



## DocTalk 2021 - Volume 8 Issue 4

December 2021

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## DocTalk Volume 8, Issue 4

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# From the President & Registrar

DocTalk 2021 - Volume 8 Issue 4

## Message from the President of Council



December 2021

By: Dr. Olawale Franklin Igbekoyi, CPSS Council President

## Physician Workplace Stress - A Public Safety Concern

Physicians are often a part of a complex workforce team that is very susceptible to negative factors in the work environment. Although physicians frequently do not see themselves as employees, they are likely even more susceptible to workplace stress due to their level of responsibility.

Workplace stress is an important factor affecting the delivery of health care to our patient population. Workplace stress affects the mental and physical health of employees and their overall performance in the workplace. Also, workplace stress could impact the entire life of a worker. It is also significant in contributing to reasons for some complaints to regulatory authorities.

*"I practiced in Namibia, in Texas and Washington, however, since I started practicing here, it's been different. The place is different, the people are different, and I am under lots of stress."*

*"I had done well in my previous practice, but now I make mistakes and miss diagnoses since I got to this place."*

*"In this place, I feel abandoned, disrespected, not listened to and not recognized."*

*"I feel somehow that my colleagues are looking out for me to make mistakes so they could catch me at a fault."*

These statements reflect the deep psychological pain and agony these individuals are experiencing due to workplace stress and anxiety.

According to the Canadian Center for Occupational Health and Safety, workplace stress is the harmful physical and emotional response that can happen when there is a conflict between job demands on the worker and the amount of control the worker has over meeting these demands[1].

Workplace stress is prevalent among workers in Canada. According to the Mental Health Commission of Canada, seventy percent (70%) of Canadian workers are concerned about the psychological health and safety of their workplace, and 14 percent (14%) feel their workplace is unsafe.

About 30 percent of short- and long-term disability claims in Canada are attributed to mental health problems and illnesses. The total cost from mental health problems to the Canadian economy exceeds \$50 billion annually. In 2011, mental health problems and illnesses among working adults in Canada cost employers more than \$6 billion in lost productivity from absenteeism, presenteeism and turnover[2].

According to the Centre for Disease Control,

- One-fourth of workers view their jobs as the number one stressor in their lives.
- Three-fourths of workers believe the worker has more on-the-job stress than a generation ago.
- Problems at work are more strongly associated with health complaints than are any other life stressor-more so than even financial problems or family problems[3].

In a study of Burnout in Health Care Workers by Stefan De Hert, the incidence of burnout was found to be higher among physicians; the incidence of symptoms of burnout between US physicians and a population control sample was 37.9% versus 27.8%[4].

The COVID Pandemic has increased workplace stress for physicians and allied health care workers. We've heard the voice of health care workers who are fatigued, overwhelmed and tired. In some areas, the morale is low, people are frustrated, helpless and sad. Many have quit their jobs because of the very stressful work situations that the pandemic brought. In the face of this, there is a worsening and increased incidence of anxiety, depression, and burnout among physicians and health care workers. In addition, the workload has increased and there is a limit to human and material resources to help the sick, which makes the stress even more unbearable. The inability to deliver the care one wants leads to moral injury.

According to Statistics Canada, prolonged workplace stress increases the risk of depression, heart disease and substance abuse[5].

Given the impact of workplace stress on the mental and physical health of our physicians and health care workers, as well as its negative impact on the quality of health and public safety, government and health care stakeholders must put strategies and systems in place to reduce workplace stress and its negative impact on our health care workforce.

Health care administrators and physician leaders must pay attention to the presence of workplace stress among physicians. They must put strategies in place to reduce the workload of physicians and increase the ability of physicians and allied health professionals to be in control in their workplaces. Leaders should adopt the standard advocated by the Mental Health Commission of Canada in the document - *Psychological health and safety in the workplace, prevention, promotion and guidance to staged implementation*[6].

To avoid conflict within the workplace, physicians must understand their team dynamics, team members' expectations, and temperaments. Motivating team members and helping them achieve their goals will support workplace peace and harmony. Identifying with team members' expectations and working hard to achieve them as a team will boost personal morale and acceptance within the team. Understanding team members' temperaments and flexing to accommodate them will reduce conflict within the team. Physicians must make effort to break the barrier of conflict within the team and strive for a peaceful working environment that will reduce workplace stress.

Being vulnerable and understanding your limitation is important to reduce workplace stress. Humility to accept correction and feedback from your team members reduces psychological stress. Being ready to acknowledge when you are wrong and apologize to your teammate with a sincere "I'm sorry" will reduce escalating conflicts. Be truthful to yourself upon self-reflection to understand when to ask for help and doing so will help the healing process and prevent harm that comes with workplace stress. Getting help from family, friends and professionals is a good way to fight against workplace stress. The [Saskatchewan Physician Health Program](#) is available to help physicians who are experiencing any form of stress.

Workplace stress is present among Canadian physicians and health care workers, and even more prevalent today because of the COVID pandemic. It is a significant contributor to the poor mental health of workers. It does influence physician performance in the workplace and could impact public safety. Workshops on effective communication such as *Effective Team Interactions*, *Just Culture in Healthcare*, and *Strategies for Managing Unprofessional Behaviours* (Saegis) and others can be useful tools in developing those strategies. In any case, to protect the

workforce, government, health care leaders and physician administrators must work hard at putting strategies forward to reduce and manage workplace stress among physicians and health care workers.

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[1] <https://www.ccohs.ca/topics/wellness/stress/>

[2] <https://mentalhealthcommission.ca/what-we-do/workplace/>

[3] <https://www.cdc.gov/niosh/docs/99-101/default.html>

[4] Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies, [Stefan De Hert](#)<sup>1</sup> *Local Reg Anesth.* 2020; 13: 171–183

[5] [https://www150.statcan.gc.ca/n1/en/pub/11-627-m/contest/finalists-finalistes\\_2-eng.pdf?st=Ld4afxux](https://www150.statcan.gc.ca/n1/en/pub/11-627-m/contest/finalists-finalistes_2-eng.pdf?st=Ld4afxux)

[6] <https://www.csagroup.org/store-resources/documents/codes-and-standards/2421865.pdf>



*Dr. Olawale Franklin Igbekoyi is President (2021) of the Council of the College of Physicians and Surgeons of Saskatchewan and a Family Physician practicing in Rosetown.*



December 2021

By: Dr. Karen Shaw, CPSS Registrar & CEO

## Wave After Wave - Can We Stay Afloat?

### **COVID and the Toll on the Profession**

Before this year comes to a close, I would like to take one more opportunity to thank you for your dedication and unwavering commitment to your patients during this pandemic. Practising during COVID has been a challenge from the start and it forced an immediate change in how care is delivered. You achieved significant accomplishments in establishing virtual care, essentially overnight, and designing and implementing a safe method for the delivery of in-person care for patients, while keeping your staff and yourselves safe.

Physicians are no different than patients in that we worry about safety, uncertainty, disrupted routines and financial matters. COVID has caused a very prolonged period of uncertainty which continues to add to life stressors in our already complex lives. This uncertainty leads to other questions that weigh heavy on physicians' minds including:

- How can we continue to practise to the standard expected in such an environment?
- How long can a workforce endure such stress and continue to perform well?
- How can we manage all the other roles we juggle as practice partner/business person while still being supportive and present for our families?

In this issue of DocTalk, there is an [article by Ms. Brenda Senger](#), Director of the Saskatchewan Physician Health Program (SPHP) on compassion fatigue. Ms. Senger states: "*burnout results from our interactions with work. But compassion fatigue results from our interactions and relationships with the patient we provide care to and the colleagues we support.*"

Compassion fatigue is not about "losing" compassion, but rather it is about not having the capacity to give that same degree of professional emotional support to our patients and their families, even when we want to.

