

DALHOUSIE'S
FACULTY OF
MEDICINE
ALUMNI
PUBLICATION

FALL 2024

DalDocs

A portrait of Dr. Ron Stewart, an older man with a balding head and a friendly smile. He is wearing a dark blue suit jacket over a blue collared shirt. A small, colorful pin is visible on his left lapel. The background is a blurred office or clinical setting with other people and posters.

REMEMBERING DR. RON STEWART HERO OF EMERGENCY MEDICINE

MD CLASSES OF 1974

DMAA ALUMNI RECOGNITION AWARDS

FULLY MATCHED: FAMILY MEDICINE

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DalDocs

SPRING 2024

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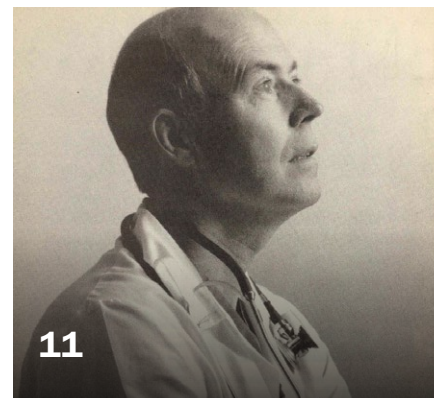
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Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq. We are all Treaty people.

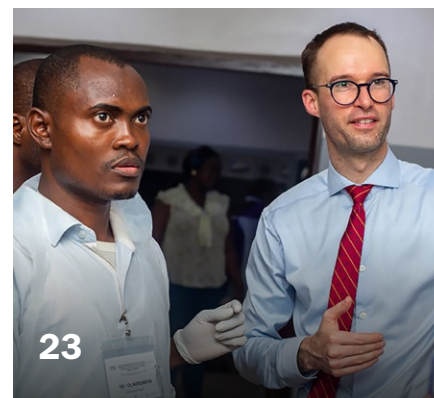
We recognize that African Nova Scotians are a distinct people whose histories, legacies and contributions have enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.



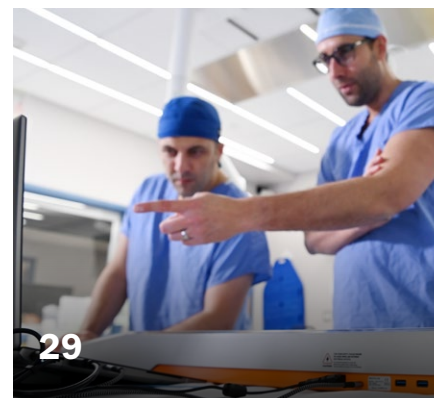
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David Anderson (MD '83)
Dean, Faculty of Medicine

Together with Cape Breton University, we have been working hard on the development of the Cape Breton Medical Campus. Much work has taken place already, and yet there is much more to be done in the coming months as we prepare to accept the first cohort of students in 2025. Those students 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.

On October 7, we were pleased to announce the appointment of Dr. Jennifer Hall as senior associate dean, and Dr. Arlene Kelly-Wiggins as assistant dean, pre-clerkship for the Cape Breton Medical Campus. These appointments signal an important milestone in the development of the campus.

On our Halifax campus, we were also pleased to announce the appointment of Dr. Stephen Miller as senior associate dean of medical education. In this new role he utilizes his experience within the Faculty of Medicine, and oversees key areas including UGME, PGME, CPDME, Admissions, Professional Affairs, and the MPAS program. Given his expertise and commitment, I'm confident Dr. Miller will excel in this role and continue to strengthen our medical education programs.

The last few months, I had the privilege of joining several classes for their reunions. Class reunions are a wonderful opportunity to reflect on your time at Dalhousie and the lasting connections you formed with classmates, professors, mentors, and supporters—connections that helped shape your journey in medicine. Attending these gatherings is one of the highlights of my role as dean, and I always appreciate hearing your insights and feedback on how we can continue to improve as a medical school.

On Nov. 2, 2024, we were pleased to host the Dal Med Gala at the Westin Nova Scotian Hotel. It was wonderful to see so many alumni, family, and friends, along with faculty and staff, gathering for an evening of great food and dancing. Thank you to the planning committee for organizing such a fantastic event.

As graduates of one of the top medical schools in the country, our alumni are instrumental in promoting and maintaining the health of the communities we serve. Your expertise and commitment are vital to fostering a stronger and more equitable health-care system. Thank you for all that you do.

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

Much has happened since the last alumni publication in the fall, with lots of exciting developments in the Faculty of Medicine.

With each DalDocs message, I'm struck by how much has unfolded since the last update, and this edition is no different.

On August 25, we hosted our annual Dean's Welcome Ceremony in Halifax and on September 13 we held the First Light ceremony in Saint John to welcome our first-year med students to Dalhousie Medical School and to the practise of medicine. It was wonderful to see the Class of 2028 and so many of their friends and families in attendance. Among those students who began their studies are the first students accepted under our Black Learners Admissions Pathway. Earlier this year we were thrilled to receive the first applications under this pathway. We are so happy to welcome each of them to Dalhousie Medical School.

We are proud to report that half of Dalhousie's graduating class of 2024 began their residency training in family medicine in the summer, marking a significant increase since 2018 when only 25 percent of the class chose to enter a career in family medicine.

Dalhousie's Family Medicine program has also seen success, once again filling all available residency positions, a remarkable feat, especially considering the expansion of our residency seats from 70 in 2022 to 91 in 2024. While many programs nationwide face challenges in filling positions, this accomplishment is not merely fortuitous but rather the result of systematic changes implemented five years ago.



Stephen G Miller (MD '93)
*Senior Associate Dean,
Medical Education*

As we start another exciting academic year here at the Faculty of Medicine, there is always that buzz of excitement in the air that reminds me of my first days here attending Dalhousie Medical School, way back in 1989. I am honoured to step into the role of President of the Dalhousie Medical Alumni Association (DMAA) for the upcoming two-year term. It is an incredible opportunity to lead an organization dedicated to fostering connections among our diverse alumni community and supporting the ongoing legacy of excellence that the Dalhousie Faculty of Medicine represents.

I would like to take a moment to extend a warm welcome to our new Vice-President, Dr. Annette Bell (MD '97). Annette brings a wealth of DMAA experience and a deep commitment to our mission. I am excited to collaborate with her and the rest of the Board as we work together to enhance the DMAA's initiatives and outreach.

I would also like to express our gratitude to our Past President, Dr. Cindy Forbes (MD '85). Cindy has been a guiding force for the DMAA, leading us through challenges and opportunities with compassion and dedication. Her leadership has not only strengthened our community but also expanded our reach, ensuring that all alumni feel valued and connected. Thank you, Cindy, for your commitment to the Faculty of Medicine.

Please join me in welcoming our new board members, who bring a rich diversity of perspectives and experiences to the table.

- Dr. Ron Milne (MD '78)
- Dr. Cathy Connell (MD '87)
- Dr. Colin Franz (PhD '07, Neuroscience & Anatomy)
- Dr. Jordan Warford (PhD '17, Pathology)

Each of these individuals has demonstrated exceptional dedication to their fields and communities, and I am confident that their contributions will be invaluable to our association.

The DMAA Alumni Recognition Awards were presented on November 1st. This special occasion allowed us to honour five outstanding alumni and two Dalhousie residents for their contributions to medicine and their communities. Celebrating their achievements not only inspires us all but also reminds us our alumni are doing impactful work across various fields.

The DMAA is committed to representing all alumni from the Faculty of Medicine, encompassing not only our MD graduates, but also those who have pursued basic sciences, graduate research, our new Master of Physician Assistant Studies program cohort, as well as our residents trainees. Our diverse backgrounds and specialties are what make our community strong, and it is essential that we hear every voice and value every experience. Together, we can cultivate a vibrant network that supports one another and celebrates the achievements of all our alumni.

As we move forward, I encourage each of you to stay engaged with the DMAA. Whether through attending events, participating in mentorship programs, or simply sharing your stories, your involvement enriches our community and strengthens the bonds we share. Let us work together to foster a spirit of collaboration and support that reflects the core values of Dalhousie Faculty of Medicine. Don't hesitate to contact myself or our DMAA office if there are ways we can help to support you. We are here for you.

Sincerely,

Stephen G Miller, MD, CCFP(EM), FCFP, MEd, DRCPSC (Clin Ed) (he/him)
Senior Associate Dean, Medical Education
Associate Professor, Emergency Medicine
President, Dalhousie Medical Alumni Association (2024-2026)



Dr. Julie Copeland
Senior Associate Dean,
Dalhousie Medicine
New Brunswick

As we reflect on an eventful year, I am thrilled to share several milestones that mark our collective progress and commitment to excellence here at Dalhousie Medicine New Brunswick (DMNB).

In May, we celebrated the graduation of the Class of 2024, our 11th graduating class, with both the launch ceremony in Saint John and convocation celebrations in Halifax. We are proud that nearly half (48 percent) of the Class of 2024 have remained in New Brunswick to complete their postgraduate residency training, strengthening healthcare in our local communities.

This August, we welcomed our second cohort of 40 students after last year's increase from the previous 30 students per year. In July, we marked the start of our new family medicine residency site in Miramichi, which welcomed its first two residents, along with our new Integrated Family Medicine Emergency Medicine (IFMEM) residency site in Sussex.

We recently bid farewell to Dr. Ross Morton, our skilled clinician course director, whose dedication over the years has been invaluable. We welcome Dr. Todd Lambert as he steps into this role. We also extend our gratitude to Dr. Lisa Searle, who completed her term as the inaugural director of Faculty Development at the end of August, leaving a strong legacy in faculty development. With her departure, we were pleased to have Dr. Wendy Stewart step into the position in September.

Our faculty and students continue to make us proud, receiving numerous awards and recognition on local, provincial, and national levels. I am also pleased to announce that our regional health authority partner, Horizon Health Network, has received University Health Network status. With this, the Saint John Regional Hospital is now a University Health Centre, and the Dr. Everitt Chalmers Hospital in Fredericton, the Moncton Hospital, and the Miramichi Regional Hospital are now university-affiliated network hospitals.

On Nov. 4, 2024, we hosted the DMNB Celebration of Research at the Riverside Golf and Country Club. Researchers and students from across the province joined us to celebrate the achievements of our research community, whose endeavours over the last year have led to multiple publications and ongoing contributions to healthcare.

Thank you to each member of our community for your dedication, hard work, and commitment to advancing healthcare in New Brunswick. I look forward to another successful year together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Copeland'.

Dr. Julie Copeland
Senior Associate Dean, Dalhousie Medicine New Brunswick

2024 DMAA Alumni Recognition Awards

We're proud of everything our alumni have accomplished.

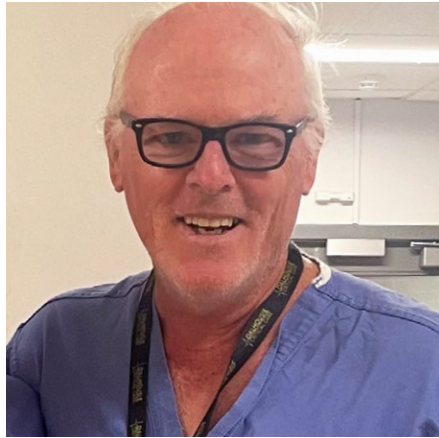
Whether they've made national contributions to clinical practise, shown a strong level of commitment to family practise, accomplished lifelong career goals, or demonstrated exceptional care and commitment within the first couple of years of their career—our alumni are consistently working to make an impact in our communities and our health system.

