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IN THIS **EDITION:**

DEPARTMENT OF **MEDICINE** NEWSLETTER

Message from the Chair

It truly is a pleasure to be writing my inaugural message for the Department of Medicine Newsletter. I have enjoyed meeting old friends and new colleagues alike during the first eighteen months in my role.

The Department has been busy during the past year on all fronts including recruitment, education and operational development.

The faculty is engaged enthusiastically in patient care, research and education. In addition to their medical degrees and specialty training, more than 65 of the faculty have master's degrees attesting to their commitment to the academic mission.

The Centre for Education Research & Innovation (CERI) keeps our approach to medical education fresh and vital.

ICES Western opened in 2013 and provides a unique window into the health challenges of our community, tracking both patient outcomes and the long-term quality of patient care in our region.

Additionally, we continue with strong basic science research within the Department.

There have been many faculty awards and the continuing recruitment of new expert faculty members. Two new endowed chairs have been filled in Nephrology and one in Gastroenterology and there is one endowed chair yet to be filled.

Dr. Anthony Tang is leading a team of nationally known electrophysiologists through the newly established Canadian Arrhythmia Network (CANet), part of the Networks of Centres of Excellence (NCE). Their work will focus on the detection and comprehensive management of cardiac arrhythmias and prevention of sudden cardiac death.

This past summer, we launched a strategic planning process to re-examine our three-armed mission of patient care, education and research and update to a rapidly changing health care environment. This plan is now being implemented.

Meanwhile, as recently as this May, the Department held its second Lean Six Sigma workshop, for faculty and nursing partners. This knowledge will be translated into new teaching modules for residents and faculty and reflects our commitment to patient safety and quality of care.

As we move forward, the Department will engage with the Local Health Integrated Network (LHIN) and hospitals to solidify our approach to chronic disease, including broader use of chronic disease models to manage chronic heart failure, chronic obstructive lung disease and diabetes.

Our goal with all of these initiatives is to increase the value proposition — appropriate care, better quality of care and better service with less waste — to our community and partners. Throughout the newsletter you will read about some of the achievements, meet some of our faculty, our trainees and learn more about our work.

- Dr. James E. Calvin
MD, MBA, FRCPC, FACC, FACP

Schulich MEDICINE & DENTISTRY

Western

STRATEGIC PLAN

Creating the Department of Medicine's 2015-2020 Strategic Plan: Setting the Standard

The Department's new strategic plan is a culmination of an eight-month process that began in May 2014, when we embarked on the first strategic planning process in more than a decade.

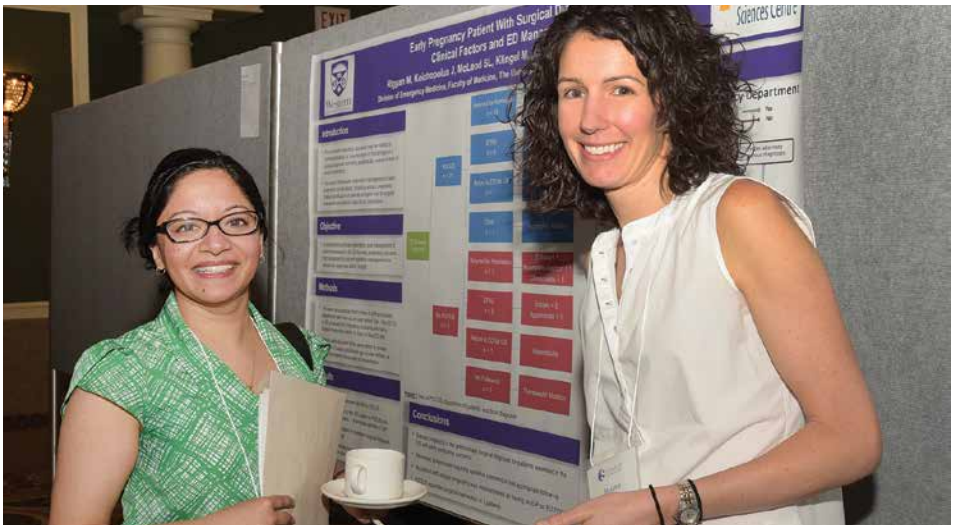
It marked the first critical step in developing a results-based accountability system for the Department of Medicine (DOM) — the largest department within the Schulich School of Medicine & Dentistry.

