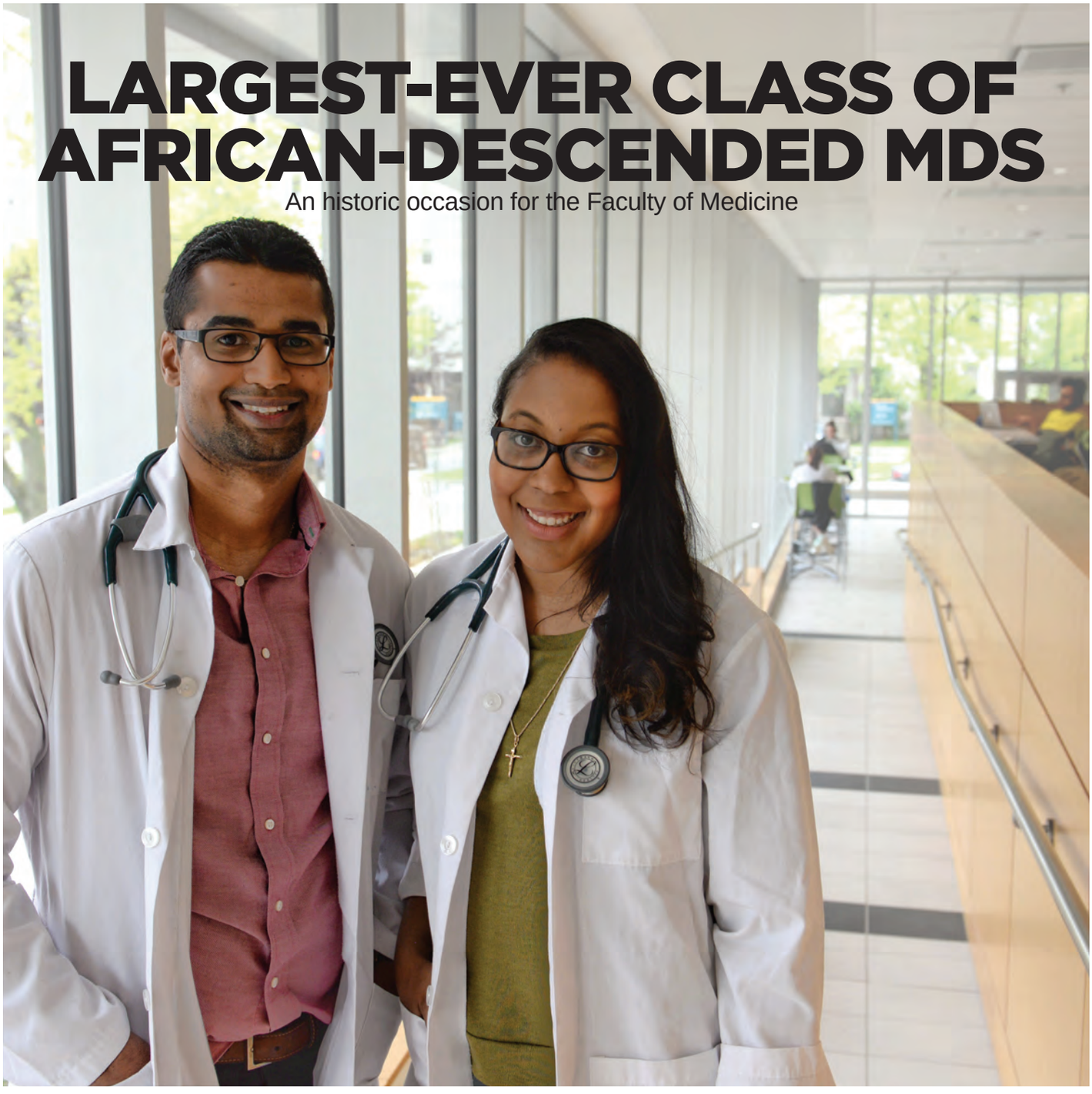
THE VOICE OF DALHOUSIE MEDICAL ALUMNI
FALL 2017

VOX MeDAL



LARGEST-EVER CLASS OF AFRICAN-DESCENDED MDS

An historic occasion for the Faculty of Medicine

PLUS CONVOCATION 2017 / Q&A WITH DR. CAROLYN THOMSON

WHERE BREAKTHROUGHS BEGIN

Amazing advancements in medicine are made right here in the Maritimes. This is where tomorrow's big leap forward takes its first step. It's the product of the hard work and tireless effort of our researchers. And it's made possible by generous donors who contribute to a cause that will benefit people around the world for generations to come. We are Dalhousie Medical Research Foundation.

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MEDICAL RESEARCH
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Cover image: Contributed

VOXMeDAL

DALHOUSIE UNIVERSITY

DMAA PRESIDENT'S MESSAGE

THE REST IS HISTORY

By Dr. John Steeves MD
President, DMAA

60 years ago, at this time of year, planning was underway for a major gathering of Dalhousie medical alumni at the Nova Scotian Hotel in Halifax in conjunction with the June 1958 annual convention of the Canadian Medical Association. Approximately 450 medical alumni, guests and friends met at a special dinner where they approved an interim constitution and elected the first president Dr W.A. Murray of Halifax. As the saying goes, "the rest is history"—six decades of it.

With the celebration planning underway for the 150th anniversary in 2018 of the formation of what is now the Dalhousie Faculty of Medicine and 200th anniversary of Dalhousie University, the time seemed right for DMAA to review its own six decades of history.

Nicholas Hickens, a "pre-med" student enrolled in the newly established Dalhousie Bachelor of Sciences (Medical Science) program, was hired as a summer-student researcher to gather information on the history of DMAA. He was also tasked with developing recommendations for cataloguing and preserving our archival material.

We hope to have a brief summary history of the organization completed in time for the 2018 anniversary, though the archival initiative will be a much longer project. Several alumni with long memories about the association have been recruited for interviews to help in getting the story behind the events that have informed the evolution of DMAA.

We did test runs of sponsoring a "Dean of Medicine reception" during a site visit by Dean Anderson in Saint John, N.B. in May and another recently in Sydney, NS for alumni, students and "friends "of the medical school. This also prepared us for the 2018 Dal President trans-Canada Bus Tour which Dean David Anderson will also be joining, particularly during the Maritime phase, to connect with medical alumni.

Another project underway is the creation of an alumni ring. Over the past year concept discussions have been undertaken such that we are now to the point of identifying a jewellery designer to provide some options with the goal of a final product for the 2018 graduating class (plus current and future alumni) to be worn with pride. Anyone with ideas, now is the time to share them with us.

Since the last edition of *Vox* a whole new class of medical students have become alumni and another class started their orientation week in August. Your DMAA was there to congratulate the new alumni at their convocation, academic awards ceremony and graduation Gala where the DMAA-sponsored silver and gold Ds were awarded along with the Silver Shovel teaching award.

We also were on hand in August to welcome the newest crop of medical students to their new medical family. The positive undergraduate accreditation survey report and the success of the class of 2017 in leading the CARMS Residency match this year attest to the quality of the program and the students in it.

Several positive comments were received about the alumni award recipient selection for 2017 and guest speaker for the 13 October 2017 DMAA Awards Gala. To hear the contributions these alumni leaders have made in areas of teaching, research and clinical care was truly awe-inspiring. The acknowledgement of those who helped develop their careers was a reminder of the debt we all our to our teachers and mentors. David Juurlink MD '94 (our guest speaker as well as Alumnus of the year 2017) opened the minds of those at the gala about the challenges of medication management in today's world of Twitter and other social media. It reminded us of the power of social learning for clinicians and our responsibility to check the evidence before following the advice of social media medical leadership "stars" in practice.

In addition, the popular band Big Fish provided music from across multiple decades to refresh some fond memories in alumni of all ages. By all accounts a fun evening was had by all. Once again, we were able to meet our financial commitment of support to medical students for their special projects.

This year's appointment of the iconic Dr. Richard Goldbloom of Halifax as Canadian Medical Hall of Fame Laureate was certainly well deserved. He joins Dr. Jock Murray (2014) and Sir Charles Tupper (2016) as some of the few Maritimers to be so recognized. Check out the CMHF web site as well as the youtube video ("the vital things that make life spectacular" PBS News hour interview) of 92 year old Dr Goldbloom by his grandson talking about his life and his dementia in his usual self depreciating manner. His indoctrination to CMHF should serve as a reminder to us all to consider nominating individuals who have made significant contributions to the health care of Canadians.

CMHF can only select from the submitted applicant nominations. I have been told that the number of nominations received from the Maritimes are relatively few, resulting in only a handful of CMHF laureates from the Maritime Provinces. Recognizing that identifying medical leaders even at the start of their careers is also important, this year the DMAA Board voted to fund the Dalhousie Faculty of Medicine contribution for the student leadership award given by the Canadian Medical Hall of Fame.

This year DMAA surveyed class presidents for advice regarding the role DMAA could play in supporting class reunions. Some reunions are organized by other individuals who it would also be helpful to hear from if they would be willing to complete a survey or just send comments. Of course, we love to hear from alumni at any time in person, phone or email too.

Enjoy reading this edition of the *Vox*.

John Steeves

John Steeves MD '74
President DMAA

DEAN'S MESSAGE

SAVE THE DATE FOR 2018!

By Dr. David Anderson (MD'83)
Dean, Faculty of Medicine

As I reflect back on the last academic year, and look forward to the year now underway, I am struck by the many remarkable accomplishments of our faculty, trainees, staff and alumni.

Standout achievements since the last issue of Vox include successful accreditation results for both our continuing professional development (CPD) program and our undergraduate medical education (UGME) program. Dalhousie Medical School has long been known for the excellence of our undergraduate and postgraduate education programs and for the quality of our graduates—and the accrediting bodies' reports certainly show this still to be the case.

We received word of our successful CPD accreditation in the summer. The site visitors found our program to be in compliance with all of the national accreditation standards and, remarkably, rated our performance as exemplary in nearly half. This program is increasingly important, as rapid advances in health and medicine in the 21st century intensify the need for continuing education and professional development of physicians in practice. Fortunately, our CPD program is up to the task—it trains thousands of physicians each year and, in so doing, is developing a national reputation for excellence.

The CPD accreditors were particularly impressed with the diversity and quality of our programs, our academic detailing service, our attention to the needs of physicians (which has guided the development of programs), and the scholarship within the program. I offer my sincere appreciation and commendation to our Associate Dean of CPD, Dr. Connie LeBlanc, and her outstanding team for their ongoing efforts to build a comprehensive array of high-quality continuing education programs.

In October, we were delighted to learn that our MD program has been accredited for an eight-year term. The UGME accreditation process is rigorous indeed, with 94 elements across 12 standards that need to be met at the level of excellence to be rated as satisfactory. It requires an extensive self-study process and several years of concerted effort to address any deficiencies and then evaluate the results of these efforts.

The Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) rated 85 of the 94 elements within the 12 accreditation standards as "satisfactory"—the highest rating. Of the remaining 9 elements, the accreditors rated 8 as "satisfactory with monitoring." The sole remaining element—to do with students' awareness of mistreatment policies, mechanisms for reporting incidents of mistreatment, and reports of mistreatment—was rated as unsatisfactory. This is something we had already identified in our self-study process and are taking determined steps to address.

We're very pleased with how the preparation process unfolded, and proud of our senior leaders, faculty, staff and students, who dedicated themselves to ensuring our undergraduate program would meet the accreditation standards.

