



Dr. Rakesh Patel at the peak of Mount Kilimanjaro September 2009

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Critical Care Connections

MESSAGE FROM THE PROGRAM DIRECTOR

The uniqueness of the Adult Critical Care Program at the University of Ottawa lies in our people and core principles. We value learners who care about what they do and we cherish our collegiality as a multi-disciplinary group. We strive to act as a horizontal hierarchy. Collectively, we provide health care to critically ill patients and their families, often under quite emotionally charged circumstances.

We are justifiably proud of our training Program. We certainly don't want to become stagnant or complacent so we constantly strive to improve via innovation and collaboration, particularly with input from our graduates and current learners. If our Program appeals to you and your ambitions, we invite you to come to Ottawa for an ICU elective. You'll get a closer look at who we are and what we are aiming to achieve.

Hope to see you soon!

Rakesh Patel, MD

CONGRATULATIONS TO OUR 2010 GRADUATES!



Ari Bay is on staff in the Department of Critical Care at Rouge Valley Hospital in Toronto



Loree Boyle is on staff in the Department of Medicine at the Ottawa Hospital



Shane English is a Clinical Scholar in the Department of Critical Care at the Ottawa Hospital



Dennis Kim is expanding his training in Critical Care and Trauma in San Diego



Kwadwo Kyeremanteng is on staff in the Department of Critical Care at Quinte Health Care and in Palliative Care at the Ottawa Hospital

THE YEAR IN REVIEW

- We had a busy and productive year, beginning with the preparation for and successful Accreditation review from the Royal College of Physicians and Surgeons of Canada. We received full accreditation which re-affirms our standing as a premier training centre for adult critical care medicine in Canada.
- Our program website underwent a significant re-development. Our goal is to build a Program legacy, sharing our collective knowledge with ongoing contributions from all graduates and intensivists to help us continue our evolution as clinicians and to ensure we continue to provide the highest quality care our patients deserve.
- Last year we introduced our residents to the very popular Surgical Skills Lab where they were able to learn and practice procedures that are infrequently taught but clearly important for the intensivists. One of our recent graduates, Dr Dennis Kim, was the driving force behind this and it demonstrates the range of opportunities and support our Program can afford our residents for innovation in medical education.
- We began a cardiac echo pilot project utilizing hands-on experience with the Echo technologists and use of the cardiac echo simulator (*in the new state-of-the-art Simulation Centre*) with overview from our cardiologist colleagues. We are aiming to provide this elective on a more permanent basis
- Two of our recent graduates, Mike Hartwick and John Macdonald have created two workshops designed to build a foundation of communication skills vital for intensivists. We've already used the workshops within our academic half-day program and more initiatives are in the planning stages as part of an ongoing medical education research project.
- Our annual Research Day was a great success once again, showcasing the interesting and innovative research being done by our residents. Attendance at this event is growing every year.
- With the assistance of Dr. Pierre Cardinal and the team at the CRI Critical Care Education Network we held our first Simucase Exam. We also introduced a new project whereby the critical care residents will be developing the cases on which the simulations are based.
- We introduced a short-answer question (SAQ) exam, taken by all residents, on a quarterly basis, to provide them with a sense of their progress and to enhance their examsmanship for the Royal College exam in critical care medicine. All solutions and references are provided so that our residents can continue to build their knowledge foundation and reference libraries.

THE ACADEMIC YEAR AHEAD

- The Critical Care website will continue to expand. We are now uploading many presentations from teaching sessions, journal clubs, invited speakers and the like, for use at anytime, via password protection. Our goal is to utilize the website to bring as much evidence to the bedside, in real time to enhance our collective clinical decision-making.
- The Cardiac Echo block will continue to develop, expanding our ultrasound learning initiatives into 2011-12 and beyond.
- The Simucase exams will become a regular feature in our program, running 2 to 3 times a year.
- In collaboration with Awad Al Omari we will be developing an orientation guide for foreign medical residents to assist with their integration into the Canadian medical system.
- We have introduced a Literature appraisal/Evidence Based Medicine elective. The goal is to ensure our residents are well-grounded in this important skill set that will enable them to remain life-long learners and become more adept at practicing evidence-based medicine. Our aim is to make this a recurring monthly education initiative beginning in January of 2011 that will be attended by all of our residents.
- We are aiming to introduce formative bedside clinical exams for our residents. One resident and Intensivist will go through a case that is unknown to the resident to ensure that our residents are able to generate and implement a patient-specific care plan for undifferentiated patients from the moment they are encountered

