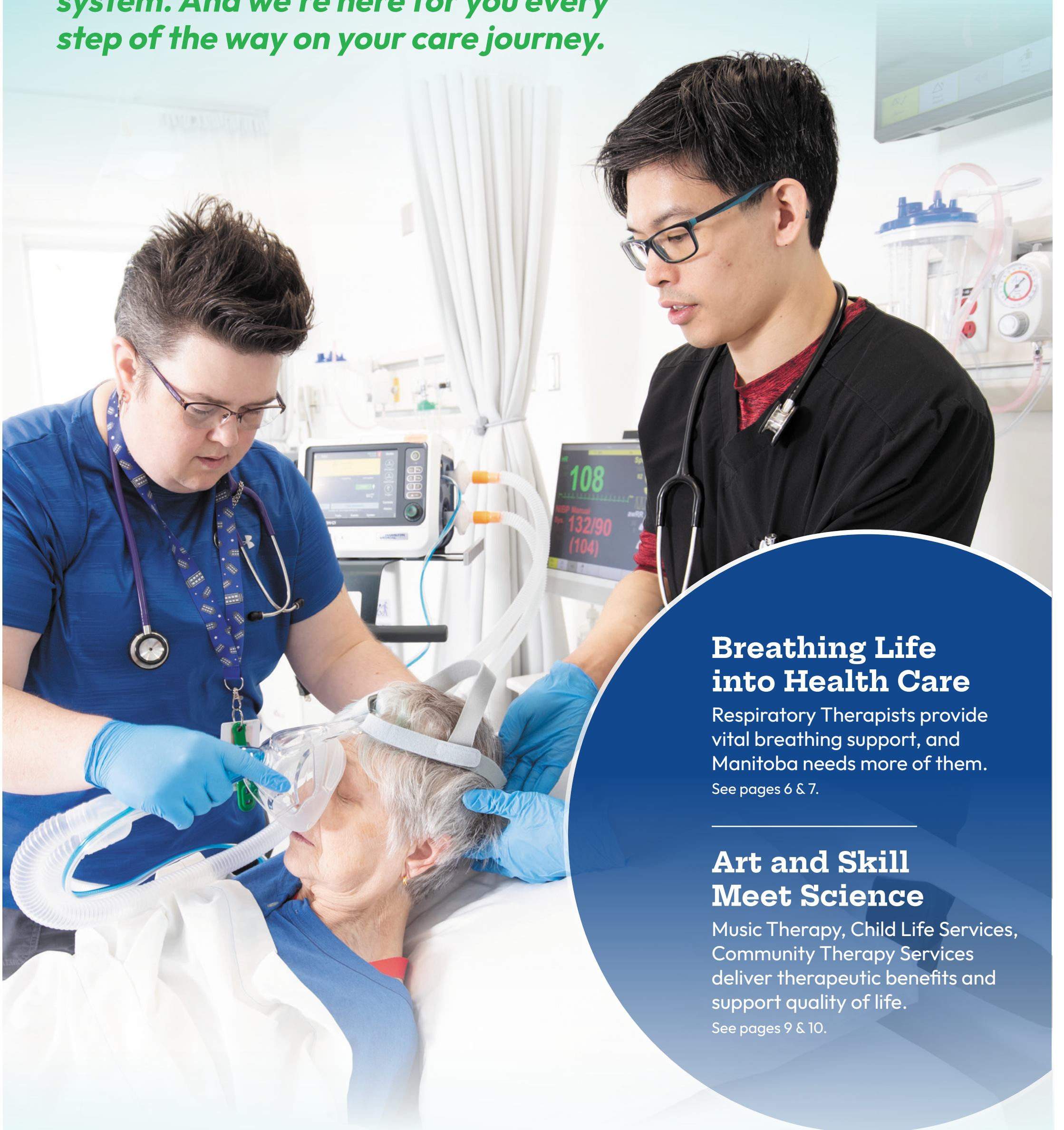


SATURDAY, MAY 16, 2026

Manitoba's Allied Health Professionals make diagnoses, treatments, and recoveries possible.

We are the backbone of the health care system. And we're here for you every step of the way on your care journey.



Breathing Life into Health Care

Respiratory Therapists provide vital breathing support, and Manitoba needs more of them.

See pages 6 & 7.

Art and Skill Meet Science

Music Therapy, Child Life Services, Community Therapy Services deliver therapeutic benefits and support quality of life.

See pages 9 & 10.

HAPPY ALLIED HEALTH PROFESSIONALS RECOGNITION WEEK TO ALL OUR 7,600 VALUED MEMBERS!

Produced by

MAHCP.

Manitoba Association of Health Care Professionals

Registered Respiratory Therapists Tanis Hares and Victor Phan, Grace Hospital, connect a patient to vital breathing support. PHOTOS COURTESY OF MAHCP

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OPINION:

Fail to Plan, Plan to Fail

Allied Health Human Resource Plan Key to System Sustainability

BY NOAH SCHULZ



Noah Schulz. BY DAKOTA WALLEY

Manitoba's healthcare system cannot function without allied health professionals. They are our paramedics, lab technologists, speech-language pathologists, addiction counsellors, music therapists, MRI technologists, perfusionists, respiratory therapists. More than 50 specialized healthcare professions in all.

More than 8,000 healthcare professionals work in allied health occupations in our province, and we need many more to ensure timely access to quality care. Currently, vacancy rates for many allied health professions are rising or remain stubbornly high despite important healthcare investments during this current government's first term of office.

Take the example of respiratory therapists. Across Winnipeg's acute care centres, vacancies are rising. At HSC, Manitoba's largest hospital, the vacancy rate is currently 35 per cent. Vacancy rates are 36 per cent at St. Boniface Hospital and 42 per cent at the Grace Hospital. These staffing challenges extend to rural Manitoba. In the Interlake Eastern Region, the vacancy rate for respiratory therapists was a staggering 75 per cent in December 2025, and it was over 83 per cent in Southern Health.

And this is just one set of examples for one profession. All across the province, within many allied health professions, persistent vacancy rates are a key contributor to longer wait times. From paramedic response times to critical MRI scans, and from counselling and treatment for addictions to specialized cardiology testing, and many more services, wait times for the vital care allied health professionals provide are not improving.

From pediatric radiology technologists to home care case coordinators, allied health professionals are there at every stage of life and step in the healthcare journey. They deserve to have an employer and a government that has a plan for the future of their professions and the patients who depend on them.

As of now, Manitoba's largest public healthcare employer, Shared Health, lacks such a plan. A recent article by Winnipeg Free Press reporter Gabrielle Piché, generated from a freedom of information request, found that Shared Health currently does not have forecasting data for a host of professions, including many under the allied health umbrella.

Without forecasting data and a human resources plan based on that data, Shared Health is flying blind. We need a whole host of data points to paint an accurate picture of our healthcare system's needs. Population demographics, emerging issues, innovations, and system utilization must be compared to and contrasted with enrollment in allied health programs, number of new staff in training, typical length of service and voluntary turnover, retirement projections, succession planning, and more. This is Shared Health's

obligation as a public employer, and it is what patients and employees deserve.

This data must also help direct investment. The Government of Manitoba's Budget 2026 offered an injection of healthcare funding, to the tune of \$1 billion, but good policy is not just about what is spent, but how.

The majority of this new spending, considerable as it is, is connected to fulfilling wage increases guaranteed in existing collective agreements, capital spending for new healthcare facilities, and supporting physician recruitment and retention. These are all worthwhile, necessary expenditures, but other elements of health care and the patients who depend on them were left out.

Allied health, in contrast to other healthcare sectors, received little new funding or targeted measures in Budget 2026. There are some important exceptions, such as money going to Assiniboine College to develop a new combined laboratory and X-ray technologist program and to expand the number of students training to be medical lab technologists. Across Manitoba, there is a 19.8 per cent vacancy rate for lab technologists and technical assistants. Without more of them, we risk losing the ones we have to burnout and attrition, causing further delays in patient flow through the system as they wait longer for essential test results.

Allied health also includes specialists in addictions counselling and mental health support, and we cannot address the ongoing toxic drug crisis in Manitoba without them. Budget 2026 included more than \$5 million to staff up Manitoba's first, much-needed, supervised consumption site. This is an important step, but the success of this site will require ongoing funding and political support.

Another important investment commitment connected to allied health is the promised allocation of more than \$1 million to fund additional MRI scans. This is great news, provided there are enough technologists to provide these procedures. Data obtained through freedom of information requests showed a 17.3 per cent vacancy rate in December 2025 for MRI technologists. Who will perform these more than 3,200 additional scans?

