Award-Winning Professor Named President of SOGC

The announcement of Dr Michael Helewa as president was no surprise to members of the Society of Obstetricians and Gynaecologists of Canada (SOGC) this past ACM – Dr Helewa has been an active contributor to the organization over his 25 year medical career. He has served on numerous committees within the 2,800 member organization, where he has significantly contributed to the promotion of women’s health, and refinement of the practices of gynecology and obstetrics in this country.

“It is an honour to welcome a physician like Dr Helewa to serve as president of our organization,” said SOGC Vice-President Dr André Lalonde. “He is a man of extensive experience and dedication, who passionately believes in the promotion of women’s health and the principles that guide this organization.”

For Dr Helewa, the SOGC presidency is another highlight in an already impressive career.

In addition to his extensive work within the SOGC, Dr Helewa has also served as the Deputy Editor of the Journal of Obstetrics and Gynaecology of Canada, is an active member of the American College of Obstetricians and Gynecologists, and advises Manitoba’s health ministry as a member of the Ministerial Advisory Working Group on Collaborative Practice. He is also a member of the Examining board of the Royal College of Physicians and Surgeons and Professor of Obstetrics and Gynecology at the University of Manitoba, where he trains future generations in the specialty.

In his acceptance speech, Dr Helewa quickly thanked his family, the SOGC, and outgoing president Dr Gerry Stanimir before identifying two major issues he intends to address as SOGC president: increasing collaboration among health professionals, and addressing Canada’s looming shortage of maternal care specialists.

“Maternity care in Canada is facing a human resource crisis, which in many areas is translating into a quality-of-care problem,” he said. “As we move on into the 21st century, we are already well into a crisis in delivery of maternity care - who will be delivering Canada’s babies in the coming decades?”

About Dr Michael E. Helewa

Dr Helewa received his medical degree in 1980 at the American University of Beirut, Lebanon, following which he completed his postgraduate training in Obstetrics and Gynecology at the University of Manitoba in 1987.

In addition to his new role as SOGC president, Dr Helewa’s current and past contributions to the organization include participation in the SOGC-led Multidisciplinary Collaborative Primary Maternity Care Program, the Scientific Planning Committee for the Annual Clinical Meeting, membership on the SOGC Council and Executive, and participation in various other committees.

“...without a dramatic emergency intervention...”

Stephen Lewis, full article on page 10.

Dr Dorothy Shaw wins prestigious SOGC President’s Award...

full story on page 11.
The SOGC’s success is in part attributable to the contribution of its volunteers. Over the past 61 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. David C. Young, Past-President; Dr. Ahmed Ezzat, Chair of the Central Regional Committee and Dr. Mark Heywood as Alternate Chair;

Thanks to Outgoing Council Members

Dr. David Wilkie, Vice-President, Western Region; Dr. Kimberly Liu, Chair of the Junior Member Committee; Ms. Karen MacKinnon, Chair of the RN Advisory Committee; Dr. Claude Fortin, Alternate Chair of the Quebec Regional Committee and Dr. William Fraser, APOG Representative (whose term ended December 2004).

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.

2005-2006 Council Members

- **President**: Dr. Michael Elias Helewa, Winnipeg, MB
- **Past-President**: Dr. Gerald W. Stanimir, Mont-Royal, QC
- **President-Elect**: Dr. Donald B. Davis, Medicine Hat, AB
- **Executive Vice-President**: Dr. André B. Lalonde, Ottawa, ON
- **Treasurer**: Dr. Douglas Moreton Black, Ottawa, ON
- **Vice-President, Atlantic**: Dr. Scott Alexander Farrell, Halifax, NS
- **Vice-President, Ontario**: Dr. Guylaine Gisele Lefebvre, Toronto, ON
- **Chair, Central Region**: Dr. Margaret Burnett, Winnipeg, MB
- **Alternate Chair, Central Region**: Dr. Annette Epp, Saskatoon, SK
- **Chair, Ontario Region**: Dr. Catherine Jane MacKinnon, Brantford, ON
- **Alternate Chair, Ontario Region**: Dr. Richard Johnston, OSOG representative, Orillia, ON
- **Président, région du Québec**: Dr. Philippe-Yves Laberge, Ste-Foy, QC
- **Président suppléant, région du Québec**: Dr. Diane Francoeur, Montreal, QC
- **Chair, Atlantic Region**: Dr. Terry O’Grady, St. John’s, NL
- **Alternate Chair, Atlantic Region**: Dr. Ward Murdock, Fredericton, NB
- **Public Representative**: Ms. Jane E. Caskey, Toronto, ON
- **Junior Member Representative**: Dr. Tiffany Wells, Edmonton, AB
- **Associate Members (MD) Representative**: Dr. Owen Hughes, Ottawa, ON
- **Associate Members (RN) Representative**: Ms. Sandra Gwen Christie, RN, Halifax, NS
- **Associate Members (RM) Representative**: Ms. Michelle Kryzanaukas, RM, Stayner, ON
- **APOG Representative**: Dr. Wylam Faught, Edmonton, AB
- **Corresponding Member**: Lucie Pépin, Senator, Ottawa, ON

Regional Chairs, Alternate Chairs and Other Representatives

- **Chair, Western Region**: Dr. Nicole Racette, New Westminster, BC
- **Alternate Chair, Western Region**: Dr. Sandra de la Ronde, Calgary, AB