FACULTY SPOTLIGHT



Pierre Cardinal

Dr. Pierre Cardinal graduated from Medical School, University of Ottawa, in 1982, and continued with his residency training in Internal Medicine from 1982 to 1987. Dr. Cardinal then completed his Fellowship in Respiratory Medicine at the University of Manitoba in Winnipeg in 1989, and later his Masters in Epidemiology at McGill University in Montreal (1996-1999). He is a Fellow of the Royal College of Physicians and Surgeons of Canada, Internal Medicine (1987).

Dr. Cardinal joined the University of Ottawa in 1989 and is presently an Associate Professor of Medicine in the Division of Critical Care. He was Director of the ICU at the Ottawa General Hospital from 1992-1997. He was Director of Medical Education at the Ottawa General Hospital from 1997 to 2006 and Program Director of Critical Care Medicine at the University of Ottawa from 2000 to 2005. Dr Cardinal also served as Acting Chief, Department of Critical Care Medicine, The Ottawa Hospital in 2004-2005. He was a Faculty Member of the Canadian Collaborative Group for Quality Control and Safety in ICU from 2003 to 2007. He was the Founding President and Executive Director of CRI Critical Education Network, a not-for-profit organization. CRI goals are to improve patient safety through educational and systemic interventions. CRI was recently acquired by the Royal College of Physicians and Surgeons of Canada. Dr Cardinal continues his role with CRI/RCPSC as a Senior Clinical Scholar responsible for the development of educational and clinical interventions aimed at improving patient safety.

Dr. Cardinal is a dedicated educator and has received numerous awards, particularly for his contribution to Medical Education at the Ottawa Hospital and the University of Ottawa.



Lauralyn McIntyre

Dr. McIntyre is an intensivist and clinical epidemiologist at the Ottawa Hospital. She is a Scientist with the Clinical Epidemiology Program at the Ottawa Hospital Research Institute, an Assistant Professor in the Department of Medicine, and holds a Cross Appointment with the Department of Epidemiology and Community Medicine at the University of Ottawa. She is also the Chair of Critical Care Research at the Ottawa Hospital. Dr. McIntyre conducts and collaborates on research that is led locally, nationally, and internationally. She also provides research mentorship for residents and Critical Care fellows.

Dr. McIntyre has 36 peer reviewed publications and over 7 million dollars in peer reviewed funding. Her research program and primary interests focus on resuscitation and transfusion in the critically ill. She has conducted observational studies, surveys, meta-analyses and clinical trials to examine resuscitation fluids, red blood cells, and fresh frozen plasma in septic shock and the critically ill. Dr. McIntyre and her team are now preparing to conduct a fluid resuscitation trial in early septic shock comparing 5% albumin versus normal saline that is international in scope and powered for 90 day death (PRECISE) to answer a basic yet fundamental question fluid resuscitation question.



David Neilipovitz

Dr. David Neilipovitz graduated from the School of Medicine at Queen's University in 1994. He went on to complete his Anesthesiology training at the University of Ottawa in 1999 followed by Adult Critical Care Medicine training in 2001. He joined the medical staff full-time at the Ottawa Hospital in the Departments of Anesthesiology and Critical Care in 2001. He is an Associate Professor at the University of Ottawa and a Fellow of the Royal College of Physicians and Surgeons. He completed a fellowship in Echocardiography in 2006.

Dr. Neilipovitz developed the ACES program as his scholarly project during his critical care residency. He was one of several founding members of the Canadian Resuscitation Institute (CRI); a non-profit organization dedicated to the education of health care professionals and the improvement of patient care. CRI, under the guidance of Dr Pierre Cardinal, offers the ACES Course throughout Canada and internationally. The course has helped set the standard for medical simulation education in Canada.