The strategic planning journey was steered by the Guiding Coalition, a committee comprised of senior leaders from across the Department, as well as representatives from the faculty, and the academic hospitals.

Our process was designed to engage many diverse voices, release the passion we have for the valuable work we do, and generate distinctive ideas for charting our future. The consultation was an unqualified success, with more than 200 faculty, trainees, staff and leaders involved. The result is a strategic plan that is thoughtful and focused on the future.

The strategic planning approach we used was based on the balanced scorecard planning methodology, which asks five critical questions:

1. *What is our mission and vision for the DOM?*
2. *In order to achieve the DOM's vision and mission, what outcomes must we achieve for patients, learners and the communities we serve?*
3. *In order to achieve those outcomes, in what areas must the DOM excel?*
4. *In order for the DOM to excel in these areas, what capacity (human resources, technology, infrastructure and culture) do we need?*
5. *In order to build and sustain that capacity, how will we allocate and employ resources and measure performance?*



A thorough environmental analysis was conducted and cross-functional focus groups met to answer these questions and uncover our greatest opportunities and limitations.

We also established four working groups to drill down into critical strategic areas supported by the DOM, including:

- Clinical Service Delivery;
- Research;
- Teaching; and
- Workforce Capacity.

Based on all of this work, we developed the DOM strategy map. The strategy map tells our strategic story in one page in the form of integrated, cause and effect relationships.

Ultimately, it is a bold and balanced declaration of what the DOM is all about, where we are heading in the future, what we will achieve and how we will accomplish our goals.

The plan challenges all of us — faculty, staff, trainees and partners — to bring together our strengths and work collaboratively to bring our vision to life of being a medical community that sets the standard of excellence for patient care, research and learning.

Turn to page 11 for *First Steps in Strategic Planning*.

FEATURE PROFILE

Dr. Anthony Tang

Researchers at the Schulich School of Medicine & Dentistry and Lawson Health Research Institute have been awarded operating grants worth nearly $14.2 million in the latest competition from the Canadian Institutes of Health Research (CIHR).

Combined, Western and Lawson had 20 projects approved, including one of only six large grants (more than $1 million) handed out in Canada.

Dr. Anthony Tang, professor in the Department of Medicine and Lawson scientist, will receive nearly $3.3 million for five years for a study on heart failure called "Resynchronization/defibrillation for ambulatory heart failure trial in patients with Permanent AF (RAFTPermAF)."

"Heart failure is the most common reason for hospital admissions of patients 65 years of age and greater," said Dr. Tang, who holds a CIHR Chair in Arrhythmia Management in Heart Failure. "Cardiac resynchronization therapy (CRT) improves symptoms and reduces hospitalization and deaths in patients whose heart failure involves sinus rhythm, an enlarged heart or abnormal sequence of contractions," he said.

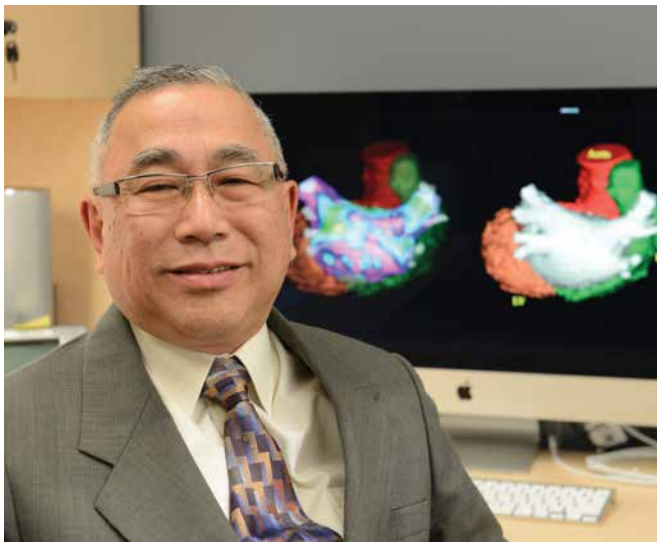
CRT uses a specialized pacemaker to re-coordinate the actions of the right and left ventricles, increasing the heart's efficiency.

