**Mission Statement**

The mission of the University of British Columbia Department of Family Practice is the education of physicians who are effective providers of family-centred health care. This mission includes the stimulation and facilitation of academic and community-based research and education.

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**“REVIVING THAT ALBATROSS”**

**A WRITING WORKSHOP WITH JOHN HOEY**

Twenty-five Family Practice researchers attended a workshop with Dr. John Hoey, Editor of CMAJ on March 6, 2005. He explained the process of how manuscripts get published, the cycles of review and the potential for following-up on a paper that is rejected by appealing the process.

CMAJ seeks to:

1. provide information for physicians and others on the promotion of health and the treatment of disease.
2. help readers interpret the significance of scientific findings.
3. provide insight and analysis on the determinants of health, including the environmental, economic, social, ethical, legal and political dimensions of health and health care.
4. keep readers abreast of trends and events that affect health and the delivery of health care in Canada and abroad.
5. foster debate on current issues relevant to health and health care.
6. provide a window on health issues and humanitarian concerns in the world.
7. provide a creative outlet for physicians to reflect on their professional lives and on the physician–patient relationship.

High-quality research contributions are welcomed. *(See Writing Workshops on p. 12)*

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**FIFTH WESTERN DEPARTMENTS OF FAMILY PRACTICE RESEARCH MEETING- A SUCCESS!**

On 6 May 2005, Primary Care researchers from across Western Canada gathered at the Richmond Best Western Hotel to discuss their work and plan for the future. Presentations were organized into five themes:

- Family Medicine: A Changing Profession;
- Vulnerable Populations;
- Delivering Better Care;
- Network Research & Population Health;
- Maternity Care;

Abstracts from the last two years can be viewed at:

http://www.familypractice.ubc.ca/b.html

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A number of Clinical Investigators and Community-Based Clinician Investigators from UBC’s Department of Family Practice presented their work in the areas of abortion care, rural surgical services, community mental health services and antidepressant use among residents of the Bella Coola Valley.

Evaluations of the meeting were very positive and have set the stage for 2006. Recommendations for next year include holding pre or post-conference workshops on writing grant applications, writing journal articles, and preparing for ethics reviews.
The Division of Sports Medicine

by Jack Taunton, Director

The University of British Columbia was the first academic institution in Canada to develop a Division of Sports Medicine. In 1979 the multidisciplinary concept was accepted by the Faculties of Medicine and Education, creating one of the earliest sports medicine units in the world. From rather humble beginnings in a portable building with an initial staff of two, the current Division of Sports Medicine, The Allan McGavin Sports Medicine Centre, consists of almost 50 people involved in patient care, education and research. With over 1200 patients per week visiting the clinic, patient care provides the opportunity for the education of medical students, residents, fellows and practicing physicians. In the first decade, research activity flourished. International recognition for patient care, clinical and experimental research has resulted.

**The scientific excellence of the Division of Sports Medicine is demonstrated by:**

- The level of peer-reviewed research funding.
- The publication record in peer-reviewed journals.

**THE BEAR BONES™ VOLUME 5 ISSUE 1**

**CLINICAL SERVICES**

The existing clinical services provided by the Division of Sports Medicine, UBC offers a comprehensive team of 8 primary care physicians, 3 Orthopedic surgeons and 6 physiotherapists. In addition, there are consultants who give the Clinic patients high priority in Physical Medicine, Spinal Surgery, Vascular Surgery, General Surgery, Neurology, Cardiology and Dermatology.

The main focus of the Clinical Services is the diagnosis and management of exercise-related injury or illness. This includes the all-important history, physical examination and appropriate investigations to arrive at a diagnosis. Prudent management entails activity modification, rehabilitation exercises, optimizing equipment/footwear, medications as required, and braces/orthotics. We have close working relationships with local companies who manufacture or fabricate braces and orthotics.

**Sports Science at UBC**

There are three exercise science labs at UBC that are affiliated with the Allan McGavin Sport Medicine Centre. Traditionally, these have been research facilities but have a strong track record of working with amateur and professional athletes. In the past two years we have evaluated National Team athletes from cycling, triathlon, canoeing (flatwater and slalom), skiing, swimming, wheelchair basketball, track and field and sailing. Dr. Ted Rhodes from the Buchanan Exercise Lab is the physiological consultant to the Vancouver Canucks. Other senior personnel include Dr. Bill Sheel, Dr. Darren Warburton, Dr. Jim Rupert and Dr. D. McKenzie.

