

DALHOUSIE'S  
FACULTY OF  
MEDICINE  
ALUMNI  
PUBLICATION

SPRING 2025

# DalDocs

A portrait of Dr. Franklin Sim, an older man with glasses, wearing a black academic cap with a gold tassel and a red and black academic robe over a white shirt and a red patterned tie. He is standing in front of a dark wood-paneled wall.

## ***DR. FRANKLIN SIM (MD '65)*** ***RECEIVES DALHOUSIE'S HIGHEST RECOGNITION***

***DR. IAN MACDONALD (MD '72)***

***THE POWER OF HOPE***

***DAL MED GALA 2025***

***DR. RUTH ANN MARRIE (MD '96)***

***FIRST GILLIAN'S HOPE MSOLOGIST***

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## DalDocs

### SPRING 2025

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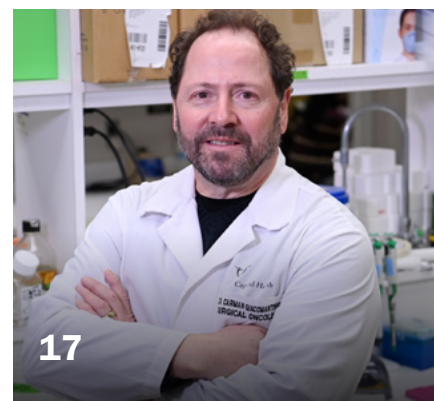
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*Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq. We are all Treaty people.*

*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*

CBMC was not the only campus with recent appointments. The Faculty of Medicine is pleased to welcome four new educational leaders in Halifax. Dr. Abir Hussein has been appointed assistant dean, distributed education, and will oversee initiatives that enhance rural and regional medical training. Dr. Shanté Blackmore joins as director, Indigenous health, where she will lead efforts to advance Indigenous health programming and community partnerships. Dr. Lori Connors has been named associate dean, continuing professional development and medical education (CPDME), where she will lead CPD programs and support medical education research. Dr. Joffre Munro has been appointed assistant dean, undergraduate medical education (UGME), clerkship, overseeing the clerkship curriculum and student assessment. All bring valuable experience and a deep commitment to improving medical education and health equity.

On May 30, we celebrated the hard work and accomplishments of the Class of 2025 at the Faculty of Medicine convocation. This day is always filled with excitement, and I look forward to congratulating our students on all they have achieved.

Over the summer, I'll have the pleasure of joining several classes for their reunions. Reconnecting with our alumni and hearing their reflections on their time at Dalhousie is always rewarding. As graduates of one of the country's top medical schools, your talent and dedication are vital to the health of our communities.

Thank you for all you do to strengthen and advance a more equitable health system.

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

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

In February and March of this year we were pleased to welcome a panel of national peers and medical education experts from the Committee on Accreditation of Canadian Medical Schools (CACMS), as part of Dalhousie Medical School's next full accreditation of the undergraduate medical program. They engaged with faculty, students, administrators, and clinical affiliates to gather and verify information collected in advance of the visit. We are currently awaiting the results of the visits, and welcome CACMS feedback on how we can improve our medical education program. You can learn more about the accreditation process on the [Faculty of Medicine website](#).

Excitement continues to build for the Cape Breton Medical Campus (CBMC) as we move closer to welcoming our first cohort of students later this year. We have had strong interest in the campus, and we were thrilled to distribute admissions letters to successful applicants at the end of March. Hiring for key positions is progressing, with the recent leadership appointments of Dr. Jennifer Hall as senior associate dean, Dr. Arlene Kelly-Wiggins as assistant dean, pre-clerkship, and most recently, Dr. Susan MacLeod as director, Skilled Clinician Program, marking significant milestones for the new campus. As we prepare for the campus opening, we remain committed to working closely with physicians and the community to ensure its success in training future family doctors for Nova Scotia.



