

THE  
VOICE OF  
DALHOUSIE  
MEDICAL  
ALUMNI

FALL 2020

# VOXMeDAL

COVID-19  
UPDATE



## 10 YEARS OF DMNB

CELEBRATING A MARITIME  
SUCCESS STORY

CARVING A LEGACY WITH DR. MERV SHAW







## *MASTHEAD*

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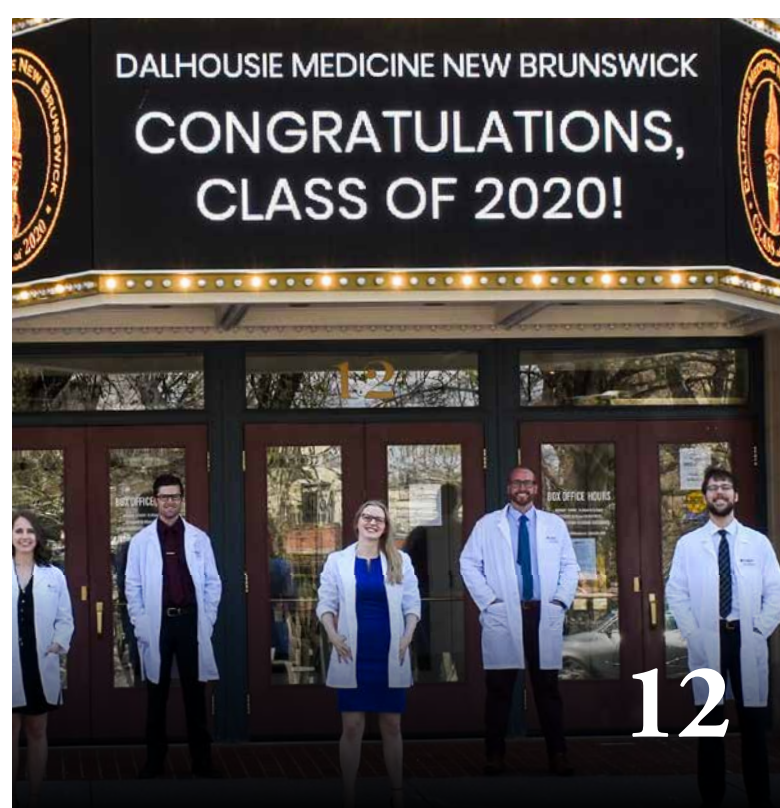
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## ***WELCOME***

- 2 Message from DMAA President Kathy O'Brien
- 4 Message from Dean of Medicine David Anderson
- 6 Meet Your DMAA Board of Directors

## ***A DECADE OF DMNB***

- 12 Celebrating a Maritime Success Story
- 18 DMNB Timeline
- 20 Miramichi's Longitudinal Clerkship
- 24 What DMNB Means to Me
- 26 Building a Research Program From the Ground Up
- 29 Dr. Petra Kienesberger Explores Fat Signalling in Heart Disease
- 31 What Does the Future Hold for DMNB?
- 36 A Student's Eye View
- 38 An Alumnus Shares His DMNB Experience



## ***SPECIAL FEATURES***

- 40 Carving a Legacy: Dr. Merv Shaw Retires from DMAA Board
- 47 DMRF Molly Appeal Marks 40 Years
- 50 Speaking Truth to Power
- 54 Cracking the Code on Opioid-Prescribing Patterns in Nova Scotia
- 56 Groundbreaking Psychiatrist's Gift Creates Opportunities



## ***COVID-19 REPORT***

- 60 Looking Back at the First Wave
- 66 Researchers Examine COVID's Impact on Access to Primary Care
- 70 COVID-19 Forces New Approaches to Residency Match
- 74 Bursaries Help Students in Tough Times
- 77 COVID-19, Simulation and the Second Wave
- 81 Faculty News
- 92 Class Notes
- 93 In Memoriam





## *RESPONDING TO A CRISIS, MAKING PLANS FOR THE FUTURE*

BY DR. KATHY O'BRIEN (MD '87), DMAA PRESIDENT



**WHAT A YEAR THIS HAS BEEN,** one that has presented us with unprecedented challenges. The past 10 months have compelled us to navigate a rapidly changing environment and to move forward in ways which we could not have anticipated. Now more than ever it's important for all of us in our Dal Med alumni community to stay connected.

As I step into the role of president of the Dalhousie Medical Alumni Association (DMAA), I am committed to serving as a conduit for alumni connectivity and engagement. Challenges bring new

opportunities and I encourage you to reach out to classmates and friends and support one another during this difficult time.

The DMAA is adapting too. The board has been busy organizing virtual meetings and events. We celebrated our amazing alumni at the 2020 DMAA Recognition Awards Ceremony in November, which we held virtually for the first time. You can read more about this year's recipients on page 85 and you can watch the video of the event [here](#).

Although we couldn't host a gala this year, we are already planning for next year, and I'm happy to announce that Dal Med Gala 153 is set for November 20 at the Halifax Convention Centre with the band Big Fish to entertain. We're anticipating a record turnout of alumni, faculty and students and look forward to seeing you, bringing present and future alumni together to renew old friendships and create new ones.

Classes celebrating milestone reunions in 2020-21 are encouraged to reach out to one another. Please feel free to contact the alumni office for help finding classmates and friends and for support for future reunions—both virtual and in-person. Our alumni database is constantly updated



and I encourage you to let us know if your contact information has changed at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) or through a message left at the DMAA office (call 902-494-4816).

This year marks the 10th anniversary of Dalhousie Medicine New Brunswick! The incredible accomplishments of DMNB are highlighted in this special issue. All alumni should take great pride in the success of DMNB and we congratulate them on this milestone anniversary.

I am pleased to announce that Barrett Hooper joined the DMAA team this September as alumni engagement lead. Barrett joined Dalhousie University in 2018 as associate director of alumni engagement. A UNB alumnus, Barrett spent more than a decade as a journalist with the *National Post*, *Globe & Mail* and other publications and was senior communications manager for advancement at the University of Toronto for many years. Please join me in welcoming Barrett.

A heartfelt “thank you” to Allison Bain who left her role with DMAA after three great years—we wish her well in her next adventure.

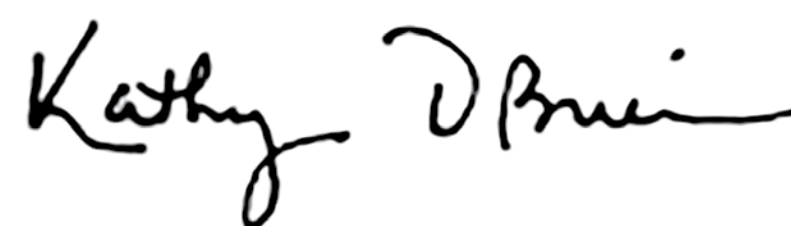
A special thank you to Dr. Peggy Leighton for her leadership over the past two years, organizing two very successful DMAA galas celebrating the 150th and 151st anniversaries of Dalhousie Medical School. Under her guidance alumni connections have grown and flourished.

Personally, I am looking forward to supporting the DMAA as your president and to continuing to build even stronger relationships between all of you and the medical school. Today’s students are our future alumni and will benefit from the strong support we can offer now.

In closing, I wish to thank you all for your support, dedication and tireless work in these turbulent times. We are very proud of your collective response in tackling the challenges of volunteering, teaching, mentoring, research and patient care during this pandemic. Your efforts are clearly making a difference, building hope and leading by example for your colleagues, patients and their communities.

I wish you health, comfort and joy as we look forward to the holiday season.

Sincerely,





## LEADING OUR COMMUNITY FORWARD

BY DR. DAVID ANDERSON (MD '83), DEAN, FACULTY OF MEDICINE



### THE RETURN TO CLASSES

looked a lot different this fall. Even in these uncertain times and changing circumstances, I am constantly impressed and proud of the Dalhousie Medical School community's response to challenges and our ability to adapt to change.

In September, I was delighted to welcome the Class of 2024 into the study of medicine in New Brunswick at the annual First Light Ceremony. The socially distanced event celebrated the beginning of our newest cohort's journey into the world of medicine in their home province.

We are very proud of what our New Brunswick campus has achieved since it welcomed its first class in 2010. I hope you enjoy this special issue of *Vox MeDAL* celebrating 10 years of Dalhousie Medicine New Brunswick. It will give you a new view into the evolution and important contributions of DMNB, under the leadership of its founders and current associate dean, Dr. Jennifer Hall. With five undergraduate teaching sites throughout the province, DMNB provides one of the best distributed educational experiences in Canada. Medical research has also blossomed in New Brunswick. I offer my gratitude to DMNB's first assistant dean of research, Dr. Tony Reiman, who recently stepped down, and welcome our new assistant dean of research for DMNB, Dr. Paul Atkinson.

This year's Welcome Ceremony, held virtually for 124 students in Halifax, was another example of how we are able to adapt to changing circumstances. With this year's expansion of 12 medical seats, I was pleased to welcome the largest-ever class in the 152-year history of Dalhousie Medical School. This is emblematic of our continuing



commitment to ensuring our students reflect the society we serve and meet the population demands for physicians in the Maritime provinces.

Although a considerable portion of our education programs are virtual this fall (including lectures, tutorials and some laboratories), faculty and staff have worked hard to ensure our first- and second-year medical students in Halifax and Saint John safely receive face-to-face teaching in clinical skills. This will enable them to learn the most important lessons of medical education—those learned from direct engagement with patients and the public we serve. You will be glad to know that clinical clerkships have also resumed.

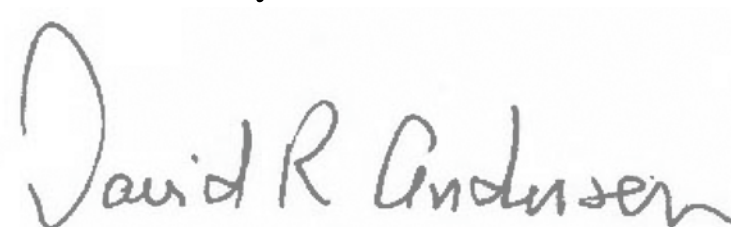
Operations are returning to some sense of normality for our researchers and graduate students, some of whom had their laboratory and clinically based research programs interrupted for several months related to COVID-19. Research is integral to our mission of advancing the quality of health and health care in our communities, and I am thrilled our researchers and their teams may safely continue their important work. Dalhousie Medical Research Foundation continues to play a critical role and is devoting its 40th annual Molly Appeal to supporting longtime research priorities that risk losing impetus with the shift in focus to COVID-19.

We are also very proud of our learners and alumni who are out there making a big difference in the world—for example, four of Canada's chief medical officers of health are Dalhousie graduates and are leading robust and effective efforts to curtail the pandemic in our nation. I am also very proud of our Continuing Professional Development team for their efforts to teach physicians and health-care professionals how to safely care for patients during the pandemic. I offer my profound gratitude to Dr. Connie LeBlanc for her years of service as associate dean for CPD and welcome Dr. Stephen Miller to the role.

Even though this is a challenging time, it is also a very exciting time for Dalhousie Medical School. I hope you enjoy learning more about the many initiatives and developments highlighted in this second digital issue of *Vox*.

In this new and uncertain landscape, I have never been more grateful for our community. To all our faculty, staff, learners and alumni, I offer my sincere and lasting thanks for all you are doing to advance our mission of protecting and improving the health of our communities, here in the Maritimes and beyond.

Sincerely,





# *Meet your* **DMAA BOARD OF DIRECTORS**

The Dalhousie Medical Alumni Association is your connection to Dalhousie Medical School and your alumni community. Governed by alumni like you, the DMAA has a long, rich history of dedication to providing our colleagues, our fellow alumni and current students with valuable resources, activities and services that matter.

Members of the DMAA Board of Directors are chosen for their leadership, transparency, commitment and professionalism, and they share a vision for strengthening the connections among our alumni, faculty, current learners and the community.





### **DR. KATHY O'BRIEN (MD '87) PRESIDENT**

Dr. O'Brien is a pediatric and women's imaging specialist at the IWK Health Centre in Halifax. A graduate of Dalhousie Medical School, she received specialist certification in diagnostic radiology in 1992 and completed fellowship training in pediatric radiology and obstetric ultrasound in 1993. She is an associate professor in the Department of Diagnostic Radiology and has served as the department's faculty development coordinator. She is the vice chair of the Specialty Committee in Pediatric Radiology at the Royal College of Physicians and Surgeons of Canada and serves on the college's exam committees for diagnostic radiology and pediatric radiology. She has a passion for teaching and for supporting medical students through the DMAA.



### **DR. CINDY FORBES (MD '85) VICE PRESIDENT**

Originally from Dartmouth, Dr. Forbes graduated from Dalhousie Medical School in 1985 and has enjoyed the privilege of practicing as a family physician for over 30 years. A passionate advocate for the profession and for patients, she has previously served as president of Doctors Nova Scotia and the Canadian Medical Association. Dr. Forbes is also currently a member of the board of directors of the Nova Scotia Health Authority and Canadian Medical Hall of Fame. She lives in Waverley with her husband, Greg, and enjoys kayaking, running and golf, in addition to being a proud mother and grandmother.



### **DR. PEGGY LEIGHTON (MD '77) PAST PRESIDENT**

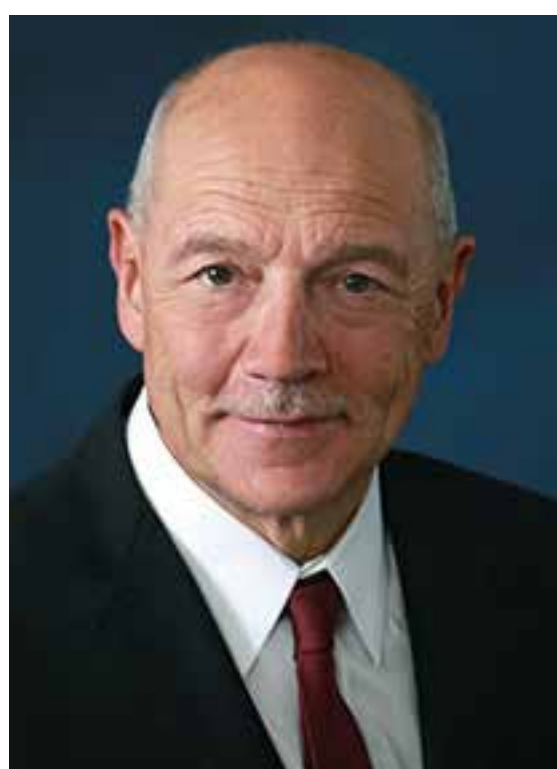
Dr. Leighton has been a family doctor in Halifax since 1978, with the exception of six years in Moncton. She still enjoys seeing patients of all ages in her practice but is no longer teaching. Her two older children are fourth-generation Dal medical grads (orthopaedics and family medicine/emergency medicine) and her youngest child is a nurse practitioner and Dal grad, as well. Dr. Leighton served on the DMAA board in the early 1980s, before rejoining the board to serve most recently as president. She always enjoys meeting and engaging with alumni to strengthen connections with Dalhousie Medical School and colleagues across the Maritimes.





### **DR. GEORGE FERRIER (MD '73) TREASURER**

Dr. Ferrier worked as a general practitioner at the Woodlawn Medical Clinic before stepping into an academic role at the University of New Mexico. Upon returning to Canada, he completed his residency in anesthesia at Dal in 1984, then devoted his practice to rural health care at the Queen's General Hospital for more than 20 years, before moving to British Columbia to work at the Kootenay Boundary Hospital. He was an officer of the Medical Society of Nova Scotia and served as a board member for Maritime Medical Care Inc., the South Shore District Health Authority, and the Western Regional Health Board. Now retired, Dr. Ferrier remains active in his alma mater, including tutoring medical students and serving on the DMAA.



### **DR. DAVID AMIRAULT (MD '76)**

Dr. Amirault is a retired professor of orthopaedic surgery with the Dalhousie Department of Surgery. Formerly, he was chief of surgery at Camp Hill Medical Centre, deputy chief of the Dal Department of Surgery, chief of surgery at the New Halifax Infirmary, and head of Dal's Division of Orthopaedic Surgery. Dr. Amirault previously served as president of the DMAA and is a member of the executive of Senior and Retired Physicians (Doctors Nova Scotia). A skiing and fishing enthusiast, he has been married to his wife, Kate, for 46 years and they are the proud parents of two fine children.



### **DR. GILLIAN BETHUNE (MD '07)**

Dr. Bethune graduated from Dalhousie Medical School in 2007 and completed residency training in anatomical pathology at Dal, followed by a fellowship at the University of Toronto in breast pathology. She is now a practicing anatomical pathologist at the QEII Health Sciences Centre in Halifax. She is involved in education as program director for the Anatomical Pathology Residency Program and as a teacher to medical students and undergraduate science students. She regularly supervises student and resident research projects. Dr. Bethune also stays busy raising three young sons, and her hobbies of baking and biking complement each other nicely.





### **DR. LORI CONNORS (MD '05)**

Dr. Connors is a clinical immunologist and allergist with both community-based and academic practices in Halifax. She is a Dal Med grad of 2005 and has been on the DMAA board for five years. She is an associate professor in the Department of Medicine and the communication skills lead for postgraduate medical education at Dalhousie. She is an active board member of the Canadian Society of Allergy & Clinical Immunology and also serves as their CPD chair. In her spare time, she is happy to be a cheer mom for her daughter and a hockey mom for her son.



### **DR. KEN COOPER (MD '88)**

Commander Cooper (retired), Royal Canadian Medical Service, has been an assistant professor of psychiatry at Dalhousie Medical School since 2002. A graduate of the Royal Military College of Canada, he also earned an MBA and MD from Dalhousie and a Master of Health Science in community health and epidemiology from the University of Toronto. He served during the Persian Gulf War and was later the director of the Canadian Forces (CF) Addiction Rehabilitation Program in Ottawa and director and medical officer of the CF Addiction Rehabilitation Clinic in Halifax. After completing residency training in psychiatry at Dal, he held a series of positions, including staff psychiatrist at the Canadian Forces Operational Trauma and Stress Support Centre, the CF national practice leader for addiction medicine, and the Royal Canadian Medical Service representative on a NATO military suicide-prevention working group.

### **DMAA seeking volunteers**

If you or any of your colleagues are interested in getting involved on the DMAA Board of Directors, or learning more, please reach out to us at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)





### **DR. STEPHEN MILLER (MD '93)**

Dr. Miller is an associate professor of emergency medicine and Dal Med's associate dean of continuing professional development and medical education. He works as an emergency physician at the QEII Health Sciences Centre. He has also been the director of simulation for the Faculty of Medicine since 2019, and co-chairs the Simulation Education Network. He completed an internship in internal medicine in 1994 and a residency in family medicine in 1996 at Dalhousie. He received his Certificate of Special Competency in Emergency Medicine in 2006 and in 2014 he received a Master of Health Education with a focus on simulation-based education.



### **DR. SARAH MUIR (MD '90)**

A native of Truro, Dr. Muir attended Mount Allison University followed by Dalhousie Medical School, graduating "in the fabulous Class of 1990." She then did an internship in London, ON, before returning to Nova Scotia to work in family medicine in Sydney. She moved to Halifax in 1996 and has been working as a family doctor ever since. Sarah is married to her classmate, Dr. Simon Jackson, and they have three children. She loves to travel, ski, bike, hike, play flute and recorder, and attempt to play tennis. She refers to the above activities as her RTP (retirement training program).



