MASTER OF DISASTER

HOW A CAREER IN GLOBAL HOT ZONES PREPARED DR. TREVOR JAIN FOR A GLOBAL PANDEMIC

OUR RESIDENTS’ PANDEMIC YEAR

CARDIOPULMONARY PIONEER

FROM SCIENTIST TO SOMMELIER

A NEW ERA IN PSYCHEDELIC-ASSISTED PSYCHOTHERAPY

HELP FOR ENDOMETRIOSIS
Dr. Trevor Jain (MD ’99) presents PEI’s paramedic chief Darcy Clinton with his COVID Warrior challenge coin. See story page 34.
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A YEAR OF EXTRAORDINARY CHALLENGE

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

THIS HAS BEEN AN immensely challenging year for everyone, filled with stories of great sadness and heartbreak, but also of tremendous selflessness, resiliency and determination. On that note, I would like to dedicate this issue of Vox MeDAL to two particular groups: our incredible residents, who have been on the frontlines of the pandemic, and the newest members of our alumni family, the graduating class of 2021. They represent the best of our Dal Medical School community and we should all be very proud of them.

COVID-19 has been and continues to be a crucible for our physicians, for our health-care system and for the communities we serve. Our residents have worked tirelessly to provide the best patient care possible while also working, and occasionally struggling, to complete electives and study for exams in the face of chaotic and uncertain times. Later in this issue you will read first-hand accounts of what their experience has been like over the past year, the highs and lows, and how they leaned on each other for encouragement and support.

Listening to them speak about the challenges they faced, there is one overwhelming bright spot that shines through—their tremendous optimism for the future, for the way our frontline and essential workers have stepped up, and how our ability to provide health care to the people in our communities is being made stronger by this experience.

I would also like to congratulate the graduating class of 2021. You did it! You persevered, you overcame trying circumstances that upended your schedules and your lives, and you succeeded. You have earned the privilege of calling yourself “doctor.” Now, as you are about to begin your residency programs, you are perhaps faced with more questions, more uncertainty and even a little self-doubt. This, I assure you, is completely natural.
But don’t take my word for it. Let me share what some of our residents have to say to you:

“Your experience is going to be different than mine. But what will be consistent is that you will be scared when you start. We all are. The thing to remember is that I wasn’t alone—and you won’t be, either, even if it feels that way sometimes.”

“You may be experiencing a lot of anxiety and uncertainty and that feeling that you’re an imposter. We all felt that way in the beginning. So just breathe, give yourself a little slack, because you’re in the program now and you deserve to be here.”

“Even though you now have the big ‘doctor’ title in front of your name and that gives you more responsibility, remember that you’re still a learner and that you have a lot of other team members to lean on, and don’t feel like you need to take on all the stress that comes with being a physician and providing health care. Don’t put it all on your shoulders. Check in with your support system even more than you may have in medical school.”

“Be flexible and open to having things change and not go exactly as planned. There are learning opportunities in surprising places.”

I could not have said it better myself. Embrace change, embrace uncertainty and adaptability, and look to those around you for support. You are a Dal Med alumnus and there is a whole community of alumni around you to support you and help you succeed.

Take care and be safe!

Dr. Kathy O’Brien (MD ’87)
President, DMAA
ADAPTING, EVOLVING AND LEADING WITH THE TIMES

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

AS WE CONCLUDE OUR first full academic year dealing with the realities of a global pandemic, I remain incredibly proud of the contributions and efforts of our alumni, faculty, staff and students.

Throughout this digital edition of Vox — our third since the pandemic began — you will read about how Dalhousie has played a key role in so many aspects of the pandemic response in the Maritimes, including the all-important COVID-19 testing and vaccination efforts. The Life Sciences Research Institute hosted the first vaccination clinic in the province, Dalhousie medical and health professions students are participating in a video campaign with Nova Scotia Health to dispel myths surrounding COVID-19, and faculty members continue to work hard to ramp up testing to keep COVID-19 under wraps.

I am also thrilled that we are able to present the story of the resident experience over the past year. Told in their own words, it presents a moving snapshot of the challenges they faced and the lessons they learned that will shape who they are as physicians.

We recently celebrated the Class of 2021 with our second virtual convocation ceremony. As a class, this group has handled the uncertainty and ever-changing educational experience with utmost professionalism and for that they are to be commended. Their medical school experience has been very different from the one we remember, but I am confident they have received the very best medical education possible, and I am delighted to welcome them to the Dalhousie medical alumni community.

I also was delighted to attend the 40th reunion of the Class of 1981. Held virtually, more than 50 members
of that class spent hours together on a Saturday night, sharing life updates and reminiscing about their med school days. While it wasn’t the same as being together in person, it was a great opportunity to connect at this challenging time, and I encourage you to consider virtual get-togethers with your classmates.

This year has not been without its challenges. As our alumni and faculty continue to work on the frontlines to provide exceptional care, physician wellness has become an increasingly important topic. Earlier this year, the Faculty of Medicine appointed Dr. Angela Cooper as the inaugural assistant dean of faculty wellness. In this role, Dr. Cooper will provide strategic direction in the development of wellness programming for faculty members, ensuring that components are evidence-based and aligned with current best practices for promoting the health and wellbeing of our faculty. I hope you take the time to read the informative Q&A with Dr. Cooper in this issue and also to focus on your own mental health and happiness. Another story I’m sure you’ll enjoy is the profile of Dr. Roger McLeod, who is ending his term as associate dean of research, and his 40-year career as a leading biomedical researcher and dispeller of popular health myths. I am grateful to Dr. McLeod for his leadership in moving our research priorities so powerfully forward.

Beginning my second term as dean of the Faculty of Medicine during a pandemic certainly wasn’t how I imagined it, but I am tremendously proud of what we have accomplished and excited about the work that is to come. Moving forward, we will be reviewing and refreshing the faculty’s strategic plan and research priorities, while working to strengthen our community engagement initiatives.

Alumni play an important role in this work. The DMAA recently distributed an alumni survey to better understand how you would like to stay connected to Dalhousie Medical School and your alumni community. Your response was overwhelming and will have a direct impact on how we plan to engage with you—and how we hope you will engage with us.

Difficult as this year has been, through it we have come to cherish our interactions with friends, family and colleagues more than ever. I look forward to the day when we can gather together and celebrate the important and meaningful contributions our alumni are making in their communities.

Dr. David Anderson (MD ’83)
Dean, Faculty of Medicine
Once again, Dalhousie Medical School held a virtual convocation to acknowledge the hard work and accomplishments of its graduating class, the Class of 2021. The event featured special guest speaker Dr. Robert Strang, and several awards were handed out. Watch the convocation recording here.

DMAA Silver Shovel

The Class of 2021 awarded the Silver Shovel to Wanda White, a registered nurse and coordinator of the procedural skills program in Halifax. Established by the Class of 1965, the Silver Shovel is awarded by each graduating class in recognition of teaching excellence from among the full- and part-time members of the Faculty of Medicine. In presenting the award, the class wrote, “Wanda’s commitment and passion for teaching medical students sets her apart. Anyone who has been taught by Wanda can attest to her as a teacher, but also her ability to make you laugh and have fun along the way...”
Resident Teaching Award

Dr. Jessica Pinkham (MD ’18, PGY 3 Ob-Gyn) received this year’s Resident Teaching Award, given annually by the graduating class in recognition of teaching excellence among the residents of the Faculty of Medicine. “As medical students we often look up to our residents for guidance, knowledge, and support through our clinical rotations,” wrote the class. “It is often residents, who were recently in our shoes, who provide the most important teaching—both clinical and about the art of medicine. Thank you, Jess, for teaching us about everything from the stages of labour to how to find our way around the Birth Unit.”

Honorary Member of the Graduating Class

This award was established to recognize an individual who has gone above and beyond their duties and in so doing has contributed significantly to various aspects of student life. The recipient is selected by popular vote from members of the graduating class. By a landslide, the Class of 2021 selected the late Ryan Clow, who passed away this winter, and MedIT as honorary members of the graduating class. “Ryan Clow was the director of MedIT and an integral part of our education across both campuses. This year has been challenging for so many reasons, but we truly could not have completed our education had it not been for the tireless work of Ryan and the whole MedIT team...they have managed a complete transition to virtual learning for the whole school, it seems only appropriate to recognize the huge contribution they have made both to our education and medical community.”
Faculty of Medicine

2020-21 SCHOLARSHIPS AND AWARDS

The following scholarships and awards were given out at the virtual spring Convocation ceremony.

DR. C.B. STEWART UNIVERSITY MEDAL IN MEDICINE: Livia Anthes

MD WITH DISTINCTION
Livia Anthes
Brynn Aucoin (DMNB)
Jelisa Bradley
Scott Fenwick (DMNB)
Sean Higgins
Chelsea Howie
Emma Jeffrey (DMNB)
Jenna MacDonald
Kaleigh MacIsaac
Kim Mosseler (DMNB)

DR. CLARA OLDING PRIZE: Scott Fenwick (NB)

DR. MABEL E. GOUDGE PRIZE: Emma Jeffrey (NB)

DR. ARNOLD AND PATRICIA HILL PRIZE (ADDICTION MEDICINE): Carley Bekkers

DR. JOHN F. BLACK PRIZE (SURGERY): Nicholas Quinn (NB)

DR. JOHN W. MERRITT PRIZE (SURGERY): Tina Kim

DR. W. H. HATTIE PRIZE (MEDICINE): Chelsea Howie

DR. ROBERT C. DICKSON PRIZE (MEDICINE): Livia Anthes

DR. S. G. BURKE FULLERTON AWARD (FAMILY MEDICINE): Hayley Gillis

DR. LEONARD, KAY & SIMON LEVINE SCHOLARSHIP (FAMILY MEDICINE): Alyssa BeLong (NB), Maya Kovacs

THE JAMES WALKER WOOD AWARD (FAMILY MEDICINE): Aaron Bates, Scott Fenwick (NB)

THE ANDREW JAMES COWIE, M.D. MEMORIAL AWARD (OBSTETRICS): Sara Jones

DR. LAWRENCE MAX GREEN MEMORIAL AWARD (OB/GYN): Maya Kovacs

DR. J.C. WICKWIRE PRIZE: Kaleigh MacIsaac

THE POULENC PRIZE (PSYCHIATRY): Catherine Williams

DR. R. O. JONES PRIZE (PSYCHIATRY): Peri Fenwick

DR. FRANK G. MACK PRIZE (UROLOGY): Emily Chedrawe

DR. CARL PEARLMAN PRIZE (UROLOGY): Kieran Moore

DR. LEO HOROWITZ PRIZE (DIAGNOSTIC RADIOLOGY): Sean Nurmsoo

DMRF DR. J. DONALD HATCHER AWARD FOR MEDICAL RESEARCH: Michael Mackley
Faculty of Medicine Resident Research Awards

Sponsored by the Dalhousie Medical Alumni Association, these awards are given annually around Convocation to the “best of the best” resident research projects of the year, faculty-wide. This year’s winners are:

**Dr. Abraham Nunes (Psychiatry),** Best Work in Clinical Research, to develop tools for better identifying lithium response/non response in patients with bipolar disorder.

**Dr. Erdit Celo (Ophthalmology),** Best Work in Fundamental Science, for efforts to understand the role of cannabinoid receptors in ocular uveitis.
DAL MED BALL & ALUMNI GALA
SAVE THE DATE

NOV 20, 2021
APRIL 2, 2022

For real this time!

We can’t wait to see you! More details coming soon
It’s not often you find a physician who also has a background in law, but that’s the perspective graduate Dr. David Faour will be bringing into his future medical practice.

“MEDICAL SCHOOL HAD NEVER been on the radar for me,” says Newfoundland native Dr. Faour, who begins his family medicine residency training with Dalhousie in Halifax in July. “I’d always considered myself more of an ‘arts’ person than a ‘science’ person, so I never even thought about medical school.”

But Dr. Faour is married to a family doctor, Dr. Sarah Faour (PGM ’17), who completed her family medicine residency with Dalhousie in Kentville while he was articling with a law firm in the area. One day when they were out hiking, and he was
expressing his misgivings about his career choice, she jokingly suggested he apply for med school. He didn’t jump on the idea at the time, but the seed had been planted.

“Back at the law firm, I was doing a lot of personal injury work, and a big part of that was reading physicians’ reports outlining assessments, management plans, and prognoses for injured clients. The more I read those reports after that fateful conversation, the more interested I became in the medical aspect of the cases,” he recalls. “In particular, I was intrigued by the relationships that physicians had with their patients. Medicine struck me as a very social profession, where relationships are fundamental. After that, there was really no way out of it.”

While it was terrifying to leave the path he’d been travelling for so many years, Dr. Faour has no regrets.

Surprisingly, Dr. Faour was able to bring his law experience to bear on his medical studies, with his Research in Medicine project and a subsequent project he completed under the supervision of former dean of medicine and vaccine policy researcher Dr. Noni MacDonald. His RIM project examined the legal implications of “over-warning” by vaccine manufacturers, while his second project examined, compared and contrasted vaccination laws of 28 different countries in order to provide recommendations to countries looking to reform their immunization policies.

Completing his last two years of medical school under pandemic conditions has been difficult but not overwhelming, thanks to Nova Scotia’s relatively low caseload and the support of the university and his classmates.

“I was impressed with how well-connected our class stayed during COVID,” says Dr. Faour. “We had regular video chats, socials, Jeopardy! night, and even twice-weekly ‘Isolation Grand Rounds’ where students created presentations from scratch on medical topics and taught them to the class.”

For Dr. Faour, the most challenging aspect of medical school has been time away from his two young children, Harriet, 8, and Arthur, 20 months. On the other hand, it has been incredibly helpful to be married to a fellow physician. “I feel fortunate to have a partner who understands what I’m going through,” he says. “Her support has been unwavering, whether I’ve been on call or studying all weekend. I couldn’t ask for a kinder, more generous, or understanding partner.”
Sibling inspiration:
BROTHER’S ORDEAL PROMPTS
DR. DEJI OLOGBENLA TO CHOOSE
PEDIATRIC PATH

BY JASON BREMNER AND MELANIE STARR

Growing up in Nigeria, Dr. Dela Ologbenla’s innate compassion was stirred by the pain he saw his younger brother suffer as the result of sickle cell anemia.

“WITNESSING HIM DEAL WITH pain crises as a child shaped my sense of empathy for sick children, in addition to fueling my compassion for their families,” Dr. Ologbenla explains. “His ordeal kindled my interest in pediatrics.”

Dr. Ologbenla’s interest in working with children was reinforced by many positive experiences as a young person. “Whether I was volunteering in mentorship programs or with the children in my local church, I have always enjoyed working with kids,” he explains. “They are resilient, fun to be around and have so much potential.”
These experiences inspired Ologbenla to embark on the path to medicine, with an eye on pediatrics.

In 2011, he moved to Canada to pursue an MSc in Biochemistry at the University of Toronto, before moving to Halifax for medical training. Now that he’s here, he doesn’t want to leave: “My family and I have fallen in love with the city and hope to make this our home long-term!”

Dr. Ologbenla is delighted to stay in Halifax to complete his pediatric residency training with Dalhousie.

“I enjoy working in a team and using clinical reasoning to untangle and solve complex cases, and I know a career in pediatrics will avail me of these,” he says.

For Dr. Ologbenla, the most challenging aspect of medical school was juggling his multiple responsibilities as a student, husband, new father, son and sibling.

“There never seemed to be enough time, as schoolwork was relentless,” he says. “I had to learn to prioritize tasks and get better at communicating with my spouse. I had to find a balance that worked for me and my family. I am still learning to gracefully say no, without feeling guilty, so I can juggle my responsibilities.”

The uncertainty that came with the COVID-19 crisis and the pausing of the third-year clerkship was also stressful. The Class of 2021 pulled together with such resilience to help out with the pandemic response, however, that Dr. Ologbenla was reassured: “I learned that it is possible to make the best of difficult situations if you have friends or colleagues who are pulling together in the same direction.”

Dal’s Promoting Leadership in health for African Nova Scotians (PLANS) program also provided Dr. Ologbenla with invaluable support during his time in medical school, as well as opportunities to pay his support forward.

“I’m passionate about Black representation in medicine,” he says. “I have mentored high school as well as undergraduate students and enjoy advocating for more African Canadians in medicine and health care.”

As he embarks on his residency, Dr. Ologbenla is keeping an open mind about his eventual career path.

“General pediatrics offers a little bit of everything, and neonatology and hematology-oncology fascinate me,” he says. “Having experienced my brother’s ordeal, I’m also considering pediatric pain research.”
Renaissance man

DR. LOUIS MARTIN PROVES YOU CAN DO IT ALL AND GET YOUR MEDICAL DEGREE, TOO

BY JASON BREMNER AND MELANIE STARR

After years of doing a little bit of everything, Dr. Louis Martin is looking forward to a lot of human connection in his future career in medicine.

GROWING UP WITH A mother who is a family doctor, it might seem like a foregone conclusion that Dr. Martin would pursue a career in medicine. But this was not his original plan. It was only when he was knee deep in sequencing the genomes of single-celled algae for his honours degree in biochemistry and molecular biology that he realized something was missing. The work, while interesting, lacked an immediate connection to helping people.

Dr. Martin then turned his attention to a pharmacology degree, focusing on
chemotherapeutic agents for ovarian and prostate cancers. Although this pursuit proved closer to what he was looking for, he couldn't shake that nagging feeling that something was missing. His work was helping people, but it lacked human interaction. So he made the plunge and applied to medical school.

Now that he is holding that MD degree in his hand, Dr. Martin has made human interaction his priority, choosing residency training in family medicine in Halifax. A former freestyle skier and coach of Nova Scotia’s provincial freestyle ski team, he plans to pursue additional training in his subspecialty interests of sports medicine and emergency medicine.

“I think what really drew me to these areas, particularly family and emergency medicine, was the scope of presentations that you get to see in the run of a day,” he says. “I found my time in specialized fields less enjoyable, as I would always be thinking about the types of patient presentations I would be missing.”

The most challenging part of the pandemic year for Dr. Martin was being pulled from the clinical setting for the first three months of the 2020 lockdown, and not seeing his classmates in person. But his spirits were buoyed by the efforts of the Class of 2021 to keep everyone in touch and to seize and create as many new educational opportunities as possible. “I think a big lesson I learned throughout COVID is that embracing the unknown and leaning into those feelings of uncertainty can build resilience in the long term,” he observes.

An avid athlete and long-time participant and later coach in the Kids Run Club, one of the highlights of Dr. Martin’ time in medical school was taking part in the Heartland Tour, a campaign to promote physical activity. “Myself, Dr. Nick Giacomantonio (PGM ’98) and other medical students provided free diabetes screenings to identify people who may not have known their diabetes risk,” he says. “I had so much fun and grew to enjoy cycling so much that my wife and I joined the tour the next year for our honeymoon!”

He admits that one of the keys to his success in medical school was to stay connected to his outside passions, and spent countless hours running, cycling and staying physically active.

Music is another passion that carried him through. “I come from a very musical family and can play around a dozen instruments. I came into medical school thinking that my musical life would have to be put on hold, however I was sorely mistaken,” Dr. Martin says. “Some of the best times I had in medical school were participating in the yearly Euphoria! variety show in the class band, as well as playing
Another highlight for Dr. Martin has been his involvement in the Dalhousie Medical Students’ Society’s French in Medicine Interest Group.

“My family is Acadian, and I grew up speaking French, but as an undergraduate in a predominantly English-speaking school, I felt like I lost my roots with my French-speaking abilities,” he recalls. “I started going to the French in Medicine events to rekindle my fluency, but after several patient encounters where I was the only one available on the service to communicate with francophone patients, I knew I wanted to play a role in highlighting the importance of incorporating French language skills in medicine.”

In second year, he stepped into the role of leader of the French in Medicine group, and travelled to Ottawa to participate in L’Association des facultés de médecine du Canada’s annual Ambassadoeurs de la santé en français meeting. “Strengthening my French-language skills in the medical context is something I hope to carry forward throughout my professional career,” he says. “I’m proud to say that the French in Medicine Interest Group continues to put on student-led activities for Dalhousie students in all years of medicine.”