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

As another academic year comes to a close, I want to extend my heartfelt congratulations to all of this year's graduates. This milestone marks the beginning of an exciting new chapter, and we are so proud to welcome you into our ever-growing community of Dalhousie Faculty of Medicine and medical alumni. It is a privileged place to be that comes with a responsibility to be great stewards for our alma mater and all that it gave us. We are positioned well as clinicians, scientists and researchers to give back to our community.

It's been a wonderful year of connection and celebration across the DMAA. One of the highlights was the **Dal Med Gala**, held on November 2, 2024 at the Nova Scotian Westin Hotel which brought together alumni, faculty, learners and friends for an unforgettable evening of recognition and community. The **DMAA Alumni Recognition Awards** were presented that same weekend, honouring seven remarkable alumni and outstanding Dalhousie residents whose contributions to medicine, research and the community continue to inspire us all.

Throughout the year, the DMAA was thrilled to host and participate in numerous events, including our **Spring and Fall Refreshers**, and the **DMAA Reception at The International Congress on Academic Medicine (ICAM)**. These gatherings are a testament to the strength of our alumni network and the value of staying connected across generations and geographies. Be sure to look for the DMAA Alumni gathering at these events as they come up annually and we will be there! We would love to see you, hear about what's new, and catch up over refreshments and small bites.

Looking ahead, I'm excited to share that the **2025 Dal Med Gala will take place on November 1** at the Halifax Convention Centre. The Gala will be the centerpiece of a slate of weekend activities to celebrate our alumni and current Dal learners, faculty, and staff. Don't miss out on the annual DMAA Fun Walk/Run at the Tupper Link, the morning of November 1! Mark your calendars and stay tuned for more announcements (including CME events) around this exciting weekend—we hope to see many of you there for another memorable evening of celebration and community.

This summer and fall also bring **many exciting class reunions**, and I want to extend warm congratulations to all those celebrating milestones. Reunions are an opportunity to reflect, reconnect, and honour shared experiences, while remembering and building on the joy we have all found in medicine. A special thank you to all of the **reunion organizers and class presidents** for their time, energy, and dedication in making these events happen—you play a vital role in keeping our alumni network vibrant and engaged.

As always, the DMAA remains committed to representing and supporting all alumni from the Faculty of Medicine—including graduates, researchers, learners, residents, and those from our growing Physician Assistant Studies program. Our diversity is our strength, and we continue to build a dynamic and inclusive alumni community.

Please stay connected. Whether you join us at an event, participate in mentorship, or share your story, your involvement enriches us all.

Warm regards,

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



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

As we reflect on the 2024-2025 academic year, and my second at Dalhousie Medicine New Brunswick, I am proud of all that has been accomplished.

On May 9, 2025, the DMNB community had the pleasure of hosting our annual Launch Ceremony at the Imperial Theatre in Saint John, celebrating the Class of 2025. It was a momentous occasion as we recognized their relentless pursuit of excellence over the years and wished them well in their residency training. I'm pleased to say that 43 per cent of our 2025 graduates are pursuing family medicine residencies, and 57 per cent will pursue Royal College training programs. I am also happy to report that 54 per cent of our graduates will be returning to pursue residency programs at Dalhousie, with 61 per cent remaining in Atlantic Canada, ensuring they continue to make an impact on the lives of patients in the communities we serve.

Research at DMNB continues to thrive. On Nov. 4, 2024, we hosted our annual DMNB Research Celebration, a night dedicated to recognizing the outstanding contributions of researchers and students across New Brunswick. The event featured engaging student presentations accompanied by a roaming dinner, an awards ceremony honouring exceptional research achievements, and an inspiring keynote address. This celebration highlighted the collaborative spirit and impactful research at DMNB, reinforcing its commitment to addressing critical health challenges and improving patient care in New Brunswick and beyond.

On Oct. 5, 2024, the New Brunswick Medical Society (NBMS) hosted their 2024 Celebration of Medicine awards in Miramichi, NB. They presented awards to physicians, resident physicians, and students who have made positive contributions to patient care and the medical profession. Among the recipients were Dr. Robert Boulay, former assistant dean clinical education, Dr. Paul Atkinson, assistant dean research, and Class of 2024 grad, Dr. Daniel Hanscom. Congratulations to our DMNB recipients—we are so proud of all you have accomplished.