Our strength is not just in the ability to measure physiological and biological parameters; that is simple. Innovation is the key to performance enhancement and having one foot in the research environment provides the critical mass of science that is necessary for innovation. Leading edge advances in human performance stem from leading edge research labs and our track record in this regard speaks for itself.

**ACADEMIC SERVICES**

**Teaching Undergraduate Students:**

Faculty from the Division of Sports Medicine currently teach two undergraduate Sports Medicine courses for the School of Human Kinetics.

**Training of Graduate Students:**

Faculty of the Division of Sports Medicine teach two graduate courses in applied physiology and clinical exercise physiology. They also serve as graduate students’ advisors, thesis advisors and as members of graduate thesis committees for Masters and PhD candidates from the School of Human Kinetics, Experimental Medicine, Zoology, Rehabilitation Medicine and Nutritional Sciences. Our Faculty are currently developing a graduate level course in Sports Medicine. The Clinical Fellows in Sports Medicine are registered at the University as graduate students and are required to complete a Masters Degree in Exercise Science and Sports Medicine through the School of Human Kinetics as a component of their Fellowship. Some, entering the Fellowship program with an MSc degree, elect to complete PhD degrees in preparation for a career in academic medicine.

**Family Practice Residents:**

Most UBC, City Site, St. Paul’s, Chilliwack, and a few Rural RII’s spend 2 to 4 weeks at the Sports Medicine Centre. It is very appropriate for Family Practice residents to rotate through the Allan McGavin Sports Medicine Centre, as musculoskeletal conditions comprise 22 – 25% of a Family Practice.

**Fellowship & Post Graduate Teaching:**

The Division of Sports Medicine offers a Fellowship in Clinical Sports Medicine, Fellowship in Clinical Research in Sports Medicine, plus postgraduate training in Orthopedic Surgery and Physiotherapy. In addition, one to six month traineeships for family physicians are also offered. The Primary Care Fellowship program recently has been funded partially by the University, with a number of candidates applying for the one position available each year through the Department of Family Practice on an open competitive basis.

The Division of Sports Medicine
True collaboration in maternity care is becoming a possibility, as these moms and babies from the South Community Birth Program can attest.

The Collaboration for Maternal & Newborn Health (CMNH) is an initiative designed to increase communication and interdisciplinary practice between all maternity care providers. The members of the Steering and Advisory committees include family physicians, obstetricians, nurses, midwives, researchers and doulas. We work as a team to develop an integrated approach to maternity care education, research, advocacy, policy, and sustainability.

The CMNH was born in 2001 following the successful application for Special Populations funding from the UBC Department of Family Practice, School of Medicine. Initially it was known as the Division for Maternal and Newborn Care and was under the direction of Michael Klein until June 2004. This funding falls under a comprehensive Strategic Teaching Initiative established to support the integration of teaching and research into the care of populations whose health status and/or access to services is at greater risk, or is measurably lower than that of the general population. The long-term goal of these grants is to enhance health status through support of teaching and research initiatives that reflect the principles of interdisciplinary, integrated health care delivery. The CMNH receives additional support from Dr. Rob Liston and the Department of Obstetrics.

The CMNH had been involved in a number of Educational Initiatives. These include the following:

**Nurse preceptorship program:** This program pairs a nurse with medical students for three 12 hour shifts in the labour and delivery room. This has dramatically changed the relationship between nurses and medical students and helped to improve the medical students overall experience in obstetrics.

**Interprofessional Normal Labour and Birth Workshop:** This four-hour workshop is co-taught every six weeks by a family physician, obstetrician, nurse, midwife and a doula. It is attended by medical students during their third year clerkship, midwifery students in the first and second years, and nursing students in the third year.

**Doula training:** A Doula training workshop is taught by Kathie Lindstrom, Director of Perinatal Programs for Douglas College. This weekend course is offered to UBC medical, midwifery and nursing students. The CMNH subsidizes the cost so that students may attend this workshop at a substantially reduced rate. To date, more than 60 students have taken this course on their own time, without receiving any formal credit. The graduates of this course become eligible to join the Adopt a Medical or Nursing Student program.

**Adopt a Medical or Nursing Student:** Pregnant women attending midwifery clinics are asked to “adopt a student” into their care. The student, who has attended the above doula training, offers support to the woman and her family throughout the pregnancy, birth and postpartum period, while at the same time learning about midwifery care.