While the examples above are important investments, they do not go far enough. We need, above all, a system-wide, provincial action plan for allied health. Our universities, colleges, government, and public employers must all work together — in collaboration with frontline staff and patients — to develop a plan that includes clear targets, timelines, and the necessary funding to support success.

Manitobans are tired of waiting at the ER for diagnostic test results, for specialized mental health care, for paramedics to arrive in times of crisis, and more. And allied health professionals are burning out as they're asked again

and again to do more with less. We all deserve a real plan to address these realities.

We can't fix wait times or truly rebuild Manitoba's healthcare system until allied health is properly funded, and there is better recognition of the sector's unique value.

Learn more about our advocacy: www.mbhealthcoalition.ca

Noah Schulz is provincial director of the Manitoba Health Coalition (MHC), a non-profit, non-partisan advocacy organization established in 2018 that brings Manitobans together to protect and expand universal public health care. The MHC is a leading voice in the fight against efforts to privatize health care, advocating for evidence-based improvements to Manitoba's public system and supporting public education on healthcare issues.

LEFT TO RIGHT: Registered Respiratory Therapist Victor Phan prepares for a patient's arrival. Registered Midwife Abigail Larson assesses baby's health and supports a mother's adjustment to family life. Registered Social Worker Jessica Schmidt supports youth at Selkirk Mental Health Centre. PHOTOS COURTESY OF MAHCP



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Healing Health Care: Calling for a Culture of Safety & Health

Health care is one of the most dangerous industries in which to work in Manitoba. You read that right: It's more dangerous to be a social worker than an underground miner.

According to the Workers Compensation Board of Manitoba statistics, health care tops the province's time-loss injury rate, a metric that reflects the number of time-loss injuries reported to the WCB per 100 full-time workers. While it declined from 2022 to 2023 (from 5.1 to 4.1), the sector continues to have the highest rate in the province, nearly 50 per cent higher than the provincial average, and much higher than even manufacturing and natural resources.

In 2025, the WCB recorded nearly 117,000 days — the equivalent of 320 years — of lost time due to injury in health care, and more than 400 serious incidents.

"Healthcare professionals should be able to expect safe workplaces, and employees should be empowered to speak up about safety concerns," says Jason Linklater, MAHCP President. "As a union representing 7,600 allied health professionals, MAHCP has a responsibility to our members to demand improvements that protect them. Feelings of being unsafe are a detriment to recruitment and retention, and our healthcare system can ill-afford to lose staff."

Over the past two years, MAHCP has taken significant steps to advocate for a culture of safety and health in Manitoba healthcare facilities, demanding compliance with the *Manitoba Workplace Safety and Health Act and Regulation*. The Act sets out the rights and duties of all parties in the workplace, and employers must inform workers of their rights and responsibilities.



Cory Szczepanski, MAHCP Labour Relations Officer and Safety and Health Specialist. SUBMITTED PHOTO

MAHCP has learned about instances of violence, verbal abuse, and physical assaults occurring in healthcare facilities, and these are on the rise.

Health care accounts for about one-third of all injuries resulting from workplace violence, and the number of injuries caused by violence has quadrupled over the past decade. In 2023, there were 1,800+ physical and psychological injuries due to workplace violence.

"Healthcare professionals are the last line of defence. We must protect them so they can continue delivering the care Manitobans need. Unions, employers, and government have a duty to work together, and MAHCP is proud to stand with our fellow unions in holding employers accountable for unsafe working conditions. Violence should not be 'part of the job,'" says Linklater.

Rising Violence in Health Care: Advocating for Investments in Safety and Security

Violence in health care is an increasingly significant contributor to worker injuries, and it can result in time away from work, stress and fear, psychological trauma, diminished team morale, and other negative outcomes.

Manitoba data show the rate of assaults and violent acts against healthcare workers has increased markedly over time, from 285 accepted Workers Compensation Board claims in 2015 to 506 claims in 2024 — the highest level recorded.

Complex issues contribute to violence in health care, from the emotionally charged nature of the situation to substance use, and from frustration with navigating a fractured system to prolonged wait times.

MAHCP is calling on the provincial government to address chronic staffing challenges and to increase funding for publicly delivered mental health and addictions services in Manitoba to reduce triggers and risk factors for violence. Healthcare facilities are subject to Part 11 of the *Manitoba Workplace Safety and Health Regulation*, which requires employers to assess the risk of violence; create, implement, and enforce policies; and investigate incidents promptly.

Following the signing of the *2023 Working Together to Improve Health Care for Canadians* bilateral agreement, Manitoba allocated zero per cent from its portion of this funding to mental health and substance use health services. Manitoba's overall healthcare budget allocates roughly five per cent of total budget to mental health and addictions services, even though the Royal Society of Canada recommends at least 12 per cent.

"People in crisis need timely access to vital services. If healthcare employers aren't taking meaningful action to demand increased funding, address staffing shortages, and if they're not applying zero tolerance policies, Manitoba healthcare professionals will continue to be at risk of violence while at work," says Szczepanski. "Imagine sitting at your desk in an office building in a state of hypervigilance, worried every day that something serious could happen to you. This is the reality for many working in healthcare roles."

MEET MASH

Manitoba Association for Safety in Healthcare (MASH) is Manitoba's health-care-specific, industry-based safety program, and the organization's mission is to empower and support those working within the sector to be safe.

MASH and MAHCP are collaborating to identify areas of concern, foster safer environments, and reduce preventable harm throughout the system.

MASH Executive Director Ron Van Denakker says that every workplace has a unique safety and health culture — a set of shared values, beliefs, and attitudes in the workplace — albeit there may be some organizations described as 'reactive' because they only respond to incidents when they occur.

"We want organizations to strive to be 'proactive' or 'generative,' where safety is embedded throughout the whole organization," said Van Denakker. "It is a goal of MASH to support all publicly funded healthcare organizations to improve their safety and health management systems, so they can become proactive or generative. This investment will directly impact morale, reduce workplace injuries and illnesses, and help inspire continuous improvement."

MASH provides safety training, consulting services, and Safe Work certification for all healthcare workers and supports its member organizations in building safe work environments for all.

"We need those who are caring for Manitobans to be supported, educated about their safety rights and responsibilities, and protected by legislation, because healthcare professionals' safety and well-being are paramount to the delivery of high-quality care."

SAFETY & HEALTH FAST FACTS

- Serious incidents must be reported to the Workplace Safety and Health Branch.
- Serious incidents are defined as "any event in which a person is injured and requires medical treatment, or if a situation has the potential to cause a serious incident".
- Employers are responsible for investigating incidents, and co-chairs of a workplace safety and health committee must be involved in investigation and reporting.
- In Manitoba, healthcare system incident reporting isn't centralized or consistent, which means it's difficult to get an accurate picture of the true number of serious incidents.
- Supervisors (defined in the Act as a person who has charge of a workplace or authority over a worker) must receive training specific to their responsibilities under the Act. They must take all precautions necessary, in so far as is reasonably practicable, to protect the safety and health of a worker under their supervision.

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Transport to Treatment: Role of Paramedics in Improving Patient Outcomes



When Tyler VanAlstyne decided to become a paramedic, he knew the road ahead was going to be challenging, emotionally and physically, but he also knew he would love it.

"Paramedicine is a tough job, for sure, but it's very rewarding work," says VanAlstyne, Clinical Service Lead (CSL), EMS - Interlake with Shared Health. "I have opportunities every day to work alongside two or three other CSLs to support frontline paramedics and the broader Emergency Response team. No two days are ever the same, and that's what makes this career so incredibly exciting."

an Interfacility Transfer Coordinator working in the Virtual Emergency Care and Transfer Resource Service (VECTRS) to assist with patient care virtually.

"The introduction of ACPs in rural Manitoba provides patients with enhanced care before they get to a hospital, which can be vital, especially when the ambulance has to travel a long distance to an open emergency room to access the care a critically-ill or injured patient needs," says Rebecca Clifton, provincial director, Paramedic Association of Manitoba (PAM). "Unfortunately, emergency call volumes are up, response times are up, and the number of paramedics available to respond has not kept pace. Manitobans need more primary care paramedics on ambulances now."

In 2013, the Manitoba Emergency Medical System (EMS) review commissioned by the former NDP government underscored the need for a fully trained, professional paramedic workforce able to respond within 30 minutes for 90 per cent of Manitoba's population, 90 per cent of the time. The Review called for the addition of 430 new primary care paramedic positions to professionalize Manitoba EMS and deliver skilled, consistent care across the province.

Detailed Shared Health data obtained by MAHCP reveal a two-year decline in the number of paramedics available to attend emergency calls in rural Manitoba, from 519 in



Paramedics are facing significant staffing shortages that are causing long response times with rural communities calling attention to waits that can reach an hour or more. All areas of the province have seen significant increases in response times and paramedic vacancy rates, with one in four (25 per cent) positions unfilled province-wide. Meanwhile, data obtained last year show that 911 call volumes are up 64 per cent since 2018.