I am honoured to be part of the leadership team at DMNB and am confident that we will continue to be one of the best distributed medical education experiences in Canada.

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

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

# New Alumni Profiles: Powered by Philanthropy

Each year, generous donor support helps shape the journeys of future health care leaders. In this issue, we're proud to introduce four recent graduates from the Faculty of Medicine whose stories reflect both excellence and resilience.

Each new alumni profiled in the following pages were recipients of donor-funded bursaries or convocation awards—support that helped ease financial pressures and allowed them to focus on their studies, clinical training, and community involvement.

These alumni are living proof of the profound impact that philanthropy can have in helping students succeed and launch meaningful careers in medicine and health.

**If you'd like to help future students thrive,  
consider making a gift or exploring other  
ways to get involved.**

**Contact Faculty of Medicine Advancement  
at [medadvancement@dal.ca](mailto:medadvancement@dal.ca)**



# Resilience and representation

## Dr. Jordin Fletcher (MD '25) champions change



Born in Kijipuktuk in Mi'kma'ki, Dr. Jordin Fletcher's journey is a testament to strength, resilience, and the power of representation.

Raised in Dartmouth and Porters Lake, she carries the rich heritage of Missanabie Cree First Nation, where her grandmother is a residential school survivor, and Millbrook First Nation, alongside the influence of her white settler grandparents. By the time she entered high school, she knew she wanted to pursue a career in medicine, an idea nurtured by her mother's support and encouragement.

Dr. Fletcher completed an undergraduate degree in nursing at Dalhousie and worked as a registered nurse for five years before applying and being accepted into medical school. She recognized the racism, harm, and overall structural violence that Indigenous people regularly face in healthcare. When she began her medical studies, she hadn't encountered another Indigenous physician. This changed in 2021 when she met Dr. Brent Young, who is Anishinaabe and a member of Sandy Bay First Nation, as well as academic director of Indigenous Health at Dalhousie, and clinical lead at the Wije'winen and Sipekne'katik Health Centres.

"I had been absent from these structures working as a nurse," she says. "So, meeting Dr. Young and knowing that we exist and that there's at least some safe space to work in was reassuring."

### Creating safe spaces

As she embarked on her medical school journey, Dr. Fletcher quickly realized that a safe space for community building was limited. In response, she and two of her peers founded the

Indigenous Medical Student Association (IMSA).

"We became aware that surviving medical school as Indigenous students requires strong community, and we wanted to create the IMSA so students could access resources to support building community and each other," she says.

Under her direction and after numerous conversations with leadership, the Indigenous medical student lounge was created as a space for belonging. It became a symbol of support and celebration, reflecting Dr. Fletcher's commitment to her community.

In April of this year, she was recognized with the Association of Faculties of Medicine of Canada (AFMC) Indigenous Health Advocacy Learner Award. The award is a celebration of her outstanding dedication to dismantle anti-Indigenous racism and advance cultural safety, health equity, and the wellness of First Nations, Métis, and Inuit peoples through advocacy, education, and research. Though honoured to be recognized at a national level, Dr. Fletcher says receiving the award is bittersweet.

"I think the real question is: what do awards like this mean to residency programs—especially those where Indigenous physicians aren't even getting through the doors? They can offer validation in a colonial language, but what matters most to me is the impact on community and my people."

### Breaking barriers and building community

In 2024, Dr. Fletcher completed a family medicine elective at the Wije'winen Health Centre and Sipekne'katik Health Centre with Dr. Young, and then resident, Dr. Shanté Blackmore from Millbrook First Nation. It was the first time an Indigenous medical student, resident, and staff physician had practiced together. The experience, a medical school highlight for Dr. Fletcher, had a significant influence on her future residency.

