DALHOUSIE FACULTY OF MEDICINE 2024-2025

ANNUAL REPORT

DALHOUSIE UNIVERSITY

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A BRIEF HISTORY

Dalhousie Medical School's roots stretch back to September of 1843, when the Dalhousie College Act specified that a medical faculty be established within the college.

With the support of the premier and a provincially-funded hospital located on the South Common, the Faculty of Medicine began its work in 1868, about 50 years after the founding of Dalhousie University.

The Dalhousie University Medical School's rich and diverse history has culminated in our position today as one of Canada's leading medical schools. The medical school has long focused on excellence in medical education. For 157 years, the faculty has been training students to become physicians and scientists, many of whom have made their mark on the national and international stage. Almost as old as the country itself, Dalhousie Medical School has endured two world wars, the Halifax Explosion, and numerous government and physical changes.

An integral part of Maritime Canada since 1868, Dalhousie Medical School's success has always been linked to our relevance to the communities we serve. Dalhousie Medicine New Brunswick, a distributed medical education program based in Saint John, was launched in 2010 and trains 40 medical students each year, and in fall 2025, the Cape Breton Medical Campus opened, welcoming 30 students focused on family medicine and rural health.

While most Maritime doctors earned their MDs at Dalhousie, our well-trained, highly skilled graduates can be found caring for people of all ages throughout Canada and around the world.

MESSAGE
FROM THE DEAN

DR. DAVID ANDERSON
Dean, Faculty of Medicine

It has been another busy and exciting year in the Faculty of Medicine, marked by innovations, collaboration, and impact. From groundbreaking research and educational advances to strengthened partnerships and community engagement, our faculty, staff, and students have continued to advance our mission: driving excellence in health and healthcare through world-class education, cutting-edge research, and an unwavering commitment to social accountability.

In March 2025, we completed the full accreditation process for the undergraduate medical education program. The review team highlighted several of Dalhousie's strengths and was complimentary of key aspects of the medical school. We have since received confirmation that the accreditation was successful, and the undergraduate medical education program has continued full accreditation for an 8-year term.

In September 2024, we were proud to welcome the first students admitted through our Black Learners Admissions Pathway. This initiative was created to support access to the undergraduate medical education program for Black students by using a holistic file review conducted by the Black Learners Admissions Subcommittee. By applying an equitable admissions process, the pathway is helping to diversify the healthcare workforce and foster greater inclusion in medical education.

We have also made significant progress with our partners at Cape Breton University, welcoming our first cohort of students to the Cape Breton Medical Campus in August 2025. Thirty students have begun their training which focuses on family medicine and rural health. Students started classes in the Marconi Building, with the new Cape Breton Medical Campus building expected to open in the coming months. Working together to make the Cape Breton Medical Campus possible has been an incredibly exciting and rewarding journey. We are thrilled to welcome the first students, who will become much-needed and much-valued family doctors in rural areas across our province and join the ranks of the exceptional physicians already working in Nova Scotia.

I'm incredibly proud of all we've accomplished over the past year. These achievements reflect the collective dedication of our faculty, staff, and students, who continue to drive excellence in education and research while fostering a supportive and inspiring environment to work and learn.

This report showcases stories that demonstrate the significant progress we are making in addressing the healthcare needs of the diverse communities in our region.

Sincerely,

David Anderson, MD
Dean, Dalhousie Medical School

RESEARCH AT DALHOUSIE'S FACULTY OF MEDICINE

At Dalhousie Medical School, research is not just a pillar of academic excellence, it's a driving force behind our mission to improve health and health care across the Maritimes and beyond.

Our researchers are tackling the region's most pressing health challenges, including age-related diseases, chronic conditions, and mental health concerns. Through innovative, interdisciplinary approaches, they are advancing the detection, treatment, and prevention of illness in ways that are both locally grounded and globally impactful.

Research is integral to our commitment to social accountability and to our vision of healthier communities. It informs our world-class medical education, enriches our graduate and undergraduate programs, and fosters a culture of inquiry that inspires both faculty and learners.

Report from
Dr. Eileen Denovan-Wright
Associate Dean, Research

Over the past year, research at the Faculty of Medicine has continued to thrive, advancing discovery and innovation across basic science, clinical, population health, and medical education domains. Faculty researchers secured major funding from national agencies including the Canadian Institute of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Canada Foundation for Innovation (CFI), and published in high-impact journals such as *Nature*, *Nature Genetics*, and *The New England Journal of Medicine*.

The DMNB Research Office, led by Dr. Paul Atkinson, also expanded internal grants programs, restructured the Research Council to align with strategic priorities, and hosted a well-attended Fall Research Celebration in partnership with ResearchNB and Horizon Health Network. DMNB faculty member Dr. Thomas Pulinilkunnil was the awarded a five-year CIHR Project Grant for his work on heart metabolism and function. This was complemented by the completion of CFI-funded lab renovations in Saint John, significantly enhancing cardiovascular research infrastructure.

Across the Faculty, research integration in education remained a priority. Medical students engaged in scholarly projects through the Research in Medicine (RIM) program, supported by the Medical Education Research Unit. A notable publication, “It Takes a Village to Raise a Resident,” (Medical Science Educator, 2024) co-authored by UGME faculty, underscored the Faculty’s commitment to research-informed teaching.

Undergraduate research also flourished, with over 70 students in the Medical Sciences program participating in honours, directed projects, and experiential learning placements. These initiatives ensure that students graduate with strong research literacy and inquiry skills.

Looking ahead, the Faculty is preparing to launch an endowed professorship in medical education, expand internal bridge and catalyst funding programs, and explore new research opportunities in population health, Indigenous health, and planetary health. Continued collaboration with partners such as UNB, Horizon Health, and Research Nova Scotia will be central to these efforts.

Despite challenges, Dalhousie’s research community has demonstrated resilience, collaboration, and a steadfast commitment to improving health outcomes across the Maritimes.

Rising above the flood: Flood devastated Dalhousie's medical research hub—and sparked a united recovery

Early on a Sunday morning in February 2023, Dr. Christopher Sinal's phone buzzed with an unexpected call. As head of the Department of Pharmacology at Dalhousie University's Faculty of Medicine, he had fielded his share of urgent messages, but nothing could have prepared him for what came next.

He was suddenly inundated with shocking photos and videos that would leave him stunned.

Sometime in the early morning of February 5, 2023, with bitter temperatures, three pipes froze and burst in the Sir Charles Tupper Medical Building—one on the twelfth floor, one on the ninth, and one on the sixth floor.

For Dr. Sinal, whose own lab is located on the fifth and sixth floors in the building, along with four others in his department, as well as the main administrative offices, the news was devastating.

"I started receiving FaceTime calls and photos showing the extent of the damage—water pouring onto and out of equipment," he recalls. "It was shocking and when I saw it in person the following day, it was

clear this wasn't going to be resolved quickly. The scope of the damage meant we'd be dealing with this for at least a year, if not longer."

Dr. Sinal's lab, along with the others in his department, was completely destroyed, as were their administrative offices. They had to vacate entirely while everything was stripped down to bare concrete and rebuilt from scratch—a major disruption for research programs, trainees, and administrative staff.

"Some equipment was a clear write-off, like a biosafety cabinet that had a literal waterfall running through it," says Dr. Sinal. "The bigger challenge has been with equipment that might be damaged but hasn't been thoroughly tested yet."

And while equipment can be repaired or replaced, many samples, critical to research success, cannot. As part of the restoration efforts, power was shut off in the Tupper, and countless irreplaceable samples, stored in fridges and freezers throughout the building, were lost, and with them, years of work.

Widespread damage

In all departments and on other floors the story remained the same—devastating damage.

The flood impacted floors three to 12, which includes all seven basic science departments, administrative offices, and two to three research groups per floor, each with a team of students, postdoctoral trainees, and technicians.

> "It's difficult to gauge the full impact of the flood yet, as it may be many years before the extent of the setbacks is revealed."
>
> **— Dr. Eileen Denovan-Wright**

Associate Dean of Research Dr. Eileen Denovan-Wright, like Dr. Sinal, recalls receiving the devastating news.

"When we saw images of water pouring in, our hearts sank—it was immediately clear that this was a disaster, with some equipment likely ruined, but initially we thought it might be a manageable inconvenience. As we uncovered more damage, the reality became more severe, and we knew it would be a long recovery process."

