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 152 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. 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

Dalhousie Medical School has had a remarkable year featuring historic scientific appointments, significant expansions of our medical education programs, and meaningful engagements with communities across the Maritimes.

As the world braced for rapid and far-reaching changes due to a global pandemic, I was, and continue to be, impressed and proud of the Dalhousie Medical School community’s response to challenging times. Within a week of social distancing measures going into effect in the Maritimes, Dalhousie medical students were volunteering to provide day-to-day assistance to frontline health care workers as well as other supports to the regional health system while our researchers took swift action to meet the threat and pursue vaccine, antiviral, point-of-care testing, and immune-boosting strategies as quickly as possible.

At the same time, this pandemic has magnified cases of social unrest and concerns of racist behavior. It has highlighted social inequalities and examples of unjust discriminations. Dalhousie Medical School has been committed to using our platform and resources to be a catalyst for change and to make the Faculty of Medicine an inclusive and welcoming place for Black, Indigenous, and people of colour who are faculty, students, and staff.

But we know there is still more work to be done.

The Dalhousie University Faculty of Medicine, in partnership with the communities we serve, has both the social responsibility to add our voice to the chorus for change and make the changes that demonstrate our commitments to equity, diversity, and inclusion.

Throughout this report, you will find stories of collaboration, compassion, and innovation. We are proud to share some of the many highlights and accomplishments achieved by our talented and dedicated faculty, students and staff — indicating the clear progress we are making in our efforts to respond to the health care needs of diverse communities in our region.

My sincerest thanks to our faculty, staff, students, residents, fellows, alumni, patients, and donors — everyone who is a part of the Dalhousie Medical School community. As we move forward, you have always been — and will continue to be — the reason for our success.

David Anderson, MD
Dean, Dalhousie Medical School
SPOTLIGHT ON RESEARCH

BACK TO THE LAB: DAL MED RESEARCHERS ON RETURNING TO CAMPUS

In the onset of the COVID-19 pandemic, with Dalhousie University shutting down all campus-based research operations (with the exception of critical COVID-19 research) on March 24, Faculty of Medicine researchers had to scramble.

Instead of pursuing scientific discoveries, the immediate concern of principal investigators (PIs) became sorting through the employment status of their research staff and the viability of time-sensitive experiments.

On July 6, the Faculty of Medicine safely welcomed back 81 research units to campus to continue their important work, with a restriction of 25% of regular activities, and on September 16, Faculty of Medicine researchers returned to 100% of normal activity. However, this accomplishment would not have been possible without a tremendous degree of professionalism, collaboration and patience.

With a lab comprised of three graduate students, two technical support staff and two research associates, for Dr. Ying Zhang, associate professor in the Department of Medical Neuroscience, the shutdown could not have come at a worse time.

"I was confused and annoyed because I never thought we would go through something like this," said Dr. Zhang. "Some of our staff members weren’t retained because of grant funding or relocation, and we haven’t had time to properly transition or even find new staff who can replace them."

Furthering her frustration, Dr. Zhang had recently opened a new lab and was collecting preliminary data to be used to apply for national grants and integral components of graduate theses.

"That part really breaks my heart," said Dr. Zhang. "This was all time sensitive work, and it will be difficult to carry on."

Grant capture and high-calibre trainees are at the core of every successful research program. Researchers like Dr. Zhang were not only worried about the present, but the continuation of their research programs when their current grants finished.

To ease this burden, Dr. Zhang received bridge funding from the Faculty of Medicine’s Medical Research Development Office (MRDO), so she would be able to remain competitive for future funding cycles.

"I’m truly grateful for the support from the Faculty of Medicine," said Dr. Zhang.

With Nova Scotia’s on-campus research resuming on July 6, Dr. Roger McLeod, associate dean, research in the Faculty of Medicine, had nothing but praise for the manner in which the research community adapted to this difficult situation.

"I think the response of the research community with both the shutdown and the return to research should be commended. These were trying times and they could have protested, but they didn’t," said Dr. McLeod. "We learned a lot, and people in the labs are doing the right things to prevent the spread of COVID-19. Now that we have been through it, I trust our researchers to do the right things moving forward."

For Dr. Zhang, she was just happy to be back in the lab.