### **DR. KRISTY NEWSON (MD '03)**

Born and raised in Charlottetown, Dr. Newson has a BSc from Acadia University and an MD from Dalhousie. She completed her family medicine residency at Ottawa University and Dalhousie University, and currently practices family medicine in her hometown. Prior to moving back to PEI, she spent two years in Bedford, NS, in family practice with a focus on obstetrics and mother-baby care. She serves as president of the PEI chapter of the College of Family Physicians of Canada and as EMR physician-advisor for the PEI Department of Health and Wellness. Dr. Newson supports her passion for running and soccer by co-funding and directing the Youth Running Series of PEI, while also coaching U13 Premier Soccer in Stratford, PEI, where she lives with her husband, Doug, two daughters, Ryan and Alex, and their miniature labradoodle, Kona.





### **DR. JANET SOMMERS (MD '05)**

Dr. Sommers is an emergency physician, wife (to alumnus Ryan Sommers, MD '06), mother of four, passionate reader, nature enthusiast and educator. She loves to share her enthusiasm for productivity strategies on how to incorporate exercise, family time, hobbies and healthy food into life as a physician with the medical learners she is privileged to teach. She has had the opportunity to serve the community of Truro since completing her family medicine/emergency medicine training in 2008.



### **DR. WILL STYMIEST (MD '14)**

Originally from outside Miramichi, NB, Dr. Stymiest completed an undergraduate degree at Dalhousie in 2010 and his MD at Dalhousie Medicine New Brunswick in 2014. Since completing his family medicine residency training in Fredericton in 2016, he and his wife, Dr. Katelyn Stymiest, opened a group community family medicine practice with other graduates of the Fredericton program. Outside the office, he practices urgent care, inpatient and long-term-care medicine. He and his wife teach family medicine residents and longitudinal integrated clerks in their office. They live outside Fredericton with their one-year-old son, Henry, and two dogs, a golden retriever named George and a Bernese mountain dog named Ellie.



### **BRETT ELLS (MD '23) DAL MEDICAL STUDENTS' SOCIETY PRESIDENT**

Born and raised in Halifax, Brett completed his BSc at Acadia University before working as a general sales manager for a local automotive company. This experience taught him how to be an effective leader, communicator and advocate for his colleagues, but was missing the elements of science, health and personal development that led him to pursue his dream of being a doctor. At Dal, he has continued to engage in leadership opportunities, while continuing to learn from others, grow and improve. He looks forward to strengthening the connection between medical students and the Dal Med alumni community.



A DECADE OF  
**2010-2020**  
DALHOUSIE MEDICINE  
NEW BRUNSWICK

BY ALEXANDRA FOURNIER

Celebrating a  
Maritime Success Story



The year 2020  
was meant to be a  
celebratory one for  
Dalhousie Medicine  
New Brunswick.

WITH SPECIAL PLANS IN PLACE for its two flagship events—the First Light and Launch ceremonies—and a dinner to commemorate its 10th anniversary in the works, Dalhousie Medicine New Brunswick was ramping up for an exciting year dedicated to rejoicing in a decade’s worth of accomplishments and looking toward the future with ambition and confidence.

But 2020 had something else in mind for its students, faculty and staff.

Although things looked a little different, Dalhousie Medicine New Brunswick welcomed its newest cohort of students into the study of medicine in September with the annual tradition that began when DMNB opened its doors a decade ago: the First Light Ceremony.

Many things had to be changed for this year’s ceremony in accordance with Public Health guidelines. It was moved to a bigger venue, from Lily Lake Pavilion to the Marco Polo Cruise Terminal.

▼ *DMNB Class of 2020  
Launch Ceremony*





# A DECADE OF 2010-2020 DALHOUSIE MEDICINE NEW BRUNSWICK

The number of guests was slashed from 130 to 50. Chairs were all placed six feet apart. There was no sit-down dinner. The choir sent in a video of them singing rather than performing in person.

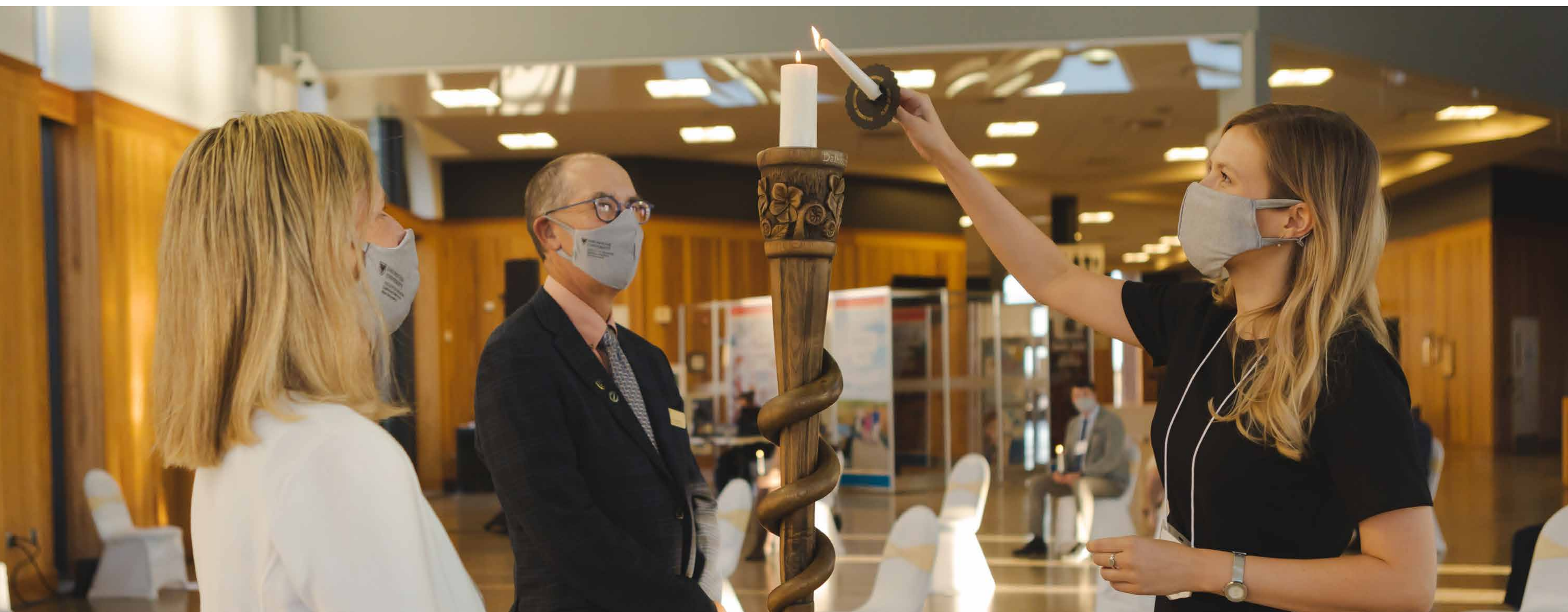
But the purpose of the beloved First Light Ceremony remained the same: to celebrate the entrance of a new cohort of students into the world of medicine in New Brunswick.

“I’m so glad that I can pursue my undergraduate medical education in my home province where I have the support of my family and friends,” says Robin Dornan, a first-year medical student who grew up in Saint John, NB. “The comradery between students and professionals is awesome and I look forward to someday practicing in this community.”

▼ *Robin Dornan, right, lights the First Light candle with Associate Dean Jennifer Hall and Dean David Anderson.*

DMNB sought to put extra emphasis on that sense of community and, for the first time in First Light history, gave out gift bags to the incoming class that were filled with donations from New Brunswick companies, such as hand sanitizer from Sussex Craft Distillery and coffee from Down East Coffee. Soliciting donations in a time of acute economic uncertainty was risky, but DMNB received overwhelmingly generous responses from local companies. In providing gifts, some noted “the importance of these soon-to-be frontline workers” and how “these upcoming medical students are our future.”

Dalhousie Medicine New Brunswick was founded on the idea that it would nurture and inspire physicians to dedicate their futures to addressing the health-care needs of the New Brunswick people. In fact, the creation of DMNB enabled an







additional 10 seats to be added to the 20 previously reserved in Halifax for first-year medical students from the province, bringing the total number of seats available for New Brunswickers up to 30. And these extra seats at DMNB didn't just mean more New Brunswickers in each new class of Dalhousie medical students—they also meant bringing many of these 30 New Brunswickers back to New Brunswick for the chance to train in their home province.

In creating this opportunity, DMNB's founders hoped many of its graduates would be inspired to stay and practice in the communities that shaped them.

That's exactly what happened with one of DMNB's first graduates, Dr. Will Stymiest (MD '14). Originally from Newcastle, NB (now the City of Miramichi), he currently practices as a family doctor in the provincial capital, Fredericton. At the outset of his training, Dr. Stymiest wasn't certain he would stay in New Brunswick to practice after medical school, but his experience at DMNB changed that. "I think being from a province helps you stay there, but the biggest part is just training in the province," he muses.

Despite New Brunswick's long involvement in medical education, it took

several years to establish a medical school in the province. New Brunswick's first medical school, the Centre de Formation Médicale du Nouveau-Brunswick, opened in Moncton in 2006 and—inspired by its success—the need to create a similar opportunity for English-speaking New Brunswickers was quickly identified.

Over the next two years, Dr. John Steeves, DMNB's first associate dean and one of the founders of the school, built a coalition of people across the province who were committed to bringing the dream of an anglophone medical school to life. In June 2008, a partnership between the Province of New Brunswick and Dalhousie University was announced, and Dalhousie Medicine New Brunswick was born.

DMNB found a home on the University of New Brunswick Saint John campus, overlooking the Saint John Regional Hospital. However, when DMNB staff moved into the building in May 2010, construction was not yet completed, curriculum had not yet been finalized, first-time faculty still had to be trained—and students were scheduled to arrive in September.

Yet, when asked if he ever felt overwhelmed by the pressure at the time, Dr. Steeves simply looks thoughtful.



# A DECADE OF 2010-2020 DALHOUSIE MEDICINE NEW BRUNSWICK

“I guess I never thought about it that way,” he says, shrugging. He believed wholeheartedly in the project and never doubted for a second it would work out.

Sure enough, by the time students in DMNB’s charter class began their studies in September 2010, everything was ready and DMNB hit the ground running.

By the time the first class of MDs graduated from DMNB in 2014, the school had already launched the Longitudinal Integrated Clerkship Dalhousie (LICD), one of its defining initiatives, and established a budding new research enterprise, complete with a well-equipped lab and a handful of talented principal investigators. (See stories pages 26 to 30)

## ▼ *The first Launch Ceremony, May 2014*

While DMNB students officially graduate with their Nova Scotia and Prince Edward Island counterparts at the medical school’s convocation ceremony in Halifax, DMNB decided to create a special ceremony for them in their home province. The Class of 2014 was the first to experience the now-much-loved Launch Ceremony. Designed to recognize the significance of completing four years of undergraduate medical education, the Launch Ceremony is an elaborate celebration that invites the graduating class’s family and friends as well as all New Brunswick-based faculty, staff and volunteers to come together to recognize the class’s successes through speeches, certificates and awards.

Since the inaugural Launch Ceremony, six more classes have graduated, for a total of 176 alumni. Many of those graduates have finished their residencies and established practices in New Brunswick. In fact, nearly half of the doctors who graduated with Dr. Stymiest are now practicing in New Brunswick. “There’s certainly some evidence people are staying in greater numbers, or coming back in greater numbers,” he asserts. “It’s so much easier to establish your practice in







a familiar environment where you know your colleagues and communities.”

“I’m proud of how, at DMNB, we’ve been able to look at the needs of New Brunswick and bring them to the bigger Dalhousie table,” says Dr. Jennifer Hall, who took over from Dr. Steeves as DMNB’s associate dean in 2015. “We’re also able to take stock of our growth and development through a local lens and look at how we are addressing priorities specific to New Brunswick.”

Because, as Dalhousie is Maritime Canada’s medical school, DMNB was built *by* the people of New Brunswick *for* the people of New Brunswick. Dalhousie Medicine New Brunswick was made a reality by members of the New Brunswick community and, unwavering in their support, they have continued to contribute to DMNB—from the New Brunswick physicians who assist in expertly delivering curriculum to the hundreds of volunteer and simulated patients who generously give their time to further the education of DMNB students.

“The entire Dal medicine community should take immense pride in what DMNB has accomplished in just 10 short years,” says Dr. David Anderson, dean of medicine. “It was established with one key goal in mind: to produce world-class New Brunswick physicians who meet the evolving needs of their fellow New Brunswickers, and it has succeeded on all fronts. It delivers one of the best, if not *the best*, distributed educational experiences in Canada, one that is the envy of many medical programs. DMNB has also been building an excellent health research program. Looking back at the incredible achievements of DMNB, its faculty, staff, students and alumni, I can only imagine what the next 10 years will bring—and I am excited by the possibilities.”

As DMNB looks toward the next 10 years, it remains committed to giving back to the community by continuing to train physicians and develop research partnerships to address the needs of the New Brunswick people.

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# A DECADE OF 2010-2020 DALHOUSIE MEDICINE NEW BRUNSWICK

## DMNB Timeline 2008-2014

### June 2008

Dalhousie University and the Province of New Brunswick announce a partnership to create Dalhousie Medicine New Brunswick. Pictured: Dr. John Steeves (front right) at the announcement with MLA Ed Doherty (front left), dean of medicine Dr. Tom Marrie (back left), and senior associate dean of medicine, Dr. Preston Smith (back right).



### Fall 2009

DMNB (centre) finds a home on the University of New Brunswick Saint John campus, overlooking the Saint John Regional Hospital (upper left).



### March 2010

Begun in September 2009, construction on the official DMNB building continues.



### Summer 2010

The DMNB building is complete: equipped with state-of-the-art videoconferencing technology designed to allow the Dalhousie undergraduate medicine curriculum to be delivered from a distance (and ready to meet the influx of virtual meetings to come 10 years later in 2020).



### September 2010

A march across UNB's Saint John campus and a ribbon-cutting ceremony officially open the DMNB building and celebrate DMNB's charter class.



### September 2010

The inaugural First Light Ceremony. Pictured: Dr. John Steeves holding the DMNB torch with, clockwise from the top: Dr. Pamela Forsythe, Dr. Preston Smith and Dr. Diane Delva.



### September 2012

DMNB launches one of its defining initiatives: the Longitudinal Integrated Clerkship Dalhousie (LICD) in Miramichi. Pictured: Dr. John Steeves (centre) arrives at the Miramichi Regional Hospital.



### October 2013

The DMNB biomedical research facility opens, welcoming graduate and postdoctoral students to train with a phenomenal team of principal investigators. Pictured: Dr. Tony Reiman, former DMNB assistant dean of research (left), with Kathleena Sarty, DMNB Class of 2020 (right).



### May 2014

DMNB's charter class graduates.





A DECADE OF  
**2010-2020**  
 DALHOUSIE MEDICINE  
 NEW BRUNSWICK

*DMNB*  
*Timeline*  
**2014-2019**



**September 2014**

DMNB opens an LICD site at the Upper River Valley Hospital in Waterville.



**January 2015**

Dr. Jennifer Hall becomes associate dean of DMNB.



**September 2015**

DMNB opens an LICD site at the Moncton Hospital.



**September 2017**

DMNB opens an LICD site at the Dr. Everett Chalmers Hospital in Fredericton.



**November 2017**

DMNB is accredited for an eight-year term and named one of the best examples of distributed education in Canada by the Committee on Accreditation of Canadian Medical Schools (CACMS).



**March 2019**

DMNB partners with the Under One Sky Friendship Centre in Fredericton, New Brunswick's only off-reserve Aboriginal head start program, to offer "Doctor for a Day" to high school students interested in studying medicine. Pictured: The first group of visiting students with UNB Elder-in-Residence Ramona Nicholas.



**October 2019**

DMNB's first PhD research student, Dr. Kenneth D'Souza (right), graduates. Pictured here at the Dalhousie Fall 2019 Convocation with his supervisor, Dr. Petra Kienesberger (left).



**November 2019**

DMNB hosts a second "Doctor for a Day" event. Pictured: DMNB medical students lead the visiting group in various clinical skills sessions.





## Miramichi's LONGITUDINAL CLERKSHIP

“Oh, you must be the new medical student!”

▲ *The four students who completed their 2017-2018 clerkship year in Miramichi, NB (from left to right): Drs. Intekhab Hossain, Robert Dunfield, Anna Duncan, Duncan MacGillivray (all MD '19)*

**IF YOU'RE ONE OF** the four Dalhousie Medicine New Brunswick students doing their clerkship year in Miramichi, NB, this isn't an uncommon thing to hear at the local grocery store the week you arrive. Although it is the largest city in northern New Brunswick, Miramichi is still a relatively small, tight-knit community of around 17,500 people. So, any new face is sure to be noticed.

Miramichi has been welcoming DMNB students to the community every year since the Longitudinal Integrated Clerkship Dalhousie (LICD) launched in 2012. Unlike typical clerkship programs which send students on block rotations across the gamut of medical and surgical disciplines, longitudinal clerkships place a third-year medical student in one location



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**2010-2020**  
DALHOUSIE MEDICINE  
NEW BRUNSWICK

for their entire clerkship year. This offers them the opportunity to foster meaningful doctor-patient connections and a sense of belonging in a community.

Given these advantages, Dr. John Steeves, DMNB's founding associate dean, wanted to introduce the LICD model to New Brunswick and thought Miramichi would be the perfect place to do so given the size of the city, the hospital and its resources.

Enter Dr. Rob Boulay. A proud Dalhousie medical graduate (MD '89) and now-assistant dean of clinical education for DMNB, Dr. Boulay was tasked with spearheading the LICD, in collaboration with Dr. Bill Martin. The pair set about building a network of support in Miramichi, giving presentations to all the groups in the hospital as well as to the mayor, town council, service clubs, and so on. With the community's support, the first LICD site in the province opened just in time to accept DMNB's first cohort of clerks.

One of the people who made the LICD possible in Miramichi is Dr. Paula Keating (MD '90), a Dalhousie medical graduate and native of the area who has been involved with DMNB since the beginning—first as a preceptor and then as

the LICD site director for Miramichi.

“One of the advantages of the program here in a smaller centre is that the students get a really well-rounded experience and they get to integrate into the community,” Dr. Keating says. “They’ve been involved in a number of community projects since the early years, they’ve formed a really good bond with Eel Ground First Nation and the students have gone there to do numerous presentations. In fact, Eel Ground will call and say, ‘When are the students coming?’ They really look forward to it, so it’s been a good partnership.”

After proving such a success in Miramichi, DMNB expanded the LICD model to Upper River Valley in 2014, Moncton in 2015, and Fredericton in 2017. Nova Scotia followed suit, with a LICD site opening in Cape Breton in

*Miramichi medical residents enjoy  
an afternoon on the water. ►*





# A DECADE OF 2010-2020

DALHOUSIE MEDICINE  
NEW BRUNSWICK

2019 and another on the South Shore in September 2020. The long-term goal of all these programs is to inspire medical graduates to return to the small communities where they trained to establish their medical careers and serve the people of the Maritimes.