**Maternity Care Club:** This is a UBC medical, midwifery and nursing student-led initiative and is open to students in all of the years. The students organize several interdisciplinary events in the year and focus on students with an interest in providing maternity care. These events have included panel discussions by maternity care providers, a job fair demonstrating maternity care with all disciplines present, and a breastfeeding support workshop.

**Interprofessional Education for Collaborative Patient Centre Practice:** Funding for this project is available through Health Canada. The CMNH has received funding for 6 multidisciplinary projects related to maternity care. Titles are: Development of a Web-based Module on Intrapartum Hemorrhage; Development of a Teaching Module for the Interprofessional Workshop; Doula Support for Women with Addictions; Community Forum for the Development of Maternity Care; Evaluation of Nursing Preceptor Project; and Evaluation of Newborn Sleep Project.

In addition, the CMNH hosted a conference, Maternity Care in the 21st Century: Interprofessional Collaboration and Research in February 2005. More than 160 delegates registered from across Canada to discuss issues of controversies, research, and new models of maternity care. This conference was a highly successful event and will be repeated in 2006.

The research focus for the CMNH is currently being expanded and developed. Currently, evaluations include the CMNH educational initiatives, as well as rural maternity care and new models of maternity care.

Also, members of the CMNH have participated in provincial and national initiatives relating to maternity care; these include the Maternity Care Enhancement Project (from the August 2004 BCMA agreement) and the Multidisciplinary Collaborative Primary Maternity Care Project (partner organizations include the Association of Women’s Health, Obstetric and Neonatal Nurses, Canadian Association of Midwives, College of Family Physicians of Canada, Society of Rural Physicians of Canada, Canadian Nurses Association and the Society of Obstetricians and Gynaecologists of Canada).

**CMNH website:** www.cmnh.ca
Once you have identified a research question, the next step is to consult the literature to find out what is already known about your idea. This process often involves repeatedly refining the question in response to what is already known about various aspects of the idea that you want to study.

**Literature Searching**

Literature searching and organizing serves the purpose of augmenting your research question. Proper literature searching techniques will save you a great deal of time AND will improve your research abilities. Spend the time required to learn how to do it properly.

You are strongly urged to attend one of the UBC library’s workshops – a comprehensive listing is available at: [http://www.library.ubc.ca/home/instruct/welcome.html](http://www.library.ubc.ca/home/instruct/welcome.html) or visit the library in person to find out more.

**Writing the Background Section**

Before you begin writing your own background section, have a look at some examples. Reading published journal articles is misleading because the process of putting a research question into context is split between a very general introduction section and a discussion section that is tightly focused on the findings of that particular study. In grants, the background section is geared towards showing why your question is important, with a discussion of the implications, positive or negative.

The UBC Online Research Methods Course, Module 2, by Martin V. Pusic MD. provides some very general information about preparing the background section for your grant proposal. See the website for more specific and detailed instruction, plus a helpful generic outline for a background section at: [http://www.columbia.edu/~mvp19/RMC/2_Background.htm](http://www.columbia.edu/~mvp19/RMC/2_Background.htm) (Online Research Module).

**Examples of good background sections from funded Grants**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Question</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osmond et al</td>
<td>What factors predict a positive head CT in children with minor head injury?</td>
<td>A CIHR funded prospective cohort trial</td>
</tr>
<tr>
<td>O’Donnell et al</td>
<td>What are the attitudes of B.C. physicians towards Evidence-based practice?</td>
<td>A Vancouver-Foundation funded survey of B.C. physicians</td>
</tr>
<tr>
<td>Pusic et al</td>
<td>Which of two different types of computer teaching of cervical spine x-ray interpretation improve test</td>
<td>A CIHR-ACMC funded educational trial (RCT)</td>
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## Grants Awarded (December 2004 to date)