"Doctors and nurses are vital, but they don't staff ambulances. It's a paramedic who is there, on the roadside, if you have a motor vehicle accident. It's a paramedic who brings the emergency room to you when your loved one is in cardiac arrest," says Jason Linklater, President, MAHCP. "Paramedics are your best chance for a positive outcome in a medical emergency, so we need the provincial government to make the investments necessary to fix the staffing crisis."

VanAlstyne is an Advanced Care Paramedic (ACP) stationed in Lac du Bonnet EMS, and working a four-day, 12-hour rotation. In this role, he can travel throughout the East Zone in a kitted-out SUV, also called a rapid response vehicle, depending on what's happening. As of April 2025, CSLs like VanAlstyne are strategically located in 12 rural and Northern areas of the province - Arborg, Ashern, Boundary Trails, Dauphin, Flin Flon, Lac du Bonnet, Neepawa, Portage la Prairie, The Pas, Thompson, Steinbach, and Swan River.

"If there's a critical situation like a cardiac arrest or a catastrophic collision on the highway, I might drive out to provide pre-hospital care on the scene. Our SUV cannot house the equipment an ambulance can, and we can't transport patients, but we have a trunk full of equipment and a broad scope of practice to support paramedics and their patients when needed."

Other times, VanAlstyne might be delivering clinical advice and guidance to paramedics over the radio. Sometimes, he might get on a call with the Patient Transport team, or with



"Being a paramedic is a rewarding career because it's different every day. With every call, you're going into the unknown. One day, you're delivering a baby, then the next day, you're holding an elderly person's hand because she's scared and she needs that emotional connection. I treat every person like a member of my own family. My favorite part of the job is the patients."

— SHANE ROBINSON, INTERMEDIATE CARE PARAMEDIC, WHITEMOUTH EMS - SHARED HEALTH



"Paramedicine has come a long way. It wasn't that long ago that most of Manitoba EMS was run by volunteers, and now trained, advanced life support paramedics are on board most ambulances. The skills and interventions that we can bring to a patient's home (or wherever they may be)...we're helping with that chain of survival. We're getting things set in motion to improve patient outcomes long before we get to a hospital."

— TERRELL KERBRAT, INTERMEDIATE CARE PARAMEDIC, RIVERTON EMS - SHARED HEALTH

December 2023 to 485 in December 2025. According to Shared Health, staffing declines have occurred in almost every area of the province - North, South, and West - with only a small gain in the East Zone (EMS operational zones correspond to the boundaries of rural health regions).

"Frontline paramedics have proposed viable solutions to address the paramedic staffing crisis, and PAM and MAHCP have both put recommendations forward to government," says Clifton. "Unfortunately, government has waited too long to dedicate resources and now we are seeing the negative result: paramedics are burning out and leaving the profession rather than waiting around for the system to be fixed."

Today, 13 years after the EMS Review, Manitoba hasn't achieved its vision, and paramedic coverage in some rural and remote areas is in worse shape.

The psychological impact of traumatic events, overwork, and overtime can take a toll on paramedics.

"Paramedics want to be there when you need us, but travelling long distances between calls, and having ambulances off the road because of position vacancies isn't good for care. And it certainly doesn't feel good for paramedics either," says Clifton. "Recruitment and retention across allied health professions, and in all healthcare sectors, is just so critical."

SUBMITTED PHOTOS

BACKGROUND PHOTO BY AURELIA APOSTROPHE / ADOBE STOCK

MAHCP

has been calling for a fully funded allied health workforce plan, including significant retention, recruitment, and education initiatives for paramedics. Recommendations include:

1. Create more direct-entry PCP education seats, ensuring they are accessible for rural students. Include targeted bursaries for direct-entry PCP students, as offered in Saskatchewan, New Brunswick and Nova Scotia.
2. Create a subsidized 'earn as you learn' education pathway for Emergency Medical Responders to become PCPs, with paid education and bursaries to cover costs, as the Association of Manitoba Municipalities, MAHCP and paramedics have called for. British Columbia has added 2,000 staff in the last four years using a similar model.
3. Post all vacant Primary Care Paramedic (PCP) positions.
4. Create retention and recruitment incentives for hard-to-fill positions.
5. Cover travel, accommodation and create incentives for paramedics to pick up shifts in hard-to-fill stations, similar to the model for federal firefighters.
6. Create a mentorship premium for paramedics working on ambulance with an EMR, in recognition of the added responsibility.

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Seeing Inside the Body:

The Value of Diagnostic Imaging

Danielle* woke up one morning with what she assumed was a sinus infection, with pressure around her eyes and cheeks.

"I called my optometrist immediately and requested an urgent exam, thinking there was something wrong with my eyes, because I couldn't see myself in the mirror at the gym later that day. As it turns out, it wasn't my eyes. Within just six days, I was almost completely blind, with nothing but a few tiny pinpoint spots of light puncturing the cloudy darkness," said Danielle.

In the weeks (and months) that followed, Danielle had chest X-rays and CT scans to rule out a possible pulmonary infection or lung disease. She had CTs and MRIs of the head, eye orbits, and spine; lumbar punctures, two of the three procedures leveraging the interventional radiology suite for accuracy; a pulmonary function test; countless blood draws; and a series of ophthalmic tests to assess field of vision, colour recognition, and visual acuity. The blindness turned out to be a result of inflamed and damaged optic nerves and brain lesions.

Danielle's team of physicians, which included a neurologist, ophthalmologist, and internist, received a battery of test results that provided essential information about what was happening inside her body.

Many of the healthcare professionals Danielle encountered along the way are allied health professionals, including many who work in Medical Radiation Technology (MRT). The Canadian Association of Medical Radiation Technology (CAMRT) is the national body that works to advance the profession through advocacy, education, and research. Dayna McTaggart is the Provincial Manager for CAMRT-Manitoba.

"Medical radiation technologists (MRTs) are highly educated and caring frontline professionals, high-tech specialists, and essential members of any healthcare team," says McTaggart. "MRTs have extensive training in and knowledge of anatomy, physiology, and the structures and systems of the body, and demands for medical imaging, specifically MRI and CT scans, have been increasing year after year. Unfortunately, the number of MRTs in the province has remained relatively unchanged."

CAMRT groups MRTs into four specialized disciplines:

- **Medical Radiologic Technology**, which uses X-rays of all types to produce digital images of the lungs, bones, joints, abdomen, and spine to detect fractures or disease. An X-ray image is produced when a small amount of radiation passes through a body part and is captured to produce a black-and-white image. MRTs working in Radiologic Technology may perform mammograms (digital images of breast tissue to detect breast cancer in its earliest stages); CT (Computed Tomography) scans to generate cross-sectional X-ray images of the organs, bones, and tissues of the body; Fluoroscopy: real-time

X-ray video showing how the systems function in the body; Interventional Radiology: fluoroscopy for procedures like biopsies, or for treating blood vessel conditions throughout the heart, brain, and body.

- **Radiation Therapy**, which delivers highly effective radiation treatment for cancers. These MRTs work closely with radiation oncologists and other healthcare professionals to plan and carefully deliver courses of radiation treatment. They calculate the precise dose and target of radiation to maximize the impact on cancer cells while minimizing the harm to surrounding healthy tissue.

- **MRI Technology**, or magnetic resonance imaging, which employs a very strong magnetic field and radio waves to examine the soft tissues of the body - the brain, joints, muscles, tendons, and vessels of the heart.

- **Nuclear Medicine**, which helps pinpoint the nature of a disease and how it is affecting a patient's body. MRTs practicing nuclear medicine may perform a PET scan, bone scan, or SPECT scan, and often, patients will receive radiopharmaceuticals by intravenous (IV) injection prior to imaging to help illuminate problem areas.