Dr. Camille Haddad, former president of the New Brunswick Medical Society and the new medical director for the Miramichi Regional Hospital and surrounding area, has been teaching DMNB clerks for three years. When asked if being a primary preceptor has been a good experience for him, Dr. Haddad is sure to clarify: “Not good—*amazing!*” Impressed by the eagerness he sees in the

clerks who come to Miramichi each year, Dr. Haddad highlights their involvement in the community. “The students here are writing health-related columns in our local newspaper, going to schools to teach about healthy living, going into the First Nations communities, and getting involved in sports,” he shares. “So, they’re not just students. We took them in as our kids and our colleagues at the same time.”

The current mayor of Miramichi, Adam Lordon, says that community feeling toward the DMNB clerks has been consistently positive throughout his time in office. “Over the last few years, I’ve seen these students get involved not just in the hospital, but also in local organizations,

▼ **Dr. Duncan MacGillivray MD '19), Dr. Robert Dunfield MD '19)**







fundraisers and community events,” he says, “We feel their presence everywhere.”

A recent DMNB graduate, Dr. Robert Dunfield (MD '19), did his clerkship year in Miramichi from 2017 to 2018 and, when asked if he wanted to contribute to a story about Miramichi's longitudinal clerkship for *VoxMeDAL*, he was quick to respond with: “I'm always ready to talk about Miramichi. Any day or night!” Currently pursuing his residency training through Dalhousie's integrated family medicine-emergency medicine program in Saint John, Dr. Dunfield credits his time in Miramichi with giving him “the ability to really understand where people are coming from.” Because, as he explains, “you need to understand the community you're working in.”

And this seems to be the magic of the LICD experience in Miramichi—the students connect with the community and the community connects with them. According to Dr. Boulay, almost all clerks return to Miramichi in their fourth year to do an elective and, as they start to finish up their residencies, some are coming back. “We now have one LICD student who's finishing up a general surgery residency this summer who has signed a contract to come back and work with us,” Dr. Boulay reports.

“If we're really going to be the medical school for the Maritimes, then we've got to be out in the Maritime communities,” Dr. Boulay continues. “If the LICD program accomplishes nothing but that, then it would have been a great success, as far as I'm concerned.”



◀ *Miramichi Regional Hospital*



A DECADE OF  
**2010-2020**

DALHOUSIE MEDICINE  
NEW BRUNSWICK

# *What DMNB* **MEANS TO ME**

“DMNB is more than just a means to obtain an MD—it’s a community that is eager to learn and keen to teach for the collective good of our patients, past and present.”

—**Renée Kinden (MD '20)**



“Compassionate support staff who take great pride in helping those who are training to help others.”

—**Pat Price (MD '22)**

“I am from NB and plan to practice here, so I think it is important to be trained in NB as well. DMNB is great because it helps me do this.”

—**Sam Fellows (MD '23)**



“As a much older mature student, DMNB has given me the opportunity to go to medical school close to home and receive my education in the area where I hope to practice!”

—**Natalie Wallace (MD '20)**

“I would sum it up with ‘a community that genuinely cares about you.’”

—**Lua Samimi (MD '23)**





A DECADE OF  
**2010-2020**  
DALHOUSIE MEDICINE  
NEW BRUNSWICK

“For me, DMNB means staying in the province I grew up in and know so well. It means having a tight-knit class who can count on each other for anything! DMNB allows us to learn in the province we hope to practice in, and I think that is incredibly special.”

—**Sarah Purcell (MD '23)**



“DMNB has allowed me to gain clinical exposure that is unheard of at other centres across the country. More importantly, I've gained a new family—staff, mentors, preceptors and, most importantly, my 29 classmates I've grown with over the past four years.”

—**Devin O'Brien (MD '20)**

“DMNB means learning in a place where I have ongoing collaborative support from my family, my community and my school. I am indebted to the support and encouragement I have received in this place.”

— **Grace Dao (MD '21)**



“DMNB means you get the privilege of being adopted by an adjunct family. Your classmates, preceptors and staff become your supporters through the challenging journey of becoming a physician. They cry with you, they celebrate with you, they lift you up.”

—**Liora Naroditsky (MD '21)**

“DMNB is more than just a school to me. It is a community where everyone knows you by name and strives to bring out the best in you at all times. It is a privilege to be able to learn and grow as a student, scholar and future physician with some of the brightest minds and most caring people in the country. I am blessed that DMNB has been part of my medical education and take pride in being an ambassador for the school.”

— **Naythrah Thevathasan (MD '22)**





A DECADE OF  
**2010-2020**  
 DALHOUSIE MEDICINE  
 NEW BRUNSWICK

# *Building a Research Program* **FROM THE GROUND UP**

Reflections from Dr. Tony Reiman, DMNB's first assistant dean of research

## MY INVOLVEMENT WITH DMNB

began back in 2007—before it even existed—when I was a clinician researcher in Alberta. I had come back to my hometown of Saint John to give a talk about my cancer research. After my talk, I went to dinner with some of the DMNB planners, when the idea of the New Brunswick medical school was really just crystallizing. I have to admit, I was intrigued, especially since the New Brunswick chapter of the Canadian Cancer Society was considering funding a research chair. I hadn't thought it would ever be possible to come back home, but suddenly it seemed it might be.

In consultation with Horizon Health and the community, DMNB's founders crafted a vision for the new school that included a strong research program. Everyone felt the medical students needed to train in a research-rich environment. They also knew that creating research capacity at DMNB would enable them to recruit top faculty members to teach in the biomedical sciences, and that research based in the



## ▲ *Dr. Tony Reiman*

province would ultimately lead to better health care for New Brunswickers. They decided an assistant dean of research would be needed to lead the development of the research program. I applied and got the job, becoming DMNB's third employee in 2009.

The New Brunswick government came through with \$5 million in funding, and the federal government also contributed funding toward the construction and equipment of a lab, which opened in 2013. We'd decided to focus on heart research, due to the clinical strength of the New Brunswick Heart Centre. We knew the





doctors there were doing good clinical research and would be eager to collaborate with laboratory scientists, creating a critical mass of investigators so we could build momentum.

The first scientist to join the team was Dr. Keith Brunt, an expert in aging, translational medicine and nanotechnology, followed by Dr. Thomas Pulinilkunnil and Dr. Petra Kienesberger, both experts in metabolism and signalling in obesity, diabetes and heart disease.

Dr. Pulinilkunnil's work crosses over to cancer, which is where he and I now collaborate as well. My clinical trials and translational cancer research program is well-established now, and we are collaborating with researchers across the region, country and globe. We've even launched new research initiatives in the areas of occupational health and big data.

Overall, the research program has gone better than anyone could have predicted. Our investigators have collectively secured about \$25 million in funding, they're publishing high-quality papers, and they have established very productive collaborations with the clinicians at the New Brunswick Heart Centre. Lots of science graduates from local schools like the University of New Brunswick (UNB) have come to our research labs for further

studies, and in 2019 we graduated our first PhD student. We've established a biobank, with support from the Dalhousie Medical Research Foundation's Molly Appeal, where surgeons deposit blood and adipose tissue specimens from heart patients so our researchers can study the biology of heart disease.

The future is looking bright for research at DMNB. UNB has made a strategic decision to increase its focus on health on the Saint John campus, launching a new Bachelor of Health degree and putting plans in place to grow a health cluster. This will encourage more growth in our health research sector here in New Brunswick. At DMNB, we are also looking at how we can support more of our 600-plus clinical faculty in the province to get involved in research. There is a lot of opportunity and capacity that is not being tapped!

Looking back, I'm proud of what we've accomplished in research at DMNB and glad to have been part of it. I finished my term as assistant dean this spring, and am focusing now more on my own research. With the critical support of my clinical colleagues at the Saint John Regional Hospital and DMNB, which provides my team with research laboratory space and equipment, I continue to hold the Canadian Cancer Society Research Chair



A DECADE OF  
**2010-2020**  
 DALHOUSIE MEDICINE  
 NEW BRUNSWICK

at UNB. I am currently leading a pan-Canadian multiple myeloma biobanking study with support from the Terry Fox Research Institute. Our cancer research receives additional funding support from the Canadian Institutes of Health Research, the New Brunswick Health Research Foundation and the New Brunswick Innovation Foundation. We are active participants in the Canadian Cancer Trials Group and other organizations which bring promising new therapies to our patients in clinical trials.

I know DMNB's research file is in good hands with our new assistant dean of research, Dr. Paul Atkinson, a professor of emergency medicine at Dalhousie and clinical academic head of the emergency department at the Saint John Regional Hospital. I wish Dr. Atkinson and all the PIs and students at DMNB the best of luck in their individual and collective efforts to advance medical research in New Brunswick. I look forward to continuing to be a part of the DMNB team as a researcher.

## PRECEPTORS NEEDED!

**Rural Week is an important part of every medical student's education. By placing them in learning sites throughout the Maritimes to observe rural physicians at work, it provides an immersive learning experience that opens their eyes to the unique rewards and challenges of rural practice.**

This week usually occurs at the end of a student's first year. Due to the impact of COVID-19, Rural Week 2021 will actually take place over two consecutive weeks, with a double-cohort of Med 1s (Class of 2024) during **May 18-21** and Med 2s (Class of 2023) during **May 25-28**.

This has created an even greater need for alumni volunteers to serve as preceptors. This is a rewarding opportunity to provide much-needed guidance and support to the next generation of physicians, and you will make an important contribution to ensuring the continuity of health care in rural communities.

If you are interested in becoming a preceptor, please contact the Undergraduate Medical Education Office: [ugme@dal.ca](mailto:ugme@dal.ca)

Visit [Rural Week](#) for more information.





# *Dr. Petra Kienesberger Explores* **FAT SIGNALLING IN HEART DISEASE**

BY MELANIE STARR

## ACCORDING TO DR. PETRA

Kienesberger, there are more than 100 different kinds of adipokine molecules circulating in the human body, but so far only around 20 per cent of these bioactive fat molecules have been identified and understood. “This highlights the vast uncharted territory,” says Dr. Kienesberger, a metabolism researcher and associate professor in the Department of Biochemistry & Molecular Biology at DMNB.

“Different kinds of fat tissues release different adipokines,” she explains, adding that adipokines act much like cytokines to trigger cascades of molecular signalling events, with various effects on the body. “For example, brown fat tissue around the neck releases different adipokines than white fat tissue on the belly or thighs, influencing hormones and metabolism and

communicating with the heart and other tissues differently.”

Dr. Kienesberger has received roughly \$1 million (from the Canadian Institutes of Health Research, Heart & Stroke Foundation of Canada and others) to learn how certain adipokines trip signalling pathways that lead to heart disease. She’s taking a particularly close look at lysophosphatidic acid (LPA), a molecule produced by the enzyme autotaxin in the white fat that interferes with insulin function and contributes to obesity and heart disease.

“When you have impairment of insulin function, it has implications for the skeletal muscle and the whole body, really,” says Dr. Kienesberger. “For example, it inhibits the mitochondria and their ability to convert glucose and fat into energy, so these accumulate in the cells. The cells and





▲  
**Dr. Petra Kienesberger discusses research findings with her colleague, Dr. Thomas Pulinilkunnit.**

muscles—including the heart muscle—become stressed and weak.”

It’s a situation that creeps up on people as they gain more and more weight over the years, and increase their risk of diabetes and heart failure.

“More than 60 per cent of adults in Canada are overweight or obese and obesity is particularly prevalent in Atlantic Canada, where it takes a huge toll in the form of diabetes and heart disease and other disorders related to excess body weight,” notes Dr. Kienesberger. “Our goal is to protect the heart by finding ways to block the receptors that allow these toxic signals to bind with their targets in the heart. We’re also looking at ways to block the signals themselves.”

Dr. Kienesberger is passionate about the need for provinces and communities to provide more incentives and opportunities to encourage people to be more physically active and to eat more nutritious foods—starting with the most vulnerable members of society, children. But even with strong incentives and subsidies in place, there will still be a need for pharmacological treatments to reduce obesity, diabetes and cardiovascular disease.

“The burden is becoming unbearable for society,” she says. “We need to find ways to mitigate the crisis and keep people healthier, longer.”

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# *What does the future* **HOLD FOR DMNB?**

A conversation with DMNB's associate dean, Dr. Jennifer Hall  
BY ALEXANDRA FOURNIER

**Q** Looking ahead at the next year, what are some of the challenges that you foresee on the horizon for DMNB?

**A** I think one of them is fatigue. This year has been difficult to navigate, and I think the change management that has had to happen in very short time periods is exhausting for people. I also think it's important we recognize that doing this for such a prolonged period of time does have consequences and I think we need to be able to support each other—staff, students, residents, faculty, everyone—to really



▲ *Dr. Jennifer Hall*





A DECADE OF  
**2010-2020**  
 DALHOUSIE MEDICINE  
 NEW BRUNSWICK

understand all the potential impacts that this has had.

So, whenever we are able to move out of the COVID-19 phase, a lot of rebuilding will need to happen. This will be an important part of the recovery for the medical school. We will hold on to the innovations that have occurred during this time—like virtual care and learning opportunities—but be sure to support everyone as they try to navigate whatever comes next.

There are a lot of life events during the course of medical school that I believe we've often taken for granted—things that are hugely impactful for the students like CaRMS, orientation, graduation, the First Light Ceremony and the Launch Ceremony. These events take a lot of work on behalf of the faculty and staff in order to happen and those have been really disrupted this year. I believe we need to take that disruption into account and work with all those affected as we keep moving forward.

**Q What do you think are the biggest challenges facing DMNB over the next 10 years?**

**A** Most of them I see as opportunities. For example, I look at the continued engagement of faculty all over the province and really want to enhance those opportunities for people. It is absolutely critical for physicians and others from all over the province to be involved in the DMNB organization. I think the COVID-19 pandemic has allowed us to look at opportunities for that through virtual interactions and those kinds of things, but I think that's important, so I'd like to keep pushing that.

On the research side of things, I think there's great opportunity to move forward in our basic science research and continue to develop what has become a highly productive group of individuals who have produced an amazing research output—especially given the fact that many of them came on board when the DMNB research facility was a literal hole in the ground. Their trajectory has been quite amazing and we need to support those individuals going forward.



**Q How do you think health care in the province would be different now if DMNB did not exist?**

**A** I think having learners—at an undergraduate and postgraduate level—in the provincial health-care environment actually encourages excellence in patient care. And there have been studies to show that having learners in a clinical environment does improve care. So, although those learners were there before DMNB, we've upped the game even more. In fact, we've actually put some more structures in place around learning that benefit all people in that clinical environment to strive for excellence.

Without DMNB, I think the health care system maybe would not be challenged as much to continue to improve and grow. The partnership we have with Horizon Health Network is wonderful and it has allowed us to really work together for better health care for New Brunswick.

**Q You're originally from Saint John. What do you think it would have been like for you to attend DMNB for your undergraduate degree in medical education?**

**A** A lot of folks develop significant relationships in medical school and having the ability to develop those relationships early in your medical career is something really special. It's often why people tend to work where they trained because they have those relationships with colleagues.

As someone who trained elsewhere and worked elsewhere for a number of years in Newfoundland, I was able to come back to New Brunswick in 2002 and have worked here ever since. In my experience, because I made those relationships first in Newfoundland, it would have been easier to work there, so I think it's wonderful that DMNB students are able to do that in New Brunswick now.

**Q What's special to you about living and practicing here?**

**A** To quote the former associate dean, Dr. John Steeves, it's the power of small. I think having a committed community who has not only embraced the medical school and





medical education around the province but has also been willing to go over and above in order to make it all work—I think that’s very special. As a family doctor, I also think it’s special how significant the role of the family doctor is in the province of New Brunswick. Being able to practice a full scope of practice here—in-hospital care, office care, home visits—is a wonderful opportunity that helps produce really comprehensive family doctors. It’s a great place to train as a result.

**Q What would be your dream for DMNB in the next 10 years?**

**A** What I see is an institution that has strong undergraduate and postgraduate programs that are community-based, innovative and

have a strong focus on generalism in order to produce the physicians that New Brunswick needs. I also think I see us becoming known as leaders in distributed medical education creation and delivery.

On the research side, I see an integrated research program that has basic science, clinical researchers, and collaborators working together to really address the needs of New Brunswickers. Doing important research that will actually have an impact on the health of New Brunswickers and working collaboratively with other institutions within the province, like the University of New Brunswick, the regional health authority, and other organizations with a similar vision.



A DECADE OF  
**2010-2020**  
DALHOUSIE MEDICINE  
NEW BRUNSWICK

**Q What is one particularly happy memory at DMNB that comes to mind?**

**A** There are a number... You know, I guess it's not one thing, but just a sense of belonging. And I think what I really see when I look at how the staff and the faculty and students all interact, it's a sense of belonging—of all of us belonging to something that we believe in. I think that ability to have those close relationships with students, faculty, and staff, and making sure that we're having fun doing what we love doing, is what's most significant about working at DMNB. I can't imagine working anywhere else.

**Q Is there anything you'd like to add about the 10<sup>th</sup> anniversary?**

**A** This is not exactly the way we envisioned the 10<sup>th</sup> anniversary of DMNB and we're going to be really excited to have a celebration in its 11<sup>th</sup> year, but I think it describes DMNB in some ways that, no, this isn't exactly the way we planned it, but we'll work through it, we will continue on.