However, more than one quarter of heart failure patients have an abnormal heart rhythm called atrial fibrillation. "It is unknown whether CRT will benefit these patients," said Dr. Tang. "This research is a multi-centre international study to determine if CRT will reduce hospitalization and mortality in these patients."

Dr. Tang obtained a bachelor of science and medical degree from the University of Toronto. He completed his internal medicine and cardiology clinical training at the University of Ottawa. He obtained a Heart and Stroke Research Fellowship for his cardiac electrophysiology research fellowship training at Duke University Medical Centre, working with the supervision of Drs. Ideker and Prystowski.

Dr. Tang returned to Canada and became the Director of Electrophysiology, Director of Cardiology Research and attending Physician in Medicine (Cardiology) at the University of Ottawa Heart Institute and a Professor of Medicine in the Faculty of Medicine at the University of Ottawa.

In 2007, he relocated to British Columbia where he was a Professor of Medicine at the University of British



Columbia and Director of Electrophysiology at the Royal Jubilee Hospital in Victoria before taking on the role of Medical Director of the British Columbia Provincial Electrophysiology Program.

In 2013, he became a Professor of Medicine at Schulich Medicine & Dentistry, cardiologist in the Arrhythmia Service of the Division of Cardiology and the Chair of Cardiovascular Population Health.

Dr. Tang is a well-published investigator, recognized nationally and internationally for research in device therapy specific to cardiac arrhythmia and heart failure. His publication record includes more than 100 peer-reviewed papers, and more than 200 abstracts and presentations. He is a fellow of the American College of Cardiology and holds memberships in the Canadian Cardiovascular Society, the North American Society of Pacing and Electrophysiology and the American Heart Association.

His main focus of research involves determining the efficacy of device therapy in patients with heart failure.

Dr. Tang is also recognized for his clinical expertise and as an influential research mentor for trainees and junior faculty. Many cardiologists across North America credit Dr. Tang for his significant contributions to their successful academic careers.

MINI PROFILES

Dr. Samuel Asfaha

In 2014, Dr. Samuel Asfaha joined the Division of Gastroenterology as an Assistant Professor and Clinician Scientist, relocating from his position as Instructor, Clinical Medicine at Columbia University. His background includes a residency in internal medicine, fellowship in gastroenterology and a post-doctorate in stem cells and cancer.

Dr. Asfaha's current research is focused on identifying the cellular origin of colorectal cancer by characterizing the intestinal and colonic stem cells of the gut.

His team is working to understand the fundamental processes regulating normal and mutated intestinal/colonic stem cells and aims to define the role of these stem cells in tissue regeneration and carcinogenesis.

During his postdoctoral work at Columbia University, Dr. Asfaha developed several novel stem cell models, which he uses in conjunction with in vitro "mini guts" to study the key pathways that are vital to cancer and tissue repair.

His research is based on combining the colitis-associated cancer model with current inflammatory bowel disease (IBD) clinical trials at Schulich Medicine & Dentistry to better understand the epigenetic changes in patients with IBD and colorectal cancer.

His hope is to develop insights into how IBD-related cancers develop, leading to a direct impact on clinical practice through the discovery of predictors for cancer screening in IBD patients.

Dr. Adam Dukelow

Dr. Adam Dukelow embraces his many roles: newly appointed Chair/Chief in the Division of Emergency Medicine, Associate Professor in the Schulich School of Medicine & Dentistry, Interim Program Manager for the Southwest Ontario Regional Base Hospital Program (SWORBHP) and emergency physician at London Health Sciences Centre (LHSC).