The College has received expressions of concern that many physicians are chronically feeling physically and emotionally exhausted, suffering from irritability, having difficulty sleeping with an inability to concentrate resulting in a loss of productivity, and are feeling a general sense of hopelessness. Retirement or a change in career may have crossed your minds. If you are experiencing any of these symptoms you may be dealing with compassion fatigue. I urge you to read Ms. Senger's article about compassion fatigue, what it is and what can you do about it.

If exercising the basics of self care and practising self compassion aren't enough, reach out to the Saskatchewan Physician Health Program (SPHP). We are very fortunate to have such a wonderful resource in this province. The College has a strong and respectful working relationship with the SPHP. However, our preference is for physicians to be proactive and reach out to the SPHP for themselves and their families, and also their colleagues, whenever there is a need.

### **Medical Practice Coverage**

Members are reminded that the College Council approved amendments to the [Medical Practice Coverage Policy](#) in March 2021. At the time the policy was adopted Council directed that active enforcement would not occur for a period of one year, in order to provide education and feedback regarding these expectations. Please note that this grace period expires March 2022.

Information on this policy was published in the [May 2021 edition of DocTalk Volume 8, Issue 2](#), which is available on the College's website. In addition, you should have recently received an email which addresses the highlights of the amended Medical Practice Coverage Policy. The underlying principle for the policy is that "all physicians involved in direct patient care have an obligation to arrange for 24-hour coverage for patients currently under their care". Please read the email that was sent to you and review the infographic which suggests one approach to ensure compliance with the telephone expectations in this policy. If you have any additional questions after you review the

policy and the educational materials, please do not hesitate to contact us.

### **Survey: Wellbeing of Health Care Providers in Saskatchewan**

You will have recently received an email from the CPSS with an invitation from Dr. Noelle Rohatinsky and Dr. Juan-Nicolas Pena-Sanchez, faculty members of the College of Nursing and the College of Medicine to participate in a **research study** to examine physicians, registered nurses and respiratory therapists care providers' wellbeing and intentions to leave clinical practice in Saskatchewan." Please take the time to provide your perspective,

Click on the following links for more information:

**[Survey: Wellbeing and intentions to leave clinical practice of health care providers in Saskatchewan, Canada,](#)**

[Letter of Invitation](#) || [Study Recruitment Poster](#)

### **Refresh and Regenerate**

Please take some time over this holiday season to refresh and regenerate with your loved ones. Enjoy the simple things in life and keep safe. May the New Year bring us a renewed sense of hope.

Respectfully submitted,

*Karen Shaw*



*Dr. Karen Shaw has served as Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since 2011.*



## DOCTALK 2021 - Volume 8 Issue 4

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December 2021

By Dr. Olawale Igbekoyi, CPSS Council President

*Council last met on the 19th & 20th of November 2021. The next Council meeting is scheduled for the 28th & 29th of January 2022. Meetings have been held virtually through Webex since March 2020 and will likely continue in that format for the foreseeable future.*

*Agendas and Executive Summaries with information about the content of the open portion of Council meetings are available [here](#).*

### Highlights from the last Council Meeting

1. Council reviewed and approved several bylaw amendments that will be reported in DocTalk once they have been approved by the Government of Saskatchewan and published in the Saskatchewan Gazette.
2. Council voted to recognize the [United Nations Declaration on the Right of Indigenous Peoples](#) (UNDRIP) document as a working tool to inform Council's deliberations on Truth and Reconciliation.
3. Council approved an amended guideline on [Physician Use of Electronic Communications](#).

### Council Election Results

#### **The results are in! Congratulations to the winners!**

Please see below the list of successful candidates who have been newly elected/re-elected to serve on Council for the next three years.

AREA	SUCCESSFUL CANDIDATE	N = New R = Re-elected
North East	<a href="#">Dr. Carmen Mircea</a>	N
North West & Athabasca	<a href="#">Dr. Mark Chapelski</a> (acclamation)	R
Regina	<a href="#">Dr. Al Beggs</a> (acclamation)	R
Saskatoon	<a href="#">Dr. Raviqubal Basi</a>	N
South East	<a href="#">Dr. Yusuf Kasim</a> (acclamation)	R

On behalf of Council, I would like to thank [Dr. Brian Brownbridge](#) (Saskatoon Area, Member of Council since 2015, President 2019, 2020), and [Dr. Yagan Pillay](#) (North East Area, 2018-2021) for their years of service as elected Members of Council.

Dr. Brian Brownbridge will continue to serve on Council as Immediate Past President, pending the result of the election of the Executive Committee members at the January 2022 Council meeting.



## DocTalk 2021 - Volume 8 Issue 4

### Legally Speaking



December 2021

By Sheila Torrance, Legal Counsel, CPSS

### **Council approves expanded guideline on Physician Use of Electronic Communications**

The College Council recently completed a sunset review of the guideline “Patient-Physician Communication Using Electronic Communications”. This guideline had last been amended in 2015; given the significant developments in technology and electronic communications since that time, the Council appointed a committee to undertake a detailed review. Once the Council had approved the committee’s suggested amendments in principle, the College conducted stakeholder consultation on the proposed guideline and the committee then recommended additional amendments to Council. The Council approved the updated guideline – with its new title “[Physician Use of Electronic Communications](#)” – at its November 2021 meeting.

As described on the CPSS website, a guideline describes practices that are “generally recommended by the Council of the College as part of providing quality medical care in a professional manner.” Physicians are encouraged to follow the recommendations included in the guideline, but can exercise reasonable discretion in their decision-making based on the guideline. If a physician decides to deviate from what is described in a guideline, the reasons should be documented in the patient’s medical record.

In general, the amended guideline is intended to address the overarching principles that apply to any form of electronic communications when personal health information (PHI) is being transmitted, and to assist physicians in understanding their legal, professional and ethical obligations when using electronic means to communicate PHI. This includes

concerns with privacy, confidentiality and security of information. While physicians are encouraged to review the guideline [here](#), some of the guiding principles follow:

- Physicians are responsible for the safe and effective management of the PHI of the patients in their care;
- While physicians are encouraged to avail themselves of the advantages that come with electronic communications, they must be aware of the risks inherent in using those tools to communicate PHI. These risks apply whether the physician is communicating directly with the patient, or with another medical colleague in relation to a patient's care.
- When using electronic communications, physicians must ensure the security and confidentiality of the PHI conveyed, and must also ensure the proper storage/recording of that information in the patient's medical record.
- Physicians should consider the relative risks of communicating PHI electronically, and the safeguards that are necessary depending on the sensitivity of the PHI being communicated and the mode of transmission.
- Patients' consent should be obtained prior to using electronic communication tools (other than telephone) to communicate PHI to patients. Consent should be documented in the medical record.

In addition to the guiding principles, the guideline also addresses specific issues physicians should consider when utilizing a number of different types of electronic communication tools including fax, email, text/picture messaging, and online video consultation. Some of the common themes include the following:

- Physicians should consider de-identifying PHI to be sent by email or text/picture messaging;
- PHI should only be sent by secured or encrypted email (or as a password-protected attachment);
- Recipient contact information should be confirmed prior to sending PHI; and
- Physicians must determine how to retain electronic communications in their medical record and also how to ensure destruction of the PHI that may remain on their electronic devices.

While the guideline does briefly address the use of electronic communication tools to conduct virtual appointments (either by telephone or video), this is addressed in only a cursory way. Physicians are reminded to consult the policy "[The Practice of Telemedicine](#)" for a more comprehensive overview of the College's expectations of physicians providing care by virtual means.

For any physicians who wish to undertake more reading in relation to the important considerations in using electronic communications, the guideline includes a detailed "Other Resources" section that contains links to many other sources of information relating to these topics.