▼ *Dr. Hall (left) at the DMAA Reception in Saint John, NB in 2019 with from left to right: Pamela Bourque, Dr. Lisa Sutherland, Dr. Rob Boulay, Pamela Murphy and Dr. John Steeves*



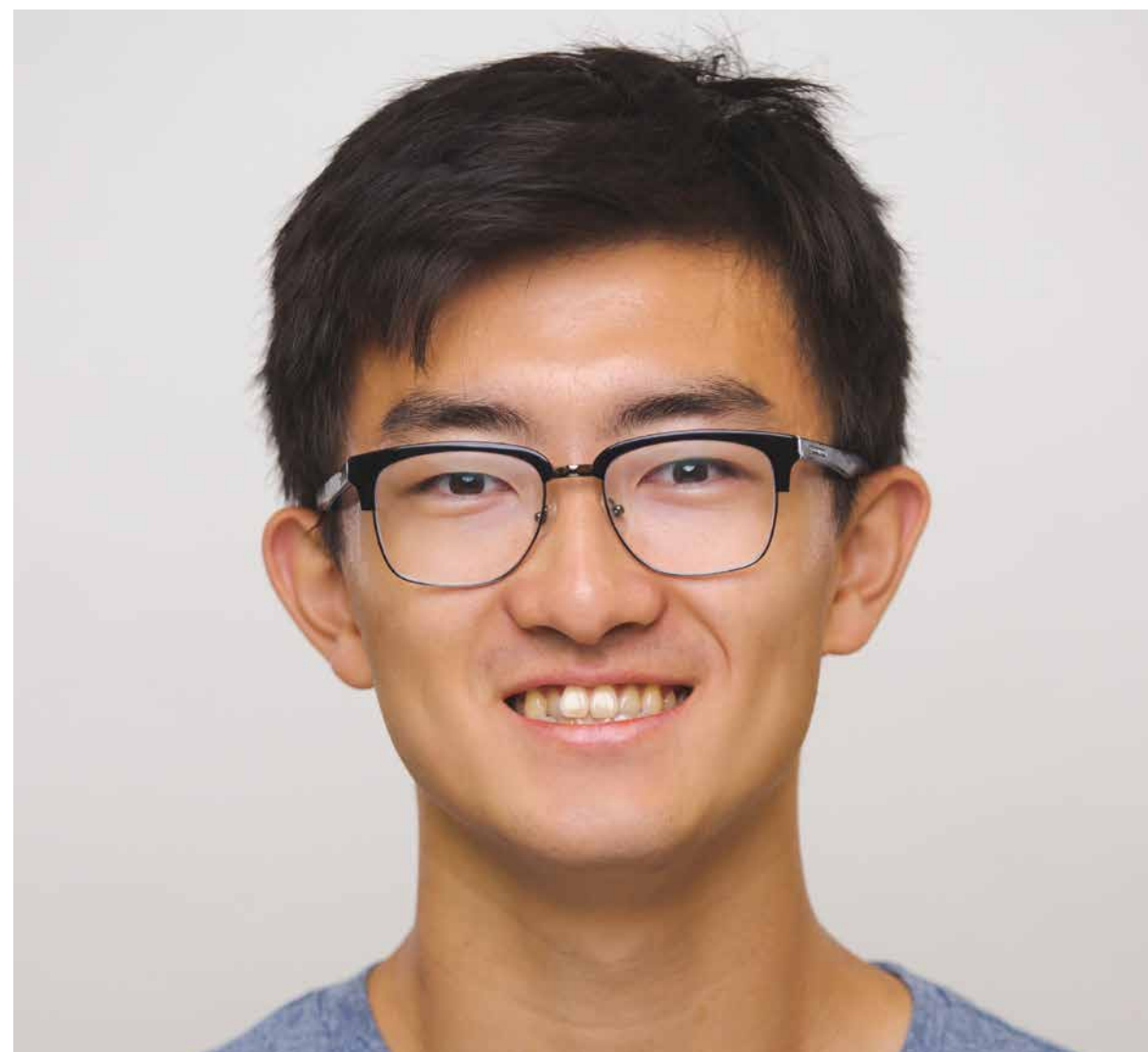


## *A student's* **EYE VIEW**

By James Tang, co-president, Dalhousie Medical Students' Society

As an immigrant who moved to Fredericton when I was five years old, I've always felt deeply connected to the community that has welcomed me and given me a place to call home.

**LEARNING ABOUT THE** challenges facing my diverse province strikes a visceral chord in me, and I am thrilled to be taking steps that will equip me to better the experience of living in New Brunswick.



Even in these uncertain times, studying at DMNB has continued to be a highlight. I feel like we're just a big group of friends facing the same struggles together. And that makes studying at DMNB unique, that feeling of connectedness and inclusivity that can become diluted as class sizes get larger. It becomes harder to connect meaningfully with people—be it faculty, preceptors or fellow classmates. The support offered by DMNB and all the physicians in the area has also been incredible and really enables students to



A DECADE OF  
**2010-2020**  
DALHOUSIE MEDICINE  
NEW BRUNSWICK

explore their passions. Every preceptor I've come across has always been encouraging towards me as a learner. And even when a preceptor says they can't take me on, in the same breath, they are already putting me in contact with other physicians in their field. The collegial nature that I've witnessed among the different health care workers spanning various professions has made for an incredibly passionate and engaging learning environment.

I look forward to going to school every day: the lectures feel meaningful; tutorials are just friends chatting about interesting topics; and clinical opportunities are a joy. Even though the effects of COVID permeate our lives, I feel valued and privileged to still be gaining these experiences, both virtually and in person. Seeing volunteer patients continue to come in amidst this pandemic and invest their personal time in our education has only reinforced why I want to spend the next almost-decade of my life gaining the know-how to help people. It takes a community willing to impart their knowledge and their stories to shape a future physician, and the contributions of all these people have been even more meaningful and valuable this year.

I'd like to say I came into medical school with an open mind for all the

specialties, but to be honest I was more or less clueless about where my interests lay. I began this year eagerly anticipating the family medicine experience at DMNB, as I was finally going to be able to talk to people and think about ways to help them. Unfortunately, that was shut down abruptly with the pandemic. But since resuming electives this fall, I've gained a deep appreciation for the role of the family physician in the health-care system. In my current elective in family medicine, each week brings a new set of exciting challenges trying to puzzle together what may be happening with a patient with what little knowledge I have (and a lot of help and guidance from my preceptor). It is difficult to imagine a future for me now where long-term patient relationships are not a regular occurrence, and I cannot be happier to be working towards a career where I get to do just that every day.

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◀ *James Tang (centre) with his parents at the 2019 First Light Ceremony.*

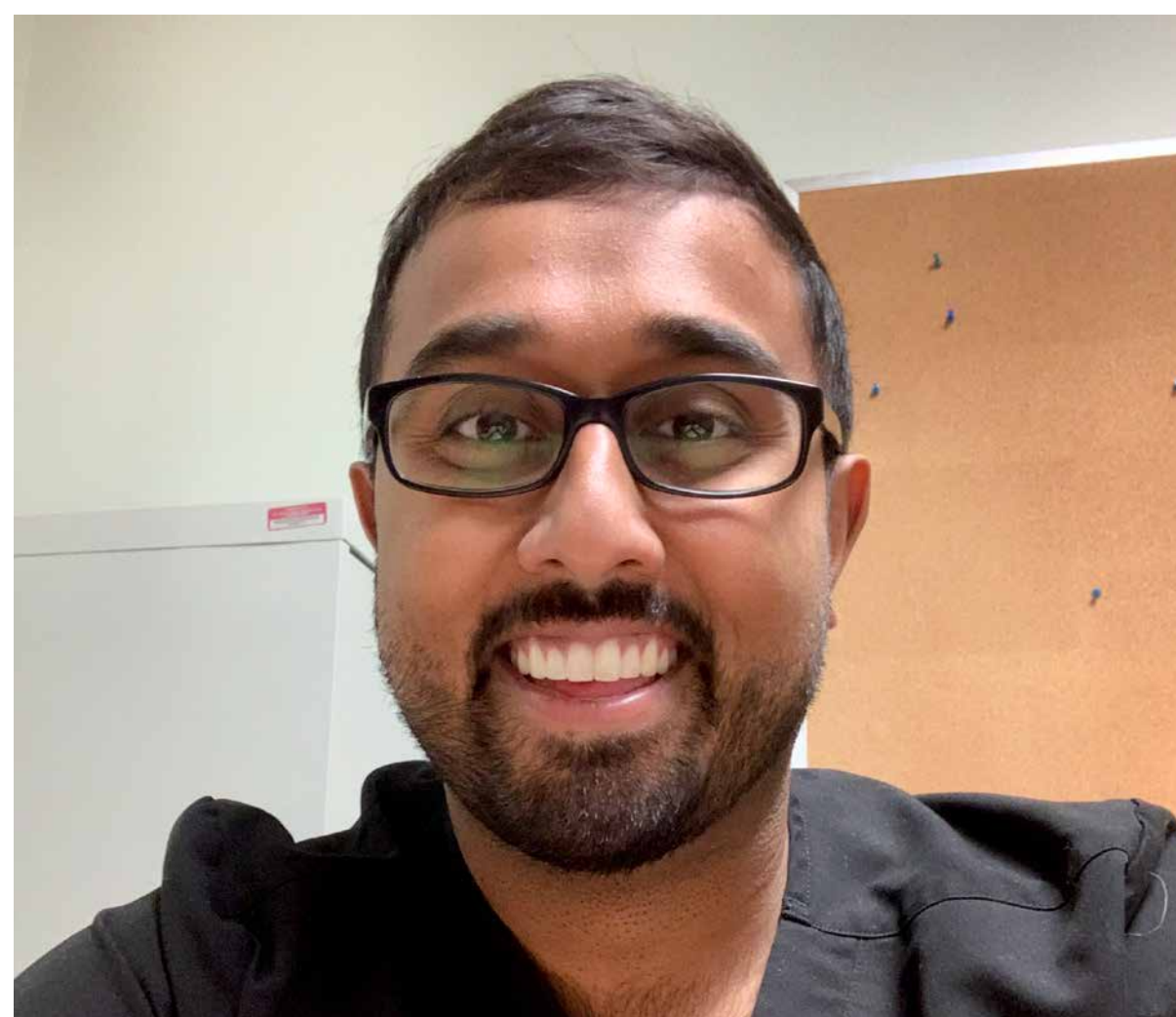


A DECADE OF  
**2010-2020**  
 DALHOUSIE MEDICINE  
 NEW BRUNSWICK

# *An Alumnus Shares* **HIS DMNB EXPERIENCE**

By Dr. Kavish Chandra (MD '16)

My experience with Dalhousie Medicine New Brunswick began in 2011 when I started my first day of medical school.



**AFTER A VERY EXCITING** week defending my graduate-degree thesis, I packed my car and met up with my future classmates at a welcome barbecue later that evening. Almost immediately, I became part of a larger family, one I would come to lean on through the challenges and successes of medical school. From the very beginning, I would describe DMNB as a big family, from the first welcomes to the sincere well wishes and congratulations as I and my classmates completed our training.

Likening our graduation from DMNB to a fledgling getting ready to take flight for the first time, I recall looking into the crowd at the graduation ceremony and seeing everyone who made that journey a success: my family, my friends, my teachers, my mentors, of course, but also the countless volunteer patients and the incredibly helpful staff at DMNB. While sometimes overlooked, you could say these dedicated people played an equal if not larger part in the success of DMNB over the years.



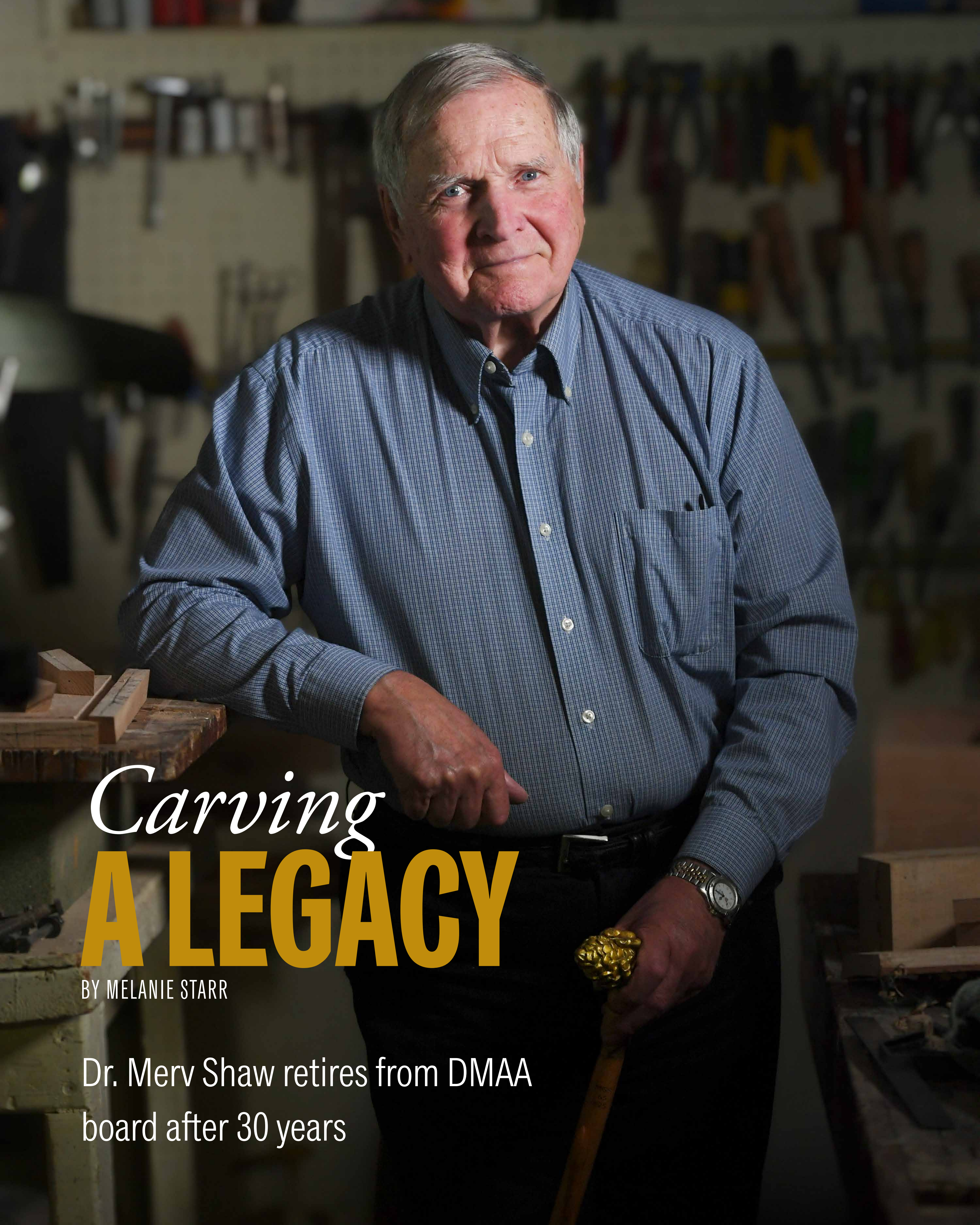
I didn't stray too far away for my postgraduate residency training. I completed a combined residency in emergency medicine and family medicine through Dalhousie University in Saint John, NB. This time, it was the students at DMNB who inspired me to teach, everything from critical assessment skills to point-of-care ultrasound. Things really did come around for me in 2018 when I was asked to address the incoming medical school class at the annual welcoming event, the First Light Ceremony. I can't describe the feeling when I looked into that crowd of students, sitting so eagerly where I had sat not that long ago.

I now practice as an emergency physician in Saint John, NB, as well as an educator at DMNB. The journey to work for me every day is a reminder of where my story started. It's hard not to recall my formative experiences, as DMNB sits on top of the hill above the Saint John Regional Hospital and its emergency department. While teaching medical students gives me a lot of joy, seeing those same faces at DMNB that continue to make it a success year after year, for a whole decade now, just makes me smile.

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# *Carving* **A LEGACY**

BY MELANIE STARR

Dr. Merv Shaw retires from DMAA  
board after 30 years



## AFTER 30 YEARS

of dedicated service, Dr. Merv Shaw (MD '65) has decided to step away from his longtime seat on the Dalhousie Medical Alumni Association board. While he will miss working on behalf of alumni, he is confident the next generation will continue to foster the connections among alumni that he has treasured for so long.

“The DMAA keeps the associations we had formed with our peers in medical school going,” he says, adding a note of praise for the DMAA magazine, *Vox MeDAL*. “It showcases our alumni’s successes and fosters a shared sense of pride in Dalhousie Medical School. It’s inspiring and satisfying to know we are doing a good job educating doctors and serving the needs of our communities.”

Dr. Shaw arrived at Dalhousie in 1958, the same year that the DMAA was formed.

“The feeling back then was that the general Dalhousie alumni did not really understand the medical school,” he recalls. “So the medical alumni established their own association, specifically to support the school, its students and its graduates. These are still the three guiding principles of the DMAA and that’s why it’s so important.”



But medicine was not at the top of Dr. Shaw’s mind when he first arrived on campus. As an athlete and former member of the Toronto Argonauts practice team, football was his focus on the front end.

*“It’s inspiring and satisfying to know we are doing a good job educating doctors and serving the needs of our communities.”*

“I came here as the associate director of athletics and worked part-time as head coach of the Dal Tigers football team,” he says. “Fresh out of McGill with a Bachelor of Science in physical education, it was my first job. There were three people in the athletics department at the time!”

Much as he loved athletics (and he still skis and plays tennis!), young Merv had always felt it was not his final career destination. He knew he wanted more.



He had always been fascinated by physiology, the mysterious workings of the human body, and began considering the possibility of a career in medicine.

“It was a big decision to enter medical school,” Dr. Shaw shares. “I was married and we had three children by that time, we knew it would be tough. By the time I finished my internship, we had five!”

To finance his medical education, he joined the Royal Canadian Air Force

and spent three years as a physician at CFB Oromocto. Once he had fulfilled his commitment to the Canadian Forces, he moved his family back to Halifax and established a thriving family practice, which he ran for more than 25 years before taking on the role of medical director for the Worker’s Compensation Board.

Dr. Shaw joined the DMAA board in 1990, serving as its president in 1993-94, and in every other board position over the

years, except the role of treasurer. “They wouldn’t trust me with the money,” he jokes.

And yet, he is most well-known for his creations in silver and gold.

The coveted Silver Shovel Award, given to the teacher of the year, and the prestigious Gold-Headed Cane Award, for humanitarian service, are both products of Dr. Shaw’s creativity and effort, formed and carved in his workshop over many hours.

He tells the story of how it all started: “Our Class of 1965 president suggested that we get a shovel, paint it gold and give it to the





professor we thought was our best teacher because they shovelled the most BS. It was a bit tongue-in-cheek, of course, but I thought it was a terrible idea. I thought we should give our favourite teacher something nice, like money for dinner out, but I was overruled.”

That year, Dr. R.R. Jones, a psychiatrist, received the gold-painted shovel. By the following year, the Class of 1966 had commissioned the creation of a small silver-plated shovel, to be engraved each year with the name of the faculty member chosen by the graduating class for excellence in teaching. Eventually the elegant little shovel could hold no further names, so Dr. Shaw stepped in with a solution.

“I volunteered to make the ‘Stanley Cup of medicine’,” he says with wry amusement. “I always considered it my punishment for not liking the idea at first.”

He built a trophy out of bird’s eye maple—donated by fellow alumnus, the late Dr. James Ross, a plastic surgeon who owned a farm in Caledonia—and mounted a new silver shovel on top. Around the shovel winds a single serpent he carved of maple, representing the Rod of Asclepius, the international symbol of the physician and healer. The much-loved trophy has been presented every year since, most recently to Dr. Volodko Bakowsky, head of the Division of Rheumatology in the Department of Medicine.

Several years later, Dr. Ron Stewart, then head of the Medical Humanities program, asked Dr. Shaw if he would be willing to carve the token of a new

### ▼ *The Silver Shovel Award*







## ◀ The Gold-Headed Cane Award

annual award, funded through a generous endowment from Dr. Gerald and Mrs. Gale Archibald. To be known as the Gold-Headed Cane Award, it would recognize a physician in the community who had consistently exhibited the kind, noble and progressive qualities of a true humanitarian.

Dr. Shaw set to work and turned out 100 gold-headed canes. He topped each one with a molded, gold-plated representation of the Dalhousie Medical Students' Society symbol, an open hand with a pine cone, the Assyrian symbol of healing.

"You can see this symbol inlaid in marble in the foyer of the Centre for Clinical Research," notes Dr. Shaw, "along with the medical school's motto, *Ilk ane to instruct vtheris*, which translates roughly into English as 'Take your fellows and teach them in the art.'"