Early on, Dr. Dukelow had an interest in business and administration. This led him to pursue his master's in health administration at the University of Toronto, preparing himself for hospital leadership and medical administration, while completing his residency.

Starting with the professional association at St. Joseph's Health Care London, he served on the Medical Advisory Committee followed by the Medical Advisory Executive for London and the Board of Directors at St. Joseph's.

From 2009 to 2013, Dr. Dukelow served as the Medical Director of Education for Southwest Ontario Regional Base Hospital Program (SWORBHP), creating and reviewing education material for more than 1,200 paramedics across Southwestern Ontario. In 2013, he transitioned to the Medical Director of Innovation at SWORBHP, overseeing a budget of $2 million and staff of 16, and served as Chair of the Evidence of Practice Research and Innovation Committee.

Dr. Dukelow's work is focused on creating and answering research questions related to prehospital care and innovating new business and medical processes within the Ontario Emergency Medical Services community.

Committed to an environment of openness, transparency and teamwork, Dr. Dukelow has created a number of collaborative teams and introduced novel practices to achieve his goals – from hiring 19 new academic emergency physicians in London to transforming the emergency department with the goal of significantly reducing patient wait times from hours to minutes.

Dr. Robert Hegele

Dr. Robert Hegele is a clinician-scientist, a leading researcher in human genetics and its link to cardiovascular disease, and a physician caring for more than 1,700 patients.

Graduating from the University of Toronto with his MD in 1981, Dr. Hegele continued on to receive his subspeciality certification in internal medicine and endocrinology and metabolism.

Dr. Hegele is a Fellow of the Royal College of Physicians and Surgeons of Canada, the Canadian Academy of Health Sciences, the American College of Physicians and the American Heart Association. Dr. Hegele also serves as the Director of the Blackburn Cardiovascular Genetics Lab and London Regional Genomics Centre.

For more than 25 years, he has worked to understand how genes contribute to lipid levels, and heart disease risk in patients. His discovery of the combination of genes that raise blood lipid levels, and triglycerides has given other labs around the world a testing model for patients with certain risk factors.

Dr. Hegele was invited to lead a committee of 24 global experts to write clinical practice guidelines on high

triglycerides, which led to publication in the August 2014 issue of Lancet Diabetes and Endocrinology.

Dr. Hegele routinely collaborates with international partners at Harvard University, Oxford University and the U.S. National Institutes of Health. He has received numerous international awards recognizing his research and his work has been cited more than 9,000 times in biomedical literature.

Dr. Christopher McIntyre

Dr. Christopher McIntyre is researching how the physical stress associated with a life-saving treatment, such as dialysis, causes harm to the heart and brain. He is also looking at how the treatment can be improved to protect the organs and give dialysis patients a better quality of life.

His journey to London, Ontario began in London, England at Charing Cross and Westminster Medical School, where he completed his degree in 1990. Specializing in nephrology, he trained as a Registrar at University College London and subsequently as Lecturer at St. Bartholomew's Hospital and the Royal London Hospital.

In 1999, Dr. McIntyre was appointed as Consultant Nephrologist at the Royal Derby Hospital, followed by Reader in Vascular Medicine and then Professor of Nephrology at Nottingham University. It's there that he became the Division Head of Graduate Entry Medicine and Medical Sciences.

As Professor in the Department of Medicine, with a cross-appointment to the Department of Medical Biophysics, he has been awarded with the inaugural Robert Lindsay Chair of Dialysis Research and Innovation.

Dr. McIntyre also serves as Director of the Lilibeth Caberto Kidney Clinical Research Unit at London Health Sciences Centre and as Assistant Director of the Lawson Health Research Institute.

Using various imaging equipment available in London, such as MRI and scanning ultrasound, Dr. McIntyre assesses new and inexpensive approaches, such as cooling the dialysis machine, to reduce or eliminate damage to the heart and brain during dialysis.