PASSIONATE ABOUT SUPPORTING THE SUCCESS OF DAL MED STUDENTS?

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Contact the DMAA medical.alumni@dal.ca to learn more about how you can become a guiding voice for our students.
The final year of medical school is challenging enough, but add a global pandemic, pregnancy, childbirth and a baby, and you have a recipe for overwhelm.

NOT SO FOR THE NEW DR. GRACE Dao. In keeping with her name, she managed the load of fourth year with aplomb, all while preparing to welcome the newest member of her family—her infant son, Ernie.

“It was definitely a bit chaotic and plans changed multiple times,” says Dr. Dao, who graduated from Dalhousie Medicine New Brunswick this year. “It was hard being pregnant and not knowing where I would end up for residency, but I found
my preceptors were very understanding and supportive. I tried to focus on one day at a time, with varying success, but because of that, I was able to have a positive fourth-year experience.”

While intensely focused on completing her medical education, Dr. Dao made the purposeful decision to prioritize her life goals and relationships outside of medicine. She and her husband also made the courageous decision to grow their family in the midst of a pandemic.

“I have definitely grown in terms of knowing how to better integrate these things,” says Dr. Dao. “I have learned that I study more efficiently and provide better patient care when my relationships are healthy and when my day-to-day activities and choices align with what is important to me.”

Her holistic approach to life also drew Dr. Dao to pursue residency training in family medicine in her home province of New Brunswick.

“I wanted to pursue primary care because, more than any other field of medicine I have encountered, it values the patient relationship,” she says. “Family Medicine combines my love of education and preventative medicine, my passion for communication, and the opportunity to walk alongside the most vulnerable and build relationships.”

Her desire to pursue medicine was ignited by her experiences in Guatemala, first on a church mission and later on medical trips where she worked alongside her physician father in community clinics. She found that learning a small amount of Spanish was the key that unlocked a deeper understanding of the power of communication.

“I was amazed at how a few words allowed me the privilege to show care and honour to people who are often oppressed and undervalued,” she recalls. “I was humbled by how knowing Spanish allowed me to communicate a diagnosis and speak to people in a way they could understand and appreciate. There was something about the learning of a new language that allowed me to grasp how grateful I am to be able to communicate in general, and how applicable and rewarding it is to use this skill in medicine.”

As Dr. Dao prepares to set off on two very profound journeys in her life—motherhood and medicine—she is quick to acknowledge that her accomplishments to date would not have been possible without the support of her husband, family, faith, friends and community.

“They have all been so supportive throughout my medical journey,” she says. “They have provided everything from timely words of wisdom, much needed laughter, help around the house, prayers, shared tears and so much more.”
From Russian to medicine, with love

DR. KELSEY HOLT BRINGS PASSION AND COMPASSION TO HER WORK

BY JASON BREMNER AND MELANIE STARR

Dr. Kelsey Holt has taken a somewhat unusual path to a career in medicine, with many different experiences along the way.

HER ADVENTURES INCLUDE completing a combined honours degree in Neuroscience and Russian Studies, working in long-term care since age 16, and competing in equestrian. As diverse as her experiences have been, compassion is the common thread.

“I had always wanted to learn a second language and when my Dal advisor mentioned Russian, I thought ‘Wow, that’s really unique’,” she recounts. “I ended up doing an exchange in St. Petersburg, Russia, for a whole summer. It was challenging as I was not confident speaking the language. I empathize with the challenges facing people who are the minority in a community, and...
I will carry this forward in my efforts to provide culturally competent care to my future patients.”

When the first wave of the pandemic hit, Dr. Holt found herself up to her elbows providing personal care to the residents of Northwood long-term care facility, hard hit by the virus.

“It was a very sad experience, because it was obvious how much the residents were being affected by the isolation,” says Dr. Holt, who did her best to provide residents with a sense of human connection.

She was struck, too, by how physically taxing it is to provide personal care, and says, “Long-term care homes need to protect and cherish every single one of these employees because they are absolutely essential given our growing aging population in Nova Scotia.”

There was no one defining moment that crystallized Dr. Holt’s decision to enter medicine. It was rather the accumulation of her exposure to health care through her nurse practitioner mother, her own work in long-term care, and learning about the social determinants of health in an undergrad sociology course.

“If anything, that course pushed me to pursue medicine because I learned how people’s health is so often not in their full control,” she says. “I wanted to be in a position to advocate for society-level changes to address that.”

After graduation, Dr. Holt will begin her residency training in family medicine at Dalhousie’s North Nova site.

“I loved every single thing I did during clerkship and so I chose this residency because I see family doctors as the ultimate generalists,” she says. “Especially in rural areas, they often end up managing very sick patients of any age, with any illness, and doing lots of procedures. The Swiss Army knife of doctors, if you will.”

The person she says has been most critical to her success is her riding coach. “She taught me the importance of hard work, resilience and the ability to take constructive feedback that isn’t sugar-coated,” explains Dr. Holt. “She used to say: Proper Preparation Prevents Poor Performance. This learning has been crucial to my success in medical school.”

And when she’s not pouring her heart and soul into her patients, Dr. Holt can be found on the dance floor, performing and teaching the lindy hop and other swing dances she first discovered at a Dalhousie society fair. “I fell in love with the energy of the dance, the history of its creators—Black dancers in Harlem—and the group choreographies. It was easy to continue teaching while in medical school. I felt a similarity between connecting with other dancers and connecting with patients. I even had the pleasure of teaching several classmates who came to my lessons!”
Some of the most prestigious awards that Dalhousie University confers each year around Convocation are the Aurum Awards. This year, again, a member of the medical school community received one of these awards. Meet Dal Med alumnus Dr. Irving Fish (MD '64).
FOR YEARS, DR. IRVING FISH (MD ’64) helped remove barriers to academic excellence among his patients as director of Pediatric Neurology at New York University Grossman School of Medicine. But it was a resident he mentored from Ethiopia, Dr. Tesfaye Zelleke, who opened his eyes to other ways to make a difference.

“He chose poverty in Ethiopia as his research project,” recalls Dr. Fish, who is now retired. “It is well known that the best way out of poverty is education. But as we began to look at education there, we noted that, traditionally, 25 per cent of students dropped out of school by the end of the first grade, and more than 50 per cent dropped out by the end of fifth grade. We thought that if we could give disadvantaged children the tools they needed to succeed before starting school, they could do as well as any other students.”

Joined by his wife, Ilene, a lawyer, Menelik Desta, one of Ethiopia’s most prominent psychiatrists, and community representatives in Ethiopia, Dr. Fish and Dr. Zelleke launched the Ethiopian School Readiness Initiative (ESRI) in 2007. Initially run under the umbrella of NYU Langone Medical Center, the comprehensive non-profit program is now an independent organization. The program gives disadvantaged children ages three to six opportunities to thrive academically. Families that participate in the program have access to early education, health care and monthly parent education sessions led by Dr. Desta.

“We have educated more than 65,000 children over the past 13 years,” Dr. Fish says. “Over 60 per cent of our children can read by the time they get to school, which is probably our greatest accomplishment. Our second biggest accomplishment is that some of our kids are now in college.”
Dr. Fish adds that ESRI works in partnership with local and federal education authorities to ensure its long-term sustainability and has given local populations a stake in its operation and success.

The initiative has had other far-reaching impacts in Ethiopia. Monthly parent education sessions have helped reduce the prevalence of corporal punishment among participating families. It has also addressed poverty and gender inequality by providing financial and vocational training, as well as start-up funding, to mothers.

“Teachers tell us that they know whose mothers are in business because the children are more confident, more socially adept, and learn better.” Dr. Fish says.

Much to Dr. Fish’s delight, the initiative earned him an Aurum Award. More than 60 years on, the instruction he received at Dalhousie continues to inspire him to make a difference. “My professors taught me that I had a responsibility to serve the public and gave

“Our work won’t be done until every child has access... I will continue to do whatever I can to achieve that goal.”
me the tools to help people to the best of my ability,” he says. “I am very happy that the institution that gave me this gift is proud of how I have used it.”

Dr. Fish is now using the inspiration and education Dalhousie gave him to grow ESRI so that it has a presence across Ethiopia.

“We have opened 87 schools in regions where 75 per cent of the population resides,” says Dr. Fish. “It is my aspiration that eventually all the children in these regions will have access to preschool. It is also our aspiration to extend our preschool presence so that we are in regions where 95 per cent of the population lives. Our work won’t be done until every child has access, which likely will be long after I’m gone. But I will continue to do whatever I can to achieve that goal.”
Over the past year, I have been humbled to see our DMNB students, residents, staff and faculty rise to every challenge the pandemic has presented them, demonstrating creativity, grit and resolve every step of the way.

I am extremely proud of our graduating classes of both 2020 and 2021, who have shown tremendous resilience in the face of adversity. They have chosen to find joy in what they can do rather than focusing on what they cannot do. This is such an important attitude for success in life and in medicine.

As you will read in this issue of Vox MeDAL, we fully embraced this ethos at DMNB as we headed into preparations for...
our annual Launch Ceremony.

Inaugurated in 2014 to mark the graduation of our first-ever cohort, the Launch Ceremony is an annual event exclusive to DMNB that celebrates our graduating class completing four years of undergraduate medical education in their home province, symbolically “launching” them into the waters of their medical careers.

Due to Public Health restrictions, last May we were unable to come together in person for a memorable afternoon of speeches and awards, music and laughter, food and photographs. We quickly pivoted instead to a recorded version of the Launch Ceremony, which premiered on our YouTube channel. Over 160 people tuned in at the same time to celebrate the graduating class together and the video has since been viewed over 1,100 times.

This year, we took the “can do!” approach of planning for several different possible Launch Ceremony scenarios, just in case. As it turned out, we were pleased to be able to celebrate the DMNB Class of 2021 with a modified in-person ceremony at the Imperial Theatre in Saint John, NB on May 14. As you will read in the following story, it was a heartwarming, inspiring and meaningful event that adhered to Public Health measures throughout.

The Launch Ceremonies of 2020 and 2021 each paint a picture of how Dalhousie Medicine New Brunswick has nimbly adapted to the ever-changing face of the pandemic, working within provincial constraints, and making the most of what we were able to do. Of course, these events were not without their sacrifices. When the Classes of 2020 and 2021 began medical school, I am sure they would have pictured their graduating year much differently: no masks to hide their smiles, lots of hugs from their classmates, and auditoriums full of supporters.

They are not the only ones who have proven themselves resilient in our province. And now that more than 60 per cent of eligible New Brunswickers have received at least one dose of the COVID-19 vaccine and the provincial government has released a plan that could see all restrictions lifted very soon, there are brighter days ahead. We look forward to new opportunities for DMNB.

Sincerely,

Dr. Jennifer Hall
Associate Dean, DMNB
In a feat of preparation, DMNB made Launch Ceremony plans for three pandemic alert scenarios, from fully virtual to fully in-person.

THANKFULLY, THE ENTIRE province was in the Yellow Alert Level on May 14, 2021. This meant that DMNB was able to proceed with a modified in-person Launch Ceremony at the beautiful Imperial Theatre in Saint John that allowed each graduate three guests in the audience and was livestreamed for family, friends, and stakeholders to join in the celebration. More than 80 viewers tuned in to the livestream and the recorded version of the ceremony premiered on the DMNB YouTube channel later that evening.

A New Brunswick-based event that began in 2014 to mark the graduation of DMNB’s inaugural cohort, this year’s eighth annual Launch Ceremony celebrated the DMNB Class of 2021 completing four years of undergraduate
medical education in their home province. This year’s Launch Ceremony included special video messages from Dean David Anderson, the Honourable Trevor Holder (Minister, Post-Secondary Education, Training and Labour, Government of New Brunswick), and guest speaker and alum Dr. Jennifer Russell (Chief Medical Officer of Health, Public Health New Brunswick).

A proud graduate of Dalhousie University where she completed her residency in Family Medicine (PGM ’01), Dr. Russell has been the Public Health spokesperson in the media since March 2020 and continues to update the New Brunswick public regularly. She has guided the province through the COVID-19 pandemic with an assured hand, demonstrating calm resolve and grace under pressure.

In her recorded message for the graduating class, Dr. Russell highlighted their resilience as future doctors who completed their final years of medical school during a global pandemic, noting how the province “will need doctors like yourselves” to help New Brunswick recover from COVID-19.

“We hope you will strongly consider staying in New Brunswick and helping us with this important work to keep everyone healthy and safe,” she said. “Having good doctors such as yourselves helping on the frontline will be important.”

The 28 members of the DMNB Class of 2021 left the Imperial Theatre that afternoon all smiles under their matching Dalhousie Medicine New Brunswick masks—arms full of certificates, awards, class pictures and pins, and hearts full after sharing this in-person experience with their classmates and loved ones.

“The event was moving and inspiring,” wrote one of the livestream viewers after the Launch Ceremony. “A special thank you for all that you do and did to make this special during these difficult times.”
IN DECEMBER 2019, LONGTIME Dalhousie Medicine New Brunswick (DMNB) faculty member Dr. Sarah Gander launched the *Fac Dev Lounge* podcast as a way to make faculty development more accessible. Ten guests and 20 episodes later and *Fac Dev Lounge* is revolutionizing the delivery of faculty development. Dr. Gander has interviewed 10 special guests—and counting—who have shared their thoughts on topics ranging from generational differences to virtual teaching, and systemic racism to self care, and the show has been nominated for the AAMC Group on Institutional Advancement 2021 Award for Excellence.

Allie Fournier, DMNB’s communications coordinator, recently had the opportunity to chat with Dr. Gander, about *Fac Dev Lounge*, her dream guests, what’s next, and the biggest challenges it’s presented so far.

**Q:** Where did the idea for the *Fac Dev Lounge* podcast come from?

**A:** It came from wanting to create consumable content for faculty members that was convenient and didn’t require them to book a specific time in their schedule, which can be challenging for many reasons. The idea also came from the popularity of podcasts and how it felt like the right platform to address topics that aren’t covered with typical faculty development programs.
Q: What do you love most about the podcast format?
A: I like that it lends itself well to clocking in at a very easily consumable length. The vision was for each episode to last the amount of time it would take a faculty member to drive from the outskirts of the city into work, go on an exercise machine, or on a walk. Basically, for the podcast format to be able to meet people where they are in terms of how they might want to be engaged with faculty development, but on their own time.

Q: Who is the ideal audience for the Fac Dev Lounge?
A: For me, it’s anybody who’s involved in any academic institution, because we try to link it to what it means to be an educator in health care.

Q: How do you choose the guests and topics for the Fac Dev Lounge?
A: Some of it is what I think faculty would want—because it’s something that I would want and so I kind of just take that to mean that other people might want it, too. So, when it comes to systemic racism or wellness during the pandemic, it’s topical things we want to be on top of. Sometimes it’s looking at who in the community do I think our folks could learn something from.

Q: Do you have any dream guests you would like to interview or dream topics you’d like to discuss?
A: Outside of Eddie Veder, Dave Matthews and Brené Brown, which seem unlikely, it’s important to me that the podcast is a direct voice to faculty. This is sort of cheesy, but my dream guests are actually the folks I work with every day. Especially during COVID because we can’t really gather and network and see people face-to-face as a community, I think that the podcast is a much more intimate way of connecting the unknown folks to the frontline folks. The whole premise of the Fac Dev Lounge is that no one hangs out in the faculty lounge anymore, right? COVID aside. And so, it’s really a virtual way of creating that intimacy and safe space of, “Oh, hey! You work here, too.” And “I’m a mom and you’re a mom.” And “I’m a mountain biker and you’re a mountain biker.” And, “Let’s hang out!” That’s how we create our village. So, I guess the dream is to nurture our village in a different way.
**Q:** What excites you most about the *Fac Dev Lounge*?

**A:** I just love the idea that maybe we’re actually meeting an unmet need, and that if someone called me to say that they really want faculty to know about a certain topic and can they be on my podcast, that would be the ultimate compliment because then I know that the people I’m meaning to reach are asking for content. That excites me. It also excites me to think about meeting the needs of a student, and bridging the divide between faculty and students.

**Q:** Anything else you would like to add?

**A:** I really appreciate the opportunity to be featured in this issue of *Vox*! Also to make it clear that, even though I am so proud that this podcast is coming from Dalhousie Medicine New Brunswick, it is not meant to be exclusive—it’s meant to be inclusive of the whole Dalhousie community. So, please send us comments and feedback!

*If you have an idea for a future episode of the Fac Dev Lounge or know someone who would like to appear as a guest, please send an email to dalmedicalpodcast@gmail.com. Listen on iTunes, Soundcloud, or YouTube.*
COVID-19 UPDATE
Master of Disaster

HOW THE SWISSAIR DISASTER PREPARED DR. TREVOR JAIN TO HELP LEAD PEI’S PANDEMIC RESPONSE

BY BARRETT HOOPER

The one-line bio on Dr. Trevor Jain’s (MD ’99) Twitter account says: “Emerg doc, pilot, disaster medicine specialist, medivac doc, EMS educator, flight surgeon, PhD student, damage control resuscitation in austere conditions.” Scroll through his tweets and you’ll see him sharing COVID-19 news and medical updates, information on testing and vaccinations, feel-good stories about people who have recovered from the illness and heartbreaking stories about how others have struggled. Dr. Jain is frank and honest, and doesn’t mince words. He has even been known to drag politicians for spreading fake news and dangerous conspiracy theories, including calling out Ontario MPP and noted pandemic scofflaw Randy Hillier for being “an idiot.”

The highlights of his Twitter feed, though, are the photos celebrating the unsung heroes of COVID-19—essential workers who have helped Prince Edward Island deliver one of the country’s most effective pandemic responses. Dr. Jain surprises them at their workplace to present them with the COVID Warrior challenge coin, which is based on military
challenge coins presented by unit commanders in recognition of special achievement.

On a Tuesday afternoon in late April, for example, when COVID cases were spiking in neighbouring Nova Scotia and New Brunswick and new lockdown restrictions were being implemented, he dropped by the Island EMS paramedic base in Charlottetown to surprise Darcy Clinton, the paramedic chief for PEI. Scroll further down his feed and you’ll find accolades heaped on a range of COVID Warriors: chief technologist Vanessa Arseneau from the Queen Elizabeth Hospital (QEH) lab, sanitation worker John Kingate, high school vice principal Steve Wynne, Jo-Anne MacPherson of the QEH laundry department, pharmacist Kilby Rinko, paramedic Mike MacKenzie, hospital cleaner Jennifer Vanderaa, grocery store worker Lacy-Jane Kamphuis, and on and on and on. More than 70 people have been bestowed the COVID Warrior coin since the pandemic began.

Dr. Jain, a 34-year veteran of the Canadian Armed Forces and a married father of two, came up with the idea early in the pandemic when he realized most media attention was being given to a handful of health officials, with very little recognition of the contributions of essential workers to battling COVID-19.

“I saw that there was a lot of anger or resentment from people—from healthcare workers but also from grocery store workers and sanitation workers and others—that their contribution to confronting the crisis wasn’t being acknowledged,” he says. “So I asked myself, ‘What can I do to

COVID Warrior challenge coin created by Dr. Jain.
bring attention to these people whose actions every day are helping keep us all safe and limit the spread of the disease?"

The answer was the COVID Warrior challenge coin, which is inspired by Dr. Jain's own highly decorated military career. He had the coins designed and made by a fellow veteran and paid for them out of his own pocket. Now, surprising essential workers is not just the highlight of their day but his day, as well. "It's a simple way to say 'thank you' to people, to make them feel valued and let them know their contribution is just as important as anyone else's," he says. "And I feel so honoured to be able to acknowledge these people on behalf of all Islanders. If I'm having a bad day, I know that it will turn into a great day if I'm giving out a coin."

