

# THE MUSE



## The HHS Medical Staff Association Newsletter

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## A MESSAGE FROM THE PRESIDENT



Dr Chris Ricci at the Annual MSA Dinner and Awards in June 2015

It's that time of year to welcome everyone back from Holiday and wish everyone a Happy New Year! On behalf of the Medical Staff Association, I would like to welcome all New staff who have joined us this year. We extend a warm welcome! We have enclosed a list of our new colleagues across all disciplines (see page 9). Please join me and welcome them. (If we missed anyone on the list, we will include them in the next issue)

**The MSA General Business Meeting and Art Show** is on Thursday, January 28 at the Sheraton Hotel starting at 5:30 pm. It's a special evening. Dr. Tom Ryan will address the meeting this year with a humorous look at our past, present and future.

We lost Dr. Dan Dwyer this year, the ex-chief of medicine and an extraordinary man. He was very close to Dr. Ryan and of course we will remember Dan through the eyes of his colleague. Tom is one of the most gifted speakers on our planet, with an ability to bring insight and joy to all.

The evening is meant for us to enjoy each other's company, share our past experiences and help us look forward to the new year.

Just a reminder, It has been a busy year. We owe a debt of thanks to Dr. John Mernagh for his extraordinary work during his past term as Medical Staff President. John helped us through the Physician Partnership Initiative and was a tireless advocate on behalf of the individual physician. Please join me in expressing our thanks.

Where does that leave us?

**Engagement and The Physician Hospital Partnership.** The My Voice Matter survey is behind us now. This was followed by the Physician Hospital Partnership focus groups and a World Café. We heard from across all specialties. (We will circulate the focus group comments in a while.)

What did we learn? The areas of concern are many and there is a lot of work to do.

What did the participants ask for? An integral role in management, transparency, communication and dialogue on all decisions that affect their practice.

The participants learned that there is no contract, but a dialogue on what physicians and administrators would need to do, to make our hospital and professional lives thrive.

The PHP committee learned that the process has started, and we will give it the time it needs. It's a good start.

**For the new year, 2016,** I would like to remind all, that we continue to work on the areas of concern which include Hospital Engagement, Physician-Hospital Representation, (We are your voice at the Board and at the Medical Advisory Committee) and Advocacy. We are also looking for the Next Generation of Physicians to join us on the Medical Staff Association. Change is Constant and it is fun to be a part of it.

Wishing you the best for the New Year and see you at the Winter GBM on January 28, at the Sheraton.

Your MSA Executive Committee  
Dr Chris Ricci, President  
Dr Dereck Hunt, Vice President  
Dr Paul Missiuna, Secretary-Treasurer  
Dr John Mernagh, Past President  
Members at large: Dr Irene Cybulski, Dr Frank Baillie,  
Dr Danielle Charbonneau, Dr Bruce Korman,  
Dr Mehran Midia, Dr Paul Miller  
Administrative Assistant: Catharine Griffin

## Greetings to the Hamilton Health Sciences Medical Staff Association

### From Dr. John Kelton



Dr John G Kelton

McMaster University's Faculty of Health Sciences has a lot in common with the Medical Staff Association (MSA), besides the fact that many Faculty members, including me, are also members of the association.

In particular, I appreciate the MSA's mandate, "*Our Patients Come First*," and its dedication to advocating for patients and patient safety. This has been an important focus of health sciences education

at McMaster since the start of the Michael G. DeGroote School of Medicine in the 1960's, when we fundamentally challenged the way physicians are taught by emphasizing patient problems rather than medical situations, and putting the patient at the centre of all learning and care.

Since then, that mantra has driven the curriculum development for all of our programs. We are unique in Canada as a Faculty that trains physicians, nurses, physiotherapists, occupational therapists, physician assistants and midwives to work together as part of effective health care teams.