<table>
<thead>
<tr>
<th>Granting</th>
<th>Subject</th>
<th>$</th>
<th>Year</th>
<th>Investigator(s)</th>
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<tr>
<td>CFI—Canadian Foundation for Innovation</td>
<td>BC Center for Hip Health</td>
<td>5.5 m.</td>
<td>2004-07</td>
<td>Oxland TR, C Duncan, J Esdaile, M Fitzgerald, K Khan, A Mackay A McKay HA Martin-Matthews A Rabinovich S Wilson D</td>
</tr>
<tr>
<td>CFI - Research Hospital Fund</td>
<td>BC Center for Hip Health: A lifespan approach.</td>
<td>5.5 m.</td>
<td>May 2004</td>
<td>Oxlund TR, C Duncan, J Esdaile, M Fitzgerald, K Khan, A Mackay A McKay HA Martin-Matthews A Rabinovich S Wilson D</td>
</tr>
<tr>
<td>CIHR - Canadian Institutes of Health Research</td>
<td>Evaluating the effectiveness of the dissemination of Action Schools! BC: A socio-ecological intervention to increase physical activity and healthy eating in school children.</td>
<td>758,883</td>
<td>Mar 2005</td>
<td>McKay, HA et al</td>
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<tr>
<td>CIHR</td>
<td>Obstetrics – breech &amp; external cephalic</td>
<td>570,743</td>
<td>2003-08</td>
<td>EK Hutton et al</td>
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<tr>
<td>CIHR</td>
<td>New Investigators Award – salary support</td>
<td>50,000</td>
<td>2004-9</td>
<td>EK Hutton</td>
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<td>Michael Smith Foundation For Health Research</td>
<td>Career Investigator Award – Scholar</td>
<td>80,000</td>
<td>2004-09</td>
<td>EK Hutton</td>
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<td>SSHRC</td>
<td>AID to research</td>
<td>6,533</td>
<td>2005-8</td>
<td>EK Hutton with J. Kornelsen</td>
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<td>British Columbia Research Institute</td>
<td>Start-up grant</td>
<td></td>
<td>2005</td>
<td>EK Hutton</td>
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<td>BC ACADRE</td>
<td>Aboriginal Health Research – (to prepare a full grant proposal to CIHR)</td>
<td>15,000</td>
<td>2005-06</td>
<td>PG Granger</td>
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<td>Vancouver Coastal Health Research Institute</td>
<td>The risk of falls in elderly, community dwelling women with age-related macular degeneration</td>
<td>9,480</td>
<td>2005</td>
<td>M. Potter</td>
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<td>Toronto Sick Kids Foundation</td>
<td>Acupuncture for Withdrawal from Substance Use during Pregnancy</td>
<td>46,000</td>
<td>2005-06</td>
<td>PJanssen</td>
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<td>Vancouver Foundation</td>
<td>Choices Made by Medical Students that Affect the Provision of Health Care Services in Northern and Rural BC</td>
<td>33,598</td>
<td>2004-5</td>
<td>D. Snadden, D. Voaklander, I. Scott, G. Wilson, V. Frinton, J. Bates</td>
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<td>Ontario Council of Universities</td>
<td>How Medical Students Choose their Careers</td>
<td>48,570</td>
<td>2004-5</td>
<td>I. Scott</td>
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<tr>
<td>Rural Physician Action Plan</td>
<td>How Medical Students Choose their Careers</td>
<td>5,000</td>
<td>2004-5</td>
<td>F. Brenneis, I. Scott, B. Wright</td>
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<td>Coalition for Health Environment Research (CHER)</td>
<td>Reducing Nursing Errors and Increasing Efficiency Through Environmental Design in Acute Care Settings</td>
<td>30,000</td>
<td>2005</td>
<td>Chaudhury H (P-I), Mahmood A (Co-Inv), Donnelly M. (consultant)</td>
</tr>
<tr>
<td>CIHR, Strategic Health Services and Policy Research with VCHA</td>
<td>Sustainable Rural Maternity Care: A Comprehensive Approach to Program Planning.</td>
<td>90,000</td>
<td>2005</td>
<td>Kornelsen, J and Grzybowski, S (co-principal applicants).</td>
</tr>
<tr>
<td>CIHR, Inst. of Gender &amp; Health with BC Reproductive Care Prg.</td>
<td>Sustainable Maternity Care: Moving Forward with a Research Agenda</td>
<td>15,000</td>
<td>2005</td>
<td>Kornelsen, J and Grzybowski, S (co-principal applicants).</td>
</tr>
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<td>Canadian Research Institute for the Advancement of Women</td>
<td>(CRIAW) Award for an Oral Herstory project with Elderly Women</td>
<td>2,000</td>
<td>2005</td>
<td>Shroff, F M</td>
</tr>
</tbody>
</table>
Publications, December 2004 to date (plus previously unreported)