Aside from continued participation in the annual National ACES Course, Dr. Neilipovitz is actively involved in research. He presently has several studies assessing the role of perioperative statin use and the role of plasma in emergency situations.

Dr. Neilipovitz has recently been appointed Chief, Department of Critical care at the Ottawa Hospital and begins his tenure in January 2011.

REMINISCING: THE UNIVERSITY OF OTTAWA CRITICAL CARE TRAINING PROGRAM



Rick Hodder (circa 1989)

I well remember the day in 1989 when a brash young medical resident suggested that we apply to be one of then newly designated Critical Care training programs in Canada. That brash young medical resident was none other than Paul Hébert, who became our first Critical Care trainee later that year.

Gratifyingly, both Paul and the program have gone on to achieve considerable successes over the intervening years

Just prior to 1989, there had been a quasi manpower needs assessment for Critical Care medicine in Canada and a need for formal Critical Care training for “intensivists” had been identified. Up until that time, physicians who practiced Critical Care medicine in Canada, were mostly anesthesiologists, some internists and some surgeons, who came to it from a love of the practice, but without formal training. Indeed, at the Civic Hospital, the first Critical Care director was Dr. Ruaraidh McIntyre, a former family physician turned anaesthesiologist. When I joined the staff of the Ottawa Civic Hospital in 1982, I began attending in the ICU along with colleagues, Ruaraidh, respirologists Peter McLeod and Robert Rivington and general surgeon Jim Watters. An internist named Aras Balsys ran the ICU at the Ottawa General Hospital at that time, but he left in 1983 to be replaced by the still intrepid Gwynne Jones.

In order to help facilitate the creation of the new Critical Care medicine subspecialty, the RCPSC created what was then known as an “accreditation without certification” (AWC) training program and offered it to several universities across Canada including the University of Ottawa. I was selected as the first Program Director and Paul became our first trainee. The program was accredited by the RCPSC and residents who successfully completed the two year program were recognized by the College as being Critical Care specialists, but there was no formal Canadian certification examination.

At that time, the concept of Critical Care medicine as a stand-alone subspecialty was just gaining momentum and the number of applicants to train in these AWC programs in Canada was rather small. This made for interesting annual discussions and even competitions amongst various university programs, as we each sought to attract the best of a relatively small number of interested individuals to join our separate programs. Although the official RCPSC Program was two years in duration, in order to keep the programs active with trainees, we often found ourselves offering one year of Critical Care exposure to individuals who would be primarily employed in their base specialties.

In those early days, Critical Care research expertise was just evolving in Canada and it is gratifying that Paul Hébert, our first trainee, has been a leader in this regard.

In 2005, Critical Care training in Canada moved from the original AWC status to a fully certified subspecialty with its own final certification examination. I was honoured to be elected the first chief examiner for Critical Care for Canada and to help the Royal College initiate its first certification examination in 2006. The nature of Critical Care trainees has evolved over the years and it is very exciting to see intensivists who are also trained in other branches of medicine such as pharmacology, endocrinology,

infectious disease, palliative care and neurosciences practising intensive care.

I remained as program director from 1989 to 1999 during which time our program evolved in its scope, its resources, and structure. When Pierre Cardinal assumed the reigns of program director in 1999, our training program underwent an exponential improvement due to his dedication and time commitment with the trainees. In my view, Pierre set the standard for a committed and inspirational program director. Under his leadership, the program grew to become what it is today and his efforts are in large part responsible for our current success. In 2006, Pierre stepped down as program director to begin developing the now world-famous Canadian Resuscitation Institute (CRI), and I experienced an almost grandfatherly pride to see one of our former trainees, Rakesh Patel, assume the role of program director. Rakesh continues to lead our program to new heights today.