I am also impressed that the MSA showcases the artistic talents of your members. Whether it is performing in the MSA's jazz band or participating in the members' annual art show, being well-rounded in life makes us more effective doctors in our interactions with patients. This is important learning that we stress with students of the Michael G. DeGroote School of Medicine: In fact, every year we take the second year class to the McMichael Canadian Art Collection to make just that point.

I would like to take this opportunity to congratulate this year's MSA award winners, who all hold faculty positions.

The 2015 MSA President's Award for Distinguished Service has gone to long-time and high profile professors Dr. Ronald Barr of pediatrics and Dr. Irwin Walker of medicine, as well as Dr. Michael Greenspan, an assistant clinical professor who has previously taken the Faculty's Sibley Award for excellence in education.

Dr. Robert J. Hutchison, winner of the MSA Humanitarian Award for Community and Global Service, is an assistant clinical professor of obstetrics and gynecology, a department well known for its international outreach.

The Dr. Stephen Garnett Distinction Award winner is Dr. Madan R. Roy, assistant professor and head of general pediatrics, the largest division of that department. He is an active teacher and well known for building partnerships between the hospital and community.

I count all five of these winners as longtime personal friends, and know the awards are well deserved.

I would also like to commend the 11 outstanding residents of the year, who are making the best of their time at the Michael G. DeGroote School of Medicine and our academic hospital partners.

We are pleased to support the work of the Hamilton Health Sciences Medical Staff Association. On behalf of the Faculty, I wish you all continuing success.

#### **John G. Kelton, MD**

Dean and Vice-President, Faculty of Health Sciences  
Dean, Michael G. DeGroote School of Medicine

*The MSA Executive Team proudly announces.....*

**The MSA Annual Charitable Donation for 2016**

**\$7,500.00**

*in support of Syrian newcomers to Hamilton*  
will be donated on your behalf to

**Refuge: Hamilton Centre for Newcomer Health**

<http://www.newcomerhealth.ca/>

**Medical Staff Volunteers at Refuge:**

**Chair, Board of Directors: Dr. David Chan**

**Executive Director: Terri Bedminster**

Alain-Remi Lajeunesse (Physician)

Hodan Ali (Nurse Practitioner)

Andrea Hunter (Pediatrician)

Javier Ganame (Cardiologist)

Bera Garcia (Registered Nurse)

Lois Campbell (Registered Nurse)

Brianna Wilson (Physician)

Maureen O'Malley (Dermatologist)

Carmen Cuming (Mental Health Support)

Mike West (Physician)

Christian Kraeker (Internal Medicine)

Mohamed Khaled (Medical Director)

Claire Kenny-Scherber - Honorary

Natty Hunt (Registered Nurse)

Diana Ahmed (Physician)

Nadia Hajir-Amiri (Registered Nurse)

Elisabeth Canisius (Pediatrician)

Rachel Erstling (Psychiatrist)

Abubaker Khalifa (Internal Medicine Resident)

Shelley Sender (Physician)

Erica Roebbelen (Physician)

Sue Grafe (Nurse Practitioner)

Hannah Bell (Registered Nurse)

Tim O'Shea (Infectious Diseases)

**Presentation of the donation will take place at the Winter General Business Meeting & Medical Staff Art Show 2016**

**Thursday January 28 at the Sheraton Hotel starting at 5:30 pm**

**A perfect time to Celebrate the New (LEAP) Year with colleagues!**

**Sign up now by return email or at 905-527-4322 ext 46770**

# Physician Hospital Engagement and the Concept of “Fair Play”

## An Article reprinted from the Library of the CMPA

### Natural justice - an obligation for "fair play"

*An article for physicians by CMPA General Counsel  
Originally published Winter 1994 / Revised April 2008  
IL9420-1-E*

*Of interest to all physicians*

A physician was invited to attend a meeting with the Chief of Staff, the Chief of Surgery and the Administrator of his hospital. The letter indicated that the meeting could affect his privileges. Upon attending the meeting the physician was told that a critical audit report had been obtained touching on some of his cases. He was invited to resign immediately or his privileges would be suspended. Understandably upset, the physician refused to resign.