Around the staff of each cane, Dr. Shaw wound a carved snake of maple, from the same wood donated by Dr. Ross. After each snake was carved, he would heat the wood to soften it and then quickly wrap it around the staff before the wood hardened back up again. The end result: an elegant representation of the Rod of Asclepius and a fitting symbol of the humanitarian contributions of the dedicated physicians to whom it is awarded. Two of Dr. Shaw's canes are now given out at

special ceremonies each year. This year, Dr. Andrew Lynk (MD '90), head of the Department of Pediatrics, received the G.W. Archibald Gold-Headed Cane Award in Medical Humanities from the Faculty of Medicine, while the College of Physicians and Surgeons of Nova Scotia presented its Gold-Headed Cane Award to Dr. Kara MacNeill (MD '07), a psychiatrist in Amherst, NS.

Dr. Shaw still enjoys woodworking and keeps his lathe and other tools handy. It means a lot to him to have created the special symbols of achievement and contribution that have come to be held so near and dear by his fellow Dalhousie medical alumni. Most of all, it means a lot to him to have played a role as a steady, guiding hand for the DMAA for so many years. He's proud of the alumni association for its continued commitment to supporting the medical school, its students and its graduates, and of alumni in general for their dedication to their alma mater and profession.

"The DMAA has really grown," he notes. "It's amazing when you look back at the Dal Med 150 Gala and really take in the fact that there were more than a thousand people there, and see how connected and dedicated everyone still is to supporting each other, the school and the students. I don't think things could be any better than they are right now."





## The Legend Behind the Rod of Asclepius

What does it mean, the Rod of Asclepius, and why do the Silver Shovel, the Gold-Headed Cane, Dalhousie Medicine New Brunswick's Torch of Asklepios, the logo of the Canadian Medical Association and so many other health-related organizations, feature a single snake wound round a staff?

It all goes back to Asclepius, a demigod in Greek mythology who was the son of Apollo, god of light and truth who taught humans the art of healing, and a mortal woman, Coronis. Apparently Coronis

felt neglected by Apollo, because she fell in love with someone else. Apollo was enraged when he found out and, in typical jealous Greek god fashion, had her killed (the goddess Artemis shot her with an arrow). Yet as Coronis lay on the funeral pyre, Apollo learned she was pregnant with his child and used his divine powers to rescue the unborn child from her womb—thus snatching life from the jaws of death.

The child was Asclepius, who eventually grew up to become a gifted healer, skilled in the art of surgery and the use of medicinal plants. There are many versions of what happened next, but the



gist of it is that Asclepius healed a snake—a sacred symbol of wisdom and healing in ancient Greece—and in return the snake granted him secret knowledge that greatly enhanced his healing powers. Asclepius then either wrapped the snake around his staff, or allowed the snake to coil itself around the staff, and carried it with him.

When Asclepius later used the blood of the gorgon Medusa to raise not just one but several people from the dead, Zeus retaliated by killing him with a thunderbolt. Asclepius had dared to tread into the territory of gods and Zeus feared he would undermine the eternal and necessary divide between humans and the gods—mortality. Later, at Apollo's request, Zeus resurrected Asclepius and gave him a place among the gods of Olympus.

Even so, people continued to visit the many shrines to Asclepius, known as asclepion, where physicians and healers provided remedies and rest for the afflicted. Hippocrates, the acknowledged father of western medicine, is believed to have started his career at the asclepion on the island of Kos. The original version of the Hippocratic Oath even begins with an invocation to Apollo and Asclepius, and the Rod of Asclepius is now used around the world as a symbol of the medical profession.

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*The American Medical Society adopted a different symbol, the caduceus, two snakes coiled around a staff topped with wings—the Staff of Hermes, associated with communication, negotiation, wisdom and commerce.*

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◀ *The DMNB Torch, carved by NB artist Philip Savage, is a version of the Rod of Asclepius.*



# *DMRF Molly Appeal* **MARKS 40 YEARS**

BY MELANIE STARR

## Milestone appeal calls on donors to support legacy research.

**DALHOUSIE MEDICAL RESEARCH** Foundation (DMRF) is a significant supporter of local health research, building a world-class research effort that responds to the health priorities of the Maritimes and beyond. Established in 1979 to raise funds to support research in Dalhousie's Faculty of Medicine, DMRF has recently expanded to support research in the faculties of Health and Dentistry. It's broad goal: to be a driving force for local health research, improving health outcomes for all.

2020 marks the 40th year that Dalhousie Medical Research Foundation has gone to the people of the Maritimes with a simple request: please give what you can to support local health research, through a donation to the DMRF Molly Appeal campaign. This fall is no different, except perhaps that the need is more pressing.

"Now, more than ever, we understand the importance of health research," says Joanne Bath, DMRF's chief executive officer. "Last March, the novel coronavirus, COVID-19, created a massive shift for each of us. Our board, our staff, our research community and our donors agreed, we needed to take swift action to respond to this sudden, emerging threat. We all came together, launching a campaign to raise money for coronavirus research."

Donors rose to the occasion, enabling DMRF to contribute \$250,000 in support of COVID-19 research directly. This investment provided researchers with crucial matching funds to unlock federal funding opportunities and drew an additional \$600,000 from Research Nova Scotia.

At the same time, DMRF worked with key stakeholders to launch the Nova Scotia COVID-19 Health Research Coalition. The coalition partners assembled a collective investment of \$1.5 million to support leading COVID-19 research efforts in the province, including studies aimed at developing rapid testing kits, antiviral drugs and vaccines to save lives and slow the



global spread of COVID-19.

While some researchers are buckling down to address the many questions that COVID-19 has posed, others have returned to their labs and clinical research projects wondering what support will be there for their research, now that the world is laser-focused on COVID-19.

DMRF is determined to help these

researchers continue their groundbreaking work. That's why, this fall and into the winter of 2021, the DMRF Molly Appeal is raising funds to support Dalhousie's established areas of research strength.

"Despite the pervasive challenges of COVID-19, other diseases and conditions are ever-present," explains Ms. Bath.

"Cancer won't stop for a global health pandemic. Alzheimer's disease doesn't halt its heartbreaking advance. Neither does cardiovascular disease, or mental health concerns. It is imperative we continue to support the trailblazing research programs our donors have helped build, so our researchers can continue to make progress towards effective treatments and cures for the diseases that impact each of us."

Local support is essential to keep this work going, because some funding, previously earmarked for ongoing research, has been delayed or diverted to COVID-19.

"Our donors have demonstrated their commitment and care to health research and we are grateful," says Bath. "But local support is needed now more than ever, so we can ensure vital research has the opportunity to expand and grow, improving health outcomes for all."

For more information about the fall 2020 Molly Appeal, visit [www.mollyappeal.ca](http://www.mollyappeal.ca)



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◀ *Joanne Bath, CEO, Dalhousie Medical Research Foundation*





# Molly Appeal

for Medical Research

Through the DMRF Molly Appeal, you can support life-changing, life-saving research projects that will revolutionize the way we diagnose and treat a range of devastating diseases.

**DONATE TODAY**  
[mollyappeal.ca](https://mollyappeal.ca)

While it may be too late for her beloved husband Wally, Karen Brown knows that health research has the power to unlock the mysteries behind a disease like Alzheimer's. That's why she supports the DMRF Molly Appeal, because every gift—big or small—has the power to change and save lives.



# *Speaking* **TRUTH TO POWER**

BY JASON BREMNER

In these challenging times, physicians have a duty to advocate for health-supporting public policy. Members of Dalhousie Medical School's community are stepping up to the plate to speak for their patients, communities and humanity as a whole.

**WHEN DR. JAY DOUCET** completed his surgical residency at Dalhousie in 1997, followed by a fellowship in trauma and catastrophic surgery in 1999, he was under the false impression that politicians and policymakers would welcome his thoughts in making important health-care decisions. He quickly learned not everyone was so receptive.

Dr. Doucet, who now serves as chief of the Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery and medical director of Emergency Preparedness and Response at the University of California San Diego Health, was recently awarded the Advocate of the Year award by the American College of Surgeons for his commitment to the college's advocacy and political efforts.



*“It’s important that physicians have a voice beyond their literature, because writing papers that end up sitting on a shelf won’t change anything,” says Dr. Doucet. “It’s not enough to publish papers and say that this policy or system is the right way to do it—nobody listens to that.”*

Policymaking can be an unglamorous business, but as a trauma surgeon, Dr. Doucet has made it his mission to put pressure on politicians to advocate for change. Specifically, Dr. Doucet advocates for better funding for trauma systems, higher standards in trauma care, and the importance of the Stop the Bleed campaign, which trains people to understand basic bleeding-control techniques that can save lives in critical situations.

Dr. Doucet’s advocacy extends past trips to Capitol Hill and letter-writing campaigns to congresspeople. He has also become an advocacy mentor to residents

and medical students, helping them to understand the importance of advocating for patients and how to navigate the complex political system.

“When we go to a congressperson’s office, it’s important for me to bring young people who are just starting out in the profession,” says Dr. Doucet. “In a typical meeting it’s a bunch of old gray-haired people, but when younger physicians are passionate about change, they can see that we’re focused on the future.”

With the recent recognition by the American College of Surgeons, Dr. Doucet feels even more responsibility to spread the word and get others involved.

“Advocacy is the final step of academic surgery,” says Dr. Doucet. “It’s not enough to be really smart or understand solutions. The final step is advocating for what you’ve learned and what you think will work. I have found that if you do it the right way, politicians will listen.”

▼ **Dr. Jay Doucet**  
on a visit to  
the US Capitol.





## Third-year Resident Pursues Masters in Public Policy at Oxford

**“I WILL REMEMBER THAT** there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.”

These salient words from the Hippocratic Oath are the guiding light of Dr. Henry Annan’s (PGY3) nascent medical career.

As he nears the start of his own independent practice, Dr. Annan is taking time away from his residency to complete the Master of Public Policy (MPP) program at Oxford University, UK. As public policy challenges become increasingly complex, this unique one-year degree program equips graduates to find innovative policy-driven solutions in their respective fields.

“I’ve always felt a physician’s role extends past the four walls of a hospital,” says Dr. Annan. “The factors that actually impact our patients’ health have more to do with their social determinants—their socioeconomic status, the environment in which they live, and the public policies that influence these aspects—and less about which medications they are taking, for example.”



▲  
*Dr. Henry Annan*

The COVID-19 pandemic has laid bare how disparities in our communities are driving inequity and negatively impacting health outcomes. Through the MPP program, Dr. Annan is hoping to gain a better understanding of how these factors impact patient health.

Dr. Annan is supported in his endeavours by the prestigious Chevening Scholarship, a United Kingdom government-funded program that targets future leaders. Recipients of the scholarship are personally selected by British embassies and high commissions



throughout the world. The program is currently run in over 160 countries and territories and counts 14 current or former heads of government among its alumni. Dr. Annan secured one of two scholarships awarded to Canadians in a highly competitive application process.

“Congratulations to Dr. Annan on being awarded this scholarship to study at the University of Oxford,” says British High Commissioner to Canada, Susan le Jeune d’Allegeershecque. “The current pandemic has demonstrated the importance of ensuring that medical professionals are an integral part of forming public policy. I am proud that the UK can play a part in the journey of emerging Canadian leaders like Dr. Annan.”

While Dr. Annan was born in Canada, he spent 12 years of his life growing up in the West African country of Ghana. Dr. Annan’s community-focused approach to medicine is thus painted with a global perspective—making him the ideal

candidate for the Chevening Scholarship.

“I have always tried to be involved in my community,” says Dr. Annan. “I constantly try to remind myself to also focus on what’s going on in the world around me, instead of only looking down at my books or too far ahead in my career.”

For Dr. Annan, the MPP program at Oxford is about remembering why he became a doctor in the first place and living up to the expectations highlighted in the Hippocratic Oath—to help people.

“It has become clear to me how the health of patients is directly affected by policy. Exercising my role as a health advocate and making improvements in those fields is important to me as a physician,” says Dr. Annan. “Being able to understand and contribute to sound public policy is something I’m passionate about and I couldn’t be more grateful to the Chevening Secretariat and the Foreign, Commonwealth and Development Office for this incredible opportunity.”

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# *Cracking the code on* **OPIOID-PRESCRIBING PATTERNS IN NOVA SCOTIA**

BY MELANIE STARR

Family physician  
Dr. Mathew Grandy  
(MD '09) is leading  
a team of researchers  
examining how opioids  
are prescribed in  
family practice in  
Nova Scotia.

**“FAMILY PHYSICIANS PLAY** a large role in the management of chronic non-cancer pain, and this includes prescribing opioid therapy,” notes Dr. Grandy, a faculty member teaching in Dalhousie Family Medicine’s clinic in Spryfield, NS.

BRIC NS (Building Research for Integrated Primary Healthcare in Nova Scotia) helped Dr. Grandy build a team and secure funding from the Nova Scotia Health Authority Research Fund. Heather Neville, a drug-utilization pharmacist at NSHA, is Dr. Grandy’s co-investigator on the two-year study. The team also includes senior researchers Dr. Fred Burge, Ms. Beverley Lawson (Department of Family Medicine) and Dr. Ingrid Sketris (College of Pharmacy), as well as data manager Sarah Sabri, pharmacy student Isaac Bai, and a patient advisor who has experience with opioids for pain relief.

The researchers are working through the Maritime Family Practice Research Network (MaRNet-FP), a network of more than 90 family practices involved in research in the Maritimes, to examine data from patients’ electronic medical records.

“We are using anonymous data extracted from the EMR to develop



a ‘case definition’ that identifies key features of patients on chronic high-dose opioid therapy,” says Dr. Grandy. “This information will go into our data-analysis algorithms, so we can identify the right records and ask sophisticated questions about patient demographics, the nature of their pain problems, how they are being treated, and how they are doing.”

Not only are the researchers learning what information they can access in the EMR, they are learning how they can track it by family practice. Their goal is to feed information back to physicians in the network, so they can reflect on their opioid-prescribing patterns, see how they compare with peers and national guidelines, and make adjustments as needed.

As Dr. Grandy notes, the information may prompt family doctors to ask, “How are my patients on long-term opioid therapy doing? Can we lower the dosage, or wean them off? What alternatives might help them manage their pain?”

It can be difficult to see patterns from inside a practice and, as Ms. Neville points out, family

physicians typically don’t have the time or the expertise to track their own prescribing patterns. And, she says, it’s more powerful for doctors to see how their pattern fits into the bigger picture.

“It’s important we are doing this work as a collective,” Ms. Neville emphasizes. “The participating physicians are contributing to a larger understanding of opioid-prescribing patterns in primary care in Nova Scotia. And because we are also part of regional and national networks, we aim to expand the work so physicians all across Canada will be able to see what’s happening in their own practice, their province and their country.”

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*\*Abridged and re-printed with permission from BRIC NS*

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▲ Primary care researchers, left to right, Dr. Mathew Grandy, Sarah Sabri, Isaac Bai, Dr. Ingrid Sketris, Bev Lawson and Heather Neville



*Groundbreaking  
psychiatrist's gift creates*  
**OPPORTUNITIES FOR  
OTHER CAPE BRETONERS**

BY ALISON DELORY

Dr. Nathan Epstein,  
1924-2020, honoured  
his parents by creating  
the Benny and Shayna  
Epstein Scholarship  
Fund.

**“THE LATE DR. NATHAN EPSTEIN** (MD '48) was a proud Cape Bretoner, Dalhousie Medical School alumnus and pioneer in the field of psychiatry. He was born in 1924 in New Waterford, NS, and his Eastern European Jewish immigrant parents, Benny and Shayna (Bernick) Epstein, instilled in him at an early age the importance of hard work and education. They sent him to Dalhousie for medical school, which launched his psychiatry career—a career he loved because it challenged his intellect and allowed him to help scads of patients in Canada and the United States.

It was during his time at Dal that the seeds were planted in Dr. Epstein's mind for what would become a brave new approach in the field of psychiatry—emphasizing the importance of



understanding a patient's family dynamics.

Dr. Epstein moved between Montreal, Boston, Hamilton, ON, and Providence, RI, but he never forgot his roots. He was well aware that he benefitted from educational opportunities that others in his community did not. So,

it was not a great surprise to his daughter, Toronto ophthalmologist Dr. Nancy Epstein, that he chose to establish the Benny and Shayna Epstein Scholarship Fund at Dalhousie to support medical students from Cape Breton. With a substantial six-figure bequest, several students at the medical school will be supported by the scholarship every year.

"He was honouring his parents," says Dr. Nancy Epstein. "My dad realized that his parents gave him the opportunity to have a terrific education at Dal. This enabled him to have a personally satisfying career and to contribute to both psychiatry and medical education. He recognized that many kids

in New Waterford and Cape Breton did not have that chance due to their families' limited financial resources. The scholarship allowed him to express his gratitude to his parents while expanding the lives of fellow Cape Bretoners."





After completing his medical degree at Dalhousie, Dr. Epstein started his residency training in psychiatry at McGill University. After two years, he moved to study at the Boston State Hospital and later completed psychoanalytic training at Columbia University.

He returned to Canada in 1955 to begin clinical and academic work at McGill University. He joined the Department of Psychiatry at Montreal's Jewish General Hospital, becoming its psychiatrist-in-chief by 1960.

In 1967, Dr. Epstein became the founding professor and chairman of the Department of Psychiatry at the newly created McMaster University Faculty of Medicine in Hamilton, ON. His son-in-law, Dr. David Goldbloom, says Dr. Epstein found this appointment led to the most exhilarating phase of his academic career. "Under the visionary leadership of John Evans, the faculty fomented a revolution in medical education," wrote Dr. Goldbloom in Dr. Epstein's obituary.

Dr. Epstein pioneered a major academic and clinical initiative into the understanding of family functioning and developed a family therapy known as the McMaster Model of Family Functioning, which gained widespread recognition and even international use.

The McMaster Model purports that you can't understand a person in isolation from

their family. You have to treat them in the reality of their situation. For example, if a child is struggling, you need to learn how that struggle fits into the greater dynamic of the whole family. "He was intrigued by the complexity of human behaviour," his daughter says.

Dr. Epstein was considered direct and charismatic, an excellent listener and impassioned conversationalist who loved learning, reading and sports. "Conversations with Dad were always substantive," says Dr. Nancy Epstein. "It could be daunting given the certainty of his views and his intellectual rigour." He took a genuine interest not only in his patients, colleagues and friends, but in their families, too. Nancy, who was unable to be with her dad when he died because of COVID-19 restrictions, has been comforted by the number of people who have told her that their lives were changed because of her father.

Dr. Epstein died in Providence on October 8, 2020 at the age of 96. There was no funeral service and arrangements for a virtual memorial will be announced at a later date. Donations in his memory can be made to the Benny and Shayna Epstein Scholarship Fund at <http://giving.dal.ca/epstein>.





*COVID-19*

# REPORT

BY MELANIE STARR



*Looking back at the First Wave:*

# WHAT WORKED, WHAT DIDN'T AND WHAT DO WE DO FROM HERE?

In early October, health experts in Atlantic Canada gathered for two major events to discuss responses to the first wave of COVID-19 and formulate a path forward into wave two.

**THE FIRST WAS A LIVESTREAM** panel involving the region's four chief medical officers of health, three of whom are Dal medical alumni, and hosted by Dr. David Anderson, dean of medicine. This was followed the next day by a roundtable discussion involving a wide variety of health experts.