Dalhousie's Facilities Management Operations team immediately mobilized to mitigate the damage and stabilize the building. Environmental Health and Safety was also onsite to address biological, radioactive, or chemical hazards, and the researchers themselves did their best to cover equipment and move items to safe areas. With the enormity of the damage, a restoration partner was brought in to take over clean up from internal staff.

When the situation was stabilized, the Dean's Office and building administration began the enormous task of relocating the Tupper's impacted occupants. Within weeks, with some generous accommodation, everyone had found new, temporary homes.

Researchers pivoted remarkably, adjusting their focus, modifying student projects, altering timelines, and forming new collaborations and partnerships. These adaptations, however, often came at the expense of time for new grant applications.

“It’s difficult to gauge the full impact of the flood yet, as it may be many years before the extent of the setbacks is revealed,” says Dr. Denovan-Wright. “Some grant agencies have provided extensions, but the unequal impact within departments has added complexity. It’s an ongoing adjustment process.”

Steps to recovery

It’s been more than two years since Dr. Sinal received that first phone call, and while he and his team gained access to their renovated spaces in late 2024, it was several months before things were functional to a level comparable to before the flood. For the researchers, staff, and students who were displaced, it has been a very challenging time.

“Uncertainty has been a major challenge, along with the disparity in impact—some departments were devastated while others carried on with minimal disruption,” says Dr. Denovan-Wright. “Supply chain issues, workforce morale, and disruptions to research all added to the strain. The process has been slow, with cumulative delays, which has been disheartening for many.”

Return to the Tupper

A team under the direction of Facilities Management Project Manager, Justin Hawkins, along with Karen Foster, the Dalhousie Risk and Insurance Manager, has been working tirelessly since that dreaded day in February 2023. For Justin, trying to minimize disruptions from restoration efforts for the rest of the building has been an enormous task.

The 57-year-old Sir Charles Tupper Medical Building has visibly shown its age throughout the flood and restoration process. Expected issues, such as leaky windows, highlighted the wear and tear typical of a building from 1967, while more surprising structural concerns underscored the challenges of maintaining older infrastructure. Facilities Management, along with design partners DRKR, EastPoint, Strum, and BIRD Construction, and in particular BIRD superintendent Mike Donovan, have worked diligently to address these issues, balancing safety and modern design updates with the building’s historical constraints. Efforts have been made to communicate openly and involve stakeholders and positive changes, such as new insulation, updated wiring, and fire doors, have improved the building’s accessibility and adaptability for the future.

“Department heads and individual researchers have been involved in redesign efforts, reviewing lab layouts, and advising on specific needs,” says Justin. “Not every accommodation could be made due to budget, schedule, and updated code requirements, but we’ve tried to make the spaces more functional than they were originally.”

After nearly 30 months, the work was complete and those who were displaced began returning to affected areas in phases, with all occupants regaining access to their spaces by early July. Once they returned, activities such as moving contents, unpacking boxes, recalibrating, and servicing dormant equipment could begin.

Building resilience

The Tupper flood has heightened awareness of prevention, prompting Facilities Management to prioritize building resilience with action plans for extreme weather events. In flood-affected areas, in addition to the improved exterior insulation, wiring and fire doors, upgrades include floor drains in emergency showers, and enhanced material choices for lab benches and flooring, allowing for easier salvage and reuse if exposed to water. Windows have been sealed, and old concrete penetrations from previously installed sinks have been filled. These improvements are designed to prevent water from spreading between floors, ensuring that any future issues are contained within individual labs.

> “Dr. Denovan-Wright’s contributions deserve recognition—she didn’t sign up for this, but she stepped up with grace and humanity. Managing a situation of this scale while addressing concerns and complaints effectively is no small task.”
>
> **— Dr. Christopher Sinal**

Beyond these localized upgrades, efforts have been made to harden the entire building, including infrastructure projects and new communication protocols to help building administration and researchers prepare in advance for known storms.

Disasters, while challenging and often overwhelming, have a remarkable way of bringing out the best in people and teams. They inspire resilience, compassion, and a sense of unity as individuals come together to support one another in the face of adversity. The Tupper flood is no exception, with Dr. Denovan-Wright, Justin, Karen, and the entire Facilities Management team, Building Services, the Dean’s Office, and the research community all stepping up to support restoration efforts.

“Support and collaboration are key,” says Dr. Denovan-Wright. “Even in a disaster, there’s value in rallying those not directly affected to help. There were great and generous things by many, many people. All I want to do is thank them for everything that they did to make it easier for others.”

And while she recognizes the enormous team effort this project has been, Dr. Denovan-Wright, along with Justin and Karen, were instrumental in ensuring things progressed smoothly and received high praise from the impacted researchers and their teams. According to Dr. Sinal, Dr. Denovan-Wright, in particular, was proactive in planning and updating department heads on progress and challenges, and he notes she coordinated with project leads and even helped directly clean up spaces for critical needs.

“Dr. Denovan-Wright’s contributions deserve recognition—she didn’t sign up for this, but she stepped up with grace and humanity. Managing a situation of this scale while addressing concerns and complaints effectively is no small task. As department heads, we often deal with pieces of everyone’s problems, but Eileen has been handling them on a much larger scale, and she’s done an incredible job.”

The Tupper flood has been an unexpected obstacle for many, and though daunting, it has proved that even in the toughest times, collaboration and determination can lead to incredible outcomes.

Dal researcher leads national team awarded $3.5-million CIHR grant to improve lung health

Thanks to a $3.5-million grant from the Canadian Institutes of Health Research, Canadians will soon have better tools to understand and improve their lung health.

The funding supports a five-year initiative led by Dr. Sanja Stanojevic, an associate professor in Dalhousie's Faculty of Medicine, alongside researchers from five other provinces. Their project, Harnessing Data to Improve Lung Health in Canada, aims to build a national patient registry, connect international researchers to Canadian lung health data, and train the next generation of respiratory health scientists.

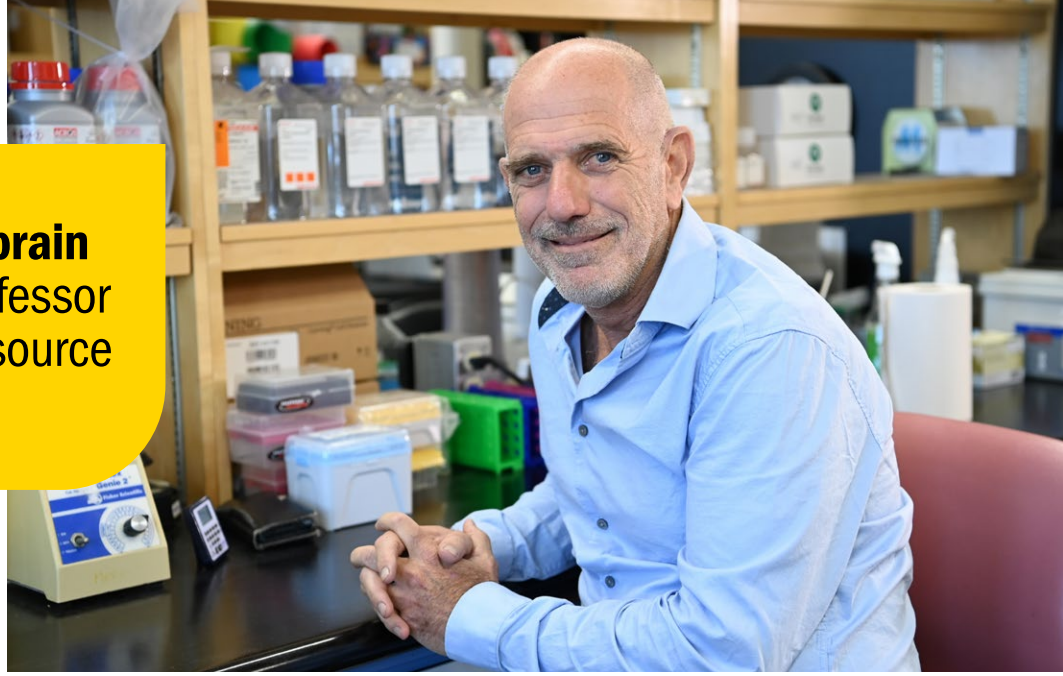
A key feature of the initiative is the development of the CAN-LUNG score, a user-friendly screening tool that will help individuals assess their own lung health. This is especially important in regions like Nova Scotia, where rates of lung disease, such as chronic obstructive pulmonary disease (COPD) and lung cancer, are among the highest in the country, even among non-smokers.