December 2021

By Sheila Torrance, Legal Counsel, CPSS

## Policy consultation - Responsibility for a Medical Practice

As many of you are likely aware, the College Council is in the process of adopting a new policy entitled “Responsibility for a Medical Practice.” All physicians and other stakeholders were invited to participate in a consultation process relating to this policy last summer.

At its November meeting, the Council considered recommendations from the committee that had reviewed the consultation feedback. Based on the committee’s recommendations, the Council *approved in principle* a fairly fundamental change to the draft policy. This is a requirement that all multi-physician clinics must have a physician designated as the medical director.

There were several reasons for this change, including the challenges the College has experienced in addressing concerns raised (by physicians and the public) with respect to clinics owned by non-physicians. The fact that non-physicians are not currently “trustees” under *The Health Information Protection Act* was also a consideration.

While the proposed policy includes a requirement that a medical director is able to communicate on behalf of the clinic and is to have “some reasonable degree of administrative and operational oversight”, the Council felt that the policy achieved a balance. Each clinic will be able to decide which of the listed tasks will fall to the medical director; if the medical director does not have designated responsibility, then ALL physicians in the clinic are responsible. The proposed policy also specifies that a medical director is not responsible for the professional conduct of their colleagues; as such, the medical director is not expected to “supervise” their colleagues in the clinic.

Recognizing that many clinics will choose to rotate physicians through the medical director role, there is no obligation in the proposed policy to report to the College as to who is the designated medical director. However, if concerns arise and the College contacts the clinic, it should be clear who is in that role and able to communicate on behalf of the clinic.

Given the broad impact of this new proposed policy, the Council wanted to provide a second opportunity for physicians to provide feedback before the policy is finalized and

approved. **To fill out the survey**, go to the [Policy Consultation](#) page to review the proposed policy and respond to the survey questionnaire.



*Sheila Torrance is Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.*



### Changes to Regulatory Bylaws

December 2021

The College's [Regulatory Bylaws](#) establish expectations for physicians and for the College. They establish practice standards, establish a [Code of Ethics](#) and [Code of Conduct](#), define certain forms of conduct as unprofessional and establish requirements for licensure.

There were **no (0)** changes to College regulatory bylaws since the last edition of the Newsletter.



### Policy, Standard and Guideline Updates

December 2021

*Council regularly reviews the policies, guidelines and standards which are then made available on the College's [website](#).*

*Since the last Newsletter, Council has adopted **one** guideline and completed sunset reviews on **two** additional policies.*

\*Click on each title below to view the complete version of the policy, standard or guideline.

## **GUIDELINE – Physician Use of Electronic Communications**

Council conducted a sunset review of this guideline. This involved the appointment of a committee to review the document in detail, and the subsequent review of feedback provided by stakeholders including individual physicians. The amendments were fairly extensive, including a new title, the addition of a 'purpose and scope' section, and the inclusion of guiding principles that outline physicians' legal, professional and ethical obligations when using electronic communication tools to communicate with patients or with other healthcare providers in relation to patient care and management. Particular focus is applied to confidentiality and privacy concerns including the expectations in *The Health Information Protection Act*.

In addition to the overarching 'guiding principles', the amended document includes general guidelines applicable to the use of telephone, fax, email, text and picture messaging, online video consultation and social media. There is an extensive list of resources that can be accessed by physicians who are interested in learning more about these issues.

The guideline was approved with a sunset date of November 2022 to align with the sunset date for the policy [The Practice of Telemedicine](#). Additional information is included in the article [here](#).

## **POLICY - Medical Assistance in Dying (MAiD)**

### **Patient's Death is NOT Reasonably Foreseeable**

### **Patient's Death is Reasonably Foreseeable**

These policies had reached their sunset date. Given the recent amendments to both policies (as summarized in the [previous issue of DocTalk](#)), they were re-approved with a sunset date of March 2023 when it is anticipated there will be new criteria and expanded eligibility for MAiD.



## **College Disciplinary Actions**

### **College Disciplinary Actions**

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The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed and matters where charges have been laid but have not yet been completed.

There were **two (2)** discipline matters completed since the last Newsletter report.

### **Dr. Petrus Bierman**

Dr. Bierman was charged with unprofessional conduct. The charge alleged that he failed to respond to communications from the College. The matter was resolved through post-charge alternative dispute resolution (ADR) when Dr. Bierman signed an undertaking agreeing to respond to future communications from the College in a timely manner.

### **Dr. Evan Franko**

Dr. Franko was charged with unprofessional conduct. The charge alleged that he provided medical care to a former colleague and therefore failed to maintain appropriate professional boundaries. The matter was resolved through post-charge alternative dispute resolution (ADR) when Dr. Franko signed an undertaking agreeing to complete a course on professional boundaries, and to not pick up, dispense, administer or otherwise handle opioid prescriptions for any patients.



## DocTalk 2021 - Volume 8 Issue 4

### Addressing Quality of Care



December 2021

By Rochelle Wempe, Legal Counsel, Dr. Werner Oberholzer, Deputy Registrar, with input from Dr. Val Olsen, Quality of Care Senior Medical Advisor

## Trauma-informed Care

### What is Trauma-Informed Care?

Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing. A visit to a medical office or hospital can be a difficult experience for someone who has experienced trauma. It is important to recognize how common

trauma is and to understand that any patient may have experienced serious trauma in the past.



**Physicians should assume that most patients may have a history of trauma and should approach them with care and compassion to reduce any risk of re-traumatization.**

The goal of trauma-informed care is to treat people in ways that create physical and emotional safety. It involves giving people choice and control over decisions that affect them and allowing them to build feelings of control and empowerment.

Being trauma-informed means that you understand how common trauma is and how it affects people. That knowledge can then be put into practice by re-evaluating and changing approaches that could re-traumatize people.

The three key elements of a trauma-informed approach are:

1. Realizing the prevalence of trauma.
2. Recognizing how trauma affects all individuals involved.
3. Responding by putting this knowledge into practice.

Being trauma-informed is about creating environments that help people heal from trauma and do not contribute to new difficulties. A healing environment is one that doesn't re-traumatize people or minimize their experiences. It is important to think about and change any processes or practices that could re-traumatize people.

### **What is Trauma?**

Trauma refers to any experience that causes intense physical and psychological stress reactions. It can be one or many events. The stress reaction can be experienced by the victim, or by a witness to the event. It is an experience that threatens or harms an individual and has serious negative effects on someone's physical, emotional, social, and spiritual well being. Some examples of trauma include child abuse or neglect, motor vehicle accidents, job loss, sexual assault, physical assault, medical treatments, natural disasters, torture, poverty, suicide, intimate partner violence, cumulative trauma, and emergency worker exposure to trauma.

### **How common is trauma?**

In Canada, 1/2 of all women and 1/3 of all men have survived one incident of sexual or physical violence. It is predicted that 3/4 of Canadians will experience at least one potentially traumatic event in their life.

### **Why is trauma-informed care important?**

Trauma can put people at greater risk for physical illnesses such as cardiovascular disease, respiratory disease, chronic pain, diabetes, gastrointestinal illness, and cancer. Trauma is also linked to an increased risk of mental illness including addictions, depression, post-traumatic stress disorder, personality disorders, and suicide. Trauma is also related to higher incidences of homelessness and incarceration.

Often people develop harmful behaviours in an effort to manage the effects of trauma they have experienced. For example, self-harm and substance use can relate to past trauma. Possible signs of an acute trauma response include the following: startle responses, flinching, shaking, staring into the distance, becoming disconnected from present conversation, losing focus, inability to concentrate or respond to instructions,

inability to speak, sweating, change in breathing (breathing quickly or holding breath), muscle stiffness, difficulty relaxing, floods of strong emotions and rapid heart rate.