The response, Dr. Jain says, has been overwhelming, and not just from the recipients who have shed a few tears, shared a few hugs and become internet famous (at least in PEI). "One sanitation worker I surprised was so excited he couldn't wait to show his kids," he says.

Other provinces have even reached out with plans to adopt their own COVID Warrior challenge coin initiative, and the Lieutenant Governor of PEI has stepped up by offering to help award the coins. "It's definitely gaining a lot of traction and starting to grow beyond my ability to administer," says Dr. Jain.

That's not surprising given his day job as an emergency medicine physician at the Queen Elizabeth Hospital and disaster medicine consultant for the province.

"When COVID hit in January and February of last year, I was hearing from colleagues overseas about how bad it was," he recalls. "By March, there were a few of us designated to take over our hospitals and get them ready. The hospital stood up its emergency operations centre even before the province stood up its emergency operations personnel," he says. "I had our incident command structure white-boarded on a Sunday, by Monday we
started putting things into action, and within nine days we had taken the hospital down to 54 per cent capacity, we had a 22-bed negative pressure ICU ready to go and a 30-bed COVID ward with oxygen.” At that point, PEI’s Minister of Health appointed Dr. Jain the disaster medicine consultant for the province. “We got prepared very quickly and because our province took a very hardline approach to health guidelines and to travel and border control, we have been very fortunate in the low number of cases we’ve experienced,” he says.

Reflecting back to when he and his colleagues first began preparing the province for COVID-19, and all of the unknowns they were facing, he says, “it was the same feeling I had during the Swissair disaster.”

Born and raised in Coldbrook, in Nova Scotia’s Annapolis Valley, Dr. Jain earned his Bachelor of Science at nearby Acadia University while serving as a reservist in the Canadian infantry. His sights were set on becoming a plastic surgeon when, at the beginning of his fourth year at Dalhousie Medical School in 1998, he got an early morning phone call from the duty officer at Brigade Headquarters:

a passenger jet had crashed in the waters off Peggy’s Cove and the military was assigning him to be the pathology operations officer in charge of designing, setting up and running the makeshift morgue in a hangar at nearby CFB Shearwater.

“The army gave me the best leadership training possible. It’s based on chaos—they give you a chaotic situation and you have to solve it in a calm and methodical manner,” he says. “When I walked into the hangar that morning there was a leadership void.” At 28, he was the youngest person on the team, but through “hard work, example and good humour I was able to get folks to pull in the same direction,” says Dr. Jain, who was awarded the Meritorious Service Medal of Canada by the Governor General for his efforts. He was decorated by the Governor General a second time in 2018 with the Order of Military Merit (officer level), one of the country’s highest honours, for his leadership in crisis situations over his career.

Dr. Jain got his first taste of disaster medicine following the Swissair disaster off Peggy’s Cove.
The Swissair experience, which he wrote about in the book *Everyday Heroes* by Jody Mitic, has left a deep and lasting impact on him. “The first autopsy I will never forget. The amount of trauma the people on the airplane suffered was nothing like I had ever seen,” he wrote in *The Guardian* to commemorate the 20th anniversary of the crash. “My team did the autopsies on the babies on the flight. These were the most traumatizing and emotionally taxing. I remember asking them to leave the autopsy suite and conducting them on my own.”

Dr. Jain has only been back to Peggy’s Cove once since that time, he hates flying over water, he occasionally smells JP4 jet fuel for no reason, and when he shakes hands, he sometimes finds himself taking mental notes on what the hand looks like. But it’s also made him a better physician, he believes, “stronger but more reflective.”

“After that experience, I realized I like emergency medicine, the unknown, the chaotic environment, solving problems,” he says, which set him on a path to becoming one of Canada’s leading experts in disaster medicine.

Disaster medicine is about preparing physicians for mass casualty incidents, “essentially any sort of event or hazard that causes damage for which you don’t have the resources to treat patients in a timely and proper fashion,” he says. More than just emergency medicine, disaster medicine “teaches physicians to wield clinical firepower and medical logistics in the most effective way possible to achieve the most saves and reestablish some semblance of health care in the region.”

The subspecialty is quite new in Canada—Dr. Jain has a master’s degree in disaster medicine from Vrije Universiteit Brussel in Belgium and is working on his PhD—and there are very few who have the credentials and experience he does.

Joining the Royal Canadian Medical Service branch in 2001, he completed additional disaster medicine training at Queen’s University, is dive-medicine and flight-surgeon qualified, and has deployed to multiple global hot spots, disaster areas and war zones, providing medical support to both armed conflicts and humanitarian operations. “I’ve been in some nasty places,” he says, “from being trauma team leader in support of combat operations in the Middle East to medical director of a surgical hospital in post-civil war Bosnia, where we were taking Tiger Team helicopters to get people who were injured by landmines.” In fact, as this story was coming together, Dr. Jain, who continues to serve in the army as the 36 Canadian Brigade group surgeon and deputy commanding officer of the Prince Edward Island Regiment, was preparing to leave Charlottetown for another assignment to...
an undisclosed location, without any of the comforts of home, where his skills, knowledge and leadership are desperately needed.

In 2008, he joined the Queen Elizabeth Hospital in Charlottetown as an attending emergency physician. He is also medical director for Paramedicine Programs at Holland College and was the driving force behind the creation of UPEI’s Bachelor of Science in Paramedicine degree program in 2017, and now serves as the program’s director. “It started because I wanted paramedics to have the same opportunity to develop critical thinking skills, leadership skills, academic skills and medical skills at a much deeper level than currently available,” he says.

That BSc program admitted just three students to its inaugural class, but in 2020 admitted 25 first-year students, he says proudly.

“Our paramedics in Canada are the Swiss Army knife of the health-care system,” he says. “You can take a well-trained paramedic and put them anywhere—in emerg, in mental health, in palliative care, in an ambulance, in a helicopter. They are key to any disaster medicine response, and one of the courses they take is disaster medicine and crisis response.”

It was his ability to respond—and to lead—during a crisis that helped shape PEI’s pandemic preparations. “There are three types of power: authoritative, educative and positional. Just because you’re in a leadership role does not make you a leader, especially during a crisis. They will have a lot of institutional knowledge and expertise about policies, processes and procedures, but a lot of times those are barriers to getting things done,” he says. “You will also see natural leaders step up in a crisis, and they need to be recognized, molded, supported and force-multiplied to accomplish the mission.”

That’s what happened to Dr. Jain during his Swissair assignment, and that’s what he’s tried to do during COVID, even with something like the COVID Warrior coin to recognize the contributions of natural leaders within their own organizations, whether it’s a nurse or paramedic or someone working in the laundry department or janitorial services. “When you see those people using their own personal leadership and solving problems at the lower levels that impact problems at the higher levels, that’s something to be celebrated,” he says. “In the same way, I really think the health-care system needs to open its eyes wide, identify the natural leaders and empower them to take action and make decisions.”

Follow Dr. Trevor Jain on Twitter @TrevorJain.
Our pandemic year:
ON THE FRONTLINES WITH DAL RESIDENTS
BY BARRETT HOOPER

AT THE BEST OF times residents live in a bit of a pressure cooker as they balance long hours, multiple rotations, studies, exams and personal lives (what’s that?!). Add a global pandemic to the mix and that pressure cooker has become an Instant Pot. But Dal residents are nothing if not resilient, as the following conversations with residents and administrators about their experiences during the past year demonstrate. These interviews were completed prior to the Wave Three spike in cases in Nova Scotia in late April and early May, and subsequently we heard from several residents who expressed their concern as ICUs edged toward capacity and they anticipated possible redeployment.
Dr. Clouston We started hearing about COVID in early January. At the time we thought it would blow over, a blip, and we would move on and life would return to normal.

Dr. Hurley There was a surge in cases in other countries, so there was a lot of nervous energy in the Emergency Department because we didn’t know what to expect. Even before the province had any confirmed cases, we had this sense, this fear I guess you could call it, that any patient could be positive.

Dr. Kim You saw reports coming out of Wuhan and out of Italy of medical personnel wearing hazmat suits, so when we first started seeing cases locally some of my colleagues wondered if we should be doing the same. That was just part of the confusion and uncertainty in the beginning.

Dr. Fares It would be foolish to say we all weren’t scared, because we were scared. We didn’t know what we were dealing with.

Dr. Knight It’s not something you usually think about when you consider going into a career in medicine, the idea that you could actually catch a very deadly disease or transmit it to a loved one. I remember thinking I would never be able to see my dad again because he has bronchiectasis and getting COVID for him would be quite serious, potentially life ending.

Dr. Hall Our resources are stretched thin in the Maritimes at the best of times. We’ve had times of crisis in the past without a pandemic, just a normal flu season sometimes puts us into a bit of a bad crunch, so I think it was very apparent that our system could have capacity issues.

Dr. Hurley I have two young children, age one and three, and when the restrictions were implemented we lost our childcare, so my wife and I were scrambling. She and the kids moved in with my in-laws for a while and I didn’t see my family for four or five weeks at one point. It was very hard to explain to my children why daddy wasn’t around.

Dr. Hall The biggest anxiety was not knowing what the appropriate response was, and how to handle the patient inquiries to make sure that they were doing what was appropriate.

Dr. Burgesson It felt like every day, there was a new policy or an additional process that made our jobs a lot harder—but was needed.

Dr. Clouston Within about a week we went from doing things as we’d always done to completely changing our processes and protocols. It was astounding how quickly people—the system, really—were able to adapt.

Dr. Dunfield At the beginning there were no other learners around, it was just residents, and you realize how nice it is to have first-to-fourth-year medical students in the hospitals.

Dr. Hurley One of our biggest stresses was around PPE. Before COVID we would intubate a surgical patient without wearing a surgical mask. That’s unthinkable now.

Dr. Knight In March not everyone was wearing masks. It wasn’t a thing yet. There wasn’t any screening coming into the hospital.

Dr. Hurley It’s a bit laughable when you think back.

Dr. Clouston We started taking full airborne precautions for any intubations, with 95 masks and level 4 gowns, which previously we would only have worn when treating patients who had tuberculosis, for example.

Dr. Knight We were trying to balance our learning versus resource allocation when there was a real fear that we wouldn’t have enough masks.

Dr. Clouston One of our PGY 2s, Dr. Mark McGraw, used his own 3D printer to print face masks for the department. He saw a problem and created a solution.

Dr. Fares It put everyone’s life into disarray. Not only were residents dealing with the personal aspects of functioning as a resident—which isn’t that glorious to begin with—but also being fairly low in the hierarchy of medicine and having to do all that work and how do we do that in the safest way and utilize the skills to greatest effect?

Dr. Connell I remember admitting COVID patients to the ICU and we didn’t really know how we were supposed to be specifically treating that. We were all pretty stressed already and everyone was fairly scared about what was going to happen. There was a lot of talk about our capacity to look after people, what happens if beds run out, what if we had to distribute resources, and what all that would even look like.

Dr. Fares For our Family Medicine residents who were in private clinic, not having PPE or scrubs or the right equipment was a huge concern that created a bit of anxiety.
COVID-19 UPDATE

Dr. Rosalinda Knight
(MD ’19, PGY 2, associate chief resident, Family Medicine, DMNB)

Dr. Douglas Hall
(PTM ’09, program director, Family Medicine, DMNB)

Dr. Andrew Warren
(associate dean, Postgraduate Medical Education)

Dr. Fong At my particular clinic we had to procure our own PPE, and the shift to virtual care happened so fast.

Dr. Connell There was a lot of concern about redeployment and could we be asked to go to a different part of the province or go into other rotations in the hospital that we weren’t initially planning on doing.

Dr. Fares The question was, how could we best utilize our residents in response to COVID? For instance, an anesthesia resident who is really comfortable with intubations, as well as a pathology resident who might be more comfortable looking at samples and the logistical component of treatment. The internal medicine residents who were running the Code Blue arrests in the hospital, what did it mean for them? The level of PPE now required was new for them and they weren’t trained to put it on safely. What is the procedure if a patient with COVID-19 went into cardiac arrest? How do we best protect them and the rest of the team? How do we keep residents safe in the ICU?

Dr. Warren Unlike residents in other parts of Canada where COVID numbers have meant that they are sometimes being deployed to places like the intensive care unit, even if they’re in completely unrelated disciplines, so far, we have been able to define every resident’s most proximal skill set and prepare a redeployment plan that takes that into account.

Dr. Connell By May, things started to settle down. We had a better sense of the disease, a better sense that we weren’t going to get the surge that we were initially fearing. The anxiety and nervous energy faded, replaced by a mix of relief and pride in the way Nova Scotia was handling it.

Dr. Hurley You almost felt fraudulent because we didn’t see the number of cases other regions were having. Our patient levels actually went down. It was almost a feeling of disappointment, like we had prepared for this big thing and it didn’t happen, which I know is weird to think about.

Dr. MacGillivary It’s been interesting to see all the key stakeholders at play and all of the interconnections in the medical school and provincially and regionally and how complex and sometimes cumbersome the decision-making process is.

Dr. Fong I was supposed to have four or five of my 13 rotations outside of the province. Initially, we thought it was going to be okay until they closed the border between New Brunswick and Nova Scotia. So there was a lot of last-minute planning and adjustments.

Dr. MacGillivary The closing of the border between New Brunswick and Nova Scotia was quite difficult because New Brunswick relies quite heavily on residents stationed in Nova Scotia to deliver service, and residents from Nova Scotia get a lot of great educational opportunities and experiences when they go to New Brunswick.

Dr. Burgesson Electives have been put on hold multiple times over the last year. It’s not the end of the world, but it definitely adds more stress.

Dr. Knight Every day we were reminded to roll with the punches. We had exams cancelled. We had our LMCC cancelled literally the day before we went to go write it. We’ve had a lot of uncertainty around the CCFP exam.

Dr. MacGillivary There has certainly been some frustration among residents, as you would expect, particularly around loss of elective time.

Dr. Burgesson The worst time for me would have been the day we realized we were going to have to split up into teams. In Orthopaedics, the residents got pulled off sub-specialty rotations. I was on a spine rotation when this happened. With elective surgeries on hold, we split into two teams to cover the trauma service. One team works for a week, covers any emergencies that come in and helps out with clinics, trauma surgeries and ward management, while the other team stays at home to reduce the possibility of the entire service of residents contracting COVID or having to self-isolate.

Dr. Fares The pressure has been tremendous. We’ve seen residents who have struggled, who have asked for help. Even though we have not experienced the COVID burden that other parts of the country have, this has been an incredibly difficult year. It’s hard to give your mom a hug through a computer monitor.

Dr. Hall The wellness part has been huge and residency is always a pressure cooker. It’s long hours, it’s difficult, stressful situations and then worrying about COVID and exams and electives on top of that.

Dr. MacGillivary We’ve worked with PGME as well as Resident Affairs and directors of individual programs to try to make it possible for residents to leave the bubble to visit their families and have that important wellness opportunity and then come back and self-isolate without missing any curriculum time.
Dr. Fares There’s always an element of being vulnerable as a resident because you’re still learning to a certain extent. Relying on your colleagues for support certainly helped ease some of that vulnerability but there was just so much uncertainty. Burnout has increased exponentially. How do we mitigate that? How do we reclaim that work-life balance? I think we’ve all been on edge a bit more, understandably.

Dr. Burgess The other difficult part about the pandemic to me is the chronic fatigue, the prolonged physical and mental toll on residents. As residents we are often the frontline staff in each medical and surgical department. A lot of us spend our days navigating potential exposures. So, I’m a bit worried about this chronic fatigue. You work so hard for so long without that real outlet which to most people is to go home, see family, and to reset. A lot of people haven’t had the chance to do that.

Dr. Dunfield Our co-residents are wonderful and just being able to rely on them, to be able to talk about our days with people who understand what we’re going through, knowing you’re not alone in all this, really makes it easier.

Dr. Sutherland A year ago, there was so much uncertainty. Do we have enough PPE? Will I get COVID? How will this impact my electives or exams? But as plans were developed and processes were built, that uncertainty started to subside a little bit and it turned more toward being stressed about being able to provide the kind of compassionate care that patients are used to receiving.

Dr. Dunfield Usually the waiting room at emerg is this crazy place, but people were afraid to come in, even for chest pain. It was almost like a shockwave through the system where people were too scared to go to the hospital.

Dr. Burgess We would see some patients present to hospital only after their condition had gotten a lot worse and became more difficult to treat.

Dr. Knight One of the internal medicine residents on call for our CCU department watched someone die in front of her as she was talking to him; he’d had a heart attack but waited to present a few days before coming to the hospital because he was scared of getting COVID in the emerg. That hit me hard; I couldn’t imagine if it was me watching someone passing away that way. That hit me hard; I couldn’t imagine if it was me watching someone passing away.

Dr. Kim When you work in a specialty that is closer to the border between life and death than some other specialties, you’re told not to take things personally and not to carry the burden with you. But it’s not possible to completely separate work and personal life, especially when you see people late in the treatment process. You see people show up by themselves to hear a life-changing diagnosis, spend months in a hospital bed with no visitors; there is this constant sense of loneliness, which is magnified in these patients.

Dr. Connell There were patients who were dying who had few family members or sometimes no family members because they were from away, and that was really hard to have people die just surrounded by their medical team, and sometimes not even that. I found that to be particularly challenging.

Dr. MacGillivary More and more the therapy you were providing wasn’t the medication you were prescribing; it was that one-to-one human contact and interaction, particularly for some older patients who had been more isolated at home before coming into the hospital.

Dr. Mah As residents, we try our best to keep our personal lives and professional lives separate. With COVID-19, however, we are all exhausted. The pandemic has taken away those healthy behaviors that we used to cope as residents, such as our ability to exercise, seeing friends and family or even how we bonded with our colleagues. But as exhausted as we are, our patients who are less fortunate are equally or more exhausted. Somehow, can we channel our experiences into increased empathy for our patients and our colleagues? It may be difficult, but when things are getting tougher, we have to remember to become more compassionate.

Dr. MacGillivary Hearing stories of the sacrifices our residents were making to support each other was incredible and showed their qualities as leaders. There were a number of residents who made sacrifices, including taking on extra on-call and switching their holiday plans so that their fellow residents could get home to see their families, and it was really heartwarming and quite telling of how residents operate here in the Maritimes.

Dr. Warren I think the biggest challenge has been the human one, for lack of a better word. The social isolation has been difficult, particularly for residents. About 50 per cent of our residents come from outside of Dalhousie. That’s made for an exceptionally challenging time for some people, especially people who come here, when it’s perhaps their first time away from home. With no local family and no established friend group, the decrease in even work-related socialization has been especially difficult.

Dr. Fares I’ll be interested to see, if this goes on for another year, where we’ll be in terms of wellness, mental health and how we adapt and how the system adapts.

Dr. Clouston There are some positives that we can take away from the past year. Our residents have performed incredibly well under very difficult circumstances. Virtual care has been a huge benefit to patients that I don’t see going away. The ability to reach patients where they are and in a timely fashion is huge. Learning how to see patients in a virtual interaction, how to recognize what might require in-person treatment versus something that can be handled by phone is a key skill our residents are learning.

Dr. Dunfield Health care is always advancing. Sometimes it takes something really terrible to bring about positive change.

Dr. Hurley I hope we can learn from this experience, reflect on what worked and what didn’t and make lasting changes. In emerg, so often we’re bed blocked, with patients in hallways and long wait times, so hopefully this will show us a way to create more capacity in the system, that what we learned doesn’t stay just at one hospital or one region or that it only applies during a pandemic.

Dr. MacGillivary We’ve learned a lot about the logistics of the hospital system, how cumbersome it can be, especially in the face of change, and we learned that it can be a lot more nimble than previously thought possible.
Safe at sea:

ALUMNUS PROTECTS NAVY MEMBERS FROM COVID-19

WHILE MOST CANADIANS HAVE been taking their COVID-19 marching orders from their provincial chief medical officers of health, members of the Royal Canadian Navy have been taking their cues from Lieutenant Commander Mitchell Drake (MD ’13), a PEI native and Dal Med alumnus who stepped into his new job as fleet surgeon for Maritime Forces Pacific at CFB Esquimalt just as the pandemic was taking off in March 2020.