The DMAA Alumni Recognition Awards not only recognize these outstanding achievements in research and clinical practise, but they also showcase the contributions our award-winners make to the faculty of medicine, students, and the community.

New this year, the Engagement Award was created to recognize alumni who foster meaningful relationships amongst the medical alumni community, the faculty and its learners, and actively participate in DMAA and Faculty of Medicine initiatives to support, celebrate and connect their classmates.

Congratulations to the 2024 recipients, who were presented their awards during a celebration at the Halifax Convention Centre on November 1st, 2024.

Alum of the Year Award



Dr. Stephen Beed (MD '87)

Dr. Stephen Beed, an intensive care physician at QEII Hospital, played a crucial role in changing organ donation laws in Nova Scotia from an opt-in to an opt-out system. This legislative shift, recently enacted, is expected to significantly boost organ donation rates in the province. Dr. Beed specializes in Adult Critical Care Medicine and Thoracic and Cardiovascular Anesthesia, focusing on ICU care. He has been appointed President-Elect (2019-2021) of the International Society of Organ Donation and Procurement Council and has been a key figure in Nova Scotia's organ donation efforts since 2006, advocating for optimal care and recently leading the implementation of presumed-consent legislation.

Engagement Award



**Dr. C (Jean) Cameron
(MD '83)**

Dr. Jean Cameron (MD '83, PGM (Family Medicine) '85) is celebrated for her exceptional fundraising efforts, earning her the inaugural DMAA Engagement Award. As president of the MD Class of 1983, she spearheaded one of Dalhousie's most successful class fundraising projects. The MD Class of 1983 Wellness Fund, raising over \$300,000, supports medical students' wellness activities, ranking as the second-largest class fund in the Faculty of Medicine. Dr. Cameron's leadership also garnered high participation rates, with over 56 percent of classmates contributing. She inspired her class to achieve milestones like the 200K and 300K Cups, fostering a culture of philanthropy and community among alumni, and culminating in a memorable 40-year reunion in 2023.

Family Physician of the Year Award



Dr. Deanna Field (MD '05)

Dr. Field played a pivotal role in establishing and expanding the rural week program at Dalhousie Medical School for the Northern Zone. She has been a dedicated leader in medical education, mentoring medical students, residents, nurse practitioners, and allied healthcare workers. As Site Director for the North Nova Family Medicine Residency program, Dr. Field was instrumental in its development, securing funding for teaching facilities and recruiting over 100 physicians to participate as educators. Despite challenges, she successfully grew the program from 6 to 20 family medicine residents over five years. Dr. Field's ongoing commitment includes curriculum leadership and advocacy for physician wellness, alongside her roles as a mom and community coach.

Exceptional Service Award



Dr. Allen Finley (MD '80)

Dr. Allen Finley is a distinguished pediatric anesthesiologist and pain management expert with nearly three decades of experience. He holds the position of Professor of Anesthesia, Pain Management, & Perioperative Medicine at Dalhousie University, where he is also cross-appointed as Professor of Psychology & Neuroscience. Dr. Finley is the inaugural Dr. Stewart Wenning Chair in Pediatric Pain Management at the IWK Health Centre in Halifax and directs the Centre for Pediatric Pain Research.

Young Alum of the Year Award



Dr. Brent Young (MD '19)

Dr. Brent Young (MD '19) is Anishinaabe and a member of Sandy Bay First Nation. His mother is a Sixties Scoop survivor, and his grandmother was a survivor of Sandy Bay Indian Residential School. He was born and raised in Unama'ki. He is a family physician at Sipekne'katik Health Centre, academic director for Indigenous health at Dalhousie Medical School, and founding clinical lead of Wije'winen Health Centre. He played a key role in supporting the Mi'kmaw Native Friendship Centre in establishing this service for the urban Indigenous community of Halifax in 2022. Through his leadership, Dalhousie Medical School has seen a substantial increase in the number of Indigenous medical students being admitted through a new Indigenous Admissions Pathway. This pathway is poised to become a key driver of the Indigenous physician workforce in the region and across Canada. His primary area of interest is dismantling anti-Indigenous racism in health-care systems using rights-based frameworks.

Resident Leadership Award

Family Medicine including Enhanced Skills Program



Dr. Miranda Lees (MD '22)

Dr. Miranda Lees has distinguished herself as a standout leader during her Family Medicine residency at the Saint John site of Dalhousie. She has been recognized with the Resident Leadership Award for her advocacy, community engagement, and mentorship. Miranda's advocacy efforts include serving as Assistant Chief Resident, where she has collaborated with program administration and New Brunswick physician recruiters to enhance recruitment efforts. She also holds roles on the New Brunswick Medical Society's Family Medicine Specialty Council Executive and Primary Care Task Force, advocating for fair compensation models and addressing physician concerns provincially.

Resident Leadership Award

Royal College Specialties & Subspecialties



Dr. Patrick Holland (MD'20)

Dr. Patrick Holland has consistently demonstrated exceptional leadership throughout his medical education and residency at Dalhousie University. Initially guiding classmates through administrative challenges in medical school, he later emerged as a pivotal figure during the onset of the pandemic. Mobilizing a student-led committee, Dr. Holland coordinated volunteer efforts and ensured safety protocols were met, even as he completed his final exams. This dedication and leadership continued into his residency, where Dr. Holland has held numerous leadership roles including President of Maritime Resident Doctors for two consecutive terms. His advocacy extends to improving resident working conditions and promoting wellness, evident in his involvement with various committees and advisory boards. Dr. Holland's commitment to enhancing medical education and resident life makes him a highly respected figure among peers and faculty alike.



DMAA Alumni Recognition Award recipients on November 1st, 2024.

**NOMINATE
DESERVING
COLLEAGUES
AND
CLASSMATES
TODAY.**

The 2025 DMAA Alumni Recognition Awards are open!

All Faculty of Medicine alumni are eligible, including MD, PGM, MSc, and PhD graduates.

Visit alumni.medicine.dal.ca or email medical.alumni@dal.ca to learn more and download an application package. All nominations are due by March 31st, 2025.

Bringing WORLDS Together



Investing in our future

When we invest in the future of healthcare — medical students, researchers, and vital infrastructure — we are investing in our future wellbeing; for our communities, our families, and friends, and ourselves.

Now, more than ever, we need our community of generous donors and strategic partners who believe in the power of medical research and education to support the innovative and important work we carry out at the Faculty of Medicine.

Investing in the next generation of doctors and researchers, cutting-edge training facilities, and transformational research will ensure Dalhousie leads the way for a better future.

Discover how:

dal.ca/worlds-together



A LIFELONG HEALER, A LASTING LEGACY

Dr. Don Hodder's Gift to Future Generations

The Dalhousie Faculty of Medicine is deeply saddened to announce the passing of Dr. Don Hodder (MD '69) on September 24 at the age of 85 at his home in Grand Falls, Newfoundland.

A beloved family physician who dedicated over 40 years to serving the communities of Bishop's Falls and Grand Falls-Windsor, Dr. Hodder exemplified compassion, integrity, and dedication throughout his career.

In addition to his tireless work as a doctor, Dr. Hodder was a committed community leader, and nurturing young minds through mentorship and tuition support. His love of learning and teaching extended beyond medicine, leaving an indelible impact on everyone he met.

His kindness, generosity, and caring will leave a lasting impact through his bequest supporting the MD Class of 1969 Fund. His legacy will continue to support future generations of Dalhousie medical students, impacting the social determinants of health.

We extend our heartfelt condolences to his family, friends, and colleagues. Dr. Hodder's life of service will be remembered by the Dalhousie community and those whose lives he touched.



Dr. Hodder pictured with daughter Uda, granddaughter Mary Jane Barker-Hodder, daughter-in-law Deidre Barker, son Gary, grandson Ted, granddaughter Callie, Joan – his wife of 60 years, and son-in-law Thomas

"Dad cherished his time at Dalhousie Faculty of Medicine and the lifelong friendships he built there. He never missed a class reunion, except for the year we lost my mom, his beloved wife of 60 years, Joan.

Our family is deeply honoured that he chose to leave a gift in his will to support the class gift fund. Knowing that his legacy will continue to make a difference at Dalhousie brings us great comfort and pride."

-Uda Hodder-Gerginis

A gift in your will is a unique opportunity to create a lasting impact on the future of healthcare. Your bequest will empower the next generation of medical students and researchers to excel in their fields, equipping them with the knowledge and skills to tackle some of the most pressing health challenges of our time.

To learn more about Legacy giving, contact
carol.murray@dal.ca | 902.233.8767



Remembering Dr. Ron Stewart: Hero of Emergency Medicine



◀ Dr. Stewart on campus, March 2024

As Nova Scotia’s Minister of Health from 1993 to 1996, Dr. Stewart helped establish Emergency Health Services (EHS), revolutionizing paramedic services across the province, and introduced stronger tobacco control. His visionary leadership earned him numerous accolades, including being honoured as a “Hero of Emergency Medicine” by the American College of Emergency Physicians and receiving an honorary degree from Dalhousie in 2017. In November 2023, he was elevated to the highest tier, Companion level, of the Order of Canada, having previously being inducted in 1993. He was invested as a Companion of the Order of Canada on March 14, 2024.

Despite these honours, Dr. Stewart always credited the mentors and colleagues who shaped his career, notably his early mentor, Dr. Robert Scharf. Dr. Scharf’s influence extended from Halifax to Los Angeles, where the two continued their work together, shaping the future of emergency care through education and mentorship.

Dr. Stewart believed deeply in the power of education and devoted his later years to training future healthcare professionals, ensuring his impact would be felt for generations to come. He served as Director of Medical Humanities from 2004 to 2009. In that role, he integrated the arts and history into medical study to promote creativity and empathy in the medical profession, through the Music-in-Medicine initiative.

Dr. Stewart’s legacy lives on through his philanthropic work, including a \$1.3-million pledge to support emergency medicine research at Dalhousie University, inspired by his mother’s dedication to medical research through the Molly Appeal.

Physician, teacher, advocate, and change-maker, Dr. Ron Stewart was a pioneer whose legacy will continue to inspire a brighter future in healthcare. He will be remembered for his boundless energy, his transformative ideas, and his unwavering commitment to the health and well-being of others.

The Faculty of Medicine is saddened to hear of the passing of Dr. Ron Stewart, professor emeritus in the Department of Emergency Medicine and pioneer of emergency and paramedicine, on October 21, 2024, at the age of 82.