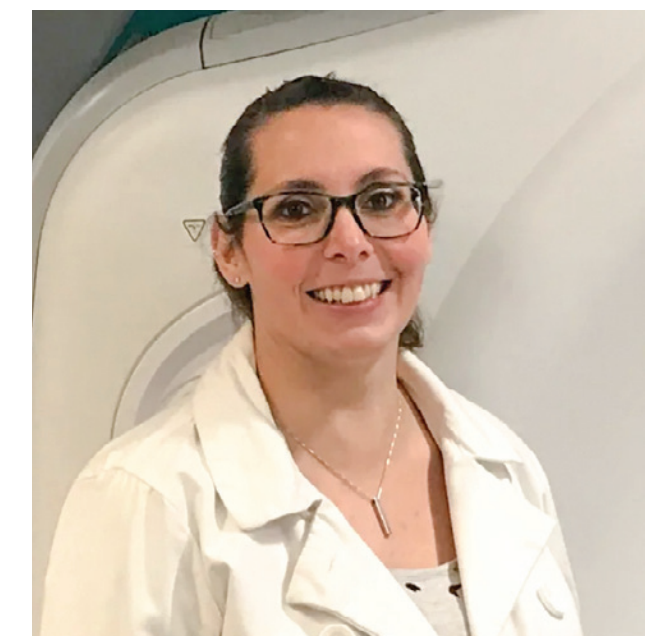
Through surveys of their membership, CAMRT has learned that three-quarters of MRTs say there aren't enough people or staff to get the work done. Two-thirds of respondents indicate they have too much work to do everything well. With the increasing demands of a growing and aging population, Manitoba's healthcare system is relying on current MRTs to work over and above their positions to tackle wait times. This strategy is not sustainable.

"Diagnostic imaging - high quality, timely, and accessible - is integral to many diagnoses and to healthcare delivery. The vital tests MRTs perform can help uncover the root cause of health issues, symptoms, and pain, which, in turn, may contribute to a patient's possible disease diagnosis and treatment plan. Diagnostic imaging helps patients move through the system appropriately to access the care they need," says McTaggart.

When a gravely ill patient enters the hospital requiring urgent or emergent care, physicians requisition diagnostic imaging to see into the body and detect underlying concerns. Without diagnostic imaging, doctors are almost flying blind.

"If patients are forced to wait for diagnostics, they can get stuck in the emergency department until MRTs can perform necessary tests, and an ER doc can review the results. Patients aren't moving out of the ED, which puts pressure on the system, and ER wait times increase. It's a domino effect."

Meanwhile, patients who aren't in life-threatening situations may also require an



Dayna McTaggart, Provincial Manager for CAMRT-Manitoba. SUBMITTED PHOTO

imaging test, wait weeks and weeks for it, and even find themselves bumped down the line to accommodate new urgent cases.

"That's nerve-wracking for patients, and sometimes conditions deteriorate as time marches on. That's not good for health outcomes, and it has a negative impact on the system when people need greater levels of care."

MRTs learn to balance getting the best possible images with patient information, comfort, and safety. The MRI, a loud and clunky machine that spins around the patient, can generate feelings of anxiety and claustrophobia. Some tests require patients to hold their breath or remain still for considerable lengths of time. Some patients are leery about the effects of radiation. Some patients feel awful or may be in tremendous pain, yet the MRT must position them for maximum effectiveness.

"Physicians rely on the skills and experience of MRTs to acquire images that tell a story, but that's only part of the story. MRTs deliver instructions, answer questions, and try to relax patients who may be nervous and anxious. It's a science-based profession that also requires empathy, patience, and diligence."

Danielle says that although accessing health care can feel overwhelming to those dealing with a challenge or crisis, she has always received exceptional care. She's grateful to all the health professionals who performed tests, assessments, and treatments.

"Without diagnostics, my vision may not have been restored," said Danielle. "Diagnostic data helped inform a tentative diagnosis and determine a treatment plan for me, and my neurologist continues to receive results from recent MRIs, bloodwork, and fine-motor assessments to track my health data. I am so fortunate to have recovered my sight and to receive exceptional care - even when staff seemed incredibly busy. I cannot say enough good things about the healthcare professionals who supported me along the way."

*Danielle is a resident of Winnipeg, Manitoba, aged 52. Her name has been changed for privacy.

"Medical radiation technologists (MRTs) are highly educated and caring frontline professionals, high-tech specialists, and essential members of any healthcare team."

— DAYNA MCTAGGART, PROVINCIAL MANAGER FOR CAMRT-MANITOBA

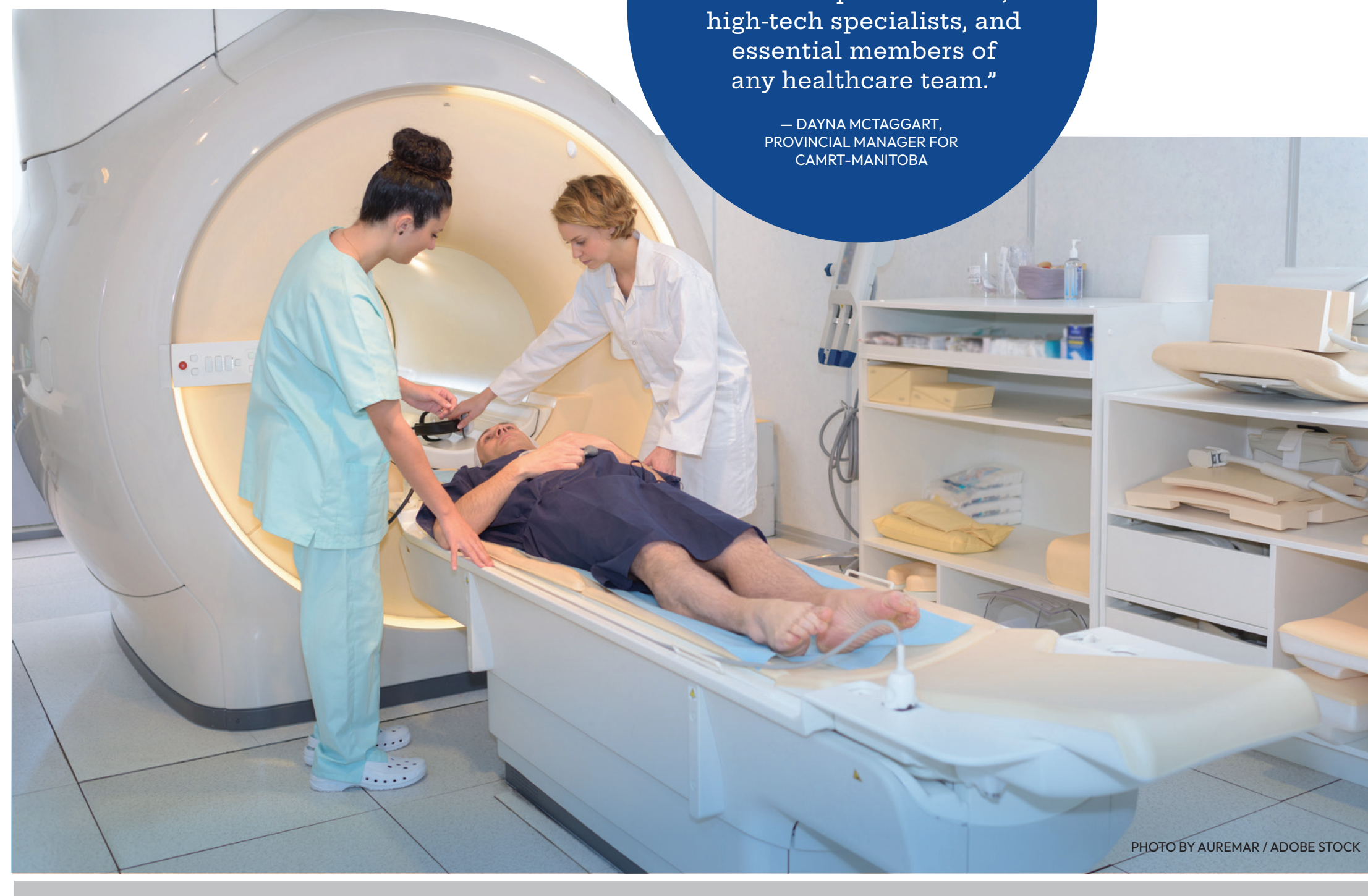


PHOTO BY AUREMAR / ADOBE STOCK

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Victor Phan.

Respiratory Therapy:

Breathing life into health care

Victor Phan, Registered Respiratory Therapist at Winnipeg's Grace Hospital, had no idea what respiratory therapy was about when he signed up for the program.

"I found out about respiratory therapy by fluke, and thankfully, it worked out great for me," says Phan. "I graduated from university with a biology degree, and I knew I wanted a job in the hospital. I had applied to medical radiation, but the program was full, so I decided on respiratory therapy. And then I found out halfway through how intense and how exciting it is."

Registered Respiratory Therapists (RT) work in virtually all healthcare settings as essential members of multi-disciplinary teams.

You'll find them in emergency departments (ED), Intensive Care Units (ICU), neonatal ICUs, in clinics supporting those living with chronic respiratory conditions, as part of the Home Care team providing care in the community, and in long-term care settings, working in lockstep with physicians, nurses, pharmacy, occupational therapy, and many more healthcare professionals.

At the hospital, Phan rotates between ICU, ED, and the wards working 12-hour shifts.