Dr. Stanojevic emphasizes that many Canadians are unaware of their lung health status, largely because breathing tests are not commonly available through primary care. She believes that regular monitoring of lung function, much like tracking blood pressure or cholesterol, could help detect early signs of chronic conditions and prompt timely interventions.

The project also includes the launch of an interactive platform, Data4LungHealth, and a data infrastructure called shAIRe, which will streamline access to lung health data and foster collaboration among researchers. These tools will enable studies on how lung disease affects different populations, including sex-based differences, and support the development of more personalized treatments.

Ultimately, the team hopes to shift the culture of health care toward routine lung function testing from childhood through adulthood. By making lung health more visible and accessible, they aim to empower individuals to make informed choices—like avoiding smoke exposure or using air filters—and to support clinicians in identifying early warning signs of disease.

Breaching the blood-brain barrier: Dalhousie professor investigates common source for multiple illnesses



A simple 9’ by 11’’ sheet of white paper containing a description of his mother’s story hangs by the door of Dr. Alon Friedman’s office at Dalhousie’s Faculty of Medicine. Beneath it, the neurovascular researcher has pinned a black-and-white photograph of his paternal grandparents and his uncle Miklosh.

The picture is the last one taken before Nazis transported his grandparents and uncle to Auschwitz. They never returned.

His mother and maternal grandmother survived, hidden in an attic by a courageous woman who defied the law to shelter them. This deeply personal history is the foundation of Dr. Friedman’s decades-long research into the brain, particularly the blood-brain barrier and its role in neurological diseases. Holding the William Dennis Chair in Epilepsy Research, he investigates how stress and trauma—like that endured by his family—can physically alter the brain’s vascular system. His work explores how breaches in the blood-brain barrier can lead to conditions such as epilepsy, dementia, and bipolar disorder.

Dr. Friedman’s research has shown that stress, injury, infection, and other factors can cause tiny leaks in this protective barrier, allowing harmful proteins to enter the brain and trigger inflammation. These leaks, he believes, may not cause different diseases through different mechanisms, but rather through their location in the brain—affecting different neural networks and producing different symptoms.

With support from the Dennis family, whose son William died from epilepsy at age 30, Dr. Friedman has advanced his research into clinical applications. Using MRI scans, he and his international collaborators have identified and mapped blood-brain barrier leaks in over 800 patients. This breakthrough has created a new diagnostic biomarker, enabling them to test drugs that might seal these leaks and even reverse cognitive damage.

In parallel, Dr. Friedman is exploring a more accessible diagnostic method: using AI to detect signs of leakage in the retina. If successful, this could offer a low-cost, non-invasive way to screen for brain conditions by examining the eyes.

Not everyone with neurological illness has a leaky blood-brain barrier, and not all leaks are the same. That’s why Dr. Friedman is also studying resilience—why some people, like his mother, endure trauma yet remain remarkably strong.

DAL solutions

Breakthrough in heart treatment best practice sparks global rethink

In Nova Scotia, John Kell lives with a device implanted in his chest that delivers powerful electric shocks to correct dangerous heart rhythms.

Diagnosed with ventricular tachycardia (VT), a condition where the heart suddenly races out of control, Kell relies on this implantable cardioverter defibrillator (ICD) to save his life. While effective, the shocks are painful and unpredictable, leaving patients like Kell in constant fear.

This challenge has driven Dr. John Sapp, a cardiologist and researcher at Dalhousie and Nova Scotia Health, to find a better solution. VT is one of the leading causes of sudden cardiac death, and while ICDs have become a standard treatment since the early 2000s, the trauma associated with repeated shocks remains a serious concern. Dr. Sapp has spent years comparing the two main treatments for VT: medication and catheter ablation, a procedure that targets and cauterizes the faulty circuits in the heart responsible for the arrhythmia.

His latest study, published in the New England Journal of Medicine in November 2024, tracked 416 patients across 22 health centres. Participants were randomly assigned to receive either drug therapy or catheter ablation. Over two years, researchers monitored their heart rhythms, shocks, and emergency visits. The results showed that patients who underwent ablation were 25 percent less likely to die, experience shocks, or suffer from clusters of arrhythmias.

While medications can be effective, they often come with serious side effects and may even increase the risk of arrhythmias. Catheter ablation, by contrast, offers a safer and more targeted approach. Dr. Sapp's findings are prompting a global re-evaluation of VT treatment guidelines.

For Kell, who hasn't experienced a shock since undergoing ablation in 2019, the impact is life-changing. He's returned to walking his land and enjoying time with his granddaughters, no longer haunted by the fear of sudden pain. As Dr. Sapp shares his findings with heart specialists worldwide, his work is reshaping how VT is treated—and improving lives in the process.

EDUCATION AT DALHOUSIE'S FACULTY OF MEDICINE

Dalhousie's Faculty of Medicine delivers a comprehensive and innovative medical education experience that spans the full continuum of learning—from undergraduate and postgraduate training to continuing professional development and graduate research. Our Bachelor of Medical Sciences degree and new Master of Physician Assistant Studies are two of the most popular and competitive programs at Dalhousie University.

Report from
Dr. Stephen Miller
Senior Associate Dean, Medical Education

This past year, the Faculty advanced its mission to prepare the next generation of physicians, researchers, and health leaders through curriculum renewal, expanded distributed education, and a deepened commitment to equity and inclusion. Key units—including Student Affairs, UGME, CPDME, the Office of Professional Affairs, and my role as Senior Associate Dean, Medical Education—welcomed new leaders as many previous deans completed their terms. Congratulations and a huge thank you to everyone for their combined work over the past years.

A major milestone was the successful completion of the full accreditation process for the undergraduate medical education (UGME) program, which has resulted in the undergraduate medical education program continuing full accreditation for an 8-year term.

Undergraduate Medical Education (UGME) saw major strides in curriculum innovation, including a redesigned professional competencies framework and enhanced case-based learning approaches. The launch of the Cape Breton Medical Campus in August 2025, which includes 30 medical students per year, marked a significant expansion of Dalhousie's distributed education model, alongside continued growth at Dalhousie Medicine New Brunswick (DMNB). Med 1 and Med 2 now includes 40 undergraduate students per year and 33 postgraduate trainees supported by DMNB.

Postgraduate Medical Education (PGME) continued to evolve under the leadership of Dr. Babar Haroon and Dr. David Bowes, overseeing 54 accredited residency and fellowship programs with over 700 trainees.

The PGME team completed eight internal program reviews and 34 interim quality reviews in preparation for the 2026 accreditation cycle. New training sites in Miramichi and Sussex expanded family medicine and integrated family medicine-emergency medicine offerings in New Brunswick. PGME adopted collaborative R-1 quota setting, launched a leadership elective, and improved resident wellness supports such as financial literacy sessions and an easier accommodations process.

Under Dr. Lori Connors' leadership, Continuing Professional Development and the Division of Medical Education (CPDME) delivered programs in academic leadership, anti-oppressive practice, AI in medical education, and teaching competencies. The Dalhousie Medicine Certificate in Clinical Teaching finished its second cycle, and the Royal College Diploma in Clinical Education is being prepared for launch.

CPDME also advanced research, hosted national conferences, and is preparing for accreditation through the Committee on Accreditation of Continuing Medical Education (CACME) in 2026.

The Medical Sciences program, now in its eleventh year, continues to grow as a launchpad for careers in health professions and graduate studies. With over 500 students enrolled, the program received approval for a new 90-credit general degree and expanded its Inclusive Pathways to the Medical Professions (IPMP) initiative. Over 70 students participated in honours, directed projects, and experiential learning, supported by a curriculum that emphasizes professionalism and EDIA.

The Master of Physician Assistant Studies (MPAS) program completed its first year with 24 students, with a strong foundation in case-based learning, clinical skills, and interprofessional education. The initial cohort began clerkships, and the program introduced competency-based assessments, a longitudinal Research in Medicine course, and integrated EDIA and anti-oppressive practice. It also established distributed clinical training sites and engaged nationally via the Canadian Federation of Physician Assistant Educators.

From GMA to MD: Medical student catches attention of top morning show

RJ Roggeveen spent two days making sure the email he received from Good Morning America (GMA) in early December was legitimate.

The Class of 2028 medical student and full-time wheelchair user—Dalhousie Medicine's first—couldn't quite fathom that the number one ranked American broadcasted morning show and website was interested in sharing his story.

"I didn't tell anyone at first and was looking up links and profiles, and when I felt confident enough that it was real, I told my partner and family," he recalls. "I was unsure whether I should do it because representing your school is important, and I didn't want to do anything to jeopardize that role or the school's view."