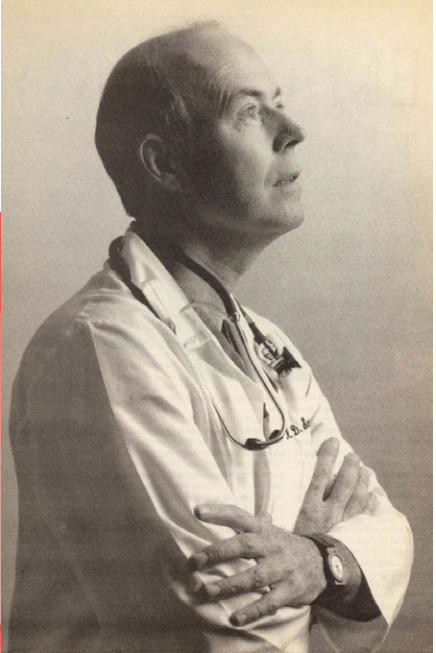
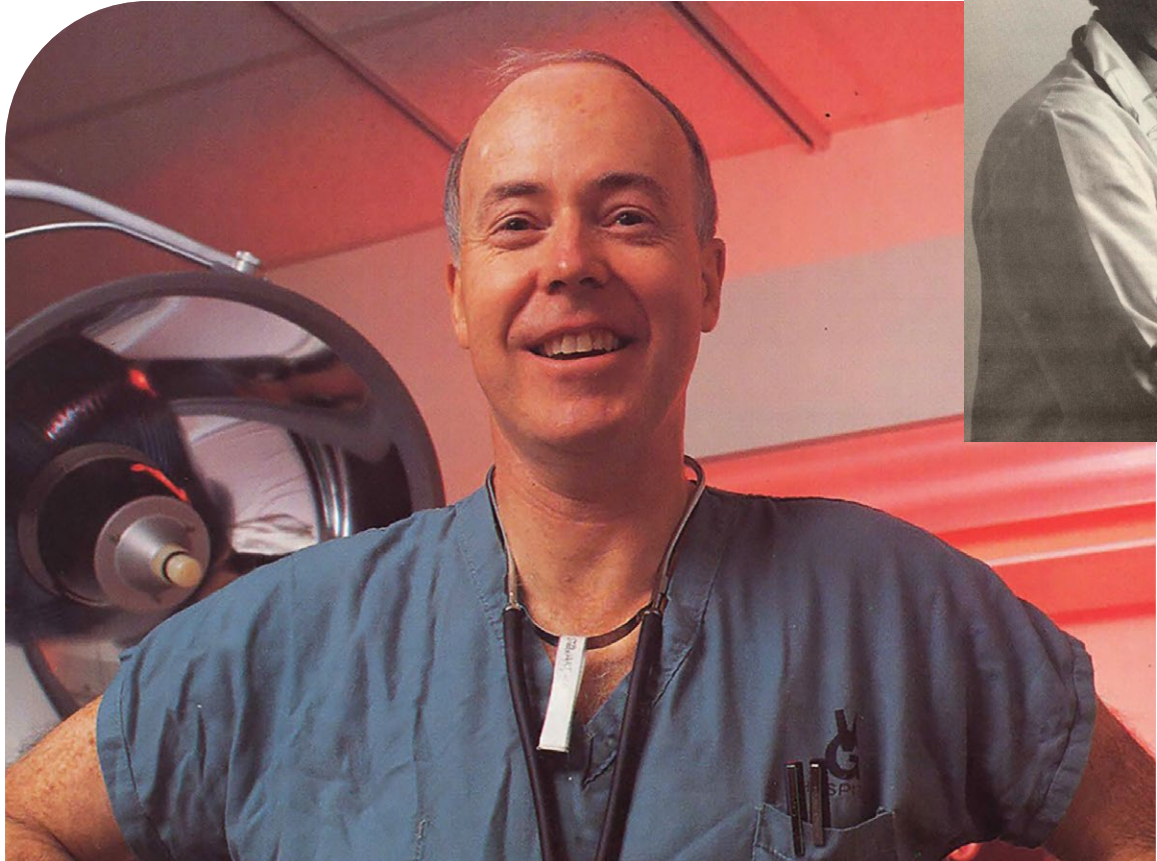
Born in Sydney Mines, Nova Scotia in 1942, Dr. Stewart’s journey in medicine was one of groundbreaking innovation and tireless service, beginning in the small community of Neil’s Harbour, Cape Breton, where he practised family medicine. His contributions over the course of more than 50 years have left an indelible mark on the field of emergency medicine, both in Nova Scotia and across North America, and beyond.

Graduating from Dalhousie Medical School in 1970, Dr. Stewart’s career quickly moved into uncharted territories. His work as the first medical director of the Los Angeles paramedic program laid the foundation for what would become a lifelong passion for transforming emergency care. Dr. Stewart’s leadership in the field flourished when he became the founding head of the Department of Emergency Medicine at the University of Pittsburgh, where he turned challenges into opportunities for innovation in trauma care and pre-hospital services.

His career was marked by a keen understanding that healthcare is an ever-evolving field shaped by societal needs, and he remained committed to driving that transformation.

► Dr. Ron Stewart in the early 1990s (Michael Creagen photo)

▼ Dr. Ron Stewart (Michael Creagen photo)



Dr. Miller in office in the CRC ►



Equipping learners for success

Dr. Stephen Miller (MD '93) appointed new Senior Associate Dean, Medical Education

Success in medical education is multifaceted, and for Dr. Stephen Miller, it's about more than just numbers or accolades.

"We need to keep our eye on the prize, which is the health of our population, and the endgame is to produce high-quality medical graduates who can serve our population and continue to do it in a high-quality way."

The newly appointed Senior Associate Dean, Medical Education, assumed the role on July 15, 2024, after four years as Associate Dean, Continuing Professional Development and Medical Education (CPDME), and six years as Assistant Dean for the Skilled Clinician Program. Holding an academic position in the medical school for the last decade, he says he was grateful to have the support of his colleagues.

"When you apply for these positions, you wonder if you're the right fit, but I feel like much of my career has led to this point," he remarks. "I felt a mix of humility and gratitude, knowing that people I respect believed I could handle this role. That meant a lot to me."

A modification of the Senior Associate Dean position in the faculty, in this new role Dr. Miller will represent the Faculty of Medicine both internally and externally, provide senior leadership, and act as the dean's representative. He will oversee the entire education continuum—undergraduate medical education (UGME), postgraduate medical education (PGME), CPDME, admissions, the Office of Professional Affairs, and the Master of Physician Assistant Studies program.

"I aim to take a high-level view to identify where we can improve efficiencies, collaborations, and knowledge-sharing," says Dr. Miller. "It's about breaking down silos and bringing everything together."

Dr. Miller will also be responsible for delivering and coordinating the Faculty of Medicine's distributed medical education programs, particularly at the undergraduate level.

A sense of belonging

Drawing from his experience in previous leadership roles, Dr. Miller is well-positioned to advocate for both learners and faculty. His time in UGME provided him with a solid understanding of that field and its key players, as well as learner assessment, remediation, and program evaluation. Working with students, he was able to determine what motivates them and connect with them on a personal level. As the Associate Dean of CPDME, he was similarly able to understand that area and frequently



interacted with a wide range of individuals, including both clinicians and academics. Now, moving into a more senior role, Dr. Miller will draw from these experiences, but notes it will be much more about managing people and how to make them feel supported.

"It's no longer about me; it's about everyone else. It's about empowering people, valuing them, and helping those who might be struggling to improve their effectiveness within the team."

Dr. Miller knows firsthand how it feels to be on the receiving end of that support. Medical school was one of the first places he felt he truly belonged. As Senior Associate Dean, he plans to pay it forward.

"If I can do this job and ensure that everyone in the class feels like they belong, are supported, and can do whatever they aspire to, then that's a job well done. That's how I felt, and I want everyone to feel that way."

For Dr. Miller, that feeling and support has continued into his academic career. He recognizes the tremendous mentorship and guidance he has received from both Dr. Evelyn Sutton and Dr. Jennifer Hall, and notes he was motivated to apply for this position because of Dr. David Anderson's role as Dean.

"I have so much respect for Dr. Anderson, and really enjoy working with him."

Benefitting learner outcomes

Since his appointment, Dr. Miller has focused on meeting with individuals and teams to identify pressure points and determine how to drive advancement in their areas. In the coming months, he will focus on preparing for the upcoming accreditation process, taking a more active role by February. He will also support the opening of the Cape Breton Medical Campus, and as chair of the Education Council, he will drive the Faculty of Medicine's Strategic Plan and address emerging issues like the integration of artificial intelligence into the curriculum.

Dr. Miller is also working with leadership to optimize the efficiency of the Faculty of Medicine's evaluation specialists, highly trained professionals skilled not only in data management but also in conducting research and working effectively in teams. This will ensure that data is handled properly, and the Faculty is achieving the desired outcomes, while an evaluation of the curriculum ensures that our methods are truly benefiting learning outcomes.

"By embracing change, focusing on hot topics, and evaluating their impact, we can stay at the forefront of medical education," he says. "This means making sure changes result in high-quality outcomes for learners, which ultimately benefits population health."

Dr. Constance LeBlanc - President and CEO of the Association of Faculties of Medicine of Canada (AFMC)

Dr. Constance LeBlanc, president and CEO of the Association of Faculties of Medicine of Canada (AFMC) and a leader in Canadian medical education, is thrilled to host the annual International Congress on Academic Medicine Conference (ICAM) in Halifax, Nova Scotia, in 2025.

With roots in New Brunswick, Dr. LeBlanc—known as Connie to friends and family—has dedicated more than three decades to emergency medicine in Nova Scotia, while also serving as faculty at Dalhousie University.

Dr. LeBlanc's academic journey took her from Université de Moncton to medical training at Université Laval, where she gained an early passion for patient care that eventually led her to emergency medicine.

Known for her lifelong commitment to learning, Dr. LeBlanc holds advanced degrees in both medical education and business from Université Laval, Université de Moncton, Mount Saint Vincent University, and Quantic School of Business and Technology. Recently, she became a Canadian Certified Inclusion Professional.

ICAM 2025

During her tenure at Dalhousie, Dr. LeBlanc served for 10 years as Associate Dean for Continuing Professional Development. She demonstrated her commitment to advancing medical education and nurturing professional growth, and is passionate about social accountability, equity, and inclusion within healthcare. Those principles guide her current work at the AFMC, especially as she prepares for the upcoming ICAM conference in Halifax from April 3 to 6, 2025.

Dr. LeBlanc is enthusiastic about welcoming attendees to Halifax for the conference, excited about showcasing the city's vibrant spirit while advancing the AFMC's core pillars of medical education, health research, and social accountability.

She strongly supports the involvement of patients in conference proceedings.

"We need to ensure that the patient voice remains integral to advancements in medicine," says Dr. LeBlanc.

Her approach to leadership is highly collaborative, valuing open dialogue with her AFMC colleagues and ensuring that diverse perspectives shape the organization's direction.

Dr. LeBlanc's journey to medicine is as inspiring as it is unconventional; raised by two librarians, she pursued her passion for medicine independently, drawn to the meaningful and often humbling human connections she found in emergency medicine. Today, she balances her executive role with her weekly shifts in the emergency department, embodying her belief that "humility and human connection are the core of patient-centered care."

Her enthusiasm for the conference reflects her broader vision for AFMC, where transformative education, inclusivity, and community-centered care are at the forefront.

Registration for ICAM 2025 will open later this month, please visit icam-cimu.ca.



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SCAN ME!

A Year Unlike Any Other: Reflections from the Classes of 1974

Fifty years ago, Dalhousie Medical School found itself in an unprecedented situation: two graduating classes in a single year, each shaped by a shift in curriculum and programming. This moment in Dalhousie’s history gave rise to the class of 1974 pre-internship and the class of 1974 post-internship.

