating in CME events, as well as serving as examiner in the various in-training exams are expected from each and every academic physician, irrespective of his/her job description. Along the same line, recruiting patients into ongoing clinical trials, collection of patient samples for research purposes, and supporting other research activities is expected from any academic physician in our Department.

Beyond that, job descriptions are means to communicate specific expectations to faculty members and form the basis of performance management. Job descriptions define accountabilities and deliverables. The job description of an academic physician defines his/her role as faculty in a University Hospital and the associated expectations in delivery of health care services, research, and education.

In our Department there currently exist a myriad of individual job descriptions ranging from 20% to over 80% protected time for research, the remainder percentage being made of, again highly variable, teaching and service components. This high variability from individual contract to individual contract makes it difficult to define and compare deliverables and accountabilities across faculty. Thus, e.g. in which deliverables/accountabilities do job descriptions with 20% vs. 25% or between 40% and 50% protected time for research differ? Can one really measure with the required accuracy the time spent in the various components of an academic physician’s job description down to the single digit percentage?

In addition, experience from elsewhere and, most importantly, the analysis of our own data in the Department of Medicine clearly shows that faculty members with less than 50% protected time for research will rarely ever be successful as an independent researcher, lead investigator driven projects, and attract peer reviewed national grant support as a principal investigator. This holds especially true for young faculty members who need enough protected time to get their research enterprise off the ground in the years after their initial recruitment.

Many universities have therefore simplified job descriptions of academic physicians into three main categories, namely clinician-teacher (80% clinical, 20% teaching), clinician-investigator (50% clinical, 50% research), and clinician-scientist (20% clinical, 80% research), respectively. BTW: some universities even consider 50% protected time for research too little for junior faculty to become competitive in national grant competitions and discuss eliminating the clinician-investigator track. Only a handful of faculty members may fall into a few additional categories including clinician-educator (large work load component of program development/administration) or clinician-administrator, but those are far and few between.

Based on the above it seems worth considering harmonizing the academic job descriptions in our Department. In the coming months, we will engage with all of you, but in particular with those who have protected research time, in a conversation around opportunities to harmonize academic job descriptions and their associated deliverables and accountabilities.
**CancerCare Manitoba Operating Grant (2017-2019)**

**Title:** “Flaxseed in the mitigation of anthracycline and trastuzumab mediated cardiotoxicity study (FANTAM) study.”

**Amount:** $118,773.10

**PI:** Davinder S. Jassal (Section of Cardiology)

**Co-applicant:** Saroj Niraula (Section of Hematology/Oncology)

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**CIHR Operating Grant: Analyses of Existing Canadian Cohorts & Databases**


**Amount:** $75,000

**Co-PIs:** Shantanu Banerji and Julian Kim.

**Co-investigator:** David Dawe
Keevin Bernstein, MD

- recipient of the Doctors Manitoba 2017 Health Administration Award, and the
- University of Manitoba Centre for Advancement of Teaching and Learning (CATL) Student Teacher Recognition: Outstanding Faculty Teacher - 2017 College of Medicine (recognized by Josh Palay)

Ryan Zarychanski, MD

- recipient of the Doctors Manitoba 2017 Scholastic Award

Drs. Bernstein and Zarychanski were presented with their awards at the May 5th Doctors Manitoba 109th Annual General Meeting held at the Fort Garry Hotel.

Canadian Association of Physical Medicine & Rehabilitation

Resident Essay Contest

Natalja Tchajkova, MD won 2nd place for her essay:

“What Happened to Me Doc?”: Deciphering the Diagnosis of Activitated-Protein-C (APC) Resistance Thrombophilia in a Previously Healthy 48 Year old Female with Sudden Onset Cerebral Venous Thrombosis.

Alex Wasserman, MD won 3rd place for his essay:

“Factors Associated with Community Discharges Versus Skilled Nursing Facility (SNF) Discharges from Inpatient Stroke Rehabilitation”: The Need for Preadmission predictive model.

Drs. Tchajkova and Wasserman will be presenting their essays at the CAPM&R Annual Scientific Meeting which is being held May 24 – 28 in Niagara Falls.
Critical Care in Winnipeg began decades before official certification of intensivists (1986 in the United States, 2006 in Canada). It’s origins, under the leadership of Dr. J.A. (Jack) Hildes and Dr. Ruben Cherniak, are traced to the polio epidemic of the early 1950’s. At its peak in 1953, there were 93 patients at one time in iron lung ventilators at the King George Hospital (now the site of Riverview Health Centre).