First row (L to R): Dr. Wylam Faught, Mrs. Karen MacKinnon, Dr. Kim Liu, Ms. Michelle Kryzanaukas, Dr. Sandra de la Ronde, Dr. Scott Farrell, Dr. Terry O’Grady, Dr. Philippe-Yves Laberge; Second row (L to R): Dr. Gérald Stanimir, Dr. Douglas Black, Dr. David Young, Dr. Mark Heywood, Senator Lucie Pépin, Dr. Ahmed Ezzat, Dr. Claude Fortin, Guylaine Lefebvre, Dr. Catherine MacKinnon, Ms. Jane E. Caskey, Dr. Owen Hughes, Dr. David Wilkie, Dr. Michael Helewa, Dr. André B. Lalonde, Dr. Richard Johnston. Absent: Dr. Nicole Racette
Patient Safety – No Excuses

Editorial - Dr J.K.Milne, Associate Executive Vice President, Patient Safety Division, SOGC

I had the opportunity to attend the 7th National Patient Safety Congress in Orlando Florida in May 2005. The theme for this year’s congress was “Let’s Get on With It” Round 2. One of the more thought provoking sessions was the opening plenary session titled “No Excuses: The Reality Demanding Action.” The objective of the session was to identify the elephants that sabotage patient safety agendas in the patient care environment, and arm the prophets to engage the missing who have yet to join the patient safety journey.

Six issues were highlighted and all of these have been experienced by those of us who labour in the vineyards of the MORE® Patient Safety Program.

1. The business case and the return on investment. There are now many reports in the literature demonstrating the cost savings for hospitals that actively engage in patient safety programs. The costs savings are spread across the health care organization and their programs, and range from reduced liability coverage to retention, recruitment and orientation of staff all the way to material support for processes of care. When one says we cannot afford to do it, the reality is they cannot afford not to do it.

2. The evidence is lacking for taking action and becoming involved. This is a frequent and familiar response heard from health care providers and administration. This no longer stands up to scrutiny. There is a plethora of evidence to prove otherwise. The pendulum has definitely shifted. This excuse is nothing more than “passive aggressiveness”. It is a push-back in response to the hard work involved with being fully engaged with patient safety.

3. Insufficient capacity and resources are also used by the ‘elephants’ in an attempt to sabotage a hospital’s patient safety agenda. Statements such as “We do not have the expertise, experts, time or support resources” are common. One of our MORE® participants recently wrote on his evaluation of our Module One training session “I am much too busy not to be involved in this program”.

4. The lack of leadership and the importance of leadership to the success of patient safety programs in health care were repeatedly stated throughout the congress. The value of the hospital Board, CEO, and senior administration were emphasized. The leadership must create it, live it, and communicate patient safety at all times in their daily activities. The leadership role in patient safety must change from the traditional “control” behavior to one that embraces facilitation and enables it to happen. The hospital’s CEO culture trumps all and sets the tone for the rest of the organization.

5. Power and autonomy continue to be alive and well in our health care organizations. This is seen at all levels in the current hierarchy. It is not about the structure and control with power, it is about the power of structure, the power of the team.

6. The fear of disclosure was the last excuse to be addressed in this plenary session. This too is a large elephant of sabotage in the patient safety arena. The evidence continues to mount on the benefits of disclosure for both the patient and health care provider. Sue Sheridan MIM, MBA, Co-Founder and VP, Consumers Advancing Patient Safety, Eagle ID spoke passionately about the need for and the impact of proper and timely disclosure when no harm and harm events occur. Her comments were very poignant as she shared her own family harm events with the audience.

Throughout the three day congress the value of communication in closing the gaps in patient safety was stressed over and over. The message must be clear and compelling in articulating why it is better for the patient and “what is in it for me” for the individual health care provider, the WIFME test. Good open communication enables decisions to be taken in a group which are often proved better than decisions by individuals behind closed doors.

Those of us in attendance at this meeting were all bolstered in our confidence in the MORE® Program to address and support the central issues that were the focus of this year’s patient safety congress. Testimony to the program’s ability to meet the challenges outlined at this year’s conference is the realization that we have now implemented the program in 57 hospitals across 5 provinces and involving over 5400 participants. Analysis of the hospitals that have completed Module One demonstrates that we have brought the knowledge base of MORE® clinical content to a higher common denominator. This has improved trust and respect and built communities of practice among the health care providers. The data also supports that we have had a positive impact on changing the culture of blame and focusing the model of practice on team function and developing communities of practice with a multidisciplinary approach to problem solving the identified gaps in patient safety.

For those of you who are still missing in this evolution of obstetrical patient safety it is time to get on with it. Become a champion of the MORE® Program and of patient safety. We issue a challenge to those not yet involved - Do you want to stay on the sidelines and see what happens or do you want to lead and make it happen? For more information on the MORE® Program visit the MORE® website at www.moreob.com or call (519) 640-7333.
The New Quebec CME in Obstetrics: Preconception to Postpartum

November 17-18, 2005 at the Ritz Carlton Hotel, Montreal, QC
in association with the Association des omnipraticiens en périnatalité du Québec (AOPQ)

This new CME conference which will offer you knowledge on preconception to postpartum and everything in between will be held at the Ritz Carlton Hotel in Montreal on Thursday, November 17 and Friday, November 18, 2005.

For an update on the scientific programme, please visit our website at www.sogc.org

To register for the early bird rate - deadline date: Tuesday, October 11, 2005:
- Fill out the registration form you have received with the Preliminary Programme and return it to our office with your payment, either by fax at 613-730-4314 or by mail to SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7 OR
- You may also register on-line by visiting our website at www.sogc.org.

Book Your Hotel Accommodation:
Call: Ritz Carlton Hotel, 1228 Sherbrooke Street West, Montreal, Quebec
Telephone: 1-800-363-0366 or (514) 842-4212
Special rate: $165 per night (Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference.)

Cut-off date: Tuesday, October 11, 2005

Please continue to visit our Website, www.sogc.org, for updates on our CME events.

SOGC, serving its members with excellence!