In fairly quick succession the Executive Committee, which included the Chief of Staff and the Administrator, decided to formally recommend to the Board that the surgeon's privileges be revoked. Written reasons for this decision were promised to the physician. The Medical Advisory Committee met to hear the Chief of Staff summarize the conclusions of the audit report, all in the absence of the physician. A subsequent telephone poll of individual members resulted in the Medical Advisory Committee supporting the recommendations of the Executive Committee.

The physician and his legal counsel were invited to attend a meeting of the Board of the hospital. A copy of the audit report was made available prior to the meeting although the written reasons of the Executive Committee never materialized. At the meeting the physician attempted to discuss a number of charts identified in the audit report. He was interrupted by a member of the Board who made it clear that this was a waste of time as the Board was not in a position to understand the medical points he was trying to make. After excusing the physician and his legal counsel the Board then heard from the Chief of Surgery who discussed the audit report and other background information. The Board voted in favour of the revocation of the physician's privileges, with all members of the Executive Committee who had previously taken part in the process voting in favour of the resolution.

Upon receiving notice from the Board that his privileges had been revoked, the physician immediately brought an application for judicial review. It was argued that there had been a denial of natural justice in the procedure and methods used by the hospital in revoking his privileges.

#### Principles of natural justice

The principles of natural justice and fair process can be reduced to the following central issue:  
**Did the decision-making body, on the facts of the particular case, act fairly to the person whose conduct or rights were under consideration?**

#### Abstract

*When involved in administrative proceedings (e.g. College proceedings, hospital proceedings etc.), an individual is entitled to fairness. The principles of "natural justice" are explained, and a hospital proceeding is used as a case example.*



The common law requires tribunals to provide a certain minimum of procedural fairness, which includes the right to be heard, to have one's case decided by persons free of bias, and to receive reasons for decisions made.

### **The Right to be Heard**

The right to be heard necessarily encompasses the right of a party to receive notice of the allegations against him/her. The notice must be sufficiently precise and timely to ensure that the right to present a response is meaningful. The right to an opportunity to be heard does not necessarily imply that there must be a formal hearing. In some instances the ability to make written submissions and rebuttals has been considered sufficient. More often, however, the individual is given the opportunity to attend with legal counsel before the tribunal to present his or her arguments.

### **Adjudicators Free from Bias**

It is not simply sufficient that members of the decision-making body be free from bias. It is also important that there be no reasonable apprehension that bias might exist.

The appearance of bias might arise, for example, where some of the same people participate in each phase of the investigation, hearing and decision-making process. It is important to note however that the law does not go so far as to say every type of prior connection between the decision-maker and the parties will justify a finding of reasonable apprehension of bias. Indeed, decision-makers are often chosen expressly because of their expertise and experience with respect to the matters upon which they will be called to adjudicate.

### **Reasons**

The right to a fair hearing has been expanded to include the right to receive reasons for the decision resulting from the hearing. Such reasons must be sufficiently detailed and adequate so as to enable the individual concerned to not only know the facts that have been relied upon but also the reasoning which underlies the decision which has been reached.

### **Application for judicial review**

The duty of the Court on a judicial review application is to determine whether the suspension or revocation of the physician's privileges was made fairly and in accordance with the rules of natural justice.

In the case which has been outlined the Court found that the physician had **not** been treated fairly for the following reasons:

The physician was not given the opportunity to be heard or even attend before the Medical Advisory Committee. The Medical Advisory Committee had limited and selective information on which to base a recommendation. The members of the Medical Advisory Committee did not have the benefit of discussion with each other when asked to vote.

Members of the Executive Committee and the Medical Advisory Committee who were involved in the initial investigation should not have participated in the decision-making process of the Board.

The procedure before the hospital Board was not a proper hearing. It was one-sided and arbitrary in nature.

The application for judicial review was therefore granted. The revocation of the physician's privileges was quashed and his privileges were ordered to be reinstated.

**DISCLAIMER:** The information contained in this learning material is for general educational purposes only and is not intended to provide specific professional medical or legal advice, nor to constitute a "standard of care" for Canadian healthcare professionals. The use of CMPA learning resources is subject to the foregoing as well as the CMPA's Terms of Use .

# Summary of the World Café: Outcomes and Next Steps

## World Café Outcomes & Next Steps PHP-IG December 17, 2015



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## World Café: The Start of Conversations

### Objective Aim:

- What will a better hospital-physician relationship look like?
- Benefits of having a 'better' relationship
- Ways to get there together



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## World Café: Process Re-cap – what participants were asked

### Up-front Personal Reflection Question:

1. What makes the conversation relevant and why is a strong hospital-physician relationship important?

### Table Discussion Questions (3 x rounds):

2. Imagine a future where physicians and HHS leaders trust and listen to each other; what would this look like?
3. How do we evidence the outcome of an improved hospital-physician relationship? How will we know it made a difference in 2-3 years?
4. Is there a benefit to having a document that outlines the commitment of the hospital to physicians; and the physicians to the hospital? If so, what would be the format?

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## 1. Importance - Conversation & Strong Relationship

### Collaboration (23)

"We can't change or improve without each other"

### Relationships (15)

"Unity of great minds and vast array of experiences and knowledge for which we can grow on together"

### Common Goal (11)

"We are all here for a common goal - excellent patient care and experience, and strong relationships will contribute to this"

### Advancing Practice & Patient Care (9)

"Leads to best patient outcomes, Leads to innovation, Improves quality of working life."

### Communication (8)

"Each perspective is extremely important, Good relationships breed meaningful communication, Communication will strengthen common goals"

### Trust (4)

"Difficult times require a solid trusting foundation, Culture change takes time and needs to answer critical questions of trust, benefit, quality improvement"

### Validity of Contract (4)

"Shift our paradigm thinking from 'Stakeholder Engagement' to 'Shareholder Engagement'"

### Accountability (3)

"Hospital and Physicians are key stakeholders but with different perspectives and some common interests which have to be considered, Accountability for both groups will build confidence in the ability to communicate and implement key strategies"

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## 2. Shared Vision: what an Improved Relationship might look like...

**Participation** (21) – participating in decision making, meetings, right information to enable input

**Satisfaction** (11) – higher engagement results/satisfied physicians & staff, ease of recruitment & retention

**Resolution** (9) – timely resolution through talking, barriers disappearing, processes to address issues

**Role Clarity** (10) – understand each other's roles, making each other's roles easier, co-leadership, not "us/them" or silos

**Outcomes** (10) – concrete & improved outcomes, increased innovation

**Metrics** (8) – timely data, shared agreement, valuable measurement

**Patient-Centred** (7) – focus better patient experience/outcomes, patient satisfaction

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## 3. Benefits of an Improved relationship :

**Participation** (15) – all have a voice, are listened to, & collaborate in decision-making

**Common Understanding** (13) – common assumptions, understand each other's roles, value all roles/obligations, common goal patient outcomes/experience

**Collaboration** (10) – collaborating on projects, efforts to reduce silos, shared rewards system/skill sets

**Communication** (9) – keeping informed about changes, looping back on issues and consistency

**Relationships** (9) – personal experience with people, have each other's backs, social opportunities, constructive feedback

**Accountability** (7) – shared standards, behaviours addressed & held to existing expectations

**Efficiencies** (6) – reduce redundancies, consistent processes, act immediately on improvements, bureaucracy-free

**Transparency** (5) – rationale provided for decisions, raw data available

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### 3. Benefits of an **Improved relationship : feedback**

- 88% believe **subsequent conversations** between leaders & physicians will help to build their relationship
- 72% are **hopeful** the current relationship between physicians & hospital leaders will improve
- 86% felt there is a **positive impact on patient care** by improving physician-hospital relationships



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### 4. Agreement **might help** relationship (Many feel too **early**)

#### Benefits:

**Roadmap** (12) – a roadmap to guide the way, broad statements, living document

**Better understanding to build trust** (11) – manage expectations through understanding, trust & respect in the relationship

**Facilitates a conversation** (9) – improves listening, provide feedback, discuss points of view and build shared understanding together

**Rules of engagement** (8) – agree how to work together (e.g., decision making process), accountability for living shared values

#### Not Sure :

**We have a Code of Conduct** (5) – duplication of Code of Conduct, need to act on holding people accountable to Code

**Lack of full involvement** (5) – staff, the university, board should also be involved

**Issues unresolved** (4) – issues such as: legal, compliance, cross-appointments need to be worked through

**Need a vision** (2) – need to determine the vision and value first

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# Insights & ACTIONS



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## Insights

#### Agreement (36)

"There is **not as much diversity** in perspectives as there appears to be"  
"The process must be inclusive. **Threat of marginalized** people must be removed."

#### Communication (30)

"People assume nothing is happening but really more is going on. **We are connecting**"  
"Be in a **feedback loop**"  
"Need **better mechanisms to communication** between frontline MDs and hospital— face-to-face periodically is important to building this relationship. **Candid/transparency** is important."

#### Engagement (24)

"Physicians want to be engaged. **Let's draw them in** early not just disseminate info to them"  
"Maybe HHS leadership is serious about engagement"  
"We're **not that far apart** – some shared issues e.g., how long it takes to make a change."

#### Culture (21)

"**Safe culture** is important to building relationships and trust"  
"Develop an infrastructure of **culture collision**"

#### Relationship (20)

"All parties **want** to see strong relationships but **don't necessarily know how**"  
"Any agreement will need an **ongoing commitment** to continually making the relationship better"

#### Decision-making (16)

"**Interest** from both the physicians and admin to have **dyad leadership**—shared accountability for decision making"  
"Decisions must be **collaborative**, not just emails, department chief and department meetings"

#### Systems (13)

"Admin wants **process efficiency** as does physicians. **Align processes**"

#### Expectations (6)

"**Lack of understanding** of incentives, costs and trade-offs"  
"Understanding, expectation and accountabilities should be SOP"

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## Action & Momentum Expected

### Structure to include MD at Decision Tables (39)

**"Dyad leadership"** that includes **more than traditional** involvement of physicians....  
 "Physicians would state they trust or have confidence in the decisions the organizations make. We need a better way to **share ownership** of the way the hospital performs"

### Communication (36)

"Less in body of emails. More links for those interested"  
 "Easy to manage physician **feedback system**"

### Credibility of an Agreement (30)

**Principle-based** document with layers of specific rules of engagement to help **guide** all individuals to a better working relationship  
 "Embed formal process of **review** of the agreement into the agreement"

### Measurement metrics tracking (quality) (18)

"Include in our **dashboard** more outcomes that monitor our relationship with physicians"  
 "Less time measuring. More time **celebrating** our many **shared victories** (and a few of our challenges)"

### Involvement (14)

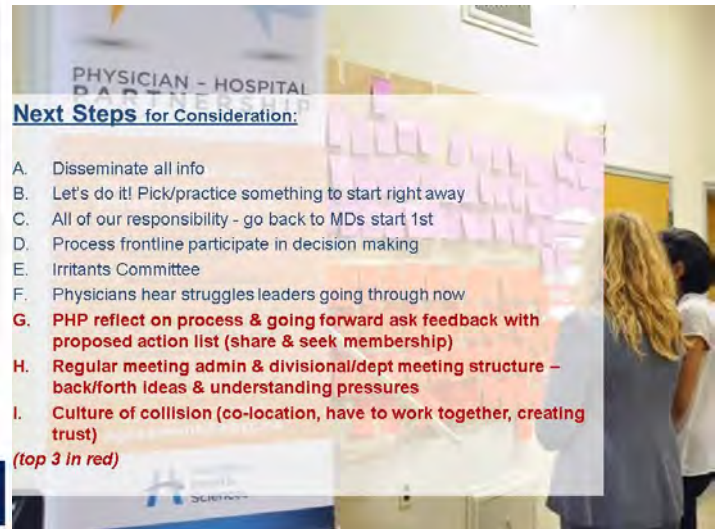
"More **consistent involvement** of physicians in developing program and unit dashboards and analyzing outcomes"  
 "Opportunity for frontline physicians to attend Executive Council or Clinical Ops meeting, leading to increased understanding of complexity of organization"

### Relationships (13)

"Go to where physicians work versus meeting. Build a culture of **'I have your back'**"  
 "Physicians and management must accept they have different expected behaviours/ responsibilities with the **same values**"  
 "More face-time, teaching about each others' worlds"

### Expectations (8)

"Start to define specific expectations of each side from the other. Each expectation should have a corresponding responsibility. **Reciprocity.**"



### Next Steps for Consideration:

- Disseminate all info
- Let's do it! Pick/practice something to start right away
- All of our responsibility - go back to MDs start 1st
- Process frontline participate in decision making
- Irritants Committee
- Physicians hear struggles leaders going through now
- PHP reflect on process & going forward ask feedback with proposed action list (share & seek membership)**
- Regular meeting admin & divisional/dept meeting structure - back/forth ideas & understanding pressures**
- Culture of collision (co-location, have to work together, creating trust)**

(top 3 in red)

## Recurring Themes...from progressive work to date

MVM HHS Survey	PHYSICIAN FOCUS GROUP	WORLD CAFE
<ul style="list-style-type: none"> <li><b>Enhanced Communication</b> – (improve two – way communication; mechanism to listen to physicians)</li> <li><b>Leadership Development</b></li> <li><b>Partnership/Trust</b> (Agreement)</li> <li><b>Physician Recognition</b> (involvement in decision making)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of trust; more involved in decisions</li> <li>Lack of listening to MDs; communicate but no f/u</li> <li>Great Divide – cultural differences &amp; need to align</li> </ul>	<ul style="list-style-type: none"> <li>Involvement in decision making (structures)</li> <li>Process to address MD Issues</li> <li>Roadmap/living document</li> <li>Better communication mechanisms/ more conversations</li> <li>Understanding expectations /each other</li> </ul>

## Next Steps:

### Key areas of work

- ➡ Physician involvement in decision-making (structures)
- ➡ Roadmap/living document to create a safe/trusting culture
- ➡ Process to address issues
- ➡ Better communication
- ➡ More conversations





## The Medical Staff Association Welcomes Our New Colleagues

Dr. Jamal AL-Asiri, Orthopedic Surgery	Dr. Heung K Ma, Critical Care
Dr. Ahmed A Al Jishi, Neurosurgery	Dr. T G Neal Manning Oncology, Hematology / Oncology
Dr. Michael Bonert Pathology, Laboratory Medicine	Dr. Lauren Manolakos, Family Medicine
Dr. John E Centofanti, Anesthesia	Dr. Matthew C J McRae, Plastic Surgery
Dr. Rahul Chanchlani, Pediatrics, Nephrology	Dr. Amber O Molnar, Medicine, Nephrology
Dr. Alexander G Chorley, Critical Care	Dr. Manisha Mulgund, General Internal Medicine
Dr. Alexander Coret, Diagnostic Imaging	Dr. Barath Muralitharan, General Internal Medicine
Dr. Shariff E Dessouki, Physical Medicine & Rehabilitation	Dr. Houman Nafisi, Laboratory Medicine
Dr. Whitney A Dillon, Family Medicine	Dr. Naveenpaul Sidhu, Pediatrics, Pediatric Critical Care
Dr. Kurt J Domuracki, Anesthesia	Dr. Donika Orlich, Critical Care
Dr. Nada Elmazariky, Critical Care	Dr. Kaif Pardhan, Pediatrics, Emergency Medicine
Dr. Mohamed E Eltorki, Pediatrics, Emergency Medicine	Dr. David O Quinlan, Emergency Medicine
Dr. Rimon Ghattas Medicine, General Internal Medicine	Dr. Jaclyn A Quirt, Medicine, Allergy & Immunology
Dr. Andrew Gibson, Critical Care	Dr. Muntasir Saffie, Medicine, Respiriology
Dr. Natasha Gill Pediatrics, Emergency Medicine	Dr. Kevan Saidi, Surgery, Orthopedic Surgery
Dr. Michael J Grattan, Pediatrics, Cardiology	Dr. Amir H Salehi, Laboratory Medicine
Dr. Robert Hamilton, Pediatrics, Cardiology	Dr. Krystyna Z Samoraj, Critical Care
Dr. Marisa N Horniachek, Obstetrics & Gynecology	Dr. Sarah A Scattolon, Obstetrics & Gynecology
Dr. Liudmila Ivanova, Family Medicine	Dr. Joshua D Shadd, Complex Care, Aging and Palliative Care
Dr. Rebekah D Jacques, Laboratory Medicine	Dr. Anjali Shroff, Medicine, Infectious Disease
Dr. Graham K Jansz, Critical Care	Dr. Beverley Smith, Oncology, Palliative Care
Dr. Joseph I Jeyaseelan, Family Medicine	Dr. Mandy M Y Tam, Family Medicine
Dr. Susan Jo, Anesthesia	Dr. Wilfred Tam, Surgery, Urology
Dr. Aliya Khan Medicine, Endocrinology	Dr. Jackie Thurston, Obstetrics & Gynecology
Dr. Celine Kim Pediatrics, Emergency Medicine	Dr. Laura Umbrello, Pediatrics, Emergency Medicine
Dr. Shahid A Lambe, Urology	Dr. Angeli Vohra, Family Medicine
Dr. Joan Li, Family Medicine	Dr. Nayer M M Youssef, Anesthesia
Dr. David L Lysecki, Pediatrics, Hematology / Oncology	



The HAMILTON HEALTH SCIENCES  
Medical Staff Association proudly presents....

*A Celebration of Excellence*

The Annual Dinner & Awards  
2015  
at the Art Gallery of Hamilton  
Friday June 12, 2015











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**Dr. Dereck Hunt, Vice President of the MSA congratulates the  
Outstanding Residents Awards recipients for 2015**



**Dr. Kyla Caners  
Emergency Services**



**Dr. Jenna Dowhaniuk  
Pediatrics**



**Dr. Paul Lysecki  
Surgery**



**Dr. Hassan Mir  
Medicine**



**Dr. Avinash Ramsaroop  
Family Medicine**



**Dr. Sarah Scattolon  
Obstetrics and Gynecology**





**Dr. Carolyn Stark**  
**Psychiatry**



**Dr. Suzanna Todd**  
**Anaesthesia**



**Absent:**  
**Dr. Linda Kocovski Lab Medicine**  
**Dr. Jean Pierre Sarco PM & R**  
**Dr Danielle Walker Diagnostic Imaging**

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## THE MEDICAL STAFF ASSOCIATION Dr Stephen Garnett Distinction Award



**Dr. Madan R Roy, Pediatrics**

*Presented by Dr Mernagh and Dr Sandra Seigel*

## THE MEDICAL STAFF ASSOCIATION Humanitarian Distinction Award



**Dr. Rob Hutchison, Obstetrics and Gynecology**

*presented by Dr. John Mernagh, MSA President*



## THE MEDICAL STAFF ASSOCIATION President's Awards 2015



**Dr. Ronald Barr, Pediatric Oncology, and Dr Irwin Walker, Medicine,**  
*presented by Dr. John Mernagh, MSA President*



**Dr. Michael Greenspan, Surgery**  
*Alan with Dr Irene Cybulsky, Dr Jerold Zikman and Dr John Mernagh*



## The Margaret R. Charters Nursing Bursary 2015 awarded at the June MSA Annual Dinner & Awards



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**The Margaret R. Charters Nursing Bursary 2015**  
awarded to **Sharon Russell RN, BScN, MScN** presented by Dr John  
Mernagh and Kristen Krull

The HHS Medical Staff Association has sponsored the Margaret R. Charters Nursing Bursary annually since it was established by the Hamilton Civic Hospitals' MSA. The Bursary in the amount of \$1,000, is awarded to a registered nurse at HHS who wishes to pursue education related to the practice of nursing at the Baccalaureate or Masters level. The selection committee comprised of the VP, Professional Affairs & Chief Nursing Officer; the Director, Clinical Practice & Education, and the President of the Medical Staff Association, meets each spring to review the nominations.



**Medical Staff Association  
Hamilton General Hospital  
3 Upper, Room 321  
237 Barton St. East  
Hamilton, ON L8L 2X2  
905-527-4322 ext 46770**

### **MSA Executive Committee**

**Dr Chris Ricci, President**

**Dr Dereck Hunt, Vice President**

**Dr Paul Missiuna, Secretary-Treasurer**

**Dr John Mernagh, Past President**

**Members at large: Dr Frank Baillie,**

**Dr Danielle Charbonneau, Dr Irene Cybulski,**

**Dr Bruce Korman, Dr Mehran Midia,**

**Dr Paul Miller**

**Administrative Assistant: Catharine Griffin**

The Hamilton Academy of Medicine & Hamilton Hospitals cordially invite all medical staff and their family and friends to the:

# **HAMILTON HOSPITAL SKI DAY**

**Monday February 15, 2016**  
(This is Statutory Family Day Holiday)



**APRÈS SKI PARTY TO FOLLOW**

Payment can be made via  
Visa/Mastercard/Cheque to the  
"Hamilton Academy of Medicine"

**\*\*Bus leaves at 6:30 a.m. from Barton &  
Wellington across from  
Hamilton General Hospital\*\***

RSVP to:  
**Maryann Vasic**  
(905) 528-1640 • [maryann@hamiltondoctors.ca](mailto:maryann@hamiltondoctors.ca)

## **HOLIMONT SKI CLUB ELLCOTTVILLE, NEW YORK**

[www.holimont.com](http://www.holimont.com)

**CONTACTS:**  
**Maryann Vasic** – Hamilton Academy of Medicine  
(905) 528-1640 • [maryann@hamiltondoctors.ca](mailto:maryann@hamiltondoctors.ca)  
**Dr. Chris Ricci** • [ricci@yahoo.com](mailto:ricci@yahoo.com)  
**Dr. Walter Owsianik** • [waliw@hamiltondoctors.ca](mailto:waliw@hamiltondoctors.ca)  
**June Quagliarello** • [quagliun@hhsc.ca](mailto:quagliun@hhsc.ca)

- Deadline for bus tickets – **February 8, 2013**
- **Proper ID required to cross border, e.g. passport**
- Bus **will not** wait at border for those without proper ID
- Driving yourself? Lift tickets can be purchased in the chalet. Mention "Hamilton Hospital Ski Day" to receive discount
- Kids under five years of age ski free
- Please bring American money





# GOT TALENT?

Leonardo says,  
"Physician, reveal thyself."

The HHS Medical Staff Association invites  
all physicians who dabble in the arts  
to join the

## 11<sup>th</sup> Annual Medical Staff Art Show

Thursday January 28, 2016

at the Sheraton Hotel, downtown Hamilton

Starting at 5:30 pm

- Painting
- Sculpture
- Photography
- Pottery
- Stained glass
- Woodworking
- Weaving
- Batik
- Writing
- Publications
- You name it!

If your talents extend beyond the healing arts, contact the MSA Office to find out how easy it is to participate in the **All Media Medical Staff Art Show**. No fees, no judging, just a collegial sharing of talent among colleagues.

call 905-527-4322 ext. 46770 or email: [msa@hhsc.ca](mailto:msa@hhsc.ca)

**The Renaissance Artists group invites you  
to join them for the Art Show 2016!**