### **What does trauma-informed care look like?**

What can I do, as a physician, to improve my care of patients affected by trauma? Some DO's of trauma-informed care include:

- **DO** explain why an examination needs to be performed;
- **DO** explain what the exam may involve and provide an opportunity for the patient to ask questions;
- **DO** tell patients that if they need the physician to stop the exam, they can tell them so;
- **DO** allow patients to bring a trusted friend or family member into the examination room with them; and
- **DO** be cognizant of how past trauma and cultural background may affect the patient's perceptions, reactions and understanding.

*"I've learned that people will forget what you said,  
people will forget what you did,  
but people will never forget how you made them feel."  
- Maya Angelou*

For further reading on this topic, we would suggest the following resources:

[Alberta Health Services, Trauma Informed Care \(TIC\) Information for Health Professionals](#)

[Manitoba Trauma Information and Education Centre](#)

[Centre for Excellence for Women's Health, Trauma Informed Practice Guide](#)

[College of Physicians and Surgeons of British Columbia, Trauma-Informed Care Resources](#)

[College of Physicians and Surgeons of Ontario, Advice to the Profession: Maintaining Appropriate Boundaries](#)

[Centre for Disease Control and Prevention](#)



*Rochelle Wempe is Legal Counsel for the CPSS. She holds 18 years experience as a Crown Prosecutor dealing with all forms of trauma, has taken a seminar, The Neurobiological Consequences of Trauma: A Trauma Informed Approach, by Dr. Lori Haskell, at CPSBC in Vancouver 2019, and has been a Speaker for Victims of Crime week on trauma-informed approaches to sexual violence (2020).*



*Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and specializes in Family Medicine, Emergency Medicine, and Care of the Elderly.*



*Dr. Valerie Olsen is Senior Medical Advisor with the Quality of Care Department at the CPSS. Her specialty is general surgery.*



December 2021

By Werner Oberholzer, Deputy Registrar

## MEDICAL PRACTICE COVERAGE - What should physicians implement?

The CPSS Council approved amendments to the [Medical Practice Coverage](#) policy in March, 2021. Council had directed that the College would not take active enforcement for a period of one year to provide education and feedback respecting these expectations. That period expires March 2022.

Below are links to some tips from the Registrar's Office on what physicians can do to ensure their practice provides adequate coverage to ensure proper continuity of care for patients:

[Guidance for physicians: Medical Practice Coverage](#)

[Setting up Messages on a Physician Office Answering Machine](#)



*Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and specializes in Family Medicine, Emergency Medicine, and Care of the Elderly.*



## DocTalk 2021 - Volume 8 Issue 4

December 2021



By: Trevor Mather, SaskAbilities, and Caro Gareau, CPSS Communications

### Special Needs Equipment (SNE) for SK Patients: Clarification of requisition process for physicians

Special Needs Equipment (SNE) is one of the Saskatchewan Aids to Independent Living (SAIL) programs offered by the Ministry of Health. SaskAbilities operates the program under contract with the Ministry of Health. It is a loan program for access to environmental and mobility equipment for eligible patients in need.

The process for requisitions and referrals for special needs equipment can be somewhat unclear at times for patients and physicians. Recently, SaskAbilities staff have encountered an increasing volume of prescription pad requisitions for wheelchairs, walkers, etc. However, a simple prescription pad requisition or referral by a physician will not suffice, as physicians are not approved to sign most requisitions. This can lead to a great deal of patient frustration and back and forth between patients, physicians and providers, and will cause delays for the client in receiving the equipment.

It is important to understand that **special needs equipment can only be requisitioned by specific health care providers**, such as Psychiatrists, Occupational Therapists, Physical Therapists, and Home Care Nurses as approved by the Ministry of Health. This is because many items need to be set

up a certain way and patients must be assessed and fitted by a trained professional, and provided with appropriate information.

Physicians must therefore **refer their patient** to one of the aforementioned professionals.

The SaskAbilities has prepared some general information to assist physicians in better understanding the program requirements to make the referral process easier. You can find out more about accessing a special needs equipment loan through the [SNE Program Manual](#).

Below is a link to a printable checklist from the Ministry that outlines for physicians who can requisition each desired piece of equipment.

 [Special Needs Equipment Eligible Requisitioners Table](#)

Additional information on the program and special needs equipment available can be found in the online [Special Needs Equipment Manual](#).



December 2021



*By: Tonya Blakely, Director, Communications & Public Relations, CRNS*

## Introducing the College of Registered Nurses of Saskatchewan

For more than 100 years, the Saskatchewan Registered Nurses Association (SRNA) has served as the regulator and the association for Registered Nurses (RN) in the province. In 2019, the SRNA Council, after much research and deliberation, made the important decision to move to a single mandate in the spirit of refining regulatory excellence and protecting the public. They've now

officially transitioned to their new brand and are proud to reintroduce themselves as the **College of Registered Nurses of Saskatchewan (CRNS)**.

### **The Story Behind the Logo**

When the decision was finalized to create a new brand and name dedicated solely to regulation, they never could have predicted that the transition would be in the middle of a global pandemic. At no other time have RNs received so much recognition. Each and every thank you was a celebration of the standard of care and dedication of RNs. The hand-drawn Ns in the new logo are inspired by those thank you signs. They represent the diverse set of incredible humans that make up nursing in Saskatchewan, and the people they care for.

As the regulator, the CRNS is the bridge between the public and all RNs in Saskatchewan, and they are committed to fostering this relationship by embracing their role in upholding registered nursing standards while also connecting with their registrants with a human touch — this is present in the black 'R' and the underscore that makes up the front half of the logo.

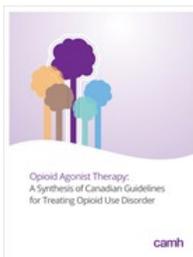
Together, the two parts create a unified, recognizable logo that, just like the CRNS, balances regulation and professionalism with humanity.

### **Moving Forward as the CRNS**

All registrants, partners and members of the public can continue to engage with the CRNS at [crns.ca](https://crns.ca) or follow their social media channels. They also remain accessible to answer all inquiries and questions by phone or email.

## **Practice Tools**

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Source: Nicole Bootsman,  
OATP Program

### **Canadian Opioid Use Disorder Guideline**

The Canadian Opioid Use Disorder Guideline, [Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#) is now available on the [CPSS website!](#)

Great collaborative work was done on this project to ensure safe standards of practice across the country! We are especially proud of the support provided by our own CPSS [Opioid Agonist Therapy Program](#) staff.

See the [CAMH website](#) for more details on the project.



### Infection Prevention and Control - Link Letter

See the latest [IPAC-SPIC Link Newsletter](#) for the latest updates on Infection Prevention.



*Information courtesy of RSFS*

### Health Accompagnateur Interpretation Services

Saskatchewan primary care providers and patients can call the [Réseau Santé en français de la Saskatchewan Health Accompagnateur Program](#) to obtain assistance for French-speaking patients! Trained *Health Accompagnateurs* act as the patient's guide to the health system and as an interpreter during consultations with various health providers: doctors, pharmacists, lab technicians, nurses, therapists, etc.



*Information courtesy of CCENDU*

### Stay updated on drug news in Saskatchewan and across Canada

Be sure to like the "CCENDU Saskatchewan" Facebook page.

The [Canadian Community Epidemiology Network on Drug Use](#) (CCENDU), is a nation-wide network of community partners that informs Canadians about emerging drug use trends and associated issues.



*Information courtesy of LINK*

### LINK Telephone Consultations - New Services Available

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care. New specialties included! [FIND OUT MORE](#)

# DocTalk



DOCTALK 2021 - Volume 8 Issue 4

## Compassion Fatigue

As the pandemic drags on and physicians remain at the front lines dealing with the disease and people it has affected, it seems timely to talk about the human cost of providing care.