- Klein, MC. External validity and internal trial conditions. BM J 24 November 2004
- Klein M. Early epidurals increase caesarean rate: meta-analysis shows. BM J. 2005; 330: 790
- Klein MC. Cesarean Section on Request—a complex informed consent challenge. Invited CME Article. Can Fam Physician

(Continued on page 7)
Publications cont’d

(Continued from page 6)


- Kirkham C, Harris S, Grzybowski S. Evidence based Prenatal Care: Part II Third Trimester Care and Prevention of Infectious Disease. American Family Physician 71(8) April 15,2005

- Kirkham C, Harris S, Grzybowski S. Evidence based Prenatal Care: Part I. General prenatal care and counseling issues. American Family Physician 71(7) April 15,2005

- Wiebe E, Fowler D, Trouton K, Fu N Comparing patients’ phone calls after medical and surgical abortions Contraception 2005


- M. Koehle, D.R. Lloyd-Smith, D.C. McKenzie Exertional dyspnea in athletes The shortness of breath experienced by some active individuals does not always have a straightforward pathophysiology. BC Medical Journal Vol. 45 (10), December 2003


Integrating Health for Mind and Body

Primary healthcare reform has taken a main stage in the reorientation of the Canadian Healthcare System across the nation. Many innovative leaders have embarked on novel paths to creating a healthcare system that is more equitable, relevant and cost-effective for Canadian communities while increasing the quality of care through evidence-based approaches. Funded by the Primary Health Care Transition Fund (PHCTF) from Health Canada, a leading edge, project is being championed by Dr. Martha Donnelly, from the Department of Family Practice and Department of Psychiatry at the University of British Columbia. She is the co-lead on the Canadian Collaborative Mental Health Initiative (CCMHI) Toolkit Project that is developing a community toolkit for health administrators and providers that will facilitate the development of collaborative healthcare teams that integrate mental healthcare into the primary care setting.

This interdisciplinary provision of care for the mentally ill grew from the recognition that there can be a discontinuity that arises in care provision between overworked and under-supported providers such as family physicians and mental health specialists. A more integrated system has been shown, in many cases, to improve continuity of care and improve support between providers and for the patients.

This national initiative evolved from the partnering of numerous national organizations such as the College of Family Physicians of Canada (CFPC) and the Canadian Psychiatric Association (CPA) that envisioned a “shared care” model of care for mental illness that would bring “the right care by the right provider at the right time in the right place.” This toolkit aims to foster patient-centred care that incorporates versatility to be responsive to the unique community needs and settings where these collaboratives may arise. In this light, CCMHI identified eight key populations for which mental healthcare can prove to be complex and sometimes inaccessible. National leaders in providing care to these often underserved communities were asked to lead special interdisciplinary working groups that included members from across the country to create toolkits anchored to the general framework of the overall toolkit project but that addressed the unique characteristics of these special populations. Two of those working group leaders were chosen from the Department of Family Practice at UBC. Dr. Peter Granger, Director of the Division of Inner-City Medicine, leads the national working group on urban marginalized populations and Dr. Isaac Sobol, former Director of the Division of Aboriginal Health, heads up the national working group on Aboriginal peoples.

These community toolkits are a true collaborative initiative and both Dr. Granger and Dr. Sobol, and their respective teams, are partnering with the experts. These are the advocacy groups, providers in primary care and mental healthcare, consumers and other community members or allied providers that support these individuals in improving the social determinants of health that can stabilize a patient and facilitate continuity of care. These are the people on the ground that are best able to frame the environment, where the gaps and successes are and what improvements should be brought to the table. This national initiative is one that attempts to bring relevancy and accessibility by looking at all pieces of the puzzle from health prevention planning to evaluation and defining models of rich collaborative structures that will support all key stakeholders in the provision of mental healthcare.

CCMHI toolkit for urban marginalized and aboriginal health populations.

Dr. Peter Granger, Dr. Isaac Sobol and Dr. Martha Donnelly.

Upcoming Medical Conferences & Research Workshops

- **2005 Breech Birth Conference.** International Perspectives on Vaginal Birth – A safe option for breech presenting babies? Vancouver, B.C. on October 8th & 9th 2005. Abstracts for consideration to jane.wines@telus.net or hard copy to Jane Wines RM c/o Labour and Delivery Suite, BC Women’s Hospital, 4500 Oak Street, Vancouver BC V6H 3N1.


- **33nd NAPCRG Annual Meeting,** October 15-18, 2005, Hilton Quebec, Quebec City. See www.naprcrg.org for more details. The call for papers brochure will be available the beginning of January 2005 at which time the electronic submission process will be open.