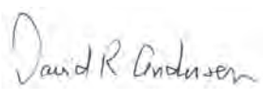
Also in the realm of ensuring top-notch operations, a review of admissions to our undergraduate medical program was completed over the past year. Dr. Gus Grant, CEO of the College of Physicians & Surgeons of Nova Scotia, headed the review. The review committee offered some very useful recommendations for enhancing the diversity of our student body and the equity of our admission processes going forward. Some recommendations from this report have already been implemented. Others will be explored in the months ahead.

The diversity pipeline programs we've been running to date—such as the very popular African Nova Scotian and Indigenous health sciences summer camps and PLANS (Promoting Leadership in health for African Nova Scotians)—are starting to yield positive results. As you'll see in more detail later on in this issue, the Class of 2017 included our largest-ever cohort of African-descended medical graduates. We were thrilled to grant MDs to six outstanding students of African descent, and look forward to next year, when we expect to graduate six more African-descended physicians. The success of these students is a tribute to their talent and dedication, and the supportive efforts of Michelle Patrick, program manager of PLANS.

We are also looking ahead with great anticipation to the upcoming celebrations of Dalhousie Medical School's 150th anniversary in 2018, which coincides with the 200th anniversary of the founding of Dalhousie University.

We will be releasing more information about the series of events to roll out throughout 2018: but I would like to bring your attention to one particular event now, a celebration weekend we're planning from November 2 through 4. There will be a number of alumni events taking place over the weekend, but many happenings will be much broader and are open to friends and family as well—including a gala dinner and dance on Saturday night, November 3, 2018. We will provide more details in the coming months but, for now, please save the date for what promises to be an extraordinary weekend! If you and your class were ever to plan for a reunion event in Halifax, 2018 is the year.

I look forward to seeing you many of you in December and throughout the year in 2018. We truly have a lot to celebrate!



DALHOUSIE MEDICINE NEW BRUNSWICK UPDATE

EMERGING MEDICAL EDUCATORS FROM DALHOUSIE MEDICINE NEW BRUNSWICK

By Dr. Jennifer Hall
Associate Dean, DMNB

When the fall semester gets underway and we welcome the DMNB Class of 2021, the work of delivering the curriculum begins. The undergraduate medical curriculum, as you may recall, is complex and requires the participation of Dalhousie Faculty members from across the province in the roles of tutors, skilled clinician teachers, lecturers, OSCE examiners and clerkship preceptors to name just a few. The clinical and basic science faculty members and allied health professionals have always stepped up to the plate to fulfill these roles with great enthusiasm.

I notice this year, there are many names that are quite familiar. This familiarity is not because they have been involved in these roles for many years but rather that they are Dalhousie Medicine New Brunswick graduates who have completed their Family Medicine residency programs and are now practicing in New Brunswick.

In addition to embarking on busy clinical careers, they have chosen to participate in the education of students who are following a path much like they did, not that long ago. For many of these newly practicing physicians, they were taught to become teachers in their residency programs and they want to utilize those skills. For others, they have a feeling of wanting to give back to the medical school campus that provided them with their undergraduate medical education.

Whatever the reason for their interest, I welcome them back to the Dalhousie Medicine New Brunswick family. Our Class of 2021 will be able to envision their own potential careers by watching and listening to these new medical education teachers and hopefully will develop strong mentorship relationships. I value the contribution of these new faculty members and look forward to having many of them take on leadership positions within the medical school in the future.

Sincerely,

> "For many of these newly practicing physicians, they were taught to become teachers in their residency programs and they want to utilize those skills."

QE11 Foundation

Save the date for

DalMed150!

Alicia Malone, Class of 2021

THE DALHOUSIE MEDICAL SCHOOL WILL BE CELEBRATING OUR 150TH ANNIVERSARY IN 2018, AS PART OF DAL'S BICENTENNIAL CELEBRATIONS.

Join us **November 2–4, 2018**, for a weekend filled with faculty and alumni celebrations, continuing medical education sessions, family fun and signature events including a gala dinner on **Saturday, November 3, 2018**.

Additional signature events will be hosted through our departments and divisons throughout 2018. Keep updated at **medicine.dal.ca/dalmed150**.

THINKING ABOUT A REUNION IN 2018?
Contact the DMAA Office at **dmaa@dal.ca** about organizing it. We can't wait to see you!

DALHOUSIE UNIVERSITY | MEDICINE 150 YEARS

Part of Dalhousie's Bicentennial Celebrations

Show Your Dal Pride!

Order a free decal for your car or office window and get excited about Dalhousie's upcoming 200th anniversary! Visit alumni.dal.ca/decal to request your decal, or drop by the DMAA office in the Tupper Building.

PROFILE

Dr. Lisa Bonang

FAMILY PHYSICIAN OF THE YEAR

By Allison Bain

The Family Physician of the Year award honours a physician who is a role model in the practice of family medicine. This year's recipient is Dr. Lisa Bonang, who has been recognized for her outstanding work both as a family physician and as director of community faculty development at Dalhousie University.

Having grown up in Head of Chezzetcook, Dr. Bonang knew right away that she wanted to work in a rural community and studied at Dalhousie University in order to stay close to home. She was drawn to family medicine because she enjoys the breadth of information and complexities involved in the day-to-day work. Her favourite part of her work is getting to know each and every one of her patients.

"Relationships are the most important aspect and privilege of being a physician," says Dr. Bonang. "Being able to get to know your patients, being able to share in their lives and being able to take part in the joys, but also the sorrowful parts of medicine and being able to comfort if you're able, that's what makes what I do rewarding."

Her advice to medical students and new doctors is to get to know their patients and the communities they work in.

"Enjoy those relationships that you can form, don't be fearful of it," she says. "I think it's important to become in some way a part of the community so that you can understand the area that you're working, some of the intricacies of the person that you're working with, the special characteristics or the special nuances of the community, so that you truly understand the patient and the patient's experience as they're coming to you."

Although she enjoys being able to share good news with her patients, some of the most rewarding moments of her career have been comforting her patients at the end of their lives.

"Having those close relationships and being able to help them die peacefully and comfortably, and being able to comfort the families, I think actually those are probably the most poignant times that I've faced in family medicine," says Dr. Bonang.

Dr. Bonang says that it's "an extreme honour" to be recognized for this award by her peers.

"I may have been chosen for this award but I think there are so many other physicians, and family physicians in particular, that are everyday working very hard and working stoically under a lot of pressures, and helping to do the best they can for their patients and for the communities in which they live and work, and I think having some awards to recognize those physicians is extremely important and so this award also goes out to the colleagues I've had and friends that I've had that have shaped me into the physician that I am today."

When she's not working, Dr. Bonang enjoys reading, travelling, and spending time with her family.

"I have two teenagers now, so sometimes that means spending time with my family when we're all in separate rooms," she jokes.

PROFILE

Dr. David Juurlink

ALUMNUS OF THE YEAR

By Allison Bain

Dr. David Juurlink didn't always plan to be a doctor, but now that he is he enjoys his work immensely.

"When you find yourself working off-hours because you want to, rather than because you have to, you know you're in the right line of work," says Dr. Juurlink.

Dr. Juurlink grew up in New Glasgow and did an undergraduate degree in pharmacy at Dalhousie. About halfway through his degree he realized he wanted to study medicine, and went on to complete his medical degree.

After graduating from Dalhousie's Faculty of Medicine, he completed residency training in internal medicine followed by subspecialty training in clinical pharmacology, a fellowship in medical toxicology, and a PhD in clinical epidemiology at the University of Toronto, where he is currently a professor in the departments of medicine and pediatrics, and departmental division director for clinical pharmacology and toxicology. He is also division head at Sunnybrook Health Sciences Centre and a senior scientist at the Institute for Clinical and Evaluative Sciences.

Dr. Juurlink has received many awards throughout his career in medicine, but receiving the Alumnus of the Year award is especially meaningful to him because it's coming from his alma mater.

"It means a great deal because it's coming from Dal, which afforded me a superlative education in both pharmacy and medicine, and because the people who have historically received this award are an immensely accomplished group," he says. "It's some very impressive company to be in."

Dr. Juurlink advises medical students and young doctors to appreciate how fortunate they are to be able to work in such a rewarding field.

"If you choose your career path with care, you essentially get paid to have fun solving problems and helping people for the whole of your professional life. Very few people get to make that claim, and I think it's important for young people in medicine to realize they're in a field that can be incredibly rewarding and make a real difference to the lives of others, because health is important to everyone."

He also strongly believes in the importance of finding a good mentor to guide you as you start your career.

"I would say make sure you have at least one, and ideally more than one, good mentor," he says. "What's important to keep in mind is that a good mentor is someone who takes pleasure in seeing you thrive, and who puts your interests ahead of his or her own."

While Dr. Juurlink loves working with patients, he also appreciates being able to contribute to patient care through his research.

"It's very gratifying to feel that you've helped patients and their families through an acute illness or, especially in internal medicine, at the end of life," he says. "But it's also gratifying to generate new knowledge, in my case regarding drug safety, and to have that knowledge used to influence the care of patients on a larger scale. It also affords me a lot of variety in my work, which is like a vaccine against burnout."

Outside of work, Dr. Juurlink enjoys spending time with his family, playing squash and cooking.

"My ideal sabbatical would probably be a year-long cooking sabbatical in Europe somewhere, France or Italy, but my youngest is 12 so that isn't happening any time soon," says Dr. Juurlink.

Dr. Juurlink was the keynote speaker at the Dalhousie Medical Alumni Association's annual gala, held on Oct. 13 at Pier 21.

Although he now lives in Toronto, he always enjoys coming back to visit the East Coast.

"I had a terrific time at Dal and still in many ways consider Halifax and Nova Scotia home."

PROFILE

Dr. Charles Maxner

HONORARY PRESIDENT

By Allison Bain

Every year since its inaugural meeting in 1958, the Dalhousie Medical Alumni Association has named a highly respected alumnus or alumna as Honourary President. This year's Honourary President is Dr. Charles Maxner, who believes the most important role of the Dalhousie Medical Alumni Association is to give back to current students.

"I think the alumni association has done an admirable job over time of supporting students, and that's what I think alumni are all about, trying to make sure that your alma mater is well recognized and that you stand and support your alma mater, to the benefit of the students," says Dr. Maxner. "It's not really for the institution, it's what the institution can then do for the students."

Dr. Maxner completed both his undergraduate and medical degrees at Dalhousie and speaks about his experience as a student fondly.

"I had the benefit of excellent education, wonderful professors," he says. "To this day I still have some of them as friends."

While studying psychology during his undergraduate degree, Dr. Maxner became interested in vision and how it is processed in the brain. This eventually led him to pursue a specialization in neuro-ophthalmology. Although he loves his work, his biggest challenge is keeping up with the high demand.

"There's only one of me," says Dr. Maxner. "Neuro-ophthalmology, although it seems like a niche specialty, it's actually in fairly high demand, and so at this time I'm basically the only practicing neuro-ophthalmologist in Maritime Canada."

Dr. Maxner has been with Dalhousie's Faculty of Medicine for over 30 years and enjoys being able to share his knowledge with others. He recalls a student approaching him about a teaching session he had given about end-of-life care that stuck with the student years later. As an intern, the student ended up staying with one of her patients during his last moments and attending the funeral as well, which "made them feel like they were the complete physician."

"So from the time the patient presented with the clinical problem, they realized that this wasn't going to be a solvable problem, but continued to support the patient and their family, so much so that it was very rewarding for her to learn that emotive aspect, but also to see that that is the continuity of care, from the beginning to the end," says Dr. Maxner. "In your medical career you have a lot of that."

Dr. Maxner stresses the importance of giving each patient your all, even if their issues go beyond the scope of your specialty.