"It is nice to be able to talk to my students and colleagues, and solve problems in the experiments in person again," says Dr. Zhang.
**WAVE UPDATE**

Dalhousie Medical School’s “Waves” are leading research teams that align with the Faculty’s strategic research priorities. While COVID-19 has significantly curtailed research activities at Dalhousie and worldwide this year, the Wave research teams have nonetheless made great strides in research, education and capacity building activities.

**Key Updates:**

- Most Infection, Immunity, Inflammation & Vaccinology (I3V) Wave researchers and their teams have been heavily engaged in COVID-19 research, receiving numerous “rapid-response” grants from the Canadian Institutes of Health Research (CIHR) and the Nova Scotia COVID-19 Health Research Coalition and taking leadership roles nationally and internationally in tackling COVID-19.

- With generous support from the Dalhousie Medical Research Foundation (DMRF), the I3V’s Training Program has flourished since its launch in 2019:
  - I3V awarded 13 full or partial I3V-DMRF Graduate Studentships, four I3V-DMRF Dr. David H. Hubel Postdoctoral Fellowship awards, and two I3V-DMRF Durland Innovation Grants.
  - While cut short by COVID-19, the 2019/2020 I3V Seminar Series got off to a successful start, and will re-launch virtually for 2020/21.

- The Genomics in Medicine (GiM) Wave Team has been working to foster collaboration and education in genome science:
  - The GiM-DMRF Graduate Studentships represent the first step in building a robust, comprehensive training program in genomics and bioinformatics at Dalhousie.
  - Six trainees received studentships in the 2020, thanks to funding from DMRF and Integrated Microbial Resource.
  - Funding from DMRF has been secured for an additional five studentships for 2021.
  - The Genomics in Medicine: Emerging Technologies and Bioinformatic Challenges Conference in December 2019 brought together over 170 Faculty of Medicine genomics/bioinformatics researchers.

- Funding for new infrastructure to support cancer immunology has been secured with support of DMRF, Research Nova Scotia and the Canada Foundation for Innovation.

- Recognizing its national and international leadership and excellence in research, the Brain Repair Centre (BRC) has been active in international collaborations with Harvard University and Ben Gurion of the Nagev.

- Researchers from all Wave 1 Teams are leading several collaborative group grants and applications.

- Researchers and clinicians in the Health Priorities Cluster Wave 2 Team are working together to find innovative solutions to improve systemic approaches, maximize resources and improve quality of life in key health care and societal issues like chronic pain, mental illness, aging, obesity and Indigenous health.
  - Activities include collaborative proposals in primary care, Indigenous health, frailty and aging, and youth mental health and addictions; research town hall meetings; asset mapping, strategic planning, knowledge translation plans, and stakeholder engagement.

- The Cardiovascular Diseases in Vulnerable Populations Wave 2 group brings together multi-disciplinary research groups in Nova Scotia and New Brunswick to focus address the most vulnerable heart patients, including pregnant women, babies, elderly people and those with obesity and diabetes. One new junior faculty position has been filled with a focus on pulmonary vascular disease.
REDUCING BRAIN INFLAMMATION MAY BE THE KEY TO SLOWING OR EVEN REVERSING COGNITIVE DECLINE ASSOCIATED WITH AGING

The blood-brain barrier is a highly selective boundary that protects the brain from potentially damaging toxins and pathogens. However, evidence has shown that as we get older the integrity of this nearly impenetrable defence is diminished, which can lead to brain disease and neurodegeneration.

Dr. Alon Friedman of Dalhousie’s Brain Repair Centre, and his research partners at Ben-Gurion University in Israel, and University of California, Berkley, published two papers in the journal Science Translational Medicine detailing new MRI and EEG techniques to identify blood-brain barrier leaks, as well as a novel treatment that not only helps to alleviate the effects of a leaky blood-brain barrier, but seems to also heal the barrier.

“These findings represent real hope that we can stop and even reverse the deterioration that, until now, we considered an inevitable part of aging,” said Dr. Friedman.

Utilizing newly developed imaging techniques, Dr. Friedman and his partners were able to determine that nearly 60 per cent of people over the age of 70 have a leaky blood-brain barrier. Subsequent studies have also revealed leakiness in the barrier after stroke, traumatic brain injury and concussions – making this an issue that can affect anyone.