Moving after the polio epidemic to the Winnipeg Health Sciences Centre (then called the Winnipeg General Hospital) by 1960 Drs. Hildes and Cherniack were teaching interns and residents and making rounds on the patients with respiratory failure who were segregated in a four bed unit on the GE3 ward. In 1966, under the direction of Dr. Cherniak and Dr. Bryan Kirk, one of the first true Intensive Care Units in North America was established on the GH7 ward. It cost $475,000 to build, and had 22 beds and dedicated nursing staff. Taking severely ill patients from the entire province, in its first 17 months of operation that ICU admitted 911 patients, with a broad range of diagnoses, including myocardial infarctions, post-operative problems, respiratory problems, trauma and burns.

Recognizing the value for ICU nurses to have special preparation and expertise, in 1965 an Intensive Care Nursing Course was begun, the first of its kind in Canada. By 1970 this course was being attended by nurses from around Canada and other countries. Nurses who seek to work in our ICUs are still required to take this course.

A program to train physicians to care for the critically ill was initiated in the late 1960’s. Reflecting its roots, Critical care became an official section of the Department of Internal Medicine in the late 1970’s, with Dr. Kirk as its head. In 1985 Dr. Dan Roberts became section head. He created a clinical ICU database in 1988, which initially included the Medical and Surgical ICUs at the Health Sciences Centre.

Several important developments occurred in 1998. All hospitals in Winnipeg were brought together under the governmental umbrella of what was then called the Winnipeg Health Authority. Within this structure, all the adult ICUs in Winnipeg became part of a single, integrated system, a certification process was instituted for attending physicians who sought to work in any of the ICUs, and all the ICUs became “closed” structures wherein a single ICU attending physician was in charge of care. Also in that year, the clinical ICU database was expanded to include all admissions to all the adult ICUs in the city. This powerful tool has been an important component of the quality improvement efforts and ICU research in Winnipeg.

Headship of the Section passed to Dr. Bruce Light in 2001, and to Drs. Bojan Paunovic and Allan Garland in 2012. Recent developments in Winnipeg critical care include creation of a ICU Outcomes Improvement program based on established principles of Total Quality Management, and a self-financing program to promote clinical and academic learning for our intensivists.

Please take a few moments to review the excellent online archive that has been set up through the HSC.

https://hscarchives.com/
After a steep learning curve, we made it through year-end. Now is the time to move forward with some changes to how we manage and report on the Department’s finances.

As our GFT numbers continue to climb towards 200, this is a great opportunity to build on the foundation that Dr. Dan Roberts and Mrs. Kathy Blair-Colbert have managed for many years. The goal is to have more detailed data, superior facts and customized reporting so that we can make informed business decisions. On May 1st, the department implemented QuickBooks accounting software, a cost effective tool that will certainly help us reach these goals.

In follow-up to my previous communications in the April Newsletter, staff changes have also been made to accommodate our growing financial requirements.

**Maureen Eyolfson** moves to a Senior Research Accountant role, which will primarily focus on research support to principle investigators. Maureen spent years in the University of Manitoba’s Budgets and Grants Office and has a skill set that will be of value to our researchers in the department.

**Tamara Cipriano** has joined the department as the Finance Manager to assist with financial management and planning. She comes to us from the Department of Surgery with years of experience.

**Thorunn Petursdottir** will be assisting with finances in the administration office on a part-time basis. Thorunn will be responsible for all our travel reimbursements, tracking and reporting. She will also continue her role in the Department of Proteomics.

Mona Remillard retired on May 11th after five years of dedicated service to the department. I thank Mona for all her hard work and wish her well in her retirement.

The Administrative Assistant to the Managing Director position is not being recruited for at this time. The responsibilities of this position have been reassigned among the administrative office staff. I appreciate their willingness to accept the new assignments. Positions and responsibilities will continue to be reviewed as the needs of the department are evaluated.
An Update on IBD /June 9, 2017/Theatre C

Morning session moderator: Laura Targownik

0825-0830 Welcome - Charles Bernstein
0830-0900 What to tell IBD patients about their diet - Joshua Korzenik
0900-0930 Treating the microbiome in IBD - Paul Moayyedi
0930-1000 The role of stress in IBD - John Walker
1000-1030 Panel discussion - Laura Targownik
1030-1050 Break
1050-1120 Management of pouchitis Iris Dotan
1120-1150 The use of therapeutic drug monitoring - Mark Silverberg
1150-1230 Panel discussion - Laura Targownik
1230-1330 Lunch

