the real-life versions of these sports due to health or mobility concerns. Although less physically taxing than a real tennis game, for example, Slater feels the Wii™ helps develop residents’ hand-eye coordination skills. It also allows residents to connect with young family members who regularly use the technology.

“Targeting programming to the wants of residents” and “always making things fun” are two keys to helping seniors stay active, according to Slater. During the 2010 Olympic and Paralympic Winter Games, Slater coordinated a variety of social events to encourage activity. There was a “torch relay” where residents proudly wore red and white while they passed a homemade torch from the fifth floor to the main socializing area on the first floor. Residents also participated in an indoor “curling” session with balls instead of rocks and took part in “hockey drills” around pylons amongst other sports.

At Terraces, it seems that the secret to staying active lies in play. So encourage your older patients to pick up a hockey stick or a basketball; to put on their gardening gloves or grab hold of a Wii™ controller; and, of course, to find a friend or family member to join in on the fun. For, as the saying goes, “We do not stop playing because we grow old. We grow old because we stop playing.”

REFERENCES


The Federation of Medical Women of Canada

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“Vancouver Fraser Medical Program 2013, UBC Faculty of Medicine, Vancouver, BC

In 1924, six distinguished female physicians lead by Dr. Maude Abbott, an internationally-respected pathologist, came together at the Canadian Medical Association’s Annual General Meeting and founded the Federation of Medical Women of Canada (FMWC). The organization was founded both to support the “professional, social, and personal advancement of women physicians” in Canada and to promote the “well-being of women both in the medical profession and in society at large.” After over nearly a century of dedication, the FMWC continues to advocate for women physicians by providing them with a unified public voice, mentorship, and the opportunity to network with peers.

At UBC, we have a student-run branch of the FMWC, which enthusiastically supports this tradition of advocating for women physicians and medical students. Last year, the UBC FMWC created a mentor group of medical student mentees and physician mentors. The group met over a warm meal and discussed issues such as choosing a specialty, family planning, and the changing atmosphere of healthcare in Canada. After the physician mentors had divulged their pearls of wisdom to the eager mentees, the roles were reversed as the mentors became mentees on the topics of surviving the technological onslaught of internet networking. Later in the year, the mentor group met again to share one another’s life passions.

Other previous UBC FMWC events have included talks on career information and updates concerning women’s health. During their “Women in Medicine” talk, the UBC FMWC invited special guests including a pediatric infectious disease specialist and a plastic surgeon who specializes in the treatment of burns. The talk provided an intimate evening of advice about future careers and the opportunity for questions. The UBC FMWC subsequently held an “Updates in Women’s Health” talk that featured experts in the field of gynecological cancers, global issues in women’s health, and naturopathic medicine in women’s health. The talk was an informative educational experience on women’s health.

In mid-September, the FMWC will have its Annual General Meeting in Vancouver. The conference will bring FMWC members from across Canada to meet for a weekend of fascinating talks, great food, and networking. Topics that will be covered range from healthcare team leadership and people management to pertinent issues of women’s health such as contraception, post-menopausal fracture risk, and cervical cancer. Interspersed amongst these talks will be breaks for yoga and tai-chi as well as discourses highlighting self-care, self-improvement, and overall life balance for women physicians. The weekend will end with an uplifting examination of women as a catalyst for change, focusing on how women are shifting the curve for cancer survival through their participation in integrated cancer care services.

For UBC FMWC members who would like to attend the Annual General Meeting, the UBC branch is offering a subsidy of $25, cutting the attendance fee to just $25. For more information, contact Kristin DeGirolamo at kdegir@gmail.com. For those
Why We Should All Edit Wikipedia

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AN OVERVIEW

Wikipedia, as most are aware, is the free online encyclopedia that covers nearly everything. Almost anyone can edit it, and nearly everybody reads it. As of June 2011, it had over 3.6 million articles in the English language of which approximately 23,000 pertained to the practice of medicine, and 6,700 discussed aspects of pharmacology. The medical pages in a given month receive between 150 and 200 million page views\(^1\) while the pharmacology content receives approximately 35 million.\(^2\) For the entire encyclopedia, 40,000 people make more than five edits each month,\(^3\) though a much smaller number of editors are actively involved with medicine. However, users involved with WikiProject Medicine are a dedicated group of volunteer physicians, students, and non-professionals with the goal of providing people with free access to reliable, understandable, and current health information.\(^4\)

WIKIPEDIA’S AUDIENCE

Wikipedia has become extensively used by medical professionals and the lay public alike. It was ranked the fifth most popular website on the Internet according to Google in 2011\(^5\) after becoming one of the 10 most popular sites in 2007.\(^6\)

In Europe, a 2011 survey found that 60 % of physicians used Wikipedia for professional purposes,\(^7\) which is similar to estimates of physician usage in other developed countries.\(^8\) In 2009, 35 % to 72 % of United States pharmacists admitted to its use,\(^8,9\) and over half of e-patients consulted it.\(^4\)

While Wikipedia provides information of significant quality, further efforts are needed. Of the top 100 most viewed medical articles, only 24 % where deemed high quality and had passed a semi-formal review; for the medical project as a whole, this was less than 1 %.\(^10\) Still, in 2005, when Wikipedia was only four years of age, it compared favourably with the Encyclopaedia Britannica on a selection of scientific articles.\(^11\)

REASONS TO EDIT

So why get involved? There are many reasons and a few that have played a role for me are expanded on below.

As Wikipedia is written for a general audience, it has given me practice communicating complicated ideas in language that is easily accessible. In addition, it has forced me to explore the literature behind my clinical practice: I have frequently found what I was taught in medical school is more nuanced than I may have been led to believe. At the same time, Wikipedia has taught me critical reading, which has made me better equipped to deal with less reliable sources of information such as pharmaceutical representatives.

Also, I have had the opportunity to join people interested in medicine and to maintain an academic practice far from an academic centre. As Wikipedia is what many of my colleagues and patients are using, I feel an obligation to ensure the content is of high quality. What I write on Wikipedia matters as it is freely and easily accessible, due in part to its open source license and non-profit foundation.

As an added bonus to UBC health science students, Wikimedia Canada, the Canadian chapter of Wikimedia Inc, is offering a scholarship to whomever makes the most significant contribution to Wikipedia’s medical content. Application for the first award will hopefully begin in the fall of 2011 and will be awarded in early 2012. Applications will be found at http://wikimedia.ca/wiki/Scholarship_application.

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