Dr. Fletcher will begin her family medicine residency here at Dalhousie, alongside Dr. Young at the Sipekne'katik Health Centre in July, and she is looking forward to providing the same leadership and visibility for future medical students that she experienced.

She recognizes the importance of having Indigenous clinicians working with and in community, in research, and in medical education—this is what reconciliation looks like. She is deeply committed to fulfilling this vision.

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

Guided by the values and priorities of the communities she serves, Dr. Fletcher's future practice will embrace land-based approaches and relational ways of knowing. With humility and purpose, she is building a path where care is not only delivered, but truly shared.

# The community connection

## Dr. Katherine Houser's journey to medicine



For as long as Dr. Katherine Houser (MD '25) can recall, she knew she wanted to work in healthcare.

Growing up in Moncton, New Brunswick she heard stories of her mother's compassion and dedication to nursing and was captivated by the idea of making a difference, dreaming of the day she could follow in her mother's footsteps.

When she faced an unsuccessful application to medical school, she pursued a Master of Applied Health Services Research. She was hired as a community developer with Horizon Health Network, a job that married her passion for health promotion and a person-centered approach to care, with her love for human connection. In this position, she collaborated with local community members and organizations to improve health outcomes and enhance the community's wellbeing through engagement and empowerment.

"I remember reflecting on how fulfilling this work was and questioned whether medicine was still in the cards for me," she recalls. "I could see myself thriving in the world of population health work."

Now, as she embarks on her residency in family medicine in her hometown of Moncton—the very community she hopes to serve long-term—Dr. Houser is poised to make that dream a reality.

### The power of connection

What draws her to family medicine is the same spirit that guided her in community development: a love for human connection.

"I love getting to know people and making them feel heard and safe," she says. "I want to be that trusted person my patients can go to with any and every question or concern."

Family medicine also reflects her strong commitment to health promotion and disease prevention, as well as her drive to empower patients and families to make informed choices about their health and wellbeing. She's drawn to the wide range of patient concerns and the complexity of care, which keeps each day dynamic and fulfilling.

### Leadership and service

This will not be the first time she will be in a position of support and connection. During her time at Dalhousie Medicine New Brunswick (DMNB), Dr. Houser distinguished herself through leadership and service. She supported peers as the Community-Engaged Service Learning NB rep, and as a convocation representative, she helped celebrate their collective accomplishments.

She developed a fourth-year Leadership in Medicine elective to enhance her skills and strengthen her commitment to

advocacy and the study of health systems. Working with the New Brunswick Medical Society, she gained insight into healthcare policy and system reform, particularly the issues caused by poor communication among stakeholders, something she hopes to tackle with her research on interprofessional collaboration.

During medical school, Dr. Houser was also part of the Student Diversity and Inclusion Committee, hoping to contribute meaningfully to conversations around equity and representation.

### Leading from within

As Dr. Houser looks toward her future career, she remains steadfast to the kind of physician she wants to be and the impact she hopes to have, remarking with enthusiasm, that she plans to contribute to the primary care system in New Brunswick, which faces an aging and growing population.

She plans to work in a community family medicine practice, leaning into her strengths and interests to address the priorities in the community she serves. She envisions a clinic that prioritizes culturally safe care, offers gender-affirming services, and supports patients navigating complex social circumstances.

"My ability to form trusted connections and support a patient-centred experience aligns with my vision to make my patients feel seen, heard, safe, valued and supported to be their authentic selves," she says. "I think this is especially important when caring for equity deserving groups, like women and the 2SLGBTQIA+ community."



# Advocacy in focus

## How Dr. Tyler Herod (MD '25) is transforming healthcare for patients with sight loss



### Medicine was not always on Dr. Herod’s radar.

With an aptitude for math, physics, and problem-solving, he initially completed mechanical engineering at Dalhousie. Through a co-op program, he did two work terms in biomedical engineering research, where he realized his true passion was working on problems aimed at improving the lives of others, inspiring him to pursue a Master of Applied Science in biomedical engineering.