Dr. McIntyre is also using Canadian geography to his advantage. In conjunction with ICES Western, he is starting the very first large cluster randomized trial recruiting dialysis units, rather than patients. This unique approach ensures the research is targeting the people who will benefit the most from access to this research and populations who are normally excluded from or under-represented in clinical trials.

NEW **FACULTY**

Dr. Ian Ball, Division of Critical Care Medicine

Did you have another career goal before your pursuit of becoming a physician?
Fighter pilot.

Why did you choose to practice at Western?
Love the size of London and the combination of world-class health care.

How do you balance your career with the rest of your life?
I am married with four active kids and compete in triathlons; so, balance is an ongoing challenge. I always try to prioritize and treat my time as extremely precious.

What is the name of the book you last read?
Arnold Schwarzenegger's autobiography

What is your usual dinner?
Something healthy. Usually home-cooked. Love to BBQ on the back porch.

What surprised you most about residency training?
The sheer volume of knowledge that I would be gaining each and every year.

Why did you choose your specialty?
Mid-way through my internal medicine residency, I developed an appreciation for the power of medications to create benefit, as well as to cause harm. I decided to focus my training toward better understanding and optimizing that benefit versus risk ratio for my patients.

Dr. Steven Gryn, Division of Clinical Pharmacology

Why did you choose to practice at Western?
I completed all my medical training at Western, and I was very happy with the work environment here in London. I also think it's a great place to live, getting around the city is easy enough.

How do you balance your career with the rest of your life?
I do my best to leave my work at work, although that's not always possible. I try to unwind by spending time with my fiancée, for example taking our dogs to the park, watching a good movie. I've recently tried to take up golf.

What is the name of the book you last read?
A Clash of Kings (*Song of Ice and Fire/Game of Thrones* series); I got hooked on the TV series, and I'm trying to catch up on the books, which are still great reads even after seeing the show.

What is your usual dinner?
As much as I enjoy restaurant and take-out food, I've been trying to eat at home more lately. Typically we make some kind of fish or meat with vegetables, nothing too exciting.

Dr. Raza Naqvi, Division of Geriatric Medicine

What do you wish you had known when you were beginning your medical studies?
How long it will actually take! It is a long process that takes more dedication and hours than I knew coming in, but it's worth it.

What surprised you most about residency training?
That I could stay up and remain functional for more than 24 hours. Call is one of the most difficult parts of residency, but it was also one of the most enjoyable and memorable parts of residency.

Why did you choose your specialty?
Geriatric medicine is one of the only specialties that gives the physician the ability to provide holistic care. Every dimension of the individual's life is important and impacts daily clinical decisions. I love having a chance to make a meaningful difference in the lives of vulnerable individuals.

Did you have another career goal before your pursuit of becoming a physician?
Professional hockey player. Still trying to make it.

How do you balance your career with the rest of your life?
I try my best to minimize the work-related activities I do at home when I am with my family. This helps me maintain some balance.

What is the name of the book you last read?
In the middle of about half a dozen books but last finished *The Client* by John Grisham.

Dr. Selay Lam, Division of Hematology

What do you wish you had known when you were beginning your medical studies?
I wish I had known that medicine is a marathon with frequent sprints.

Why did you choose your specialty?
I think that hematology is currently one of the most exciting fields in medicine. It regularly evokes modern applications of yesterday's concepts. I am witness to the development of many novel treatments, which were previously mere theories.

What individuals have most influenced your physician style?
I would have to say Dr. Cox from the show *Scrubs*... except I try to do the opposite!

What do you find most challenging about your work?
It is always tough recognizing that not every hematological disorder can be made quiescent despite our efforts.

What do you like to do when you are not working?
I love travelling and have also been trying to master my first turns as a snowboarder.

What is the name of the book you last read?
Being Mortal by Atul Gawande.

What is your usual dinner?
I enjoy spicy food, preferably not made by my husband.