"You may not necessarily be able to meet every need of the patient, but even if you're not able in one area, be their advocate to try to help them get that other service that they might need," he says. "But the key is: be attentive to the patient in front of you at that point in time."

PROFILE

Dr. Paige Moorhouse

YOUNG ALUMNA OF THE YEAR

By Allison Bain

Dr. Paige Moorhouse, geriatrician and co-founder of the Palliative and Therapeutic Harmonization (PATH) Program, is being recognized as the Dalhousie Medical Alumni Association's Young Alumna of the Year for her innovative practices as a geriatrician and clinical researcher.

"I think leadership and in particular innovation, sometimes requires you to tackle areas that are controversial and certainly not universally agreed upon, and it can be challenging to navigate that with colleagues who have different philosophies," says Dr. Moorhouse. "You want to be respectful of that, but you still have an innovation that you're trying to drive forward."

The PATH Program, which Dr. Moorhouse cofounded with Dr. Laurie Mallery, helps older adults and their families navigate the healthcare system and make important decisions to preserve their quality of life. Dr. Moorhouse first became interested in geriatric medicine during her residency when she saw how older patients and younger patients can have different symptoms even if they're experiencing the same illness.

"As a young resident in internal medicine working in the emergency department I found it frustrating because I was seeing so many people who didn't seem to fit that textbook description of how people present when they're ill, and so the realization that it was frailty that was driving these atypical clinical presentations meant that if I understood frailty better I could also understand how to help patients recover from the illness and enjoy the best possible quality of life," says Dr. Moorhouse.

Finding balance can be a struggle for Dr. Moorhouse because her work requires her to play many different roles while caring for her patients.

"I think a lot of what I do requires me to go beyond what many people might see as the typical role of a physician," she explains. "Sometimes I'm a counsellor, delving into the difficult emotional work, or trying to help the families navigate some of the dynamics that tend to surface in these kinds of health crisis situations sometimes I'm a navigator. The roles go beyond the standard diagnosis and treatment. Oftentimes the work requires me to lead the conversation to talk about the elephant in the room or things that might be uncomfortable for people to talk about in front of each other."

Having grown up in Saint John, N.B., Dr. Moorhouse was happy to return to the Maritimes for medical school after completing her undergraduate degree at the University of Toronto. She enjoys living and working in Halifax.

"It's big enough that you get lots of exposure to some of the amazing, very specific technical advances and innovations that we've been able to make in medicine, but the community is also small enough that it's not impossible to drive change."

LAUNCH CEREMONY

2017 LAUNCH AWARDS

DALHOUSIE MEDICINE NEW BRUNSWICK

ANCHOR AWARD
Awarded by the graduating class recognizing the individual who has made the most significant contribution to their experience at Dalhousie Medicine New Brunswick.
R. Dasse Nadaradjan

BUILDER'S AWARD
Awarded by staff and presented to the graduating student they feel has made the greatest contribution to Dalhousie Medicine New Brunswick.
Jefferson Hayre

DIRECTOR'S CHOICE CLINICAL SKILLS AWARD
Awarded by the director of the Skilled Clinician Course to a graduating student who has demonstrated excellence in their clinical skills.
Meghan McGrattan

HUMANITIES AWARD
Awarded to a member of the graduating Dalhousie Medicine New Brunswick class who has demonstrated the attributes of humanism during their training, and contributed to the concept and spirit of the Humanities in Medicine.
Alex Saunders

DR. JOHN M. STEEVES RESEARCH IN MEDICINE AWARD
Awarded to a graduating Dalhousie Medicine New Brunswick student in recognition of excellence in the completion of the four-year course in research in Medicine at Dalhousie Medicine New Brunswick.
Jefferson Hayre

RAJU INTERNAL MEDICINE AWARD
Presented to the graduating Dalhousie Medicine New Brunswick student with the highest academic standing in Internal Medicine.
Brent McCullum

STEFAN MILDENBERG AWARD IN SOCIAL PEDIATRICS
Awarded by the Saint John Regional Hospital Pediatrics Department to a graduating Dalhousie Medicine New Brunswick student who has contributed to the field of Social Pediatrics.
Monica Graves and Jefferson Hayre

AWARD FOR EXCELLENCE IN GERIATRIC MEDICINE
Given by the Geriatrics Department at the Saint John Regional Hospital to a graduating Dalhousie Medicine New Brunswick student who demonstrates aptitude and excellence in the field of Geriatric Medicine.
Rene Boudreau

INTERNAL MEDICINE DEPARTMENT AWARD
Given by the Saint John Regional Hospital Internal Medicine Department to a graduating Dalhousie Medicine New Brunswick student who demonstrates aptitude and excellence in the field of Internal Medicine.
Brent McCullum

DR. PAUL HANDA EXCELLENCE IN NEPHROLOGY AWARD
Given to a graduating Dalhousie Medicine New Brunswick student who demonstrates aptitude and excellence in the field of Nephrology. Presented on behalf of Dr. Paul and Mrs. Eileen Handa.
Jaclyn Ferris

AWARD OF EXCELLENCE IN PHYSICAL MEDICINE & REHABILITATION
Awarded by the Stan Cassidy Centre for Rehabilitation to a graduating Dalhousie Medicine New Brunswick student who demonstrates exceptional skills and enthusiasm towards the specialty of physical medicine and rehabilitation.
Yasmin Chishti

AWARD OF EXCELLENCE EMERGENCY MEDICINE
Awarded by the Saint John Regional Hospital Emergency Medicine Department to a graduating Dalhousie Medicine New Brunswick student who demonstrates aptitude and excellence in the field of Emergency Medicine.
Jefferson Hayre and Colin Rouse

AWARD OF EXCELLENCE IN SURGERY AWARD
Given by the Saint John Regional Hospital Department of Surgery to a graduating Dalhousie Medicine New Brunswick student who demonstrates aptitude and excellence in surgery.
Emma Sumner

DMNB NEWS

A New Director at the Helm of DMNB's Skilled Clinician Course

By Erinor Jacob-Levine

A quiet summer day on the DMNB campus is broken by the hustle and bustle of staff preparing for the new academic year. A crucial component to the medical students' education is their clinical skills sessions. These sessions have teams of students, under the watchful guidance of faculty, meeting with volunteer and simulated patients to practice the skills they will need to become effective physicians. Skills such as taking a medical history, listening to a heartbeat, and coping with challenging patients.

At the head of the skilled clinician course at DMNB is Dr. Ross Morton who joined the team this past spring. New to the role and to the province, Dr. Morton brings with him a wealth of experience and passion. A nephrologist trained in Manchester and Toronto, he worked in nephrology and general internal medicine for 25 years in Kingston. Dr. Morton is very excited to be focusing on undergraduate curriculum again.

The biggest change to clinical education over the years

Dr. Morton was formerly the clerkship coordinator for the Department of Medicine and later Internal Medicine Program Director at Queen's University, as well as the vice-chair of the Royal College's Internal Medicine Examinations. During this time, he's seen a lot of changes to medical education.

The biggest change has been fostering evidence-based history taking and physical examination. To see what aspects of each can be channeled into a correct diagnosis. "Techniques that are interesting but don't add to the diagnosis are no longer given the level of importance they once were. A good example relates to a leaky aortic valve. There are lots of physical findings that are fun to teach, but most are not present when the valve is leaking. The fact that you know the 30 or more signs of a leaky valve is less important than knowing which findings help rule in or rule out the condition. The evidence-based physical examination is being increasingly incorporated into the undergraduate curriculum and that is exciting!"

Facilitation & Innovation

What exactly is the role of the DMNB Skilled Clinician Course Director? In Dr. Morton's eyes he is, "primarily, a facilitator. If others make me feel redundant, I'm doing my job well. To do the job exceptionally well, I have to be an innovator."

"With respect to innovation, I'm looking at expanding the roles of, and having more engagement with, groups such as indigenous peoples, LGBTQ community, service organizations representing people with chronic diseases, and socially disadvantaged peoples in helping teach and evaluate our students." The benefits from having students exposed to these groups early in their training not only addresses any preconceptions they may have as individuals, it enables them to explore the issues that are unique and important to each group.

Looking to the future

With the rapid advancements in technology, what does the future hold for the Skilled Clinician Course? Dr. Morton believes the importance of "finding the correct role for patients as educators and evaluators. We are fortunate to have volunteer patients (VPs) and standardized patients (SPs) who have great energy and enthusiasm. It is important for us to figure out how we channel this more advantageously. It is important to emphasize the role our VPs and SPs have as educators and evaluators. Nobody will tell you how a session went better than the person on the receiving end."

He is focusing on not only keeping the human side of the training but potentially increasing the role of VPs and SPs as evaluators.

Dr. Ross Morton stands with Dr. Stephanie Rutherford, DMNB's Simulated Patient Educator.

Dr. Morton is forward looking as well with respect to the advances in technology and the opportunities they can provide to students. "Finding the appropriate niche for electronic simulation in the undergraduate curriculum. Simulation is being used a lot more for training. Simple models of simulation to more complex mannequins which provide real-time feedback as learners interact. The question that needs to be answered is: what is the ideal integration of this for simulation?"

Success of the Director

When posed with the question of how he views success of his role in three to four years, Dr. Morton candidly replies:

"Students will continue to want to apply to DMNB! When they leave, the students will be committed lifelong learners. They will have a greater understanding how people feel when living with chronic diseases. I would love to see young physicians staying on in New Brunswick, and serving the population of the province. I would like the Saint John community to feel that the Medical School is a place for people to be engaged - a place that is inclusive of all."

Next Steps

Dr. Morton provides a quick overview of his next steps:

- Faculty development—make sure the tutors have good input and identify their goals as well.
- VP and SP development—is there interest from the volunteers to act as evaluators.
- Engagement with the community—meet with members of volunteer health organizations to gain insight into their needs, and to recruit their members as patient educators for our students.

DMAA

DMAA Medical Hall of Fame Award

The Canadian Medical Hall of Fame (CMHF) Award seeks to recognize medical students who demonstrate perseverance, collaboration and an entrepreneurial spirit, and who show outstanding potential as future leaders and innovators of health care in Canada.
The award is funded by the Dalhousie Medical Alumni Association (DMAA).

"The demonstrated knowledge, skill and extraordinary commitment of our Award recipients are truly outstanding, and these future leaders are genuinely deserving of this prestigious honour," said CMHF Board Chair Dr. Bryce Taylor

Third year Medicine student and HOPES (Halifax Outreach Prevention Education & Support) former Co-Director and current Board member, Braydon Connell, has demonstrated his passion for advancing health care by providing heath education to marginalized populations and advocating for student rights.

Braydon holds a Bachelor of Science (Microbiology & Immunology) and Master of Science (Occupational Therapy) from Dalhousie University. He has also been an active member of university societies, being a past president of the Occupational Therapy Student Society and Director of Health Professions with the Graduate Student Association.

DMSS

Euphoria

By Loran Morrison, SHINE Academics, Class of 2019 and Patrick Holland, DMSS President, Class of 2020

The audience was in for a treat at the Rebecca Cohn Auditorium on the evening of February 25th, 2017. A full house was on hand to witness four spectacular skits from the med school classes at the annual Euphoria variety show.

The evening, intended to showcase the many talents of the school's medical students, doubles as a fundraiser for local organizations. This year's chosen recipient was SHINE Academics, which is a volunteer tutoring program that supports Halifax students in their studies of math, science and academics as a whole. Up until this year, SHINE was limited to a three-hour, one day a week time slot in the North end of Halifax. However, with the funds raised by Dal Med at Euphoria, and a space granted by the Halifax George Dixon Center, SHINE has spent the summer developing a functional resource center and learning space for its students. As the funds raised were greater than anticipated, SHINE has also been able to expand its program to include SHINE Yarmouth starting in the fall of 2017!

