**2021 Dr. Marnie Hinton Resident Wellness Award**

**Presented by**

**Office of Resident Affairs and Physician Wellness**

*Dr. Marnie Hinton was a long-time Alberta physician, trained in Great Britain, who dedicated her life to assisting physicians and other Albertan individuals through a variety of avenues. She initially volunteered her time through the early days of the Alberta Physician Assistance Program, then became more formally involved as a triage physician with the Physician and Family Support Program of Alberta.*

*Dr. Hinton worked for many years at an Edmonton hospital site caring for an adult population with multiple issues focused on intellectual and concurrent severe behavioral challenges. She was known for her stamina and persistence with this often very difficult population.*

*Most notably, for nearly 25 years, she worked tirelessly with Canniff and Associates to support the Physicians Aftercare Program operated through the College of Physicians and Surgeons.*

*Dr. Hinton always made herself available for phone calls or direct support to physicians struggling with addiction. She frequently volunteered her time to take new members to 12 step recovery groups in the Greater Edmonton area or offer her wisdom regarding healthy sobriety.*

**Field of Study:** Postgraduate Medicine

**Value:** $500.00

**Number:** 2

**Conditions:** Awarded to a medical resident with satisfactory academic standing in the

Faculty of Medicine. Selection based on interest in physician health.

**Nomination:** Nominations to be sent to The Faculty of Medicine.

**Funded By:** Annually funded by the College of Physicians and Surgeons of Alberta

(CPSA) and The Alberta Medical Association’s Physician and

Family Support Program (PFSP).

* **For more Information please click the following link:**

[PGME Awards and Grants](https://cumming.ucalgary.ca/pgme/faculty-and-staff/awards-and-grants)

[Alberta Doctors Award Information](https://www.albertadoctors.org/about/awards/dr-marnie-hinton-resident-award-physician-wellness)

**To Nominate a Resident for This Award:**

1. Please fill in the requested information on page 2/3, outlining why you feel the nominee should receive this award (including examples of how the nominee is involved in physician or resident physician health and wellbeing).
2. Please provide two letters of support for the nominee. Letters can be provided by persons working in a professional capacity with the nominee.

**Completed nomination forms can be sent to**: [residentwellness@ucalgary.ca](mailto:residentwellness@ucalgary.ca)

**Deadline for Nominations is March 15, 2021 (1700 H)**

* Please contact Roxanne Laktin if you have any questions: [roxanne.laktin@ucalgary.ca](mailto:roxanne.laktin@ucalgary.ca)
* Award winners will be notified via email

**Dr. Marnie Hinton Resident Wellness Award**

**Resident Nomination:**

Name:

Email:

Phone Number:

Residency Program:

PGY Level:

**Nominee Information:**

Name:

Email:

Phone Number:

Residency Program:

Professional Affiliation to the Nominee:

**Nominee Support One- Information:**

Name:

Email:

Phone Number:

Residency Program:

Professional Affiliation to the Nominee:

**Nominee Support Two - Information:**

Name:

Email:

Phone Number:

Residency Program:

Professional Affiliation to the Nominee:

**Dr. Marnie Hinton Resident Wellness Award**

**Nomination (1)**

1. Describe the impact the nominee actions have had on improving resident wellness through their residency:
2. Dr. Hinton volunteered and advocated for Physician Health. Please discuss how the nominee has contributed to resident wellness for their colleagues:

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**Nomination (2)**

1. Please provide examples of how the nominee has contributed to the improvement of resident wellness within PGME:
2. Please include any other related information about the nominee: (500 word max)

**Dr. Marnie Hinton Resident Wellness Award**

**Nomination Support #1**

**Nominee:**

**Nominee Support:**

Name:

Email:

Phone Number:

Residency Program:

Professional Affiliation to the Nominee:

Please discuss why you support this nomination for the Dr. Marnie Hinton Resident Wellness Award.

**Dr. Marnie Hinton Resident Wellness Award**

**Nomination Support #2**

**Nominee:**

**Nominee Support Information:**

Name:

Email:

Phone Number:

Residency Program:

Professional Affiliation to the Nominee:

Please discuss why you support this nomination for the Dr. Marnie Hinton Resident Wellness Award.