“It’s fascinating to look at the best evidence and tools that we have to advise on mitigating that risk… using things like quarantining and testing to get that risk level down,” said Lt.Cmdr. Drake in an interview with CBC radio from Victoria, BC.

Navy vessels and military quarters are densely populated, so there was a real risk of a major outbreak spreading quickly through the ranks. Lt.Cmdr. Drake’s role has been to help prevent such an outcome by advising military commanders on the constantly evolving scientific evidence and overseeing the implementation of best-practice tactics to keep the virus from spreading amongst military personnel.

Crew members were required to self-isolate in military accommodations or a hotel before reporting for duty, with meals either pre-stocked in the room or delivered to the door, and tested up to three times before boarding a ship for duty. Unlike other nations’ navies, some of which have experienced onboard outbreaks, Canada’s navy has been spared. In fact, with potential cases carefully screened out, heading out to sea while case counts in BC soared was the safer place to be—and, thanks to crews remaining COVID-19 free, Royal Canadian Navy personnel were able to see their families without delay upon returning to shore.
Dalhousie plays key role in NOVA SCOTIA’S VACCINATION EFFORTS

BY JASON BREMNER

When the first doses of the COVID-19 vaccine arrived in Nova Scotia on December 15, 2020, it was a milestone for the province that offered the first optimistic glimpse of life after the pandemic.

BEFORE ANYONE ROLLED UP their sleeves, however, the province needed to solve a seemingly simple question: Where would the vaccine be stored?

The Pfizer-BioNTech COVID-19, one of the two vaccines first introduced in Nova Scotia, must be stored in an ultra-cold freezer at temperatures between -80°C and -60°C. For perspective, the coldest temperature ever recorded in Canada was -63 °C in Snag, Yukon, back in 1947. With provinces across the country scrambling to procure freezers that could meet these requirements, the government of Nova Scotia turned to the Life Sciences Research Institute (LSRI) at Dalhousie University to be one of Nova Scotia’s 10 cold storage sites.

Dr. Roger McLeod, then-associate dean of research for the Faculty of Medicine, remembers checking his email on December 1, 2020, to learn that planning was underway to receive the first test shipment in two weeks.

While several labs in the medical school’s Tupper Building and LSRI are equipped with an ultra-cold freezer, many of them were already being used for critical and time-sensitive research projects. Despite this, Dr. McLeod points to the
research community’s selflessness as he worked through the process of finding a freezer.

“All of the researchers involved have been very helpful and understood how important this was,” says Dr. McLeod. “Credit to the researchers for being so accommodating. A lot of them even offered the freezers in their own labs.”

After a long day of gathering information and taking stock of what was available, it was determined that a vacant lab in the LSRI had a freezer that met the exact requirements and could store over 100,000 doses of the vaccine. Not only did the freezer satisfy the storage demands, it was also attached to backup generators and located close to two hospitals, making it the ideal location for a vaccination clinic.

After securing the site, Dr. McLeod tapped Paul Bourgeois, manager of building services, to oversee the logistics of effective storage and continuous temperature monitoring of the vaccine.

“Things were moving in a hurry,” Bourgeois recalls.

Before the vaccine could be shipped, both Bourgeois and Dr. McLeod were required to complete webinars provided
by the Public Health Agency of Canada (PHAC) and Pfizer on how to properly receive and handle the vaccine.

“It’s pretty amazing how quickly PHAC rolled out the teaching materials at every level,” says Dr. McLeod. “It’s been very comprehensive to make sure people are well informed and educated about the vaccine.”

The vaccine is shipped around the world in a specially designed, temperature-controlled thermal container that uses dry ice to maintain the recommended storage conditions.

“There is a device inside every container that monitors the temperature 24 hours a day,” says Bourgeois. “When we open the container and stop the temperature recorder, we get an indicator that the shipment has maintained the proper ultra-low temperature throughout its journey from Belgium to us here in Halifax.”

Once the vaccine is unpacked and safely stored in the ultra-cold freezer, there is also a procedure to send the expensive shipping container back to Pfizer to be reused for a future shipment.

“We take the dry ice out and a lot of times we give it to different researchers who can use it in their labs,” says Bourgeois. “That’s been one of the added benefits.”

As Nova Scotia received more and larger shipments of the vaccine, the handling and storage of the vaccine became a well-oiled machine, recognized by then-Minister of Health and Wellness, the Honourable Leo Glavine, in a letter to Dalhousie president, Dr. Deep Saini.

In the letter, Minister Glavine specifically highlighted the exceptional work of Dr. David Anderson, dean of the Faculty of Medicine, Dr. McLeod, and Mr. Bourgeois, and their willingness to allow the LSRI to be used to store the vaccine, noting that, “This single act brought hope to Nova Scotians that COVID-19 would come to an end.”
For Bourgeois, playing a role in ending a global pandemic was the furthest thing from his mind when he got word back in December that Dalhousie would be storing the vaccine.

“I’m really glad I had the opportunity to go through this. There have been some challenges, but it’s been rewarding and I’m just really happy to be involved,” says Bourgeois. “It’s pretty cool.”

So much was unknown at the time, but the leadership and commitment displayed by Dr. McLeod and Mr. Bourgeois jumpstarted what has since become the largest vaccination campaign in Nova Scotia history, and their efforts have contributed to over 100,000 people getting vaccinated in the province.
**Test and contain:**

NOVA SCOTIA’S INNOVATIVE APPROACH TO COVID-19 TESTING

BY MELANIE STARR

With the arrival of the third pandemic wave this April, and higher stakes due to the presence of new variants, widespread and asymptomatic testing became vitally important.

THANKFULLY FOR NOVA Scotians, staff in the provincial microbiology lab were already well-versed in how to rapidly process large volumes of tests, and had done the legwork to ensure they had plenty of test supplies stockpiled.

“We have been quite aggressive in our procurement efforts to ensure we have supplies for as many different testing platforms as possible,” notes Dr. Todd Hatchette (PGM ’01), a professor in Dalhousie’s Department of Pathology and chief of the Division of Microbiology at Nova Scotia Health. “This way, we can nimbly shift from one platform to the next, as dictated by the constantly changing flow of supplies, to keep our levels of testing up.”

Ensuring maximum testing capacity has been job one for Dr. Hatchette and his team since the beginning. “As the first wave of the pandemic rolled toward Nova Scotia, we knew that the ability to conduct large numbers of accurate tests would be
crucial to keeping the virus under control in the region,” he recalls. “But we were short on supplies and staff to conduct the tests we would need, and everyone in the world was competing for scarce nasal swabs, so the question was, how?”

It turns out that creative thinking, teamwork, flexibility, dedication and a can-do attitude go a long way in the face of seemingly insurmountable challenges.

Several divisions in the Department of Pathology generously allowed staff to be redeployed to the microbiology lab and trained to conduct the COVID tests. “It was truly a departmental response, with all hands on deck,” Dr. Hatchette says. “This allowed us to ramp up our testing capacity quickly.”

At the same time, microbiology lab staff scoured the province for swabs, shook down their suppliers for reagents, and began stockpiling the supplies. The scarcity of nasal swabs inspired the staff to try a novel approach—they gathered supplies of the swabs normally used to screen for sexually transmitted infections and tested them to make sure they would be suitable for COVID. Not only did the rest of Canada take notice and follow the example of this initiative—coordinated by Dr. Glenn Patriquin (MD ’12) and Dr. Jason LeBlanc (PhD ’06)—but the World Health Organization referenced Nova Scotia’s validation of re-purposed swabs in its guidance for COVID-19 testing.

The staff found and validated other sources of swabs to add to the stockpile, and scavenged containers to use in homemade testing kits they assembled themselves. They also began running the tests in batches of four, dramatically accelerating the testing process while making more efficient use of limited
reagent supplies. And, of course, running the lab 24 hours a day, seven days a week provided a big boost to capacity.

By the middle of the first wave, staff in the microbiology lab were processing 1,600 patient samples a day, compared to the lab’s typical volume of 500 to 700 samples a day. Within days of the start of the third wave, the lab was processing more than 11,000 tests a day. To put this into perspective, the lab processed 8,599 influenza tests over the entire year of the 2009 H1N1 pandemic.

Without the lab’s testing capacity, it would not be possible to run the pop-up testing program that is so crucial to reining in the third and any subsequent waves of the pandemic.

This now-famous program began as something of a jest. Last November, when cases among young people spiked, Dr. Hatchette semi-seriously mentioned to his colleagues that he should head down to Argyle Street and run tests out of the back of his car. Everyone thought it was a great idea and jumped on board. Soon enough, he and Drs. Lisa Barrett, Jason LeBlanc and Ian Davis were piloting the first pop-up testing event at Halifax’s infamous nightclub, The Dome.
"It was a truly departmental response, with all hands on deck... This allowed us to ramp up our testing capacity quickly."

“We knew that to put a stop to the second wave, we needed to be out testing asymptomatic individuals in a really approachable way that would make it easy and take away social stigma people might associate with going into a testing centre to be screened,” Dr. Hatchette recalls.

What started simply as proactive testing quickly morphed into a meaningful opportunity to engage with the public, as Dr. Hatchette and fellow infectious diseases specialist Dr. Lisa Barrett came up with the idea of training volunteer members of the public to administer the COVID antigen tests at pop-up locations across the province.

“Pop-up testing has become an important arm of our COVID containment strategy,” Dr. Hatchette notes. “It was a big paradigm shift to use trained volunteers rather than professionals to do this work. It allowed us to expand the capacity of a strained health-care system, while also engaging with the public in a new way. We were even mentioned in Parliament for this innovative strategy.”

With Nova Scotia’s case counts being so low for most of the past year, Dr. Hatchette and his team were able to lend a helping hand to other provinces that were struggling to keep up with the need for testing in their jurisdictions. But with the arrival of the third wave, the focus shifted back to collecting and analyzing as many tests as possible—more than 10,000 a day. And, as Dr. Hatchette reports, the cases are turning up as newer variants of the original SARS-COV-2 virus.

“The frontline staff in the lab are doing an extraordinary job,” Dr. Hatchette says. “They have been so accommodating, shifting focus and priorities on a dime to adjust to constantly changing demands within the confines of the existing systems. They continue to step up in a big way, even though they are facing all the same fears and stresses as everyone else.”
Med students create VIDEO SERIES TO DISPEL COVID MYTHS

BY JENNIFER LEWANDOWSKI

As health-care systems across the country work rapidly to distribute COVID-19 vaccines as efficiently as possible, there is a lot of misinformation being shared on social media and online.

▲ These short videos are available through a variety of social media platforms, including Facebook, Twitter, Instagram and YouTube.
The Dalhousie student population is largely made up of this demographic, making them a natural fit to host the videos. In collaboration with Communications Nova Scotia—the same team responsible for creating the Premier’s and Dr. Strang’s televised press conferences—the first five videos were scripted and produced in under a week.

“This project has given me the opportunity to further develop my leadership skills and proficiency as a future physician and has allowed me to directly give back to my community,” says Brett Ells, second-year medical student and host of two videos.

The student hosts provide viewers with guidance on healthy behaviors and social norms related to COVID-19. By strategically initiating a dialogue with their peers about the importance of mask-wearing, physical distancing, and proper cough/hand hygiene, hosts ensure that many of the questions and expectations surrounding health and safety guidelines among young Nova Scotians are addressed.

Some of this information may be creating fears over the vaccines and influencing the decision whether to get vaccinated or not.

Misinformation and rumour can spread more quickly than the virus itself and it can be just as dangerous. However, it has been found that early interventions can help prevent people from spreading misinformation.

That is exactly what Dalhousie Medical School and Nova Scotia Health are trying to do through a series of videos on social media.

In December 2020, the increase of COVID-19 activity was occurring largely in people aged 18-35, sparking a discussion between the Department of Health and Wellness and Dalhousie Medical School suggesting that this group might benefit from learning more about the risks of COVID-19 from people their own age.

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Second-year medical student and host of COVID-19 Explained, Sunil Ruparelia, has a degree in microbiology and immunology from Dalhousie University.
The best defense against misinformation is teaching critical thinking skills. The scripts are written to further educate Nova Scotians about the many complex factors concerning the pandemic and to help stop the spread of misinformation. They are authored by and vetted through three offices: Communications Nova Scotia, the Department of Health and Wellness, and Dalhousie Medical School. In an effort to discredit any mistruths, the videos introduce scientific literacy—teaching people how the scientific process works and how to evaluate claims using scientific evidence—but without a degree in public health and epidemiology. Instead, the scripts use plain language to break down the science and simplify the terminology in order to keep communities aware, informed, and COVID-free.

Topics are chosen based on public interest concerning current events. For example, when the vaccine shipments arrived in Canada, the conversations evolved from how to get a COVID-19 test and rapid testing to what vaccines are being used in Nova Scotia and what are the vaccines made of.

“It is crucial for future physicians to effectively communicate scientific knowledge in a simple and accessible way,” said Beth MacDonald, second-year medical student.
manner,” says second-year medical student Nardeen Grace, host of one of the Myth Busters videos that focused on mRNA vaccines. “I am honoured to be part of a project that does precisely that, and I believe these videos will continue to benefit Nova Scotians and the Dalhousie community.”

The first series of videos, titled COVID-19 Explained, covered the basics of the coronavirus. Topics such as, “How can I tell if I’ve been exposed to the virus?” and “What is contact tracing and how does it work?” were answered by students ranging from first to fourth year from the faculties of Medicine and Health. In the new year, the videos evolved from their longer, infomercial-feel into shorter segments known as Myth Busters, and featured students debunking popular myths concerning the science behind the virus and its vaccines.

In the Maritimes, Dalhousie’s COVID-19 communication is reaching multiple audiences, each one with different questions, needs and priorities. It is important that the medical school use the clearest language possible to help people make the right decisions for their health. These videos are a step towards setting the record straight on some of the myths about the COVID-19 pandemic and promoting facts and science to help get Nova Scotians get the information they need to stay safe.
A student’s-eye view

MEDICAL EDUCATION IN A PANDEMIC, ONE YEAR LATER

BRETT ELLS (MD ’23), DMSS PRESIDENT

It is hard to fathom that it has been over a year since the pandemic radically changed our medical training and personal lives.

SINCE MARCH OF 2020, the Dalhousie medical student experience has been significantly impacted. The immediate cessation of social events, intramural sports, community activities, core clerkship rotations, and so much more, made it very challenging for everyone.

All in the face of adversity, the Dalhousie medical student community consistently has proven to be innovative, creative and able to persevere through each and every challenge presented to us.

Over the last year, the Dalhousie Medical Students’ Society (DMSS) and many of its members have contributed their time, effort and creativity to enhance the student experience. Through the leadership, commitment and endurance of our council members and other volunteers, we were able to overcome many obstacles. For example, we held an in-person COVID-19 UPDATE
orientation week for the Class of 2024, as well as many outdoor events, and the student lounge was renovated to improve inclusivity, relaxation space, and study space.

It was amazing to see how the student body galvanized to create new and unique opportunities to connect online. There were online game nights, talks and presentations hosted by medical professionals, and an online dinner sponsored by Doctors Nova Scotia where over 190 participants from the Faculty of Medicine—students and faculty alike—joined together virtually to break bread.

While there have been undeniable high points, this past academic year has been a test of patience, determination and resilience. Medical school is known to be an incredible journey and a transformative process that relies on social interaction, community and friendship. The pandemic has interfered greatly with the social aspect of medical training.

I was elected president of the DMSS just as the pandemic struck locally. I knew the hills to climb would be steep, but I was ready to accept the challenge to serve my colleagues. Over the last year, I have learned new leadership skills and refined old ones. With the support of the faculty and our own pit-bull tenacity, our team persevered knowing our organization had the ability, resources and influence to shape the student experience during the pandemic. I am proud of all of our accomplishments and will be forever grateful for the opportunity I was given to lead the DMSS during this trying time.

To all my fellow students, I hope you have a wonderful summer, rotation, or elective as we move forward through this year. I look forward to witnessing what exciting new accomplishments come to fruition under the leadership of the newly elected DMSS Council.
FOCUS ON

WELLNESS
Burnout among physicians has long been an issue of concern.

According to a 2020 survey, 86 per cent of Canadian physicians meet at least one of the criteria for burnout. The COVID-19 pandemic has made the situation more acute, as demand for care has risen but resources for treating patients are just as limited as ever.

This is the challenge facing Dr. Angela Cooper, assistant dean of faculty wellness and assistant professor in Dalhousie’s departments of Family Medicine and Psychiatry. In this interview, she discusses how she is leading the faculty wellness initiative and how physicians can identify and address signs of burnout in their lives.
Q. As assistant dean of faculty wellness, what is your top priority?

A. My top priority is creating a culture that is psychologically safe, which means people are comfortable talking about their concerns, mistakes and vulnerabilities without fear of embarrassment, ridicule or retribution. That starts with educating and helping our leaders demonstrate these values. A close second to that is engagement. If we do not engage faculty in wellness initiatives, we cannot identify the issues they are experiencing or the degree of severity, so we cannot develop appropriate solutions.

Q. How do we define burnout from a physician perspective and how is it caused?

A. Physician burnout is a syndrome that results from the chronic workplace stress often found in health-care professions. It consists of three elements: emotional exhaustion; depersonalization and cynicism; and a reduced sense of personal achievement or efficacy. When all of these are high, you are considered burnt out.

Because of the occupational stressors embedded in medicine, physicians are more at risk of burnout. These include heavy workloads and long hours, emotionally intense and challenging situations involving human suffering and complex and demanding clinical decisions, as well as staff shortages, shift work and being on call. And then there are the complex issues involving the power structures, hierarchies and oppressive practices that have been part of medicine’s hidden culture.

Q. What do we know about the state of wellness among our faculty and physicians more generally?

A. Approximately 50 per cent of physicians responding to a 2018 Doctors Nova Scotia study on burnout and wellness indicated they were burned out, and 20 per cent felt ineffective in their workplace. We can assume that those numbers have increased since COVID-19.

Q. How has the COVID-19 pandemic impacted wellness among faculty and physicians?

A. Some faculty members have experienced a significant increase in their workload and there are not enough resources to meet demand. That adds to physicians’ sense of guilt: they want to provide the best possible patient care but can only do so much. A crisis like COVID-19 heightens their fear that they are not
doing enough to help. The problem is, as physicians give more of their time to meet demand, their level of self care can be reduced. The long-term impact of physicians putting self care at the bottom of the list can be burnout. Unaddressed symptoms of burnout can then manifest as a mental health disorder requiring medication, psychotherapy or time off work, further increasing their sense of guilt. We need to help physicians accept that no matter how much they do, there is always going to be more work, and so managing self care alongside these demands is critical.

Q. What do you see as your biggest challenge in tackling physician wellness?
A. The stigma related to accessing resources. One of the most frequently reported barriers to seeking help is the belief that the situation is not severe enough to warrant it. There is also a sense of shame or ideas of weakness involved in seeking help. And that is compounded by a lack of awareness about the services that are available.

Our goal is to remove the stigma around seeking help through education and creating safe spaces to discuss wellness. We are also developing a website that will provide faculty with a list of resources they can access through Dalhousie and stakeholders such as Nova Scotia Health, Horizon Health, Doctors Nova Scotia and the New Brunswick and PEI medical societies.

Q. Physicians are not known for making the best patients, so how do we change that?
A. I think some of it is a cultural shift. We need to build more awareness among physicians of their own humanity so they reconnect with their emotions. Physicians do need a certain level of disconnect given the degree of human suffering they face. But when that becomes chronic, they can forget how to feel and connect. Having safe environments where physicians can reconnect with their emotions and share their experiences helps build a culture of psychological safety, humanity and connection.