The Curriculum Shift: A New Way Forward

In the years leading up to 1974, the standard for North American Medical Schools had become a four-year program. At the time, Dalhousie’s medicine program was an outlier as a five-year program requiring a rotating internship year before graduation. This extra year delayed those who wanted to go directly to specialty training at Dalhousie or elsewhere. In 1971, several medical students took up the cause to encourage the change and it was passed by the Senate in 1972. This shift in curriculum reflected the broader trends in North American medical education at the time, streamline training while still preparing students for the challenges of clinical practise. For the classes of 1974, the program was officially restructured to include the Pre-Internship class—including Dr. Paul Murphy—who would complete their studies in four years, while the post-internship class—like Dr. Ralph Single—spent an additional year as interns before graduation. “Back then most graduates went into General Practise, so the extra year was a valuable experience. Many chose specialty

training after a few years practising in a community,” Dr. Single recalls. “But even if you wanted to practise a specialty, you had to do the one-year rotating internship before continuing with a residency.” The experience of graduating alongside another class of similar size didn’t feel particularly unusual at the time. “It was no different, as it was a first-time experience for me and my classmates,” Dr. Single says. “It just happened that the graduation event had twice as many students as usual.” Yet, this doubling of the ceremony marked a significant moment in Dalhousie’s history.

A Calling to Medicine

For Dr. Paul Murphy, class of ’74 pre-internship, the journey into medicine began in the vibrant community of St. John’s, Newfoundland. “It was almost predestined,” he recalls. “In grade 11, a group of Christian brothers suggested it as a career path, and it just made sense.”

With no Grade 12 back then, he quickly set his sights on pre-med studies at Memorial University. Life as a medical student at Dalhousie was both challenging and filled with camaraderie. At the time, Dalhousie was the only option for aspiring doctors in the Maritimes, and he joined the ranks of medical students in 1970 as part of the pre-internship class. “The best part was meeting people who shared the same mindset,” says Dr. Murphy. For Dr. Ralph Single, also hailing from Newfoundland and Labrador, medicine seemed like a good choice. “I did well in school and wanted a challenging career, and one in which I could make a difference as an individual” he says. After receiving a B.Sc. at Memorial University, Dr. Single enrolled at Dal Med in 1969 as part of the post-internship class of ’74.

The “Lost” Class Finds Its Voice

For many years, the post-internship class was mistakenly left out of reunion invitations and other alumni engagements, which were often directed toward the pre-internship

cohort, and even had their class photo mistakenly removed from a gallery wall. This gap in recognition reached a turning point when members of the post-internship class, including Dr. Single, raised their concerns to the Dean of Medicine at Dalhousie. The Dean at the time, Dr. Tom Marrie, made strong efforts to mend the relationship, including reinstating the class’s photo and ensuring their many wonderful contributions were properly acknowledged. This effort to rectify the oversight came as part of a broader shift within the medical school toward inclusivity and ensuring all alumni feel recognized and valued.

The two classes, although of the same graduating year, deserve to be acknowledged as separate entities and their successes should be celebrated independent of each other. Reflecting on this journey, Dr. Single notes that attending Dalhousie Medical School was a great experience.

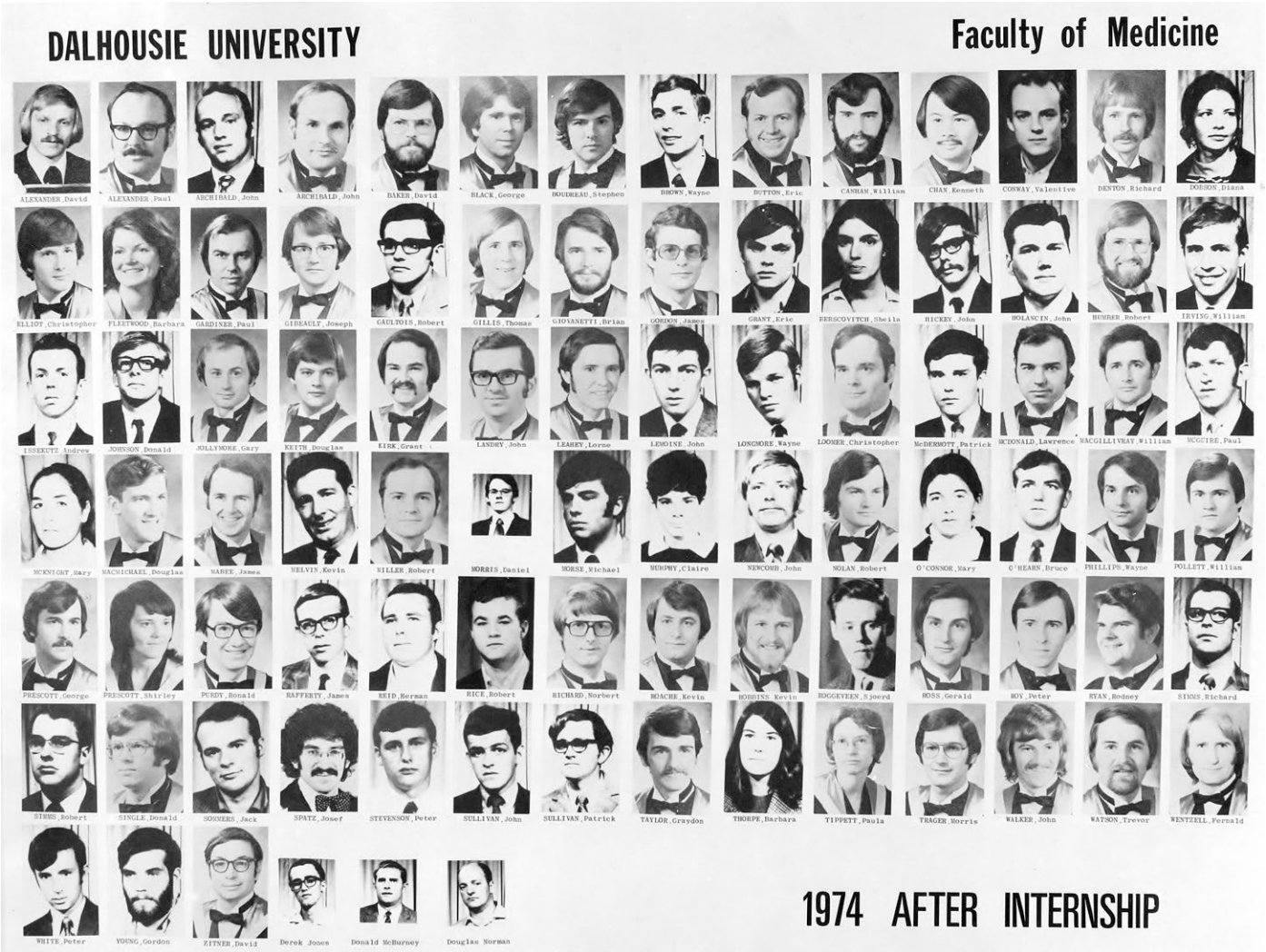
“I value the education I received at Dalhousie; it was one of the most rewarding and memorable experiences of my life.”

A Golden Reunion

The 50th golden anniversary reunions brought each group together in a spirit of celebration. For many, it was more than just a chance to reminisce—it was a reaffirmation of the bonds that had quietly persisted despite the years and distances. Dr. Single, who hadn’t seen many of his classmates since the 1990s, cherished hearing about their journeys—both professional and personal. “It was nice to hear all about their accomplishments, where they’ve been, and what they’ve done not just in their careers but in their lives,” he shares.

Looking Back, Moving Forward

Both Dr. Murphy and Dr. Single pursued fulfilling careers that exemplified community-based medicine. Dr. Murphy’s journey included time spent delivering babies, working in emergency rooms, and even serving as a medical examiner. “I delivered a lot of babies—some of whom have grown up to become doctors



themselves. One is even taking over my practise now,” he says with a sense of fulfillment. “We did it all back then. It was the true essence of general medicine.” Now retired, Dr. Murphy is adjusting to life beyond medicine. At 75, he is contemplating the next chapter, but he remains deeply connected to the legacy of Dalhousie’s Class of 1974 Pre-Internship. For Dr. Single, the highlight of his career was the opportunity to alleviate patients’ fears and help them through challenging times. He practised Emergency Medicine in the United States for most of his career, after spending four years in general practise in his home province of Newfoundland. He then went on to start an online physician recruitment company after retiring from a successful practise, emphasizing the responsibility medical professionals have to their patients.

“Health is so important, and people put their trust in you as a physician,” he says. “We have a responsibility to help them.”

A Legacy of Learning and Gratitude

Looking back, both Dr. Murphy and Dr. Single are grateful for the education they received at Dalhousie. It not only shaped their medical careers but also instilled in them a deep appreciation for the role of physicians in their communities. Their stories highlight the lasting legacy of Dalhousie Medical School, where the values of respect, inclusion, and excellence have shaped generations of physicians. For Dr. Murphy, staying up to date with medical advancements was one of the biggest challenges. “It’s easy to fall behind, especially in a small community,” he admits. Teaching students and residents at

Dalhousie, however, offered a solution. “It forced me to stay current, and I loved passing on what I had learned.” He also highlights the importance of connection and continuity in family medicine—something he believes has been lost over time. “My advice to new students is simple: keep the ‘family’ in family medicine. Building relationships with patients is everything.” As a way of giving back, Dr. Single and his wife, Marsha, have included Dalhousie Medical School in their estate planning, aiming to support future generations of medical students. Their story serves as a reminder of the lasting impact of education and the bonds forged during those formative medical school years. As Dalhousie looks ahead, the legacy of the Classes of 1974 stands as a testament to educational and professional excellence, a sense of community, and the spirit of service.

Indigenous representation in medicine

Two clinics in Mi'kma'ki providing learners with unique and valuable experience

Fourth-year medical student Jordin Fletcher hadn't met a practising Indigenous physician until she encountered Dr. Brent Young (MD '19) in 2021 when she began medical school as an Indigenous learner.

She had been working in healthcare as a nurse for five years.

Dr. Shanté Blackmore, a recent family medicine graduate who grew up in Millbrook First Nation, hadn't worked with an Indigenous preceptor her entire medical training.

In the spring, this all changed. For the first time, they found themselves working side-by-side with an Indigenous staff physician.

Dr. Young, who is Anishinaabe and a member of Sandy Bay First Nation and clinical lead at Wije'winen Health Centre and Sipekne'katik Health Centre, says it was a first for him to supervise an Indigenous medical student and resident together, and it is likely the first time this has ever happened in Mi'kma'ki.

"It was a very interesting and fulfilling experience for me. The biggest thing I noticed was the shared understanding we already

had as Indigenous people in medicine. Being able to sit down with these learners and do more one-on-one mentorship, especially on how we can approach issues like racism in the health-care system, was very valuable for both their learning and mine."

Thanks to the hard work of Dr. Young and the Faculty of Medicine, learners have the opportunity to rotate through Wije'winen Health Centre and up to 50 other wrap-around services offered by the Mi'kmaw Native Friendship Centre, which partnered with the Faculty of Medicine in 2022 to provide primary care services to the urban Indigenous community of Halifax. At the Sipekne'katik Health Centre, which is located in Indian Brook, learners visit from across the province for electives in family medicine, psychiatry, and other health specialties providing care at the clinic.