With support from his family and the Faculty of Medicine, he decided to move forward with the interview.

Posted on **GMA's YouTube channel** on Dec. 16, 2024, it has already been viewed hundreds of times. It was also shared by **ABC news** the same day.

RJ, who lost significant use of his legs after a fall in 2021, has built a following of 25,000 on his Instagram account **@rj_adapted**. What began as comedic videos about poor accessibility, has grown into the sharing of resources and motivation for others with disabilities.

"When people began to reach out it became clear that sharing my experiences was helping others," says RJ. "When I got into medical school, I wanted to show that it's possible to succeed, even if you haven't seen someone like yourself in the field."

Setback to success

RJ, who is part of the first cohort of students admitted to medical school under the Indigenous Admissions Pathway, is Metis from Kelowna, BC. With a dream of a career in medicine, he enrolled in the Dalhousie Medical Sciences program for his undergraduate training. The first in his family to attend university, he arrived in Halifax and quickly fell in love with the city.

When his injury required a switch to part-time studies, RJ became ineligible for medical school and shifted his focus to a Bachelor of Science in Recreational Therapy, graduating with honours in June 2023.

During the pandemic, changes to medical school admissions criteria removed the full-time studies requirement, rekindling RJ's dream, and suddenly, medical school was back on the table.

> "RJ's journey reminds us that embracing diverse perspectives and breaking down barriers enriches our profession and strengthens our collective ability to care for all those in our communities."
>
> **— Dr. David Anderson**

"After my injury, when I lost my ability to walk, I wasn't sure if I could still do it," recalls RJ. "I didn't know if Dal had ever had a medical student in a wheelchair, but the Indigenous Health and Medicine program, where I worked as a student assistant, encouraged me to apply, and that support made a big difference."

RJ was further encouraged by Dean Dr. David Anderson, who, once he was accepted, was one of the first people in the Faculty of Medicine to reassure him that he'd receive the support he needed to be successful—support that RJ says, has remained consistent since he began his studies.

"The Faculty of Medicine is committed to fostering an environment where diversity, inclusion, and accessibility are celebrated," says Dr. Anderson. "We are fortunate to have students like RJ, whose leadership and perseverance inspire classmates, staff and faculty, and beyond. RJ's journey reminds us that embracing diverse perspectives and breaking down barriers enriches our profession and strengthens our collective ability to care for all those in our communities."

Most recently, support for RJ has come in the form of funding for a new standing wheelchair that allows him to participate more readily no matter the situational requirements.

"Once I was accepted to medical school, my first Google search was doctors in wheelchairs because I needed to see if this was possible," says RJ. "I found that in the U.S., especially at the University of Michigan, they've adapted programs for doctors in wheelchairs and some surgeons there use standing power wheelchairs."

RJ collaborated with his healthcare team and his research preceptor and mentor to determine if a specialized wheelchair could improve his health and allow for further participation in the operating room. Once confirmed, he began navigating the daunting $47,000 cost. He launched a successful sticker fundraiser, raising $5,000 by selling anatomy-themed stickers he designed and created, and worked with several organizations to raise the funds he needed.

Powered by possibilities

Since starting medical school in 2023, RJ has found accessibility in the built environment to be the most significant challenge. To ensure his training went smoothly, he worked closely with faculty and staff, visiting classrooms and labs in advance to identify necessary adjustments. He recalls encountering an issue with table height in the anatomy lab, where staff promptly approached him to discuss how the space could be made more accessible.

"They asked me how low the table needed to be," he says. "I told them it needed to be low enough for me to see what's on the table and look over the cadaver. They marked it with a Sharpie, and the next week, they cut it down. When I came back, it was perfect."

And while RJ says everyone has been incredibly supportive and open to making accessibility changes, his new chair means he doesn't need to worry about advance visits, meetings, and adjustment delays, allowing him more time to focus on his training and experiences.

"If something's higher up, I can see it. If I need to stand, I can do that. It's not about playing catch-up anymore. It lets me be right there with my classmates, and it saves a lot of time—not just for me, but for others involved in organizing things."

Breaking barriers and inspiring change

Nearly 150 Instagram posts since announcing his acceptance to medical school, RJ is regularly contacted by pre-med students who are in wheelchairs or have other disabilities and are curious about the medical school process. Always open to chat and offer advice, he has connected directly by phone or message to nearly two dozen of these individuals.

But telling his story on Instagram, or offline, is a whole lot different than telling it to the folks at GMA and in turn, the millions of people who will see it shared on their platforms. He admits he was nervous but was excited for the opportunity to reach more people who might be facing a disability and wanting to pursue medical school, healthcare, or university.

"I hope people see that there are countless ways to adapt, and that creativity is endless," says RJ. "People with disabilities can do anything. The biggest barriers are often people's perceptions, not our abilities."

RJ is also hoping people see the value of having individuals with lived experiences of disability in the medical and healthcare fields. While more likely to access healthcare, people with disabilities are the least represented in it, and representation matters.

"People should be able to see themselves in their care providers. I've had people reach out saying they'd love to have me as their doctor because they feel I'd understand. There's so much value in having us in these spaces."

As for what medical field RJ sees himself in following training, he says it's too soon to tell but plans on exploring his options as much as he can during medical school, which is now much easier with the help of his standing wheelchair.

RJ has come a long way since 2021 and is proof that any barrier can be overcome with creativity and support. And as he's learned, you never know who might hear your story, and the impact it can have on someone striving to overcome their own barriers.

A decade of impact: Celebrating 10 years of Dalhousie's **Medical Sciences** program

One of Dalhousie University's most competitive programs marked a decade of excellence in 2024.

The Medical Sciences program, the first of its kind in Atlantic Canada, receives over 1,300 applications annually for just 120 seats. Its popularity is second only to Dalhousie's nursing and medicine programs, and its students consistently go on to impressive careers in medicine, research, pharmacy, and beyond.

Housed in the Faculty of Science and connected to the Faculties of Medicine and Arts and Social Sciences, the program offers a unique interdisciplinary education in biomedical science. It prepares students for a wide range of paths, including medical school, graduate studies, biotechnology, and public service. Its curriculum blends human health and physiology with psychosocial perspectives, offering a broader view than traditional science degrees.

Flexibility is a hallmark of the program, especially in the final year. About two-thirds of students pursue an honours degree, conducting year-long research projects with faculty across clinical and theoretical fields. Others choose an innovative capstone course that adapts annually to emerging healthcare issues. Projects have ranged from emergency medicine to environmental racism, and even initiatives supporting underrepresented students in STEMM (Science, Technology, Engineering, Mathematics, and Medicine).

Graduates like Eshan Arora and Dr. Sean Wang exemplify the program's impact. Eshan, now in medical school at Dalhousie, credits the program's breadth and flexibility for preparing him well. His honours project focused on supporting equity in STEMM education. Dr. Wang, now in family medicine at the University of Toronto, found that the program's academic rigor and emphasis on volunteering helped shape his career path.

The program also leads in equity and inclusion. Since 2022, the Inclusive Pathways to Medical Professions (IPMP) initiative has admitted 10 Mi'kmaq and 10 African Nova Scotian students annually, offering dedicated support and fostering a strong sense of community.

At the heart of the program's success are the relationships built across faculties and the unwavering support of leaders like Assistant Dean, Medical Sciences Dr. Sarah Wells, and Program Manager Dr. Julie Jordan. Their dedication has created a nurturing environment where students thrive and where the next generation of scientists, healthcare professionals, and changemakers continues to grow.

Student offers simple skills on how to **quickly improve care for people with sight loss**

In Nova Scotia and elsewhere, individuals with low vision or blindness often face avoidable challenges in healthcare settings.

From missing their name being called in a busy emergency room to being startled by a nurse who doesn't announce their presence, these moments reflect a broader issue: a lack of awareness and accommodation for patients with sight loss.

Recent Dalhousie Medical School graduate Dr. Tyler Herod is working to change that. What began as a project with the Canadian National Institute for the Blind (CNIB) through Dalhousie Medicine's Community Engaged Service Learning program has grown into a broader initiative aimed at improving healthcare experiences for people with sight loss. Herod and his collaborators have been delivering training sessions in hospitals, educating nurses and staff on how to interact respectfully and effectively with patients who are blind or have low vision.

These sessions begin with personal stories from individuals living with sight loss, followed by practical guidance on communication strategies and sighted guide techniques. Participants also learn how to interact with service animals, helping to build empathy and understanding.