“We tend to think that aging naturally involves a loss of brain cells, but our study shows that when a brain is not functioning well, it can be because of inflammation,” said Dr. Friedman. “Within days of reducing the inflammation, an older brain begins to act young again.” In other words, they have reversed brain aging.

DALHOUSIE MEDICINE NEW BRUNSWICK (DMNB) WELCOMES DR. PAUL ATKINSON AS NEW ASSISTANT DEAN OF RESEARCH

On July 1, Dr. Paul Atkinson became Dalhousie Medicine New Brunswick’s new Assistant Dean of Research, succeeding Dr. Anthony (Tony) Reiman who inaugurated the position and helped build the now thriving research enterprise at DMNB over the past 11 years.

A leader in his field, Dr. Atkinson is a professor at Dalhousie University in the Department of Emergency Medicine as well as the current Clinical Academic Head of the Saint John Regional Hospital’s Emergency Medicine Department. He is a deputy editor for the Canadian Journal of Emergency Medicine and was the Chief Medical Officer for WorkSafeNB from 2016 to 2020.

“I’m looking forward to an opportunity – for myself, for Dalhousie Medicine New Brunswick, and for researchers in New Brunswick – to consolidate the great work that has been done so far and look to new horizons, new opportunities, and new directions,” said Dr. Atkinson of his new role. “I think Dalhousie Medicine New Brunswick is still a very young institution and we’re at an early stage in our growth in research, so it’s an exciting time to be able to come in and hopefully shape something that will last into the future.”
As the Assistant Dean, DMNB Research, Dr. Atkinson is responsible for overseeing the human, physical, and financial infrastructure of the Dalhousie Medicine New Brunswick biomedical research facility as well as the Faculty of Medicine’s clinical research activities at the DMNB campus. He will also represent Dalhousie Medicine New Brunswick at the university level to both internal and external organizations as required.

“I believe it’s important for us to represent Dalhousie University as a whole and really support the vision of Dal being the medical school for the Maritimes, and yet also reflect the needs of New Brunswick,” said Dr. Atkinson. “Our own vision aligns with the greater vision, but it has some nuances that are more local.”

DALHOUSIE UNIVERSITY’S DR. JOANNE LANGLEY NAMED CO-LEAD OF COVID-19 VACCINE TASK FORCE

The Honourable Navdeep Bains, Minister of Innovation, Science and Economic Development), and the Honourable Anita Anand, Minister of Public Services and Procurement, unveiled on August 5th the members of the COVID-19 Vaccine Task Force, which will advise the Government on how best to support vaccine research in Canada and help ensure Canadian leadership in vaccine development.

Dr. Joanne Langley, Professor in the Departments of Pediatrics and Community Health and Epidemiology at Dalhousie University and Head of Infectious Diseases at the IWK Health Centre, was named Co-Lead of the task force. Dr. Langley is Dalhousie University’s CIHR-GSK Chair in Pediatric Vaccinology. It is the only chair of its kind in the country.

“It was truly an honour to be asked to serve the national COVID-19 response in this way,” said Dr. Langley. “Together, with an amazing team, we have been working since early June to find safe and effective vaccines to protect Canadians. To do that we have been prioritizing potential Canadian COVID-19 vaccine projects, identifying non-Canadian vaccine candidates, and working on solutions for domestic manufacturing.”

The Vaccine Task Force includes vaccine and immunology experts, as well as industry leaders with a proven ability in developing and commercializing vaccines. Dr. Langley will co-chair the task force with Mark Lievonen, Director of Quest PharmaTech Inc., Acerus Pharmaceuticals Corporation, Biome Grow Inc., and the Gairdner Foundation and former President of Sanofi Pasteur Limited in Canada.
MEDICAL EDUCATION IN THE TIME OF COVID-19

It has taken an almost-herculean effort, but Dalhousie’s first- and second-year medical students (Med 1 and Med 2) barely missed a beat in their training, even as stay-at-home orders in response to the COVID crisis took them out of their lecture halls and simulation classrooms in the middle of March.