“It was during my master’s that I concluded that becoming a physician, not an engineer, would be the most direct path to fulfilling my desire of wanting to improve the lives of others with my career,” says Dr. Herod.

He entered medical school in 2020 as part of the Class of 2024, eager to explore all the specialties that Dalhousie had to offer. But just as his journey was beginning, his world shifted—his father suffered a massive stroke at home in Alberta.

Separated by provinces and strict pandemic travel restrictions, Dr. Herod tried to balance his studies with supporting his family from afar.

“While a discouraging event to navigate at the start of my journey, I knew that a “reset” would be just what I needed to give medical school my best effort,” recalls Dr. Herod. “The fact that I was successful in matching into ophthalmology is, I believe, a testament to how taking time off from studies can truly lead to positive outcomes.”

He participated in the Surgical Exploration and Discovery (SEAD) Program after his first year, providing an avenue for him to explore various surgical specialties early in his training. This experience guided his choice of clinical electives in second year, leading him to urology and ophthalmology—the latter being the only surgical field not included in SEAD.

“I remember when I discovered ophthalmology, I was fascinated with how it merges surgery, with the applications of technology and physics that I had enjoyed learning about in engineering,” he says. “What truly hooked me, however, was recognizing how ophthalmologists restore and preserve a patient’s ability to connect with others and the world around them through their vision.

### Patient advocacy

Dr. Herod also became interested in patient advocacy. Eager to begin making a difference, he joined the Community-Engaged Service-Learning (CESL) Program and was connected with the Canadian Institute for the Blind (CNIB), where he took on a project aimed at identifying and addressing accessibility challenges in hospitals for patients with sight loss.

During focus groups with individuals living with visual impairments, he listened to their experiences navigating healthcare—often filled with frustration, fear, and avoidable obstacles. It became clear that many of the barriers they faced were not due to a lack of resources but rather a lack of awareness.

“We heard numerous examples of how healthcare workers often fail to recognize a person’s disability in the hospital, under the assumption that they can be seen,” says Dr. Herod. “These focus groups sparked my passion for wanting to contribute towards making hospitals less daunting for those that live with sight loss.”

Determined to bridge this gap, he and his collaborators, including two people with lived experience, developed training sessions for healthcare workers, equipping them with practical strategies for providing more inclusive care. Over time, these sessions grew into hospital-wide education initiatives reaching over 450 individuals, including presentations at Grand Rounds and direct collaborations with hospital leadership to implement systemic changes.

Dr. Herod’s initiatives are already creating meaningful change locally, and through additional research projects rooted in sight loss advocacy, he hopes to expand his impact.

In March 2025 Dr. Herod was honoured with a Dalhousie’s 2025 Board of Governors’ Award, recognizing his unwavering commitment to empathy, mentorship, and advocacy.

# Mentorship in medicine

## Dr. Ariel Provo’s mission to uplift and inspire

### “There’s no way I’ll be able to do this.”

It’s a sentiment Dr. Ariel Provo (MD ’25) sometimes hears at the start of a STEM (science, technology, engineering, and mathematics) student tutoring session. But by the end, students are usually surprised at how far they’ve come, expressing: “That wasn’t as bad as I thought.”

It’s a moment that happens frequently—and one that reminds the new grad why she shows up, week after week.

### From the basketball court and classroom

Raised in Lake Echo, Nova Scotia, Dr. Provo has deep ties to the African Nova Scotian communities of East Preston, North Preston, and Halifax, which helped shape her strong sense of belonging. Her early interest in medicine was sparked by a cousin she deeply admired, whose own dreams of becoming a doctor were shaped — and ultimately limited — by significant health challenges, and socioeconomic and systemic barriers. Paired with her love of science and math, it wasn’t long before she too began imagining herself in a white coat.

“I remember thinking, why not pursue a career where I get to study and learn the things I love?” recalls Dr. Provo. “From that point on, I set my sights on medicine and worked toward making it happen.”