"When a person goes into cardiac arrest, their heart stops, and they're effectively dead. They need to be revived or resuscitated. RTs are there. When a person needs a major surgery and requires deep sedation, RTs are there to manage life support equipment. If a person's breathing is compromised because of a bad lung infection or a drug overdose, and they need to be put on a breathing machine, RTs are there. We are present throughout the system in some of the most critical situations."

Phan's colleague, Tanis Hares, Grace Hospital Registered RT, says her grandmother suffered from pulmonary fibrosis and was quite sick. It had an impact.

"By a bunch of chances, I stumbled across respiratory therapy and was accepted to the program. I love what I do, and I'm still here today, 18 years later. We don't think inside a box. We're very much involved in problem-solving and front-line care."

Hares says there is significant math behind the numbers RTs track, as well as how they calculate patient needs.

"There's gas physics, how the air moves in and out of the body, what affects it...something like asthma will change how I ventilate a patient versus if they have pneumonia. I look at the size of the person. I look at their acute illness, and I consider if they have other illnesses I need to work with. There's no one-size-fits-all."

According to Hares, the COVID-19 pandemic thrust RTs into the spotlight, but overall, most patients don't know about the profession.

"Patients in critical care are often acutely sick, so they can't be expected to recognize providers or even be aware of what's happening. They may be unconscious with high

blood carbon dioxide levels. As a RT, it is my responsibility to address their breathing issues and help stabilize them so we can get them to the ICU. We always hope they will wake up to see nurses and their doctor, but by that point, as long as the patient is improving, I may not encounter them again. In acute care, patients don't see RTs on a day-to-day basis if they do not need our services."

For high school students exploring healthcare career options beyond medicine or nursing, respiratory therapy offers an exciting alternative.

"We all recognize doctors and nurses when we watch medical dramas on TV, but respiratory therapists don't get that same amount of mainstream attention, even though the role is so important," says Phan. "If you're good at math and science, and you want the opposite of a 9-to-5 office job, RT is the job for you."

The Society of Manitoba Respiratory Therapists (SMRT) supports Manitoba's RTs by creating opportunities for professional education, growth, advocacy, and research.

"Graduates enter the workforce with the competencies needed to care for patients in any acuity level or demographic, from premature infants to older adults," says Shere Gigolyk, SMRT Director of Operations. "In today's healthcare environment, RTs in Manitoba are often hired immediately upon graduation, and the profession offers a strong and stable career path."

New graduates employed in the public healthcare system typically begin earning around \$45 per hour, with additional shift premiums for evenings, nights, weekends, and charge roles. These positions also include health and dental benefits, life insurance, pension plans, and a minimum of three weeks of vacation.

"The Government of Manitoba has identified respiratory therapy as a priority profession for recruitment and retention, and they addressed the challenge in 2023 by doubling the number of seats in the program," said Gigolyk. "The program now accepts 40 students each year, offering dynamic, hands on education for those seeking a healthcare career with meaningful clinical involvement. Bottom line: We need to continue increasing awareness of this profession to ensure full enrollment in the program and graduate more RTs."

The combined impact of an aging population and the exhausting overwork caused by critical respiratory needs during the pandemic led some RTs, nurses, and doctors to choose retirement. As a result, there are open positions and staffing is down. For instance, MAHCP has learned that in the event that RT staffing is short, the outpatient clinics may have to close for the day to move the RT staff to frontline care in the ED and ICU where they're most urgently needed.

"If I had to share one thing with people considering a career in health care, I would say that people should know these are good jobs with good wages and you're doing meaningful work. If you don't like boredom, there's nothing like the adrenaline rush of working to save someone's life."



Tanis Hares.

Jason Linklater, President, MAHCP, says the union has been calling on government to develop and execute a provincial allied health workforce plan urgently to deal with critical staffing issues like those affecting RTs.

"Manitobans need to be able to rely on respiratory therapists for the diagnosis, assessment, and treatment of breathing conditions. Without air, nothing else matters. We're asking for an in-depth analysis of future workforce needs, as well as retention and recruitment incentives to bolster this profession. RTs can't keep working at this pace and they're running out of breath." ●

INTERESTED IN A CAREER AS A RT?

Manitoba's RT program is three years, and one of the most important career pathways is the University of Manitoba's Respiratory Therapy Program, located within the College of Rehabilitation Sciences.

- **Years 1 and 2** focus on academic foundations in cardiopulmonary physiology, patient assessment, and therapeutic interventions.
- **Year 3** is a full time clinical placement during which students develop real world skills in hospitals and community settings.

Respiratory Therapy career opportunities are diverse and extend across the province in rural and urban healthcare centres. RTs work in:

- Hospitals (acute and critical care)
- Community clinics
- Pulmonary function laboratories
- Long term care facilities
- Sales, education, and industry roles

With further education and experience, RTs may pursue advanced practice roles such as **Anesthesia Assistant, Perfusionist, Transport**, or leadership positions in **hospital administration**.

All Manitoba's practicing RTs are licensed through the **Manitoba Association of Registered Respiratory Therapists (MARRT)**, the provincial regulatory body, and held to high standards of safety, ethics, and accountability to ensure the best possible care for Manitobans.

BACKGROUND PHOTO BY MARIBOR / ADOBE STOCK

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Advanced Practice Respiratory Therapists: Delivering Life-Saving Services in Motion for Critically-ill Manitoba Patients

Imagine having to move, load, and transport a critically ill patient in cardiovascular failure who will not survive without intubation, or someone who is bleeding out after a serious accident. First, the patient must be stabilized, when time is of the essence, and they must be kept breathing long enough to be transferred under precarious conditions to an acute care facility for life-saving surgery or other treatments.

Then imagine trying to deliver this level of care on board an ambulance or stretcher service, a helicopter, or even an airplane. This is the role of Advanced Practice Respiratory Therapists (APRT), a high-pressure, high-risk respiratory therapy role vital to patient survival.

APRTs deliver patient care while en route to a trauma facility, often working with just one other person, usually a Primary Care Paramedic. This team of two is almost entirely accountable for a patient surviving the journey to access appropriate care. The moral and psychological weight of having someone's life in your hands is a huge responsibility.

APRTs are trained to provide advanced diagnostic and therapeutic interventions and have expertise in managing patients on mechanical ventilation. They can perform procedures like line placement, bronchoscopy, and tracheal intubation for adults, pediatrics, and neonates. This is emergency care with no orders, no physicians, and one or two other healthcare professionals present.

"Due to the sheer physical size of our province, and the fact that we have only one major trauma centre (HSC), APRTs deliver a vital service to Manitobans," says Jason Linklater, MAHCP President.

In Manitoba, APRTs work in one of three Shared Health Emergency Response Services departments, which operate 24/7, 365 days a year:

1. **Adult Transport:** This team, created in 2000, takes instructions on a call-by-call basis, meaning APRTs may also be responsible for transporting pediatric, neonatal, and adult patients. They can be responsible for moving pregnant moms, patients who are one hour old, toddlers, adults, and the elderly.
2. **Child Health Transport:** This team is dedicated to transporting critically ill pediatric patients under the age of 17 from throughout Manitoba, Northwestern Ontario, and Nunavut, triaging an average of 2,500 calls a year, and travelling to approximately 700 calls where a child's condition is considered critical.
3. **VECTRS, or Virtual Emergency Care and Transfer Resource Service:** This centralized, coordinated source for clinical guidance and patient transport support, formed in 2023, is staffed by emergency physicians, Advanced Care Paramedics (ACP), and Advanced Practice Respiratory Therapists (APRT). The team provides 24/7 emergency care and transport advice, with support from Inter-Facility Transport Coordinators (IFTCs), who answer calls. ●

PHOTOS COURTESY OF MAHCP



Natalia Williamson.

Meet Natalia, Respiratory Therapist



I've been a respiratory therapist for almost 18 years, and it has been such a rewarding career. Just like my colleagues at Grace Hospital, Victor and Tanis, I too stumbled into the profession by sheer coincidence! In high school, I was a hospital volunteer in the occupational therapy department, and I decided to go to an open house at UM.

They had occupational therapy, they had physiotherapy, and then they had respiratory therapy. I'd never heard of it and it seemed so dynamic! They had a pig's lung on display. They had a ventilator. And I thought, this is really cool, so I applied and took the necessary four years of study, which includes one year of prerequisites and three years in the RT program.

I work in acute care, but I also work in the Grace Hospital's outpatient clinic, one of many such clinics throughout the city. We receive referrals from physicians — either general physicians or allergists — and they assign breathing tests. Likely, the patients have gone to their doctor complaining about their breathing. It could be a nagging cough or shortness of breath, or they may have been a smoker all their life, and now they're having a very hard time breathing.