It would be remiss of me not to mention that the Class of 2020 was able to beat the odds and take home the trophy for "Best Skit" for 2017 but I think we can all agree that SHINE was the big winner on the night.

Student Wellness

By Sarah Tremaine, DMSS Past President, Class of 2019

Student wellness has come to the forefront in medical schools across the country in recent years. Dalhousie has made great strides, both through student and faculty initiatives, to ensure that students are being supported through the challenging but rewarding journey through medical school.

Dal Med has several students working on wellness initiatives, including the DMSS Sports and Wellness rep, our Student Affairs Wellness Liaisons (SAWLs), and our student organized Mindfulness in Medicine Seminars.

Our biggest wellness event of the year is Wellness Week, which took place in mid March of this year. Wellness Week was a huge effort put on mainly by the DMSS Sports and Wellness rep and our SAWLs reps. There were many events that took place during the week including a cooking class, dog therapy, crafts night, massage therapy, stone salad lunch, and yoga. The highlight of the week was an event entitled "Mental Health Monologues"—an open mic event, where students were free to get on stage and talk about their personal experiences with mental health struggles, all in a judgement free environment. Several similar events took place at Dalhousie Medicine New Brunswick (DMNB) during the same week.

Mindfulness in Medicine (MIM) is a group of sessions led by Class of 2019 student Alex Whynot, and local Radiation Oncologist, Dr. Robert Rutledge. MIM seeks to teach guided mindfulness practice and mindfulness skills for everyday life. There were 6 MIM sessions this past school year, all were received very well by students.

DMSS

Student Life at Dal Med

By Patrick Holland, DMSS President, Class of 2020

As summer rolls into fall, it is once again time to welcome students back to the Sir Charles Tupper Medical building and DMNB. A fresh crop of Med 1s are getting used to their new schedule and their new surroundings, the Med 2s are in the thick of Neuro, a crop of eager clerks have been unleashed on the hospitals from the Med 3 class and the Med 4s are preparing for the end of clerkship and the beginning of the CaRMS process. While most of our schedules as students revolve around academics and clinical experience, we still have some time to squeeze in the odd extra-curricular activity. Take a look at what some of our students have been up to over the past few months.

Interest Groups

There will be more than 30 interest groups registered with the DMSS this year between the two campuses that will engage students and encourage them to become involved in their communities—all thanks to the amazing support from the DMAA. Some of these interest groups serve to educate students on prospective specialties, and develop skills. Such is the case with the Surgery Interest Group and the Emergency Medicine Interest Group which organize the popular Suture Night and tour of LifeFlight respectively, while also organizing Lifestyles Nights with local physicians.

At the same time there are interest groups that help students give back to the community such as I Am Potential, which teaches high school students about basic medical skills and gives them a taste of the world of medicine, or Swimability, where students volunteer to go swimming with children with special needs once a week. Students are encouraged to use their imagination and create their own interest groups. Whether it's to help their fellow students learn about a specific aspect of medicine or get involved with their community, if it gets students to give up their free time then it's probably worth a shot!

Dalhousie Medical Convocation Awards and Scholarships Ceremony

GRADUATION WITH DISTINCTION

Awarded annually, on graduation, to the student standing highest in the regular medical course provided that he or she has reached the high standard set by the Faculty for that purpose.

Adil Bata
Marshall Dunn
Mathew Finniss
Jennifer Frazer
Holly Greer
Rebecca Jeffrey
Ericka Leck
Brittney MacDougall
Suthan Srigunapalan
George Worthen

Presented by: Dr. Evelyn Sutton (MD'84), Associate Dean, Undergraduate Medical Education

AWARDS & SCHOLARSHIPS

DR. LEO HOROWITZ PRIZE IN DIAGNOSTIC RADIOLOGY

Awarded annually to a fourth-year medical student who has shown the greatest interest and greatest degree of inclination towards the study of Radiology, either through performance or marks during their undergraduate experience.

Ian R. MacDonald

Presented by: Dr. Michael Horowitz, son of Dr. Leo Horowitz

DR. EDWIN F. ROSS PRIZE IN PEDIATRIC SURGERY

To provide an annual prize in pediatric surgery to a medical student who demonstrates an aptitude and interest in pediatric surgical care.

Mona Al-Taha

Presented by: Ms. Janet Ross, daughter of Dr. Edwin F. Ross

DR. ROBERT F. SCHARF AWARD IN EMERGENCY MEDICINE

Awarded to the graduating medical student who has demonstrated an outstanding combination of clinical ability, motivation, and professionalism in Emergency Medicine throughout the undergraduate program.

Sean Hurley

Presented by: Laurel Joudrey, daughter of Dr. Robert Scharf

THE EMERSON AMOS MOFFITT RESEARCH PRIZE FOR UNDERGRADUATE RESEARCH IN ANAESTHESIA

This prize, is awarded to a graduating student, who has completed a research project in Anaesthesia which was considered meritorious by the Executive Council of Dalhousie University Department of Anaesthesia, in consultation with the Associate Dean of Research for the Faculty of Medicine.

Meghan Pike

Presented by: Dr. David Milne (MD'89), Associate Head, Department of Anesthesia

UNDERGRADUATE STUDENT AWARD IN ANAESTHESIA

This award is given annually to a graduating medical student who by academic achievement and clinical performance has demonstrated outstanding capabilities in the field of anesthesia throughout their medical program

Oliver Hatheway

Presented by: Dr. Ben Schelew (MD'89), Department of Anaesthesia

DR. I. M. SZULER AWARD FOR EXCELLENCE IN UNDERGRADUATE INTERNAL MEDICINE

This award will recognize a student in their fourth year, who during their third year clerkship MTU rotation in Internal Medicine, best displays the personal and academic qualities of compassion, high moral and ethical standards, will be highly respected by peers, teachers, nursing staff, and patients in addition to demonstrating satisfactory academic criteria.

Laura Schep

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

THE DMRF DR. RICHARD B. GOLDBLOOM AWARD IN PEDIATRICS

This award consisting of a medal and a cheque for $300 is to be given annually to the graduating medical student "who shows the most outstanding combination and balance of scientific medical knowledge, clinical skill and sensitivity to the social and emotional needs of children".

Oliver Hatheway

Presented by: Dr. Richard Goldbloom, OC

DR. CARL PEARLMAN PRIZE IN UROLOGY

Awarded to the student in fourth year judged by the Department of Urology as having the greatest aptitude and interest in Urology.

Morgan MacDonald

Presented by: Dr. David Bell (MD'84), Head, Department of Urology

DR. FRANK G. MACK PRIZE

Awarded by the Department of Urology, to the student showing excellence in the care of urological patients.

Emily Whelan

Presented by: Dr. David Bell (MD'84), Head, Department of Urology

DR. S. G. BURKE FULLERTON AWARD

Awarded to a student in fourth year who has shown the greatest promise and potential for Family Medicine.

Renee Amiro

Presented by: Dr. Greg Archibald, Head, Department of Family Medicine

DR. LEONARD, KAY AND SIMON LEVINE SCHOLARSHIP

To provide an annual scholarship to a fourth year medical student who is pursuing studies in Family Medicine. The recipient is to be selected on the basis of academic excellence.

Kathryn Cull
Carly Langley

Presented by: Dr. Greg Archibald, Head, Department of Family Medicine

DR. LAWRENCE MAX GREEN MEMORIAL AWARD

Awarded to the student, who during his/her clerkship in Obstetrics and Gynecology, has best displayed the characteristics of compassion and clinical competence.

Emma Sumner

Presented by: Dr. Jillian Coolen (MD'03), Department of Obstetrics & Gynaecology

ANDREW JAMES COWIE MD, MEMORIAL MEDAL

Awarded to the student having the highest standing in Obstetrics in fourth year provided his/her standing in other subjects is sufficiently high to justify an award.

Emma Sumner

Presented by: Dr. Jillian Coolen (MD'03), Department of Obstetrics & Gynecology

DR. ROBERT & MRS. DOROTHY FORSYTHE PRIZE

To provide an annual prize to a graduating medical student who has demonstrated a strong aptitude and interest in mental health through clinical, research, or volunteer endeavors. Preference to be given to students from New Brunswick

Cinera States

Presented by: Dr. Michael Teehan (PGM'84), Head and Clinical Chief, Department of Psychiatry

DR. W. H. HATTIE PRIZE

Awarded to a student who, at the completion of the fourth year, has reached the highest standing in Medicine.

Adil Bata

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

DR. MICHAEL BROTHERS PRIZE IN NEUROSCIENCES

An annual prize awarded to a graduating medical student who has demonstrated an aptitude in the Neurosciences.

Erika Leck

Presented by: Dr. Cathy Shea (MD'80) and Dr. Tommy Brothers (MD'17), widow and son of Dr. Michael Brothers (MD'80)

DR. ROBERT C. DICKSON PRIZE IN MEDICINE

Awarded to a student, who has had the highest standing in all examinations in Medicine throughout the four year course.

Marshall Dunn

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

DR. JUAN A. EMBIL AWARD FOR RESEARCH IN INFECTIOUS DISEASES RESEARCH

This prize, is awarded to a graduating student, who has completed the best research project in Infectious Diseases during his/her four years of study at Dalhousie University.

Thomas D. Brothers

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

DR. JOHN M. EMBIL AWARD FOR EXCELLENCE IN CLINICAL INFECTIOUS DISEASES

Awarded to a graduating student to recognize the commitment and enthusiasm of an undergraduate medical student in the field of clinical infectious diseases.

Thomas D. Brothers

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

DR. GRAHAM GWYN MEMORIAL PRIZE IN NEUROLOGY

This prize, in memory of Dr. Graham Gwyn, a distinguished Professor, and Head of the Department of Anatomy, is to be awarded to the fourth year student who expresses interest and achieves excellence in Neurology. The recipient must be recommended by the clinicians involved in teaching and supervising said student.

Rebecca George

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

DR. J. C. WICKWIRE PRIZE

Awarded to a graduating student who has displayed the highest competence in Patient Contact over the four year course.

Kayla MacSween

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

KIDNEY FOUNDATION OF CANADA, DR. ALLAN COHEN MEMORIAL PRIZE IN NEPHROLOGY

Awarded annually to the member of the graduating class who has shown the greatest aptitude in clinical nephrology during his or her medical education.

Erin Maguire

Presented by: Dr. Simon Jackson (MD'90), Interim Head, Department of Medicine

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE AWARD

This annual award is offered to a senior medical student who has demonstrated excellence in the specialty of Emergency Medicine.

Catherine Cox

Presented by: Dr. Evelyn Sutton, (MD'84), Associate Dean
Undergraduate Medical Education

JAMES WALKER WOOD AWARD IN MEDICINE

Awarded to a graduating student entering a Family Medicine Residency post-graduate program at Dalhousie. Preference will be given to students showing an interest in Rural Family Medicine. Must be a Canadian citizen with preference given to students from the Atlantic Provinces involved in extracurricular activities such as: medical research, participation in rural family medicine interest groups, community participation, leadership qualities, music, drama, etc.

Lynne Cann
Catherine Cox

Presented by: Dr. Greg Archibald, Head, Department of Family Medicine

THE ALBERT A. SCHWARTZ PRIZE IN ORTHOPEDICS

Awarded to the graduating medical student who had demonstrated aptitude and excellence in Orthopedics.

Meghan Flood

Presented by: Dr. David Kirkpatrick (MD'79), Head, Department of Surgery

DR. JOHN F. BLACK PRIZE

Awarded to a student on completion of the fourth year who reaches the highest standing in Surgery.