24TH ONTARIO CME

in association with Ontario Society of Obstetrics and Gynaecology (OSOG)
November 24-26, 2005 - Marriott Downtown Eaton Centre, Toronto, Ontario

Don’t forget the deadline date is Monday October 24th, 2005!

REGISTER for the CME (Early Bird rate) and/or the ALARM Course:
- Complete the registration form you have received with the preliminary programme and return it to our office along with your payment, either by fax at 613-730-4314 or by mail to SOGC, 780 Echo Drive, Ottawa, ON K1S 5R7.
- OR Register online at: www.sogc.org

NOTE: Limited space for the ALARM Course. Register today while spaces are still available.

Make your hotel reservation at the Toronto Marriott Downtown Eaton Centre:
Telephone: 1-800-905-0667
Special rate: $145 single/double occupancy (Note: to obtain the special rate, please advise hotel staff that you are attending the SOGC conference.)

FOR MORE INFORMATION, please visit our website at www.sogc.org. Please continue to visit our Website, www.sogc.org for updates on our CME events.

SOGC Courses

ALARM - 2005
- Moncton, NB - September 11-12
- Comox-Courtenay Valley, BC - September 30-October 1
- Toronto, ON - November 27-28 (in conjunction with the Ontario CME)

Réunions nationales et internationales

The 15th World Congress on Ultrasound in Obstetrics & Gynaecology
- Vancouver, September 25-29. For more information, visit www.cfas.ca.

Canadian Fertility and Andrology Society Conference
- October 15-19, 2005, Palais des Congrès, Montréal, Quebec; Info: Tel: 514-524-9009; Fax: 514-524-2163; E-mail: CFASoffice@cfas.ca

Growing in the North: Expertise and Leadership in Maternal Child Nursing
- November 3-5, 2005 at the Coast Inn of the North. Questions Contact: Martina Irvine at (250) 565-2328; Martina.Irvine@northernhealth.ca


Gynaecology Review Day
- Friday November 11, 2005, Ben Sadowski Auditorium - Mount Sinai Hospital. For information: Elizabeth Gan at (416) 586-4800 ext. 2458 or egan@mtsinai.on.ca. Web site: www.mtsinai.on.ca/seminars/ce

AWHONN Canada Conference

The 3rd Annual Saskatchewan Association of Gynecologic Endoscopists Continuing Learning Conference and Annual General Meeting
- November 18-19, 2005, Radisson Plaza Hotel Saskatchewan, 2125 Victoria Avenue, Regina SK

Canadian Congenital Anomalies Surveillance Network 4th Scientific Meeting: Primary Prevention of Congenital Anomalies

Annual Pregnancy and Birth Conference, Maternal, Infant & Reproductive Health Research Unit
Committee members enjoyed an in person meeting at the annual clinical meeting of the SOGC and the AOGQ in Quebec City. The ACM was extremely well attended by midwives from Nunavik, British Columbia, Alberta, Manitoba, Ontario and Quebec. Special guests of the SOGC included midwives Kelly Klick, the president of the Canadian Association of Midwives, and Piatsi Sala and Nellie Tukalak, Inuit midwives from Puvirnituq in Nunavik.

We are pleased to announce the approval of the nomination to the RM Advisory Committee of midwife Kerstin Martin of Nova Scotia who will represent midwifery in Atlantic Canada.

Bachelor of Midwifery Degrees were conferred May 31, 2005 by the University of British Columbia on the first graduates of the program. Congratulations to the seven women in the Class of 2005. Dr Karyn Kaufman received an Honorary Doctors of Laws Degree at the ceremony with the following introduction to the Chancellor of the University:

"MR. CHANCELLOR, with exceptional integrity and leadership, Karyn J. Kaufman helped to establish midwifery as a recognized profession throughout Canada."

Professor Kaufman skillfully bridged the gap between an emerging profession and the established medical community, thus earning not only a national but international reputation as a leader in her field. As a nurse, midwife and prominent scholar, she always focused on improving health and well-being of childbearing women and their families.

As Assistant Dean in the Faculty of Health Sciences at McMaster University, she heads its highly successful Midwifery Education Program. She was awarded the McMaster University President’s Award for Educational Leadership in 1996.

The committee would like to take this opportunity to honour and congratulate Dr Karyn Kaufman and recognize her commitment and contribution to the profession of midwifery in Canada.

At the International Confederation of Midwives (ICM) Congress in Brisbane Australia this summer the Canadian Association of Midwives will bid to bring the ICM congress to Montreal in the year 2011. On the national scene join midwives at the Canadian Association of Midwives Annual Meeting and Clinical Symposium November 9 to 11, 2005 in Halifax, Nova Scotia.

Introducing the NASPAG Postgraduate Course

PROBLEM SOLVING IN PEDIATRIC AND ADOLESCENT GYNECOLOGY

Saturday, October 15, 2005 • 8:15 a.m. - 5:00 p.m.
Palais des congrès de Montréal • Montréal, Québec, Canada

NASPAG Postgraduate Course Faculty:
Janice L. Bacon, M.D., Chair • Zeev Harel, M.D.
Marie Anne Jamieson, M.D. • Frank Biro, M.D.

Gynecologists, pediatricians, general practitioners, and nurse practitioners often are confronted with an array of problems in female children and adolescents. These practices must develop a thorough understanding of the physiologic processes behind these problems and continually update themselves about new medical initiatives to allow the best performance in patient care and education.

The North American Society for Pediatric and Adolescent Gynecology (NASPAG) will hold their Annual Postgraduate Course in conjunction with the American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society's Conjoint Annual Meeting. The Postgraduate Course will be held Saturday, October 15, 2005, at the Palais des congrès de Montréal in Montréal, Québec, Canada.