- **Work in Progress Rounds,** UBC Department of Family Practice, held the 2nd Wednesday of every month. See www.familypractice.ubc.ca/indexb.html for more details.

- Writing Group for Family Practice researchers: meets on Mondays. To join e-mail sgrzybowski@cw.bc.ca
Dr. Don McKenzie

TBB: What are your research goals?
DM: I have a broad-based research plan which uses exercise as an intervention in health and chronic disease. Identifying the role that exercise plays in patients with breast cancer and the relationship to lymphedema is an important part of our research program. In addition, we have been studying healthy individuals who develop a condition called exercise-induced hypoxemia. The mechanisms responsible for this condition, and the relationship to hypoxia and disease have been a research focus for 15 years.

TBB: What kind of impact has your research had on policy and education?
DM: The exercise and cancer research is helping physicians answer the question ‘Should women with breast cancer exercise?’ Quality of life is really important to these patients and exercise is a very strong and useful intervention to allow them to lead full and active lives.

TBB: Does your research have international connections?
DM: Yes, both the respiratory physiology and the exercise in breast cancer survivors is quite well known internationally. There are very few labs in the world that are doing the type of work we do in respiratory exercise physiology so we know each other and have worked at an international level for a decade or so. The research that we do with breast cancer survivors is novel and looks at the issue of lymphedema - that is contemporary work and has attracted a lot of interest internationally.

TBB: What is lymphedema?
DM: It’s a swelling of the arm that occurs in 25%-30% of women who’ve had treatment for breast cancer. It can be painful, unsightly, affect function and be emotionally distressing.

TBB: How much time do you spend in research and how much time in clinical work?
DM: I spend 4 days a week teaching and in research, and 2 half days a week doing clinical teaching with patients.

TBB: Your research has obvious community connections, because of A breast in a Boat. Tell me about your Governor General Award from Ottawa?
DM: That was in 2001, 5 years after we started the “Abreast in A Boat” program. It is quite an honor to get an award from your country. The Meritorious Service Medal was special because it was presented at Rideau Hall and I was able to meet a group of impressive individuals.

TBB: And you’ve got your community award as well for the same...
DM: Yes, I received an award just recently – the British Columbia Community Achievement Award. The Premier and the Governor General of British Columbia presented the award for the role that exercise has played as an intervention in breast cancer patients. It’s really ‘Abreast in a Boat’ that has made the big difference; this award is for 200+ women that have dedicated a great deal of their time and energy, to not just dragon boat paddling, but to spread the message of a full and active life after breast cancer.

TBB: What are the characteristics of a researcher?
DM: I think you have to be a very inquisitive person; you have to ask a lot of questions and then have the patience to figure out a plan to answer the important ones. You need the ability to convince someone else that you have a good plan so they will fund your research and then you have to create a team that will help you do the work.

The team that I have at UBC are predominantly my colleagues, graduate students and Diana Jespersen who runs the lab that we have at the Sports Medicine Centre. I’m very selective in the graduate students and other trainees that I take on; if you surround yourself with very good people the research program will be a success.

TBB: At the present time how many people do you have in your team?
DM: Right now I have 4 PhD students, and 2 Masters students. Two are physicians that have returned to do academic medicine and the rest will go on to a university position. I also work with several clinician/scientists on campus and at the affiliated hospitals. They are really an outstanding group of individuals and I’m lucky to have them as colleagues. They make the whole thing work and we have a lot of fun.

TBB: What advice would you give to people starting out or other Faculty Practice researchers starting out?
DM: Family Practice researchers are a different group. I’m lucky, I have a university-based practice and get paid a university salary. I think the successful Family Practice researcher is an extraordinary individual. You need to develop that team approach, and it’s hard to develop a team when you’re busy seeing patients all the time. You need financial support to do research. You need a facility. You really have to build a network and have a critical mass of intelligent people thinking along the same lines. Exchanging ideas is important so that your research plan has some form to it. It’s really hard to do that and be a full-time family doctor, or even a half-time family doctor. It’s very difficult to serve 2 masters. I have nothing but the greatest respect for family physicians who try to do research. I think the secret is trying to develop that network. In applying for...
Interview with CBCI Dr. Nancy Humber

By Azmina Hasham

TBB: Tell me about Lillooet?