In addition to training, Dr. Herod has introduced a simple but impactful tool: a sign that can be placed on a patient's door or bed to indicate they have sight loss. The sign includes tips for staff, such as announcing their presence, describing food placement, and offering an arm for guidance. This initiative is currently being piloted in two Halifax hospitals as part of a quality improvement project.

Dr. Herod's efforts extend into research as well. He and his colleagues have conducted formal interviews with individuals in Nova Scotia living with sight loss to better understand their experiences in healthcare. The findings, once published, aim to inform broader policy and practice changes and will be presented at national conferences, including the Canadian Ophthalmology Society's 2025 Annual Meeting.

Through education, advocacy, and research, Herod is helping to create a more inclusive and responsive healthcare system, one where patients with sight loss are seen, heard, and supported.

Redefining Ableism in Healthcare: Dal learners aim to transform disability education in healthcare

Three 2024 Dalhousie medical graduates—Drs. Abbey MacLellan, Marihan Farid, and Zachary Ford—were recognized for their groundbreaking work in disability education with the Curriculum Innovation Award from the American Academy of Developmental Medicine and Dentistry.

Their award-winning e-book, *Am I Ableist? Disability Awareness in Healthcare*, was developed over three years during their medical training and as of summer 2024, already reached more than 15,500 readers. It is now integrated into medical and allied health curricula across North America.

The e-book was created to address a critical gap in disability education. Drawing from personal experiences and clinical observations, the authors aimed to help healthcare trainees recognize and reflect on their biases, understand different models of disability, and improve the quality of care for patients with disabilities. The resource includes interactive exercises and case studies that encourage self-reflection and promote inclusive, patient-centered care.

Their work was informed by direct collaboration with disability advocates and organizations, including the Regional Residential Services Society. Focus groups with individuals living with disabilities helped shape the content, ensuring it reflected real-world experiences and needs. The final product is concise, under 20 pages, and designed for flexible use in academic settings, with standalone chapters that can be easily integrated into existing courses.

The book has been adopted by institutions such as Dalhousie, the University of Saskatchewan, Nova Scotia Community College, Trent/Fleming School of Nursing, and the University of Toronto. It is used in tutorials, nursing syllabi, and professional competency training, helping students engage with real-world scenarios and develop empathy and awareness early in their careers.

Now residents in Dalhousie's medical programs, the co-authors continue to advocate for disability education. They are exploring an audio version of the book to enhance accessibility and plan to collaborate with institutions across Canada and the U.S. Their ultimate goal is to foster a healthcare system where all patients, regardless of ability, receive equitable, respectful, and informed care.

SERVING & ENGAGING SOCIETY AT DALHOUSIE'S FACULTY OF MEDICINE

At Dalhousie's Faculty of Medicine, our commitment to serving and engaging communities across the Maritimes extends far beyond traditional academic roles.

We are actively reimagining how we connect with historically marginalized populations and working in partnership with governments and external stakeholders to drive meaningful systems change. Grounded in principles of anti-oppression and social accountability, our Faculty is building inclusive environments that value diverse forms of excellence.

Through collaborative efforts, we aim to improve equitable health outcomes, engage communities in shaping our education and research priorities, and align our initiatives with global standards to advance health equity and quality care.

Report from
Dr. Gaynor Watson-Creed
Associate Dean, Serving & Engaging Society

During the last year, the Faculty of Medicine significantly advanced its commitment to equity, community partnerships, and social accountability through the work of the Office of Community Engagement, formerly known as the Office of Serving and Engaging Society. Under the co-leadership of Dr. Gaynor Watson-Creed and Dr. Shawna O'Hearn, the office launched the Faculty's first Social Accountability Statement, a foundational document that articulates the institution's values and responsibilities to the communities it serves. This was accompanied by the development of new Guidelines for Community Compensation and Recognition, designed to ensure that community members are engaged in respectful and equitable ways.

The Community-Engaged Service Learning Program continued to thrive, with 67 second-year medical students collaborating with 34 organizations across Nova Scotia and New Brunswick, providing meaningful service while gaining real-world experience. The anti-oppression subcommittee made notable progress in implementing the Faculty's Anti-Oppression Policy, delivering educational sessions, Grand Rounds, and student programming that reached over half of all departments, thereby fostering a more inclusive and reflective institutional culture.

Substantial strides were also made in Indigenous and Black health initiatives. The Indigenous Health team expanded admissions pathways, programming, and cultural supports, hosted national gatherings, and appointed a new Academic Director to help lead these efforts. The PLANS (Promoting Leadership in health for African Nova Scotians) program also celebrated its 10th anniversary and was honoured with the AFMC Charles Boelen International Social Accountability Award.

The first cohort of 18 students entered the undergraduate medical education program through the Black Learners Admissions Pathway, supported by a robust framework of mentorship, scholarships, and academic advising.

On the global stage, the Faculty advanced planetary and global health initiatives through the annual Dr. Tarunendu Ghose Visiting Scholar in Global Health event, which this year featured Dr. Sonja Wicklum from the Cumming School of Medicine at the University of Calgary. She spoke on planetary health education and gave a compelling call to action for integrating planetary health into every level of medical education and practice.

Held in May, the 2025 Thomas Fear and Alice Morgan-Fear Memorial Conference featured a collaboration between Continuing Professional Development and Medical Education and Serving and Engaging Society and was a two-day event focusing on systems change through the theme of "Stillness in Chaos." The well-attended event provided delegates with the opportunity to engage with experts, gain new insights, and connect with fellow leaders.

Together, these dynamic initiatives and collaborations are driving transformative change within the Faculty of Medicine and setting the stage for a more inclusive, innovative, and equitable future in healthcare.

Expanding life-saving care in Nigeria: Dalhousie surgeons pioneering colonoscopy training

The incidence of colorectal cancer is increasing at alarming rates in the largest country in West Africa and the most populous area on the continent.

In Nigeria, colon cancer is now ranked as the second most common cancer for men, and third most common for women.

Access to proper screening like endoscopy and colonoscopy, for some, can greatly impact their life.

With populations surging to 200 million, there remains only a handful of surgeons trained to perform the necessary procedures to screen for the cancer.

Comparatively, we have far more endoscopists in Nova Scotia with a population of just over one million.

This inequity, and a passion to better understand colorectal cancer in Nigeria, led senior Nigerian endoscopist Prof. Olusegen Isaac Alatise from Obafemi Awolowo University (OAU) in Nigeria and Dr. Peter Kingham from Memorial Sloan Kettering Cancer Center (MSKCC) to establish the African Research Group for Oncology (ARGO) in New York, in 2013.

Five years later, while working on his Global Health Disparities Fellowship at MSKCC, Dalhousie's Dr. Gregory Knapp spent six months in Nigeria with ARGO and Prof. Alatise. When he returned to Dalhousie, he initiated a partnership between ARGO and the Global Surgery Office at Dalhousie where Dr. Knapp is director, and the beginnings of a first-of-its-kind colonoscopy training course in Nigeria.

With a goal to increase endoscopy capacity in Nigeria and entirely supported by Dalhousie's Global Surgery Office, Dr. Knapp, and fellow Dalhousie surgical colleague, Dr. Richard Spence, along with ARGO partners, designed curriculum to be delivered over nine weeks leading up to the in-person training course. Completed virtually on weekends, the lectures provided participants with theoretical material to prepare them for the in-person portion and gave them a chance to meet the faculty.

"The fact that the Zoom lectures were on Saturdays really shows the commitment from both the faculty and trainees," says Dr. Spence. "This was after-hours work for everyone involved."

In April 2024, Drs. Knapp and Spence, along with partners from Yale University and Queen Elizabeth Hospital in Barbados, traveled to Nigeria for a week of on the ground training at OAU. They performed live endoscopies with 18 trainees observing, then supervising them as they practiced the procedures.

Innovation in low-resource settings

The course also included a research component, comparing high- and low-fidelity simulation models, aimed at making endoscopy training more accessible in low-resource settings. Using a randomized study, participants were assigned to either the low-fidelity or high-fidelity models, after working with one, they'd switch and train with the other.

"The cost of industry-made simulators (high fidelity) is high and bringing them to Nigeria adds another layer of complexity," says Dr. Spence. "The surgeon who built the low-fidelity model used discarded pipes and tubing to create something we could scope and train on."

Participants were tested before, during, and after working with both models.