## **Partnering for policy change**

These two first-wave debriefing events were the first of many to be co-hosted through a new partnership between Dalhousie Medical School and Dalhousie University's MacEachen Institute for Public Policy and Governance. The MacEachen Institute is a non-partisan, interdisciplinary institute designed to encourage citizen engagement and progressive public policy. This makes the institute a natural partner for the medical school and its strategic mission to catalyze systemic change for better health outcomes.



## Chief medical officers of health reflect on pandemic's first wave

On October 1, Dr. Anderson hosted a candid conversation with Atlantic Canada's four chief medical officers of health (CMOH): Dr. Heather Morrison (MD '99), Prince Edward Island; Dr. Janice Fitzgerald (MD '96), Newfoundland & Labrador; Dr. Jennifer Russell (MD '01), New Brunswick, and Dr. Robert Strang, Nova Scotia.

"The pandemic has highlighted the fragility of our systems as well as the massive expense of helping citizens maintain a semblance of economic stability," noted Dr. Anderson in his opening remarks. "Our goal with this partnership between the Dalhousie Faculty of Medicine and the MacEachen Institute is to help decision makers in government and health authorities identify system and health outcomes for targeted improvement."

All four CMOHs agreed that close collaboration among and within the four provinces of the "Atlantic Bubble" was key to the region's remarkable success in reining in wave-one infection rates. The ability to connect with and rely on each other for information, guidance and support as each managed a rapidly changing health-care crisis was both a comfort and a necessity.

As Dr. Morrison noted, cooperation across all levels of government, health authorities and communities was crucial to mounting an effective response. Border measures, travel restrictions, cancellations and closures to limit gatherings, self-isolation requirements, early identification, testing, quarantine, contact tracing—all these measures worked together to bring the early outbreaks under control.

Staying in constant contact with each other and anchoring their approaches on solid evidence provided by the Public Health Agency of Canada was another key to the region's success in flattening the curve. Dr. Russell emphasized the importance of staying unified with their message and "singing from the same song book," which built public trust and prevented confusion and divisiveness. As a result, most people paid attention and followed the rules.

Dr. Graham pointed to the unintended consequences of the pandemic-control measures, such as the serious impact on people's economic security and mental health. She and her colleagues all agreed it is necessary to mount more refined approaches during the second wave to curtail virus spread without producing such massive collateral damage.

As Dr. Strang explained, now that we know more about how the virus is spread, it's possible to take more nuanced



measures. He noted that finely targeted, limited shutdowns based on good local epidemiology will allow Public Health to stamp out emerging outbreaks without resorting to widespread shutdowns.

“We have to learn to live with COVID-19,” said Dr. Strang. “We can never sustain another lockdown like we had in the spring. So we have to tolerate a certain level of risk. It’s all about finding the balance. What is the necessary balance of COVID control that allows us to minimize the harm if restrictions are too strong?”

All four CMOHs highlighted the social disparities laid bare by the pandemic, and insisted these inequities must be addressed to strengthen society and protect the vulnerable—in the face of the next wave of COVID-19, future pandemics and the expected impacts of climate change.

To watch the full panel discussion, including the Q&A, [visit this link](#).

## DAL MED ALUMNI, **WE NEED YOUR HELP!**

Promoting Leadership in Health for African Nova Scotians (PLANS) aims to increase the representation of African Nova Scotians in the health professions—including medicine. This initiative is strongly supported by our Dean and Faculty, but we need the support of Dalhousie’s Black medical alumni to truly have an impact.

If you are a Dal Med alumnus who self-identifies as Black or of African descent, please provide your information [here](#). Please send this link to other Dal Med Alumni who also self-identify as Black or of African descent.

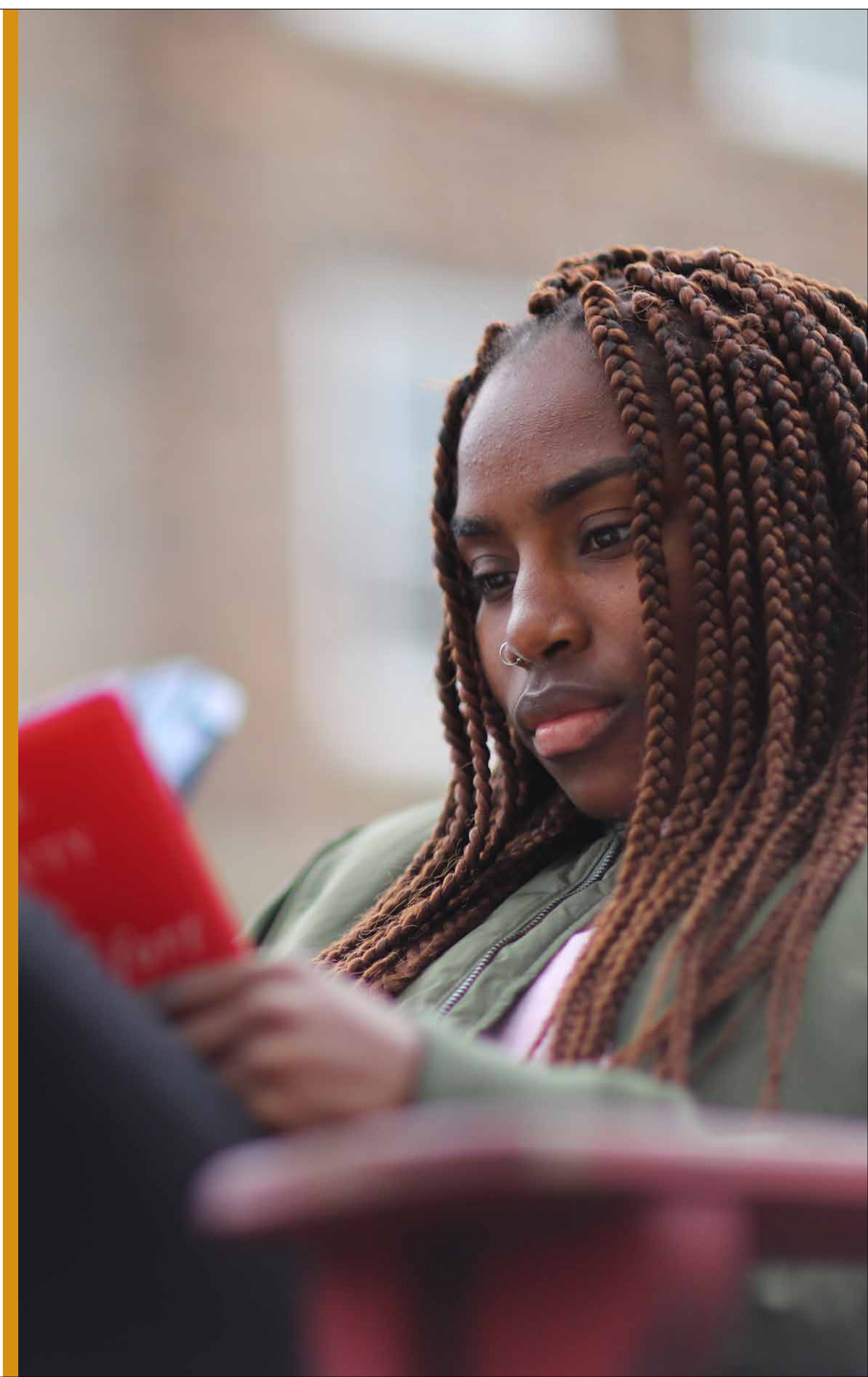
Your information will help us to build an accurate picture of Dalhousie’s Black medical alumni community. In addition, by connecting with us we can keep you informed of our activities and provide opportunities for you to be engaged in the work of PLANS. This would include mentorship of African Nova Scotian medical students and showcasing your experiences at community events.

If you prefer, please feel free to call or email us to provide your information or to discuss how you can be involved with PLANS and support the next generation of African Nova Scotian medical practitioners. Please note that your personal information will only be used within PLANS. There is no obligation on your part for ongoing connection or involvement with the work of PLANS.

**Thank you in advance for your assistance!**

*Sarah-Ann Upshaw, Program Manager PLANS and Dr. David Haase, Co-Chair PLANS Advisory Committee.*  
Email: [plans@dal.ca](mailto:plans@dal.ca) Phone: 902-494-7831

To learn more about PLANS, visit [www.dal.ca/health/plans](http://www.dal.ca/health/plans).





## Dal Med Alumni Lead Public Health Responses in Four Canadian Provinces

On a scale never before seen, public health physicians across Canada are being recognized for their heroism in battling the COVID-19 pandemic day after day with sound, science-backed directives and providing Canadians with information and moral support to help everyone play their part in beating back the pandemic waves. Four of these dedicated physicians are Dal Med alumni—four distinguished women who helped make Canada's response to COVID-19's first wave the envy of the world and garnered such headlines as “Canada's chief medical officers of health put women's leadership in the spotlight.”



### **DR. BONNIE HENRY (MD '90), BRITISH COLUMBIA**

In her daily updates to the public, Dr. Henry displayed integrity, straightforwardness and grace. *Globe & Mail* columnist André Picard called her “a calming voice in a sea of coronavirus madness,” and that, thanks to her efforts, “Canada is an ocean of calm amid the global coronavirus freak-out.” She has received many accolades and awards for her leadership this year.



### **DR. JANICE FITZGERALD (MD '96), NEWFOUNDLAND & LABRADOR**

The College of Family Physicians of Canada named Dr. Fitzgerald “Family Physician of the Year for Newfoundland and Labrador” in November for her leading role in guiding the NL COVID-19 response. “This is a well-deserved recognition for our chief medical officer of health,” Health Minister John Haggie said. “Her dedication to her profession and to the people of this province is truly commendable.”



### **DR. HEATHER MORRISON (MD '99) PRINCE EDWARD ISLAND**

The *Guardian Patriot* praised Dr. Morrison for her ability to handle the pressure, reporting, “Day after day, Dr. Heather Morrison manages a warm smile as she appears on the television and computer screens of thousands of Islanders to update and to caution. Her soft, calm tone belies the intense weight of being the top person leaned on to navigate the province as safely as possible through a pummeling pandemic.”



### **DR. JENNIFER RUSSELL (MD '01), NEW BRUNSWICK**

The New Brunswick College of Family Physicians named Dr. Russell NB's “Family Physician of the Year” for 2020, noting that her “high standard of professionalism is evident in all that she does to educate and empower informed decisions about COVID-19.” Children in the province surprised her in April by decorating her house with colourful “Thank You!” signs.



# ROUNDTABLE EXPERTS WEIGH IN

The day after the livestream event with the regional CMOHs, Dal Med and the MacEachen Institute co-hosted another roundtable discussion.

**The roundtable participants identified the following successes, weaknesses and lessons going forward:**

## WHAT WORKED WELL?

strong collaboration among health officials

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effective collaboration across various orders of government, including the Mi'kmaw Health and Wellness Authority

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courage and dedication of frontline health-care professionals

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innovation and adaptive capacity of health-care workers resulting in new practices scaled-up to system-level improvements

---

ethical frameworks effectively guided decision-making

---

open and collaborative communication formed trust between practitioners and the public

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in-camera meetings helped decision makers and experts reach consensus on how to provide clear direction to the public

---

collaborative leadership strengthened regional health systems to prepare for potential outbreaks

---

federal (and other) financial support to individuals, businesses and research enterprises was crucial

---

the research community mobilized at an unprecedented rate to tackle key issues



## WHAT DID NOT WORK WELL?

attempts to address inequities and vulnerabilities (such as the long-term-care sector) did not have the system-level support necessary to improve the situation in a meaningful way

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it was challenging to integrate equity into decision-making processes

---

it was difficult for decision makers to balance competing pressures

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“surge capacity” had not been built into the health-care system, necessitating parts of the health-care system to be “turned off” during the height of the first wave

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integrating virtual care into the health-care system has been a challenge

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separation between public health and the health-care system meant the acute-care system did not have access to surveillance data that would have helped them prepare more effectively for potential influxes of patients

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managing the flow of incoming information and frequent changes in messaging to the public was difficult

---

some government employees were able to work from home but were not necessarily able to contribute fully, while other departments were pushed to the limits

---

students in health-care training programs were pulled from the system instead of integrated to support frontline care

## LOOKING AHEAD IT WILL BE IMPORTANT TO:

collaborate and set goals/make changes on a system level rather than a unit level

---

develop and support trained human resources, especially in light of fatigue as we head into influenza season concurrent with the second wave of COVID-19

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monitor and address concerns about health inequities

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address public and political expectations and concerns (need to be realistic about what can be accomplished under the current strain within the limits of the system)

---

communicate plans for vaccine distribution and prioritization very clearly to proactively manage expectations

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continue to foster positive working relationships across provinces, government agencies, health authorities, communities and the public

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create roles and mechanisms that allow for innovation in real-time rather than “after the fact”

---

carefully examine and communicate the consequences of trade-offs when balancing competing interests

---

consider and plan how health professionals can work differently, to scope, to deliver needed services more effectively

---

identify all the ways to “build back better” so the pandemic becomes a catalyst for positive change.

**To access the full briefing note released in November to summarize this event, please visit [this link](#).**



*From virus to virtual care:*

# RESEARCHERS EXAMINE COVID'S IMPACT ON ACCESS TO PRIMARY CARE

The sudden arrival of COVID-19 at the beginning of 2020 forced many abrupt changes, including a massive shift by family doctors and nurse practitioners to provide virtual health care.

**THIS HAS ALSO LED** to many questions: What is happening to the 15 per cent of Canadians who do not have a consistent primary care provider? How are patients with chronic conditions or potential cancer faring? What is the experience of patients and providers in this new landscape of virtual care?

Researchers in Dalhousie's Department of Family Medicine and Primary Care Research Unit are determined to find out. And, fortunately, they have received funding to do so.

"The good news is, funding agencies understood the importance of primary care during the pandemic and of finding ways to navigate care for people with chronic conditions," says Dr. Fred Burge, professor and senior researcher in the Department of Family Medicine. "For example, the Nova Scotia COVID-19 Health Research Coalition awarded us a grant to look into the follow-up care of patients with chronic conditions whose care may have faltered





with the onset of the pandemic. And the Dalhousie Medical Research Foundation provided us with crucial funds to keep the backbone of the Maritime Family Practice Research Network—MaRNet—going.”

As Dr. Burge explains, his co-lead Dr. Anders Lenskjold and the researcher team are examining data from family practices that are part of MaRNet—from before the pandemic and as it unfolded—to learn who is being seen and who is not. They are using sophisticated data analysis methods to identify patients most at risk for poor outcomes who need to be called in for a virtual or personal visit.

“There is a lot of concern around

delayed screening and delayed surgery, such as people presenting late with cancer symptoms or missing colonoscopies and other procedures,” says Dr. Burge. “What we have found,” Dr. Lenskjold reports, “is that the number of visits did not drop off in the participating practices, but the nature of the visits changed. People with chronic conditions did not see or speak with their physician or nurse practitioner as often as before, but there was a 30 per cent increase in mental health presentations to primary care.”

Virtual care, however, is a great boon for patients who no longer need to travel, find parking, or sit in a waiting room, and

▲  
*Pharmacist  
Jennifer Larkin  
(BScPharm  
'09) provides  
accessible  
care during  
the pandemic.*



providers in general support the move to virtual care. There are concerns, however, about the erosion of provider-patient relationships in the absence of face-to-face contact, and the risk of missing important clues provided by a patient's appearance.

"Providers are especially worried about their complex patients who haven't been in touch and are looking for ways to bridge the gap," Dr. Burge says. "Some practices are calling patients to book a visit, or using EMR tools to send email reminders. We're also beginning to create systems that allow patients to log in to a secure portal to access their lab results, so they can play a more proactive role in their health care."

Other studies are exploring how nurses

can best pivot their work with complex, chronically ill patients into virtual care, and which kinds of patients can be well-served by this model and which cannot.

How unattached patients manage to access care is a matter of keen interest to Dr. Emily Gard Marshall, an internationally recognized Dal primary care researcher who recently received the North American Primary Care Research Group's Mid-Career Researcher Award.

Because of her strong track record and experienced team, Dr. Marshall was able to secure \$592,000 from the Canadian Institutes of Health Research to lead the PUPPY project\*, a multi-province study exploring the experiences of both attached

and unattached patients during the pandemic, along with the impressions of the providers trying to serve them.

"With COVID, a lot of things we'd been working towards for a long time, like virtual care, happened just like that," Dr. Marshall says. "People came together fast to create solutions. It's been challenging for patients



▲ *Dr. Anders Lenskjold, Dr. Mathew Grandy, Sarah Sabri, Dr. Mike Flemming, Juanna Ricketts, Dr. Fred Burge*



and providers alike, but we have made incredible progress.”

But in the wake of such sweeping changes, who got left behind?

“We need to find out what is happening with the closure of walk-in clinics, changes to triage practices, and new limits on interactions between patients and pharmacists in the community, for example,” she says. “In particular, those vulnerable patients who lack a family doctor—were they able to get needed prescriptions written and filled? Did they go to an emergency department, or did they simply forego care? We have many questions for patients and providers alike.”

Dr. Marshall and her team will survey and interview attached and unattached patients, family doctors, nurse practitioners, family practice nurses and pharmacists about their experiences both before COVID and as the pandemic has unfurled. They will also analyze health-care administrative data from the three study provinces (Nova Scotia, Quebec and Ontario) and conduct a comprehensive policy scan and analysis.

Dr. Marshall is also leading the Nova

Scotia arm of the CIHR-funded 3PC Study, which will be developing evidence-informed pandemic planning for family medicine by studying the varying provincial COVID-19 policy responses and interviewing family physicians across Canada about what worked and what should be done differently in future.

“We will be providing policymakers across Canada with real-time feedback on the impact of system changes as we learn more,” Dr. Marshall says. “Our goal is to inform policy and practice that supports the best possible access to continuous, comprehensive care.”

New compensation models, such as salaries versus fee-for-service, are an important consideration in the shift to virtual care.

“We want to learn how compensation models can support more effective interprofessional teamwork, innovation and efficiency of care,” notes Dr. Burge. “And in rolling out new models of compensation and delivery of care, how do we support patients and providers to adapt to new approaches? The pandemic is highlighting the importance of this work.”

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*\*PUPPY: Problems Coordinating and Accessing Primary Care for Attached and Unattached Patients in a Pandemic Year*

*People can follow the PUPPY study on Twitter: @PUPPY\_Study or on Dr. Marshall's website: <http://www.emilygardmarshall.ca/puppy.html>*



*Virtual CaRMS:*

# COVID-19 FORCES NEW APPROACHES TO ANNUAL RESIDENCY MATCH

In this strange new reality created by the pandemic, medical learners aren't able to take the usual steps to finding the perfect match of discipline and location for their residency training.

**GONE ARE THE DAYS** of travelling for electives and in-person interviews as they must select their specialty training programs by virtual means.