Culturally relevant care

Dr. Blackmore, who is Mi'kmaw and African Nova-Scotian, just completed her family medicine training with plans to stay in Nova Scotia and practise in Indigenous communities. The last two months of her residency were spent at the Wije'winen Health Centre, an elective she chose with the motivation to have a consistent experience with Indigenous patients.

"Growing up on reserve has made me aware of the inequities that Indigenous Peoples face and while I anticipated this work to be challenging, it has been even more rewarding," says Dr. Blackmore. "I really wanted to get more experience working directly in community. It has been a valuable experience that I otherwise would not have had in my training."

◀ Medical student Jordin Fletcher (left) works alongside Dr. Brent Young (centre) and recently graduated family medicine resident, Dr. Shanté Blackmore at the Wije'winen Health Centre.

Both the Wije'winen and Sipekne'katik Health Centres provide multidisciplinary primary care with a focus on services that are anti-racist and culturally relevant. This includes access to traditional medicines, Elders, and cultural programming such as drum-making, dancing, and language classes. This care model addresses barriers in the health-care system, providing longer appointment times tailored to patient needs, particularly for chronic issues previously neglected.

"The key is that the learning and medicine we practise is of high quality," says Dr. Young. "Our patient population can be hesitant to seek care in hospital settings or with other specialists, so we have to problem-solve in the primary care setting. This provides valuable learning experiences."

With many patients presenting with histories of trauma, the clinics focus on trauma-informed care. Learners receive guidance on communication and how to approach the apprehensiveness or mistrust they might notice with some patients. With an emphasis on well-rounded primary care, learners also benefit from the experience of point-of-care ultrasound, EKGs, and other minor procedures.

Dr. Blackmore remarks on the added layer of complexity that patients present with at the clinics.

"You're always thinking about how intergenerational trauma and systemic racism are underlying many chronic disease presentations," she says. "It has been really good because I feel prepared to go out and start practising in community and better manage those complex issues."

Building relationships

Jordin Fletcher applied to medical school recognizing the racism, harm, and overall structural violence, Indigenous people regularly face in healthcare. To then be in an environment where work is done to support Indigenous patients and communities, and the opportunity to work with Drs. Young and Blackmore is nothing short of extraordinary.

"It's a really special space to be welcomed into, and you have to recognize that as an honour and treat it that way," she says. "There's a lot to learn and a lot of listening."

Jordin is a member of the Missanabie Cree First Nation and Mi'kmaw through her grandfather, who is a member of Millbrook First Nation. Her grandmother is a survivor of Shingwauk residential school in Sault Ste. Marie, Ontario. Jordin finished her medical school rotation at the Wije'winen and Sipekne'katik Health Centres in June.

"I had never worked with an Indigenous staff physician before, so it takes some of the work out of it," says Jordin. "I could focus on my learning because we're at a different baseline with Indigenous experience and health. I don't have to try to explain things to Dr. Young; he knows, so I can just focus on learning."

Both the Wije'winen and Sipekne'katik Health Centres are embedded in culturally rich Indigenous communities. The healthcare teams who practise there develop trust and long-term relationships with more than just the patients accessing care, but with the wider community in which the clinics reside.

"In the health centres, many staff are members of the community, and that is impactful for the relationship between the health centre and community members, I can feel the difference just being in the space," says Jordin.

"For the first time in my training, I felt safe knowing they would understand me and how I approach things."

Representation matters

In 2022, Dalhousie Medical School announced the Indigenous Admissions Pathway to address the barriers that have prevented Indigenous applicants from entering medical school at Dalhousie. This fall, the second cohort of 12 students will be admitted under this initiative.

Dr. Blackmore, who was one of a self-proclaimed, 'big group' of five Indigenous medical students at Western University, is thrilled Indigenous youth are seeing themselves in medical careers.

"I had almost no role models going into medicine," says Dr. Blackmore. "Just walking into this clinical rotation felt completely different. For the first time in my training, I felt safe knowing they would understand me and how I approach things."

That understanding is mirrored in the patients she serves.

"People don't automatically trust the health-care system, but it's easier for me to build rapport with patients when they see who I am and how I do things differently," she says. "I think it just goes to show that increasing diversity in our health-care system better serves patients."

A new path

Jordin, who had always envisioned a career in surgery with a focus on community-based care, says her experience at the clinics has broadened her options for residency.

"Before this rotation, I was unlikely to consider family medicine but seeing the scope of what can be provided in community from a family physician perspective—I knew it existed—but to see it and live it, now I am thinking this can work."

Transformational Giving: River Philip Foundation gives \$2.5 million to Dalhousie medical research projects



Dr. Ken Rockwood, Dr. Susan Howlett, and Dr. Leah Cahill

Faculty of medicine researchers will test the ability of blueberries, exercise and protein to reduce frailty and improve cardiovascular health and develop a remote pregnancy monitoring system to reduce preterm birth, thanks to a \$2.5-million gift from the River Philip Foundation.

This generous gift supports two Transformational Medical Research grants of \$1 million each, to invest in research projects and teams on the verge of a significant discovery or advancement in their field.

The funding also supports six Sustaining Excellence grants, providing a year of bridge funding to researchers whose projects ranked highly but did not receive grants from the Canadian Institutes of Health Research. The bridge funding allows these top researchers to continue their work and apply again.

“Traditionally, River Philip has given money to hospitals and universities,” says Deborah Shaffner, a trustee with the family Foundation.

“This is a way to direct money more significantly to things that are important to the Foundation that could really transform medicine, rather than going to a hospital or a piece of equipment. It was an idea for us to see if we could really make a difference.”

The Bragg family established the River Philip Foundation in 2005, to support and improve the quality of life in rural communities, primarily in Atlantic Canada, and to make transformative change.

Dr. Ken Rockwood, Dr. Susan Howlett, Dr. Leah Cahill and Dr. Scott Grandy received one of the two transformational research grants of \$1 million to launch their STRONG study. The year-long, randomized controlled trial will test the effects of protein, blueberries and strength training on reducing frailty and improving heart health in adults aged 65-85.

One group of trial participants will receive protein supplementation, blueberries, and strength training with a personal trainer for a year, while the second group will receive standard treatment and educational materials. The researchers will monitor all participants for changes in blood pressure, lipid profile, glucose levels, and inflammatory markers, as well as their degree of frailty, using the Canadian Frailty Index Dr. Rockwood developed.

Frailty, heart health linked

Frailty can lead to cardiovascular disease, and “overall frailty makes cardiovascular disease worse,” Dr. Rockwood wrote in the grant application.

This study could be a game-changer in reducing overall frailty and improving cardiovascular function, says Dr. Howlett.

“If you target the aging mechanisms and try to give them a fighting chance, then you are less likely to get these diseases, because your body is going to be a less hospitable place for diseases to thrive, she says.

For a year after participants have consumed blueberries and protein and exercised daily, the researchers will track participants’ heart health and frailty and analyze their data.

“This is an outstanding opportunity for us to do something really great for the older adults in the province of Nova Scotia and we would never have been able to do this without the funding,” Dr. Howlett says.

“Our group is really deeply grateful for the faith and enthusiasm River Philip has shown in the project.”

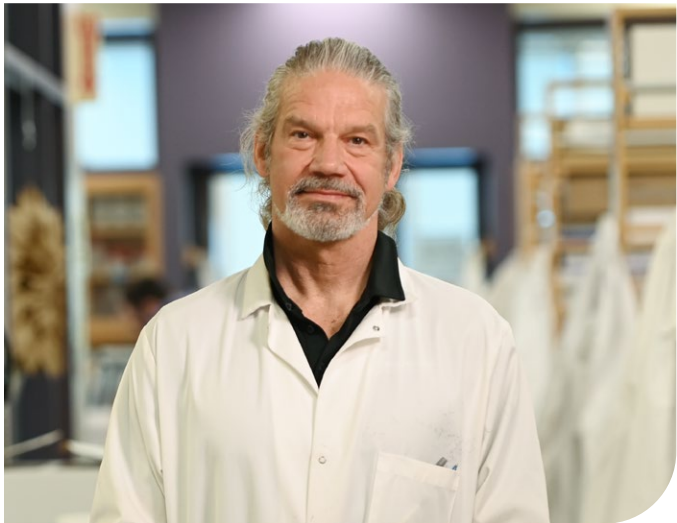
If the research produces the positive results the team expects, they hope the program could roll out to larger numbers of older adults in Nova Scotia.

“The River Philip grant will give us the opportunity to test interventions that could make a real difference in improving people’s lives,” says Dr. Cahill.

Preventing preterm birth

The second \$1-million grant goes to Dr. Tobias Kollmann and Dr. Nima Aghaeepour, Associate Professor and Vice-Chair for Research (Data Science) at Stanford University. They are conducting a proof-of-concept study to test remote home pregnancy monitoring.

Using wearable devices, they’re creating a system that would alert healthcare practitioners to potential complications such as the risk of stillbirth or preterm labour, for women in rural and remote communities in Nova Scotia, PEI and New Brunswick.



Dr. Tobias Kollmann

The team will assess the results of the remote monitoring system against traditional pregnancy monitoring that involves blood sampling and other more invasive methods.

The River Philip grant is critical because it will provide information about whether this system is feasible and will generate enough data to allow his team to secure funds for a larger trial, Dr. Kollmann says.

A larger trial will be necessary to demonstrate that this non-invasive monitoring can deliver the same results as current practice in alerting health-care practitioners to possible preterm or stillbirth outcomes they could intervene to prevent.

Without this first pilot, a larger study can’t happen, Dr. Kollmann says.

“Often, that’s the seed money that is lacking,” he adds. “We’re very grateful to the River Philip Foundation for recognizing the importance of this work and providing us with the funds to begin these investigations.”

Sustaining excellence awards

Six additional sustaining excellence awards went to:

- **Dr. Jean Marshall**, who is defining the way mast cells promote healing and limit fibrosis and scarring;
- **Dr. Rudolf Uher**, whose project will identify the risk of major depressive disorder from analyses of parent and youth speech;
- **Dr. Janie Astephen Wilson**, who is investigating how to personalize knee arthroplasty by integrating robotic surgery for knee osteoarthritis;
- **Dr. Nikhil Thomas**, who is investigating a novel enzyme (bacterial tyrosine kinase) and screening molecules for drug development to block enteric pathogens;
- **Dr. Thomas Pulinilkunnil**, who is studying the role of the TFEB protein in heart decline and protection and obesity-related heart disease, especially for women; and
- **Dr. Turgay Akay**, who is focusing on the role and ability of proprioception to maintain stability and prevent falls while moving between locations.

The researchers participated in a competitive review to secure the awards, with the River Philip Foundation making the final decision on the finalists, ensuring the projects aligned with the Foundation’s priorities.

Dr. Susan Moffatt-Bruce (Med 94) is the President of the Lahey Hospital and Medical Center in Burlington, MA. She sits on the River Phillip Foundation’s medical committee.

These projects have the potential to affect “patients who suffer from diseases that impact our communities where health inequities continue to exist,” Dr. Moffatt-Bruce says.