She enrolled in Dalhousie’s highly competitive medical sciences program—where she balanced a demanding academic schedule with varsity basketball. The program’s broad curriculum gave her a strong foundation for medical school and by the time she entered Dalhousie Medicine, she had already been introduced to many of the core topics.

Still, the transition to medical school came with challenges that tested both her resilience and identity. On the day of registration, Dr. Provo tore her ACL and meniscus—an injury that abruptly halted her active lifestyle and left her feeling disconnected from herself. Compounding that isolation was the ongoing pandemic, which forced portions of pre-clerkship learning online.

“It was a really difficult time,” she says. “I wasn’t moving my body, I was stuck at home, and I felt really cut off from everything that made me feel like me.”

But slowly, she found her way back to herself—discovering new ways to stay engaged and active through yoga, spin classes, Pilates, and even inner-tube water polo.

### The power of representation

Throughout her studies, Dr. Provo remained committed to giving back through mentorship, particularly with Imhotep’s Legacy Academy (ILA), a program supporting African Nova Scotian students in Grades 6–12 through STEM education and leadership development and funded, in part, by generous donors.

Since 2020, she has served as an after-school and virtual



program mentor, French coordinator, and tutor, providing one-on-one support in subjects ranging from biology and psychology to math and French.

“Watching my students grow and succeed has been incredibly rewarding,” she says. “No matter how busy school or life got, I prioritized tutoring because I saw the real impact it had, and I care deeply about my students’ success.”

Her tutoring allowed her to see firsthand the shift that happens when Black students feel supported and represented.

“So many navigate these fields without role models who share their experiences, which can lead to feelings of isolation and self-doubt,” she says. “Representation matters—bringing in Black professionals as guest speakers, hiring diverse faculty, and ensuring Black students see themselves reflected in the curriculum can make a significant difference.”

### Looking ahead—and giving back

This summer, Dr. Provo will begin her residency in anesthesiology here at Dalhousie, a specialty that perfectly blends her love of physiology, technical precision, and the dynamic pace of clinical medicine.

Mentorship and outreach remain key priorities for her. She plans to stay actively involved with programs like the RBC-funded Promoting Leadership in health for African Nova Scotians (**PLANS**) and the Black Learners Admission Committee, with a continued focus on supporting and encouraging Black youth to pursue opportunities in STEM and healthcare.

For Dr. Provo, the path to medicine has been about more than just becoming a doctor. It has been about creating change, opening doors, and making sure others, who follow in her footsteps, feel supported as they walk through them.



# Dr. Ian MacDonald (MD '72)

## The Power of Hope

Dr. Ian MacDonald (MD '72) didn't just practice medicine—he embodied it. Over more than four decades as a family physician, educator, and community leader, Dr. MacDonald became known not only for his clinical excellence but for a trait often harder to measure—his unwavering belief in the power of hope.

### Changing patient care through compassion and hope

Born and raised in Halifax, into a distinguished lineage of physicians. His grandfather had been a dean of health professions and medicine was deeply rooted in the family.

Though born into a distinguished lineage of physicians, Dr. MacDonald's sense of hope and compassion in caring for others showed he was destined to impact the world through medicine.

After completing a Bachelor of Arts at Queen's University in Kingston, Ontario, he returned to his hometown to attend Dalhousie's expanding medical program—drawn by a sense of purpose and a desire to give back to the community that shaped him.

He graduated in 1972, and with his wife Jane by his side, the two relocated to Fredericton, New Brunswick where they would build a rich family life and an even richer professional legacy.

There, Dr. MacDonald established his own family practice, became a fixture at the Dr. Everett Chalmers Hospital, and served as Medical Director of both Pine Grove Nursing Home and the hospital's Geriatric Assessment and Rehabilitation Unit. He had a particular passion for elder care, understanding the nuanced needs of aging patients and advocating for dignity at every stage of life.

"He was in it for the long haul," says his daughter, Jennifer. "He took care of generations of families. People would stop us in the street to say, 'Your father delivered me.' Or 'Your dad was with us when my mom passed.' His care followed people through their lives—and their families' lives."