We have been privileged to educate and work with an amazing group of trainee physicians who were interested in Critical Care and who came from diverse backgrounds. As you can see from the table, the number of Critical Care trainees is increasing, which I believe is clear evidence that by virtue of its excellence, which includes not only our teaching staff, but all members of the Critical Care team at both campuses, our training program has become one of the most popular ones in Canada. No doubt, some of you will recognize many of these folks. We have learned a lot from our trainees along the way, for example, Paul Goobie now working as a surgeon in New Brunswick, reminded us that “peripheral edema never killed anyone”; Peter Wilkes is still trying to teach us acid-base analysis from the perspective of strong ion difference; Andrew Seely teaches us that complex systems are really complex; Hilary Meggison regularly reminds us that hormones rule and Dave Neilipovitz, the originator of the ACES (Acute Critical Events Simulation) course, has proven that even someone from Thunder Bay can make it in the big city.

It has been a real privilege to be involved with Critical Care in Ottawa and to see its evolution into a stand-alone subspecialty peopled by talented and dedicated practitioners who have so much to teach and to give. Anyone who has been blessed to work in our Critical Care units, will appreciate the excellent clinical care and intellectual stimulation that results from being associated with a training program with so many high quality individuals.

It has also been very gratifying to see some of our trainees go on to become staff members in our own intensive care units. Indeed, it is a privilege to be able to learn from the likes of Paul Hébert, Bryan Garber, Peter Wilkes, Dave Neilipovitz, John Kim, Bernie McDonald, Andrew Seely, Jon Hooper, Sherissa Microys, Hilary Meggison, Rakesh Patel, John Macdonald, Joseph Po, Scott Millington, Mike Hartwick and Shane English. These folks, along with our other colleagues, represent the future of Critical Care in Ottawa, and clearly, the future is in very good hands! So while it is humbling to look back on the last 21 years of our Critical Care program, it is even better to look through the crystal ball and to anticipate even greater achievements yet to come.

Richard V. Hodder, MD, FRCPC

RESIDENTS/FELLOWS 1989 TO PRESENT:

1989 to 1991 Paul Hébert Ottawa	2002 to 2004 Mohammed Al Sultan Saudi Arabia Gaëtan Michaud Boston, MA Sherissa Microys Ottawa Ahmad Ashrafi USA Hilary Meggison Ottawa Rakesh Patel Ottawa	2007 to 2009 Abdulsalam Alaithan Saudi Arabia Othman Solaiman Saudi Arabia Scott Millington Switzerland Mike Hartwick Ottawa Dalibor Kubelik Ottawa Francois Thiboutot Quebec City Ying Sia Montreal Ariel Bay Toronto
1990 to 1992 Jon Hooper Ottawa		
1993 Heather O'Brien Sault Ste. Marie		
1992 to 1994 Ann Rogers Norfolk, VA Chris Wherrett Ottawa	2003 to 2004 Rasheed Al Hubail Saudi Arabia	
1994 to 1996 Bryan Garber Ottawa Peter Wilkes Ottawa	2003 to 2005 Zohair Al Aseri Saudi Arabia Ali Al Shareef Saudi Arabia	2008 to 2010 Loree Boyle Ottawa Kwadwo Kyeremanteng Belleville Shane English Ottawa Dennis Km San Diego
1997 Paul Goobie Moncton	2004 to 2005 Peter Moliner Sherbrooke	
1998 to 2000 Ray Kao London John Kim Ottawa Russ Gowan Sydney, NS Eric Neidert Ottawa	2004 to 2006 Ghiath Al Saied Toronto Alexis Turgeon Quebec City Tom Psarras Belleville Derek Gunning New Westminster	2010 to 2011 Awad Al Omari In-training Gianni D'Egidio In-training Shawn Hicks In-training Tom Low In-training Akshai Iyengar In-training
1999 to 2001 Dave Neilipovitz Ottawa Khalid Maghrabi Saudi Arabia Ella Rokosh Edmonton	2005 to 2006 Jordan Caveno Calgary Khalid Makki Saudi Arabia	2010 to 2012 Ali Albshabshe In-training Erin Rosenberg In-training Chuck Yegappan In-training
2000 to 2002 Medhat Bukhari Saudi Arabia Bruno Rocca Kelowna Qasim Alikhan Ottawa Mohammed Al Qatari Saudi Arabia Bernard McDonald Ottawa Adel Taha UAE	2005 to 2007 Patrick Archambault Ste. Romauld Ayman Kharaba Saudi Arabia John Macdonald Ottawa Joseph Po Ottawa	2011 TO 2013 Aimee Sarti Vance Beck Andy Pan Amanda Roze des Ordon Luke Terrett
2001 to 2003 Sonia Langlais Australia Andrew Seely Ottawa	2006 to 2008 Mary Catherine Kerr Sudbury Jacinthe Lampron Sudbury	
	2007 to 2008 Leila Al Jaroudi Saudi Arabia	