For more information about this course and how to register, please contact the NASPAG representative at NASPAG@asrm.org or (205) 978-5011.

The American Society for Reproductive Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.
Quebec City is no stranger to strangers. From its early days as a fur trading post, people have traveled hundreds of miles to do business along the banks of the St. Lawrence. Four centuries later, it seems the city hasn’t lost its drawing power, as a near record-setting number of participants made the trip for the SOGC’s 61st annual clinical meeting. This meeting was a special collaboration with the AOGQ, adding a special theme of collaboration.

But the breathtaking scenery can’t take all of the credit. With six intensive days of riveting speakers, awards, and contemporary workshops, ACM 2005 was by all accounts a tremendous success; one of the best in recent memory. And though participants may not realize it, between the fancy dinners, historic city tours and fun group social events, we also managed to get a whole lot of work accomplished.

In particular, the SOGC was honoured to welcome Mr. Stephen Lewis, the UN Secretary General’s Special Envoy for HIV/AIDS in Africa. In front of a mesmerized standing-room only audience, Mr. Lewis spoke eloquently and passionately about his first-hand experience of AIDS in Africa. As the keynote speaker for the ACM’s International Women’s Health Symposium, Mr. Lewis’s words helped to put not just a face to the AIDS pandemic, but also a gender; in Africa, nearly two-thirds of AIDS victims are women.

“If 20 years ago we had an issue with male mortality we would have solved it,” said Mr. Lewis. “Never has there been a disease that has so zeroed in on one gender, and the world is responding with infinite indifference.”

Mr. Lewis’s message was particularly poignant for the SOGC and its members, who share a mandate to improve women’s health worldwide, and to help meet the UN’s millennium development goals.

The meeting, held from June 16-21 at the Hilton Quebec, was also filled with symposia, best practice sessions, post-graduate courses, sub-specialty meetings that addressed some of the most contemporary issues in our fields. Sessions on important topics such as emergency obstetrical care and medical legal issues helped to ensure that participants can practice safely and responsibly, and that Canada’s ob/gyns have the information they need to stay well ahead of the latest trends and warning signs.

Other notable events in the meeting included a symposium hosted by outgoing SOGC president Dr. Gerald Stanimir. Dr Stanimir detailed exciting new developments in the treatment and prevention of human papillomavirus (HPV), a leading cause of cervical cancer and one of the world’s most common families of viruses. Dr Stanimir and his associates also described new technologies available to help detect this widespread disease. A symposium on Globalization and Women’s Health, directed by SOGC Vice-President André Lalonde, was another participant favourite.

The meeting was also an opportunity for the SOGC to honour those that are truly making a difference in the specialty, and also saw a changing of the guard, as new President Dr. Michael Helewa was welcomed for the 2005/2006 term. No stranger to the SOGC, Dr Helewa has over 25 years of experience within the organization. As an accomplished physician and an award-winning professor at the University of Manitoba, Dr Helewa will make an exemplary addition to the SOGC executive.

The eloquent acceptance speech of Dr. Dorothy Shaw, winner of the SOGC Presidential Award, was another ACM highlight. Dr Shaw, the
current president of the International Federation of Gynaecology and Obstetrics, received the award in recognition of her lifetime devotion to the sexual and reproductive health of women globally. Few could be so deserving; her passion to help others has drawn her to nearly every corner of the earth, and the SOGC is privileged to have Dr Shaw as a member.

The conference was not without its lighter moments.

With lines like “if you tell your 60-year-old patients to relax, have a hot bath and a glass of wine as a precursor to sex, the majority will more likely fall asleep if it’s after 10 pm, rather than feel amorous”, Dr Sandra Lieblum drew her share of laughs in her symposium, Desire for Desire: Women and Sex. And, as always, the annual “Stump the Professor” challenge – in which students present a case study to try to outwit a panel of experts – delivered no shortage of entertainment.

The SOGC would like to thank all of our members and friends, old and new, who made ACM 2005 such a smashing success, and, of course, the dedicated SOGC staff who work year-round to squeeze so many good times into just six days. Thank you all, and we can’t wait to see you all again at ACM 2006!
Québécois Evening at the ACM

The Canadian Foundation for Women’s Health held a successful fundraising evening during the ACM in Quebec City. The Foundation’s annual fundraising dinner to support women’s health research drew 250 attendees. Guests savoured the flavours of Québec as they dined on a fabulous buffet dinner. The evening was topped off with a dynamic performance by the critically acclaimed Québécois Quartet - The Painchaud Family.

Many thanks go out to all who attended. This event gets bigger and better every year, so plan now for an exciting time in Vancouver in 2006.

Furthering Women’s Health Research

Also taking place during the ACM was the Foundation’s research grant awards. A total of $174,000 was distributed to researchers. Receiving grants were Dr Emmanuel Bujold of the University of Montreal, Dr Joan Crane of Memorial University of Newfoundland, Dr Katharina Kieser of Princess Margaret Hospital, Dr Peter Leung of the University of British Columbia, Dr Derek Lobb of McMaster University, Dr Janice Richman-Eisenstat of the University of Manitoba and Dr Jackie Thomas of Mount Sinai Hospital. A total of 41 proposals were received for the 2005 competition. Thank you to all the generous individual donors and to the Society of Obstetricians and Gynaecologists of Canada, Foundation for the Promotion of Sexual and Reproductive Health and to the corporate sponsors who have invested in women’s health research. Sincere appreciation to this year’s reviewers who assessed and scored the proposals and whose valuable time was volunteered to provide an unbiased search for the most outstanding research projects.

Cannell Lecture Well Received

The main plenary room was filled to capacity in anticipation of this year’s Cannell Lecturer, Dr Declan Keane. Dr Keane spoke on the subject of Forty Years of Active Management of Labour - Quo Vadis? The Cannell Committee was unanimous in selecting Dr Keane and thanks him for his informative lecture.