Dr. MacDonald was instrumental in helping his class establish the MD Class of 1972 International Health Education bursary. He passed away in January 2025, surrounded by loved ones, including his daughter, Jennifer.

But what made Dr. MacDonald's approach truly extraordinary wasn't just the breadth of his practice, it was the depth of his compassion. He never saw patients as cases, but as whole human beings. He made house calls, took extra time in the exam room, and refused to let anyone leave without feeling seen and supported.

### Finding hope and perspective

In 1993, after 21 years of uninterrupted practice, Dr. MacDonald was diagnosed with pancreatic cancer—one of the most difficult diagnoses in medicine. He'd never taken a sick day. He had no family doctor. And now, he found himself in the patient's chair.

"He survived, against the odds," said Jennifer.

In doing so, he brought something profoundly powerful back to his practice—perspective.

"Being a family doctor and a cancer survivor are both part of who I am," Dr. MacDonald once wrote. He would go on to speak and write often about his experience with illness, not to recount his own suffering, but to advocate for hope—something he felt medicine too often overlooked,

At the 2015 Family Medicine Forum (FMF), an annual conference organized by the College of Family Physicians of Canada, Dr. MacDonald spoke giving the talk "Doctor, Please Do Not Destroy Your Patient's Hope" became a hallmark of his later career, echoing through conference halls, support groups, and exam rooms alike. He encouraged physicians to see beyond prognosis and to walk beside their patients, not only as medical experts but as allies in courage.

"Hope is seeing the glass half full," he said during his talk. "We can never let anyone take away our hope."

Following his recovery, Dr. MacDonald became deeply engaged with the cancer community—offering peer support, facilitating groups, volunteering with the Canadian Cancer Society, and mentoring survivors across Canada.

His work earned him numerous accolades, including the Dr. Garfield Moffatt Award for Excellence in Patient Care and Community Involvement, Dalhousie's Excellence in Clinical Practice Award, and the Canadian Cancer Society's Medal of Courage.

### Teaching humanity in medicine

Dr. MacDonald also mentored Dalhousie medical students and residents for nearly 30 years, quietly shaping the next generation of doctors with a focus on empathy, presence, and the art of listening. He didn't just teach medicine—he taught humanity.

Even in retirement, Dr. MacDonald remained a force. He helped establish the Capital Region Senior and Retired Physicians Group, remained a passionate advocate for access to primary care, and continued to play tennis and the bagpipes—a nod to his Scottish roots and his lifelong love of music.

To his students, he was a model of humility and wisdom. To his patients, he was a healer and a lifeline. To his family, he was simply Dad—a present, loving, and quietly remarkable man who somehow had time for everyone.

As Jennifer says, "He was so present for so many people. I don't know how he did it. He just really, truly cared. And people felt that."

That, perhaps, is the legacy Dr. MacDonald leaves behind. A reminder that at its best, medicine is not just about cures, but about connection. Not just about treatment, but about trust. He believed that being a good doctor wasn't just about knowledge—it was about heart.

And in every patient he treated, every student he taught, and every family he comforted, Dr. MacDonald's heart made all the difference.

► Dr. Ian MacDonald upon convocation in 1972

▼ Dr. Ian MacDonald and his beloved wife, Jane





# Innovative Researcher, Dal Grad becomes first Gillian’s Hope MSologist

When Dr. Ruth Ann Marrie (MD '96) entered medical school, no therapies existed to treat Multiple Sclerosis.

The chronic autoimmune disease, which interrupts the connection between the brain and body by destroying the protective coating around nerve fibres and the fibres themselves, affects up to 100,000 people in Canada.

“On a per capita basis, Canada has one of the highest prevalences in the world,” says Dr. Marrie, who graduated from Dalhousie’s medical school in 1996.

Today, as Dr. Marrie assumes the Multiple Sclerosis Clinical Research Chair at Dalhousie’s Faculty of Medicine and becomes the university’s first Gillian’s Hope MSologist, there are more than 15 therapies available to help people with MS, including the first disease-modifying drugs.