Q. You mentioned the website as one tool to help physicians. Are there other initiatives you are developing?
A. One of the first projects is the Wellness Implementation Group, which will have representatives from each department. This will enable us to explore issues together and create wellness committees and agendas to generate targeted solutions for departments.
We are also creating a series of wellness podcasts featuring leadership and faculty members sharing stories about their vulnerabilities, mistakes, emotional challenges, wellness, and experiences with burnout. It is going to take some courage for people to speak out, but many faculty members I have spoken to have a real appetite to begin this culture shift.

Another initiative we are designing is a peer support program. The literature suggests many faculty will not seek professional help, but they will approach trusted peers to talk about their difficulties. We were awarded a Workplace Wellness Grant from Dalhousie to do this and we hope to work with Resident Affairs and Student Affairs to provide faculty volunteers with specialized training to offer peer support.

We also have a wellness education series in the works, where experts will talk about topics such as work-life integration, the difference between burnout and mental health disorders, and how to develop meaning in the context of crises such as COVID-19. We hope these sessions will help get the ball rolling to enhance faculty wellness.
Q. In addition to these initiatives, what can physicians do to prevent or manage the burnout they are experiencing?

A. One approach is to build emotional awareness. For example, noticing how anxious our bodies are feeling each day has real benefits, particularly these three anxiety pathways: tightness and tension in our bodies; stomach and bowel issues; and cognitive or perceptual difficulties such as dizziness. Being aware of these pathways helps the body calm down because we are validating our physical experiences instead of ignoring them.

There are also more common interventions, such as considering what you eat, taking regular breaks, getting good sleep, getting out in nature, and exercising. The best tip I can offer is to start journaling. It has been found to be a powerful intervention for dealing with adverse events, stress and a negative mindset. When you make note of, say, three things you feel grateful for, it immediately puts you in another mindset that stops your anxiety system from switching on. It also helps broaden your perspective, potentially reconnecting you with other people, and that can be beneficial.

Q. Are there ways that alumni can support you in your efforts to reduce physician burnout?

A. Probably the best way alumni can help is to think of this as a challenge we are all in together. Try sharing the vulnerabilities or emotional challenges that you face. Or consider sharing your experiences with the next generation of doctors to help them prevent or mitigate the kind of traumatizing or disconnecting event you went through. By being open and inviting safe conversations, we can make a difference because people will respond to that.
It’s Time You Knew:
DAL ALUMNA URGES WOMEN TO BE THEIR OWN BEST ADVOCATES
BY MELANIE STARR

As a gynecologic oncologist with more than 25 years of experience, Dr. Valena Wright (MD ’87) sees the potential to stop women’s cancers.

THIS LIFESAVING GOAL IS possible through comprehensive screening, early interventions, immunizations, and risk-reducing surgery, says Dr. Wright in her new book, It’s Time You Knew: The Power of Your Choices to Prevent Women’s Cancer.

Tragically, she has witnessed the impact of women’s cancers far too close to home, with the loss of her sister, Debbie, to ovarian cancer in 2015. As Dr. Wright describes in her book, Debbie’s initial symptoms seemed so subtle she didn’t even mention them to her gynecologist sister as she went about her busy life.
After Debbie’s diagnosis, Dr. Wright carefully reviewed her sister’s medical records, pathology report and genetic test results. Based on her analysis, she recommended her other two sisters undergo risk-reducing surgery, and she opted for the same course of action for herself. This type of surgery can be done in a minimally invasive fashion by most gynecologists. As it turns out, Dr. Wright’s recommendations saved her youngest sister’s life. As a result of surgery, a silent precancerous lesion was detected and cured—thanks entirely to the risk-reducing surgery.

In addition to protecting herself and her family, Dr. Wright was determined to send a powerful message to women everywhere about the vital importance of paying close attention to signals from their bodies and seeking care immediately when they notice something unusual.

“Many women still believe that cancer is either going to get them or it isn’t and they can do nothing about such an expectation,” Dr. Wright says. “This is such a disempowering belief. The truth I’ve learned from my practice as a gynecologic cancer surgeon is that cancer is easier to prevent than treat and the earlier a diagnosis is made, the better.”

To drive home this point, Dr. Wright decided to write a book that is equal parts call to action and cautionary tale. With great sensitivity, she shares stories of women in her practice who experienced dramatically different results based on their access to cancer screening, HPV immunizations, genetic testing and risk-reducing surgeries. Decisions to seek timely medical care for symptoms was one of the most important choices women made.

“One of the stories are simply heartbreaking, such as a woman who died just as she and her husband were on the verge of being able to go on the trip they had dreamed of and saved for their entire lives,” she recounts. “Others are just so encouraging, when you see first-hand the impact of new technology, such as robotic surgery, when the cancers are caught early.”

From her deep experience, Dr. Wright has four key pieces of advice for women:

- Do not deny your symptoms—get them checked out right away. Symptoms are your body’s nudge to pay attention.
- Do not tolerate your pain—be your own best advocate when something hurts.

“Listen closely to your patients’ symptoms, as this is the key to diagnosis in the absence of effective screening tests.”
- Learn to communicate with your doctor to get the best health care possible.
- Incorporate risk-reducing actions as part of your health care.

“I’ve seen too many women suffer with cancer because our medical system is not designed to prevent women’s cancer,” asserts Dr. Wright, noting that of the five gynecologic cancers, there is only a screening test for one: cervical cancer. “These women lacked access to medical care or, despite access, failed to act when symptoms first showed up. They didn’t realize how their lives would have changed if they had paid attention to their bodies, addressed their concerns when something felt off, and known how to talk to their doctors to get the tests they needed.”

Dr. Wright’s message to her peers in medicine is equally clear: “Listen closely to your patients’ symptoms, as this is the key to diagnosis in the absence of effective screening tests. Take women’s concerns seriously and act promptly to order tests and request referrals. And make sure to be proactive in obtaining and acting on risk derived from the family history.”

Even though gynecologic cancers are deadly, Dr. Wright is not a fan of scare tactics and dire warnings. “People make better choices when they have the necessary knowledge. As health care providers we have to inspire them to make healthier choices that will allow them to enjoy their life and the gift of good health,” she says.

As Dr. Wright explains in It’s Time You Knew, obesity is the number one risk factor for most uterine cancer as well as some types of endocervical and ovarian cancers. It is also the most
difficult risk factor for physicians to address with patients, due to stigma, embarrassment and the fear of offending a patient. Nonetheless, physicians must address obesity as a disease and work more closely and effectively with partners in the community to connect women to nutritional counselling and other wellness supports.

She says that the focus on exercising to lose weight takes the fun out of physical activity and turns it into yet another chore for women, who are often overloaded already with too much on their plates. And, she adds, many women suffer from martyr syndrome and its attendant and very unhealthy emotions of resentment and bitterness: “The message to women must be ‘not only do you need to put yourself first, but they need you to put yourself first.’”

As a native of PEI, Dr. Wright grew up cross-country skiing, skating, and doing watersports. “I was so fortunate to grow up with a love of sports and moving my body for the sheer enjoyment of it,” she says. “I am encouraged by the fact that some doctors are now writing prescriptions for exercise, this is a great step in the right direction.”

After completing her medical degree at Dalhousie, Dr. Wright did a rotating internship at McGill University. She then moved to Boston for training in obstetrics and gynecology, and gynecologic oncology, at Brigham and Women’s Hospital and Harvard Medical School. She feels a strong sense of mission now to share her message not just with her fellow physicians, but with women directly. As she notes, “The thing is, what a woman does every day of her life, the lifestyle choices she makes, are a lot more important to her health and cancer prevention than what happens during an annual check-up at the doctor’s office.”

Dr. Wright’s book is available on Amazon.
Clearing the path:
PLANS INSPIRES, EDUCATES AND ASSISTS BLACK STUDENTS TO PURSUE CAREERS IN HEALTH
BY ELIZABETH MACDONALD

Dr. Chadwick Williams (MD ’04) always knew he wanted to be a doctor, but the lack of Black representation in medicine almost caused the East Preston student to abandon his dream.

“NOT HAVING PEOPLE WHO looked like me in the medical field made me wonder why that was,” says Dr. Williams, a gastroenterologist and now internal medicine site chief at Dartmouth General Hospital who is a volunteer mentor with PLANS. “So, you question yourself, you question the medical institution, you question whether the system even wants you in it—but there was no one I could turn to for answers.”

Today, a Dalhousie initiative to create a more diverse, representative and inclusive health-care system is working to change that narrative. Established by the medical school in 2012, PLANS (Promoting Leadership in health for African Nova Scotians) is a comprehensive, culturally competent program designed to inspire and encourage young African Nova Scotians towards careers in health—and help nurture these dreams through to fruition.

“The odds are stacked against so many of our African Nova Scotian students, almost from the time they start school,” explains Dr. David Haase, co-chair of the
PLANS Advisory Committee and one of the program’s founders. “The lack of mentors is one systemic barrier, but so is being streamed out of academic courses as early as junior high, or wanting to go to university but not knowing how to apply or access financial support, because no one in your family or community has ever done so before.”

That’s why PLANS starts early, reaching out to junior and senior high school students through initiatives like its signature African Nova Scotian Health Sciences Camp. These week-long, hands-on introductions to career options in health, offered at Dalhousie, St. Francis Xavier and Cape Breton University, also support the students with guidance on high school course selection, admission requirements and financial supports, while connecting them with Black mentors and role models in the health professions.

Since 2014, 275 students from across Nova Scotia have attended the summer camps, including the PLANS Prep Institute, a specially designed program for returning campers that focuses on the practical side of university success, such as notetaking and study skills.

In 2020, PLANS built on this proven model by partnering with the Dartmouth General Hospital to create a new 10-week, 80-hour co-op placement program for African Nova Scotian high school students from across Dartmouth.

“Generational and systemic barriers mean there’s often a disconnect between our African Nova Scotian students and the prospect of university, to the point where they just don’t believe it’s achievable for them,” explains PLANS manager Sarah Upshaw. “Here at PLANS, we shine a light on the end of the tunnel and say, ‘This is where you can go and this is who you can be’—and then we help our students to reach that light.”

And when Black students enroll in Dalhousie’s health programs, PLANS is there: a safe, affirming home base, empowering them with the knowledge, the tools and the personal support to succeed.

Since 2016, PLANS’s suite of programs and services has broadened and deepened, thanks in large part to a substantial five-year gift from the Johnson Scholarship Foundation. In addition to helping reduce students’ financial burdens through micro-bursary programs and endowing the new Pathways Scholarship—awarded this year to 13 African Nova Scotian students in the health faculties—the Florida-based foundation helped strengthen PLANS’s mentorship programming.

Today, aspiring Black health professionals can connect with role models through several initiatives, including the Sophia B. Jones Mentorship Program, named for the first Black Canadian woman
to become a physician, which matches students in Med 1 through Med 4 with Black residents or practicing physicians.

For one of this year’s participants, Rufus Alubankudi—paired with Halifax anesthesiologist, Dr. Colin Audain—mentorship is crucial in a demanding, lifelong career like medicine. “Physicians and trainees of African descent can face emotionally distressing challenges, such as patients refusing their care or having derogatory or racially motivated slurs directed towards them,” says Alubankudi, one of four Black students in Med 1. “Being able to speak and work with someone like Dr. Audain, who looks like me and has already walked this path, is empowering.”

Thanks to PLANS, the needle is slowly starting to move. From 2015 to 2019, for example, the number of African Nova Scotians enrolled at Dalhousie increased from 121 to 232 students, with the health faculties being among the top destinations. “There’s so much need for expansion, especially to reach elementary and rural students across the province, but that takes resources and I’m only one person,” says Upshaw. “It’s vital we reach young Black students early and show them they have the ability to do well in whatever profession they choose.”

Dr. Williams agrees. “The reason we don’t see more Black faces in medicine
is not because the young people aren’t interested or talented or bright or capable of becoming excellent physicians,” he says. “The reason is systemic racism they face and PLANS is one way—and a very good way—to recognize these barriers and begin dismantling them.”

“The data show that we actually provide better health care when the medical institution is more diverse, more inclusive and more culturally competent,” adds Dr. Williams. “Programs like PLANS, by increasing interest, awareness and, hopefully, representation in medicine, will ultimately help provide better medical care for all patients, everywhere.”

*If you’d like to support the work of PLANS, or learn more, contact Sarah Upshaw sarah.upshaw@dal.ca.*

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**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 Phone: 902-494-7831

To learn more about PLANS, visit [www.dal.ca/health/plans](http://www.dal.ca/health/plans).
Dr. Brent Young (MD ’19) has been a health advocate since co-founding the Student Diversity and Inclusion Committee as a med student.

He’s also Anishinaabe with family roots in Sandy Bay First Nation in Manitoba, although he was born and raised in Cape Breton, Nova Scotia, as a result of his mother being displaced from her community during the Sixties Scoop (when Indigenous infants were removed from their mothers en masse and placed in the child welfare system).

Now, as a family medicine resident at the University of Calgary, Dr. Young has developed a deeper understanding of the social determinants of health and the challenges people face when they can’t access the health care they need.

“I think a lot of what we see in health-care delivery is unfair to marginalized communities, including Indigenous communities but also newcomers, people who are incarcerated, and people who are street-involved or experiencing homelessness,” says Dr. Young. “I want to
Dr. Young is committed to improving access to quality care that’s culturally appropriate and safe for Indigenous people. In Dr. Young’s opinion, eliminating the health inequities endured by Indigenous communities starts with addressing the underlying cause: colonialism. Systemic racism, unstable housing, precarious employment, food insecurity and poor access to clean drinking water are all rooted in colonial policy and they have a profound impact on health.

“When you’re not experiencing these inequities personally, you forget how they can affect your overall health,” says Dr. Young. “Until we address these issues as a society, I don’t think we’re going to see any movement forward in terms of Indigenous health.”

Another issue has to do with how the current health-care system is set up to serve Indigenous people. In Canada, the federal government is responsible for the health care of all First Nations people living on-reserve. Those living off-reserve, like Dr. Young himself, fall under provincial jurisdiction.

“Oftentimes there are these jurisdictional disputes and at the end of the day, it’s impossible to organize and set up a comprehensive health-care system that works best for Indigenous populations,” says Dr. Young. “I’d like to see a coordinated effort to support self-determination in Indigenous health.”

This June when Dr. Young completes his family medicine residency, he’ll return to Nova Scotia and split his time practicing at both the Sipekne’katik Health & Wellness Centre in Shubenacadie and the North End Community Health Centre in Halifax. He’s also working with the Mi’kmaw Native Friendship Centre to establish a new healing lodge for the urban Indigenous community in the Halifax region.

“There’s something like 15,000 Indigenous people in Halifax—a third of the Indigenous population in Nova Scotia—and there isn’t a single clinic that serves that community,” he says. “I think that just goes to show that jurisdictional disputes and the long-term effects of colonialism really do leave swaths of the community behind.”

When asked about the driving force behind his health advocacy work, Dr. Young says it comes down to his own lived experience.

“I think a lot of this journey has been about reclaiming my place in my community and finding where I fit again. That’s been really important to me.”
Parlez-vous français?

**DAL MED PARTNERS TO LAUNCH FRENCH LEARNING OPPORTUNITIES**

BY MELANIE STARR

Last November and for the first time ever, Dalhousie medical students took histories and spoke with their patients in French, in a simulated patient exercise conducted online.

“SIMULATED PATIENTS” ARE trained actors (amateur or professional) who play the part of the patient in clinical learning situations, to help the students prepare for working with real patients.

The event was such a success, a second francophone simulated patient experience went ahead in March, with support from Dalhousie’s Global Health Office, the Nova Scotia Department of Labour and Advanced Education, and Réseau Santé, a non-governmental organization dedicated to improving health services for Acadians and francophones. The organizers are also planning to involve Dalhousie’s other health faculties in creating interprofessional learning opportunities in French. And other universities may soon follow suit, thanks to Dalhousie’s example.

“To the best of our knowledge, this is the first time an anglophone university in Canada has conducted a clinical learning session in French,” says one of the event’s organizers, Michel Nader, a second-year medical student and member of Dalhousie Medical Students’ Society (DMSS) French in Medicine Interest Group. “It brings a lot
of satisfaction to improve health care for this population by interacting with them in their first language, and to see how grateful patients are for the opportunity.”

According to 2016 Census of Canada data, the Maritimes is home to some 270,000 francophones, defined as those for whom French was the first official language spoken. While the Université de Sherbrooke operates a satellite francophone medical school in Moncton, there are still many francophone Maritimers who do not have the opportunity to receive care in French.

The French in Medicine Interest Group promotes the provision of health-care services in French in a variety of ways, including sessions where members learn the French translation of common medical terms. The idea to connect bilingual medical students with French-speaking simulated patients gathered steam in the group last year.

“The students were very keen to go ahead with a French simulated patient learning event,” says Benjamin Chevenement, a project coordinator with Réseau Santé Nouvelle-Écosse who sits in on the French in Medicine Interest Group meetings. “So we contacted Dalhousie Medical School’s Centre for Collaborative Clinical Learning and Research, the C3LR, about a possible training exercise.”

Karen Bassett, a simulated patient educator with the C3LR, jumped on board with enthusiasm. “I love a pilot,” she says. “I love to make something new. And I also speak French fluently so I thought, I can do this!”

Bassett immediately set to work identifying case studies to use in the planned exercise, as well as recruiting and training French-speakers from the medical school’s simulated patient database.

“Réseau Santé looked after translating the case studies, and then I was able to train the eight simulated patients on the specifics of those cases, especially the vocabulary,” says Bassett. “They were all experienced simulated patients who had done a lot of work with our medical students in English, so they were really excited by the opportunity to do similar exercises in French.”

Fourteen bilingual medical students signed up for the online event, and 11 bilingual residents offered to observe the students in action and provide feedback on their clinical and communication skills.

“The simulated patients were so happy to see this initiative and the students thoroughly enjoyed it,” says Juliana Ali, a bilingual second-year medical student who helped organize the event. A member of the French in Medicine Interest Group, she sits on Dalhousie Medical School’s Francophone Health Advisory Committee with fellow student organizer, Michel.
Nader. “As soon as the event was over, people were asking, ‘When can we do this again?’”

While Arabic is Nader’s first language, he is fluent in his second language of French. He became acutely aware of the value of providing service to people in their first language after an eye-opening experience on rotation at the Newcomer Health Clinic in Halifax. He encountered a family of immigrants from the Middle East who must have been struggling, because they were so happy and relieved when he walked into the room and spoke to them in their own language.

“It clearly meant so much to them, which made quite an impression on me,” recalls Nader. “It’s so important to be able to communicate directly with people in their own language, to avoid misinterpretation of important medical information and also to develop that trusting doctor-patient relationship. Especially when you need to have difficult conversations or share sensitive information.”

The new francophone simulated patient initiative is one piece of a broader effort that supports Dalhousie Medical School’s strategic pillar, Serving and Engaging Society, by finding pathways to improve health services to a significant sub-population in the region. Like the medical school’s ongoing work to connect with African Nova Scotian and Indigenous communities in the Maritimes, led by Dalhousie’s Global Health Office, it aims to ensure these communities receive culturally appropriate care.
“This work fits in with our larger efforts to ensure equitable access to high-quality health services,” says Angela Day, a program manager in Dalhousie’s Global Health Office who oversees international partnerships and francophone programs and co-chairs the Francophone Health Advisory Committee. “It ties in beautifully with our broader partnerships with the Nova Scotia Department of Labour and Advanced Education, Réseau Santé, and l’Université Sainte-Anne, to improve health services for our Acadian and francophone communities. This includes efforts to recruit more francophone students into the health professions.”
Providing a hand up: ALUMNUS CREATES BURSARY FOR MED STUDENTS FROM SINGLE-PARENT HOMES

BY JANE DOUCET

When Dr. Richard Forsyth (MD ’75) was growing up in Halifax, he was the only child in his school whose parents were divorced.

“I ALWAYS HAD THE realization that things are more challenging for kids from single-parent homes,” he says. With that in mind, in 2018 he decided to give back to Dalhousie Medical School by establishing a financial award for first-year medical students who were primarily raised by single parents.