INTERNAL **MEDICINE RESIDENCY** PROGRAM

Program Highlights

The Royal College of Physicians and Surgeons of Canada is adopting an outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs using a competency-based framework known as Competence by Design (CBD). Internal Medicine is currently developing specialty-specific milestones and is expected to incrementally adopt this framework by 2016.

Resident Recruitment

The Program has recently finished a very successful R1 CaRMS Match. The Program matched the following new trainees:

Canadian Medical Graduates = 26
School breakdown as follows:
15 from Western University; **Five** from McMaster University; **two** from the University of Alberta; **one each** from the University of Calgary; Queen's University; the University of Ottawa and the Northern Ontario School of Medicine

International Medical Graduates = Eight
These trainees obtained their medical school training from many different countries: **four** came to us from Ireland; **one each** from Jordan; the Caribbean; Australia and India

Internationally Sponsored Trainees = Five

Transfers from other programs = Three

For the 2015-2016 Academic Year, there are 121 trainees registered in the Internal Medicine Program.

Curriculum and Simulation

This year, the Internal Medicine Program undertook an in-depth review of the Academic Half-Day curriculum. This resulted in the introduction of new topics, as well as level-specific sessions on targeted topics. Software was also purchased to assist with conducting an inventory of all academic teaching. This will assist us in gaining greater insight into curriculum distribution by allowing us to see where objectives and competencies are being covered in our curriculum.

A simulation course has been introduced into the Academic Half-Day curriculum. The course includes acute care scenarios using SimMan 3G, a Royal College-style communication scenario, a Harvey simulator station to teach cardiac assessment skills, and a learning module on dermatological presentations of Internal Medicine diseases. This course is available to all Internal Medicine residents.

We continue to present the very well-received PGY1 Ultrasound-Guided Procedural Skills course, which usually takes place in the fall, and the Ultrasound-Guided Vascular and Airway Access course held in the spring.

New Rotation

A new rotation has been created, effective July 1, to provide dedicated coverage of the Emergency Medicine consults and admissions to Medicine.

This rotation will be made available at Victoria Hospital and University Hospital. It will provide a Monday to Friday shift from 12:00 to 11:00 p.m., as well as a Saturday and Sunday shift from 12:00 to 11:00 p.m. This rotation is in addition to the Senior Medical Resident call schedule at each site.

It is expected that having two

residents available during the period between 12:00 and 11:00 p.m. will create a greater efficacy for both consults and admissions by reducing individual workload, increasing patient safety and better working conditions for our residents.

Protecting the PGY-2s on the Clinical Teaching Units (CTU) from consults and admissions during the afternoon will enable them to provide more continuous care for patients on the CTU as well as allowing PGY-2s to offer more teaching to our junior trainees.

This is expected to translate into more expedient management of patient care issues, resulting in a shorter length of stay for our patients.

Resident Activities

This year a new Resident Wellness Committee was instituted. This Committee is comprised of resident representatives, as well as contributions from Dr. Sheri-Lynn Kane, program director, Internal Medicine, and Dr. Don Farquhar, assistant dean, Postgraduate Wellness. This Committee aims to:

1. Identify factors contributing to Internal Medicine resident burnout;
2. Identify solutions in order to diminish resident burnout;
3. Provide resources and support to the Internal Medicine resident group;
4. Act as a liaison between the resident group and Program Administration.

Awards

This year, two of our residents were nominated for the Dr. John D. Brown Memorial Resident Award. This is a Schulich School of Medicine & Dentistry-wide award recognizing a postgraduate trainee in any area of medicine who displays excellence in patient-centred care and reflects the values and practices of Dr. John Brown.

This year, six of our residents were successful in receiving the Resident/Fellow Travel Award which has been developed by Western and the hospitals to supplement the funding that is currently provided by the training programs.