In response, residency training programs from coast to coast have been developing creative solutions to showcase their programs and connect with prospective residents, ahead of the annual CaRMS (Canadian Resident Matching Service) match. This momentous occasion—in which senior medical students learn which programs have matched them and programs learn which students want to enroll with them—usually takes place in March. The match has been re-scheduled to April, to give students and programs time to retool. “It’s a challenge, but we are finding ways to promote our programs,” says Dr. Katherine Stringer, head of Dalhousie’s Department of Family Medicine. “We want prospective family medicine residents to get a strong feel for what their training and their lives will be



*Dr. Lucy Shen appears ►  
in the video to promote  
Family Medicine's  
Moncton residency  
program.*

like in the Maritimes, so we are producing a video not only for our family medicine residency training program as a whole, but for each and every one of our 10 programs, across nine sites. It's a gigantic task, but we believe it will be well worth it in the end."



*Take a look at the Dalhousie Family  
Medicine Residency Training Program's  
flagship video [here](#).*

The key to a successful match is for the potential resident and program personnel to be open and honest about what they value and what they offer, so both benefit from a mutually satisfying relationship. It's a scenario not unlike dating, but with very high stakes and no opportunity these days to go on a "real date" prior to making a commitment.

"We'll be hosting virtual open houses with lots of opportunities for face-to-face interaction before the virtual interviews get underway," notes Dr. Stringer. "It won't be perfect but it will certainly help everyone get a feel for each other as we move closer and closer to match day."

Other residency training programs in the Faculty of Medicine are taking similar steps to promote their programs, especially those with many seats to fill, like Internal Medicine.

"We have 19 first-year internal medicine residency seats to fill, so we have a large number of applicants," notes Dr. Ian Epstein, program director for the Division of Internal Medicine's residency programs. "We're hosting virtual open houses on Zoom and MS Teams, where senior medical students can meet our chief residents and talk to faculty and staff, and everyone can get a feel for our program."

On November 4, the Department of Medicine completed one of its CaRMS matches—the MSM, or Medical Subspecialty Match. This match places third-year internal medicine residents in



▼ *Dr. Hillary Lavelle is featured in the Family Medicine video series.*

two- or three-year subspecialty training programs, in such areas as cardiology, respirology, nephrology and infectious diseases.

It felt a little awkward to sit by herself in her living room, all decked out in a suit, doing interviews and taking part in panels and breakout discussions, but this year's virtual CaRMS MSM match did what it was supposed to do for Dr. Rachel Sullivan (MD '18). The third-year internal medicine resident found her match: she will stay at Dalhousie to

complete two years of subspecialty training in gastroenterology.

"I'm really pleased to be staying at Dalhousie for gastroenterology, this is where I wanted to complete my training," says Dr. Sullivan. "I know this is an excellent program and that I will be a fit for it, because I already know the program and the people here."

Because of COVID-19, Dr. Sullivan was unable to travel for electives, face-to-face visits or interviews with programs at other Canadian medical schools. Likewise,

residents at other medical schools could not come to Dalhousie, eliminating a key "get-to-know-you" opportunity. Even so, all 20 of Dalhousie's third-year internal medicine residents were matched to a subspecialty program, with 16 of them choosing to stay at Dal.

"A few more of our residents than usual have chosen to stay close to home—about 75 per cent matched at Dalhousie compared to about 50 to 65 per cent that we'd see most years," notes Dr. Epstein. He is looking at the upsides of the





unusual circumstances, which include massive savings for medical students and residents, who usually incur thousands of dollars in travel expenses in the CaRMS process. Another potential benefit of virtual interviews: the opportunity to look at novel interview techniques.

“We are looking at doing automated interviews in the future, using standardized prompts to elicit responses that can then be scored,” Dr. Epstein explains.

“This could actually make the interviewing process more fair.”

Finding ways to assess candidates virtually will continue to be a challenge, especially for surgical programs that need to evaluate the performance of physical skills.

“Programs are having to re-think their admission processes,” says Dr. Andrew Warren, Dal’s associate dean of postgraduate medical education.

“They can’t even assess local people in person, because this could introduce bias. In spite of the challenges, people are finding creative ways to overcome the barriers to finding the right match.”

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▼ *Dal Family Medicine's videos highlight the beauty of the Maritimes.*





# *Bursaries Help Students* **IN TOUGH TIMES**

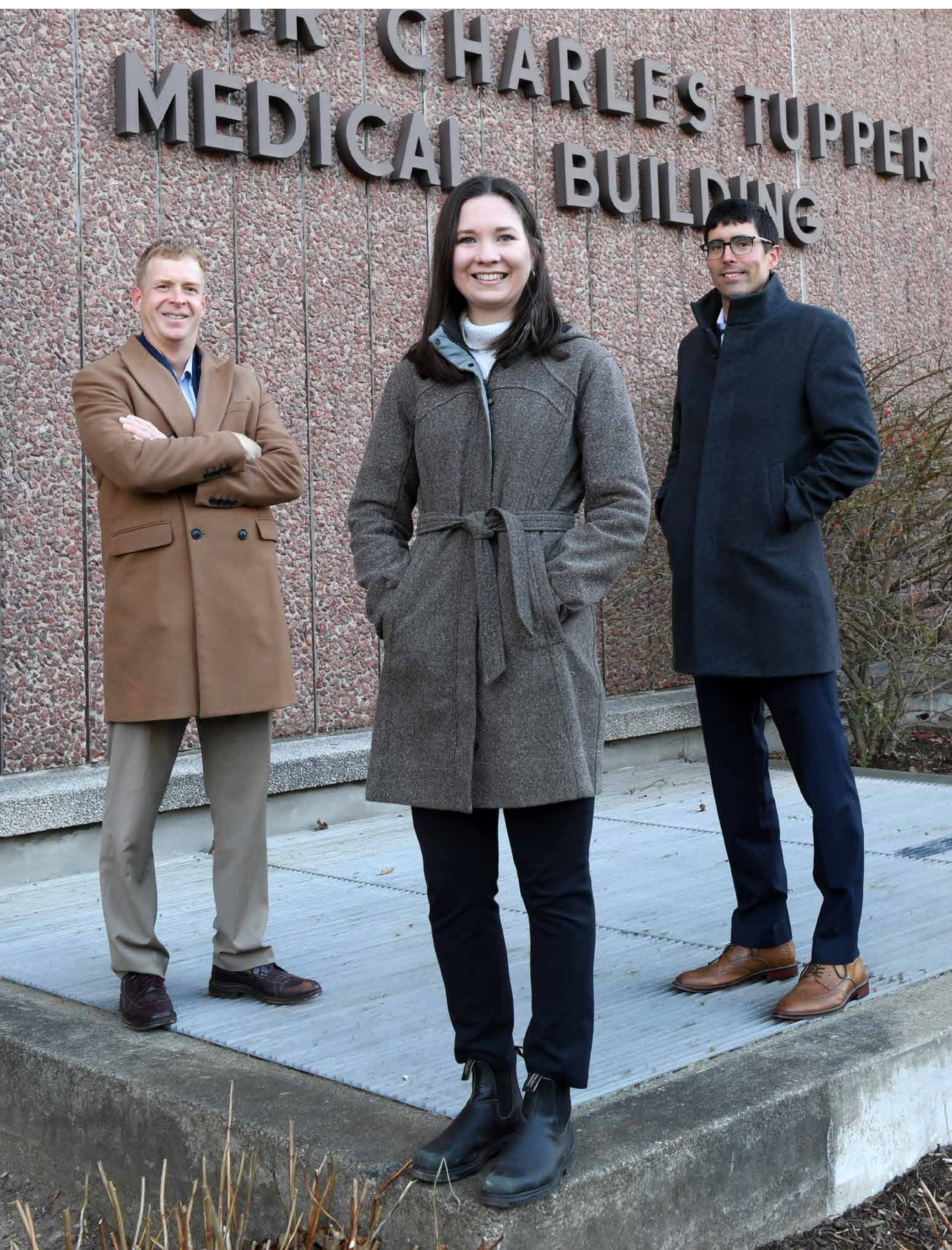
Donors provide  
medical students  
with crucial  
financial support.

**ON TOP OF ITS IMPACT** on medical students' learning, the COVID-19 pandemic has had a lingering impact on the finances not only of students but of residents as well.

The timing of the pandemic's arrival during the medical school's spring break meant many students were stranded in different parts of the country, stuck paying rent in Halifax as well as living expenses in their new location. Other learners were impacted because their partners lost their jobs and could no longer keep up with their share of the expenses. And, following a very lean spring, many were looking ahead to a summer minus the summer job they'd been banking on, with few opportunities to make up the financial shortfall.

Fortunately, others were aware of their plight and took swift action to offer a helping hand.

◀ *Andrew Neatt (left) and John Naas (right) are delighted to be supporting Hilary Roberts with a bursary.*





## **CMA Foundation comes through for learners**

Early in the pandemic, the Canadian Medical Association Foundation committed \$5 million to a COVID-19 relief fund for medical learners in Canada, granting \$300,000 to every medical school in Canada to award to learners in financial need. Dalhousie Medical School so far has awarded \$91,000 of these funds to 23 learners, making a huge positive impact on the lives of medical students and residents who were stressed to the limit by the precariousness of their new financial realities.

“We appreciate this vital support from the CMA Foundation, which will help ease the financial burden for our students and residents,” says Dr. David Anderson, dean of medicine. “These are extraordinary times and the bursary will allow students and residents to focus on their studies and their educational goals.”

The remaining funds will be used to provide additional support to medical learners in financial need as the pandemic continues.

## **Halifax advisors provides bursary for medical students**

Financial planning advisors John Naas and Andrew Neatt of Naas Neatt Physician Wealth Management are deeply familiar with the financial burden many medical graduates carry. It’s their job to help physicians achieve a stable financial future, and they see how difficult it can be for early-career doctors to pay off student loans and get themselves on solid financial ground.

Naas and Neatt began planning a bursary for medical students in need, long before the pandemic came along. When it hit, they put their plans into high gear, finding the funds and approaching the medical school with a \$10,000 gift to be awarded to a Nova Scotia medical student facing financial hardship due to the pandemic.

“From where we sit, we have a healthy appreciation of the financial sacrifice that medical students make in pursuit of their calling,” says Neatt. “We knew the pandemic would be adding substantially to the strain and wanted to relieve some of that.”



The pair are pleased that the inaugural Naas Neatt Bursary has been awarded to Hilary Roberts, a second-year medical student, through the medical school's standard selection process. Roberts had previously applied for support and was both surprised and delighted to learn she would be receiving the bursary.

"The main thing for me was that I was suddenly unable to work on my summer research project, and wouldn't be receiving the stipend that goes along with that," Ms. Roberts says. "I was eventually able to find work part-time at my old job caring for adults with intellectual disabilities, but that

was less money. But then the bursary came along and it was so much weight off my shoulders."

Naas and Neatt are already planning to award another bursary and intend to make it a yearly initiative. "This is a really meaningful commitment on our part," notes Mr. Neatt. "We want to make a positive impact and do what we can to take some of the stress off our next generation of doctors."

*"Thank you CMA Foundation!"*

### In learners' words

"When school finished and summer came, quarantine continued. I wasn't able to fly back to Halifax so I could move out of my apartment and sublet it to someone while I wasn't in the city. This meant that the cost fell completely on me—thousands of dollars that I hadn't accounted for. As someone who's completely supporting myself through medical school—mostly through government and bank loans—this was a huge stressor. However, I recently received a bursary from the CMA Foundation and would like to express my thanks for lightening this burden."

"As a medical student, we are already under a lot of stress academically, as well as financially, so when my partner was unable to work due to COVID and I had to take over paying all of our bills, I felt very overwhelmed. This has been a difficult year for many and I feel so lucky to have received this bursary from the CMA Foundation to help compensate for the added expenses brought by the pandemic. Now I can focus on finishing up my last year of medical school with one less thing to worry about."



# *COVID-19, Simulation* **AND THE SECOND WAVE**

CPD webinar helps  
prepare health  
professionals for  
what's coming next.

**PHYSICIANS, NURSES**, respiratory therapists, managers and other health professionals gathered on MS Teams Live in late October to learn more about the dynamics of COVID-19 transmission, infection, testing, prevention and more, in preparation for the second wave of the pandemic.

The Simulation Education Network and Dalhousie's Office of Continuing Professional Development and Medical Education co-organized and hosted the conference, which featured Dr. Lynn Johnston (MD '79), professor and recently retired head of Dal's Division of Infectious Diseases, Dr. Gaynor Watson-Creed (MD '99), Nova Scotia's deputy chief medical officer of health, and Dr. Tim Willett, an expert in medical simulation training

and CEO of Simulation Canada.

To watch the full presentation, [visit this link](#).

Dr. Lynn Johnson discussed transmission in detail, noting that studies show smaller aerosols can stay suspended in the air for a significant length of time and travel relatively long distances, which has implications for planning precautions in health-care settings—particularly when aerosol-generating medical procedures are taking place. She emphasized that, even with personal protective equipment (PPE), health staff can be vulnerable and it is essential to avoid contact with the virus. Frequent hand washing and physical distancing continue to be very important measures. Eye protection is a very important component of the PPE and mustn't be overlooked, she said, particularly when community spread occurs.

Dr. Johnson also shared the pros and cons of several types of tests, noting that molecular testing has more reliable sensitivity than the new antigen tests.

Dr. Watson-Creed explained why the



Atlantic Bubble had been so successful—border controls and quarantine kept numbers low enough for Public Health to stay on top of the testing, tracing and isolating required to stamp out chains of transmission without shutdowns. She noted that, in the second wave, Public Health would tread a difficult middle path:

“What we did in wave one—close everything—is easy. So is keeping everything open,” she said. “The middle ground is what is very challenging... the nuanced response, the adjustments to changing circumstances. We will base closures on epidemiology, the evidence of what is leading the spread. As long as the cluster is small, we will be doing targeted

interventions.”

Dr. Watson-Creed also noted that the risk of transmission from coughing, shouting or singing is highest just before symptoms of illness appear—leading to a tricky prevention scenario and highlighting the importance of masks. She warned that Nova Scotia’s initial vaccine allotments would be small, roughly 10,000 doses at a time.

“If it turns out two doses are needed for immunity, that would be just 5,000 people at a time. It will take months,” she said, adding firmly that, “Herd immunity from natural disease is not a ‘thing’ with this virus. This only works if exposure to the virus produces lasting immunity, which is so far not the case with COVID.”

Dr. Tim Willett from Simulation Canada wrapped up the presentations with a discussion and evidence of the importance of simulation training in a pandemic—particularly in terms of mastering the all-important tasks of safely donning and doffing PPE. He noted that practicing procedures and scenarios through simulation reduces confusion and cognitive

*Dr. Gaynor Watson-Creed,  
Nova Scotia's deputy  
chief medical officer of  
health and Dal Med's  
assistant dean, serving  
and engaging society*





load for people when doing things “for real,” reducing stress and improving performance.

Simulation is also a powerful means of testing the effectiveness of PPE, Dr. Willett said, when fluorescent powders are used to illustrate how far and wide a virus could spread and whether or not it could breach the protective barriers of the equipment. Finally, telesimulation provides a way to train health-care staff in remote locations, safely.

“It was a very informative evening that shed light on where we have been, what we have learned, and how all this new knowledge gained will translate into the policies and practices that will carry us as safely as possible through the second wave,” says Dr. Stephen Miller, Dal’s new associate dean of continuing professional development and medical education. “We will continue to host these accredited interprofessional CPD sessions on a regular basis to address issues as they emerge through the pandemic.”



“ The bursary I received helped offset the costs associated with my residency position. As medical students, not only are we beyond grateful for the financial support, we depend on it. ”

– KARIM Wafa,  
RESIDENT PHYSICIAN



## DALHOUSIE DONORS MAKE ALL THE DIFFERENCE

With today’s medical students facing upwards of \$150,000 in debt upon completion of their medical education, the **Dalhousie Medical Student Bursary** has been created to help relieve some of the financial burden. With your gift to Dalhousie’s Medical School, your support will have an immediate and lasting impact on the school’s future physicians.

To make your donation today, please visit [giving.dal.ca/medbursary](https://giving.dal.ca/medbursary)



## Meet Dr. Stephen Miller, Dal Med's New CPD Lead

Dr. Stephen Miller (MD '93) brings compassion, vision and a sense of humour to his new role as Dalhousie's associate dean of continuing professional development and medical education (CPDME). He also brings years of experience in developing simulation training programs, as well as a knack for working with learners, from his previous role as Dal's assistant dean of the Skilled Clinician Program and Interprofessional Education in the MD program.

"I have extensive experience with undergraduate students and residents, so shifting my focus to CPD is a good challenge with so much change in our clinical and education environments in the past year," Dr. Miller says. "It's an especially rewarding time to be working on behalf of our practicing physicians and other health professionals. They are being confronted with so much new information, and I am grateful to work with a strong CPDME team to be able to develop and support innovative programs to ensure my colleagues are well-

prepared for what they must face."

Dr. Miller notes that COVID-19, wellness, equity, diversity and inclusion are but a few of the areas that have taken centre stage this year and require further attention to update the community of providers.

In addition to his role as associate dean CPDME, Dr. Miller is the Faculty of Medicine's director of simulation and an associate professor in the Department of Emergency Medicine at Dalhousie University, working in the emergency department at the QEII Health Sciences Centre. He holds a Master of Education, on top of his MD, and has completed residency training in internal medicine and family medicine at Dal, in addition to his certificate of special competence in emergency medicine.





# *Dal Alzheimer Research* **RECEIVES AURUM AWARD**

BY MARK CAMPBELL

Dr. Sultan Darvesh  
was honoured  
with a 2020 Aurum  
Award, which  
celebrates alumni  
for their outstanding  
achievements  
and contributions  
in research  
and innovation,

## **WHEN DR. DARVESH WAS**

a child in Tanzania, he spent a lot of time in hospital due to migraines. The pain was so intense that he made a promise to himself: if his doctors could cure him, he would go into medicine to

make a difference for others.

Today, Dr. Darvesh is making significant progress on that promise. As Dalhousie Medical Research Foundation's Irene MacDonald Sobey Chair in Curative Approaches to Alzheimer's Disease, he is leading a team of researchers in groundbreaking work that could be a gamechanger for millions of people. He has developed a radioactive molecule that enables PET and SPECT scanning of butyrylcholinesterase, an enzyme that plays a key role in the progression of the disease. This molecule could enable diagnosis in living patients—something previously impossible—and potentially result in new therapeutic approaches to reverse or make the disease more manageable.

“It is hard to predict that we can achieve those diagnostic and therapeutic goals, but I would not be doing this if I were not optimistic,” says Dr. Darvesh, who is a professor in Dalhousie's departments of Medicine and Medical Neuroscience. “When you see the devastation caused by Alzheimer's disease, you realize failure is not an option.



Believing more breakthroughs are within reach, Dr. Darvesh is looking to identify more targets for the diagnosis and treatment of dementia. His lab is conducting research on Lewy body dementia and frontal temporal dementia. And he is also interested in exploring why dementia is more prevalent among women than men.

The prospect of a breakthrough excites him, but so does the opportunity to train a new generation of researchers who can build on his work. “If I can get them trained but also inspire the same fire in their belly that drives me, then that is the most important thing,” he says.

Dr. Darvesh has received considerable recognition for his research but being presented with an Aurum Award has particular resonance. “This is my alma mater, so it means a lot to me. From my undergraduate studies in the Faculty of Medicine to the support of my department, Dalhousie has played a major role in making my work possible.”

Nominations are now open for the 2021 Aurum Awards. Nominate yourself or a classmate today.