SOGC membership welcomes Dr Shingo Fujii

As part of its expanding international cooperation, the SOGC proudly awarded honourary membership to Dr Shingo Fujii, President of the Japan Society of Obstetricians and Gynaecologists (JSOG). Through implementation of programs such as the International Young Doctors’ Exchange, Dr Fujii and the JSOG have bridged specialists across three continents and fostered concerted efforts to enhance women’s health on a global scale. Through his integral work to expand and enrich these cooperative programs, Dr Fujii has helped promote the specialty among the brightest young minds, and helped to ensure that a steady supply of quality obstetric and gynecologic care exists for future generations.

The SOGC is proud to welcome its newest member - whose distinguished career includes nearly 35 years of dedicated practice and research in the specialty - and is looking forward to future cooperation with the JSOG and other international partners.
2005 International Women’s Health Symposium

On Thursday June 16, 2005 the Annual Clinical Meeting (ACM) of the SOGC was initiated with an overwhelmingly well attended International Women’s Health Symposium. Over 120 people attended the event that focused on the Millennium Development Goals (MDG) and progress made toward achieving them.

The main highlight of the symposium was a keynote address from Stephen Lewis, UN special envoy to Africa on HIV/AIDS. After turning the title of his presentation around from, Can the MDG combat the HIV/AIDS pandemic? to, Will the AIDS pandemic sabotage the MDG? Mr. Lewis criticized the blatant gender inequality that impedes real progress in the area of health development. He spoke about the absence of an MDG that focuses on sexual and reproductive health and challenged the notion that gender empowerment can be measured by the number of girls registered in primary school. Mr. Lewis reflected on the themes of the day saying, “This contagion of maternal mortality, without a dramatic emergency intervention has to tell you something. It isn’t that we don’t know, we just don’t act on it. There is very little mystery. It all has to do with gender. If we had paternal mortality we would have solved it 20 years ago.” Mr. Lewis’ address was very well received, drawing a standing ovation from the participants who were both moved and inspired by his reflections.

The fact remains that in many countries of the world, pregnancy and childbirth are a life threatening event. Half a million women die every year from pregnancy and childbirth, and more than 11 million children die before their fifth birthday, 4 million of these being newborns. The vast majority of these deaths take place in poor countries, and mostly among the poorest section of the population. These facts were highlighted by a number of speakers over the course of the day including Dr André Lalonde of the SOGC, Dr Margaret Kruk of the Millennium Project Secretariat, and several of our 2005 Journalism Award Recipients.

In one of his two presentations, Dr André Lalonde, Executive Vice-President of the SOGC, profiled the contribution of the SOGC to the reduction of maternal mortality and morbidity worldwide. He also challenged the Canadian government to be more active in this area, by increasing their Official Development Assistance (ODA) commitments to meet the promised minimum of .7% of our GNP (Canada is currently at less than .3%), and he encouraged SOGC members to become active advocates on this front.

Five international guests representing Guatemala, Haiti, Uganda, France and Japan, addressed the question of how professional associations, and specifically their ob/gyn associations, can and are contributing to achieving the MDG’s. Three of the international guests represented our Partnership Program partner associations.

The symposium also provided an opportunity to recognize the many volunteers that ensure the success of the Society’s International Women’s Health Program (IWHP) including several who were awarded prizes of recognition. Dr Pierre Drouin and Dr Jean Chamberlain were awarded the International Women’s Health Program Volunteer Award for their contribution over the years. Dr Paul Thistle was honoured with the SOGC International Development Award for Volunteers for his continued and dedicated work in the area of maternal health in Zimbabwe, and Shelley Page of the Ottawa Citizen was awarded with the SOGC/CFWH Journalism Award for Excellence in Women’s Reproductive Health Reporting.

Thank you to all you contributed to the success of this event, including our sponsors Duchesnay Inc. and the Canadian International Development Agency, our volunteers, our speakers, and all of those who attended the day.

2005 Journalism Award Recipients

Shelley Page, The Ottawa Citizen “Birth of a Crisis”

This series investigated women’s reproductive rights in Kenya, while also looking at the plight of women throughout the developing world. Ms. Page interviewed women in the poorest parts of Kenya, from Maasai Mara region to the slums in Nairobi. She talked to these women about their inability to exercise their reproductive rights or access contraception. The series focused on the consequences of the Bush administration’s “Global Gag Law” which has resulted in the closing of dozens of family planning clinics.

André Picard, The Globe and Mail “Generations of Family Planning”

This series looks at an issue that preoccupies virtually every woman in Canada but which is rarely spoken of in the mainstream media – contraception. The series tackles a number of taboo topics, from menstrual suppression to the morning after pill, in a straightforward and informative manner; the related controversies are put into much needed context, and the tough personal decisions surrounding contraceptives choices are given human face.
Dr. Dorothy Shaw was awarded the SOGC President’s Award for her outstanding commitment and accomplishments over her professional lifetime. The award recognizes Dr. Shaw’s leadership in women’s health issues, particularly in the promotion of reproductive health.

Dorothy Shaw is a role model for men and women concerned about women’s health and particularly sexual and reproduction rights here in Canada and throughout the world. Dr. Shaw has been an advocate for free choice and gender equity. “She represents Canada’s best efforts around the world,” explains SOGC President Dr. Gerald Stanimir.

Dr. Shaw, the International Federation of Gynaecology and Obstetrics (FIGO) President-Elect and former SOGC President, was a member of the Canadian Task Force on Violence Against Women and worked with the World Health Organization and FIGO to internationally address the issue of Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights. She has travelled extensively around the world including Kenya, Brazil, Mexico, Nigeria, India, Chile, Argentina, and Guatemala promoting sexual reproductive health and advocating greater access in women’s health.