I might conduct a simple spirometry or a full pulmonary function test. Sometimes I conduct tests

for home oxygen patients like a blood test called an arterial blood gas. Or we do an exercise test like a six-minute walk (6MWT), used to measure functional exercise capacity, assess prognosis, and evaluate response to treatment across a wide range of chronic respiratory diseases. We also typically answer many questions from patients as they try to get a grasp on their health and what's happening to their lungs.

Once the testing is complete, we send the results to the physician to help inform a diagnosis. They can look at lung function and see this person may have Chronic Obstructive Pulmonary Disease (COPD), yet they've never been diagnosed. Or the patient may have interstitial lung disease, and they didn't know. Or they may already know that they have a problem like COPD, but their condition is getting worse. They may need oxygen, and the outpatient clinic to help support their respiratory system.

If you are looking for a dynamic, fast-paced role that requires you to use your brain on the spot, respiratory therapy is a great profession. It's a niche specialty. Nobody really knows who we are. We're kind of like Batman: We see a bat signal, we swoop in, we save the day, and then off we go. Who was that? To me, RTs breathe life into health care. ●

BACKGROUND PHOTO BY FIJAD ALHUSINI / ADOBE STOCK

Dear Allied Health Professionals,

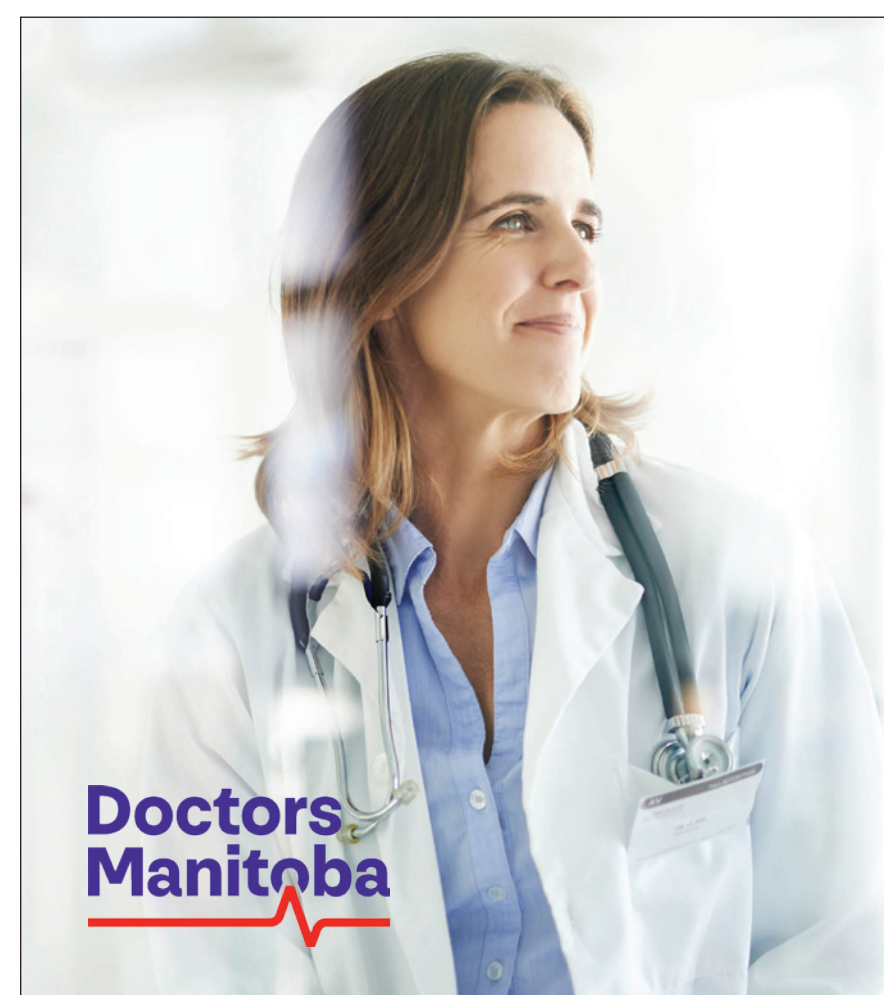
Physicians see the dedication you bring to your work, even as the challenges mount. We know the weight you carry - the staffing shortages, the safety concerns, and the exhausting effort of holding a strained system together.

The truth is simple: **Doctors depend on you and value our partnerships.** Your vital specialized roles that keep our clinics, hospitals and communities running are crucial to patient care.

Retaining your talent and ensuring your safety isn't just an "allied health issue"—it is a necessity for the entire province. We stand with you in advocating for the support and resources you deserve. Together, we are the path forward to getting our healthcare system back on track and providing the exceptional care Manitobans need.

Thank you for everything you do.

Manitoba's Doctors



Doctors
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A Career of Care

BY GEORGIA WIEBE

For mental health promotion coordinator Jennifer Whalen, no two days in social work look the same. Her role in the Northern Health Region extends far beyond her Thompson office, sometimes spending a morning in a classroom talking about anxiety, giving formal presentations at workplaces for adults or sitting at a desk doing computer work.

"It just depends on the day. I do a lot of training and a lot of education," Whalen says.

Whalen's work focuses on connecting people with resources and support. She regularly visits workplaces, schools, and community spaces, and often organizes and facilitates conferences, fairs and training events. She also hosts special events such as the Defeat Depression event coming up on May 29th.

To her, social work is about being in the community, sharing information and reminding people that help is available.

"It's important because lots of times, certainly in my line of work with mental health promotion, people don't know where to look for help," Whalen says. "They don't necessarily know even what it looks like to be doing well or even seeing themselves in a position where their mental well-being is in a positive state, and that takes work."

She adds that people sometimes need encouragement or guidance to reach that "flourishing state".

Whalen began her career in mental health with the Canadian Mental Health Association (CMHA) in 1999, working at Hope House, which supported clients as they transitioned out of hospital care. Hope House's clients were people who were not ready to go home or required an alternative to hospitalization for mental health needs.

The CMHA also provided a variety of activities for individuals, including social recreation, life skills, and education, which helped shape Whalen's approach to mental health.

"What I really see as a foundation for me starting out

in mental health was having that exposure to some of the philosophy behind Canadian Mental Health [Association], and how they believe in personal recovery, they believe in empowering people. They believe in working in ways that harness the abilities of people rather than looking at the deficits of people," Whalen says.

For more than 20 years, Whalen has made a lasting impact across Manitoba, which was recognized recently when she received the 2026 Canadian Association of Social Workers Distinguished Service Award.

"I was flabbergasted. I've never ever received any recognition like that throughout my career. I was very grateful," Whalen says.

Despite progress in the field, Whalen says challenges remain for people when it comes to accessing resources.

"That's hard to get depending on where you are and depending on your place of privilege," Whalen says.

Many face barriers due to cost, location and lack of transportation, making in-person care difficult to receive.

"Sometimes people who are marginalized are not afforded the luxury, don't often have equal access, so the equitable service is not always there."

She also notes that funding can prioritize hospital-based and acute-care services compared to community-based supports.

"Often, some things that can be really beneficial, like self-help groups, peer support, having support from persons who have lived experience, sometimes those things aren't necessarily given the same credibility that we would see in the medical model," Whalen says.

Addressing these concerns and implementing more of these support groups can help "meet people where they are at," Whalen says these supports would make services more accessible within communities and offer care that is meaningful and relatable, grounded in lived experience. ●



Jennifer Whalen. SUBMITTED PHOTO

Meeting People Where They Are

BY GEORGIA WIEBE

When people struggle to find help, social workers often serve as the connection point between individuals and the support they need.

For Nina Ferrigno, Jessica Schmidt and Erica Wood, that responsibility shapes every part of their work, whether through therapy groups, organizing care in hospitals, or helping patients access housing or mental health resources.

"Social work is one of those professions that is incredibly vast in terms of the spaces social workers are in and how they're offering support as helpers," Ferrigno says.

Ferrigno, a social worker and counsellor at Women's Health Clinic, works in the provincial eating disorder prevention and recovery program and also aids in therapeutic treatment groups. In her work, that often means teaching clients how to connect with supports that may otherwise feel challenging.

"I think because of the way that our public institutions or systems are structured, there are a lot of gaps in services for folks who are needing support," Ferrigno says. "So in some ways they see social workers as bridging that gap."

Recognizing those gaps, such as language barriers, physical environments and physical ability, is just as important as responding to them, says Ferrigno. Eating disorders are often portrayed in a narrow way in the media, but by increasing public awareness, such as the work Ferrigno does,

people can recognize the wide range of eating disorders and how to heal from them.

"It's kind of what makes social work a tremendous responsibility because part of the principles of social work practice, ethical practice, is [this] sort of advocacy. To not be complacent when we see that things aren't working or that systems are actively harmful," Ferrigno says.