Burnout results from our interactions with work. But **compassion fatigue** results from our interactions and relationships with the patients we provide care to and the colleagues we support. Providing patients with the amount of emotional support they need, witnessing the ravages of this disease on them, seeing their pain (and at times the pain we have to inflict during their care) and the emotional impact on their families, can begin to take a toll on us. When is the last time you had a conversation with a colleague that wasn't about COVID 19?

What does compassion fatigue look like?

- **Cognitive:** perfectionism, preoccupation with trauma, spacing out, self-doubt, intrusive thoughts
- **Emotional:** sadness, grief (for what we've lost and for what we've been through), anger, guilt, anxiety, irritability, dread
- **Behavioral:** sleep disturbance, nightmares, withdrawal, impatience, hypervigilance, decreased empathy, avoidance
- **Physical:** somatic complaints
- **Relational:** withdrawal, mistrust, overprotectiveness, loneliness
- **Spiritual:** loss of purpose/meaning, lack of satisfaction

What to do?

- 1) Understand the impact of our work on us – increase our self-awareness
- 2) Remember & reconnect with purpose
  - Set boundaries at work & at home
  - Refuel – time away from work, activities that connect us with joy
  - Self-care strategies:
    - **Physical** – eat, sleep, exercise, medical care for ourselves
    - **Emotional** – self-reflect, manage stress, reframing, faith
    - **Social** – connect with friends, family
    - **Workplace** – connect with trusted others, challenge old medical culture beliefs, advocate for a healthy work environment
    - **Permission to ask for help/support if we are struggling.**

**Are you experiencing clinical stress?** Measure and see using the [Index of Clinical Stress](#).

**Stress is inevitable. Struggling is optional.**

If you are a physician struggling with mental health concerns, please know there is a safe, confidential place for you to contact.

Call the [Physician Health Program](#) at the Saskatchewan Medical Association.



**Brenda Senger**  
Director  
306-657-4553  
[brenda.senger@sma.sk.ca](mailto:brenda.senger@sma.sk.ca)

**Jessica Richardson**  
Clinical Coordinator (Regina/South)  
306-657-4553 [jessica.richardson@sma.sk.ca](mailto:jessica.richardson@sma.sk.ca)



**Dr. John Froh awarded the Dr. Dennis A. Kendel Distinguished Service award for 2021! [DETAILS](#)**

The Dr. Dennis A. Kendel Distinguished Service Award is a prestigious award presented to an individual (or group of individuals) who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare.

**Didn't get your nomination in on time? [We are now accepting nominations for 2022!](#)**  
[For information on past recipients, click here.](#)

**Senior Life Designation**



*An award presented by the Council and the College*

**In recognition of 40 years  
of fully licensed practice of medicine  
in the Province of Saskatchewan**

*Thank you for your hard work and dedication in providing healthcare services  
for the citizens of Saskatchewan for 40 years or more!*

Senior Life Designation is awarded to physicians who have been licensed on a form of postgraduate licensure in Saskatchewan for a cumulative total of 40 years\*,

Senior Life designation is honorary only. It conveys no right to practise medicine in Saskatchewan, to hold office or to vote. A physician may concurrently hold Senior Life Designation and another form of licensure.

## **CONGRATULATIONS TO THE 2021 COHORT OF RECIPIENTS:**

**Dr. Edward Alport**  
**Dr. Douglas Roy Chernoff**  
**Dr. Kempe Singrigowda Gowda**  
**Dr. James Harris**  
**Dr. Jeffrey Hesselton**  
**Dr. Peter Kapusta**  
**Dr. Mahesh Khurana**  
**Dr. Ebenezer Korley**  
**Dr. Andrew Lacny**  
**Dr. Johnathan Lamb**

**Dr. Jill Matthews**  
**Dr. Rajnikant Patel**  
**Dr. Alphonsus Rajakumar**  
**Dr. Darcy Ready**  
**Dr. Alan Rosenberg**  
**Dr. Gordon Surkan**  
**Dr. Ramesh Tandon**  
**Dr. Florence Wardell**  
**Dr. Joel Yelland**

### **See below what they have accomplished!**



#### [Dr. Edward Alport](#)

Dr. Alport is a specialist in General Pathology with primary interest in Surgical Pathology, Transfusion Medicine and Administrative Medicine.

Originally – and still now - from Regina, he obtained his medical degree (1976) in Alberta, then completed his Internship (1976-77) at Toronto Wester Hospital. He attended the Mayo Graduate School of Medicine for Anatomic and Clinical Pathology (1976-1981), then completed a Masters in Pathology (1981) at the University Minnesota. That same year, he passed the examinations to be recognized a Diplomate of the American Board of Pathology.

After considering good options in the United States and the Okanagan, Dr. Alport returned to Regina because of family and friends and accepted a position as Staff Pathologist (1981-

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1985) at the Plains Health Centre. From 1986-1992, he was Director of Laboratories at the Pasqua Hospital, then moved on to become Medical Director, Laboratory Services at Regina Hospitals (1992 to 2020). He also served as Saskatchewan Medical Director for Canadian Blood Services (1985-2018), and as Chairman of the Medical Advisory Committee (1999-2000) for the Regina Qu'Appelle Health Region.

His recruitment of a wonderful bunch of laboratory physicians is a source of pride for him. *"I am fortunate to work with an extremely talented group of colleagues – all were at or near the top of their class. Collectively, they create a great work environment, work hard, share and show cases, teach and I believe truly enjoy work. I learn from them each and every day."*

Dr. Alport is proud of his contribution to the consolidation of the Regina Laboratory Service. This was a major undertaking as the Health Region transitioned from three hospitals with no Laboratory Information System (LIS) and a private laboratory service that did all outpatient work, to an integrated service. Over a few short years he and his colleagues built a team, worked with staff, private vendors, and unions to create a service that now provides laboratory services to over 6,000 patients per day (30,000 tests/day).

He also participated in the restructuring of the Canadian Blood Service. The blood service is one of the few medical services that is managed nationally rather than by provincial jurisdiction. Decisions are led by Head Office, but at a local level, Dr. Alport saw first-hand the consequences of HIV and HCV on the blood supply, lived through the Krever Inquiry, and saw the creation of "Canadian Blood Services". This included many improvements to the safety of the service and restoration of Canadians' confidence in the blood supply.

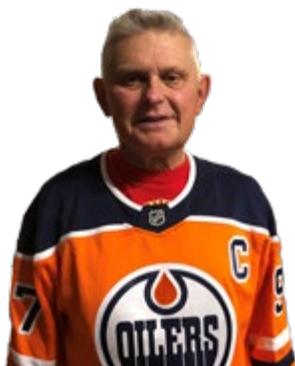
*"Every day, the Lab is directly or indirectly involved in the care of many interesting, heartwarming, and sometimes tragic, patient stories. But it is the personal stories involving physician colleagues or staff that are often the most memorable. My stories always start the same way – I was sitting in my CBS office minding my own business, discussing routine issues with the lab manager when suddenly she broke into tears as she held*

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*up a manila envelope. It was shortly after 9/11 and her dismay was more than justified - it contained "white powder". She indicated she likely knew where it came from, but we discussed options and I wisely decided this was not a medical issue. I bypassed local admin and called the Head of HR in Ottawa. She in turn, wisely, said this wasn't an HR issue, referred me to legal who in turn said this was not a legal issue but a crime that should be reported to police. They also said it was a local issue and that I should deal with it. I called the police service and talked to the Constable at the desk who was clearly more used to taking MVA reports - he said he would pass the message along. Next thing I knew, the Chief of the Police Service, Fire Department, the Bomb Squad and SWAT team were on site, our office was cordoned off as a crime scene, the building was in lock down, and no one could come or go or even leave their workstation. The full story is too long to recap so the only outcome I will leave you with is that I was neither the target nor perpetrator of what turned out to be a very ill-advised prank. For once, I had a legitimate excuse for being late for a hospital meeting!"*

Dr. Alport and his brother John (Family Practice) are third generation Regina physicians. His daughter, Brie (4<sup>th</sup> generation physician) is a practicing Radiologist in Saskatoon. Dr. Alport is married to Karen, his wife of 38 years and they now have three children (two married, 1 engaged), two grandchildren and over time have had three golden retrievers. They are fortunate that all have chosen to stay in Saskatchewan and are doing well. Katepwa Lake has been the focus of our both their leisure time and hobbies. His wife and two daughters were lifeguards and love water sports, his son loves to wakeboard and his passion was windsurfing. They all golf and have been actively involved in the development of the golf course and community. Both he and his son have served on the local district council.