Afternoon session moderator: Ernest Seidman

1330-1400 Vedolizumab in IBD – where does it fit - Brian Bressler
1400-1430 Stelera in CD – where does it fit - Alain Bitton
1430-1500 Opiates, NSAIDS and Marijuana in IBD - Hillary Steinhart
1500-1515 Break
1515-1545 What does quality care in IBD mean - Geoffrey Nguyen
1545-1700 Panel discussion - Ernest Seidman

To Register: Contact Dorothy Miller at Dorothy.miller@umanitoba.ca
13th Annual Dr. Lyonel G. Israels Memorial Lecture

May 23, 2017
12:00 - 1:00 pm
CancerCare Manitoba Lecture Theatre (ON2134)
Linked to the Executive Boardroom ON4017 and the Oncology Conference Room L1-102 at the Tache Site of CancerCare Manitoba

“Diagnosis and Treatment of HLH (Hemophagocytic Lymphohistiocytosis) in Adults”

Guest Speaker:

Dr. Nancy Berliner
Chief of Hematology at the Brigham and Women’s Hospital
HiRO's 2017 Symposium

The Hearts in Rhythm Organization 2nd Annual Symposium, is happening June 9th and 10th in Winnipeg, thanks to the hard work of Colette Seifer and the rest of the HiRO team at this site.

HiRO Winnipeg has been focused on creating a world class heart rhythm clinic and research center, and on preparing for the Symposium. The team is excited to host the rest of Canada's HiRO research collaborators to showcase Winnipeg and the clinic, and to connect and network with symposium attendees.

Guest speakers include SADS and inherited heart disease specialist Dr. Elijah Behr from London, UK and Dr. Dirk Huyer, Chief Coroner from Ontario.

If you plan on attending and haven't yet registered for the HiRO 2017 Symposium, please email Karen Gibbs at kgibbs@providencehealth.bc.ca.

Use #HIRO17 as a hastag for the symposium!
“Epidemiology Work in Rheumatic Disease and Cardiovascular Studies”

Tuesday
June 20, 2017
8 - 9 a.m.

Frederic Gaspard Theatre
(Theatre A)

Basic Medical Sciences Bldg.
University of Manitoba
Bannatyne Campus
730 William Avenue

linked to NG002 at St. Boniface Hospital

For additional information:

Section of Rheumatology
L. Schmidt 204-787-2208

Dept. of Internal Medicine
K. Kiel 204-787-7882

Sherine E. Gabriel, MD, MSc.

Professor & Dean
Rutgers Robert Wood Johnson Medical School
CEO Robert Wood Johnson Medical Group

• Dean Emerita, Mayo Medical School
• William J. & Charles H. Mayo Endowed Professor (former)
• Past President, American College of Rheumatology
• Founding Chair, Methodology Committee, Patient Centered Outcomes Research Institute
In parallel with the obesity/diabetes epidemic, the incidence and prevalence of NAFLD continues to rise in Canada and elsewhere. While NAFLD leads to an increasing health care burden, our understanding and the therapeutic options remain limited. It is therefore imperative that the level of knowledge and understanding of this liver disease be increased. This will require a multi-pronged approach to adequately address it from prevention, diagnosis, management, treatment and research perspectives.

The objectives for the meeting include:
- to review current knowledge on NAFLD from various perspectives
- to determine knowledge gaps to be filled by future research
- to foster informal exchange between leaders in the field and engage young investigators
- to foster research collaboration on NAFLD within Canada, North America and beyond

*** 10.5 Category 1 Credit Hours ***

Target Audience:
- Clinicians (of any background) interested in NAFLD
- Young investigators with an academic interest in NAFLD
- Scientists interested in NAFLD

Scientific Co-Chairs:
Eberhard L. Renner, Past President CASL
Professor and Head, Department of Internal Medicine
University of Manitoba

Brent A. Neuschwander-Tetri
Professor, St. Louis University School of Medicine
Director, Division of Gastroenterology & Hepatology

ONLINE REGISTRATION for the 2017 CASL/CLF International NAFLD Meeting is available through the CASL homepage at http://www.hepatology.ca/ or at https://www.cpd-umanitoba.com/events/2017-international-meeting-on-non-alcoholic-fatty-liver-disease-nafld/

In order to profit from reduced early bird rates, register prior to July 1, 2017

Presented By:

The Canadian Association for the Study of the Liver (CASL) is a non-profit organization that seeks to eliminate liver disease through research, education and advocacy. CASL members represent a multidisciplinary group of scientists and healthcare professionals who provide national leadership in all aspects of liver research, education and patient care.

Co-Sponsored By: