Multidisciplinary Collaborative Primary Maternity Care Project

Margaret McNamee, Project Manager

In May 2004, Health Canada funded the Multidisciplinary Collaborative Primary Maternity Care Project through the Primary Health Care Transition Funds Program. The project was proposed to address concern for the sustainability of the current model of primary maternity care. It is felt that the shortages of health care professionals providing intrapartum care to pregnant women can be addressed by maximizing the interaction of health care providers through multidisciplinary collaborative primary maternity care.

This project aims to reduce fundamental barriers to collaborative practice by improving the potential for inter-professional collaboration. It focuses on activities that will build capacity in primary maternity health care including engaging key stakeholders in considering alternate models of primary maternity care, the dissemination of information and the development of catalogs of models, guides and implementation tools. The overarching goal is a better understanding of potential collaborative care models and settings and improved confidence of health care providers and the public in the benefits of collaborative services.

Partner organizations in the project include the Canadian Association of Midwives, the Association of Women’s Health, Obstetric and Neonatal Nurses (Canada), the College of Family Physicians of Canada, the Society of Obstetricians and Gynaecologists of Canada and the Society of Rural Physicians of Canada. As the signatory to the Contribution Agreement with Health Canada, the SOGC is the lead organization in this initiative and is accountable for the project deliverables. A team has recently been hired to coordinate the project, reporting to the Chair of the Executive Committee, as follows:

Margaret (Margot) McNamee RN, MHA, the Project Manager, has a strong clinical background with experience as a nurse and nurse manager in acute hospitals and as a consultant with the Ontario provincial...
EXECUTIVE COMMITTEE

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Central Region Dr. Ahmed Ezzat
Royal University Hospital
Saskatoon, SK

Dr. Mark Heywood
St. Boniface General Hospital
Winnipeg, MB

Ontario Region Dr. Catherine MacKinnon
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Pavillon CHULL
Ste-Foy, QC

Dr. Claude Fortin
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Grey Bruce Health Services
Stayner, ON

APOG Representative Dr. William Fraser
University of Montreal
Montreal, QC

Corresponding Member Senator Lucie Pépin
Senate of Canada
Ottawa, ON

Call for Members on Ethics Committee

The SOGC has a variety of active committees supporting advocacy and education, one of which is the Ethics Committee. Its current members include Dr. Jan Christlawa, Dr. Pierre Gosselin, Dr. Jeffrey Nisker, Dr. Timothy Rowe, Dr. Jodi Shapiro, Ms. Patsy Smith, Dr. Margaret Tromp, Ms. Janet MacMillan and Ms. Sandra Rodgers.

The purpose of the Ethics Committee is to identify ethical and societal issues that relate to the optimal reproductive health care of Canadian women. Its mandate is:

1. To bring these issues to the attention of SOGC Council and the appropriate SOGC committee for discussion and potential position statement.
2. To work with all SOGC committees in discussion of ethical and societal issues relevant to that specific committee.
3. To respond directly to requests from SOGC Council to explore ethical and societal issues and report the findings directly to Council.
4. On direction from SOGC Council, to respond to inquiries from national and international organizations regarding SOGC's position on specific ethical and societal issues.
5. To work with other national and international ethics committees, either directly or through SOGC Council’s representative, to ensure the SOGC's position is reflected in the development of any national or international positions regarding ethical and societal issues of reproductive health.
6. On direction from SOGC Council, to work with specific SOGC committees to update or clarify existing SOGC position statements on ethical and societal issues.

Outgoing Council Members

SOGC’s success is in part attributable to the contribution of its volunteers. Over the past 60 years, continued support from our members at various levels has ensured consistent representation of the membership in its activities.

Although SOGC recognizes many of its outgoing Committee Chairs and Committee Members, we wish to specifically highlight the contributions of the following outgoing Council Members:

Dr. Donna Fedorkow, Past-President; Dr. Michael Bow, Chair of the Western Regional Committee; Dr. Shelagh Connors, Chair of the Atlantic Regional Committee; Dr. Sukhbir Singh, Chair of the Junior Member Committee; Dr. Carolyn Lane, Chair of the MD Advisory Committee; Dr. Eileen Hutton, Chair of the RM Advisory Committee.