“In Sub-Saharan Africa, one in every 16 women faces maternal death. A maternal death is a reality for one in six women in Afghanistan and one in 29 in Haiti compared to one in 2,800 women in Canada. Dr. Shaw’s work is both inspiring and vital. It is with the type of leadership she extols that we can make a difference globally,” praises Dr. André Lalonde, Executive Vice-President of the SOGC.

A recognized expert in the areas of contraception, prenatal diagnosis, violence against women, physician patient communication and women’s sexual and reproductive rights, Dr. Shaw is currently Acting Associate Vice-President Equity, UBC and Associate Dean, Equity Faculty of Medicine, University of British Colombia (UBC) and Clinical Professor, Departments of Obstetrics and Gynaecology and Medical Genetics, UBC.

The President’s Award enables the SOGC to commend and recognize an individual’s contribution to the Society’s projects and programs and to the betterment of women’s health in Canada and abroad.
The ACM 2005 medical student program overall was very successful. With 61 medical students in attendance the reviews from the experience have been positive. The medical students came from the 16 medical universities across Canada. The program consisted of 3 sessions designed specifically for medical students, Introduction to Women’s Health, Residency Fair and “Wake Up and Smell the Coffee” wrap up session. The medical students also had the opportunity to meet with the residents and Leadership Program participants at the Student Mixer and Resident Fun Night, and were invited to the Leadership Program’s Top 10 Financial Must Do’s for Residents session. This year’s big hit was the Residency Fair. The session allows the medical students to visit the 16 universities without boarding a plane! On hand were representatives from each medical university divided by region to discuss their university and the programs available. The response the medical student program has received in the last 2 years has been overwhelming. With each coming year the SOGC would like to see this program get bigger and better.

The SOGC would like to thank the members of the Promotion of the Specialty Committee, Dr Lynne McLeod, chairperson of the Promotion of the Specialty and moderator of the ACM 2005 Medical Student Program, Dr Brian Harrington, Dr Terry O’Grady, Dr Brigitte Bonin, Dr Glenn Gill, Dr Lawrence Oppenheimer, Dr Glenn Posner and Dr Tiffany Wells. The program could not have been such a success without your support.

The SOGC gratefully acknowledges the following sponsors for their generous support of the Annual Clinical Meeting in the form of unrestricted educational grants:

Platinum

Gold

Bronze

CaRMS/Quebec Match for 2005

Here are the quota totals for the first iteration and second for all the ob/gyn programs in the 2005 match:
- Memorial 3 positions, filled in 1st iteration
- Dalhousie 4 positions, filled in 1st iteration
- McGill 3 positions, filled in 1st iteration
- Ottawa 4 positions, filled in 1st iteration
- Queen’s 3 positions, filled in 1st iteration
- Toronto 8 positions, filled in 1st iteration
- McMaster 5 positions, filled in 1st iteration
- Western 4 positions, filled in 1st iteration
- Manitoba 4 positions, 2 filled in 1st iteration, 2 vacancies in the 2nd
- Saskatchewan 3 positions, 1 filled in 1st iteration, 2 vacancies in the 2nd
- Alberta 5 positions, filled in 1st iteration
- Calgary 5 positions, filled in 1st iteration
- UBC 7 positions, filled in 1st iteration

Total Ob/Gyn quota = 58; # of positions filled in 1st iteration = 54, leaving 4 positions available in the 2nd iteration.
- May 2005: Both the University of Manitoba and Saskatchewan had a quota of 2 in the 2nd iteration and both universities filled their spots.
- Province of Quebec: The number of positions available at each of the Quebec Universities for 2005 is as follows:
  - Sherbrooke 4 positions - FILLED;
  - Montréal 5 positions - FILLED;
  - Laval 5 positions - FILLED
Stump the Professor – June 21, 2005 session - Winners

Stump the Professor (hosted by the Junior Member Committee) is one of the most anticipated events at each ACM. It provides two residents the opportunity to present case studies in the hopes of stump the expert panel of professors. The professors who were stumped this year were: Dr. Donna Fedorkow, Dr. Declan Keane and Dr. Anthony Armson. The case presenters were Dr. Maha Al-Khaduri, McGill University (best obstetrics case) and Dr. Fariba Mohtashami, University of Saskatchewan (best gynecology case). The presenters each received a prize of $1000. The SOGC congratulates both case presenters and would like to thank the panel of professors. See you next year at this unique event!

Collège national des gynécologues et obstétriciens français (CNGOF)
- SOGC/CNGOF Junior Member Award (Canada/France Exchange)

The recipient of the SOGC/CNGOF Junior Member Award receives an all expense paid trip to France to attend the Collège national des gynécologues et obstétriciens français’s annual clinical meeting. This year’s winner is Dr. Martine Goyet who presented her winning abstract entitled “Le risque de rupture utérine est-il influencé par le type de fermeture?” at the June ACM. Congratulations Dr Goyet!

Junior Member Committee Meeting – June 19, 2005

The Junior Member Committee met on June 19, 2005. More than 25 Junior Members attended this face to face meeting. Some of the important topics discussed were; review of the new Terms of Reference (addition of a non-voting medical student representative on the Committee), Junior Members Website, Elective Grants, Fellowship Guide, Junior Member Manual, CaRMS match, Nomination of new Chair-Elect - Dr. Kimberly Butler and Dr. Tiffany Wells began her one year mandate as the new Chair of the Junior Member Committee. In all this was a very positive and productive meeting. Thank you to all members who attended.