WHERE ARE THEY NOW?



Mohammed Al Sultan

Although years have passed since I finished my residency in Emergency Medicine and, later, fellowship in Critical Care Medicine at the University of Ottawa, the whole experience does not seem that distant as I relive it every day in King Abdulaziz Medical City (KAMC) ICU and ER. With each shift, I grow more grateful for having the chance to receive such high caliber medical training, a training that aides me in my quest to provide the best healthcare for critical patients of all ages.

It is the same well-constructed training that triggered my interest in Medical Education. Eager to create the chance to receive similar prestigious training locally, I worked with my colleagues in KAMC ER to establish the first local residency training program in Emergency Medicine based on RCPC high standards. I had the honor to be the first director of this newly inaugurated program. I found myself a trainer not long after I was a trainee, but thanks to my rich post-graduate experience, I was well-prepared to shoulder the responsibility.

Aspiring to solidify my knowledge in the field of Medical Education, I chose to pursue a Masters Degree in Medical Education at King Saud bin Abdulaziz University for Health Sciences (KSAU-HS). Following the completion of my studies, I started seeking further education in this field and joined Erasmus University PhD Program in Medical Education. Hopefully, soon I will be presenting my thesis and win my PhD that would surely aid me further in supporting the overall Saudi medical education system.

With the expansion that KSAU-HS is witnessing now, I find myself honored to contribute to the growth of this promising university. Thanks to my previous experience and knowledge, I am confident in my ability to perform the assigned duty in the best way possible; whether as an assistant professor teaching undergraduate medical students or an administrative figure heading its scholarship program and, recently, the Deanship of Admission and Registration.

Following the success of the local Emergency Medicine residency program that awarded us with a competent generation of locally trained Saudi ER doctors, I was motivated to start working on the first local residency training program in Critical Care Medicine. Now that the design of this program is

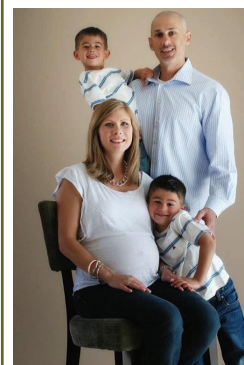
in its latest stages and ready to be presented to higher authority, I cannot wait to make it a success as its predecessor.

In the end, being recognized as *Fellow of the Royal College of Physicians and Surgeons of Canada* was only a stepping-stone for something greater in my professional life that, yet, keeps unfolding. As I look at my children now, I feel content that I have contributed with my knowledge, skills and even passion to secure a better health services for them, as well as for all Saudi citizens relying on our healthcare sector to be there for them in time of need.

Mohammed Al Sultan, MBBS, FRCPC(EM, CCM), MsMED



Abdullah, Zead, Rayan, Haitham



Annick, Joshua, Bruno, James

My wife Annick and I moved to Kelowna, British Columbia, shortly after completing my Critical Care fellowship. It was a great decision to move to BC, we love it here.

I am working at the Kelowna General Hospital, a tertiary care hospital which provides all services. I am the Chief of the Department of Anesthesia and currently working on the development of a cardiac surgical program.

My time in Ottawa was very memorable especially during my Critical Care year. The training I received has served me well in my career and I will never forget the laughter and jokes we shared. I realize how well I was treated during my time in the ICU and talk about it fondly with people out here.

Annick and I have three children James 4-1/2, Joshua 3, and Ella 2 months.

Bruno Rocca, MD, FRCPC