Med 1 and Med 2 were focused on gaining theoretical knowledge and practical skills through lectures, case-based group learning facilitated by tutors, and skills training with simulated patients. Med 3 and Med 4 are the clerkship years, during which students complete clinical experience rotations through a wide range of disciplines, followed by a final period of integration in Med 4, as they prepare to embark on their residencies.

"By Friday the 13th, we knew medical students would not be coming back to the classroom after March break," says Ian Taylor, director of MedIT Technology Services in Dal’s Faculty of Medicine. "We worked over that entire weekend to be ready to deliver live academic events remotely to the fourth-year students, who were not going to be away over March break. By Monday, March 16, our Med 4 students were able to begin attending their final lectures and tutorials online."

In spite of the stressful circumstances, medical students adapted to the new mode of curriculum delivery, said Med 2 class president, Prathana Nathan.

"It’s going very smoothly, our lectures and tutorials are rolling out on a schedule, and we can see our classmates, ask questions, have discussions from our laptops at home," Nathan said at the time. "It’s clear that MedIT and the faculty are working as hard as they can to keep it as normal as possible and the students are very grateful."

The hands-on learning so vital to medical training presented another challenge, but faculty members and MedIT found creative ways to work around the fact that students could not interact with simulated patients and their teachers and peers face to face. This included producing a series of learning modules for the Skilled Clinician program, using the talents of simulated patients.

"It won’t be perfect, but we will make sure the students receive the necessary preparation for each stage of their training as they go," said Dr. Miller.

Although it has taken a gargantuan effort to compress years of online curriculum development into a matter of weeks, Ian Taylor said it has been well worth it.

"Now that we have these online collaboration tools that everyone is comfortable using, I think we will be able to maintain this deeper level of human connection even when we’re back to whatever the new normal will be. I think we will find we have assisted quite a significant culture change in the medical school."

The continuation of undergraduate medical educational activities would not have been possible without the incredible efforts of the MedIT team – Thank you!
NOVA SCOTIA LONGITUDINAL INTEGRATED CURRICULUM EXPANDS

The Longitudinal Integrated Curriculum (LIC) program in Nova Scotia expanded in 2020 following the successful launch of the Nova Scotia LIC in 2019, with sites in North Sydney and New Waterford.

Starting in September 2020, five medical school students will spend their entire third year getting hands-on training, under the supervision of local physicians, in Bridgewater, Lunenburg and Liverpool through the LIC Program.

“I’m excited to return to the area where I grew up and become involved in the community as a medical student and future physician,” said Emily Rogers, a second-year medical student who will do her clerkship in Bridgewater. “I chose the clerkship because of the educational experience and the ability to follow patients throughout the clerkship. I look forward to learning from physicians who live and practice medicine in rural communities, which I plan to do when I finish training.”

Doctors often stay in the communities where they receive their training. That is why a program designed to introduce medical students to what it is like to practice in rural Nova Scotia is expanding to the South Shore.

“This program is a really effective way to show students what it’s like to practise in rural areas,” said Health and Wellness Minister Randy Delorey. “We hope the early exposure to smaller communities on the South Shore will interest them in eventually building careers there.”

RECOGNIZING 2019-20’S MAJOR GRADUATE STUDENT AWARD WINNERS

Announced at the end of each academic year, the Faculty of Graduate Studies (FGS) presented this year’s Governor General’s Gold Medals to Kayla Joyce from Psychiatry and Beth Castle from Microbiology & Immunology. The awards are given to the university’s most outstanding master’s graduates.

These are the only gold medals awarded by the Faculty of Graduate Studies and they recognize overall academic excellence. They were drawn from more than 1,000 Master’s students across Dalhousie University receiving degrees in October 2019 and May 2020.

In a “state of disbelief” after hearing that she had won the Governor General’s Gold Medal, Joyce dedicated the win to every student who has struggled with their mental health during their degree program.

Joyce credited her supervisor, Dr. Sherry Stewart, and committee members Drs. Kim Good and Philip Tibbo for keeping her on track while she completed her thesis. Now living in Winnipeg, Joyce is completing her MA/PhD in clinical psychology at the University of Manitoba with the goal of becoming a clinical psychologist.

Upon being notified of her win earlier this month, Castle said she is “flattered and grateful to have received this award.”