"We wanted to test if a lower-cost, locally made model (low fidelity) could provide a similar training experience as industry-sponsored simulators," says Dr. Knapp. "The results showed promise, especially in a context where cost and scalability are critical."

> "The course has a profound impact on the delivery of endoscopy services in Osun State (state in southwestern Nigeria). Two new providers are now independent at OAU, which represents a tripling of the pre-existing capacity."

Although all 18 participants had basic endoscopy training prior to the course, none performed colonoscopies routinely. A mere month after the course, eight of those trainees were regularly performing the procedure on patients, significantly impacting the healthcare system in Nigeria.

"The course has a profound impact on the delivery of endoscopy services in Osun State (state in southwestern Nigeria)," says Prof. Alatise.

For both Drs. Knapp and Spence, the project's impact is personal.

"This work provides context for our local challenges," says Dr. Knapp. "It's reenergizing, especially seeing the level of commitment from the faculty and trainees during the course. You come home feeling inspired by their dedication and enthusiasm."

"The gratitude you see from local trainees, providers, and most importantly, the patients, is remarkable," says Dr. Spence. "You're welcomed by people you've never met before, and yet they're so grateful that you're there to help."

Global health collaborations

Building on the success of this pilot, Drs. Knapp and Spence, along with their ARGO partners hope to deliver a second iteration of the course, recreating and enhancing what worked, with plans to make it an annual offering. As screening endoscopy improves, the expectation is that more patients will present with early-stage diseases, like colon cancer, that could be treated surgically, leading to interest in introducing advanced laparoscopic skills training.

“There’s a lot of potential for this to grow into different avenues, be it in various disease sites or medical techniques,” says Dr. Spence. “With the right support, we can help others adopt colonoscopy and similar techniques that are becoming standard care in more privileged healthcare systems. This was a Dalhousie-sponsored initiative, and it demonstrates our ability to make a global impact.”

This project not only enhances colorectal cancer care in Nigeria but also serves as a model for future global health collaborations, illustrating how Dalhousie can engage with global partners to address health outcomes and inequalities in a sustainable and respectful way.

“Practicing global medicine makes us better locally,” says Dr. Spence. “I learned something during the course in Nigeria about colonoscopy prep that I’ve now applied in my practice here. It’s a good example of how working globally improves our local practice.”

Exploring modern medicine: Dalhousie's Mini Medical School brings medicine to the public

Dalhousie University's 19th Mini Medical School offered the public a unique opportunity to explore some of today's most pressing health topics with guidance from leading experts in the Faculty of Medicine.

Launched on Jan. 15, 2025, this year's series covered a wide range of subjects—from anesthesia and radiology to insomnia, antibiotics, and women's heart health—designed to help participants make informed decisions about their well-being.

Originally held in person at the Sir Charles Tupper Medical Building, the program transitioned to a virtual format during the pandemic. This shift has significantly expanded its reach, with session attendance now averaging between 80 and 120 participants and drawing viewers from across North America, Europe, and even as far as Australia and New Zealand. The virtual format allows attendees to engage with the content from the comfort of their homes while maintaining a high level of interactivity.

The Mini Medical School is coordinated by Dr. Stephen Miller, senior associate dean of medical education, alongside Mary Ann Robinson and AnaBela Sardinha from the Continuing Professional Development and Medical Education (CPDME) team, with technical support from MedIT. The team curates topics based on participant feedback, ensuring the sessions reflect public interest. This year, themes like navigating the healthcare system have emerged as particularly relevant.

Looking ahead, the team is already planning for future sessions, with anticipated topics including artificial intelligence in medicine, planetary health, and the growing impact of climate change on patient care. The ongoing crisis in primary care access is also expected to be a focal point, with discussions on how medical education can help address systemic challenges.

Presenters are selected with a focus on diversity and inclusion, ensuring a broad range of perspectives while being mindful not to overburden underrepresented voices. Each session is tailored for a general audience, and feedback consistently highlights the value participants find in understanding how the healthcare system works.

The Mini Medical School continues to be a vital platform for public health education, welcoming anyone with an interest in learning with no registration required.

New Dalhousie collaboration supports **Indigenous mental health**

The Indigenous community in Halifax is gaining improved access to culturally-safe mental health care through a new partnership between the Mi'kmaw Native Friendship Society – Wije'winen Health Centre and the Department of Psychiatry at Dalhousie University and Nova Scotia Health Central Zone.

Formalized in early 2025 with a Memorandum of Agreement (MOA), the collaboration commits dedicated psychiatric resources to the Wije'winen Health Centre—the first primary care clinic serving the urban Indigenous population in Kjipuktuk (Halifax).

The initiative is grounded in Indigenous principles such as etuaptmumk (two-eyed seeing) and netukulimk (interconnectedness), and aims to address long-standing gaps in mental health services for Indigenous communities. The partnership is part of a broader effort to dismantle structural anti-Indigenous racism in health care and to co-create services that are culturally relevant and safe.

Psychiatric care at the centre is delivered through the Department of Psychiatry's Transcultural Mental Health Program, which also serves African Nova Scotians and newcomers. The program emphasizes accessibility, cultural competence, and collaboration. The MOA reflects a commitment to working alongside Indigenous communities in a way that respects their sovereignty and lived experiences.

The agreement builds on years of relationship-building and listening. Since the Wije'winen Health Centre opened in 2022, members of the Department of Psychiatry have worked closely with Indigenous leaders and community members to understand their needs. This collaboration has led to the development of tools like the "Two-Eyed Seeing Psychiatric Assessment," designed to guide non-Indigenous psychiatrists in delivering culturally-safe care.

The department's Social Policy and Advocacy Committee, which includes an Indigenous Elder, has also adopted guiding principles informed by Indigenous knowledge. These include "do no harm," "nothing about us without us," "people first with kindness," and "strength-based" approaches.

This partnership marks a significant step toward reconciliation and equity in mental health care. By embedding Indigenous values into psychiatric services and fostering long-term collaboration, the initiative aims to create a more inclusive, compassionate, and effective system for Indigenous individuals and families in Halifax.

VALUING PEOPLE AT DALHOUSIE'S FACULTY OF MEDICINE

Launched alongside the updated strategic plan, Realizing Our Ambition, the Valuing People stream is dedicated to fostering a culture of respect and appreciation for everyone who contributes to the Faculty of Medicine.

This initiative focuses on identifying and implementing improvements that make the Faculty a great place to work and study. Grounded in a "people first" philosophy, it recognizes that our collective achievements over the past five years have been made possible by the extraordinary efforts and diverse expertise of our community, regardless of role or location.

Report from Linda Penny

Chief Operating Officer

Over the past year, the Faculty of Medicine has deepened its commitment to the Valuing People stream of the strategic plan, with a strong focus on creating a more inclusive, supportive and empowering environment for all.

Central to this progress is the dedicated focus on staff and the resulting work of the Valuing People Staff Committees, whose leadership and collaboration are shaping meaningful change across the Faculty. The Valuing People Staff Committees play a pivotal role in identifying priorities, shaping initiatives, and amplifying staff voices. Their work has led to identifying targeted programs that address workplace culture, recognition, and professional growth.

Informed by staff feedback gathered through surveys, town halls, and listening sessions, the Valuing People committees have helped form working groups that are now developing initiatives to address the major themes raised. These efforts are focused on creating processes and tools that foster connection, collaboration, and a more supportive workplace culture. While many initiatives are still in early stages, one notable milestone was the administrative leadership retreat, which helped shape and confirm key priorities. The Faculty also received university funding in recognition of its commitment to staff wellness, with related events planned for the near future.

Through the leadership of the Valuing People Staff Committees and the broader Faculty community, this strategic stream continues to evolve from a guiding principle into a lived experience—where people feel valued, supported, and inspired to thrive.

As this will be my final report before retiring at the end of 2025, I want to express what a pleasure it has been to help bring this work to life. The progress we've made together, through collaboration, listening, and action, has been both inspiring and deeply meaningful.

Recognizing outstanding achievement: Faculty of Medicine presents awards to faculty and staff

On May 29, 2025, members of the Faculty of Medicine came together to celebrate the outstanding contributions of staff and those in senior academic leadership roles.

This was followed by a celebration to recognize accomplishments in the areas of research, education, and community service.

The staff and faculty leadership awards, presented annually, are an opportunity to acknowledge hard work and ensure we create a positive work environment that fosters well-being and supports career growth. Importantly, this is just one way that we are striving for this goal.