Schmidt experiences similar challenges in her line of work in mental health at Selkirk Mental Health Centre. She often meets with patients and connects them to housing resources, income supports and community programs.

Spending 14 years working in child welfare, Schmidt brought experience working around systemic barriers when she moved into mental health work. Long waitlists for addiction treatment remain a concern for her.

"It almost deters people from wanting to receive the treatment," Schmidt says. "When someone's ready, who's having an addiction, to go into treatment centres, they're ready at that moment. They're not ready in five weeks from now, which puts them at high risk."

Schmidt says many individuals also lack access to phones or family doctors, making it harder for them to receive care.

Wood works as a social worker at Selkirk Mental Health Centre, too, in geriatric care and in the medicine and urgent care unit at Seven Oaks Hospital. She supports patients in

urgent care and assists others in finding housing. Similar to her colleagues, she points out challenges in social work care, including limited resources and staffing shortages.

"I know there's more talk about it now and more Bell Let's Talk days and that kind of stuff. But there's still a lot of stigma about mental health. I think that's still something that we need to work on," Wood says.

Despite these challenges, all three social workers appreciate the rewards of the job, including seeing individuals grow.

For Wood, it's seeing patients pursue their dreams. "When you are able to help a patient, let's say they have a specific dream of doing something and helping them achieve that dream or achieve that goal, that's the best part of my job," Wood says.

For Schmidt, some of the more meaningful moments include watching her clients regain their confidence.

Ferrigno says she enjoys helping clients discover their strengths and sharing knowledge with them.

"Being able to witness the gifts and the skills and the knowledge and experience that the clients I get to work alongside bring into their own kind of healing journey, it's like reclaiming what they already know and what they already possess. That's pretty special," Ferrigno says. ●

Erica Wood / Nina Ferrigno / Jessica Schmidt. PHOTOS BY DARCY FINLEY



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Child life specialists offer support to kids and families

BY JENNIFER MOFEE

Youngsters remain kids at heart wherever they might be, even if that's in the hospital.

And when kids are in the hospital, there's much more to consider than only their physical well-being — they also have emotional and developmental needs that must be met.

That's where child life specialists come in, offering an important psychosocial service — complete with age-appropriate play — to help kids adjust while they're in the hospital. These healthcare professionals shine in their role by embracing an evidence-based approach to help relieve the stress and anxiety associated with a hospital stay.

In their role, child life specialists help prepare kids for medical procedures, normalize the environment, and help them

find ways to cope. They offer developmental play, therapeutic activities, stress management and more. At the same time, they support and advocate for the entire family.

At HSC Children's Hospital, child life specialist Sherry Treichel supports kids in the inpatient playroom. She works with kids aged five and under in the morning, followed by kids aged six to 17 in the afternoon.

"When they're under age five, it's about supporting their growth and development," she says. "With older kids, it's about supporting them so they can interact with others and know they're not alone. I plan a therapeutic activity every afternoon, and they can choose whether to do it or not — it's a place in the hospital where they can make choices."

Child life specialists gain knowledge through education that includes either a bachelor's or master's degree with an emphasis on child growth, development, family dynamics, stress and coping, followed by a 600-hour internship. They belong to the Association of Child Life Professionals and are also required to take a certification exam and maintain professional development hours.

"The child life department's mandate is to minimize stress and anxiety and to help with coping in the hospital. We're not only helping the children; we're helping the parents too. If parents' anxiety goes down, then the kids follow that lead," Treichel says.

"We're part of a difficult and challenging time of their lives. It makes a world of difference to share a little piece of normalcy, comfort and support."

In each area of the hospital, child life specialists might take a slightly different approach. For example, in the intensive care unit, they might focus on compassionate care, legacy support and memory-making. For children who will be having surgery, child life specialists can help them prepare for their procedure.

In Treichel's experience, the most meaningful aspect of her work stems from making connections with children and families.

"I love being able to interact with families and make that small difference," she says. "That's why I've been here for over 30 years — it's been a lifelong career for me. It's pretty amazing."

Currently, HSC Children's Hospital has nine child life specialists as well as two music therapists. Staff members also support a book corner and a family information library. The newest position on the team focuses on a popular pastime for kids of all ages — games and technology.

Jimmy Liu is a therapeutic gaming and technology specialist at HSC Children's Hospital. Although he's not a child life specialist himself, he uses technology to assist the team with normalizing patients' hospital stays.

"I help maintain technology and expand on tools that we can use to support patients during their stay, whether for procedural support or easing boredom and stress. The main service I offer to patients and families directly is one-on-one bedside gaming," he says.

"We have multiple different types of gaming carts that I can wheel into patient rooms, and we play games together. This gives them the chance to socialize, prevents boredom during short stays and helps cope with longer stays." In addition, they offer events for patients, such as movie nights supported by Disney and Starlight Foundation, which let patients see recently released movies that they would otherwise miss during their hospital stay.

"Patients and families are often surprised we offer this kind of service to patients in the hospital, even if their stay is short," Liu says.

"We have a full suite of PS5s equipped with the latest games, donated by a father in memory of his son, who loved video games. These PS5s sit on wards for patients to borrow, and every patient always responds positively when I mention they can play games while they're sick or injured. Playing games is such an integral part of childhood, and having all these games they can play distracts them from the reality of being stuck in a hospital."

For Liu, two parts of his job stand out as his favourites. "The first is that I can say I play games at work. The second is that playing games actually makes a difference in the lives of patients. It both normalizes their experience as a patient in a hospital and provides them with such a unique form of distraction that can be customized to suit their preferences," he says.

"Some of these patients have been in the hospital for a long time, and while playing games, they can escape the confinement of the hospital walls and be whatever they want to be."

At the same time, Liu feels fortunate to only have to deal with the positive aspects of a patient's hospital stay.

"I don't have to bring any bad news to a patient, make them take their medication or help them control their mood or emotions," he says.

"Just have to bring a smile and focus on healing because the games and technology are here to increase their happiness and make a bad hospital stay a little bit better." ●



Sherry Treichel.

"We're part of a difficult and challenging time of their lives. It makes a world of difference to share a little piece of normalcy, comfort and support."

— SHERRY TREICHEL, CHILD LIFE SPECIALIST AT HSC CHILDREN'S HOSPITAL



Sherry Treichel.



PHOTO SUBMITTED BY SHERRY TREICHEL.

SUBMITTED PHOTOS

PHOTO BY VECTOR POINT / ADOBE STOCK

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Community Therapy Services Supports Rehabilitation Where You Live

BY KRISTIN MARAND

What started as a mobile service some 60 years ago, with a lone therapist visiting the homes of patients with arthritis and rheumatism, has grown into a robust non-profit agency with nearly 50 service providers. Today, Community Therapy Services (CTS) focuses on physiotherapy and occupational therapy with the goal of enhancing quality of life and optimizing the health and independence of clients by providing direct services, consultation and education.

"We provide occupational therapy and physiotherapy in the community, whether that be in people's homes, or in a community resource, or in a long-term care facility. We are the boots on the ground in terms of providing these essential services to folks living in Winnipeg," explains Valentina Cornejo, executive director of CTS. "These services can support anyone of any age whose ability to function has been interrupted, whether that be through injury, illness or aging."

Through collaborative partnerships with government, regional health authorities, health care providers and other organizations, CTS serves adults of all ages and at various life stages. Some clients seek out physiotherapy (PT) or occupational therapy (OT) following a surgery, others require support navigating chronic illnesses such as multiple sclerosis, Parkinson's, arthritis or mental health. Many seniors rely on PT and OT either proactively to maintain their strength and prevent falls, or as part of a recovery plan if they have had a major health event such as a stroke or heart attack.

"Team based care in health care has been evolving and growing over the years. Physio and OT and other allied health professionals, really bridge between the medical stability of someone's life and someone's quality of life. There's a synergy between disciplines and OTs and physios are known to work alongside doctors, speech language pathologists, social workers, and everyone is contributing with their own lens and lending their expertise to ensure that once the



TOP: Andrew Sonnasinh, Laurie Mackenzie, Brad Snyder, Val Cornejo, Katia Wlasiuk, Lindsay Koehn, Gord Neufeld, Patrick Wu, Gwen Penner. PHOTO BY DARCY FINLEY



Ivan and Sam from Community Therapy Services work with patients in their homes. PHOTOS BY DARCY FINLEY

medical plan is executed, that there's a life plan in place too," Cornejo says.

PTs are experts in musculoskeletal and neurological systems in the body. They help people manage pain, navigate and restore movement, strength and basic functions such as walking, sitting and standing. An OT on the other hand, focuses more on the functional aspects of daily living; how a person gets dressed, how they transport themselves, if they require modifications in how they interact with the world. OTs ensure that people can function beyond their limitations through strategies, equipment or different ways of doing, so that they can still fully participate in their lives. In other words, according to Cornejo, physiotherapy helps you walk, and occupational therapy gives you a life worth walking for.