Canadian Junior Members Leadership Program

This year’s Leadership Program was of the highest quality! The speakers for the four sessions were:

The Specialty of Obstetrics & Gynaecology – Session #1 – From Japan: Dr. Michiyo Nakamura, Dr. Takeshi Nagamatsu and Dr. Sami Tsukishiro. From Canada: Dr. Kimberly Liu and Dr. Sony Singh. From France (CNGOF) Dr. Camille LeRay. From the United States (ACOG) Dr. May Hsieh Blanchard. Each presented the perspective of the specialty of obstetrics & gynaecology within their respective country. This made for a very interesting session.

Leadership – Skills for Residency and Practice – Session #2 – Dr. Markus Martin, Associate Professor Obstetrics & Gynaecology and Oncology at McGill University. Dr. Martin presented valuable information concerning leadership within residency and practice.

Top 10 Financial Must-Dos for Residents – Session #3 – Mr. Marc Lepage, Senior Financial Consultant, MD Management Ltd. Mr. Lepage focal point of practice is working with physicians that are in their first 5 years of practice. Mr. Lepage presented priceless information for residents concerning financial planning that will be useful in their current and future practice.

Career Panel – Postgraduate Training Opportunities – Session #4 – Dr. Helen Steed – recently completed a 3-year Gynecologic Oncology Fellowship at the U of T. Dr. Sandra Baylock – currently a urogynaecology fellow in the Department of Obstetrics and Gynaecology at Dalhousie University in Halifax and Dr. Heather Robinson – currently completing a 2-year fellowship in Maternal-Fetal-Medicine at Dalhousie University. All three speakers spoke of their personal postgraduate training experiences within their respective area of specialty.

On average the attendance to each session was 28.5 participants (on a total of 32 Leadership Program participants). Reports of the 32 participants will be amalgamated into one final report and presented to the sponsoring company – Wyeth Pharmaceuticals. Thank you to all the speakers, participants and Wyeth Pharmaceuticals.

Stump the Professor 2006

The Junior Member Committee invites you to submit cases for the 2006 edition of “Stump the Professor”. This extremely successful event has met with a great deal of positive feedback.

The SOGC Junior Member Committee is calling for entries for the 2006 ACM in Vancouver, BC. All residents who are members of the SOGC are invited to submit a detailed summary of an interesting case which arose at their centre. The winning entries will be selected by a committee. The individuals whose entries are selected will be invited to present their case to a panel of distinguished ob/gyn professors. The residents whose entries are selected will receive a stipend of $1,000.00 to help defray the cost of attending the Annual Clinical Meeting. Please forward entries to:

Stump the Professor/ACM 2006

c/o SOGC Attention: Janie Poirier
780 Echo Drive, Ottawa, Ontario, K1S 5R7
jrmembers@sogc.com

Deadline: March 1st 2006

News From Manitoba

The program at University of Manitoba has been moving along smoothly this past year with special mention of our PGY-2 residents who have been working very hard and doing a fabulous job.

The program has wished a fond farewell to Dr. Mark Heywood, who was our department head for the past 18 months and has moved to Vancouver. We are all looking forward to working with a former resident and fellow of the U of M, Dr. Shauandra Popowich who will be starting with the team in July. We are also welcoming home two new GFT positions in Pediatric and Adolescent Gynecology, Dr. Jenna McNaught and Urogynaecology, Dr. Kenny Maslow. Welcome Back!

The program is welcoming five new residents starting in July, Lisa Antilla, Nicola Matthes, Shannon Reid, Guido Katz and Shamsa Al-Hinai. We also wish the PGY-5s well in their future endeavors having all passed the exam.

Other new initiatives for U of M are the start of an early pregnancy clinic rotation as well as working on a laparoscopic training program for the residents.

A plus for U of M this year is the increased presence in research, one resident was published in the JOGC earlier this year and there were numerous presentations at the ACM this year. There were 10 residents from the program at the ACM this year where we all welcomed from our very own Dr. Michael Helewa as SOGC president. Congratulations!
MCP² – Moving Forward Toward to Address Challenges in the Provision of Primary Maternity Care

By Margaret (Margot) McNamee, MCP² Project Manager

For the past year, the SOGC has played a key role in the implementation of the Multidisciplinary Collaborative Primary Maternity Care Project (MCP²), an initiative to address the key barriers to collaborative primary maternity care. Other partner organizations include the Association of Women’s Health, Obstetric and Neonatal Nurses (Canada), the Canadian Association of Midwives, the Canadian Nurses Association, the College of Family Physicians of Canada and the Society of Rural Physicians of Canada. As reported in previous articles, the project’s focus is on finding multidisciplinary collaborative solutions that will build capacity in primary maternity health care. MCP² is funded by the Primary Health Care Transition Fund of Health Canada.

The legacy objective of MCP² is the establishment of a National Primary Maternity Care Committee, an advisory group co-chaired by Dr Renato Natale, an obstetrician from London and Rebecca Attenborough, a nurse from the Reproductive Care Program of Nova Scotia. This national committee, which includes representatives from each of the partner associations, provincial governments and consumers, has an infrastructure of five working groups responsible for achieving the project’s objectives. The National Primary Maternity Care Committee held its inaugural meeting on January 11, 2005.

At its second meeting in Ottawa on June 8th, the National Primary Maternity Care Committee adopted the following definition of multidisciplinary collaborative maternity care: “Collaborative woman-centered practice designed to promote the active participation of each discipline in providing quality care. It respects goals and values for women and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines.”

A key highlight of the meeting was the presentation by Dr Malcolm Anderson, from Queens’ University, on his research on the establishment of multidisciplinary collaborative care models. Of particular relevance to the group was the multidisciplinary collaborative primary maternity care model proposed by Dr Anderson, a model that transcends contextual factors and creates a singular vision for enhanced collaboration.