On behalf of the SOGC membership, we wish to thank you for your continued efforts and contribution in supporting the mandates, goals and objectives of the SOGC.

More Council News on page 16...
1 - Dr. Kenneth Milne was SOGC’s forty-ninth President (1992-1993). Through the Patient Education Committee, he implemented a new paradigm on patient education in the Society. A four-part Labour Video series was produced. Dr. Milne also spearheaded a two-day retreat organized by SOGC at Lake Carling, which gathered more than 120 physicians and reviewed how Continuing Medical Education (CME) was presented at SOGC. Smaller learning group techniques were introduced, the members’ needs were extensively surveyed and case-based studies became routine at all of the regional meetings. This initiative helped increase membership renewals. An ad-hoc committee was created to establish a three-stage national standard in the area of endoscopic surgery. The Society increased political liaisons with the Government of Canada. These achievements created further opportunities in matters of SOGC’s influence in health care legislation in Canada, and helped the Society maintain its leadership role in the country’s reproductive health care.

2 - Dr. Robert Lea was SOGC’s fiftieth President (1993-1994). His term coincided with the Society’s Golden Anniversary. SOGC was also busy preparing for the XIVth FIGO World Congress to be held in Montreal in September 1994. Dr. Lea was very popular amongst the rank and file SOGC members and he quickly became a role model. He focused on helping SOGC members with medico-legal issues concerning cerebral palsy. A Task Force on Cerebral Palsy and Asphyxia was assembled in conjunction with eight (8) national organizations. Its recommendations led to the development of the ALARM® program. Funding from Health Canada’s National AIDS Contribution Program enabled the Social Sexual Committee to develop, promote and evaluate practice guidelines for obstetrical and gynaecological care of women diagnosed with HIV. Dr. Lea influenced participation at regional meetings and consolidated SOGC’s relationship with AOOG by attending many of their conjoint meetings.

3 - Dr. Rodolph Maheux’s presidential term (1994-1995) coincided with the 14th Annual FIGO Congress held in Montreal (1994), remembered not only as a highlight for SOGC, but also for the world. Using new technology to promote women’s health issues in Canada, the Society is the first organization of its kind to have developed a Website with guidelines and position papers emphasizing clinical evaluations to improve reproductive health care in Canada. Electronic links were established between SOGC, hospitals and doctors’ offices. SOGC’s future directions were outlined in its second strategic plan (1995-2000). SOGC concentrated on its provincial and national communication profile levels and media relations. Finally, Dr. Maheux is the first President to have traveled 300 kilometers on his bicycle between Québec City and Lake Carling for his presidential inauguration!

4 - Dr. Garry Krepart was the Society’s fifty-second President (1995-1996). During his term, the SOGC tried to convince the Canadian Medical Protective Association (CMPA) to endorse SOGC projects on risk management. The CMPA’s ability to defend SOGC members was never questioned but their accountability was a major concern. Some guidelines developed by the Society were subject to controversy i.e. post-dates, cord gases, etc, but most of them were well accepted and became practice standards for many institutions. From the lean mean years when he was Treasurer of SOGC and “performed” a few miracles to keep SOGC afloat in the early 90’s, Dr. Krepart could now witness an increasingly successful organization complete with a reserve fund.

5 - Dr. Nan Schuurmans was SOGC’s fifty-third President (1996-1997). Her term was highlighted in part by the development of a clinical practice guideline on antenatal labour and delivery called “Healthy Beginnings”. Guidelines were disseminated through the mail, published in the JOGC and posted on the Society’s Website. A public education book on pregnancy, also called “Healthy Beginnings”, was published. This landmark project, developed in collaboration with the Clinical Practice Obstetrics Committee, set new standards in enhancing the expertise and outcome of pregnancy for Canadian women. Dr. Schuurmans presented SOGC’s position on Bill C-47 to the House of Commons’ Standing Committee. The brief was prepared in collaboration with the Canadian Fertility and Andrology Society (CFAS) and the Canadian Medical Association (CMA). Finally, SOGC collaborated with the Canadian Pediatrics Society (CPS) in developing a joint statement on issues concerning early discharge and the length of stay (LOS) for term births.