NH: Lillooet is situated about two hours North of Whistler. There is no public transportation in and out of the community. There used to be a railway. There is no bus system so people have to have their own vehicle to travel. The population is between 4,000 and 5,000 people with 5 physicians. I am the one GP surgeon and there is one GP Anesthetist. Lillooet is 2 hours away from the referral centre, Kamloops.

TBB: What are the differences between practicing in a rural area and an urban area?

NH: I did part of my training in an urban centre and I found it very different. I found that the scope of practice was less and the types of problems you would follow and the type of patient care was different - also, the relationship with the patients and not knowing them outside of work, whereas, in a small community you know them as friends, people around or family of friends as well as patients. Usually you’re following things through to completion.

TBB: Do you find that the patients like that better? Having one person to deal with rather than a number of physicians?

NH: The majority of people do. There is always a small group of the population that like to have their care elsewhere for a variety of reasons, but the majority of people like to have the care locally. I think a lot of it depends on how they view the local care - if they view it as being responsible care.

TBB: How much of your time does research take up?

NH: I find that it goes in spurts so you would spend more when there is something happening and less when there’s nothing happening. It seems to balance, but many things I find are out of my control. I can’t change it when emergency is really busy or there are a lot of complicated deliveries or if deadlines are coming up for research. I just hope it all doesn’t happen at the same time.

TBB: What compels you to do research?

NH: When you look around there’s not very much research on rural care. There are many issues that policy makers don’t understand fully because they’re usually based in urban centers. In the beginning it was triggered by going to meetings and voicing concerns over certain problems or issues and having people ask me to show the research or study to document the issues and solutions. I was trying to find some way to do that.

TBB: What are the characteristics of a researcher?

NH: Have good questions and some energy and enthusiasm to put behind a good question. It’s great to have the background training or to be able to access the resources or people that could help you with the methodology.

TBB: What is your current research endeavour?

NH: We’re finishing off some work which has to do with the scope of practice of GP surgeons and also the models of delivery of rural surgical services that incorporate GP surgeons. And we’re hoping to do some qualitative research into the types of patients that have surgery locally by GP surgeons and some of the barriers of access. We’re awaiting a dataset from the BC Health Linked Database that will give us some information about outcomes comparing GP surgeons and general surgeons. I am a co-investigator on two projects which will look at GP Surgery in other countries and importantly, what the training programs are in other countries. This is particularly important because Canada has no training program for GP Surgeons at the moment.

TBB: What are your research goals?

NH: I would say to provide some sort of evidence comparing outcomes between GP surgeons and general surgeons, as well as to look at what the current status is of GP surgeons working in British Columbia. Who is doing what and where they are working, and to look at some of the models of delivery and why they work in some places and not in others. And try to eventually develop a system that will work in many communities and to use the information from the scope of practice to design a Canadian-based training program for GP surgeons.

TBB: What do you find most rewarding about your research?

NH: Getting answers to the questions.

TBB: When you’re doing research do you feel that it’s taking over from the clinical practice?

NH: Sometimes. It used to. I don’t now that Temma, my Research Assistant is here. Without Temma it definitely could. But I look at how much Temma did, and that would have been me.

TBB: Temma, what have you done?

TF: I looked at the PURRFECT database and got a list of all the surgical procedures that have been done in the province, gleaned some coherent data from that list, and then looked at the specific communities to find out what the different models of surgical delivery are. Our project is a study of hospitals in Rural BC with surgical programs that do not

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Interview with Dr. Don McKenzie cont’d

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funding, the most important characteristic is persistence, because success doesn’t happen very often. You apply for a research grant, you get rejected and you apply again and you get rejected again- that’s the norm. When you first start out and you’re brand new and no one has ever heard of you, if you get 1 out of every 5 research grants you apply for, you’re doing really well. As you get a bit of a reputation it seems to get a little bit easier but the family physician has to just keep knocking on the door and eventually it will open.

**DM:** Yes, for sure, but credibility is not the limiting factor- it is time. Most family physicians have so many demands upon their time, through their clinical practice, that it is very hard to protect time and space for research. In addition, there is no funding for this activity so it’s a financial penalty to be a Family Practice researcher. It is frustrating to see colleagues who are very good clinicians, see the real problems and have the intellect and the drive to answer them, but have no funding or time to do good research. It is a big problem.