The Eileen Mary Homans Memorial Bursary honours Dr. Forsyth’s mother, who raised him and his brother after his parents divorced. “My mother was a very strong woman who held me to pretty high standards,” he says. “We didn’t have many financial resources while I was growing up, but she assured me that I would be fine because I had a good brain and good health, and it was mandatory that I pursued higher education.”

When Dr. Forsyth was a boy, his
pediatrician, Dr. Barry Coward, was a positive male influence in his life who made a real impression on the youngster. “The man was almost a saint, he was so kind to me,” he says. After starting off studying economics, Dr. Forsyth decided that medical school would be a good opportunity for his future. “I was right. My mother gave me these great values, which were reinforced at medical school, where character and integrity were emphasized. I feel so strongly about Dal because I was taught and mentored by people who believed in doing things the right way, and they provided me with the tools to make a good living.”

Maggie Flemming is the 2020 recipient of the Eileen Mary Homans Memorial Bursary. Although she is close to her father, she moved from Halifax to Cape Breton with her mother and older sister after her parents divorced when she was four. Relocating to Dartmouth at age 15, she earned a bachelor of health sciences degree at the University of Ottawa after high school before choosing to follow several family members into health care.

“On my Mom’s side there were nurses, social workers and a doctor,” says Flemming, who is nearing the end of her first year in Dal’s MD program and was recently elected president of the Dalhousie Medical Students’ Society. “We talked a lot about health when I was growing up. I was interested in the problem-solving abilities of doctors, as well as the close relationships they have with patients and the privilege that comes with that.”

Receiving the bursary both surprised and humbled Flemming. “It was an emotional transaction in that I really felt like I was being understood,” she says. “It’s nice to see that Dr. Forsyth had a similar upbringing, especially in terms of having an influential mother, and that he got through medical school and has been

Dr. Richard Forsyth
Maggie Flemming, 2020 recipient of the Eileen Mary Homans Memorial Bursary

successful. It means a lot to me to know that if he could do it, so can I.”

Feedback like Flemming’s makes Dr. Forsyth happy. “The only limits to a humble background are those placed by the individuals on themselves,” he says. “But even more than receiving the money, it’s nice for the students to know that there are people in the community who care about them and know their situation. I’m happy to be helping them reach their full potential, and hopefully when they’re in a position to do so, they’ll pass it along.”
Recognizing courage

CLASS OF 1991 CREATES SCHOLARSHIP FUND IN HONOUR OF CLASSMATE

BY MELANIE STARR

Dr. Jeff Sutherland (MD ’91) is the very definition of courage in the face of adversity.

Not only has he lost the voluntary use of every part of his body except his eyes to the ravages of ALS, he has also lost one of his beloved sons, who drowned along with his partner in 2016.

And yet, Dr. Sutherland continues to contribute to society, through various fundraising and charity activities, as well as through sharing his message of resiliency, faith, courage and meaning in both the written and spoken word. In 2019, Dr. Sutherland published his heartbreaking yet inspiring memoir, *Still Life*, and in 2021, he delivered a TEDxMcMasterU talk, *Redefine Your Life With Meaning Following Profound Adversity*.

He was able to get out the words, for both the book and the talk, using technology that allows him to use the movement of his eyes to “type.”

“I had set a TED talk as a goal since I published my book,” Dr. Sutherland says. “Being selected by TEDxMcMasterU as a speaker has meant a lot to me. McMaster is where I completed my medical training and the talk gave me the opportunity to
be seen by a wide audience. It gave a voice to my thoughts on creating meaning from the difficult life that me and my family have faced and continue to face. People with severe disabilities are often not heard from in our society. The talk, as the book, has given me the incredible opportunity to let people know that although people with severe physical disabilities have difficulties with the expression of our thoughts, we can have great perspectives on life that many would benefit from hearing.”

In support of Dr. Sutherland and his cause of raising funds for research in ALS and other neurodegenerative diseases, his classmates in the Class of 1991 set themselves the challenge of raising enough money to fund a scholarship for students pursuing research in this area.

The Dr. Jeff Sutherland Research Award in Neuroscience will support a recipient pursuing a master’s degree or PhD in neuroscience in Dalhousie’s Faculty of Medicine. The recipient will be performing research directly related to ALS.

“Our initial goal is to get to $100,000 cash in hand so that we can start handing out the scholarship award,” says Dr. Mark Fletcher (MD ’91), president of the Class of 1991. “We already have commitments that, once collected, will take us to $115,000. The ultimate goal is 100 per cent participation by our class, with everybody in the class making a contribution to our class project.”

Dr. Fletcher is passionate about establishing the Dr. Jeff Sutherland Research Award in Neuroscience on behalf of his friend and classmate, and says that Dr. Sutherland’s perseverance has been inspirational: he has found meaning, courage and acceptance in the face of incredible grief, loss and adversity.

“It’s hard to believe that someone we studied with and had such a bright career ahead of him, has had to face such personal loss and the loss of his ability to practice medicine which he loved so much,” Dr. Fletcher says. “There was no
hesitation in anyone’s mind when the idea came up to honour Jeff and his heroism with our class project.”

For his part, Dr. Sutherland is delighted. “I am very humbled that my class has chosen to raise money for the creation of an award that will promote research into ALS and other neurodegenerative diseases,” he says. “There are so many worthwhile causes in our communities, I am grateful that the class has decided to pick up one of my causes!”

Dr. Sutherland and his family founded the Georgetown / Acton Walk to End ALS in 2009, with cumulative funds raised for ALS Canada surpassing the $2 million mark this year. More recently, the family founded a charity honouring their son and his girlfriend, who lost their lives in a tragic kayak accident.

“The Zach Sutherland and Kaya Firth Resiliency Foundation recognizes youth who have shown resiliency following the passing of a loved one, through providing post-secondary scholarships,” Dr. Sutherland explains. “This year we have opened eligibility to all across Canada and we look forward to more fundraising so that we can continue helping this often-overlooked group.”

In spite of the losses and challenges he deals with daily, Dr. Sutherland is focused on being the best person he can be, and doing everything he can do to contribute to a better life for everyone within his sphere of influence, for as long as he is able. For the moment, he is taking a brief pause. “Besides being a loving father and husband, nothing else is planned right now,” he says, “but I hope a few more purposes will manifest in my life.”
While studying science at Acadia University in the mid-1940s, young Stanley Teale from Quebec met a lovely dietetics student named Shirley, whom he began courting.

AFTER THIRD YEAR, HE and two classmates joined the Royal Canadian Air Force, because many of his friends were going off to war. But before he left for pilot training, he was accepted to three medical schools: Dalhousie, McGill and Queens. This, and health issues that prevented him from completing his pilot training, prompted a change in course. He would go to medical school rather than to war and the choice of school was clear—Dalhousie, so he could be closer to his sweetheart.

Dalhousie Medical School would end up laying a solid foundation for the future cardiologist. “The teachers were superb,” says Dr. Teale (MD ’49). “In retrospect, I got an outstanding education there.”

After earning his medical degree, Dr. Teale and Shirley, now married, moved to a small town in Connecticut, near where his parents were living. Although he was keen to do internal medicine, he accepted a mental health and neurology residency at the state hospital in Middleton, which was affiliated with Yale, for which he’d earn
$5,000 for the year. “It was the end of the war and difficult to get a residency in the States,” says Dr. Teale. “No one had heard of Dal then.”

In 1950, Dr. Teale secured an internal medicine residency at Springfield Hospital in Springfield, Mass. “When I left they threw us a party, and the head of the medical education program told my wife I was the best resident they’d ever had,” he says, chuckling at the memory. During this time, Shirley had been supporting the couple by working as a dietitian at Massachusetts General Hospital.

The following year, Dr. Teale moved on to a third residency at the Tufts New England Medical Centre in Boston. When he passed the medical board exam, he was called by the American draft board and sent to work as chief of medicine at a base in South Dakota, with Shirley and their two sons (a third son would come later). “I was up to the job,” he says. “It was a great experience.” In 1956, Dr. Teale was appointed as a National Institutes of Health cardiology fellow at the Tufts New England Medical Centre.

At the time of this interview, Dr. Teale was a few weeks away from turning 100 on July 1. As he reflected on his decades as a physician, he said modestly, “I haven’t done anything startling.”

In fact, Dr. Teale was involved in the metamorphosis of the hospital in Springfield, Mass., now Baystate Medical Center, where he helped launch a cardiac catheterization lab in 1960. “I was at the forefront doing cardiac caths,” Dr. Teale admits when pressed. “The advancements in cardiology over the years, especially with computers, have been mindboggling. It was a very exciting time, because what we were learning meant a better life for cardiac patients.” When Dr. Teale retired, Baystate Medical Center held a dinner for him to express their gratitude for all of his many contributions. The chief of medicine told Dr. Teale that he was one of the most outstanding doctors in Massachusetts.

Throughout his career, seeing patients...
brought Dr. Teale the most pleasure. “I enjoy people, so that was my favourite part of being a doctor,” he says. In 1983, he retired with Shirley to their farm in rural Vermont. Not quite ready to step away from medicine completely, he spent until 1990 conducting stress tests at a small hospital nearby on a volunteer basis.

Oldest son Peter Teale is proud of more than just his father’s career. “For many years, he also did pro bono work at the Goodwill in Springfield,” he says. “To me, one of his greatest achievements was the care he gave my mother, who was diagnosed with Alzheimer’s disease in the late 1990s. My dad took care of her until she died in 2008. There was never any thought of her going into a facility, and in her final years he did everything for her with no help from anyone else.”

Dr. Teale has never forgotten that his education at Dalhousie Medical School is responsible for launching a rewarding career in medicine. To formally express his gratitude, he is bestowing a generous legacy gift, on behalf of himself and Shirley, on his alma mater. “I feel I owe Dalhousie Medical School a great debt,” he says. “I’d like the gift to help attract more outstanding teachers and researchers.”

DAL MED ALUMNI,
WE NEED YOUR HELP!

K’we/Hello Indigenous Alumni.

Indigenous Health in Medicine (IHIM) is looking for Dalhousie medicine alumni who self-identify as Indigenous who would be interested in supporting Indigenous undergraduate students’ pathways to medical school, as well as current Indigenous medical students.

IHIM seeks to increase the representation of Indigenous students in medicine through recruitment, community collaboration and partnerships. It also advises the dean of medicine to fulfill the social accountability mandate to the Maritime Indigenous community.

If you are a Dal Med alumnus who self-identifies as Indigenous, please call or email us to discuss how you can be involved with IHIM and support the next generation of Indigenous medical practitioners.

Thank you in advance for your support!

Hannah Asprey
Program Manager, Indigenous Health in Medicine
ihim@dal.ca
Cardiopulmonary pioneer:
DR. DON HILL LEADS THE WAY IN LIFESAVING TECHNOLOGIES
BY MELANIE STARR

In 1971, thoracic surgeon Dr. Don Hill (MD ’60) made medical history.

HE PERFORMED THE WORLD’S first successful extra corporeal membrane oxygenation (ECMO) procedure. In so doing, he saved the life of a young man in Santa Barbara, California, whose lungs had been incapacitated by blunt force trauma. After several days on the machine that Dr. Hill had brought with him when he rushed from San Francisco to the young man’s aid, the man was able to be supported without an artificial lung.

“We had been trying for a long time to use ECMO to rescue people from death by pneumonia, but the people all died. Their lungs were too destroyed,” recalls Dr. Hill of his work with colleagues at the San Francisco Presbyterian Hospital (now the California Pacific Medical Center) to develop “heart and lung” machines beyond their rudimentary beginnings. “But we kept working on the technology. And then, with this one breakthrough case, everything changed.”

ECMO has developed and been used with great success since, keeping premature babies and adults with lung trauma, infection and combined lung and heart
failure alive. Most recently, ECMO has been used to save the lives of some people with COVID-19-damaged lungs.

Dr. Hill says the ultimate vision for the technology is to develop ambulatory ECMO machines, so people can go home and go about their lives while waiting for recovery or a transplant.

Dr. Hill was personally and directly involved in the efforts to create another kind of bridge to transplant—a ventricular assist device (VAD), implanted to keep a patient’s blood pumping while waiting for a donor heart. In fact, he started a company, Thoratec Laboratories, in 1976, to develop VADs. After years of research and development, in 1984 Dr. Hill performed the world’s first surgery to implant a left ventricular assist device in a heart failure patient and successfully bridge that patient to transplant.

“It became a huge deal,” he says of his breakthrough accomplishment. “Over time, we recognized that we could use the device not just as a bridge to transplant, but as a bridge to myocardial recovery and even as a durable therapy. We went on to implant more than 50,000 of these devices as permanent mechanical heart replacements.”

St. Jude Medical bought Thoratec in 2015, and then sold it to Abbott Laboratories several years later. Dr. Hill maintained his involvement in research and development throughout these transfers of ownership, continuously working to improve the effectiveness and user-friendliness of the VADs, which he says consistently achieve two-year success rates of 80 per cent or more.

Dr. Don Hill (left) explains the heart and lung machine to colleagues in 1969.
The original devices were the size of a grapefruit, but over the years Dr. Hill and his team refined the technology so that the latest version of the device, the HeartMate 3, is the size of an egg.

“A lot of engineering goes into these devices,” Dr. Hill says. “They must be able to pump more than seven litres a minute, deliver a pulse if possible, have blood-friendly surfaces so blood clots don’t form, be synchronized with the right ventricle, lung circulation, and heart rhythm. The materials need to be friendly to other tissues (anti-rejection), be able to be sterilized, and last inside the body for up to 10 years at least.”

The HeartMate 3 is still a little unwieldy for the patient, given that it requires two pounds of external equipment, including a battery, a controller, and a port in the chest/abdominal wall for the wire that connects the implanted pump to the controller worn on the patient’s body.

“The pumps themselves are excellent, we just need to get the rest of the equipment inside the body,” Dr. Hill says. “It will take 10 years of R&D to figure out how to get all that gear inside.”

Dr. Hill stepped away from Abbott

Don Hill (centre) with his Dal Tigers teammates
Laboratories in 2020, although he continues to follow the company’s progress. When Dr. Hill announced he was stepping away from Abbott Laboratories, he inspired an outpouring of gratitude and admiration from his colleagues for his outstanding contributions. In a written tribute, Kevin Bourque, vice-president of research and development for the company’s mechanical circulatory support division said:

“Dr. Hill invented and manufactured the aortic punch for coronary bypass surgery in 1973 that is still used more than 300,000 times per year. He holds more than 25 personal patents in cardiac surgery, in addition to those received as an industry member, and was awarded an Honorary Doctorate of Laws by Dalhousie University (his alma mater) for his contributions in medical research. He also co-founded an insurance company in 1995 that eventually provided insurance coverage for tertiary medical care for 11 million people in Northern California… Given this resume, it has been refreshing to discover that Dr. Hill is about the nicest guy you’ll ever meet.”

So how did a graduate of Dalhousie Medical School’s Class of 1960, who was more into playing forward for the hockey Tigers than his studies, go on to make such an impact on thoracic surgery, heart failure treatment and medical technology?

“It takes curiosity, imagination, vision and reach,” says Dr. Hill, adding that curiosity was the biggest motivating factor behind his decision to pursue a career in medicine. “I wasn’t driven by a big humanitarian vision, but it has just always worked out that I’ve helped people by doing things I love to do.”

He was inspired by the best of his professors at Dalhousie, including Dr. Robert Dickson, Dr. Jack Charman, Dr. Gordon Bethune, and the famously outspoken innovator of obstetrics and gynecology, Dr. Benge Atlee. He even embarked on an internship in obstetrics and gynecology in Charlottetown, but shifted his attention to surgery after one of the staff surgeons, Dr. Tom Laidlaw, invited him to come along on rounds.
“In surgery, there was so much variety and so much more opportunity to be involved in new frontiers,” he recalls. He was accepted into the University of Cincinnati’s eight-year general surgery program, where he became increasingly intrigued by the fast-changing landscape of cardiac and thoracic surgery.

“The first open-heart surgeries were happening. They were primitive and the results were not always the best,” he says. “I was curious and wanted to get involved in moving this field forward.” So he walked away from the general surgery program and headed to the Karolinksa Institute in Sweden to spend some time doing cardiac surgical research.

“This was the most important decision of my life,” asserts Dr. Hill. “They were doing research in every specialty within heart disease and lung disease. The research facility was one floor above the surgery suites. We had an animal facility, a machine shop, nearby industry collaborators, and daily chats over coffee to discuss the issues and brainstorm solutions. It was the greatest time of my life to learn how to do innovative surgical research and development.” From Sweden, Dr. Hill completed general surgery at the Victoria General Hospital in Halifax and then headed to California to complete his fellowship training in thoracic surgery at the San Francisco Presbyterian Hospital.

“I got in and never left,” he laughs. “Here I had the reach to do things. We had a machine shop and skilled machinists, a large clinical caseload, a busy aggressive intensive care unit, a faculty of cross-disciplined specialists, and nearby industry. We created dozens of surgical instruments, along with artificial lungs and heart pumps.”

Looking ahead, Dr. Hill has no intention of slowing down. At age 84, he collaborates with several start-up companies on the leading edge of medical technology development. He is particularly interested in the growing role of artificial intelligence and sees it as a big part of the future of medicine, including artificial hearts.

In fact, Dr. Hill is so keen on the role of innovation in medicine and science that he founded and funded the Donald Hill Family Fellowship Program at Dalhousie University, to provide scholarship support for post docs in medicine, computer science and the humanities. The goal is to provide three years of support so they have the opportunity to independently launch their career based on their own ideas and work, thus securing their future while broadening the foundation of their discipline. A second goal is to support interdisciplinary collaboration and a culture of being accountable to society for the consequences of their innovation.
“The humanities are hugely important to the growth and stability of science and society,” he says. “I wanted to create a means of connecting brilliant young people across disciplines. I wasn’t sure if it would work, but I’ve been happily surprised by how well they are working together.”

Dr. Hill’s appetite for following and getting involved in new developments extends beyond medicine to encompass aerospace and solutions to the medical issues of living on the moon and Mars. He and wife Jing have plans to visit both the Arctic and Antarctica, and his two young sons, both aged 19 and attending Boston University, keep him on his intellectual toes.

“If you want your brain to continue generating capabilities and stay with you as you age, it’s not enough to do the same things you have always done, even if they are complicated,” he says. “You need to learn and do new things.” And for Don Hill, innovator that he is, doing something new is nothing new.
Banking a wealth of knowledge: PATHOLOGY LEADS EXPANSION OF TISSUE BANKS IN ATLANTIC CANADA

BY MELANIE STARR

Atlantic Canada is now home to a comprehensive biobanking system, thanks to the vision and diligent efforts of Department of Pathology members.

A “BIOBANK” IS A repository for donor samples of tissues and blood—often collected from cancer patients—as well as all the relevant clinical information connected to those samples. Biobanks provide researchers with access to critical information about the nature of disease and the effectiveness of treatments.

“Developing biobanks is a long-term investment in our future understanding of disease at the molecular and clinical levels,” says Dr. Zhaolin Xu (PGM ’97), a professor in the Department of Pathology who, with thoracic surgeon Dr. Drew Bethune (MD ’97), spearheaded the development of Nova Scotia’s first biobank in 2005. This is a lung tissue bank that has since become Canada’s most comprehensive, with specimens and data from more than 1,250 lung cancer patients. “Having the biobanks here encourages local research, and it also allows us to collaborate with researchers around the world who want access to the specimens and data we have gathered.”

Prior to 2014, there were a few individual biobanks scattered across Atlantic Canada, each operating as a separate entity. Determined to create
a cohesive network of biobanks, the Department of Pathology secured funding from the QEII Foundation and Dalhousie Medical Research Foundation's Molly Appeal to establish the NS Health/Dalhousie Biobank in 2018, with Dr. Sidney Croul as medical director. Dr. Croul helped colleagues in New Brunswick and Newfoundland set up their own biobanks, and then facilitated the joining of all the provincial banks into a regional consortium. The Atlantic Canada Biobank Consortium (ACBC) now houses tissues and data related to cancers of the central nervous system, pancreas, prostate, breast, lung, and blood donated by Atlantic Canadian patients.