Erika Leck

Presented by: Dr. David Kirkpatrick (MD'79), Head, Department of Surgery

DMRF DR. J. DONALD HATCHER AWARD FOR MEDICAL RESEARCH

This research award is offered to the final year undergraduate medical student, who at graduation is considered to have carried out the most meritorious and significant research project during the undergraduate program, including summer electives

Thomas D. Brothers

Presented by: Emma Roberts, granddaughter of Dr. J. Donald Hatcher

THE LOURDES I. EMBIL AWARD FOR CARDIOVASCULAR RESEARCH

This prize will be awarded for clinical research in Cardiology, cardiovascular surgery, cardiovascular Pharmacology, Physiology, or other fields associated with clinical Cardiology

Thomas D. Brothers

Presented by: Dr. David Kirkpatrick (MD'79), Head, Department of Surgery

THE BARBARA L. BLAUVELT CARDIOLOGY PRIZE

An annual award for a fourth-year student who has been judged by the Division of Cardiology to have shown the greatest interest and degree of inclination towards the study of Cardiology.

Oliver Hatheway

Presented by: Dr. Kim Styles, Division of Cardiology

DR. R. O. JONES PRIZE IN PSYCHIATRY

This prize, in memory of Dr. R. O. Jones is to be awarded to the new graduate who has achieved the highest standing in Psychiatry for the four years in medical school.

Holly Greer

Presented by: Dr. Michael Teehan (PGM'84), Head and Clinical Chief
Department of Psychiatry

POULENC PRIZE IN PSYCHIATRY

Awarded to a student standing highest in Psychiatry in the final examination in fourth year.

Kathryn Cull

Presented by: Dr. Michael Teehan (PGM'84), Head and Clinical Chief, Department of Psychiatry

EARLE FAMILY PRIZE

To provide an annual prize to one or more students who have demonstrated the skills necessary to practice rural medicine in New Brunswick.

Suzanne Clarke

Presented by: Dr. Evelyn Sutton, (MD'84), Associate Dean
Undergraduate Medical Education

HUNTER HUMANITIES AWARD

This award is to be awarded to a senior student who has successfully completed all the requirements for the degree of Doctor of Medicine, and has made an outstanding contribution in the area of medical humanities, and demonstrating the humanistic qualities of caring and compassion in their care of patients.

Brittany Cameron

Presented by: Ms. AnaBela Sardinha, Medical Humanities-HEALS Program

DR. MABEL E. GOUDGE PRIZE

Awarded to the woman student making the highest standing in the fourth year of medical school.

Holly Greer

Presented by: Dr. Evelyn Sutton (MD'84), Associate Dean
Undergraduate Medical Education

DR. CLARA OLDING PRIZE

Awarded to the graduating student achieving the highest standing in the clinical years, character and previous scholarship being taken into consideration.

Marshall Dunn
Erika Leck

Presented by: Gordon Hebb (grandson) of Dr. Clara Olding (MD'1896)

DR. J. W. MERRITT PRIZE

Awarded to a student in fourth year who has attained the highest standing in Surgery over the four year of the medical course.

Jennifer Frazer

Presented by: Janice Merritt Flemming (daughter) of Dr. John W. Merritt (MD'28)

DR. C.B. STEWART UNIVERSITY MEDAL IN MEDICINE

Awarded annually, on graduation, to the student standing highest in the regular medical course provided that he or she has reached the high standard set by the Faculty for that purpose.

Marshall Dunn

Presented by: Dr. Evelyn Sutton (MD'84), Associate Dean
Undergraduate Medical Education

FACULTY OF MEDICINE RESEARCH IN MEDICINE AWARD

This award is to reward excellence and impact in research performed by medical students in completing the RIM Unit at Dalhousie University. Applicants will be judged on the basis of scientific merit and research impact.

Thomas D. Brothers

Presented by: Dr. Evelyn Sutton (MD'84), Associate Dean
Undergraduate Medical Education

HUMAN BODY DONATION PROGRAM

Honouring the unspoken teachers

By Nicole Marie LeBlanc

The annual memorial and interment service for Dalhousie University's Human Body Donation Program pays respect to the more than 150 donors and families who, at some point in the past three years, chose to make the ultimate contribution to medical education and research by agreeing to donate one's remains to benefit medical science.

Hosted by the Department of Medical Neuroscience, the emotional yet inspirational service provides an opportunity for Dalhousie students from many health disciplines who work in the anatomical laboratory to express their gratitude for the gift of knowledge bestowed by the donors and their families.

First-year Medical student Jordan Boudreau reflects on his first experience with the donors: "We were called to treat every body with the respect and the dignity that everybody deserves in life—the same respect that we extend to one another and ourselves."

The departed, who are now the silent mentors to many Dalhousie students, are individually unique; they differ in their life experiences, relationships and genetic makeup. Collectively, they share certain beliefs and personality traits that led to their decision to give the ultimate gift to medicine.

Brenda Armstrong, coordinator of the Human Body Donation Program, first attended the service in 1987. She is the first point of contact for families interested in the donation process, and organizes the two annual services.

Donors may share a connection to Dalhousie, often as former students, staff or faculty. Some have devoted their lives to a career in health care—former physicians, nurses, or dentists who realized first-hand the importance and value of cadavers through their own educational experience.

Another reason for donating is to give back to the health care system. "Some donors have had various hospitalizations throughout their life, and want to help those with a similar condition," said Armstrong.

Aspiring doctors, dentists, occupational therapists and nurses who learn about basic anatomy in the anatomical lab are mindful of this unique privilege they are granted by the donations. Working with a human body offers an irreplaceable experience and fundamental knowledge for students. It makes their training more practical, leading to superior skills that extend to their ability to treat their patients when they become physicians.

"The gift of the human body transcends being an educational aid," said Dean of Medicine Dr. David Anderson, also a physician himself. "What's learned in the anatomy lab has a direct impact on patient care in our hospitals and clinics around the Maritimes. In this way, a donation of one's body literally becomes the gift of life."

Currently, the program accepts donations from those residing in Nova Scotia, Prince Edward Island and New Brunswick.

Dalhousie Medicine New Brunswick (DMNB) students benefit from laboratory teaching, as a result of the Human Body Donation Program in Halifax, contributing 60+ hours of anatomy training annually at Saint John Regional Hospital in Saint John, New Brunswick.

AWARD

Governor General recognizes faculty members' innovations in child & youth mental health

By Melanie Jollymore

Former Governor General of Canada, David Johnston, awarded Dr. Patrick McGrath and Dr. Patricia Lingley-Pottie a Governor General's Innovation Award in May for their pioneering work to establish the Strongest Families Institute.

Drs. McGrath and Lingley-Pottie joined together 18 years ago to develop and test the Strongest Families system of care in a series of research projects at the IWK Health Centre and Dalhousie University. These original projects, funded by the Canadian Institutes of Health Research, evolved into the Strongest Families Institute, a freestanding, not-for-profit, self-sustaining charitable organization that currently helps more than 4,200 Canadian families a year.

Strongest Families employs a distance approach that allows families to receive quality, timely care in the comfort and convenience of their own homes via telephone and internet, with support from highly trained coaches and proprietary software (IRIS—Intelligent Research and Intervention Software—designed by Drs. Lingley-Pottie and McGrath) that enables sophisticated quality control, tracking of clients' progress, and an engaging user interface for youth and families.

"Our initial goal was to see if we could successfully deliver mental health interventions to families in their homes, from a distance, as a means of overcoming the barriers that were clearly preventing families from receiving desperately needed care," says Dr. McGrath, professor of psychiatry, science, pediatrics and community health and epidemiology at Dalhousie University, director of the Centre for Research in Family Health, and chair of the Strongest Families board of directors. "We found that, not only were the interventions effective, but the dropout rates were much lower than is the case with traditional mental health services."

At the same time, the distance services eliminated the need for families to travel, miss time from work, arrange child care, and incur other extra expenses.

"We're growing by leaps and bounds, as more jurisdictions recognize the benefits of the Strongest Families approach and the return on investment of health care dollars that comes with early, effective and cost-effective intervention," says Dr. Lingley-Pottie, assistant professor in Dalhousie's Department of Psychiatry, IWK scientist, and CEO and president of the Strongest Families Institute. "Our goal is for Strongest Families program to be available to children, youth and families across Canada. Our system is designed to ramp up quickly and drastically reduce waitlists."

Strongest Families Institute programs for anxiety, behaviour challenges and nighttime bedwetting are available provincially in Nova Scotia, Newfoundland, Prince Edward Island and soon in New Brunswick (in partnership with Bell Let's Talk and the provincial governments), most of Alberta and parts of Ontario, as well as to military and veteran families across Canada. The institute has exported programs to Finland and Vietnam and is in the midst of planning its expansion into New Zealand.

Services are free of charge to Canadian families residing in areas where Strongest Families has secured funding. "Children and youth who've completed the programs have not only improved in terms of the initial problems that brought them to the institute, they have also shown better school attendance and academic progress, and less bullying and victimization," notes Dr. Lingley-Pottie. "At the same time, parents' moods and family relationships have improved."

Physicians can refer their patients to the Strongest Families Institute through their local health authority's mental health referral service.

For more information, visit Strongestfamilies.com and Irisplatform.com

OPIOIDS

New health centre provides team-based care to homeless and vulnerably housed

By Melanie Jollymore

When the Canadian Medical Association released new national guidelines for prescribing opioids this spring, the medical school was already well underway with a host of educational programs to ensure physicians and trainees have mastered the finer points of safe and effective opioid prescribing.

"We've seen steep increases in opioid prescriptions and opioid-related deaths in the past decade, in North America, and Dalhousie Medical School is determined to play a lead role in reversing this trend," says Dr. David Anderson, Dean of Medicine. "Our goal is to ensure that all physicians understand the complexities of safe prescribing and vigilant monitoring of opioids, in order to provide compassionate care that safeguards the wellbeing of every patient."

Last year, Dr. Anderson tasked senior administrators at all levels of medical education (from the MD and residency programs through to continuing professional development) with evaluating the current programming and identifying strategies for strengthening it.

The review found that the foundations for proper prescribing of opioids are well-laid in the first two years of medical school, through the renewed undergraduate curriculum. Programming for residents, meanwhile, is being strengthened through a new three-tiered program that will provide a baseline for all residents early in their residencies, followed by more intensive education on opioid prescribing for acute pain, and a third level of in-depth training for those whose practice will involve treating chronic pain.

New education programs are being developed for practising physicians through the Office of Continuing Professional Development (CPD). Practising physicians can also take advantage of a full-day seminar—"The Prescribing Course: Safe Opioid Prescribing for Chronic Non-Cancer Pain"—developed three years ago by two faculty members and offered across the region through the Atlantic Mentorship Network: Pain and Addiction.

Assessing the tendency to dependency

In making the decision to prescribe an opioid, physicians must follow the same principles and process as they do for all prescriptions—regardless of pressure they may be feeling from patients.

"Before writing any prescription, a physician must take a detailed history, perform a physical exam, establish a differential diagnosis and prescribe an appropriate treatment plan," says Dr. Connie LeBlanc, associate dean of CPD at Dalhousie Medical School and an emergency

physician at the QEII Health Science Centre. "And then they need to monitor and reassess the patient and make any necessary changes. These steps must be followed rigorously."

Dr. LeBlanc says the pain-management pendulum has swung back from where it was two or three decades ago.

"In the 1990s, the attitude was very much that pain had to be tightly controlled, it was imperative to keep the patient free from any pain… but there were risks to that," she says. "Now the approach is much more judicious, measured… we don't want people to suffer but we don't want to do them any lasting harm, either."