Now enrolled in a PhD program in stem cell bioengineering at the University of British Columbia, Castle says she is currently working on a project to understand some of the key factors that drive the development of human blood cells.
DALHOUSIE NEUROSURGERY RESIDENT RECEIVES TOP PRIZE FOR CLINICAL NEUROSCIENCE RESEARCH

Dr. Mark MacLean, a second-year neurosurgery resident in the Faculty of Medicine recently received the K.G. McKenzie Memorial Prize for Clinical Neuroscience Research – the top research prize in Canada for a neurosurgery resident.

Dr. MacLean received the prize from the Canadian Neurological Sciences Federation, which oversees the five national neuroscience-related professional societies, for his research examining potential gender biases in spinal surgery recommendations and pre-operative utilization of healthcare resources.

Dr. MacLean conducted a systematic review of published literature to determine if gender disparities existed in clinical assessment scores before and after surgery. When he found that such disparities existed, he analyzed a Canadian spine database, containing information on more than five thousand patients and found similar results.

"What I found is that female patients had worse pain, disability, and health-related quality of life compared to males before surgery" said Dr. MacLean. "This is important because addressing such disparities may lead to more equitable health care delivery."

There are a number of contributing factors that could be the cause for male and female patients to receive different levels of care before surgery. Identifying that such disparities exist is the first step to improvement.

"It’s important to bring these disparities to light and investigate why this is the case," says Dr. MacLean. “It’s our duty as health care providers to provide unbiased care.”

DALHOUSIE MEDICINE NEW BRUNSWICK LAUNCHES FIRST-OF-ITS-KIND MEDICAL EDUCATION PODCAST: THE FAC DEV LOUNGE

It all started in January 2019 when long-time Dalhousie Medicine New Brunswick (DMNB) faculty member, Dr. Sarah Gander, had an idea about how to reach those struggling to find the time to attend a faculty development session: a podcast.

“We explored the idea of a podcast in response to the busy schedules of physician faculty and how difficult it can be to prioritize faculty development,” says Dr. Gander, “We also thought there might be an appetite for non-traditional topics that faculty may not want a full session on, but would be interested in learning more about through bite-sized segments they could easily consume on a walk or during a commute to work.”

Taking faculty input into consideration, Dr. Gander along with DMNB Faculty Development and Communications spent some time fine-tuning The Fac Dev Lounge and, in November, they were greenlit for twelve episodes in 2020.

“DMNB Faculty Development takes pride in being responsive to our faculty’s teaching needs – we are always looking for ways to innovate delivery models and increase engagement,” says Dr. Lisa Searle (Director of Faculty Development, DMNB) of The Fac Dev Lounge, "To our knowledge, faculty development podcasting is not part of faculty development programming at other institutions so we look forward to seeing how this can be used to as a model for others. Yet another opportunity for DMNB to show its strength as a small program that can accomplish big things!”
CLASS OF 2020 GRADUATES VIRTUALLY

It’s a true sign of the times when 118 freshly minted doctors “receive” their degrees by means of a giant live broadcast, beamed out from campus to the graduates and their families in their homes.

That’s how the Class of 2020 rolled with convocation this year, making history for the second time in just a few months. In February, the Class of 2020 made another kind of history, winning Euphoria! for the fourth year in a row, the first medical class to accomplish this feat since the famous med student variety show hit the stage in 1969.

There was no stage for graduating MDs to walk across on May 21, but the Faculty of Medicine and Class of 2020 leaders took every step to provide an appropriately dignified convocation ceremony to mark the milestone achievement of successfully completing medical school.

“We were committed to providing an event that would be a meaningful and special celebration for our classmates,” says Dr. Brianne Robinson (MD’20), one of the key student organizers. “Based on how many friends, family and faculty tuned in to watch the event, and the outpouring of positive feedback we received, we are proud to say Dalhousie Medical School’s first virtual convocation was a success!”

The virtual event—recorded from the Collaborative Health Education Building with all due respect to social distancing—began with a prayer offered by Elder Geri Musqua-LeBlanc, coordinator of the Elders-in-Residence program at Dalhousie University. A number of other university officials also offered their congratulations to the graduating class:

Dalhousie’s president, Dr. Deep Saini; Senate chair, Dr. Kevin Hewitt; chancellor, the Honourable Scott Brison; Dalhousie Alumni Association’s president, Dr. Brian Johnston; and Dr. Teri Balser, provost and VP academic.