**TBB:** How many women have been affected so far with your program?

**DM:** In the world? Thousands. In the end of June we are hosting a breast cancer dragon boat festival in Vancouver. There will be 2000 women here from all over the world, Singapore, Australia, New Zealand, Europe, Canada, United States, everywhere, I think about 75 teams, all breast cancer survivors. These women are role models for all women with this disease.

**TBB:** This reminds me of the World Partnership Walk coming up on May 29th where we also raise funds for development in Asia and Africa and it involves knocking on doors. Started by a group of immigrant women from those countries, in Vancouver, 21 years ago, it has really grown and last year, in a day, raised 4 million dollars.

**DM:** I spoke at the Nite of Hope in Richmond recently and that raised $170,000 in one evening so there are ways to make money as long as the cause is good. People don’t mind supporting something that has some value to it.
Planning Timelines for your Grant Application or Letter of Intent

As a Principal Investigator allow yourself ample time to prepare.

**Radar for Application Forms**

Some funding agencies have web-based application forms that are available year-round (Canadian Institutes of Health Research), while others make their application forms available a couple of months in advance of the deadline (Michael Smith Foundation for Health Research), or send the forms a few weeks before the deadline (Vancouver Foundation/British Columbia Medical Services Foundation).

**Internal Review**

Submit your research proposal for Internal Review. Get assistance from:

- Faculty of Medicine Dean’s Office (Sharon Mortimer, smortimer@medd.ubc.ca)
- Health Research Resource Office (HeRRO yasmin.diaz@ubc.ca)

**Interim Funding** is temporary, reduced support as a bridge to successful grant application resubmission. Those researchers whose applications to CIHR’s open Operating Grant competition have gone through internal review (at the HeRRO), are eligible to apply. www.herro.ubc.ca

**Grant Facilitators**

If you do not have a research coordinator or assistant to help with the preparation of your application, there is an established network of grant facilitators within UBC faculties and affiliated hospitals. This pool of support personnel have knowledge and expertise in the development and preparation of large or small grant applications. Contact the Health Research Coordinator at healthresearchcoord@exchange.ubc.ca for assistance in finding one.

**Quick Guide**

1. Contact the grant facilitator for your faculty, hospital, research center/institute or department; find out what services are available to you
2. Check the funding agency’s website for application forms and guidelines
3. Start assembling your research team and preparing your application forms as early as possible
4. Begin preparing your research proposal and your budget, even if the application forms are not yet available
5. Ensure that the members of your research team have enough time to complete the necessary forms (i.e. Common CV or CV module)
6. Submit your proposal for Internal Review (to HeRRO or Faculty of Medicine Dean’s Office)
7. Determine when the members of your research team are available to sign the final application
8. Include a minimum of 6 working days for UBC institutional signatures (on the final application)

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have resident specialist surgeons i.e. communities that rely on GPs with enhanced skills for surgery (C-sections, gastroscopies, appendectomies, etc.). We looked into the models of surgical service delivery in rural BC and the scope of practice of GP Surgeons. In April we presented at a national meeting on rural surgery in Edmonton. We are working on a couple of journal articles and have submitted an application to present them at the NAPCRG Annual Conference. We also hope to do some interviews with patients who have chosen to have surgery performed locally by a GP instead of being referred to a larger hospital.

**TBB:** What advice do you have for people starting out - for other researchers?

**NH:** To ask for help and to find the resources available. Along the way I think it saves a lot of time. Even technically, just familiarity with different computer programs and different data applications and where to get grant funding.

### Research Office Monday Night Writing Workshops

For many people, writing is a pleasure and words just flow effortlessly from the brain to the fingers. The Writers’ Group is not for those people (although they’re most welcome). It’s for those of us who sweat a bit when we write, and appreciate a collegial group to offer suggestions for our papers in progress.

Over munchies we take group members’ papers in turn and offer thoughts on how the paper may be more publishable. The group offers an informal and friendly environment that helps support and motivate writers in this broad field.

All faculty members are invited to come! Farah M Shroff, PhD, Adjunct Professor Department of Family Practice

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**Testimonials**

"Best Bear Bones I’ve seen. Excellent work!"

Leah May Walker
Education Coordinator

"As a new staff member I just wanted to let you know how very informative I found this newsletter. Many thanks!"

Joan Decker
Executive Assistant to Dr. R. Woollard

"Wow! that is an amazing publication. Well done!"

Rita Zamluk
HR Coordinator
Department of Family Practice

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Visit us online at www.familypractice.ubc.ca (Research)