As a medical administrator and a Dalhousie graduate, she emphasizes the importance of giving back and the value of philanthropy.

“In healthcare, resources are extremely finite and as such we are so grateful to philanthropists so that we can continue to make progress in medical research. Their generosity enables transformative care,” she says.

The River Philip Foundation has renewed their investment in these exciting new research programs, planning an additional \$1.2 million gift for 2025.



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 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. Olusegun 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 2013.

Five years later, while working on his Global Health Disparities Fellowship at MSKCC, Dalhousie's Dr. Gregory Knapp (PGM '17) 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 began the first 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 (PGM '19), 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 practised 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.

◀ Dr. Gregory Knapp (PGM '17) (right) supervises trainees during a colonoscopy training course in Nigeria. (Photos: Mr. Olajide)

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."

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 improving this aspect of the health-care 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. "Two new providers are now independent at OAU, which represents a tripling of the pre-existing capacity."

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 re-energizing, 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 health-care 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.

"Practising 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 practise here. It's a good example of how working globally improves our local practise."



Fully Matched – Dalhousie grads headed for family medicine

This year, students graduating from Dalhousie Medical School are opting for careers in family medicine in impressive numbers.

In fact, half of the graduating class will begin their residency training in family medicine this summer, marking a significant increase since 2018 when only 25 percent of the class chose to enter a career path in family medicine.

Dalhousie's Family Medicine program has also seen success, once again filling all available residency positions, a remarkable feat, especially considering the expansion of our residency seats from 70 in 2022 to 91 in 2024. While many programs nationwide face challenges in filling positions, this accomplishment is not merely fortuitous but rather the result of systematic changes implemented five years ago.

In 2018, concern arose when the Faculty of Medicine graduating class witnessed only a 25-percent match rate to family medicine. Recognizing the pivotal role of family medicine in healthcare, the Faculty of Medicine identified the need for deliberate and sustained efforts to elevate it as a career choice. The Family Medicine Project Charter was launched in response later that year, led by Dr. Jennifer Hall, family physician and then Associate Dean of Dalhousie Medicine New Brunswick, with a goal of achieving a 50-percent match rate by 2023.



Hidden Curriculum

"Addressing the notion of the 'hidden curriculum' in which Family Medicine is seen as the least desirable career choice, was a challenging yet essential objective," states Dr. Kath Stringer, Family Medicine Department Head. "By intentionally integrating family physicians as educators and role models in the undergraduate curriculum we aimed to shift perceptions."

The results of the Charter's efforts were promising. One year after its implementation in 2018, the match rate had climbed to 41 percent.

In 2023, the Faculty of Medicine transitioned to a more systematic approach to address the hidden curriculum, with the progression from the Family Medicine Project Charter to the Family Medicine Specialty Committee.

"The solutions lie within both the educational and practise environments, such as deliberate changes to the curricular structure, the development of well-supported interprofessional team-based primary care clinics and appropriate remuneration models for community-based academic physicians," says Dr. Stringer, "All of these are being worked on by the Family Medicine Specialty Committee in collaboration with supporting stakeholders."

A Way Forward

With half of Dalhousie's medical graduates opting for family medicine in 2024, the efforts initiated by the Family Medicine Project Charter and now carried forward by the Family Medicine Specialty Committee are yielding significant results.

"The choice to pursue family medicine reflects our learners' dedication to the field and embodies their profound understanding of the pivotal role family medicine plays in healthcare," says Dr. David Anderson, Dean of the Faculty of Medicine. "I congratulate each of them on making this very important decision, and want to express sincere gratitude to the dedicated staff and faculty who helped achieve this impressive accomplishment."

The remarkable increase in Dalhousie's Family Medicine match rate underscores the collective commitment of stakeholders who, over the past five years, have reshaped the narrative around family medicine. Thanks to their efforts, the necessity for continued investment and collaboration in health-care education reform have been highlighted, and continue to be addressed to meet the changing needs of Maritime communities.



ALUM PUBLICATION

Dr. Alf Bent (MD '73) *The Making of a Doctor: Dalhousie Medical Class of 1973*

The Making of a Doctor: Dalhousie Medical Class of 1973, written by Dr. Alfred Bent (MD' 73), offers a compelling exploration of the experiences, milestones, and legacy of the Dalhousie medical class whose members began their studies began in 1968.

This unique class marked the centennial anniversary of Dalhousie Medical School's founding and was the first to embark on its training within the newly built Tupper medical building. Dr. Bent recalls his journey with his classmates as memorable, as they piloted a transformative curriculum that defined their initial three years of medical study.

The book revisits the rich history leading to the founding of Dalhousie Medical School in 1868, highlighting the institution's evolution. Dr. Bent provides a detailed account of the curriculum changes introduced with his class, underscoring the significance of this innovation in medical education at the time. He also offers an insider's perspective on the challenges and rewards of the application process, the realities of daily life as a medical student, and insights into the practise of medicine in the early 1970s.

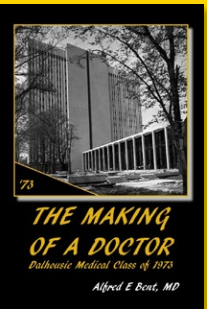
Beyond the core years of study, *The Making of a Doctor* captures the ongoing connections among classmates through reunion narratives and reflections. The final chapters offer short biographical sketches of each member of the Class of 1973, adding a personal touch that celebrates their shared journey and individual accomplishments.

How to Purchase

All proceeds from *The Making of a Doctor* support the MD Class of 1973 Memorial Bursary at Dalhousie University. Priced at \$30, the book is available through three donation-based methods:

1. **Online Donation:** Visit giving.dal.ca/MD1973 to donate any amount, select the Faculty of Medicine, and designate the MD Class of '73 Memorial Bursary. Please note the dedication "in honour of The Making of a Doctor: Dalhousie Medical Class of 1973."
2. **By Mail:** Send a cheque to either the Dalhousie Alumni Office or Dr. Alfred Bent, made payable to Dalhousie University, with a note dedicating it to the MD Class of 1973 Memorial Bursary in honour of the book.
3. **E-transfer:** You may send funds directly to Dr. Bent at alfred.bent@gmail.com, but if you donate using this method you will not receive a tax receipt, because Dr. Bent will donate the funds under his name.

Your donation not only secures a memorable account of Dalhousie's medical history, but it also supports future medical students, keeping the legacy of the Class of 1973 alive.



Once you've purchased Dr. Bent's book, please reach out to **Emily Brown, Alumni and Community Engagement Manager** at the Faculty of Medicine, with your **name and address** to receive your copy by mail.

ALUM PUBLICATION

Dr. David Zitner (MD '74) “Gentle Introduction” to Empowering Patients

Helping people take control of their own healthcare is Dr. David Zitner's passion.

The Dalhousie graduate (MD '74 Post Internship) and former Dal professor is the co-author of two books, along with his friend and colleague, Dr. H. Dominic Covvey, intended to empower patients and enhance collaboration across the health-care sector.

The Nature of Clinical Care - Volume 1: A Gentle Introduction and *The Nature of Clinical Care - Volume 2: Mental Health and Public Health Care* are increasingly important in the age of “Dr. Google.”

Today, navigating the health-care system is fraught with conflicting information given the myriad of advice patients can access online. These books offer a sound foundation of knowledge and a clear path toward informed and critical decision-making.

“Patients really should be the boss of their own healthcare,” says Dr. Zitner, emphasizing that patients are often both the most-motivated and least-informed individuals in the care process.

Critical thinking to empower patients

In the book, Dr. Zitner and the late Dr. Covvey, a former University of Waterloo professor who established the National Institutes of Health Informatics, introduce readers to clinical fundamentals. They lay out practical knowledge that will enable them to participate actively in health decisions. They also explain the reasoning behind medical diagnoses, the implications of treatments, and the risks versus rewards of various interventions.

Critically thinking about healthcare was a practise his family valued, Dr. Zitner recalls, and one both he and his colleague Dr. Covvey embraced.

Although Dr. Zitner's parents had limited formal education, they were keen observers who often questioned doctors' advice, especially concerning major medical decisions. Reflecting on their perspective, Dr. Zitner noted his parents were “always correct,” showing a natural, instinctive caution that later shaped his own approach to medicine.

In addition to shaping Dr. Zitner's views on medicine, his parents, although not enthusiastic about him attending medical school, taught him the value of finding a purpose in life. They strongly believed that “it's not important how you make a living, but how you spend your life,” he says, a philosophy that guided him throughout his career.



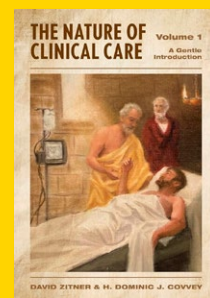
This grounded parental advice shaped Dr. Zitner's dedication to meaningful patient care throughout his health-care career, which encompassed both clinical family practise and academia through a professorship at Dalhousie's Faculty of Medicine, as well as his writing in academic and popular press, and his work with community organizations to increase citizen involvement and engagement in health care.

A lifelong mission to empower patients

Dr. Zitner has long guided his patients about the importance of asking questions about their care, believing patient awareness enhances clinical outcomes and reduces errors.

“We wrote this book so that patients could get the information they need to understand healthcare... and to collaborate and work with clinicians in their own care,” he explains.

Throughout his extensive career in family medicine, Dr. Zitner has also been a trailblazer in medicine, founding the Graduate Program in Health Informatics at Dalhousie to advance health data and systems. He insists that equipping patients, administrators, and clinicians with this knowledge is crucial in today's age of artificial intelligence and internet-based health advice, helping them assess whether information—be it from doctors or world-wide web—is beneficial or potentially harmful.



Purchase Dr. Zitner's and Dr. Covvey's books at Indigo Bookstores, Amazon, or Google Books.

WHY I GIVE

Dr. Dale Dauphinee (MD '64), longtime Faculty of Medicine donor, embraces opportunities

Every time Dr. Dale Dauphinee (MD '64) is mulling over a major decision, he takes the ferry a short drive from his home in St. Andrews-by-the-Sea, N.B., to nearby Deer Island.

Once there, he drives to a campground to watch the Bay of Fundy tides funnel into the majestic Old Sow, the second-largest whirlpool in the world.

That site is where Dr. Dauphinee decided to accept the Chair of the Department of Medicine at McGill. It's also where he went to ponder becoming the Executive Director of the Medical Council of Canada, where he served from 1993 to 2006.

“The Old Sow symbolized the power of the environment and nature to help me think about going to new places and roles to improve education and health-care management,” he says.

“It is about planning a better route, recognizing the risks, and turning a challenge into an opportunity. Cross at low tide or high tide – never decide before your peers tell you how they see the future and what you can both accomplish and learn.”

But when it came to donating to Dalhousie University's Faculty of Medicine, he didn't need to watch the Old Sow to make up his mind.

Supporting his alma mater was a given.

“I think you should do that,” says Dr. Dauphinee, who graduated with his BSc in 1959, and his MD in 1964. “Dal has been good to me. I enjoyed my time at Dal, so I was loyal to it.”

Today, Dr. Dauphinee feels it is equally important for donors, including medical alumni, to support medical research and research into educational methods and innovations. He believes Dalhousie is a national leader in continuing medical education, an area where the Faculty of Medicine is currently raising money for a research professorship.