One of the keys is to assess the patient's risk of developing an addiction.

"If a patient has a personal or family history of addiction, an active mental illness, or has experienced childhood trauma, they are five to six times more likely to develop an addiction to a prescribed opioid than someone who lacks these risk factors," notes faculty member Dr. John Fraser, a Halifax-based pain and addiction specialist with 30 years of experience in the field. "Doctors need to define the degree of risk and tailor a treatment plan based on that risk. That could involve tighter boundaries on the dosing and duration of the prescription and more intense monitoring… or not prescribing opioids at all."

Opioids are the third-line treatment for chronic pain and should not be offered unless first- and second-line treatments have failed. "The first line is non-pharmacological… ice, heat, physiotherapy, chiropractic, acupuncture, exercise, massage… there are many avenues to explore," Dr. Fraser says. "If the patient is still in pain, we offer non-opioid analgesic, antidepressant, or anti-inflammatory drugs… only if these too fail should we consider opioids."

As he notes, overdose is the most dramatic, but it is far from the only issue when it comes to opioid use – people on the medications may also experience cognitive problems, disrupted sleep, constipation, and a heightened risk of accidents and falls.

New e-learning tools expand the programming's reach

So physicians can learn the ins and outs of these and other issues to do with prescribing opioids, Dr. LeBlanc and her team in the Office of CPD are developing a comprehensive online course.

"Our plan is to make the course available to physicians in their homes or places of work," says Dr. LeBlanc. "It will reflect the new Canadian guidelines and be delivered over a period of months through a series of webinars and online modules, supported by videos and chat rooms. In keeping with the principles of adult learning, our course will allow participants time to take in the new material, reflect on and assess their practice and make adjustments, then come back to the training to consolidate and expand on their learning to date."

As chair of the Association of Faculties of Medicine of Canada's committee of associate deans of continuing professional development, Dr. LeBlanc is well versed in what's happening nationally in CPD regarding the appropriate prescribing of opioids.

"There are lots of programs in development across Canada, with a shift from including this topic in broader refresher courses, to dedicated programming," she says. "Based on what I'm seeing, I can honestly say that our program at Dalhousie is unique."

An inclusive approach

Three years ago, Dr. Fraser and then-Dalhousie faculty member/QEII pain specialist, Dr. Peter MacDougall, developed "The Prescribing Course: Safe Opioid Prescribing for Chronic Non-Cancer Pain." They've since taught the full-day course more than 20 times across all four Atlantic Provinces—in partnership with Dalhousie's Department of Family Medicine and health authorities and workers' compensation boards in the region.

Unlike many CPD courses, which are developed specifically for one profession, this course embraces professionals in a wide range of fields.

"They learn from each other," says Dr. MacDougall of the interprofessional nature of the course, which is provided to mixed groups of residents, physicians, nurses, nurse practitioners, pharmacists, dentists and paramedics. "The perspectives and knowledge base of each profession is different, so together they gain a broader understanding of the problems and solutions."

Now a member of faculty at the University of Ottawa, Dr. MacDougall is gearing up to introduce the safe opioid prescribing course in the Ottawa area—in both official languages.

"We've had the course handbook translated into French and run it in Moncton with simultaneous translation, so now we can expand into bilingual and French-speaking areas," says Dr. MacDougall.

Drs. MacDougall and Fraser are training other faculty members to teach the course, to make it more widely and frequently available.

New guidelines

According to new opioid-prescribing guidelines published in the May 2017 issue of the Canadian Medical Association Journal, Canadians are the second-highest per capita users of opioids in the world—and the highest when measured on the basis of morphine equivalents (800 morphine equivalents per capita in 2011).

In Ontario, admissions to publicly funded treatment programs for opioid-related problems doubled from 2004 to 2013, from 8799 to 18,232. The numbers are much lower in the Maritimes, due to a smaller population, but overuse and potential abuse of opioids is still a major concern.

The majority of opioid-related deaths in recent years have been caused by overdoses of the synthetic opioid, fentanyl, which is manufactured illegally and sold onto the streets nationwide.

"There is not much we can do, as physicians, to prevent the flow of illegal fentanyl onto the streets, but we can help prevent the diversion of prescription opioids to non-medical uses," notes Dr. John Fraser, a pain and addictions expert and assistant professor at Dalhousie Medical School. "We do know that, as the number of prescriptions for opioids rises, so do the markers of diversion—such as emergency room visits and overdoses in treatment centres."

PALLIATIVE CARE

Researchers seek new ways to provide more proactive, compassionate care for complex patients

By Melanie Jollymore

As a family physician for over 30 years, Dr. Fred Burge knows the challenges that doctors face as they try to keep pace with the complex health care needs of an aging population —often within the constraints of outdated practice and funding models.

As a researcher and Director of Research in Dalhousie's Department of Family Medicine, Dr. Burge examines the design, delivery and performance of primary care services—and their integration with other health and community services—in search of better ways to provide this essential care. In particular, he wants to know how primary care can best serve the needs of frail elderly patients and people in the final stages of their lives. He's been researching end-of-life care since the 1990s, with the goal of strengthening primary care's role so more people can die out of hospital.

"We've found that 85 per cent of people do not want to die in hospital, and 75 per cent want to die at home," says Dr. Burge. "We're working with the Nova Scotia Health Authority and researchers, clinicians, administrators, learners, and patients—across the region and Canada-wide—to find ways to make this happen."

Building a strong foundation for the future

Dr. Fred Burge is the scientific lead of BRIC NS (Building Research for Integrated Primary Healthcare), Nova Scotia's research network in the cross-country network known as CIHR SPOR PIHCI (Canadian Institutes of Health Research Strategy for Patient-Oriented Research Network for Primary & Integrated Health Care Innovations).

Because this PIHCI "network of networks" is designed to foster research that produces tangible improvements in primary health care services, patient outcomes and community health, Dr. Burge works with a clinical lead (Dr. Rick Gibson, chief of the Department of Family Practice, NSHA Central Zone) and policy co-leads (Lynn Edwards, senior director, Primary Health Care & Chronic Disease, NSHA, and Charmaine McPherson, executive director, Risk Mitigation Primary and Acute Care, NS Department of Health and Wellness) to set the direction for BRIC NS.

"CIHR has deliberately designed the PIHCI network for maximum applicability and impact of research results," notes Dr. Burge. "We are required to develop a province-wide network of researcher, clinician and policymaker members, to involve patients in our research, to secure matching funds from local funding agencies, and to involve collaborators in at least one other province, so provinces are forced to learn from each other and avoid duplicating efforts or reinventing the wheel."

Focus on the five per cent

BRIC NS and its sister networks across Canada are also focused on research to improve the delivery and effectiveness of health services to people with complex health care conditions —the ones who require ongoing management to prevent complications that can send them to hospital or cause disability, suffering or premature death. Often, these patients are elderly, frail and nearing the end of their lives.

"Our research has found that, in Nova Scotia, the five per cent of the population with the most complex health care needs uses 64 per cent of the province's annual health care budget," says Dr. George Kephart, a BRIC NS member and professor in the Department of Community Health & Epidemiology who's analyzing patterns of health care utilization across Nova Scotia to understand why certain communities are much heavier users than others—even when key factors like age and income are controlled. "Most of this expenditure is for hospital stays, many of which could be avoided with more proactive and well-integrated care."

Bringing paramedics into the fold

One BRIC NS-affiliated project is evaluating the role paramedics can play in keeping very sick and dying people comfortably at home. It builds on earlier work by Dr. Alix Carter, a BRIC NS member, director of Dalhousie's Division of Emergency Medical Services and medical director of research at EHS Nova Scotia.

"We realized that paramedics were being called upon to assist in symptom crises that are common near the end of life – such as nausea, breathlessness and pain – but that they didn't have the training, protocols or tools to help people on the ground, in their homes, without taking them to hospital," notes Dr. Carter. "This prompted us to look at how we could better prepare paramedics to provide more advanced care in the home."

Working with stakeholders in primary, palliative and emergency care, Dr. Carter's team worked with Pallium Canada to develop a training course to teach paramedics the essentials of providing palliative and end-of-life care in the field. Now that this program has been in place across Nova Scotia since 2015, Dr. Carter and her colleagues have secured funding through BRIC NS to evaluate its impact and help collaborators in British Columbia determine how such a program could be modified for rollout there.

"We're assessing key benchmarks of quality care—such as number of people transported to emergency, or who die at home—to see how we're doing now compared to before the paramedic home care started," she says. "Our evaluations show that families feel very positively about their experiences with the specially trained paramedics, and paramedics feel well prepared to play this role. There are some bugs to work out, but we see this as a viable solution to a problem that has an enormous physical, practical and emotional impact on people at a very vulnerable time."

Integrating primary and community care

Another project mounted through BRIC NS is evaluating how a case-management approach may improve care and support for people, and their families, in the final year of life.

The researchers want to know how services in the community (such as hospice, respite care, spiritual care, meal delivery services, and so on) can be better integrated with primary care services delivered by family physicians and nurse practitioners. Their goal is to find ways to ensure consistent delivery of high-quality support to the person and the members of their family who are providing day-to-day care in the home.

"We're investigating how community-based palliative care can be improved through a case management approach," explains principal investigator, Dr. Grace Warner, a BRIC NS member and associate professor in the Faculty of Health Professions at Dalhousie, who is collaborating with NSHA and colleagues in PEI on the project. "This approach provides patients and families with education about the complexities of their current and emerging needs, connects them to supports in the community, and provides a formal means of sharing information between family caregivers, community-based service providers, and primary care providers."

Improving the integration of community-based-palliative care will not only result in better symptom control and quality of life, it will also reduce stressful visits to the emergency room and allow more people to die gracefully at home. The researchers will build on their findings from this study to examine how community-based palliative care can reduce health system costs, particularly in terms of avoided inpatient stays.

"The great thing about these projects through BRIC NS is that we're working with the health system decision makers, so our research is informed by their perspectives and our findings are put into action," says Dr. Warner. "The idea is to produce immediate, high-impact changes to the way services are designed and delivered… in the case of this particular work, our goal is to smooth the path on people's journeys through the final stage of their lives."

Proactive upstream solutions

Family medicine researchers at Dalhousie are also developing tools and approaches to help family physicians more effectively meet patients' needs, long before they reach the palliative stage.

Beverley Lawson is a senior researcher in the Department of Family Medicine and director of BRIC NS. She and her colleagues are working through the Maritime Family Practice Research Network (MaRNet) to explore the possibility of physicians searching their patients' electronic medical records to identify patients nearing the end of their lives and engage them in planning for this stage of their care. "We're conducting a study to see if this approach would be acceptable to patients and providers," she says. "If it is, it would provide an opportunity for these providers to take a lead role in supporting the families in their care."

Even more proactively, Lawson is working with Nova Scotia Health Authority's primary health care team, Dalhousie Family Medicine and geriatric medicine specialists to evaluate web-based tools for helping primary care providers identify and assess frailty in their patients.

"People with multiple complex medical conditions often respond poorly to medical or surgical interventions," she explains. "Primary care providers are well-positioned to identify these patients and educate them about their degree of frailty and how this will influence their health trajectory and future medical decisions. Such an intervention could help prevent potentially harmful treatments and improve quality of life in this population."

Collaborative approaches

Recognizing that complex patients require health services from a wide range of professionals, Dalhousie University awarded Strategic Research Initiative funding to Dr. Burge and Dr. Ruth Martin-Misener (a professor in the School of Nursing) in 2013 to establish Collaborative Research in Primary Health Care (CoR-PHC). This inter-faculty research initiative is growing and expanding, especially through its offshoot, BRIC NS.