The proposed multidisciplinary collaborative maternity care model is based on the following principles that emphasize continuity of care and the realities of community needs and human resource availability:

1. Quality of care: Quality maternity care is achieved by the contribution of all care providers. Quality care is based upon equity of access to, and integration of services, timeliness, continuing of care, and the valuing of different providers’ expertise.
2. Women centered: Responsiveness, informed choice and decision making for the woman.
4. Professional competence.
5. Commitment to the collaborative model: Willingness to devote time and energy to the collaborative model. Willingness to openly discuss differences.
6. Mutual trust and respect: Mutual trust and respect for each other’s perspective and way of thinking.
7. Shared values, goals and visions.
8. Open, honest communication.
9. Responsibility and accountability: Responsibility and accountability that recognizes each profession’s standards of practice.
10. Scope of practice: Understanding of, and respect for, different professions’ scope of practice.
12. Mutually supportive environment: Unified front and mutual support by members of the team.
13. Acceptance to discuss financial issues: Open and frank discussion of financial issues.

Also during the June 8th meeting, Kathy Herschderfer and Hanneke Kateman from the International Confederation of Midwives presented the results of their review of collaborative models in the United Kingdom, the Netherlands, Germany, France, Sweden and Australia. This study noted that the various models reflect historical and cultural development and that the models are constantly responding to environmental influences. Their research revealed that the two most significant barriers to multidisciplinary collaborative practice perceived by those interviewed were the different visions and philosophy of the professions and differences in levels of education.

In addition, this meeting provided an arena for a stimulating discussion on measures required to facilitate harmonization of legislation and policies, as well as liability issues relative to the implementation of multidisciplinary collaborative primary maternity care.

The next meeting of the National Primary Maternity Care Committee will be held in Ottawa on September 14th. We will keep you updated on the project and its results. For more information on MCP², please visit the project’s website at www.mcp2.ca.
Outbreak of Rare STI Hits Canada

As many as 22 cases of a rare and aggressive form of the sexually transmitted infection Chlamydia have been diagnosed in Canada recently, the Public Health Agency of Canada reported in late May.

The bacterial infection Lymphogranuloma Venereum, or LGV, attacks and damages the lymph nodes and can cause scars, lesions or deformation of the genitals and anus. In extremely rare cases, an untreated infection can spread to other organs, including the brain, where it can cause inflammation or even death. However, because the infection is easily treated with antibiotics, it is very unlikely for cases to reach this point in a developed country like Canada.

The agency said that Canadian cases of the infection date back to January 2004, though they have only been properly diagnosed as LGV recently.

“In industrialized countries this infection has been very rare until now,” said Dr Tom Wong, director of the community acquired infections division for the agency. “Going back over the past, say, 10 years, our labs here did not register one single case of LGV.”

Until three years ago, that was the case for almost the entire industrialized world.

Though a common problem in tropical countries in Africa, Asia, South America and the Caribbean, LGV has been virtually non-existent in developed Western and European countries. Then, in 2003, 13 cases appeared in the Netherlands. Since that time, LGV has spread dramatically across Europe and North America, with reported cases in Belgium, France, Germany, Sweden, the United Kingdom, the United States, and now here in Canada.

So far, all of the Canadian cases have been diagnosed in men, and have not been localized to one area. One of the infected reports to have only had sexual contact with women, but the remaining cases are believed to have been spread through male-to-male sexual contact. However, the disease can be transmitted through heterosexual sexual contact as well.

Dr Wong partially attributes the arrival of the infection to increases in high-risk sexual activity, unprotected sex, Internet solicitation, and sex coupled with use of “club” drugs like Crystal Meth and Ecstasy. These reasons may also play a role in the increasing number of cases of other bacterial infections such as Gonorrhea, Chlamydia and Syphilis. Like most STIs, LGV can be prevented by using condoms, but recently, says Dr Wong, Canadians seem to be letting down their guard when it comes to safer-sex practices.

“Any genital inflammation enhances the risk of HIV. That’s the big concern,” said Dr Barbara Romanowski, a clinical professor at the University of Alberta and an expert on sexually transmitted infections. “If you have this infection plus HIV, there’s the risk that you’ll be spreading the two instead of just one.”

As to whether this will be an isolated short-lived outbreak or if LGV is here to stay, Dr Romanowski, will depend on people’s willingness to change their sexual behaviour. But, she said, if the spread of other more dangerous STIs hasn’t already changed their minds about safer-sex, LGV likely won’t either.

“You would think, ‘if they won’t respond to the warning signs of Syphilis spreading, why would they respond to this?’”

ABOUT LGV

Lymphogranuloma Venereum, or LGV, is caused by a form of Chlamydia bacteria. Symptoms typically appear within a month of infection and can include swelling of the lymph glands, inflammation or scarring of the anus or genitals, and genital lesions, abscesses or deformation. In very rare cases, the untreated infection can cause serious genital deformation, inflammation in the brain or other organs, hepatitis, or even death. Sometimes, serious genital deformation can require surgical correction.

A serious side-effect of the infection is that it may increase the risk of contracting HIV or other STIs. It can be transmitted through anal, vaginal or oral sexual contact, and can be transmitted by both heterosexuals and homosexuals.

LGV infection can be effectively prevented using male or female condoms.

LGV can be treated with antibiotics, and anyone who has had sexual contact with an infected person - up to two months prior to visible symptoms - should also be treated, regardless of whether they display symptoms.

The SOGC News is produced on a monthly basis. Comments and contributions are welcome and should be forwarded to: SOGC News, 780 Echo Dr, Ottawa, ON K1S 5R7, Tel: (613) 730-4192 or 1-800-561-2416 ext. 350, Fax: (613) 730-4314, E-mail: knolan@sogc.com
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