6 - Dr. Robert Reid was SOGC’s fifty-fourth President (1997-1998). During his presidency, a multitude of ideas and projects were generated daily and had positive effects on the Society (e.g. increase in memberships and in attendance at regional programs). The Society’s relationship with the pharmaceutical industry also grew stronger. The release of the SOGC Consensus Document on Contraception created further opportunities for public education, media attention and political action. With the document Hormone Replacement Therapy: An Update, SOGC’s campaign brought a clear message to Canadians on the risks and benefits of hormone replacement therapy (HRT) and identified counseling initiatives on breast cancer. The Society also drew its attention to abortion violence after three Canadian gynaecologists were wounded by gun shot. In the practice environment, SOGC was concerned about the increasingly high malpractice fees being paid by physicians, their quality of life and the high risk involved in the obstetric field as these were significant determinants in the provision of the adequate manpower needs.

FORTY-NINTH ANNUAL MEETING,
Tuesday June 22 - Saturday June 26, 1993.
Westin Hotel and Congress Centre, Ottawa
Council 1992-1993
President......................Kenneth Milne (London)
President-Elect..................Robert Lea (Halifax)
Vice-Presidents ........Rodolphe Maheux (Québec)
........................................Lynn Simpson (Vancouver)

(Continued on page 6)
23rd Ontario CME Programme
in association with OSOG
November 25-27, 2004
Marriott Eaton Centre, Toronto

IF YOU STILL HAVEN’T:

- REGISTERED for the CME: Complete the registration form (for the early bird registration fee) sent with the preliminary programme. Return it to our office accompanied with your payment, either by fax at 613-730-4314 or by mail to SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7. You may also register on-line at anytime by visiting our Website at www.sogc.org/conferences/ontario/index_e.shtml.

- REGISTERED for the ALARM Course: Register now while space is still available. Please refer to registration form for enrollment or visit our Website at www.sogc.org/alarm/index_e.shtml.

- BOOKED your hotel accommodation: Call the toll-free number 1-800-905-0667. To obtain your special group rate, please refer to the SOGC conference. We cannot guarantee availability.

HURRY! THE DEADLINE DATE is Thursday, October 29, 2004!

FOR MORE INFORMATION OR TO OBTAIN A COPY OF THE PROGRAMME, visit our Website at www.sogc.org/conferences/ontario/index_e.shtml.

The SCOPE Program
Surgical Complications of Pelvic Endoscopy

SCOPE is based on the following principles:
- To instruct participants on how to avoid adverse events in endoscopic surgery and mitigate the fall out from adverse events if they should occur.
- Course recommendations are based on levels of evidence according to the Canadian Task Force on the Periodic Health Examination.
- Structured to include a self-assessment pre-test and a post test evaluation. The course qualifies for section one and three CME credit hours in the new Royal College Maintenance of Certification Program.
- Patient safety is the focus throughout all of the instruction of the course content.

The course is provided in two parts:
Part one – is in a CD-ROM format with all of the plenary content material developed on an interactive platform. This CD desktop application consists of eight sections relevant to endoscopic surgical practice. The CD-ROM is integrated with an on-line web component enabling the self-assessment and post testing to be done on line. Part one is available to all of the membership.

Part two – is optional and consists of a lab practicum consisting of a two-day hands on course. Each participant will be given a set of surgical exercises to perform and will receive informal feedback during the course event.

How to Order (CD is only available in English):

The new CD-ROM is available from:
Patient Safety Division, The Society of Obstetricians and Gynaecologists of Canada
700 Richmond Street, Suite 204, London, Ontario, N6A 5C7
Tel: 1-800-766-8301

Please include a cheque payable to The SOGC for $295.00 and enclose your name and shipping address below.