"Governments, health systems and universities are increasingly aware that primary care is the foundation of our health care system and are willing to invest in the research required to build a stronger primary care system on a solid foundation of evidence," says Dr. Burge. "For example, we are evaluating how collaborative practice teams can best support patients with complex needs and how this care can be better integrated with the rest of the health care system."

Dalhousie Medical School graduates its largest-ever class of African-descended MDs

The Convocation Day for the Class of 2017 was an historic occasion for the Faculty of Medicine.

For the first time, six of the graduates walking across the stage to receive their medical degrees were of African descent. These six graduates, and the six that will follow in their footsteps next year, were helped on the way to becoming MDs by PLANS (Promoting Leadership in Health for African Nova Scotians).

Launched in 2013-14 with two years of initial funding from Nova Scotia's Department of Labour and Advanced Education and Department of Education, PLANS provides ongoing support to African Nova Scotian/ Canadian students in the faculties of Medicine, Dentistry and Health Professions. Based in the university's Global Health Office, PLANS is run by an advisory committee and program manager, in consultation with African Nova Scotian communities across the province.

"We help students gain entry to health professional programs—by assisting them with their applications and making them aware of potential sources of financial support—and advise and advocate for them on their way through their programs," says PLANS program manager, Michelle Patrick, who works closely with advisory committee members, Dr. David Haase (Medicine), Dr. Barbara Hamilton-Hinch (Health Professions) and Shawna O'Hearn (Global Health). "That could involve academic guidance, help with housing and other practical issues, connecting them with mentors in their fields, and just being here to listen and provide information."

For one of this year's graduates, Cinera States, PLANS provided much-needed moral support as she struggled with doubt during a tough time, when her mother was diagnosed and treated for cancer in Cinera's first clerkship year.

"I will never forget how Dr. Haase took the time out of his busy schedule to call me and answer all my questions and concerns about my mother's care," she says. "He even emailed me research articles to help answer some of my questions. This alone speaks to how devoted everyone at PLANS is to their students."

For fellow medical graduate, Stefan Allen, PLANS was also an important source of support. "They provided us with so many resources, as well as friendly, supportive communication and many opportunities to meet in person," says Stefan, who has also earned a master's degree in community

health and epidemiology. "Michelle is superb, very approachable, and Dr. Haase will make himself available even after hours. They've shown great interest in me and helped me tremendously along the way."

Fostering a new generation of health professionals

While PLANS works behind the scenes with current students in health professional programs, its most visible program is the African Nova Scotian Health Science Summer Camp.

Designed to interest young African Nova Scotians in the possibilities of health science careers, the camp started at Dalhousie in 2014, with 15 junior and senior high school participants. This year, PLANS camps ran at Dalhousie, Cape Breton University and St. Francis Xavier University, with more than 70 campers attending.

"The camps focus on fun and discovery, to light a fire in the minds of these young students," says Michelle, adding that African-descended students in the three health faculties lead the camps, providing relatable role models and youthful energy to the programs. "We're tracking the academic trajectories of our participants and are seeing some members of the first cohort now entering undergraduate programs in nursing, psychology and kinesiology."

This year, for the first time, PLANS is also offering the PLANS Prep Institute, to help students develop the practical academic skills they will need to succeed in their final years of high school and pursue university programs in the health sciences.

Creating sustainable pathways

While government funding helped get PLANS on its feet and running, the program is now moving forward with help from the U.S.-based Johnson Scholarship Foundation, which seeks to educate, empower and employ people from disadvantaged backgrounds. The foundation has provided $1 million over five years to Dalhousie initiatives aimed at attracting and retaining African-descended and Indigenous students into health professional programs. In turn, Dalhousie is matching these funds with donor gifts to the tune of $200,000 per year.

"Donors are responding very positively to our outreach on behalf of programs that support both African-descended and Indigenous students," says Victoria Hamilton, development officer for Dalhousie's health faculties. "We are seeking to build an endowment fund that will allow us to provide scholarships and bursaries in perpetuity."

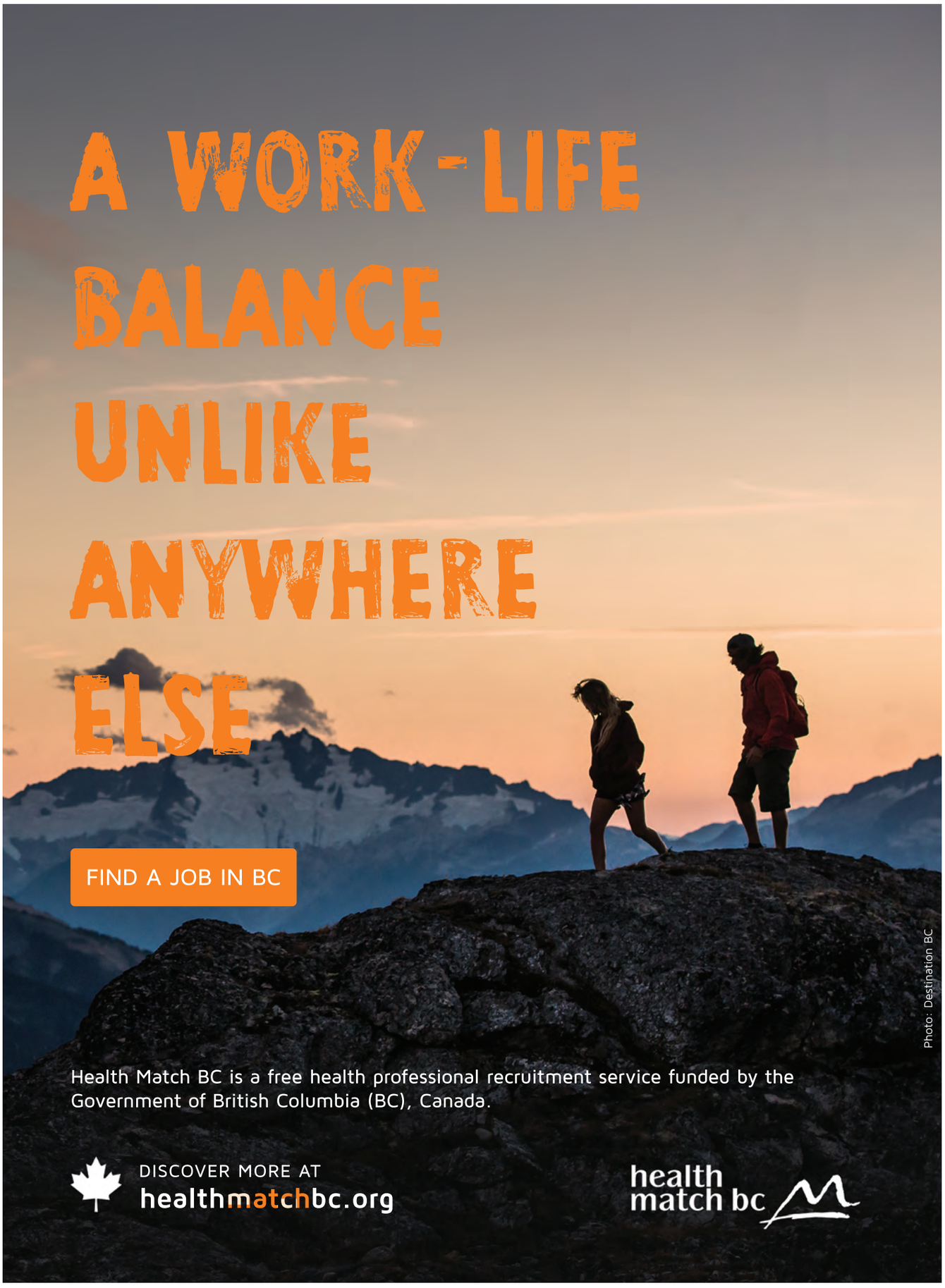
The importance of role models and community

Stefan Allen and Cinera States both cite childhood experiences with excellent African-descended doctors as their inspiration to pursue careers in medicine.

"It was so important to me, as a kid, to see a doctor who looked like me," says Cinera. "When my mom took me to see a pediatrician in our hometown of Windsor, Ontario, when I was five, I was struck not only by the fact that the doctor was a woman, but that she was also of African descent. This experience opened my eyes to opportunities for myself that I had not yet imagined."

The growing emphasis on inclusion and diversity in the Faculty of Medicine will help to improve the quality and cultural sensitivity of care that African-descended people in the Maritimes receive.

"We have a growing community now, with more and more opportunities for young people to be connected with role models, mentors and supports," says Dr. Haase. "This, combined with leadership, resources and momentum, will allow us to address the historic underrepresentation of African Nova Scotians and African Canadians in the health care system."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Q&A

Dr. Carolyn Thomson, Dalhousie Medical School's first assistant dean of resident affairs

By Melanie Jollymore

Meet Dr. Carolyn Thomson, Dalhousie Medical School's first assistant dean of resident affairs. Dr. Thomson is a long-time family physician who has worked in emergency medicine, obstetrics and primary care. She was head of family medicine at the IWK Health Centre from 2006 to 2012 and, in 2008, joined the faculty of Dalhousie's Department of Family Medicine. She continues to practice and teach at the Dalhousie Family Medicine Clinic on Mumford Road in Halifax.

Dr. Thompson brings a wealth of experience to her new role at Dalhousie Medical School. For the past eight years, she has served as coordinator of professional support programs at Doctors Nova Scotia. In that capacity, she provided counselling, referrals and a variety of health and wellness and other supportive programs to physicians and residents.

What is the role and importance of the office of resident affairs?

As part of the newly formed Office of Resident and Student Affairs, we play a multi-faceted supportive role to residents in family medicine and specialty training programs across the Maritimes. This includes individual consultations, facilitation of referrals, group programs and, eventually, I hope, online programs.

Essentially, our role is to assess residents' needs and design and deliver programs and services that meet these needs. Some of this will be proactive—for example, helping residents develop coping skills and wellness strategies—while some of it will be reactive, such as helping residents who come to us with issues or concerns.

For residents, who feel tremendous pressure to perform at the top of their game all of the time, it's extremely important to have a safe place they can come to discuss personal issues or to air professional or academic concerns. Particularly if they have a complaint about a supervisor or a colleague, they need to be able to seek assistance outside their training program, without fear of repercussion.

What are the key issues that residents face?

I think most people are familiar with how intense residency training can be—at a time in their lives when residents may be newly married, establishing a home or starting a family, and may also be experiencing considerable financial strain. Long hours/night shifts in the hospital or clinic, stringent program requirements, and the demanding nature of providing patient care, all contribute to a wide range of challenges, including stress-related health issues and even burnout.

Burnout rates are as high as 60 per cent among residents. They're high among medical students, too, but residents are starting their training with the accumulated burden of stress from medical school already on their shoulders. There have been a lot of studies in recent years about burnout in medical trainees and practitioners, such as this article that appeared in *Medical Education* last year, "A narrative review on burnout experienced by medical trainees and residents."

The literature makes it clear that workplace and institutional factors are the biggest contributors to burnout, as opposed to characteristics of the individual trainees themselves. It's imperative that universities and teaching hospitals examine their policies, environments and cultures and find ways to alleviate their contribution to burnout. Burnout is a serious phenomenon involving emotional exhaustion, depersonalization (in which the person with burnout no longer feels as much empathy with or connection to others), and a low sense of personal accomplishment. Not only does burnout put the resident's health and wellness at risk, it can compromise patient safety.

At the same time as we address systemic and institutional factors that contribute to stress and burnout, we have to provide residents with tools and supports they can use to look after themselves. Residency will always be demanding and challenging… we have to educate and equip our residents to manage their own wellbeing as they travel their chosen path.