Dr. Dauphinee, a national and international leader in medical education, was the founding director of the Division of Clinical Epidemiology at Montreal's Royal Victoria Hospital, McGill's Associate Dean for Medical Education, and Director of the McGill Center for Medical Education Research.

Created, improved standards

As part of his lifelong interest in improving medical education, Dr. Dauphinee spent decades creating and improving standards to test and evaluate physicians. He created new networks between provincial and national licensing organizations, brought in new assessment concepts, such as adaptive on-line assessments, and mentored younger physicians, researchers, and other health-care professionals.

Today, at 86, he continues to take a lively interest in all those around him, whether they are young wait staff at his favourite

restaurant, friends and neighbours in St. Andrews, or visitors inquiring about his life and career.

He and his wife, Dr. Sharon Wood Dauphinee, made their first donation to Dalhousie's Faculty of Medicine after a tragic car accident in 1973 that claimed the lives of his wife's brother, Merrill Wood, and Greg Stonehouse. The two young men had just completed their second year of medical school when they died in a car accident while traveling to New Brunswick for the weekend.

Sharon Wood Dauphinee, whose PhD is in clinical epidemiology and involved team care for people suffering from acute strokes, has continued to support the Wood-Stonehouse Memorial Bursary that the Wood and Stonehouse families created to honour Merrill and Greg. Since then, the Wood-Dauphinees have also supported the Killam Library and the Dal Medicine New Brunswick library.

Dr. Dauphinee has also donated to support research at Dal into medical education, one of the Faculty of Medicine's current fund-raising projects, and one of the university's strengths, he believes.

Seek input, evaluate outcomes

Throughout their careers, which continued long past conventional retirement age, both the Wood-Dauphinees championed and led organizational and policy change and quality improvement in healthcare. They have advised governments, medical schools, foundations, and associations around the world; lectured at dozens of universities; and their last joint project involved consulting with the World Bank in Kazakhstan.

Dr. Sharon Wood Dauphinee's career focused on assessing and measuring quality of life, particularly after stroke. Rehabilitation therapists worldwide use the evaluation model she developed, and the husband-and-wife team's work on structures, processes and outcomes complemented and informed each other's careers.





New simulation equipment helps train doctors to remove blood clots quickly, confidently

The first time Dr. David Volders used a simulation device to practise threading a tiny catheter into people’s brain arteries to remove life-threatening blood clots, he realized the experience was a game-changer.

Dr. Volders is an interventional neuroradiologist and Associate Professor at Dalhousie’s Faculty of Medicine. He specializes in treating people who have strokes, caused by clots that block the blood supply to the brain. He also treats aneurysms, which occur when a weakened artery wall bulges or ruptures.

Every year, Dr. Volders and his colleagues at the QEII Hospital in Halifax perform more than 100 highly specialized procedures called endovascular thrombectomies, or EVTs.

To be successful, the doctors must be confident, and they have to be fast. To gain these skills, they need expert training – training Dr. Volders provides as director of Dalhousie’s neuroradiology program.

Now, thanks to a \$415,000-Mentice digital training device and software the QEII and Dalhousie are purchasing, trainees on Volders’ team and across Atlantic Canada will be able to practise

performing EVTs and other neurointerventional procedures in a simulated setting, with no risk to patients.

Community partnership for all Maritimers

Acquiring the Mentice device would not be possible without generous donors, say Dr. Volders and Ms. Susan Mullin, President and CEO of the QEII Foundation.

“This groundbreaking technology offers an unparalleled simulation experience, allowing our health-care teams at the QEII and beyond to practise and perfect intricate, life-saving procedures in a risk-free environment,” Ms. Mullins says. “We’re incredibly proud to partner with Dalhousie on this leading-edge initiative, and we’re grateful for the many QEII Foundation and Dalhousie donors who are coming together to make this milestone a reality.”

Acquiring this simulation training device has real clinical benefit, Dr. Volders agrees.

“There is a direct return to our patients in terms of making diagnoses and avoiding complications,” he says.

An EVT is a minimally invasive procedure performed in a specialized angio suite where doctors use X-ray images to guide a catheter into the brain vessels, either from an artery in a patient’s wrist or groin. To remove the brain clot, Dr. Volders then uses either suction from a catheter or a stent-retrieving device to reopen the blood vessel and restore the blood flow.

For a brain aneurysm, he uses a tiny catheter that is placed inside of the aneurysm to create a basket of metal coils to close of the aneurysm from the inside. This procedure significantly reduces the risk of future bursting.

Every second counts. Every moment a clot blocks blood flow to the brain, a patient loses 2 million brain cells – causing potentially permanent brain damage and loss of function.

Dr. David Volders, interventional neuroradiologist and associate professor at Dalhousie’s Faculty of Medicine.



Previously, people learning to perform this procedure had to learn by watching someone more experienced and then by doing it themselves, under supervision, before finally operating on their own. “There’s been a tremendous advancement in our field, but what hasn’t advanced at the same pace is how you train people to do these procedures,” explains Dr. Volders.

Currently, there is more than 10 percent chance that a medical trainee learning to perform EVT will cause an additional stroke or damage a patient’s brain, simply because they have no other way of practising this procedure except by performing it, Dr. Volders says.

Experience reduces risk, saves lives

By contrast, experienced neuroradiologists like Dr. Volders have only a .5-percent risk of adverse events, because they have had hundreds of opportunities to hone their skills.

John Whidden is one of the patients who benefitted from Dr. Volders’ experience and skill. In 2020, he had a stroke after blood clots formed in his brain and neck.

Thanks to Dr. Volders’ quick intervention in performing an EVT, Whidden recovered completely – and he’d like other patients to benefit from doctors trained in the latest simulation methods.

“This kind of simulation is going to be a lifesaver,” Whidden says. “The more equipment that’s available to people to increase their expertise, the better – that’s wonderful.”

By practising on the Mentice device, trainees, including staff members, fellows, residents, or medical students, can learn in a safe, simulated setting that feels similar to performing the actual surgery, without the pressure of learning on a patient.

“The impact on patients’ lives is going to be tremendous,” Dr. Volders says.

“With this tool, you can train as much as you want,” Dr. Volders says. “The more experienced you are, the fewer complications you have.”

The software accompanying the machine loads actual patient brain scans for surgeons and trainees to review before they perform an EVT. Instructors can also load practice scans where supervisors like Dr. Volders can program potential complications, so the trainees learn how to respond to these emergencies.

Dr. Volders plans to invite neuroradiologists from outside Nova Scotia, such as those in smaller centres in New Brunswick and Prince Edward Island, to come to Halifax to train on the Mentice device so they can learn to perform this delicate surgery at their own hospitals.

That training would improve the care to stroke victims outside Halifax, who often lose valuable time getting to the QEII via helicopter or ambulance.

“This is one of the most effective treatments in modern medicine,” Dr. Volders says. “The more people we can train, the more people we can treat and the more lives we can save.”

Join us in saving lives

The support of donors is crucial to bringing innovative, life-saving technology to Dalhousie and its community—we invite you to join us in closing the gap for funding of this incredible life-saving device.



HELP US REACH OUR GOAL
giving.dal.ca/mentice

Your support of the Mentice device will play an instrumental role in improving patient care and training, recruiting, and retaining medicine’s best and brightest care providers here in Atlantic Canada.

For more information, please contact Elizabeth Conrad
Development Officer, Faculty of Medicine
902-717-2748 | elizabeth.conrad@dal.ca
giving.dal.ca/mentice



2024 Dal Med Gala

On November 2nd, 250+ alumni, faculty, staff, researchers, and community partners gathered at the Westin Nova Scotian to celebrate the Faculty of Medicine. Here are just a few photos from the exciting event.



Photo Captions

- 1** Drs. David Anderson and Stephen Miller present the \$200k Class Cup to Drs. Merv Shaw and Bob Lea, representing the MD Class of 1965

2 Classmates from MD 1987 enjoying the evening

3 DMAA Vice-President Dr. Annette Bell (MD '97) and classmates enjoying their evening

4 Dr. Ken and Mrs. Linda Murray, pictured with Dean Anderson, were recognized for 50 years of giving to the Faculty of Medicine
- 5** Drs. Melissa McCradden, Ashley Miller, and Finlay Maquire speak during the Dr. Fred Baron Visiting Scholar and Lecture in Ethics in Medicine.

6 Dr. Susan Moffatt-Bruce (MD '94) representing the River Philip Foundation during the announcement of their \$2.5-million donation to medical research



“When you give to the DMAA Student Fund you give all Faculty of Medicine students access to critical funds that support their interest groups, mental health & well being, and extracurricular learning.”

DONATE NOW



THANK YOU TO OUR DAL MED GALA SPONSORS



CONTINUING PROFESSIONAL DEVELOPMENT & MEDICAL EDUCATION



Class Reunions



MD 1954

Dr. Charles Dewar (right) Dr. Eva Powell (left) MD Class of ‘54 celebrated a very special milestone - their 70th reunion at The Rodd hotel in Charlottetown P.E.I. this past September. Drs. Dewar and Powell enjoyed a special lunch and spent time catching up on 70 years of memories. Still a member of the MD Class of 1954 is Dr. Lennis MacFadyen who lives in Ontario and was unable to travel to P.E.I for the reunion. On behalf of the entire DMAA we send our congratulations on this historic milestone to the MD class of 1954.

MD 1969

The MD Class of 1969 had its 55-year reunion at the Sutton Place Hotel in Halifax on September 3-5, 2024. Seventeen classmates and 15 spouses attended. This is the 15th reunion for the class which had met every five years after graduation until 2004; then every two-to-three years except during the COVID-19 pandemic. David Andrews, John Hyndman and Paul Lebrun organized the hybrid (organized/ optional activities) program. The organized program (attended by all) in the evenings started with the Meet & Greet (with hors d’oeuvres) on September 3rd, followed by the lobster feast at the Cable Wharf on September 4th, and the Farewell Dinner on September 5th at the hotel’s CHOP.