Link: [alumni.dal.ca/aurum2021](https://alumni.dal.ca/aurum2021)

## Your class is calling



Wondering how you can connect with your former classmates but unable to get together in person?

**Consider organizing a virtual reunion.**

**Contact the DMAA alumni office for details on how to organize your online reunion**

[medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

902-494-8800



*Choosing Wisely Canada*  
**DALHOUSIE CPD  
WINS ROYAL COLLEGE  
INNOVATION AWARD**

BY MELANIE STARR

Dalhousie Medical School has received the 2020 Royal College Accredited CPD Provider Innovation Award from the Royal College of Physicians and Surgeons of Canada.

**THE AWARD RECOGNIZES THE** medical school's innovative approach to Choosing Wisely, a national campaign to shed light on the importance of avoiding unnecessary tests, treatments and procedures.

Early in the Choosing Wisely Nova Scotia campaign, those leading the initiative noticed strong alignment between Dal Med's provincially funded Academic Detailing Service topics and those covered in the Choosing Wisely lists for each discipline in medicine.



“We had already begun to roll out Choosing Wisely, before it even existed, through our Academic Detailing Service,” explains Dr. Connie LeBlanc, who recently completed her second term as associate dean of Continuing Professional Development at Dalhousie Medical School.

As Dr. LeBlanc explains, in order to select the topics for the Academic Detailing Service, a pharmacist and family physician conducted needs assessments in the community. Based on the results, they fanned out to conduct one-on-one education sessions with doctors and

pharmacists across Nova Scotia, providing the latest evidence-based approaches to practice for a wide range of topics.

Dal Med has hosted a collaborative conference in

October each year for the past six years. This year’s conference, hosted virtually, brought together interprofessional learners to explore Choosing Wisely more deeply, with pharmacists and physicians teaching and learning side-by-side.

“Choosing Wisely with Academic Detailing Service Conference is an innovative initiative that showcases the importance of bringing together interprofessional learners in enhancing patients’ safety,” says Rhonda St. Croix, the Royal College’s director of Continuing Professional Development. “In addition, this conference strives to meet the learners’ educational needs using small group interactions, case-based presentations and a robust evaluation process. It’s for these reasons and many others that this Dalhousie University initiative is the recipient of the 2020 Royal College Accredited CPD Provider Innovation Award.”



◀ *Dr. Connie LeBlanc*



# *DMAA hosts* **FIRST-EVER VIRTUAL RECOGNITION AWARDS**

BY BARRETT HOOPER

Each and every day,  
alumni work tirelessly  
to create new medical  
knowledge and deliver  
improved health  
care to people in  
communities across  
the Maritimes and  
around the world.

*View the Virtual Awards video [here](#).*

## THE ANNUAL DMAA ALUMNI

Recognition Awards celebrate these efforts.

They are an opportunity to recognize and honour alumni who have made outstanding achievements in research and clinical practice, and who have made strong contributions to the life of the medical school, its students and the community.

Like so many other activities in 2020, it seemed as though the awards ceremony would be yet another cancelled event, another missed opportunity to come together with friends, classmates and colleagues in the spirit of celebration.

But not so fast. The show must go on!

So for the first time, the DMAA awards were held virtually, on November 20, with guest speakers and award recipients joining remotely or via pre-recorded video.

“Although we are all disappointed to miss out on events, it is still important to acknowledge and celebrate those who



are making an impact on the lives of others,” said Dr. Kathy O’Brien (MD ’87), president of the Dalhousie Medical Alumni Association, during her welcome remarks. “This is what [these] awards are about.”

This year, the DMAA was pleased to honour six distinguished members of the Dal Med community: Alumnus of the Year Dr. Robin Roberts (PGM ’87), Honorary President Dr. Dan Reid (MD ’70), Family Physician of the Year Dr. Jeff Sutherland (MD ’91), Young Alumna of the Year Dr. Karthika Devarajan (MD ’07), and Resident Leadership Award recipients Dr. Stephanie Fong and Dr. Leo Fares (MD ’16). Each award winner received an exquisite trophy generously donated by Nova Scotian Crystal.

“We’re so proud of everything our alumni have accomplished,” said Dr. David Anderson (MD ’83), dean of the Faculty of Medicine, during his closing remarks. “Whether they’ve made national contributions to clinical practice, shown a strong level of commitment to family practice, maintained an exceptional lifelong career, or demonstrated exceptional care and commitment within the first couple of years of their career, our alumni are consistently working to make an impact in our communities and our health system.”

### *Young Alumna of the Year:* **Dr. Karthika Devarajan**



The Young Alumnus/Alumna of the Year Award recognizes a Dal Med graduate in the first two decades of their career who has made a significant contribution to Dalhousie Medical School, other medical schools or their community. This contribution can be in clinical practice, teaching, research or public service.

This year’s recipient is Dr. Karthika Devarajan (MD ’07), who completed her residency at the University of Toronto and currently practices as an obstetrician-gynecologist at North York General Hospital in Toronto.

Dr. Devarajan has bravely and selflessly taken her passion and commitment to serve the most vulnerable mothers and babies in some of the most dangerous places in the



world, from Afghanistan to Yemen.

Before the COVID-19 pandemic, Dr. Devarajan was volunteering in South Sudan with Médecins Sans Frontières. She does this for two months every year, helping countless women and families in the most unimaginable and dangerous circumstances.

Dr. Devarajan's dedication to promoting women's health among the world's most-vulnerable populations has earned her department's award for Social Responsibility in Global Women's Health and her hospital's Peter Newman Humanitarian Award for "exemplary commitment to the welfare of individuals and the community, at home or abroad," as well as five awards for excellence in medical education.

### *Honorary President:* **Dr. Dan Reid (MD '70)**



One of the DMAA's most prestigious awards, the Honorary President's Award is bestowed to a senior alumni or a past or present member of the Faculty of Medicine who is highly respected and whose service in the practice of medicine has been outstanding.

This year, the DMAA named Dr. Dan Reid (MD '70) as its Honorary President.

Known widely for his distinguished and impressive career as a family physician, politician and cabinet minister, Dr. Reid is perhaps best known to alumni for his tireless commitment to Dal Medical School, his class, and the entire alumni community. The president of his Class of 1970, he is the embodiment of class spirit.

His tenacious relationship-building in his class is highlighted by the uninterrupted publication of the class newspaper, *The Speculum*, the Euphoria variety show (which celebrated its 50th year in March 2019), the establishment of the Class of '70 endowment fund, and his commitment to personally keep in touch with virtually all his classmates over the years.

While some may not be familiar with his professional activities, all alumni have benefitted from his dedication to the alumni community. Although the Class of '70 holds a special place in his heart, Dr. Reid provided steady leadership to the Dalhousie Medical Alumni Association during his three terms as president.



## Family Physician of the Year: Dr. Jeff Sutherland



Since 2007, the Family Physician of the Year Award has recognized a physician who consistently makes a significant contribution to their medical practice and community. The award highlights family physicians who provide extraordinary medical care, set an exceptional example in the practice of family medicine, teach medical students and residents, and advocate for the health of their community.

This year, the DMAA honoured Dr. Jeff Sutherland (MD '91) as the 2020 Family Physician of the Year.

Following completion of his family medicine residency, Dr. Sutherland established a full-service family medicine practice in small-town Ontario, where he did obstetrics, emergency medicine,

hospitalist in-patient care and assisted in the OR. All while running his office practice.

On top of all of this, he found time for house calls for his frail elderly and palliative-care patients and was active in his community as a hockey and soccer coach as his boys were growing up.

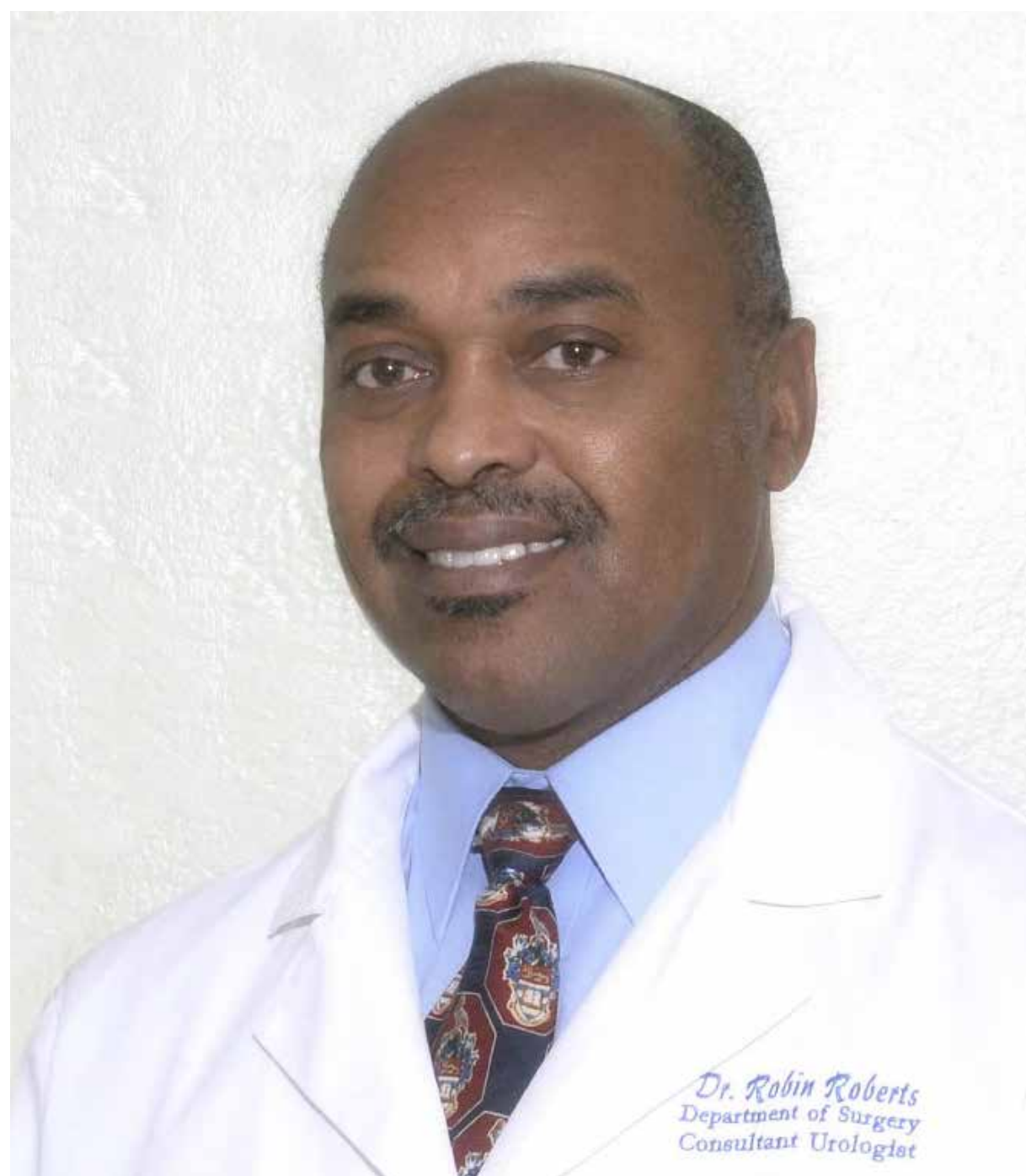
All of this would be reasonable grounds for considering him for the DMAA Award in family medicine. However, his greatest contribution problems was yet to be. In quick succession he was diagnosed with rapidly progressive ALS, followed by the unexpected passing of one of his three sons.

Dr. Sutherland channeled his grief into writing *Still Life*, a book about his life experiences, which he wrote with the aid of eye-tracking computer technology and the incredible support of his wife, Darlene, and which was published in 2019. Through his writing and other work, Dr. Sutherland is a leading advocate and fundraiser for ALS Canada.

His perseverance is an inspiration. Although now retired from family practice, he embodies the true spirit of a family physician.



## Alumnus of the Year: Dr. Robin Roberts



Since 1968, the Alumnus of the Year Award has recognized retired and active physicians who have made unique and international contributions to clinical practice, teaching or research. Over the years, recipients have been internationally recognized, published, and have participated in national professional and academic societies.

This year, we are proud to name Dr. Robin Roberts (PGM '87) 2020 Alumnus of the Year.

After completing his urology residency and renal transplant fellowship training at Dalhousie in 1987, Dr. Roberts returned to the Bahamas as the first urologist in government health-care services. Over the last 30-plus years, he has performed more

than 20,000 procedures, including the country's first cohort of kidney transplants, and advanced the country's National Health Insurance program, serving as the first chairman of the board of the National Health Insurance Authority.

As director of the University of West Indies School of Clinical Medicine and Research, Dr. Roberts has helped establish clinical clerkship programs and seven postgraduate residency programs. Actively involved in research with numerous publications in peer-reviewed journals, he also published a book, *Sparking the Debate on National Health Insurance*, upon completing his MBA in 2004. With a primary research interest in prostate cancer, he has established an annual screening clinic with over 5,000 patients followed up over the past 15 years.

Not surprisingly, Dr. Roberts has received many awards, including Officer of the Order of the British Empire for services to medicine.

Recognizing professional excellence as exemplified by a lifetime of international contributions is the hallmark of this award, and Dr. Roberts is an outstanding example of a skilled clinician who is committed not only to his individual patients, but to the greater communities he serves.



## Resident Leadership Awards

New for 2020, the Resident Leadership Awards recognize the important and significant contributions of resident doctors.



**Dr. Stephanie Fong** joined the Dalhousie community after graduating from the Schulich School of Medicine at Western University. She completed her family medicine residency training at the Department of Family Medicine's Halifax Site and is currently a resident in the Dalhousie Family Medicine-Emergency Medicine enhanced skills program. She is currently a member of the Maritime Resident Doctors board of directors and was elected to the National Resident Doctors of Canada (RDoC) board this year. Along the way, she has demonstrated hands-on leadership in delivering varied projects, such as facilitating cross-country workshops as a resiliency peer trainer for RDoC, and as the resident representative to the CFPC Joint Action Committee on Child and Adolescent Health. She was actively involved in advocating for residents as a Halifax associate chief resident at both the residency program and departmental level, and continues to serve in this capacity as the current CCFP(EM) chief resident. Her interest in medical education has led her to be involved in undergraduate medical education at the Dalhousie Medical School as a presenter and tutor throughout her residency.



**Dr. Leo Fares (MD '16)** is a fifth-year resident doctor in anesthesiology at Dalhousie University, after completing his MD, PhD in pharmacology, and BSc in biochemistry and microbiology at Dal. Throughout medical school, he was highly involved within the Faculty of Medicine and student leadership as Dalhousie Medical Students' Society's president. He currently serves as past-president at Maritime Resident Doctors and sits on the board of directors for Maritime Resident Doctors and Doctors Nova Scotia. He has held positions with the College of Physicians and Surgeons of Nova Scotia, Resident Doctors of Canada and the Royal College of Physician and Surgeons of Canada. He has received multiple awards and recognitions for his leadership, volunteerism and teaching activities.



# DAL MED BALL & ALUMNI GALA: **SAVE THE DATE**

NOV 20, 2021

Halifax Convention Centre  
featuring Big Fish



**DALHOUSIE  
UNIVERSITY**

FACULTY OF MEDICINE



# CLASS NOTES

Have a professional accomplishment you'd like to share with the alumni community?

Please contact [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

## 1970s

**Dr. Mark Sadler (MD '77)**, is the recipient of the Faculty of Medicine Award for Excellence in Clinical Practice, which recognizes a clinical faculty member with eight or more years of exceptional experience in patient care and service to the teaching hospital or community.

## 1980s

**Dr. Kenneth Wilson (PGM '80)**, has been appointed to the Order of Canada. He is recognized for "his expertise in reconstructive and plastic surgery and for his volunteer work on international medical missions." The first pediatric surgeon in the Maritimes to focus exclusively on pediatric surgery, he has also been a surgeon and team leader on more than 40 international missions with Operation Smile, a humanitarian group that does cleft lip and palate surgeries for children in under-serviced parts of the world, such as Kenya, Ecuador, Vietnam, Madagascar and China.

**Dr. Sarah Shea (PGM '84)**, has been awarded the Dr. Allan Cohen Memorial Award for Community Service, which recognizes faculty, staff and students who work to fulfill the mission of Dalhousie Medical School by displaying outstanding community service with health-related organizations and causes.

**Dr. Joanne Langley (MD '84)**, a professor in the departments of Pediatrics and Community Health & Epidemiology and head of Infectious Diseases at the IWK Health Centre, has been named co-lead of Canada's COVID-19 Vaccine Task Force.

**Dr. Charles Fisher (MD '86)**, professor and head of the Combined Neurosurgical & Orthopaedic Spine Program at Vancouver General Hospital and the University of British Columbia, has been appointed to the Medical Advisory Board at Proprio.

## 1990s

**Dr. Andrew Lynk (MD '82)** is the recipient of the Dr. G.W. Archibald Gold-Headed Cane Award in Medical Humanities, which is presented to a physician faculty member who combines scholarly attainments, humanism and professional skills

**Dr. Diane McIntosh (MD '93)** has been named one of Canada's 100 Most Powerful Women by the Women's Executive Network (WXN). She is the recipient of WXN's Intact Professionals Award.

**Dr. Sue Zinck (MD '98)**, an associate professor in the Department of Psychiatry, has been appointed assistant dean, Student Affairs for the faculty.

## 2000s

**Dr. Lisa Barrett (PGM '09)**, an infectious disease expert who has worked alongside Dr. Anthony Fauci, is the recipient of the 2020 Dr. John Savage Memorial Award for Faculty Leadership in Global Health, which recognizes outstanding humanitarian contributions to global health by a faculty member. Dr. Barrett has become a media star during the pandemic, helping to unpack complex COVID issues for the public, and she recently organized pop-up testing in Halifax.

### Dr. Irena Rot (PhD '04)

is the recipient of the Faculty of Medicine Award of Excellence in Education, which recognizes those faculty members who have eight or more years of teaching experience in the Faculty of Medicine.

**Dr. Brian Moses (MD '04)** is the recipient of the Faculty of Medicine Community Teacher of the Year Award, which recognizes a current faculty member who teaches and practices in one of the Faculty of Medicine's distributed teaching sites across the Maritimes and who demonstrates strong mentorship of learners in a community setting, promotes a positive learning environment, and has an ability to engage learners through a variety of teaching methods.



# IN MEMORIAM

The DMAA acknowledges the passing of our alumni with sincere sympathy and gratitude for their contributions to medicine. If you know of anyone to note in this section, please contact [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

**Dr. Norman Epstein (MD '53)** passed away  
December 15, 2019

**Dr. Irving Koven (MD '54)** passed away in Toronto  
May 16, 2020

**Dr. Carlton Lamont "Monty" MacMillan (MD '62)**  
passed away June 20, 2020

**Dr. Sheppard Kaplow (MD '60)** passed away  
on June 29, 2020

**Dr. Dale McMahon (MD '70)** passed away  
July 31, 2020

**Dr. Thomas Ricketts (MD '58)** passed away  
September 15, 2020

**Dr. Nathan Epstein (MD '48)** passed away  
October 8, 2020

**Dr. Barry Kaplow (MD '61)** passed away  
on November 16, 2018