Leadership Awards

Award of Excellence, Professional & Managerial Leadership: Carolyn Doyle, director, admissions

Award of Excellence, Academic Leadership: Dr. Evelyn Sutton, associate dean, undergraduate medical education

Award of Excellence, Leadership in Administrative, Clerical & Technical Support: Julie Cummings (Dalhousie Medicine New Brunswick)

Award of Excellence, Emerging Leader: Whitney Proulx, operations manager, undergraduate medical education

The Ryan Clow Team Collaboration Award: MedIT application development team, including Chris Emeneau, Tim Jordan, Natasha Mills, and Ron Soper

Valuing People Innovation Award (new this year): Tyler Hall, director of student and resident affairs

Faculty Awards

Dalhousie Program Director Award, Innovation: Dr. Leanne McCarthy, Department of Obstetrics and Gynaecology

Dalhousie Program Director Award, Leadership: Dr. Sasha Sealy, Department of Family Medicine

Faculty of Medicine Awards of Excellence in Education: Dr. Akram Jaffar, Department of Medical Neuroscience

Faculty of Medicine Early Career Award of Excellence in Education: Dr. Ashley Sutherland, Division of Clinical Dermatology & Cutaneous Science, Department of Medicine

Faculty of Medicine Award of Excellence in Clinical Practice: Dr. Aaron Keshen, Department of Psychiatry

Faculty of Medicine Early Career Award of Excellence in Clinical Practice: Dr. Mark Robbins, Division of Infectious Disease, Department of Medicine

Faculty of Medicine Community Teacher of the Year Awards: Dr. Alexandra Pettit, Department of Pathology (New Brunswick) and Dr. Ian MacKay, Department of Psychiatry (Nova Scotia)

Faculty of Medicine Award of Excellence in Teaching (PhD Faculty): Dr. Kim Good, Department of Psychiatry

Spotlight on Valuing People

Faculty of Medicine Early Career Excellence in Teaching (PhD Faculty): Dr. Sanja Stanojevic, Department of Community Health and Epidemiology

Dr. Allan Cohen Memorial Award for Community Service: Dr. Abraham (Rami) Rudnick, Department of Psychiatry

Dr. Wayne Putnam Award: Dr. Brian Moses, Division of Internal Medicine, Department of Medicine

The Faculty of Medicine Excellence in Basic Research Award: Dr. Kazue Semba, Departments of Medical Neuroscience and Psychiatry

The Faculty of Medicine Early Career Investigator Award: Dr. Kara Dempster, Department of Psychiatry

The Faculty of Medicine Excellence in Research Mentorship of Trainees: Dr. George Roberston, Departments of Pharmacology and Psychiatry

The Faculty of Medicine Excellence in Research Mentorship of Faculty: Dr. Stephen Bearne, Department of Biochemistry & Molecular Biology

The Faculty of Medicine Career Excellence in Research Mentorship: Dr. Martin Alda, Department of Psychiatry

Canadian Association for Medical Education (CAME) Certificate of Merit: Dr. Allen Tran, Division of Internal Medicine in the Department of Medicine; Dr. Jack Rasmussen, Departments of Critical Care and Surgery; and Dr. Stuart Wright, Department of Anesthesia, Pain Management & Perioperative Medicine

Dr. John Savage Memorial Award for Faculty Leadership in Global Health: Dr. Vincent Agyapong, Department of Psychiatry

DALHOUSIE UNIVERSITY-WIDE AWARDS

Over the past year, students, staff, and faculty in the Faculty of Medicine at Dalhousie University have been recognized across the institution for their exceptional achievements and contributions.

From leadership and community service to academic excellence and innovation in teaching, these honours reflect the Faculty's deep commitment to advancing healthcare, education, and research. The following highlights celebrate the remarkable individuals whose dedication and impact have earned them university-wide recognition.

Dalhousie presents Legacy Awards to Faculty of Medicine members

Dalhousie presented the annual Legacy Awards on December 17 at the Rebecca Cohn Auditorium. The Legacy Awards, which inaugurated in 2018 during the university's bicentennial celebrations, recognize individuals and groups for their exceptional achievements. The event showcases the outstanding contributions of Dalhousie's faculty and staff, highlighting the university's vibrant community and shared commitment to excellence. The Faculty of Medicine proudly celebrated **Tyler Hall, director of Student Affairs**, who received the 2024 Dalhousie Professional and Managerial Group (DPMG) Award; and **Dr. Aruna Dhara, assistant professor in the Department of Family Medicine**, who received the 2024 Dr. Allan Cohen Memorial Award for Community Service.

Medicine graduate student receives Governor General's Gold Medal Award in Sciences and Engineering

Aran Thanamayooran, a graduate student in the Department of Community Health & Epidemiology, was chosen by the Faculty of Graduate studies as the winner of the Dalhousie Governor General's Gold Medal Award in Sciences and Engineering for 2025. Aran completed his master's in Epidemiology and Applied Health Research under the supervision of Drs. Leah Cahill and Karthik Tennankore. During this time, he published an impressive six papers on kidney disease research.

Each year, Dalhousie recognizes the university's most outstanding master's graduates with these awards. Aran received his medal at the Faculty of Medicine convocation ceremony on May 30.

New grad recipient of Board of Governors Award

Dr. Tyler Herod, was one of four students who received Dalhousie's 2025 Board of Governors' Awards. A dedicated student leader, Dr. Herod's unwavering commitment to empathy, mentorship, and advocacy left a lasting impact on the Dalhousie community. From co-leading research on student well-being to championing accessibility in health care through his work with the Canadian Institute for the Blind (CNIB), Dr. Herod exemplified the power of compassion and collaboration. A recent graduate, he begins his ophthalmology residency in Alberta this summer, where he will surely continue to inspire through his dedication to improving the lives of others.

Faculty of Medicine students honoured with Dalhousie Impact Awards

Several students from the Faculty of Medicine were recognized for their outstanding contributions at the 14th annual Impact Awards on March 27. These awards celebrate student leadership in academics, student life, and community service.

- **Obinna Esomchukwu (Medicine)** received the Rising Star Award for leadership, creativity, and commitment to the Dalhousie Student Union and the broader community.
- **Ava Maleki (Medical Sciences)** was honoured with the Student Activist Award for her dedication to social justice and inspiring change. She also received a Dalhousie Student Union Gold D, alongside Alexandra MacNeil (Medicine), for their exceptional involvement in campus life.
- **Eshan Arora (Medicine)** earned the Dalhousie Student Council Member Award, recognizing commitment to advocacy and innovation within student governance.
- **Sherry Eskander (Medicine – Graduate Student)** was awarded the Faculty Leadership Award for her passion, leadership, and positive impact within the Faculty of Medicine.

Faculty of Medicine receives university-wide teaching awards

Members of the faculty were named recipients of Dalhousie University-Wide Teaching Awards in June 2025. These annual awards are presented to faculty, instructors, and graduate students to recognize their contribution to maintaining and supporting Dalhousie's reputation as a leader in higher education. Congratulations to the Faculty of Medicine winners:

Educational Leadership Award for Collaborative Teaching: Dr. Lynette Reid, Leanne Picketts, and the case-diversification committee

Under Dr. Reid's guidance, the committee has redefined inclusivity in medical education, transforming the pre-clerkship Case-Based Learning (CBL) curriculum in the Faculty of Medicine. This monumental project has bridged significant gaps in representation, equity, and social accountability, setting a national benchmark for medical education.

Award for Excellence in Graduate Supervision: Dr. Jan Rainey

Over nearly two decades, Dr. Rainey has demonstrated an unwavering commitment to mentoring students and fostering a

collaborative, inclusive, and intellectually stimulating research environment. His mentorship style, characterized by patience, generosity, and a focus on independence, has left a profound impact on the careers and personal development of numerous trainees.