Name: ________________________________________________________
Address: _______________________________________________________
______________________________________________________________
City/Province: __________________________________________________
Postal Code: ___________________________________________________
Tel: ________________________________ Fax: _____________________
E-Mail : _______________________________________________________
Launch: Joint Statement to Prevent Bleeding after Childbirth

Sara Fryer, IWH Program Coordinator

The International Confederation of Midwives (ICM) and the International Federation of Obstetrics and Gynaecology (FIGO) launched a joint consensus on the prevention of post-partum haemorrhage at the East, Central and Southern African Obstetrical and Gynaecological Societies (ECSAOGS) Conference held August in Kampala, Uganda.

Pregnancy and childbirth still pose significant health risks to women, including those without preexisting health problems. Women continue to die around the world at a rate of approximately 500,000 a year due to complications during pregnancy and childbirth and more than half of all maternal deaths occur within 24 hours of delivery, mostly from excessive bleeding. Excessive bleeding after childbirth or post-partum haemorrhage (PPH) causes more than 200,000 annual deaths globally. In Uganda, where the joint statement was launched, 25% of deaths during childbirth are due to PPH.

The ICM, FIGO and SOGC understand that where maternal deaths are high and resources are limited, the introduction of low-cost, evidence-based practices to prevent and manage PPH can drastically improve the survival rate of mothers and their infants. The launch of the Global Initiative against PPH calls for active management of the third stage of labour to reduce the incidence of PPH, the quantity of blood loss and the use of blood transfusion. The complete joint statement was published in the JOGC in November 2003.

A panel consisting of experts in the field of Safe Motherhood held a Pre-Conference Workshop on August 15, 2004. The panel was chaired by Professor Florence Mirembe (Head of Department of Ob/Gyn, Mulago Hospital, Kampala, and new President of ECSAOGS) and included Dr. Carl Nimrod (SOGC), Dr. André B. Lalonde (representing FIGO), Kathy Herschderfer (Secretary-General of ICM) and Dr. Harshad Sanghvi (Medical Director, JHPIEGO). There were approximately 250 participants as well as representatives from government and non-governmental organizations. Ugandan national media covered the event and during the week prior to the launch, two live talk shows with members of the Association of Ob/Gyn of Uganda were conducted. The joint statement was circulated throughout the conference and 150 signatures were collected, including the Vice-President of Uganda, Professor G.B. Bukenya.

The event was sponsored by the United States Agency for International Development, ICM and FIGO. For further information relating to the Global Initiative or for copies of resources distributed at the launch, please contact the International Women’s Health Program at the SOGC via e-mail at intl@sogc.com or (613) 730-4192, ext. 236.

PPH Panel Faculty (L to R): Carl Nimrod, Kathy Herschderfer, Marshad Sanghvi, and André B. Lalonde.

Dr. Mwanje and colleagues sign the Joint Declaration for the Prevention of PPH at the ECSAOGS meeting, Kampala, Uganda, August 2004.

Clean Water - continued from page 1

Dr. Lalonde turns on the pump to draw the water from the source to the hospital

The old, contaminated reservoir

Dr. Jolly Beyeza, CEO of AOGU turns on the tap for clean water for the hospital

Dr. Lalonde turns on the pump to draw the water from the source to the hospital

The old, contaminated reservoir

Dr. Jolly Beyeza, CEO of AOGU turns on the tap for clean water for the hospital
SDGC Member Honoured

Dr. Cheryl Levitt, Professor and Chair of Family Medicine at McMaster University in Hamilton, Ontario, received the 2004 South African Women’s Health Award on August 8, 2004. The organization recognizes South African women living around the world who have excelled in their field and contributed to the empowerment of their peers. Among her accomplishments, Dr. Levitt created Ontario’s first maternity centre to try to lure family doctors back to delivering babies and reduce referrals to obstetricians.

Congratulations, Dr. Levitt!