*"As I start looking at retirement, I know it will focus on family, grandchildren, and finding some time for golf and travel."*



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## Dr. Douglas Roy Chernoff

Dr. Chernoff obtained his Medical Degree (1980) at the University of Saskatchewan. From there, he completed his internship (1981) at St. Paul's Hospital, and was certified with the Canadian College of Family Physicians (1999). His specialties include Family Medicine, care of the elderly in nursing homes, and Occupational Medicine.

Originally from Kamsack, Dr. Chernoff's heart was loyal to Saskatchewan. He first set up practice in Saskatoon in 1981, joining Drs. Guzik and Kusch in the Canada Building. In 1985, the practice moved to Pacific Avenue, where it operated for many years. Finally in 2008, Dr. Chernoff moved to Willowgrove Medical group to start up that clinic with Dr. R. Parker. He is proud of having offered a comprehensive family practice throughout his career, looking after multiple families from birth to death in the same family medicine practice in 3 different locations from 1981 to present.

*"There are too many stories to tell of looking after people of all ages, social strata, healthy and disabled, acutely and critically ill. Many patients keep telling me that I cannot retire until they die!"* he exclaims.

Dr. Chernoff's contribution was not limited to Family Practice. He also served as Head of the Saskatchewan Health Region Family Medicine Department (non-academic) for 20 rewarding years (2000-2020). Dr. Chernoff was also medical officer for the Workers' Compensation Board for a number of years and was elected to serve a term with the Council of the CPSS (2000-2003).

Some tidbits from his personal life are:

- He has been a member of St. Martin's United Church since 1964.
- He married Shannon Beckett in 1983 and has 3 children: one son is an MD in Australia, one son is a geologic engineer in BC, and his daughter is a chiropractor in Saskatoon. He and his wife also have two grandchildren in Australia!

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- He participated in multiple SMA curling and golfing tournaments.
  - He still enjoys golfing, walking and doing weights at the gym.
  - He is the proud owner of a cottage in Phoenix, Arizona (since 2010).
  - He finally bought his first sports car (2019) – a Lexus LC 500.
  - He still cheers for the Riders – “?Why??” he often wonders.
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### [Dr. Kempe S. Gowda](#)

Dr. Gowda graduated from Mysore Medical College, University of Mysore, Karnataka, India in 1974. He began his career as a lecturer in Pathology at the Mysore Medical College, where he taught for 4 years. After completing the Scottish Conjoint Board exam in Medicine (1980), he served as Registrar in the Infectious Disease and Geriatric Divisions at Ayreshire Central Hospital in Irvine, Scotland.

He moved to Kincaid, Saskatchewan, Canada, in 1982 to work as a family physician. From here, he joined the Internal Medicine Residency (1984), then completed training in Internal Medicine and Respiriology (1989). He started practicing Internal Medicine and Respiriology, and worked in tuberculosis medicine clinics and in Critical Care Medicine in Saskatoon.

Dr. Gowda is currently a member of the Department of Medicine, where he is Professor of Medicine and Head of the Division of General Internal Medicine. He is a Fellow of Royal College of Physicians and Surgeons of Canada, and a Fellow of American College of Physicians. He served on various administrative committees under the Department of Medicine in Saskatoon. Over the years, he has been presented with a number of awards for teaching undergraduate students and Fellows from the Department of Medicine and Medical School and has been involved in a number of Continuing Medical

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Education initiatives. His personal interests include participating in community activities and playing tennis.

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## [Dr. James Harris](#)

After completing a Bachelor of Arts in History (1973) followed by a Medical Degree (1980) at the University of Saskatchewan, Dr. Harris moved to the United States to complete a rotating internship at Hurley Medical Center in Flint, Michigan (1980-1981).

After a two-year period at the clinic in Kindersley, Dr. Harris moved back to his place of origin, Prince Albert, in 1983 where he practiced first at Humphries Clinic, then for many years, until 2020, at Crescent Heights Family Medical Center. Since then, he has been practicing at West Hill Clinic.

Dr. Harris was elected by physician colleagues as the first president of the Unified Medical Group (a pilot project currently running and sponsored by the Saskatchewan Medical Association, the Ministry of Health and the Health Quality Council). The project is aimed at finding innovative ways to deliver health care.

He is proud of having served two terms on the Board of the Saskatchewan Medical Association, and later representing the SMA in negotiations with the Ministry and a term as a member of the JMPRC. Today, Dr. Harris is one of four medical advisors to the Prince Albert Grand Council in a project to develop an aboriginal-based medical clinic in Prince Albert, which will use the Patient Medical Home model.

Reflecting on his career, Dr. Harris recounts; *"There have been many memorable incidents throughout my career, but what I have appreciated the most are the relationships I developed with the people I worked with, both physicians and non-physicians alike. In late 2020, I developed COVID-19 and was on a ventilator for a month and in hospital a further month. I will never forget the support my family and I received from those people as I miraculously made my way to a full recovery."*

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Dr. Harris has been married to his wife, Amy, since 1988. "I was proud to support my wife in her 33-year career as a restaurateur at "Amy's on Second." They have 3 children of whom they are equally proud, including their eldest daughter, who is a family physician in Saskatoon.

Since 2009, he has written and published 3 books which combine his interest in history and his passion for golf.

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### [Dr. Jeffrey Hesselson](#)

To view the physician profile for Dr. Hesselson, [click here](#).



### [Dr. Peter Kapusta](#)

A 1979 graduate of the University of Saskatchewan for his medical degree, Dr. Kapusta completed his certification in GP Anesthesia in 1981. Now a family practitioner and GP anesthetist, the Toronto native took a position as a Family Physician at the Meadow Lake Associate Clinic in Meadow Lake, SK, and practiced there until 2009. From 1998 to 2004, he served as Physician Surveyor for the Canadian Council on Health Services Accreditation located in Ottawa. He occupied the positions of Chief of Staff with the Prairie North Regional Health Authority (2000-2009); Assistant Professor, Department of Family Medicine, University of Saskatchewan (2010-2014), and Hospitalist at St. Paul's Hospital (2014-2020). Since 2020, he has been working as a Palliative Care Physician with the Saskatchewan Health Authority in Saskatoon.

Teaching has been an ongoing passion of his, and the recognition that he has contributed to the education of many bright minds is very rewarding to him. For this, he is proud of having received the PAIRS Excellence in Teaching Award 2009

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and the Dept. of Family Medicine Community Teacher of the Year Award 2016.

On receiving the Saskatchewan Physician of the Year Award 2012, he advances "It's nice to know that I have at least been doing some things right."

From 2015-2019, Dr. Kapusta made annual trips to Nepal to help the medical school in Kathmandu develop rural training sites and provide clinical teaching to medical students and mentoring to local preceptors. *"This was a challenging and extremely gratifying experience for me,"* he describes.