Academic Innovation Award: Drs. Anna MacLeod and George Kovacs, the late Rob Sandeski, and the Clinical Cadaver Program

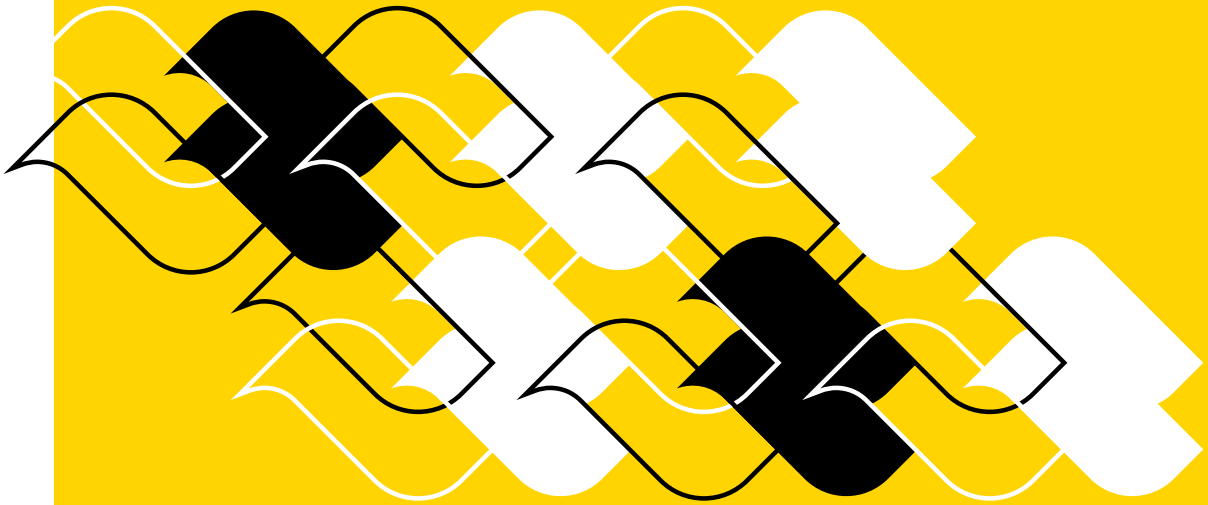
Established almost 20 years ago, the Clinical Cadaver Program plays a pivotal role in shaping the future of healthcare practitioners by providing meaningful educational experiences and bridging the gap in procedural learning. It has transformed the Tupper Building into a hub for clinical cadaver education and embodies the spirit of forward-thinking education and contributes significantly to the advancement of medical knowledge.

Medicine alum recognized during alumni days

Each year, Dalhousie awards the Golden Eagle Lifetime Achievement Award and Aurum Awards during Dal Alumni Days to alumni making significant contributions to society. We were proud to share that two of the five winners this year were graduates of Dalhousie Medical School.

Dr. J. Donald "Don" Hill (MD'60, LLD'87), a distinguished cardiac surgeon, researcher, and inventor, received the 2025 Golden Eagle Award. A dedicated Dalhousie alum, Dr. Hill has advanced academic excellence through the Donald Hill Family Postdoctoral Fellowships, supporting early-career scholars on the path to tenure.

Dr. Allen Eaves (MSc'67, MD'69), founder of STEMCELL Technologies and co-founder of the Terry Fox Laboratory, received a 2025 Aurum Award. A leader in cancer research and stem cell biology, Dr. Eaves has transformed regenerative medicine and biotechnology through his visionary work.



Building inclusive leadership: Funding aims to advance diversity in Faculty of Medicine

Dalhousie's Faculty of Medicine is advancing its commitment to equity, diversity, inclusion, and accessibility (EDIA) through a series of initiatives aimed at transforming leadership in academic medicine.

One of the most impactful of these is the Diversity in Leadership Fund, which supports equity-deserving faculty and staff in pursuing leadership development opportunities.

The push for more inclusive leadership began in earnest following a 2017 accreditation review, which highlighted the lack of diversity among department heads. At the time, only one clinical or basic science department head identified as female. This prompted the creation of the Diversity in Leadership Taskforce, which initially focused on gender but quickly expanded its scope to include race, sexual identity, disability, and other underrepresented identities.

The taskforce produced 25 recommendations, leading to the formation of the Diversity and Leadership Committee. Over time, this work evolved into two distinct groups: the EDIA Leads group and the Anti-Oppression Subcommittee. The EDIA Leads group serves as a collaborative space for departments to share best practices and coordinate efforts, while the Anti-Oppression Subcommittee focuses on systemic change and policy integration across the faculty.

A key outcome of this work is the Diversity in Leadership Fund. First launched in 2020, the fund has enabled recipients to attend conferences and complete training programs that support their career advancement. The application process has since been streamlined to encourage broader participation, including from staff and those at distributed medical education sites like the Dalhousie Medicine New Brunswick (DMNB) campus.

The Faculty's commitment to EDIA is visible at every level—from student-led initiatives like the Student Diversity and Inclusion Committee to faculty-wide policies and funding programs. These efforts not only support individual career growth but also signal a long-term institutional commitment to systemic change.

Through initiatives like the Diversity in Leadership Fund, Dalhousie continues to foster a more inclusive and representative leadership landscape in medicine.

Cape Breton Medical Campus

The Cape Breton Medical Campus (CBMC) made remarkable progress over the past year as it prepared to welcome its first cohort of 30 medical students in August 2025. This initiative, developed in partnership with Cape Breton University, represents a major expansion of Dalhousie's distributed medical education model and a strategic response to the need for more physicians in rural and underserved communities.

Under the leadership of Senior Associate Dean Dr. Jennifer Hall, several key academic appointments were made to support the launch. We were thrilled to welcome:

- **Dr. Sarah Mader**, Assistant Dean, Clerkship
- **Dr. Steven MacDougall**, Assistant Dean, Professional Affairs
- **Dr. Annalee Coakley**, Assistant Dean of Student and Resident Affairs
- **Dr. Arlene Kelly-Wiggins**, Assistant Dean Pre-Clerkship
- **Dr. Alison Archibald**, Director of Faculty Development
- **Dr. Abidemi Fasanmi**, Director, Interprofessional Education (IPE) and Service Learning
- **Dr. Carl Marshall**, Academic Director, Indigenous Health in Unama'ki

CBMC achieved Stage 1 approval from the Maritime Provinces Higher Education Commission, completed a successful institutional accreditation submission, and secured operational funding for its first two years. Construction of the new Medical Science Building is well underway and is expected to be completed in the coming months. Contingency learning spaces are in place to ensure the Med 1 curriculum begins on schedule.

Faculty and staff recruitment has been highly successful, resulting in a qualified and diverse teaching team, while outreach to local physicians has generated strong interest in teaching and mentorship roles. Infrastructure upgrades at Cape Breton Regional Hospital, supported by Nova Scotia Health, have further enhanced the learning environment.

CBMC is also investing in research, with plans to recruit five physician-researchers who will contribute to both clinical care and student mentorship through the Research in Medicine (RIM) program. Collaborations have been initiated with Cape Breton University's Centre of Excellence for Healthy Aging and Mount Sinai's Centre for Mature Women's Health.

Community engagement remains central to CBMC's mission, with partnerships formed with local organizations and Indigenous-serving physicians, and the co-hosting of the Healthcare Awards of Distinction to recognize regional contributions to health. Dr. Archibald's appointment as director of faculty development will support the launch of educational activities, ensuring faculty are well-prepared for the campus's opening.

CBMC stands as a bold and collaborative investment in regional medical education and a testament to the Faculty of Medicine's and CBU's commitment to health system transformation through community-rooted training.

DALHOUSIE MEDICAL SCHOOL
BY THE NUMBERS

578
Medical students

252
Graduate students
92 Doctoral | **160** Master's

52
Postdoctoral fellows

686
Residents
210 Family Medicine
476 Royal College

31
Fellows
in various Royal College specialty and sub-specialty programs

41
Research chairs
26 Endowed Chairs
15 Canada Research Chairs

78
Basic science faculty
Full-time equivalent

2505
Clinical faculty members
spread across **22** departments

487
Staff members
Full-time equivalent

10
Family Medicine postgraduate teaching sites
in urban and rural communities throughout Nova Scotia, New Brunswick, and Prince Edward Island

40
New Brunswick students admitted
to Dalhousie Medicine New Brunswick (DMNB) each year

5
Undergraduate teaching sites
throughout Dalhousie Medicine New Brunswick (DMNB) including Fredericton, Miramichi, Moncton, Saint John, and Waterville (Upper River Valley)

RESEARCH FUNDING HIGHLIGHTS

Total Research Funding

$81.5M
Total funding

$22.7M
in Tri-council grants

$58.8M
non-Tri-council grants, clinical trials and contracts

CIHR Spring 2024 Competition

Two **Priority Announcements** each worth

$100,000

CIHR Fall 2024 Competition

National success rate of **17.2%**

FoM success rate of **25.7%**

Two **Priority Announcements** each worth

$100,000

Research Chairs

- One CRC renewal in progress
- Two CRC renewals completed
- Successful recruitment of two endowed chairs
- Two endowed chairs renewed
- Four endowed chair renewals in progress

DALHOUSIE UNIVERSITY

FACULTY OF MEDICINE

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