One of the very meaningful traditions of the medical convocation—the reading of the Hippocratic Oath—was performed by Dr. Joanne MacDonald, assistant dean of Student Affairs. Dean of Medicine, Dr. David Anderson, then took to the lectern to express his pride in the Class of 2020 and to announce the name of each graduating medical doctor.

Also in keeping with tradition, graduates heard from their chosen valedictorian, Dr. David Hung (MD’20), selected for his inclusive personality, leadership in bringing the class together through Euphoria!, and proven ability to entertain. While his speech was peppered with inside jokes and hilarity, he also hit more sombre notes, calling on his classmates to be powerful advocates for their patients and the social changes that are needed for health equity to truly be achieved.
SPOTLIGHT ON SERVING AND ENGAGING

CHAIR CHATS: CONNECTING THROUGH SHARED EXPERIENCES

“Is this everybody, or is this just me?”

These are the types of questions that Dr. OmiSoore Dryden, the James R. Johnston Chair in Black Canadian Studies, is helping Black students tackle with her monthly Chair Chats.

Originally intended only for medical students, Chair Chats now provide a forum for Black students in the health professions and graduate studies to openly discuss topics that come up in their classes, connect with their peers, and hear from those who have shared similar experiences.

“There are nuances to navigating a university as a Black student,” says Dr. Dryden. “They could be experiencing unconscious or implicit biases but may not have the language to articulate it.”

Since arriving at Dalhousie, Dr. Dryden has felt a responsibility to offer mentorship to Black students, evidenced by her involvement in the Promoting Leadership in health for African Nova Scotians (PLANS) program, and the Sophia B. Jones Mentorship Program.

Sitting in her office located in the Department of Community Health and Epidemiology, Dr. Dryden sounds at home while discussing the need to build a sense of community.

“A lot of our students are involved in community work,” she said. “I want them to think about how we understand our responsibility to the communities we live in and how we can be advocates to create more opportunities and greater access.”

With students attending across multiple faculties, the conversations are free-flowing, which allows students to make connections that would have otherwise been unlikely in the somewhat isolating world of academics.

“It’s inspiring to hear everything people have gone through to get where they are now,” said first year medical student, Adrianna Broussard. “It’s comforting to know there are people to chat with who have accomplished so much.”

As busy as students are, the Chair Chats gives them the opportunity to relax in a safe space and share their experiences as Black students. Not only that, but every Chair Chat is catered, and Dr. Dryden always makes sure that no one leaves hungry – and if there are leftovers, they are going home with a student.

“I always joke that I have to bring fruits and vegetables,” said Dr. Dryden. “I remember what it was like to be a student.”

Full stomachs aside, Dr. Dryden has made an immediate impact at Dalhousie. Her first year was meant to be an environmental scan to determine areas of importance and help guide the Faculty of Medicine’s Equity, Diversity and Inclusion commitments. While this is taking place, she is already providing meaningful leadership and guidance to students.

“Dr. Dryden is amazing,” said Adrianna. “She’s such a good resource to have going through medicine, and I would recommend anyone from the Black community to attend a Chair Chat at least once.”

Chair Chats continued to be held over the summer, as the importance of having programming and supports for Black students became more apparent following the violent death of Mr. George Floyd, an African American man, who died in an encounter with police in Minnesota. The resulting protests and rallies have highlighted the long history of injustices endured by Black people and the systemic anti-Black racism which has caused health inequities that are disproportionately harming Black communities.

“One of the reasons that anti-Black racism persists in Canada is because of the faulty belief that Canada is a haven of racial tolerance,” said Dr. Dryden. “There is more of a commitment to that belief than there is in actually confronting the gross inequalities that Black communities continue to face. As professors and scholars, it is incumbent upon us to understand these complicated and interconnected realities of anti-Black racism.”
Euphoria! 2020

It was an evening of colourful costumes, dancing doctors, and singing pirates. Yes, Euphoria! returned to the Rebecca Cohn Auditorium this past Saturday, February 22 for its 51st performance to raise money this year for the Halifax Sexual Health Centre.