References:
- SOGC Executive and Council Minutes (1992-1998), SOGC Archives, Ottawa, Ontario
October 2004

Dear Colleague,

Your support is urgently needed so that we may continue to further excellence in women's health research all across Canada. For the past five years we have granted funds for projects in all departments of women’s health and in 2005 we hope to do the same. With your help, we can!

In 2004, the Canadian Foundation for Women’s Health distributed a record number of grants and more than $255,000 – the largest amount to-date. Please visit the Foundation website at www.cfwh.org to view the important and groundbreaking research that has been previously funded. While there, you may also view the recipients of the Foundation’s Annual Resident Researcher Award. All areas of women’s health are eligible for funding and proposals receiving the highest scores are given grants. The Foundation is proud to have medical research as its mandate – we know you see the value in it as well.

As the Presidents of the Foundation and the SOGC, we urge you to join us by making a contribution. Show us you care by filling out the donor reply card below. Your donation at the Sustainer, Benefactor or Patron level would be greatly appreciated, however all donations, large or small, are gratefully accepted.

The financial support of every SOGC member will help to ensure that women’s health research in Canada grows and flourishes. We would like to thank you for your consideration of this urgent request.

Most sincerely,

Robert J. Gauthier, M.D.
President
Canadian Foundation for Women’s Health

Gerald W. Stanimir, M.D.
President
Society of Obstetricians and Gynaecologists of Canada

Yes, I would like to support women’s health research!

Name: ______________________________
Address: ______________________________
City: __________________ Province: __________
Postal Code: ___________________________

780 Echo Drive, Ottawa, Ontario K1S 5R7
Tel: (613) 730-4192 Fax: (613) 730-4314
E-mail: kmacgowan@sogc.com
Web Site: www.cfwh.org
Charitable Registration Number: 88688 4089 RR0001

Here is my research donation of:

☑ $1,000 Patron ☑ $500 Benefactor ☑ $150 Sustainer
☑ $100 ☑ $50 ☑ $30
☑ Other amount: $ ___________________________

☑ Cheque ☑ American Express ☑ Master Card ☑ VISA

Credit Card Number: ______________________________
Expiry Date: ______________________________
Signature: ______________________________

Tax receipts are automatically issued for your donation. Thank you for your generous support!
CREOG Educational Retreat

Dr. Michelle Suga, Memorial University

I was recently given the opportunity to attend the 2004 CREOG Educational Retreat on behalf of APOG. It was a two-day retreat in Ottawa, attended by program directors and staff from various Obstetrics and Gynaecology residency programs across the United States of America. Unfortunately, there were few Canadians present. It was an excellent opportunity to learn about the issues surrounding residency education in the US. I would like to thank APOG for sending me to this educational retreat. Issues discussed included recruitment and retention, resident well-being, evaluations, and barriers to education, similar to issues we see here in Canada.

An interesting workshop was held on recognizing and dealing with resident stress, depression and fatigue, which is still a major issue despite the limitation of the 80-hour work week. Residents also find it difficult to find time to complete research projects, and many residency programs are finding it difficult to have all residents involved in meaningful research projects. To face some of the challenges of residency education, a CREOG Surgical Curriculum for New Residents has been developed, which is available on the CREOG website and could be a valuable tool in resident education. It describes various surgical exercises using simple, inexpensive models to help residents acquire basic surgical skills in obstetrics and gynaecology. Programs are also developing simulator laboratories to help teach residents, especially with exposure to rare and high-risk situations.

Another excellent resource is the CREOG on-line quiz, a resident self-education teaching tool currently being refashioned. A new blueprint has been developed for the primary written exam, listing major areas of emphasis rather than extensive lists of topics. Areas include Gynaecology (30%), Obstetrics (30%), Office Practice – Preventive/Primary Care (30%), and Cross Content Areas (10%, including basic sciences, genetics, ethics and epidemiology). The 8th edition of CREOG Objectives will be available (in hardcopy or online) in Spring 2005, with some major changes planned.