*"The time I remember most fondly was the farewell that I was given when I left Meadow Lake. The conclusion of my practice there was a major step in my career and one that I admittedly approached with not an insignificant amount of trepidation. What I remember most was the outpouring of thanks and the encouragement by the community. I was both deeply touched and very humbled by the entire experience. As physicians, I think we often don't realize the significant impact that we can have on peoples' lives. It has been such a privilege both professionally and personally to be able to enhance the well-being of others,"* he remembers fondly.

Dr. Kapusta is now in "semi-retired" mode as far as medical practice but has taken on the mantle of full-time grandpa to his four grandchildren. His children pursued medical careers; his son is a family physician in Swift Current and his daughter trained as an occupational therapist. His main hobby is woodworking and he especially enjoys making gifts for his grandkids. He and his wife spend their time hiking, snowshoeing, cycling, sailing, and flying.



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## [Dr. Mahesh Khurana](#)

To view the physician profile for Dr. Khurana, [click here](#).



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## [Dr. Ebenezer Korley](#)

To view the physician profile for Dr. Korley, [click here](#).



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## [Dr. Andrew Lacny](#)

Born and raised in Moose Jaw, Dr. Lacny completed 5 years of medical school at the University of Saskatchewan and a 1-year internship at Hurley Medical Centre, a Michigan State University affiliate, in Flint, Michigan. He returned from training in Michigan, became a general practitioner, and moved to Ile-a-la-Crosse, where he practiced for his very first year, with 2 classmates. The trio of brand-new doctors covered a northwest cluster of communities including Ile-a-la-Crosse, Buffalo Narrows, Patuanak, Beauval, Turner Lake and St Georges Hill. It was quite a start to his career as a GP.

On returning to Saskatoon a year later, and after completing a 6-month GP Anesthesia program, he was offered a position in the Anesthesia residency program. While waiting to start the residency program he found a temporary position at the new Mediacenter on 8th Street.

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Reflecting on his career since then, he shared the following:

*“Moonlighting” at the Medicenter, a novel concept of 7-day a week and after-hours urgent care, led to second thoughts and a career pivot back to generalist medicine. I assumed an ownership role, with 2 other classmates, of the newly branded Mediclinic in 1982. Over the next 8 years, until 1990, I worked at the Mediclinic as well as the Emergency Department of the Royal University Hospital. I continued to work at the Mediclinic for the next 31 years as it evolved into an Urgent Care and Family Medicine facility providing over 70,000 patient visits per year. I still work there today!*

*In the end, I suppose I am most proud of having been a good generalist. Being a good GP made me a good family doctor.*

*I have experienced a lifetime of special and thoughtful moments over the past 40 years in medicine - some happy, some sad, often rewarding, sometimes humbling – all cherished. They taught me much about life and myself. And always remind me why I became a physician. I hold them privately in my memories. I’m not a great storyteller.*

*My life outside work is something I have also held very privately. Without my white coat and stethoscope, I enjoyed flying below the radar as much as possible. I am blessed with a long marriage to my life partner and 3 children - 1 an engineer, and 2 who became physicians. I am extremely proud of them.*

*I am honored to be acknowledged with the designation of Senior Life Member by the College. At the same time, it gave me cause to stop and reflect – surprised at how fast 40 years have passed, and how privileged I have been to have attended and cared for so many patients over the years. After some time for thought and further reflection, I have decided it's now time to wind down my career in family practice. I look forward to life continuing to roll along pleasantly.*

*If I had to do it all again, I don’t think I would have changed very much.”*



## [Dr. Jonathan Lamb](#)

To view the physician profile for Dr. Lamb, [click here](#).



## [Dr. Jill Matthews](#)

To view the physician profile for Dr. Matthews, [click here](#).



## [Dr. Rajnikant Patel](#)

To view the physician profile for Dr. Patel, [click here](#).



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## Dr. Alphonsus Ruben J. Rajakumar

Dr. Rajakumar began his medical career in Sri Lanka in 1971 after obtaining his M.B.B.S at the University of Ceylon, Peradeniya. He practiced Internal Medicine and as a family physician in several Sri Lankan hospitals before moving to the United Kingdom in the late '70s to further his career and training. In 1981, he obtained Licentiate for both the Royal College of Physicians and Member to the Royal College of Surgeons in London, UK, and also became a licentiate of the Medical Council of Canada). From 1981 to 1987, he was in family practice in rural Saskatchewan, including in Esterhazy, Île-à-la-Crosse, and Watrous.

He obtained his fellowship certification in Family Medicine, Internal Medicine, and Cardiology, and became a member of various American and Canadian societies for Cardiology, Echocardiography and more.

After a residency from 1987-1990 in Internal Medicine and a fellowship in Cardiology at Royal University Hospital in Saskatoon, Dr. Rajakumar stayed on as a cardiologist and professor of Medicine at the College of Medicine, University of Saskatchewan, where he was also a Founding Director of the Canadian Heart Failure Clinic.

He was the recipient of 2 young investigator awards from the World Congress of International College of Angiology, in New York (1994), and Helsinki, Finland (1995). These early awards served to inspire him to pursue his passion for clinical research.

In 1992, he pioneered the use of Stress Echocardiography in Canada at the Royal University Hospital in Saskatoon for non-invasive assessment of coronary artery disease. This technique is now increasingly used for earlier diagnosis without radiation exposure and at less cost to the health care system.

He is proud of having contributed as a team member to the Human Myocardial Angiogenesis Gene Therapy (VEGF) phase 2 clinical trial at St. Michael's Hospital, University of Toronto.

*"This collaborative endeavor introduced me to cell, molecular and regenerative medicine. This field of medicine is increasingly*

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*prevalent in early diagnosis, precision and personalized medicine. The underlying concept is "Predict, Prevent and Personalize""*, he stated.

Since 2008, Dr. Rajakumar has served as Founder, CEO & Cardiologist at the Saskatchewan Heart Centre in Saskatoon. One of the enduring objectives of his Heart Centre is to improve the health outcomes for seniors in the province.

*"During my career my patients and their families have often moved me. Their expressions of appreciation through letters, phone calls or emails, when they or a family member has been helped as a result of my care, have truly humbled me and inspired me to keep doing the work I enjoy. Here is an example of one such comment from a family member:*

*"We know we could have lost him much earlier but instead we got 26 good years with Dad because of your diligent care. Never doubt your hard work is making a difference! .... Words can say so little when someone has done so much, but I thank you with all my heart."*

Dr. Rajakumar's family is very much involved in the medical profession. His wife, Gwen, is a family physician, and two of his three sons are also in the profession.

He also has several of his own personal projects which he has brought to fruition: *"Aside from my medical practice, though related to it, is my passion for promoting healthy communities through healthy diet. To this end, I purchased the 140-acre parcel of farmland adjacent to Haight Road in Saskatoon (to my family's horror as I do not have a farming background) and have been practicing sustainable farming, growing a market garden to produce fresh vegetables, fruits and field crops for urban food safety, security and affordability. I have to admit that being a farmer and a physician is quite challenging. However, I find the work very rewarding and fulfilling. I also find it very educational, as I am constantly learning about new techniques to ensure healthy crops, maintain soil biodiversity, reduce environmental footprint and provide opportunities for sustainable energy research (solar, wind, hydrogen, and biomass)."*

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He continues: *"I am the Founder, President & CEO, Saskatchewan Heart Centre Foundation, a Federally approved Charity (Incorporated 2007). I am also the Founder, Global Partners for Development and Human Needs (although currently Inactive). I recently ran in the federal election of 2021 as the Liberal Party of Canada candidate for the riding of Saskatoon West. It is my conviction that professionals have an important role to play in influencing public policy. Currently, I am promoting health care innovations to provincial, federal governments, academic institutions and Indigenous leaders to improve northern and rural health services in Saskatchewan and Ontario."*

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### [Dr. Darcy Ready](#)

To view the physician profile for Dr. Ready, [click here](#).