What are your first priorities as assistant dean of resident affairs?

My very first priority has been to reach out to the program directors, chief residents and others involved in our 57 residency training programs here at Dalhousie—including our teaching sites in New Brunswick and across

the three Maritime Provinces. Through focus groups and one-on-one conversations, I'm becoming familiar with all of the programs and their strengths and concerns in reference to resident wellbeing. I'm hearing first hand from residents themselves about their issues and what they would like to see in terms of programs and supports. From there, I'll work with the stakeholder to develop more specific plans and timelines.

Over the summer, we were very focused on getting our new office set up, developing content for our website and providing links to a wide range of resources, and spreading the word that the office of resident affairs is now up and running.

What kinds of programs and services do you anticipate the office will offer?

Programs and services will be designed and delivered based on the needs and preferences we identify in consultation with residents, faculty and staff. In general, I can say that we'll be providing education and support. Some of this will be through group programs offered onsite in the learning environment, through the residency programs. Some will be one-on-one counselling in person at our office—or by email, phone or Skype—or referrals to other services. Down the road, I would like to investigate the feasibility of online training programs and applications that residents can access to help them with specific issues, such as managing finances, time or stress.

What other groups and organizations will be involved?

We'll be working in partnership of course with the residency programs, but also with Dalhousie's Resident Wellness Committee, Maritime Resident Doctors—which is the professional association for residents—and University Health Services, among others. One of the things we want to ensure is that every resident has a family doctor.

How may residents access the office and its services?

I would like to emphasize to residents that they seek me out before their issue or concern has spiralled out of control—whether it's a personal, academic or workplace situation, it's always better to address it before it has progressed to the point of consequences.

Residents can reach me by phone (902-494-3232) or email (carolyn.thomson@dal.ca), or stop by our new location in the Office of Resident and Student Affairs on the ground floor of the Clinical Research Centre on University Avenue. I look forward to meeting and connecting with as many residents as I can.

UPDATES

Reunion Updates

1977

The class of '77 had a very successful reunion the August 24 weekend at the Algonquin Hotel in St. Andrew's N.B. We had 36 classmates from across North America with a total of 65 participants. Great weather, golf, local ambiance and lots of catching up culminated with plans looking forward to the 45th!

1972

The Dal Med Class of 1972 celebrated their 45th Reunion at the Algonquin Hotel in St Andrews By-the-Sea over the July 1 Canada Day weekend. It was a wonderful experience and a great success.

Morning sessions from class members included a second report from Carolyn Rideout on her volunteer work with Partnership in Caring in Rwanda, and from Ken Murray on Reflections on Medical Practice over 45 years in Neil's Harbour, Cape Breton. The class also renewed its commitment through the Global Health office at Dalhousie to continue to support fourth-year medical students to have an elective medical and cultural experience in developing countries. Dean Anderson spoke about medical education at Dalhousie with many exciting developments and associated challenges since we started medicine at Dal 50 years ago.

The reunion was a great opportunity to renew connections and friendships. 28 class members were present with over 50 people including wives and family members. They came from as far south as Florida, west to British Columbia, and as far north as Grande Prairie, Alberta. On Canada Day it was a cold and foggy time sailing on the Jolly Breeze in Passamaquoddy Bay but it did not dampen our spirits at all. It seems that each reunion becomes more important as the years go by. We already have plans for our 50th Reunion in Baddeck, Cape Breton in 2022.

1969

September 6–9, 2016: 27 members of class of '69 and spouses attended a 47th year reunion at the Tara Manor Inn in St. Andrews N.B.

Activities included whale watching, golf and a visit to Ministers Island. An excellent time was had by all! Plans are in the works for the 50th to be held at a to-be-announced location on Cape Breton island.

1967

Twenty-three members of the class of '67 celebrated the 50th anniversary of their graduation at the Atlantica Oak Island Resort Sept.19–21. 18 spouses of classmates also attended and were major contributors to the party. We are happy to report that personalities hadn't changed, and nobody looked their age! It indeed was a most pleasant event and the resort venue was ideal. We plan to do it again in three years.

1982

Over the weekend (September 14–17, Halifax we had 35 classmates attend some or all of our events. We had an evening at our home on the Thursday that was very well attended and lots of fun. About 17 people attended the medical school tour.

Friday afternoon we had a big group on the *Silva* for a sail around the Halifax Harbour. The sun came out just before boarding and stayed out for the time on the boat. Friday night we dined together at Salty's Restaurant—quite an enthusiastic (code for noisy) group.

The wine tour to the Valley was very nice and again the weather co-operated. It was an all-day affair but all survived!

Saturday evening we had a lovely evening at Citadel Hill. We were piped in for a reception and dinner and good conversation. Alison McCallum spoke about her experiences in Nunavut and Karen Trollope-Kumar spoke about her time living in the Himalayas and her book about her experiences "Cloud Messenger." Tom Young and his fiancée, Sheila, joined by Patti Dauphinee and her husband, Rob Bentley, provided the music for the evening. They were excellent. If people did not say good-bye Saturday evening, they had the opportunity on Sunday morning at a farewell breakfast at the Lord Nelson.

Plans for the next reunion are not finalized, but lots of ideas were floated.

Is your class interested in planning a class reunion for 2018?

The DMAA can help get you started.

WHAT WE OFFER

- Class contact lists
- Reunion packages (class photo, welcome letters, reunion pin and small gift)
- Customized tours of the Dalhousie Medical School (in Halifax)
- Alumni discounts on accommodations (Halifax only)
- Promotions and communications services (letters/emails to classmates, promotion through social media, *VoxMeDAL*, etc…)
- Presentation from the Dean of Medicine (if available) or a DMAA representative
- Assistance setting up a class fundraising project (if interested)

BENEFITS OF A CLASS REUNION

- Reconnect with classmates
- Visit favourite locations
- Learn about what's happening at the medical school
- Earn CME credits by booking educational sessions
- Promote your class project

Contact the DMAA at 902.494.8800 or medical.alumni@dal.ca

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CLASS NOTES

1960s

Merv Shaw (MD'65) was the 2017 recipient of the Dalhousie Faculty of Medicine's Dr. G. W. Archibald Gold Headed Cane Award in the Humanities at an awards dinner of May 6, 2017.

1970s

Ronald D. Stewart (MD'70) was a spring 2017 Dalhousie Honorary Degree Recipient. He was awarded a Doctor of Laws (honoris causa) at the Faculty of Medicine convocation ceremony. Dr. Stewart first came to Dalhousie as a faculty member in 1990, and later served as Director of Medical Humanities. He is now Professor Emeritus of Medical Education, an Officer of the Order of Canada, has received Queen Elizabeth II Golden and Diamond Jubilee Medals and the Order of Nova Scotia, and has been presented with honorary degrees from Acadia and Cape Breton Universities.

Roland Genge (MD'71) was awarded the Doctors Nova Scotia Senior Membership Award in recognition of his long career as a family physician. He has lived and worked in Baddeck, NS since 1975, sharing an office and a hospital practice with Dr. Carlyle Chow (MD'68).

John A. Sullivan (MD'74) is a recipient of a CMA Honorary Membership Award. He is an academic clinician at Dalhousie University and a former division head of cardiac surgery.

Ronald Hatheway (MD'75) is a recipient of a CMA Honorary Membership Award. He is a community cardiologist in Bridgewater, NS.

George M. Burden (MD'78) was appointed the lieutenant for Canada of the Clan Lamont. His role will be that of a highland Scottish clan chieftain at relevant functions as head of the Canadian branch of the Clan.

Mike Murphy (MD'78) retired as the Chair of Anesthesiology and Pain Medicine at the University of Alverta in April 2016. He relocated to West Palm Beach, Florida, to take a position as a Divisional Medical Director with MEDNAX Corporation. As of May 1, 2017 he took the position as the Corporate Medical Director for Anesthesiology and Adult Critical Care for MEDNAX.

Romesh Shukla (PGM'78) received the Doctors Nova Scotia Distinguished Service award. Dr. Shukla is currently head of the Department of Anesthesiology, Pain Management and Perioperative Medicine for the Nova Scotia Health Authority. He is also a Past-President of Doctors Nova Scotia.

1980s

Pippa Moss (PGM'87) was awarded the Doctors Nova Scotia Rural Physician of the Year Award. She is a child and adolescent psychiatrist in the rural communities in and around Amherst, Truro, New Glasgow, and Sydney, Nova Scotia.

Heather Scott (MD'88) was presented with the Dr. John Savage Memorial AWARd for Faculty Leadership in Global Health for her work internationally related to expertise in barriers and solutions to maternal mortality.

Manoj Vohra (MD'88) is the new president of Doctors Nova Scotia. He was inducted at the AGM in June.

1990s

Christine Short (MD'94) has been appointed as the new Head and Chief of the Dalhousie Department of Medicine.

Keri-Leigh Cassidy (MD'96) received the Doctors Nova Scotia Health Promotion Award. She is currently a professor of geriatric psychiatry at Dalhousie University and the clinical academic director of the Dalhousie University/NSHA Geriatric Psychiatry Program.

Gaynor Watson-Creed (MD'99) received the Doctors Nova Scotia Dr. William Grigor Award. She is currently the Deputy Medical Officer of Health for Nova Scotia and received the award in recognition of her work to improve the health of all Nova Scotians.

Faculty

Dr. Alice Aiken has been appointed to the role of Dalhousie University Vice-President Research for a five-year term. Dr. Aiken was formerly Dean of Dalhousie's Faculty of Health.

Joan Sargeant is the 2017 recipient of the Canadian Association for Medical Education's Ian Hart Award for Distinguished Contribution to Medical Education.

Dr. W. Ford Doolittle was awarded with a 2017 Killam Prize in Natural Sciences. These awards are among Canada's most prestigious prizes for careers in research. Dr. Doolittle has been with Dalhousie University since 1971.

Roberta Preston was recently hired as Manager in the Admissions/Resident and Student Affairs office. This new position will work closely with the Assistant Dean and Admissions committee chair, and also oversee events and activities pertaining to residents and students.

Paging All Alumni!

Dalhousie Medical School was the place you learned, worked, and played. The Dalhousie Medical Alumni Association wants to help keep you connected to your medical school community. Connecting with the DMAA is a great way to keep in touch with former classmates and see what's happening now at Dalhousie.

Visit our website at medicine.dal.ca/alumni to learn more.

Have you recently moved or changed your email address?

Make sure that the DMAA has your most recent information so you don't miss out on important information, reunion invitations, or event announcements in your area.

Visit medicine.dal.ca/departments/core-units/alumni/about/keep-in-touch.html to update your information online or contact medical.alumni@dal.ca or 902.494.8800.

Upcoming Events

Halifax
DalMed 150 Gala
November 3, 2018
Halifax, N.S.

Halifax
DalMed150 Anniversary Weekend
November 2–4 2018
Halifax, N.S.

IN MEMORIAM

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

Dr. Grant Llewellyn (MD'68)
Passed away March 7, 2017

Dr. David Keddy (MD'62)
Passed away March 8, 2017

Dr. Cornelius Terrance (Terry) Gillespie (MD'57)
Passed away March 23, 2017

Dr. Ian Holmes (PGM'77)
Passed away April 3, 2017

Dr. George Douglas (MD'65)
Passed away May 7, 2017

Dr. Edward Harrigan (MD'43)
Passed away May 21, 2017

Dr. Bob Anderson (MD'54)
Passed away August 18, 2017

Dr. Benjamin K. Doane MD'62
Passed Away May 5, 2017

Dr. Edward Lund MD'56
Passed Away May 24, 2017

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