Finally, the National Residency Matching Program is looking into a two-round system of residency matching. This sounded very similar to the matching system we have here, but in the small group session I attended, they were unfamiliar with our system. It will be interesting to see how this develops, and the potential implications it could have on our residency matching.

APOG AGM 2004
Toronto Eaton Centre Marriott Hotel, November 26-28, 2004

Registration Reminder! Deadline: October 31, 2004. Registration form and preliminary programme are available by visiting the APOG website at www.apog.ca.

APOG Research Committee Presents...
“Research Matters in Your Department”

- Is increasing the research capacity in your department important?
- How can research interaction between basic scientists and clinician-researchers in your department be facilitated or enhanced?
- How does training in clinical epidemiology increase research interest and performance of residents and clinical fellows?
- Transdisciplinary research in reproductive health sciences: Is it just a concept or a new research paradigm?
- Information on fellowships and scholarships will be presented. How can you tap into these programs?

For answers to these questions, join us at an information session at the APOG AGM in Toronto, Friday, November 26.

This workshop on the Strategic Training Initiative in Research in Reproductive Health Sciences (STIRRHS) will be of interest to Chairs, Directors of Research, and Directors of Postgraduate Education and Fellowship Program of Departments of Obstetrics and Gynaecology, residents, clinical investigators, clinician-scientists, epidemiologists, basic scientists, fellows, and graduate students.

APOG – Call for Abstracts

Attention all Ob-Gyn Faculty and Residents at Canadian Universities:

The annual poster session, which takes place during APOG’s Annual General Meeting, represents an important opportunity for members of Canadian academic departments in obstetrics and gynaecology to showcase their research in the area of education.

Submissions may pertain to work done, describing changes in educational process, new learning techniques, and other areas relating to education. This year will be the 12th annual poster session and is expected to be well attended by members and interested faculty from across the country.

Poster Presentations will take place on Saturday, November 27, 2004 at the Toronto Eaton Centre Marriott Hotel however, Abstracts must be submitted no later than October 29. Prizes will be awarded for first and second place posters.

DEADLINE: October 29, 2004

Please visit the APOG website at www.apog.ca for general guidelines, poster specifications and additional details.
Berlex
Berlex
University of Sherbrooke
Obstetrics & Gynaecology Residents

The past year was a busy one at the University of Sherbrooke. Our Program Director, Dr. François Lajoie, left to become Assistant Dean, Post-Doctoral Studies, at the University of Sherbrooke. He will continue to discharge his duties in the pelvic floor unit, and this popular internship will still be offered.

Dr. Sophie Desindes will take over as Program Director. Dr. Desindes did her degree in medicine and her residence in ob-gyn at the University of Sherbrooke, as well as a fellowship in menopause at Harvard. She took office during a certification visit to the Royal College, and we have received full certification for the next six years. Also, a new player joined our ranks in high risk pregnancies. Dr. Annie Ouellet completed her degree and her residency at the University of Sherbrooke and her fellowship in high risk pregnancies in Ottawa. Her wish is to structure our high risk pregnancy unit so we can become a referral pregnancy unit so we can become a referral

Several residents are doing their internship outside Canada this year. Catherine Anku-Bertholet is currently in Switzerland for a month in obstetric ultrasonography. We are expecting her back in the coming days. Anaïs Brosseau-Roberge and Valérie Dôme are getting ready to spend a month in Argentina, part of which they’ll spend in the city and the other part in a hospital of an outlying area. We will keep you posted on those internships. Dr. Daniel Blouin went to Mali last June, where he came up against significant differences within the health care system (high rate of maternal and fetal mortality, poverty, inaccessibility of care, pervasiveness of HIV…). He plans on returning there to set up an internship for residents, which should prove to be a rewarding experience both on the medical and humanitarian levels.

Stump the Professor 2005

The Junior Member Committee invites you to submit cases for the 2005 edition of “Stump the Professor”. This extremely successful event has met with a great deal of positive feedback.