Every year since 1969, this student-run variety show extravaganza put on by Dalhousie Medical School students chooses a Maritime charity to support and pits all four classes against one another to do two things: raise money and put together a half-hour show that will win them the coveted Euphoria trophy.

Euphoria! 2020 saw the Class of 2023 put on a Grey’s Anatomy-inspired skit, the Class of 2022 a whodunnit caper with a Pink Panther flair, and the Class of 2021 a medical retelling of Beauty and the Beast. But it was the Class of 2020 who won the night with their cheeky retelling of Peter Pan, making them the first class in the history of Dalhousie Medicine to have won EUPHORIA! four years in a row.

As soon as the results were announced, deafening cheers and celebratory chants of “All four years!” erupted from the back of the Rebecca Cohn.

In the end, Euphoria! raised an incredible $40,781.67 for the Halifax Sexual Health Centre.

MEDICAL STUDENTS STEP UP TO SUPPORT THE FRONTLINES

Within a week of social distancing measures going into effect in Nova Scotia in March, a cadre of first- and second-year medical students had already volunteered to provide day-to-day assistance to frontline health care workers.

Each student was matched with a person or family to help, solely and consistently, throughout the crisis, with such pressing tasks as childcare, dog walking and grocery runs.

“The students took a lot of pressure off our health care professionals, who were already facing so much pressure and stress,” said second-year medical student, Prathana Nathan, who was involved in coordinating medical student volunteer initiatives. “We heard a lot of appreciation.”

The medical students also took it upon themselves to flush out any un-utilized supplies of PPE that were lying around in shuttered paint stores, salons, health clinics, dentists’ offices and other places that had supplies of gloves, masks and gowns on hand.

“Students made cold calls and made arrangements to pick up the protective equipment and deliver it to NSHA,” noted Nathan. “It was just one more thing we could actually do to help out, at a time when we didn’t have much control over our lives.”

THE ROLE OF DALHOUSIE MEDICAL SCHOOL: SERVING AND ENGAGING SOCIETY

One of our three pillars of focus (along with Education and Research) is Serving and Engaging Society. This pillar speaks to the societal role of the medical school and to what we are doing to be leaders in system change and serving our communities throughout the Maritime Provinces. Focusing on Serving and Engaging Society has led to positive change in our Faculty. It will make us better educators, scientists and physicians.

The Faculty of Medicine at Dalhousie in partnership with our neighbouring faculties and the communities we serve, has both the social responsibility to add our voice to the chorus for change and make the changes that demonstrate our commitments to equity, diversity, and inclusion. We know that we will be judged not by our words, but by our actions.

We need to research issues and concerns in the community. Hold dialogues and communicate the consequences of discrimination. Respond to incidents of racism and discrimination and denounce these events when they occur. Whatever we do now, we need to make sure it is sustainable, backed by action, and committed to moving forward.

Although we are making concerted efforts to respond to the health care needs of diverse communities in our region, we recognize there is much more to be done.
## DALHOUSIE MEDICAL SCHOOL
### BY THE NUMBERS

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### RESEARCH FUNDING HIGHLIGHTS

$70.3 million in total funding (up from $64.6M in 18/19)

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<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$49.4 million</td>
<td>in grants</td>
</tr>
<tr>
<td>$14.5 million</td>
<td>Clinical trials</td>
</tr>
<tr>
<td>$6.4 million</td>
<td>Contracts</td>
</tr>
</tbody>
</table>

#### Fall 2019

$3.0 million in CIHR Fall 2019 competition, with a National success rate of **17.6%**, a FoM success rate of **19.4%** and three FoM researchers received their first major CIHR funding.

2 Canadian Foundation for Innovation – John R. Evans Leaders Funds awarded in last intake

#### Spring 2020

$4.9 million in CIHR Spring 2020 competition, with a National success rate of **15.8%**, a FoM success rate of **21.2%** and three FoM researchers received their first major CIHR funding.

3 New Frontiers in Research Exploration (high risk/high impact) grants

#### Awards

- **$450,000** Terry Fox New Investigator Award in the area of cancer immunotherapy
- 2020 President’s Research Excellence Award - Research Impact
  - Dr. Jeremy Brown
- 2020 President’s Research Excellence Awards - Emerging Investigator
  - Drs. John Frampton, Zhenyu Cheng