“As a consortium, the ACBC has a significantly greater number and diversity of specimens than any single provincial biobank,” explains Dr. Croul. “This increases its appeal to researchers, while

Pictured below, from left to right: Drs. Manal Elnenaei, Zhaolin Xu, Sidney Croul, Thomas Arnason and Gillian Bethune
also streamlining researchers’ access to specimens and data.”

Consolidating all of the region’s biobanks into a single entity enabled the ACBC to successfully apply to the Terry Fox Research Institute’s Marathon of Hope. ACBC was awarded $1.75 million over two years to play a lead role in the Marathon of Hope’s pan-Canadian biobanking initiative and related research studies. As an integral part of a pan-Canadian biobank, ACBC will contribute to the growing understanding not just of various kinds of cancers themselves, but also of regional differences in the Canadian cancer landscape.

“Biospecimens provide a novel resource for the exploration of Atlantic Canada’s unique cancer biology,” notes Dr. Croul. “This is characterized by a high incidence of several cancers, such as colon, breast, lung, and brain, as well as familial cancer clusters with unknown genetic signatures. The more we can learn about these cancers and the pathways that drive them, the more we can contribute to global efforts to diagnose and effectively treat them.”

Additional biobanks for colon, ovarian, and other cancers are in the works in Atlantic Canada, and, as Dr. Xu notes, the presence of biobanks is driving new research possibilities in the region. “The Marathon of Hope funding is supporting new projects in lung cancer, colorectal cancer, bioinformatics, and training and education in precision medicine, among others,” he says. “We are grateful for the increasing interest in biobanks and the funding that is allowing us to expand our capabilities and refine our processes to provide the region with a powerful resource for research and clinical care.”

Dr. Sidney Croul
Psychedelic psychiatry

DAL MED ALUMNUS HELPS CANADA EXPLORE A NEW FRONTIER

BY MELANIE STARR

Even as a psychiatry resident at Dalhousie Medical School, Dr. Ravi Bains (PGM ’07) was skeptical of conventional descriptions of mental health issues.

“I JUST DIDN’T SEE THE evidence,” recalls Dr. Bains, recently named medical director of ATMA Journey Centers, a Canadian leader in validating and providing psychedelic-assisted psychotherapy. “The patients I saw in front of me were traumatized, demoralized people, and these seemed to me to be the real issues underlying what we were calling mental illness.”

Dr. Bains gravitated to psychotherapy during his residency, under the mentorship of Dr. Allan Abbass in Dalhousie’s Centre for Emotions and Health, where the role of repressed trauma in medically unexplained symptoms is a focus. But he did not imagine working with psychedelic substances until his own medically
unexplained symptom reared its head several years later: fearsome migraines that on one occasion nearly put him in an ICU and left him questioning his future. After exploring conventional treatments, in desperation he reached out to Dr. Gabor Maté, the Canadian physician well-known for his book, *When the Body Says No*, and for his work to bring healing to people through ayahuasca ceremonies.

Ayahuasca is a plant-based decoction containing the powerful hallucinogenic and serotonergic agent DMT (N,N-Dimethyltryptamine). Native to the upper Amazon region of South America, where it is used extensively by Indigenous peoples, ayahuasca is most often administered by a shaman in small-group ceremonies attended by people seeking healing for a host of emotional, psychological and physical issues.

“So I went to Mexico for a ceremony,” says Dr. Bains, noting frankly that ayahuasca is not for the faint of heart. “I had my mind blown, all my presuppositions obliterated. Afterwards, the shaman said that he saw a demon leap from my body. Whatever it was, my headaches have never come back, and I was converted from militant atheism to full agnosticism. The universe is stranger than I could ever understand.”

Dr. Bains acknowledges that such experiences defy reason and accepted medical practice, but it’s hard to argue with the results. Even so, Dr. Bains did not expect psychedelic medicine to ever become accepted practice. But recent and rapid regulatory changes—brought on by mounting evidence of the powerful beneficial effects of psychedelic-assisted psychotherapy on depression, addictions and end-of-life distress—have dramatically altered the mental health-care landscape.

A search of PubMed reveals more than 27,000 entries under “psychedelics,” with a common theme emerging across thousands of studies: these agents can be remarkably effective for many people.

Leading centres in the United States and other parts of the world are investing heavily in psychedelic research. Johns Hopkins University, for example, has established the Center for Psychedelic and Consciousness Research, to the tune of $10 million. As Dr. Paul B. Rothman, dean of the Johns Hopkins University School of Medicine, said in a press release announcing the new centre, “Johns Hopkins is deeply committed to exploring innovative treatments for our patients. Our scientists have shown that psychedelics have real potential as medicine, and this new center will help us explore that potential.”

The Massachusetts General Hospital, New York University, and the Icahn School of Medicine at Mount Sinai
have also recently established centres for psychedelic research, while the Yale School of Medicine and Imperial College London are both involved in multiple clinical trials of psychedelics.

Studies underway around the world include FDA-approved studies of LSD in treatment-resistant depression, anxiety disorder and adult ADHD. In fact, the FDA has flagged psilocybin (magic mushrooms) and MDMA as breakthrough therapies, a designation given only to those agents that demonstrate substantial improvement over available therapy. Both psilocybin and MDMA are expected to be legal for therapeutic use in Canada by 2022, provided the patient has received the appropriate Section 26 exemption from Health Canada. In August 2020, Canada’s Health Minister, Patty Hadju, approved the first exemptions for four Canadians with terminal illnesses facing significant end-of-life distress.

“The data is difficult to ignore,” notes Dr. Bains. “The effect sizes are head and shoulders above those of standard psychotherapeutic agents. The evidence is so strong, the safety profiles so reassuring, and there are so many individuals and organizations dedicated to moving this forward, it’s hard to see what would prevent psychedelic-assisted psychotherapy from going mainstream.”

When the opportunity to help ATMA Journey Centers advance psychedelic medicine in Canada arose, Dr. Bains was thrilled—and not a little nervous—to accept the role of medical director. “Ten years ago, I would have gotten pushback from colleagues, to put it mildly,” he says, “but now I’m mostly met by open-minded curiosity, with a few exceptions.”

As Dr. Bains emphasizes, the move back to incorporating psychedelics in psychiatry is a serious business with the intent to save lives and improve quality of life. “This movement is led by sober-minded, thoughtful people, not social revolutionaries,” he says. This is in sharp contrast to earlier proponents, such as Timothy Leary, who in the 1960s urged young people to use LSD (“acid”) to “tune in, turn on and drop out.” This effectively
linked LSD to the hippie counterculture, tarnishing its reputation as a therapy and contributing to the criminalization of psychedelic substances. Nixon’s “War on Drugs” rippled around the world and ended what had been some very promising research endeavours underway in the UK, Switzerland and Saskatchewan, where LSD was endorsed by the co-founder of Alcoholics Anonymous and the director of the Saskatchewan Board of Alcoholism as an effective treatment for the disease.

Under Dr. Bains’ direction, ATMA Journey Centers was the first organization in Canada to use Health Canada’s Section 56 exemption to conduct a legal therapeutic intervention using psilocybin. In this case, to assist an Alberta man facing a terminal cancer diagnosis. Although the man died in January of this year, his wife says the therapy gave her husband a degree of peace and presence that allowed them to deeply connect and fully appreciate the final days of his life.

“In contrast to conventional medications, psychedelics are expressive rather than suppressive,” explains Dr. Bains. “So, rather than suppressing uncomfortable thoughts and feelings, they make the unconscious conscious and, with appropriate psychotherapy support before and after the psychedelic experience, allow people to work through deeply buried issues.”

The hallucinogenic substances quiet the brain’s default mode network, which Dr. Bains describes as the closest biological approximation of the ego. Patients, therefore, have the opportunity to perceive themselves and their place in the universe, and the nature of the universe itself, very differently, fostering experiences of unity, acceptance and love.

“These agents bring spirituality to the fore and thus may open a pathway to transformational healing,” says Dr. Bains. “At the same time, this poses a challenge to the Western medical model, which is fundamentally secular and materialist.
Western medicine left spirit behind a long time ago, to its detriment.”

From a neurobiological point of view, a multitude of studies show that psychedelics promote the regrowth of neural connections withered by depression, trauma, addiction and more, Dr. Bains says. ATMA Journey Centers is, in fact, working to launch a clinical trial of psilocybin as a treatment for traumatic brain injury in NHL hockey players. Other centres, including Johns Hopkins, are exploring the potential of psychedelics to counteract the neurodegenerative processes of Alzheimer’s disease. Positive findings in these domains would be game-changers, speculates Dr. Bains.

The rebirth of psychedelic medicine represents a new era in health care, one Dr. Bains hopes will more fully embrace the role of spirituality in healing. ATMA Journey Centers is certainly set up to provide clients with a spiritual experience, offering immersive retreats in the Rocky Mountains and Costa Rica, as well as its home base in Calgary. Its name, ATMA, refers to the yogic concept of the atma (God) and the atman (the god within each of us, or, the higher self), which can be more deeply connected through a properly conducted and integrated psychedelic experience.

“We in no way recommend the illegal or reckless use of these substances, or a ‘do-it-yourself’ approach to psychedelic therapy,” Dr. Bains says. “Though I wouldn’t be so arrogant as to say that psychedelics should be strictly under the purview of the medical profession, at the same time we should respect that these are powerful agents that should be used with great care, as they also come with the potential to harm.”

At the current time, people with severe treatment-resistant depression, PTSD, anxiety or terminal illness can apply to Health Canada for a Section 56 exemption to receive psychedelic-assisted psychotherapy. As regulations are eased over time, it will become less complicated to receive the treatment, but access will be limited by capacity in the health-care system. To address this gap, ATMA is offering a training program for physicians, therapists and other health professionals who are interested in facilitating this kind of treatment for their patients.

While Dr. Bains recognizes that many physicians will never be comfortable with psychedelic-based therapy, he encourages his colleagues not only in psychiatry but also in family medicine, oncology, neurology, palliative care and other fields to educate themselves on the latest research developments in the field, so they can provide their patients with up-to-date and relevant information.

“Psychedelics bring a long-needed
infusion of hope to psychiatry,” says Dr. Bains. “I believe the mental health crisis we are seeing now, exacerbated by the pandemic shutdown, has increased the urgency for novel and effective treatments of psychological suffering.”

Psychedelics may become even more critical in the coming years, as new medical-assistance-in-dying (MAID) legislation will allow Canadians over 18 with mental illnesses to choose assisted death for themselves, in the absence of physical disease, by 2023. As Dr. Bains says, “It’s absurd to legislate the right to fatal intervention for mental distress while at the same time blocking access to safe and effective treatments like psilocybin which might restore one’s will to live.”
From scientist to sommelier:

DR. ROGER MCLEOD PURSUES HIS PASSION AS HE WINDS DOWN HIS CAREER IN RESEARCH

BY MELANIE STARR

Over the course of his 40-year career as a scientist and academic leader, Dr. Roger McLeod has shed light on dozens of controversies in the realm of health and wellness.

He calls it “biochemical mythbusting,” and has led many a fourth-year biochemistry student to delve beneath the media hyperbole to find the truth about everything from resveratrol to CLA (conjugated linoleic acid). Both have been touted as health tonics with benefits for the brain and cardiovascular system, but in reality fall far short of the claims.

“The question I have always encouraged my students to ask is, ‘Is the rhetoric grounded in science?’ Because if it’s not, as scientists we need to do what we can to debunk what can be some very harmful, or at least expensive, myths,” says Dr. McLeod. “I even have designs on writing a book busting some of the more common myths, now that I’m heading into retirement.”
Dr. McLeod began his career with Dalhousie Medical School as a lipid researcher in the Department of Biochemistry & Molecular Biology in 1998. Over the next three decades, he taught many hundreds of pre-medical and medical students and trained dozens of fledgling scientists.

“For me, training the next generation is what it’s all about,” he says. “I particularly enjoyed teaching the undergraduate and medical students in small group sessions.”

At the same time he was teaching, Dr. McLeod was also gaining an international reputation for his contributions to the scientific understanding of lipid metabolism, the nature and role of lipoproteins, and the mechanisms of cardiovascular disease, fatty liver disease, diabetes and more.

“When I first came on the scene in the 1980s, people barely even knew cholesterol was involved in cardiovascular disease,” he recalls of his early research days in British Columbia. “Now we see the potential roles of dietary fats and their metabolites in a multitude of conditions, including neurodegenerative diseases.”

In 2016, Dr. McLeod stepped away from the lab and into a new role as associate dean of research for the Faculty of Medicine. Here he played a major role in building research capacity and helping define key research strengths and priorities.
within the faculty, rolled out as Wave 1 and Wave 2 research priorities in 2017.

“Five years ago, when we set out to identify our strengths, it was clear that genomics, brain repair, and infection, inflammation and immunity—the ‘three I’s’—were the most well-developed and internationally competitive clusters,” recalls Dr. McLeod. “The pandemic has shown us how right we were to invest in the three I’s. This investment has led to the capture of $14 million over the past year, a big boom. But other areas of research have suffered.”

Although Dr. McLeod is winding down his research and administrative responsibilities, he is still publishing a few papers based on his final years of research, and finishing up co-editing the seventh edition of a key textbook, *The Biochemistry of Lipids, Lipoproteins and Membranes*, with Dal Med colleague Dr. Neale Ridgway. And, he will continue to volunteer his time and expertise on scientific review committees of the Canadian Institutes of Health Research, as well as within the medical school.

*Dr. Roger McLeod, sommelier*
“My volunteer involvements mean a lot to me,” he says, adding that he has more recently taken up volunteering of an entirely different sort: helping raise money for such causes as Feed Nova Scotia, Phoenix House and Bryony House, by offering his services as a sommelier at charity auctions.

For not only is he a scientist, Dr. McLeod is also a professional sommelier. And as you might expect, it all started in Tuscany.

“We had some of the most fantastic food and wine experiences of our lives on this trip,” he says of his experience in this famed region of Italy’s central and west coast in 2009. “I came home wanting to learn more.”

He started with a wine appreciation course at Bishop’s Cellar in Halifax, and moved on to take the sommelier certification course, and then to auctioning his services for charity in cahoots with one of his fellow sommeliers and academics. Together, they make a dynamic duo they call “The Wine Profs,” offering their wine and food-pairing expertise at private dinner parties and charity events.

While a love of travel and the food and wine cultures of other countries are a big part of what fires his passion for vino, Dr. McLeod is content to confine his wine-country explorations to Nova Scotia this coming summer.

“Nova Scotia has an excellent wine culture developing, along with a growing ‘slow food, local food’ movement that works well with the wine,” he says, noting that, “Our wineries produce some especially good whites and the reds are improving.”

And so the obvious question for Dr. McLeod is, “Just how good for you is red wine, really?”

Countless articles and reports over the past decade and more have touted the resveratrol in red wine as a powerful antioxidant and aid in the prevention of heart disease, diabetes, cancer, aging, dementia and more.

“Everything in moderation,” he chuckles. “To get the benefits of resveratrol from wine, you would probably need to drink six litres a day! So the benefits would be outweighed by the downsides.”

So as much as he loves wine, Dr. McLeod would have to add the health benefits of red wine to his book of myths.
Dalhousie Medical School has named Dr. Eileen Denovan-Wright to the role of associate dean research for a five-year term. 

“MY TOP PRIORITY IS to enhance the existing and newly forming networks of collaborative researchers to promote impactful medical research,” says Dr. Denovan-Wright, who joined the Department of Pharmacology as a scholarship-funded postdoctoral fellow in 1995 and was appointed as a full professor in 2010. “It’s an exciting time for research as we work in interdisciplinary teams to solve complex problems in medical research. We need to promote the full range of research—from basic research on cell and system function, through applied, clinical, population-based and health outcomes-based scholarship.”
“We need to promote the full range of research—from basic research on cell and system function, through applied, clinical, population-based and health outcomes-based scholarship.”

Dr. Denovan-Wright’s research program, developed with skilled trainees and operating funds from a variety of sources including CIHR, NIH, NSERC, and others, is currently focused on cannabinoid receptor function in the context of neurodegeneration.

Dr. Denovan-Wright holds an NSERC operating grant (2019-2024) and is a co-applicant on a CIHR operating grant (2019-2024). She has a strong record of peer review for journals and grant review for national and international funding agencies and is currently the chair of the CIHR Pharmacology and Toxicology Operating Grants Panel. She has served on boards and national task forces supporting the Canadian Council of Animal Care, which is the body that oversees all animal research in Canada.

In addition to research, Dr. Denovan-Wright has a long record of service in teaching and mentorship at Dalhousie. She has trained seven postdoctoral fellows and 18 graduate students, and was selected to receive the 2021 Award for Excellence in Graduate Supervision, which recognizes outstanding commitment to teaching and leadership at Dalhousie. Dr. Denovan-Wright was commended for the provision of an enriching, supportive, and productive mentorship environment for her graduate trainees. She was also recognized for the advances and improvements in the culture of graduate student supervision both at Dalhousie and nationally that have resulted directly from her efforts. She is currently on a national task force defining excellence in PhD graduate programs in Canada.

“I am fortunate to have many excellent colleagues and mentors to work with and learn from,” says Dr. Denovan-Wright. “Everyone needs to be part of the team and there is room to include many different perspectives and ways of working. I am hoping that all people, across the different stages of careers in the Faculty of Medicine, will have opportunities to contribute their skills and enthusiasm to research. I hope that everyone feels that they are welcomed and included in teams united by their drive to advance medical research.”
Gratitude for generosity

DALHOUSIE MEDICAL RESEARCH FOUNDATION THANKS DONORS AT FOURTH ANNUAL IMPACT RECEPTION

By Dayna Park

Dalhousie Medical Research Foundation (DMRF) raised a virtual glass in late June to thank donors for their generous support and to celebrate its greatest granting year ever.

THE VIRTUAL GLASSES WERE raised at a virtual event, the Fourth Annual Impact Reception, hosted by Dalhousie pediatric pain researcher Dr. Christine Chambers. The reception was held via Zoom, just after the release of the DMRF Annual Impact Report. This showcased the very real accomplishments of researchers in Dalhousie’s health-related faculties. Research made possible, in large part, by donors.

DMRF’s CEO, Joanne Bath says, “Thanks to our donors, DMRF has had its largest granting year yet, seeing us pay out over $6.2 million to local health research. That’s an astonishing $600,000 increase from last fiscal’s $5.6 million, which, at the time, was a landmark for our foundation.”

This year’s DMRF Annual Impact Report highlights patient stories and
researchers’ progress, including strides made by Dalhousie researchers Dr. Daniel Boyd, Dr. OmiSoore Dryden, and Dr. Gabriela Ilie, all of whom spoke at the Impact Reception on June 29.

Dr. Boyd, associate professor in the Department of Applied Oral Sciences in Dalhousie’s School of Biomedical Engineering, discussed the innovative development of biomaterials for clinical indications in the areas of trauma, oncology, dentistry, neurovascular interventions, and hard-tissue augmentation.

Dr. Dryden, associate professor and James R. Johnston (JRJ) Chair in Black Canadian Studies in Dal’s Department of Community Health & Epidemiology, spoke about her Nova Scotia COVID-19 Health Research Coalition-funded research concerning race-based data collection during the pandemic.

Dr. Ilie, DMRF Endowed Soillse Research Scientist in Prostate Cancer Quality of Life Research and assistant professor in Community Health & Epidemiology, Urology, Psychology, Neuroscience, and Radiation Oncology at Dalhousie, shared the latest developments in her groundbreaking Soillse Prostate Cancer Quality of Life Research program.

The evening was not entirely focused on research. Cellist and pianist, Jacob MacDonald, provided the pre-event musical entertainment, and Halifax mixologist Chris Geworksy conducted a virtual cocktail-making class.
Dr. Ann Collins (MD ’85) was just five or six years old when she decided she was going to be a doctor.