Several residents are doing their internship outside Canada this year. Catherine Anku-Bertholet is currently in Switzerland for a month in obstetric ultrasonography. We are expecting her back in the coming days. Anaïs Brosseau-Roberge and Valérie Dôme are getting ready to spend a month in Argentina, part of which they’ll spend in the city and the other part in a hospital of an outlying area. We will keep you posted on those internships. Dr. Daniel Blouin went to Mali last June, where he came up against significant differences within the health care system (high rate of maternal and fetal mortality, poverty, inaccessibility of care, pervasiveness of HIV…). He plans on returning there to set up an internship for residents, which should prove to be a rewarding experience both on the medical and humanitarian levels.

Deadline: March 10th, 2005

SOGC 2003-2004 Annual Report

The SOGC 2003-2004 Annual Report is now available on the SOGC Website at: http://sogc.org/sogcnet/index_e.shtml

If you wish to receive a paper copy of this document, please send a request to the Corporate Division to the attention of Carol Fournier at cfournier@sogc.com.
SDGC Regional Awards

SOGC has recently developed a Grants and Awards booklet, which is available on the SOGC Website: http://sogc.org/sogcnet/index_e.shtml. (You must login to view the Grants and Awards booklet). Some new awards have been announced, such as the “SOGC Regional Achievement Award”, which recognizes the excellence of members who volunteer in women’s health at the local, regional or provincial levels.

Eligibility for this award:
- Any membership category of the SOGC having made significant achievements and contributions to the advancement of women’s health in their community or province through education, practice or community involvement
- Is an active member of the community
- Contributes to the goals and objectives of the Society
- Advocates on behalf of the SOGC.

The award is allocated to one recipient per region (Ontario, Quebec, Western, Central and Atlantic) and is presented during the Award Ceremony at the subsequent ACM.

Application process:
- Recipients are selected by their respective Regional Committees and approved at the March Executive and Council Meetings of 2005
- The deadline for application to the Regional Committee Chair and/or Alternate-Chair is February 15th of each year.

Please note the representatives for your region listed below:
- Ontario Region: Dr. Catherine MacKinnon & Dr. Richard Johnston
- Central Region: Dr. Ahmed Ezzat & Dr. Mark Heywood
- Quebec Region: Dr. Philippe-Yves Laberge & Dr. Claude Fortin
- Western Region: Dr. Nicole Racette & Dr. Sandra de la Ronde
- Atlantic Region: Dr. Scott Farrell & Dr. Terry O’Grady

We encourage you to recognize a contributing member of the Society through this award program. For Awards submission process, please reference the SOGC Website for the nomination form.

Caption: Dr. Gary Krepart, Winnipeg; Dr. Yves Lefebvre, Montréal; Dr. James Goodwin, Halifax (photographed before the founding fathers, for whom his father worked as secretary); Dr. Robert Kinch, Montréal; Dr. Fred Bryans, Vancouver. Dr. Walter Hannah, of Toronto, was absent.

who participated in various meetings over the last 15 years, and a CD on the 60 Presidents of the SOGC and their main achievements. Two displays showcased books and instruments, including the original bipolar laparoscopic forceps created by Dr. Jacques Rioux in 1970 (a world first at the time). We wish to thank Dr. Rioux for this donation and hope that other members in possession of old gynaecological and obstetrical instruments will consider donating them to the History & Archives Ad Hoc Committee. Many of our members, including Drs. Lorrain, Rioux, Collins et Yuzpe, stood out as writers or publishers of several books. The book on obstetrics published by Canada’s Department of Health, then under the direction of the Honourable Paul Martin, father of our current Prime Minister, as well as the three books on the history of the SOGC also garnered attention.

The members of the History & Archives Ad Hoc Committee shown on the picture all took turns at the kiosk in order to talk about the items and pictures making up the exhibit and the evolution of the Society, which they all witnessed, being long standing members of the SOGC. The pictures, books and historical artifacts of the SOGC are currently on display at the National Office.

(Continued from page 1)

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October
2004