Award Winners: Department of Medicine Research Day 2015

Dr. Gitadokht Majdi, PGY-5	Best Oral Presentation, PGY-1-5
Dr. Vighnesh Bharath, PGY-3	Best Oral Presentation, PGY-1-5
Baekjun Sung, MSc Student	Best Oral Presentation, PhD, MSc or MD Student
Dr. Michael Nicholson, PGY-2	Best Poster, PGY-1-3
Dr. John Basmaji, PGY-2	Best Poster, PGY-1-3
Dr. Michelle Jung, PGY-5	Best Poster, PGY-4-6
Arthi Rajamohan, MSc Student	Best Poster, MSc, MD or Undergraduate Student
Brandon Banaschewski, PhD Student	Best Poster, PhD Student or Post-Doctoral Fellow
Dr. Anurag Bhalla, PGY-1	General Internal Medicine
Dr. Lucas Ciprietti, PGY-2	General Internal Medicine

Coming Up

July 1: Beginning of new Postgraduate Academic Year
July 2: PGY-1 General Orientation
July 9: PGY-1 Program Orientation
August 28 – September 14: ABIM Exam
September 8: Beginning of new Clerkship Academic Year
September: Resident Fall Retreat
September/October: R4 Match Interviews
November: R4 Match

Clinical Clerkship – Medicine Rotation

This past academic year, we had a major change in leadership with Dr. Faisal Rehman becoming Clerkship Director, previously held by Dr. Louise Moist. The University Hospital Site Coordinator position previously held by Dr. Rehman was transferred to Dr. Hari Iyer.

2015-2016 Chief Medical Residents

We are pleased to announce the appointment of the following Chief Medical Residents:

University Hospital
Dr. Lucas Ciprietti
Dr. Nicole Hugel
Dr. Jennifer Huynh

Victoria Hospital
Dr. John Basmaji
Dr. Mike Nicholson
Dr. Erin Spicer

AWARDS & ACCOLADES

New Appointments

Dr. Samuel Asfaha, Gastroenterology
Dr. Ian Ball, Critical Care Medicine
Dr. Pari Basharat, Rheumatology
Dr. Tom Cheung, Emergency Medicine
Dr. Steven Gryn, Clinical Pharmacology
Dr. Kate Gushulak, Emergency Medicine
Dr. Noureen Huda, General Internal Medicine
Dr. Selay Lam, Hematology
Dr. Jim Lewis, Clinical Research Training Director
Dr. Connie Mackenzie, Respirology
Dr. Keith McIntosh, Gastroenterology
Dr. Christopher McIntyre, Nephrology
Dr. Raza Naqvi, Geriatric Medicine
Dr. Augene Seong, Emergency Medicine
Dr. Michael Silverman, Infectious Diseases
Dr. Justin Yan, Emergency Medicine

Promotions to Associate Professor as of July 1, 2015

Dr. Cyrus Hsia, Hematology
Dr. Tisha Joy, Endocrinology
Dr. Sheri-Lynn Kane, Geriatric Medicine
Dr. Shahar Lavi, Cardiology
Dr. Alejandro Lazo-Langer, Hematology
Dr. Christie MacDonald, Emergency Medicine
Dr. Mike Peddle, Emergency Medicine
Dr. Gina Rohekar, Rheumatology
Dr. Blair Wyllie, General Internal Medicine

Research and Grant Achievements 2014-2015

Dr. Paul Adams	2014 American Association for the Study of Liver Diseases (AASLD) Award
	2015 National Institute of Health Grant
Dr. Lillian Barra	2015 The Arthritis Society Grant
Ewa Cairns, PhD	CIHR Research Grant
Sean Gill, PhD	2014 American Society of Matrix Biology Junior Investigator Award
Dr. Andrew House, Brad Urquhart, PhD	2014 CIHR Grant
Dr. Shahar Lavi	2014 Innovation Fund
Lorelei Lingard, PhD	2014 Strategic Support for SSHRC Bridge Grant, Western University
Dr. Manuel Montero-Odasso	2014 Recipient, in part, of a CIHR Consortium Grant
Dr. Marco Mura	2014 Lawson Internal Research Fund
Dr. Cory Yamashita	2014 Physicians' Services Incorporated Foundation Grant