"Community care meets people exactly where they are, literally and figuratively. The goal is to empower people to reclaim their daily lives, ensuring that they are safe and can live to the fullest in their current environment. It's not quantitative, it's qualitative, and maybe that's why community

based services are sometimes overlooked or undervalued," Cornejo offers.

Cornejo describes community based care as the invisible string that supports the sustainability of the healthcare system. It reduces repeat or recurring hospital visits and helps keep people in their homes and community instead of occupying critical spaces in hospitals or crisis centres.

"Community practice is not glamorous, splashy or dramatic, but we definitely see a lot of wins in our everyday that are deeply meaningful, like the stroke survivor who finally manages to button their favourite shirt, on their own, in their bedroom. We've got personnel files full of thank you letters from families with glowing remarks for all of our clinicians, with how much of a difference they made."

To learn more about Community Therapy Services visit: ctsinc.mb.ca.

More Than a Melody: How Music Therapy Supports Health and Well-being

BY KRISTIN MARAND

Imagine seeing a child or an older adult smile for the first time in weeks because they've been isolated in a hospital room, noticing anxiety subside during examinations or tough conversations, or seeing the glimmer of recognition in the eye of a dementia patient. This is the power of music therapy. And these outcomes are just the tip of the iceberg in an allied health practice that is vast, adaptable and highly personalized.

Music therapy uses music as a tool to achieve non-medical goals. Music therapists are trained to assess patients to set goals, and determine what course of action might best support a person's mental, cognitive, physical, emotional, social or spiritual well-being. Music therapy can be used in various settings and across all age groups.

In educational settings, music therapy can support learning social skills such as making eye contact and taking turns. It can also help attain or maintain developmental milestones such as learning to follow directions, or naming colours and animals. In a health care setting, it can be used to improve quality of life for patients, to decrease anxiety when they're in a vulnerable state in an unfamiliar setting such as a hospital and to help them relax.

Music therapy is also used to work towards rehab goals, to strengthen injured body parts or reinforce the mind-body connection after a traumatic event. Music therapists can work with patients or clients in the community as well, to give them an opportunity for social interaction and to build community and relationships. It also has a place in palliative care.

Cecilia Bellingham pioneered the music therapy program at Health Sciences Centre Children's Hospital, the first of its kind at an acute pediatric hospital. She uses music to provide psychosocial support, assess how children and families are coping and determine what is needed in the moment.

"Music has that magical ability to connect quite quickly with patients and family. Because it provides familiarity, it promotes connection, and it also brings some humaneness to the experience," she says. "Music, is such a natural, non-threatening part of childhood and play, and so we use the music and the tools of music in order to promote that in our interactions."

Similarly, Heitha Forsyth, a music therapist at Misericordia Hospital who works with transitional and long-term care patients, describes her profession's ability to break through isolation and foster connection, as a superpower.

"I can break down barriers a little bit and get them talking by playing some songs and fostering conversation that way. It's a really great tool for reducing anxiety, supporting engagement and giving people a way to express themselves. Especially in transitional care, where there are a lot of unknowns, music therapy can be something to help patients engage in their care, and help my colleagues also engage in care by supplementing them."

Laghan Puhach, a music therapist at Riverview Health Centre, uses his skills to foster social connections in group settings, support dementia patients and hold space for those in palliative care through music.

"Sessions can involve a mix of receptive music intake, active music making, and engaging with the material of the lyrics or the way the song sounds, that might be through verbal processing or working with creating the sound itself. There are some exciting things on the horizon for respiratory patients. Research has shown that people who engage in deep breathing, singing and instrument playing with their lungs, who have conditions like COPD or lung cancer, have a higher respiratory function at the end of a six-week period of doing music therapy regularly," he says.

To learn more about music therapy and read in-depth interviews with practitioners visit mahcp.ca.



Cecilia Bellingham. SUBMITTED PHOTO



Heitha Forsyth. PHOTO BY DARCY FINLEY



Laghan Puhach. PHOTO BY DARCY FINLEY

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Small Samples, Big Impact:

Cadham Provincial Laboratory

BY TODD LEWYS

It's something we see or hear quite often: updates from public health officials on urgent health-related situations.

Lately, most updates involve the measles outbreak in Manitoba, where 526 cases had been reported as of late April – making our province the national hotspot.

And if you've ever wondered where all this reported data comes from, you need to wonder no more: it comes, in most instances, from Cadham Provincial Laboratory located in Winnipeg on the Health Sciences Centre campus.

It's there that a team of technicians and technologists – our unsung health heroes – peer into microscopes, grow cultures, and conduct tests to determine which health issues are most pressing – and which diseases are causing the most trouble among the general population.

"We provide a variety of screening and diagnostic services, such as virus testing," says Janna Holowick, Technical Specialist in the virus department at Cadham. "Microbiology looks after enteric monitoring and virus testing, chemistry looks after things like metabolic disorders in newborn screening, and serology looks after issues like syphilis, hepatitis, HIV and immune status."

Those aren't the only things Cadham does, she says, adding that the lab's responsibilities go much broader and deeper.

"That's just the start. For example, we do seasonal work, such as monitoring tick-borne diseases like Lyme Disease, and mosquito-borne diseases such as West Nile virus, and more through parasitology work."

Such work is vitally important, adds Holowick.

"The research and testing we do on West Nile virus helps determine where to spray so that the incidence of West Nile can be reduced or eliminated. We also help with wastewater testing."



Janna Holowick.

PHOTOS BY DARCY FINLEY

"It's very important work. I'm happy to be part of it because I know I'm doing what I can to help people live a healthier life."

— JANNA HOLOWICK, TECHNICAL SPECIALIST IN THE VIRUS DEPARTMENT AT CADHAM.

And when food-borne outbreaks – E. coli, listeria and salmonella, among others – occur, Cadham is also on the job.

"Our technologists get isolates on a plate, grow pathogens and run genome fingerprinting to see if there's a DNA match to health issues caused by foods such as bad deli or burger meat," she explains. "Medical Officers of Health can then communicate what the source of the outbreak is to the public, and advise how to avoid illness."

Turns out, Cadham also works with other countries to determine how different vaccines should be developed to provide the best possible protection against illnesses like the flu and COVID here in Canada.

"For example, we use flu data from other countries like Australia to see what strain might eventually migrate over here. Boosters are then based upon the data we receive to provide the best possible protection for people here."

Essentially, testing at Cadham runs the gamut from small-scale to big-scale.

"It runs from doing everyday colorectal screening for CancerCare Manitoba to doing tests for small town hospitals right up to testing for outbreaks like the measles, flu or COVID or food-borne outbreaks caused by E. coli or listeria," Holowick says. "We work hard behind the scenes to support Manitoba's healthcare system."

All the hard work is very gratifying, she adds.

"It's very important work. I'm happy to be part of it because I know I'm doing what I can to help people live a healthier life."



Jay Aguinaldo.



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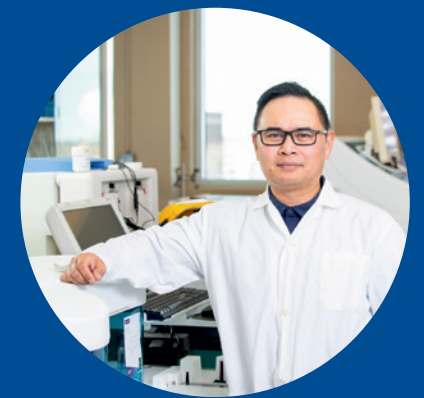


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- Audiology
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- Cardiac Technology
- Child Life
- Community Health
- Critical Equipment
- Dental
- Dietetics
- Echocardiography (Cardiac Sonography)
- Electroencephalography (EEG)
- Electromyography (EMG)
- Genetics
- Home Care
- Infection Prevention & Control
- Kinesiology
- Magnetic Resonance Imaging (MRI)
- Medical Laboratory Sciences
- Medical Physics
- Mental Health
- Midwifery
- Music Therapy
- Nuclear Medicine
- Occupational Therapy
- Ophthalmology/Orthoptics
- Orthopaedic Technology
- Orthotics
- Hospice/Palliative Care
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- Pharmacy
- Physiotherapy
- Polysomnography
- Psychology
- Radiation Therapy & Protection
- Radiologic Technology (X-ray/CT/Mammography)
- Recreation Therapy
- Research
- Respiratory Therapy
- Social Work
- Sonography/Ultrasound
- Speech-Language Pathology
- Spiritual Care
- Tissue Recovery & Transplant



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