### [Dr. Alan Rosenberg](#)

Since 1981, Dr. Rosenberg has been a faculty member in the Department of Pediatrics at the University of Saskatchewan, where his specialty is in Pediatric Rheumatology. Originally from Saskatoon, he had completed a Bachelor of Science followed by a Medical Degree at the University of Saskatchewan. For postgraduate training, he attended the Universities of Toronto and Manitoba to complete a fellowship in Pediatrics, and then moved to the opposite end of the country to attend the University of British Columbia and complete a fellowship in Pediatric Rheumatology before heading back to his home province.

*"Pediatric rheumatology was a nascent subspecialty when I entered medical school and there were no pediatric rheumatologists in Canada when I graduated."*

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*Saskatchewan was one of the first three pediatric rheumatology programs in Canada."*

Dr. Rosenberg is proud of his contributions to the Pediatric Rheumatic Disease Research and Innovation Laboratory. The laboratory was established at the University of Saskatchewan in 1981 and has been conducting research continuously since that time. It is now believed to be the oldest, continuously operating pediatric rheumatology research laboratory.

*"I first met my wife, a medical school classmate, while dissecting a cadaver. It was very romantic!" he recalls cheerily.*

*"Our two children are living and thriving in California. My wife and I live in a rural setting in Casa Rio, Saskatchewan, and I enjoy assisting my wife, now retired from medicine and a magnificent gardener, in maintaining our property."*

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## [Dr. Gordon Surkan](#)

After obtaining his medical degree (1980) from the University of Saskatchewan and a Family Medicine internship at St. Paul's Hospital in Saskatoon, Dr. Surkan joined Associate Medical Clinic in his home town of Prince Albert, Saskatchewan, a practice he still owns today.

An Associate Professor of Medicine, he is also still teaching with the College of Medicine at the University of Saskatchewan.

Dr. Surkan has served on numerous hospital committees over his career. In particular, he is proud of his contribution as President of the Holy Family Hospital and the Victoria Junior Hospital medical staff during the 1980's, as he helped amalgamate the medical staffs of both hospitals.

He also served as president of the Prince Albert Medical Society (1985).

*"Some of my most fond memories include being in the coffee room with many of my colleagues and mentors and listening to them as they shared stories and theories*

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*while expounding upon their philosophies of medical practice and life in general," he recalls. "In particular, Dr. David Will, Dr. Danny McFadden, Dr. Wayne Chappell, Dr. Raymond Zaiden, Dr. Wolan and Dr. Ty (If you are swollen, see Wolan, if you can't pee, see Ty), and of course the years I spent working with my father, Dr. Metro Surkan. Although the settings were often informal, the learning was always invaluable."*

The most important thing to Dr. Surkan outside of his work is his family. He is the proud father of two nurses and one engineer, and has two adorable grandchildren. He has recently married and had added a stepson and many other new family members to his life. He has also been a provincial soccer championship winning coach with the Prince Albert Celtic Soccer Club, a longtime member and Past President of the Prince Albert City Band, and Past President of the Prince Albert City Ski Club, where he was also instrumental in developing the 7.5KM lit cross country ski trails in the Little Red River Park. Travel, fitness and maintaining a healthy lifestyle are some of the priorities in his life.



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## [Dr. Ramesh Tandon](#)

Dr. Tandon obtained his MBBS (1966) from Sarojini Naidu Medical College (SNMC) in Agra, India, followed by a Master of Surgery. He has also completed the London Regional Cancer Program (LRCP) and is a member of the Royal Colleges of Surgeons of Great Britain (MRCS) and a Licentiate of the Medical Council of Canada.

After a Rotating Internship in India, he trained at Warwickshire Hospital in Coventry, England, where he completed vocation training in Family Practice and as a General Practitioner.

He moved to Canada to practice for 15 years as a Family Physician at Blaine Lake Medical Clinic in Saskatchewan. He is proud of having done family practice in a rural area for many years, and of the appreciation manifested by the local community.

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Since July 1981, he has practiced at Westend Medical Clinic in Saskatoon, and since 2008, has also added the Saskatoon Correctional Centre to his practice. He still practices at both today.

*According to Dr. Tandon, "Life has been good. I have two children, both of whom are physicians. One is in Edmonton, and the other is in Saskatoon. I enjoy spending time with my grandchildren."*

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## [Dr. Florence Wardell](#)

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## [Dr. Joel Yelland](#)

A young man hailing from Porcupine Plain, Saskatchewan, Dr. Yelland first attended the University in Regina in pre-medicine before moving to Saskatoon to complete a Medical Degree (1980) at the University of Saskatchewan, where he continued his training with residencies in Family Medicine and Anaesthesia.

For the first 19 years, from 1983 to 2001, he practised Family Medicine in an extended hour/ walk in/minor emergency clinic setting where he was Partner and President, then in Family Practice (2001-2007), with Drs. Chernoff, Krusch and Parker. Subsequently, he focused on providing medical care for seniors, special needs patients. He has also provided long term care since his early career until today.

Dr. Yelland enjoyed the opportunity to participate in varied levels of medical leadership. These have included Medical Associations and Administrative roles.

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While a resident member, he served as Vice President and President of PAIRS (Professional Organization of Interns and Residents of Saskatchewan), where he also assumed the role of Member of the Negotiations Committee for PAIRS. In addition, he was the Saskatchewan representative to CAIR (Canadian Association of Interns and Residents.)

As a medical alumnus, he has had the honour of serving in roles which included President of The Saskatchewan College of Medicine Alumni Association and representative to University of Saskatchewan Alumni Association.

As a practising physician, he has served on the Saskatchewan Medical Association (SMA) Representative Forum for over 30 years and was also elected as a member of the Board of Directors of the Saskatchewan Medical Association including term as president (2003-2004).

He was a member of the Board of Directors of the Saskatoon Regional Medical Association (including two terms as President) and served on the Board of Directors of the Canadian Medical Association (CMA) (2005-2011), where he was a member of the Executive Committee (2006-2007), Vice Chair of the Board (2009-2011), and a member of the CMA Resolutions Committee (2011 to 2017).

But, of all his career achievements, he is most proud of having had the opportunity to advocate for:

- 1- Better Medical Care for Patients.
- 2- Better Support for the physicians that provide that care.
- 3- Better Support and Improvement in our Health Care Delivery System.

On this topic, he retains fondly a most germane memory to what is happening currently within Health Care Delivery:

*"Dr. Briane Scharfstein was a great mentor to many of us. He provided wisdom, sage advise, honesty and open approach to resolving issues. Part of our work at that time included building better functions as a team; building*

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*better skill sets and leadership; and building trust and opportunities for meaningful relationships.*

*We were dealing with a difficult issue. One comment Briane made and highlighted was "sometimes it only takes one voice." The example that he cited was where a complete change in direction occurred after a different and initially dissenting opinion was expressed.*

*The end result was an improved approach and agreement.*

**One voice can make a difference.  
The dialogue and discussion that arises from this can make a difference.**

*I learned it is important to speak out on difficult issues.*

**One voice can lead to changes in our collective voice.**

*As professional organizations we must seriously use today's opportunity to advocate for better medical care for patients; better support for our physician colleagues that provide that care; and better support and improvement in our health care system."*

Outside of work, he and his wife, Carol look forward to their ongoing involvement with their families' lives. They have three children and two grand children. They love to travel, do outdoor activities and meet with family and friends.

*"Thank you for this honour of being awarded SENIOR LIFE DESIGNATION."*

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