SHE CREDITS HER FATHER, who recognized certain qualities in her that would lend themselves well to the medical profession.

The oldest of eight children from Boiestown, NB, Dr. Collins was a natural leader, and had a clear path in mind for her future when she travelled down the road to UNB to begin a bachelor of science program. “It was a challenging experience at first, being from such a small community and a close family,” she remembers. She adjusted quickly, however, gearing her courses at UNB toward applying to medical school and pursuing that medical dream.

A 1985 graduate of Dalhousie University, she completed a rotating internship in Toronto through the Medical Officer Training Plan (MOTP) and then served three years with the Canadian Armed Forces in Kingston, ON, before returning to Fredericton to open a family practice in 1989.

Over the next 31 years, Dr. Collins experienced many sides of medicine, serving for more than two decades as medical director at Fredericton’s Pine Grove Nursing Home, working part-time in the hospital emergency department and teaching in Dalhousie University’s faculty.
of medicine, all while running her family practice.

In August, Dr. Collins took on a new challenge as president of the Canadian Medical Association (CMA), only the ninth woman elected to the role in the organization’s 153-year history. She’s no stranger to policy work and advocacy for the profession, having served as both president and chair of the board of directors for the New Brunswick Medical Society (NBMS) and spent seven years as the New Brunswick representative on the CMA board of directors.

Being a strong voice for physicians and patients at a critical time for the profession is a key priority for Dr. Collins. “If anything, this pandemic has highlighted cracks that existed in our health-care system and the urgency in addressing them to protect health professionals, as well as patients.”

One of the key drivers to taking on the presidency with the CMA hits close to home for her.

“Access to primary care—and the evolving needs of the profession in general—is a critical issue in New Brunswick and across Canada. Young physicians have a different perspective than we used to and we need to evolve our system to providing a more rounded team-based approach to primary care.”

“As we look to the future of our profession and in a post-COVID-19 world, we need to figure out now what the future of health and health care is and how we deliver on that commitment.”

Dr. Collins says that during her mandate with CMA she’ll be working on a far-reaching strategic planning initiative to shape and innovate health care over the next 20 years.

“Within a single day I’m faced with many important issues, such as systemic racism, equity and diversity, as well as quality long-term care and youth mental health resourcing. There are a lot competing issues, and I’m excited and honoured to be able to help shape recommendations and policies that could hopefully solve them.”

Because of the pandemic, most of her work is done virtually from her home in Fredericton.

“I’m so privileged to be part of a wonderful community and profession. My husband, John—who has always been involved in so many volunteer facets of our of our community—has been an inspiration on the importance of giving back. I hope that my decision to move to this next phase in my career will allow me to do that in an even bigger way.”

This story originally appeared in the UNB alumni magazine; reprinted with permission.
Putting an end to the pain:
ALUMNAE LAUNCH MARITIMES’ FIRST ENDOMETRIOSIS CLINIC
BY MELANIE STARR

Women in pain from endometriosis will finally have access to timely, effective multidisciplinary care, thanks to the efforts of two Dalhousie medical alumnae.

TOGETHER, OB/GYN
Dr. Elizabeth Randle (PGM ’16) and anesthesiologist Dr. Allana Munro (MD ’09, PGM ’14), spearheaded the creation of the Maritimes’ first clinic designed specifically to treat this mysterious disease.

“We found that, in one year, 815 patients in the Halifax area alone had been referred to a gynecologist for pelvic pain,” notes Dr. Munro. “That’s more than 500 patients too many for the resources we had to treat them. This gap added fuel to our efforts to get the funding and support we would need to establish a dedicated clinic.”

As many as 10 per cent of all women experience endometriosis, and it is implicated in about 30 per cent of infertility cases. And yet the condition is poorly understood.

“It’s a bit like cancer, in that tissues in the body are growing inappropriately,” says Dr. Randle, explaining that, in endometriosis, tissue similar to that of the uterine lining grows outside the uterus, inside the pelvic cavity. “These growths can be found on the uterus, ovaries, fallopian tubes, even the diaphragm and bladder. While they are not malignant, over time they can cause scarring and inflammation that is very painful.”

The root cause of endometriosis is unknown, although family history plays a part. So does a personal history of diabetes, which increases the risk by tenfold for
reasons as yet unknown.

Treatments typically consist of medications to reduce tissue growth, or surgery to cauterize or remove the lesions, in addition to medications for pain relief. Evidence shows, however, that more holistic approaches—such as managing the pain by learning to relax the pelvic floor and retraining the nervous system to tone down its pain response—can also be effective.

“We knew from the literature that multidisciplinary clinics provide patients with the best results,” says Dr. Munro, who received extra training in pelvic pain at the QEII’s pain management unit and provides women’s anesthesia services at the IWK Health. “So our next step was to do a feasibility study to see if we could implement a multidisciplinary clinic here at the IWK.”

Drs. Randle and Munro and their collaborators at the IWK received funding through the IWK Foundation’s TRIC grant program (Translating Research Into Care) to run the feasibility study. The response from the providers interviewed was so overwhelmingly positive, that the IWK provided clinic space as well as funding for a part-time nurse practitioner and part-time physiotherapist to work in the clinic.

“Our aim is to begin seeing patients early this fall,” says Dr. Randle, noting that there is a referral form physicians can access at to provide the specific information needed to triage patients based on the severity of their case.

“Patients will be enrolled in a 12-week program, where they will have initial consultations with gynecology and anesthesia, and patients will then work with a nurse practitioner, physiotherapist, and counsellor to learn more about how their bodies respond to pain, and how they can modify this pain response,” explains Dr. Randle. “Dr. Munro and I will also be working with these patients to finetune their medical management, with options for procedural or surgical intervention as needed.”

According to Dr. Randle, women currently face a seven- to ten-year delay in diagnosis for endometriosis—a deplorable situation she and Dr. Munro are eager to change.

“Anecdotally, we hear that patients who present to their family doctor with pelvic pain are often dismissed,” says Dr. Randle. “This is not acceptable. Pain that stops you from performing regular activities in life is not normal and needs to be investigated.”

The gold standard for diagnosing endometriosis is visual examination and/or biopsy via laparoscopy. Ultrasound can also reveal the condition, but renders too many false negatives to be reliable.

“We are really looking forward to
opening the door of the endometriosis and chronic pelvic pain clinic early this fall, so that women in the Maritimes can be more promptly diagnosed and treated for this often-debilitating condition,” Dr. Randle says. “With the right treatment, education and support, women’s quality of life CAN be restored.”

Multidisciplinary endometriosis care team (l to r): Bethany Lezama, physiotherapist; Dr. Elizabeth Randle, gynecologist; Dr. Allana Munro, anesthesiologist; Leah Pink, nurse practitioner
Lifesaving legislation

ALUMNUS LEADS THE WAY TO NOVA SCOTIA’S NEW ORGAN DONATION “OPT-OUT” POLICY

BY JANE DOUCET

At any given time in Nova Scotia, more than 100 people are waiting for a life-saving or life-changing transplant.

To increase their chances of receiving one, in January of 2021, the Human Organ and Tissue Donation Act came into effect. The act will improve care for Nova Scotians by making it possible for more people to donate their organs and tissues at the time of their death.

A key part of the new legislation is “deemed consent” for organ and tissue donation. This means people who don’t record a decision regarding donation on their health card and are eligible to donate will be considered as having agreed to be a donor after death.

To help draft the new act, Dr. Stephen Beed (MD ’87), medical director of the Nova Scotia Organ Donation Program with Nova Scotia Health, worked closely with partners at the Department of Health and Wellness. There was an urgent
“System change occurs slowly, but we are seeing many more referrals from health-care teams, and much work is being done to advance education for professionals and the public.”

need for change—while patients waited for transplants, donation numbers were plateauing.

“Other areas of Canada were investing in strategies we knew would increase donation and were successful,” says Dr. Beed. “We were able to leverage the desire of the Premier to support donation through deemed consent legislation into support to reboot our program and adopt these strategies as this law was brought in.”

Recent statistics put the number of Nova Scotians who have chosen to opt out at a little over one per cent of the population. “It’s worth noting that Nova Scotia has the highest registry per cent in the country, at 54 per cent,” says Dr. Beed. “Nevertheless, we understand that some individuals will not want to be a donor. We respect their right to make that decision and have developed a registry to record that.”

The Human Organ and Tissue Donation Act gives Nova Scotians the option to register their donation decision. They can completely opt out or register to donate some or all of their organs and tissues. Their donation decision is recorded in the Health Card Registry and displayed on the front of their health card.

Already, the impact of the new legislation is being felt. “System change occurs slowly, but we are seeing many more referrals from health-care teams, and much work is being done to advance education for professionals and the public,” says Dr. Beed. “Early signs point to increased donation.”

Next steps include studying the effectiveness of the implementation of the new legislation, and the resulting system changes, over a three-year period. “We know the rest of the country is watching what happens here,” says Dr. Beed.
Better data for better care:
PEI FIRST IN CANADA TO ROLL OUT A PROVINCE-WIDE EMR
BY JANE DOUCET

PEI may be Canada’s smallest province, but its medical community is taking on a big project—a province-wide electronic medical reporting (EMR) system that will connect physician practices with hospitals.

THE MEDICAL SOCIETY of PEI is working closely with the provincial government on the rollout, which is expected to begin in July and wrap up in March of 2022.

While some Island doctors already have a standalone electronic medical record system, many are faxing reports to each other and hospitals, because the systems
“We’ll be able to capture data that can be used in a patient’s program planning for things like chronic disease treatment and prevention.”

often lack compatibility. The new solution is designed to overcome this problem.

“It will mean that every patient in Prince Edward Island will have one medical record for the entire province,” says Dr. Kristy Newson (MD ’03), who has a family practice in Charlottetown and is the physician lead on the EMR project. “This will translate into improved patient safety, less duplication of tests and more collaborative care.”

When Newson and her team talked to family physicians, their major issue was poor communication among healthcare providers. As a result, the team is also partnering with nurse practitioners and such community-based specialties as surgery, psychiatry, neurology and orthopedics.

“The implications are that we’ll be able to capture data that can be used in a patient’s program planning for things like chronic disease treatment and prevention,” says Dr. Newson. “A collaborative care model like this means we’ll have all of the information we’ll need to care for a patient at our fingertips.”

Privacy and confidentiality will be top of mind while the new system is put in place. And as with any major change, it’s inevitable that there will be a learning curve for everyone involved. Working with Dr. Newson is program manager Kim Knox, who will be supporting physicians throughout the rollout and co-ordinating training for them.

“We know it will take time to get used to a new system,” says Dr. Newson, “but as people get more comfortable using it, it will help make more informed decisions for patients.”

Dr. Newson admits that it’s exciting to be a provincial pioneer in this area, and to have the rest of Canada see that Prince Edward Island will soon be fully integrated as a province. “But I’m most excited about the increased communication between providers and patients that will enhance patient-focused care,” she says. “It’s the best thing for our patients.”
CLASS NOTES

Have a professional accomplishment you’d like to share with the alumni community? Please contact medical.alumni@dal.ca

Dr. Kenneth Wilson (MD ’80) has been appointed to the Order of Canada for his expertise in reconstructive and plastic surgery and for his volunteer work on international medical missions. Dr. Wilson was the first pediatric surgeon in the Maritimes who focused exclusively on pediatric surgery. He was involved for many years with Operation Smile, a humanitarian group that does cleft lip and palate surgeries for children in underserved regions of the world.

Dr. David Anderson (MD ’83) has been appointed for a second five-year term as dean of the Faculty of Medicine. Dr. Anderson has led the faculty through several successful accreditation processes, increased distributed educational opportunities, and supported wellness and engagement throughout the medical school community. He has worked with the faculty to establish research priorities and supported the development of the medical school’s internationally leading research teams. At the same time, Dr. Anderson has enhanced the faculty’s focus on diversity and community outreach. Going forward, Dr. Anderson has highlighted plans for continuous improvement in the areas of undergraduate and postgraduate medical education, graduate student engagement and support, and the provision of continuing professional development programs for physicians.

Dr. Brendan Carr (MD ’98) was named to the Medical Post’s 2021 Top-30 Power List. An emergency and family physician, Dr. Carr became president and CEO of Nova Scotia Health in late 2019.

Dr. Lucy Helyer (MD ’98, PGM ’04) was the recipient of Dalhousie’s PGME Program Director of the Year Innovation Award.

Dr. Gwynedd Pickett (MD ’98) received the Faculty of Medicine Award of Excellence in Research Mentorship in Equity, Diversity and Inclusion.

Dr. Gaynor Watson-Creed (MD ’99) joined the Faculty of Medicine on a full-time basis beginning in April 2021 as the inaugural assistant dean of Serving and Engaging Society. The former deputy chief medical officer of health for Nova Scotia, Dr. Watson-Creed will lead the faculty’s efforts in community engagement, equity, diversity, inclusion and anti-racism. She will also be working with the faculty’s Department of Community Health & Epidemiology to establish a greater focus in educational opportunities and research in public health.

Dr. Jennifer Jones (MD ’99, PGM ’04) received the Faculty of Medicine Award of Excellence in Patient-Oriented Research.

Dr. Cheryl Murphy (MD ’99, PGM ’04) was the recipient of the Faculty of Medicine Award of Excellence in Education.

Dr. Todd Hatchette (PGM ’01) received the Faculty of Medicine Award of Excellence in Clinical Practice.

Dr. Sarah Manos (MD ’02, PGM ’06) has received the Resident Doctors of Canada Puddester Award for Resident Wellness, staff category, for her contributions to improving the wellness of resident doctors in Canada. Dr. Manos is director of Postgraduate Medical Education and associate professor in the Department of Pediatrics.

PEI palliative care physician Dr. Megan Miller (MD ’04) has been named chief physician recruiter for the Medical Society of PEI for a two-year term. A PEI native, Dr. Miller has been a palliative care physician and clinical associate at the cancer treatment centre in Charlottetown since 2013, where her areas of clinical interest and expertise include palliative care, advanced care planning and medical assistance in dying (MAID).
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.

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. Anuradha Mishra (MD ’09) has been appointed assistant dean, Skilled Clinician Program & Interprofessional Education, for a five-year term. An assistant professor in the Department of Ophthalmology & Visual Sciences, Dr. Mishra will provide comprehensive academic direction for the interface between the Undergraduate Medical Education Office and the Centre for Collaborative Clinical Learning and Research (C3LR). This includes oversight for the clinical direction of OSCE examinations, integration of the Skilled Clinician Program across the four years of the MD Program, the Volunteer Patient Program, and the assessment of student clinical learning throughout the program.

Dr. Ashley Cox (PGM ’11) received the Dalhousie PGME Program Director of the Year Leadership Award.

In December 2020, Dr. Karthik Tennankore (PGM ’11) was named the QEII Foundation Endowed Chair in Transplantation Research for a five-year term. Dr. Tennankore is a nephrologist and associate professor at Dalhousie University, in the Department of Medicine at the QEII Health Sciences Centre.

Dr. Karla Armsworth (PGM ’16) was the recipient of the Faculty of Medicine Early Career Award of Excellence in Clinical Practice.

Dr. Allen Tran (PGM ’17) was the recipient of the Faculty of Medicine Early Career Award of Excellence in Education.

Dr. Sharon Clarke (PGM ’20) has won the Canadian Association of Radiologists’ Young Investigator Award. This award is presented to a CAR member in the early stages of their career and recognizes exceptional contributions to medical imaging-related research. Dr. Clarke is the first woman to receive the award in Canada.
WANTED: STORY IDEAS FOR VOX MEDAL

We are looking for tips and leads to help us create great content for Vox. Send us your ideas for newsworthy, topical or human interest stories, along with contact names and emails of the people involved, so we can put on our reporter’s hats and follow up.

If you’re feeling really ambitious and want to pen a story yourself, please let us know! We welcome submissions of short articles (800 words or less) from alumni and can guide you on the front end as to how you can best focus your story.

Send your ideas to Barrett Hooper: barrett.hooper@dal.ca
THE DALHOUSIE MEDICAL

School community is deeply saddened by the passing of Dr. David Gass (MD ’73), who served as head of the Department of Family Medicine for many years.

A former Rhodes Scholar, Dr. Gass started his practice in family medicine in Fredericton in 1973 and joined the Department of Family Medicine at Dalhousie in 1978, where he began his illustrious career as a leader and educator. As department head from 1987 to 1995, he was responsible for the leadership and management of a large department with over 150 members. He prided himself on maintaining healthy, genuine working relationships with the teaching hospitals and his colleagues. Under his direction, the department grew in number and influence.

Dr. Gass served as director of Primary Health Care and physician advisor for physician health human resource planning in the Nova Scotia Department of Health and Wellness. Dr. Gass also served as the chief of medical staff at the Cumberland Health Authority and was responsible for recruiting and implementing interprofessional teams in rural settings. He was steadfast and focused on creating change to the existing health system that would prioritize the needs of population and community health.

Cheerful and indefatigable, Dr. Gass came out from retirement to serve as interim head of the Department of Family Medicine on two occasions between 2017 and 2020, where he continued to advocate for the expansion of distributed family medicine educational programming. He led the opening of the North Nova Family Medicine residency training site in 2019.

Dr. Gass was a wonderful leader and physician who was highly respected and admired by his colleagues and friends. He was a mentor to countless learners and
physicians, who became better doctors because of his positive influence. He was passionate about family medicine. “Family physicians are specialists and they are special,” he would say. No one embodied this attitude more than Dr. Gass himself—he was undoubtedly special.

Dr. Gass will be remembered for his compassion, kindness, sense of humour, humility and sincerity and as a person who was always there to help. He will be missed.

Dr. Gass’ full obituary can be read here.

IT IS WITH GRATITUDE AND admiration that the Dalhousie Medical School community bade farewell to another high-impact faculty member of long and honourable standing. Dr. Bernard Badley (PGM ’67) died in April this year at the age of 87, only two years out from his second retirement (from his position as founding medical director of Nova Scotia’s Colon Cancer Prevention Program).

Dr. Badley began his career at Dalhousie Medical School in 1965, training to become one of the first gastroenterologists in Atlantic Canada. He deeply enjoyed his role as a teacher to generations of medical students and residents who trained under his guidance, and served as chief examiner for the Royal College in gastroenterology for several years.

Over the years, Dr. Badley served in several senior leadership roles locally, including executive director of the Victoria General Hospital, and later as its president and CEO. He introduced the philosophy of continuous quality improvement, which has made a significant impact on the culture and performance of the health care system in Nova Scotia.

In addition to his dedicated clinical and administrative work, Dr. Badley was a talented musician who helped a group of medical students and faculty members form the Tupper Band. He became the band’s first conductor, a role he played until the band had to cease performing last year with the arrival of COVID-19.

Dr. Badley will be sorely missed by the medical school and larger community for his warmth, kindness and leadership.

Read his full obituary here.
THE DALHOUSIE MEDICAL School community was shocked and saddened by the sudden passing of Ryan Clow on February 5, 2021.

Ryan was a well-known, well-liked and highly respected member of the Dalhousie community. Born and raised on Prince Edward Island, Ryan received his bachelor’s degree in business administration from the University of PEI in 2000 and went on to complete his MBA from Saint Mary’s University in 2009. Ryan began his career at Dalhousie University as a project manager and business analyst with Information Technology Services (ITS) in 2012, before becoming the manager of Distributed Education Technologies (MedIT) at the medical school in 2014. Not long after, Ryan joined the leadership team as the director of MedIT Enterprise Systems and Projects, a position he held for the past four years.

In addition to being an outstanding colleague, Ryan was a loving husband to Julie and a great father to his two young children. Ryan touched so many lives at Dalhousie and was much loved by his many friends and acquaintances. Ryan was admired by many colleagues-turned-friends at Dalhousie who will remember him for his calm, dedicated leadership, and friendly, always-helpful approach. He will be greatly missed and fondly remembered by all who had the privilege of knowing him.