AMOSO Innovation Fund Competition Results October 2014

		Amount Awarded
Dr. James Calvin	Comparing Coaches and Smart Phone Technology to Optimize Chronic Disease Management in Congestive Heart Failure	$185,250
Dr. Lisa Ann Fraser	Western Ambient Temperature and Health Research (WeATHeR) Program at ICES	$169,095
Dr. Shahar Lavi	Role of Adjunctive Mild Therapeutic Hypothermia and Early Cardiac Catheterization for Acutecoronary Syndromes in Cardiac Arrest	$95,580
Dr. Jaimie Manlucu, Dr. Anthony Tang	Reverse Remodeling in CRT Patients with Intermediate and Transseptal Endocardial LV Leads	$79,144
Dr. Claudio Martin, Dr. Sameer Elsayed	Bacteremia Antibiotic Length Actually Needed for Clinical Effectiveness (BALANCE): A Pilot Randomized Controlled Clinical Trial	$69,800
Dr. Christopher McIntyre	Remote Ischemic Preconditioning for the Prevention of Dialysis-Induced Cardiac Injury	$105,140
Dr. Adam Rahman, Dr. Marko Mrkobrada	Randomized Control Trial of Nutritional Care Pathway in Malnourished Hospitalized Medical Patients: Pilot Study	$164,085
Dr. Michael Silverman, Dr. Adam Rahman	Transplantation of Microbes of Fecal Origin for Prevention and Treatment of Metabolic Syndrome and Non-Alcoholic Fatty Liver Disease	$116,284
Dr. Allan Skanes, Maria Drangova, PhD	Atrial Imaging-based Clinical Decision Tool to Optimize Outcomes following Atrial Fibrillation Ablation —-AID AF Ablation study	$162,614
	Total Amount Awarded	$1,146,992

First Steps in Strategic Planning
(Continued from page two)

The Department of Medicine has been engaged in an important strategic planning exercise which has resulted in two important work products: strategic goals and a balanced scorecard.

The strategic plan has a specific call to action and the balanced scorecard provides us with a means to judge ourselves on our progress at achieving our goals.

One important goal for our Department is to create a culture of quality improvement and patient safety. A number of our members have been actively involved in the London Health Sciences Centre Admission Discharge Transformation Project that includes a novel pilot project, proposed by Dr. Jamie Gregor, to create an Ambulatory Clinical Trials Unit. This clinic can see high-risk patients early after discharge or referrals from the emergency department.

Dr. Alan Gob has created a Quality Improvement curriculum for senior internal medicine residents. Four projects have been completed in the first year. Our goal is to create a Centre for Quality Improvement and Patient Safety within the Department. This would provide a home for quality improvement researchers to share resources and ideas.

Our research goals move beyond quality improvement and patient safety.

Our sponsorship of ICES Western will expand to provide greater access to data, analysis and statistical support. New clinician-scientists have already expanded our research foci to include cardiac injury after and during dialysis, stem cell origins of gastrointestinal cancer, genetics of cardiac arrhythmias, impact of acute kidney injury and clinical investigation of novel therapies in inflammatory bowel disease, diabetes and rheumatic diseases.

The Canadian Arrhythmia Network (CANet) was established as part of the Networks of Centres of Excellence (NCE) to study the prevention and treatment of sudden cardiac death.

Our education goals include enhancing both simulation and digital education in our training program and developing an effective approach for Royal College-mandated Competency by Design. In all these endeavours strong mentorship and coaching will be a key element in our progress. In all these activities our vision is to become the standard for excellence in care, research and education.

DEPARTMENT OF
MEDICINE NEWSLETTER

UPCOMING **EVENTS**

September 21, 2015
Information Session: "Maximizing Your OHIP Billings"

October 2015
POEM Faculty Feed and Update Event

November 2015
POEM Annual Peer-Review Evaluations

December 7, 2015
Department of Medicine Annual Year-End Holiday Party

Photos from Department of Medicine Resident Research Day

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