On September 4th morning, the class meeting started with a minute of silence for the class’s Chapter Eternal. This was followed by a PowerPoint presentation on “DalMed’69 Class Reunion Journeys Down Memory Lane as Time Goes By.” Photos from the first reunion

in 1974 in Halifax to the most recent in 2023 in St. John’s were shown – 54 years of memories in 45 minutes of presentation. There were chuckles, giggles, grins, laughter, and smiles. Each classmate was given a flash drive with this presentation to take home. Of note, 50 of the 63 graduates have attended at least one reunion, three have attended 14 of 15 reunions, and two have attended all 15 reunions. At its 50-year reunion in 2019, the class established a DalMed’69 Legacy Fund to endow the “MD Class of 1969 Social Determinants of Health Prize” for a graduating medical student who had demonstrated excellence across the four years of medicine in areas pertaining to the social determinants of health. Thus far, the Class has donated \$86k+, aiming for the \$100K trophy next. There were eight optional activities to select from for Days 2 and 3, including a tour of our alma mater and, of course, golf. This 55-year class reunion was an amazing success, with many opportunities to socialize and catch up with news, past and present. The class looks forward to the next one in two-to-three years for those attending voted to meet again in-person. Submitted by Dr. Meng Tan

MD 1974 Pre-Internship



The class of 1974.5 gathered at the Algonquin Hotel in St. Andrews, NB for their 50th class reunion. Thirty classmates gathered to reconnect and to reminisce. Classmates from Hong Kong, California, Texas, Saskatchewan, British Columbia, Ontario, Nova Scotia and New Brunswick came together for this event. We remembered 13 of our mates who passed before this milestone event. We had two dinners at the Algonquin hotel, one at Drewhaven Town and Country as well as a brunch on Minister Island where the scenery and food was spectacular. We did a biography booklet that many of the class sent in a brief account of their lives post Medical School. The Dal Alumni Office was instrumental in putting this booklet together. A future reunion may be possible if the stars align appropriately. Our attendees included Arthur Zilbert, Lawrence Jewett, Dave Smith, Rob Wilson, Mike Reardon, Gerry Reardon, Kirk Anderson, Heather Wellwood, Steve Willis, Don Fraser, Cathy Falvey, Steve Herzig, Drew Bethune, Dave Barss, Dave Blagrove, John Steeves,

John Black, George Davis, Dana Hanson, Pete Jeffrey, Rob Miller, Don Swan, Paul Murphy, Steve Chao, Roy Wong, Diane Stackhouse, Bessie Bartlett, Ed Doherty and Rob Bartlett. Submitted by Dr. Arthur Zilbert

MD 1977



The Class of ‘77 celebrated our 46th Reunion at Fox Harb’r in August, after Hurricane Fiona forced the cancellation of our 45th last September! We realized this marked 50 years since we first met for lectures in Theatre A and we had a great time reminiscing over changes since then. Gerry O’Hanley did a very interesting PowerPoint presentation on East Coast music over the past 20 years. Dr. David Anderson gave us an update on future plans for Dal Med School, followed by a very spirited Q and A session. Everyone thoroughly enjoyed the weekend, and we are looking forward to celebrating our 50th at the Dal Med Gala in 2027! Submitted by Dr. Peggy Leighton

MD 1974 Post-Internship

In August 2022, a discussion between Tom Robbins and Bob Nolan involved the relative apathy of our class, and lack of any reunion planning. This conversation soon involved Ralph Single and Gordon Young via email. A phone communication about another topic with Elizabeth Conrad (Development Officer, DMAA) advised us that reunion planning was the responsibility of class representatives and that DMAA would provide advice. She challenged us to “fish or cut bait”. We decided to fish! The planning process for the reunion started in September 2022 involving Ralph, Tom, Gordon, and Bob. The early meetings were primarily about the feasibility of a reunion, what was possible to achieve, and what needed to be done. We quickly realized that we needed help, advice and bodies to complete the various tasks. We were fortunate to recruit the assistance of Doug Macmichael and Bob Miller. We had monthly ZOOM meetings up to September 2024. The group was cohesive in their goals and decisions were made by consensus. To our great surprise, planning a reunion was a ton of work! We also acknowledge Gayle Woodson (Tom’s spouse)

and Elizabeth Conrad for their unfailing assistance throughout the planning process. Our initial meetings primarily involved trying to develop a current database of email addresses for all classmates. This involved searches on the internet, asking other classmates if they knew the email addresses for other classmates, searching databases from provincial College of Physicians and Surgeons, and checking obituaries. Email addresses were found for 64 classmates but were unsuccessful in finding any information about 23 classmates. We also confirmed that 15 classmates were deceased. Following this phase, we sent surveys to classmates with known email addresses to determine the degree of interest in a reunion, preferred locations, and suggestions of activities of interest. Based on the surveys, the preferred location was Halifax. The preferred activities of interest were a reception, short talks by classmates, a banquet, and formal presentations by guest speakers, as well as a boat cruise of Halifax harbour. Conventional wisdom is that less is more. However, our class has a history of a paucity of reunions and poor communication. We were determined to make this reunion special. As a result, we planned to do more to make it memorable for all attendees. The reunion was held September 26-28th 2024 in Halifax. There were 27 classmates plus spouses/guests in attendance for most activities. Unfortunately, we had several other classmates who cancelled due to reasons beyond their control. C’est la vie! The welcome reception was held on Thursday, 26th September was a very successful event at the Marriott Harbourfront Hotel. Welcome remarks and announcements were made by Gordon and Tom. We realized that many classmates have not seen each other for up to 50 years. To minimize this awkward situation, we provided name tags with 1974 graduation pictures of classmates. Everyone circulated around to renew old friendships and to discover what everyone has been doing for the last 50 years. The reception lasted for about three hours. On the morning of Friday, 27th September, there were three formal presentations by guest speakers at the Tupper Building. The session was moderated by Doug and Gordon. Dean David Anderson gave an update on the Faculty of Medicine curriculum and facilities. Of note, approximately 50percent of next year’s graduation class will

enter Family Medicine, and 70-percent of the entering class identify as female. Mr. John McCarthy presented an update on MAiD. Rebekah Young, Senior Economist and VP at Scotiabank, discussed Retirement in the Age of Longevity. Who would have thought that economics would be a topic of interest to a group of (mostly) retired physicians. It was actually very interesting! These presentations were followed by a tour of the patient simulation and clinical skills labs in a relatively new addition to the Tupper Building.

The banquet was held on Friday, 27th September at the Harbourfront Marriott. The event allowed ample time to mingle before dinner. There were options of various salads, main courses, and desserts. A pianist entertained us for about two hours during a leisurely dinner. Bob Nolan gave a talk to the attendees about the Forgotten Class of 1974 (Post-Internship). In 1974, there was a double cohort of graduates from Dalhousie Medical school (post-internship and pre-internship). Each class had a separate graduation ceremony. Over the years, the individuals who had the institutional memory of Dalhousie Medical school were no longer around due to the ravages of time. Sometime between 2009-2014, Ralph noticed that our class (the post-internship class) picture was missing from the other class pictures on display in the Tupper building. This was subsequently rectified by Dean Tom Marrie. In 2022, Ralph noticed that the pre-internship class was on display in an interactive digital display. The post- internship Class of 1974 could only be seen by hitting at tab at the bottom of the display for the pre-internship class of 1974. Our class graduated 92 students for whom there 90 pictures available. Only 51 pictures were on display. Dean David Anderson and his spouse were honoured guests at the banquet. He has committed to rectify this situation and to ensure that the history of the double cohort graduation classes of 1974 (post-internship and pre-internship) is not lost again. The digital display is currently under reconstruction. After this presentation, classmates were invited to speak about anything of interest. This generated a number of humorous, spontaneous responses.

On the morning of Saturday, 28th September, 10 classmates gave short, and some not-so-short, talks on topics involving personal experiences of their life since graduating in 1974. This was one of the highlights of the reunion as it gave all of us insight in the professional experiences, personal lives and passions of these individuals. The two Bobs were the moderators of this session.

On Saturday afternoon, we enjoyed a private boat cruise of Halifax harbour on the Harbour Queen (a double decker paddleboat). The weather was co-operative with sunshine and reasonably warm temperatures for late September. It was another great opportunity to move about and engage in conversation with multiple classmates over two hours.

There was also plenty of free time for independent activities and dining over the three days.

Our post-reunion survey covered all the events listed above. There was a consensus of a fun and positive experience by all attendees. The experiences with the highest positive ratings were the presentations by classmates and the opportunities to

socialize, renew old friendships and catch up on life experiences. Virtually all the planned activities facilitated these opportunities. There were nine specific suggestions to have future reunions. Those who did not attend missed out on a great reunion.

Since then the organizing committee took a well-deserved reunion holiday. We are tuckered out. The time and effort were far greater than we expected. Who knows what the future will bring. The organizing committee is pleased that their goals were achieved and the consensus of attendees was that a great time was had by all! Enjoy life, it is later than you think.

Tom Robbins, Ralph Single, Gordon Young, Doug Macmichael, Bob Miller, Bob Nolan

MD 1984

I am excited to report the DalMed84 Class had a Fabulous Fortieth Reunion at Fox Harb'r Resort, in Nova Scotia, October 12-20, 2024.



We had a total of 41 classmates plus guests for a total of 81 people who attended the event. There was an excellent mix of leisure time, group events and a superb Dalhousie accredited CME organized by our CME committee (Dr. Evelyn Sutton, Dr Chris Macneary and Dr Joanne Langley).

Submitted by Cathy Kells

2025 Reunions

MD 2020 5TH ANNIVERSARY
Halifax | Organizer: Patrick Holland

MD 1985 40TH ANNIVERSARY
Organizers: Cindy Forbes & Mary Doyle

MD 1975 50TH ANNIVERSARY
Halifax | Organizer: Robert Saunders

MD 1970 55TH ANNIVERSARY
Halifax | Organizer: Dan Reid

MD 1966 59TH ANNIVERSARY
Wolfville | Organizers: Ross MacKenzie & Barry Yoell

Class Notes

1980s

Dr. Adam Law (MD '83) was recently awarded the prestigious Gold Medal by the Canadian Anesthesiologists' Society (CAS). This honour is granted to the person who has made significant contributions to anesthesia in Canada through teaching, research, professional practise, or administration and leadership.

Dr. Mary-Lynn Watson (MD '89), associate professor in the Department of Emergency Medicine, has been appointed President of the College of Physicians and Surgeons of Nova Scotia.

1990s

Dr. Ken Rockwood (PGM '91) was named one of 16 newly appointed Officers to the Order announced by Her Excellency the Right Honourable Mary Simon, Governor General of Canada on June 27, 2024.

Dr. Stephen Miller (MD '93) has been appointed Senior Associate Dean, Medical Education for a five-year term, effective July 15, 2024.

2000s

Dr. Wendy Stewart (PGM '02) was appointed Director of Faculty Development at DMNB.

Dr. Katrina Hurley (PGM '09) has been appointed Assistant Dean, Faculty Wellness, for a five-year term. This appointment is effective July 1, 2024

2010s

Dr. Arlene Kelly-Wiggins (MD '15) has been appointed Assistant Dean, Pre-Clerkship for the Cape Breton Medical Campus for a five-year term.

HAVE A PROFESSIONAL ACCOMPLISHMENT YOU'D LIKE TO SHARE WITH THE ALUMNI COMMUNITY? PLEASE CONTACT MEDICAL.ALUMNI@DAL.CA.

In Memoriam

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

DR. KEITH WALLING (PGM '66)
PASSED AWAY ON MAY 7TH, 2024

DR. JOEL BORKOW (MD '73)
PASSED AWAY ON MAY 9TH, 2024

DR. BLAIR MACBEATH (MD '79)
PASSED AWAY ON JULY 15TH, 2024

DR. GERALD CULLEN (MD '63)
PASSED AWAY ON JULY 13TH, 2024

DR. DONALD BEANLANDS (MD '58)
PASSED AWAY ON SEPTEMBER 5TH, 2024

DR. MARK KINGSTON (MD '77)
PASSED AWAY ON SEPTEMBER 9TH, 2024

DR. CLARANCE TOWNSEND (MD '64)
PASSED AWAY ON OCTOBER 3RD, 2024

DR. DONALD HODDER (MD '69)
PASSED AWAY ON OCTOBER 9TH, 2024

DR. DOUGLAS BROWN (MD '57)
PASSED AWAY ON OCTOBER 17TH, 2024

DR. RONALD STEWART (MD '70)
PASSED AWAY ON OCTOBER 22ND, 2024



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