On-going work to change the diagnostic criteria for the disease means people are getting their diagnoses more quickly, and researchers have identified more than 230 genes that contribute to the risk of MS.

Clinicians now also know that people’s co-existing conditions are also critical to the way they experience MS, and how severe its effects can be.

That realization is due to Dr. Marrie, whose impact on the field of MSology—the study of MS—has been transformational.

## Terrible fatigue

Twenty years ago, when Dr. Marrie had finished her neuroimmunology training at the Cleveland Clinic, she was treating a patient at an MS clinic.

The man, who was about 50, had terrible fatigue.

“I was trying to sort out what drove that, because fatigue can be related to the MS or other factors,” she remembers.

Looking at his chart reminded Dr. Marrie that her patient had severe emphysema, a lung disease that was likely worsening his fatigue. But there was almost no information in the literature surrounding MS about the impact of emphysema or any other co-existing conditions on patients, or any strategies around holistic treatment.

She wondered how many of the symptoms and variations in outcomes she was seeing in people with MS were related to the influence of their other conditions on MS.

That question spawned Dr. Marrie’s PhD dissertation and the next two decades of her work on the frequency and effects of co-existing conditions. Her research is paving the way for personalized medicine approaches that could stop disease progression or even prevent MS altogether.

Dr. Marrie’s research showed that depression, diabetes, high blood pressure, heart disease and high cholesterol increase both the amount of disability people with MS experience at diagnosis, and the disease’s progression, as well as shortening people’s lifespans.

Her recent collaboration analysing 17 clinical trials in MS indicates that one quarter of people have at least one other condition, while 11 per cent had two other co-existing conditions, and six per cent had three or four co-existing illnesses.

“It becomes a bigger and bigger issue as people age with their disease,” she says.

MS is also associated with higher rates of depression and anxiety disorders.

## Warning phase

Thanks to Dr. Marrie and her team, neurologists are now also recognizing that before people experience typical symptoms, they may have a 5- to 10-year warning phase that consists of worsening mood, fatigue, pain, and other sensory symptoms.

“The opportunity that warning phase offers if we can fully characterize and pick it out, is to potentially intervene before people have a first typical symptom of MS,” Dr. Marrie says. “We’re in the early stages, but that is a very important finding.”

The National Multiple Sclerosis Society recognized Dr. Marrie’s impact in 2023, when the Society awarded her the Barancik Prize for Innovation in MS Research.

“Dr. Marrie brings her perspective as a neurologist to ask research questions that are very relevant to improving people’s



quality of life and providing answers that will increase our ability to stop and even prevent MS in the future,” Dr. Bruce Bebo, the Society’s Executive Vice-President of Research Programs, said when announcing the award.

“She is also incredibly generous and very effective as a volunteer who provides critical leadership to MS research initiatives on a global scale.”

Dr. Marrie, who grew up in Halifax and earned her undergraduate as well as her medical degree at Dalhousie, returned to take up the Chair in September after spending 17 years at the University of Manitoba.

The Chair is supported through the Gillian’s Hope Fund, which philanthropist Margot Spafford established in 2014 to honour her friend Gillian Morrow’s decades-long journey with multiple sclerosis.

Becoming the Gillian’s Hope MSologist will enable Dr. Marrie to pursue her research full-time, rather than splitting her research time and clinical practice.

In addition to developing her work on MS and co-existing conditions, Dr. Marrie wants to explore the role other factors, such as social determinants of health and aging, play in the variation of symptoms people with MS experience. Her findings could also help tailor treatments.

She’s also passionate about informing people that smoking, childhood obesity, vitamin D deficiency, and the Epstein-Barr

virus, which may also result in infectious mononucleosis, heighten people’s risk of developing MS.

Through her work at Dalhousie, Dr. Marrie will collaborate with Nova Scotia Health and other research partners around the world to continue to explore the impact of MS, the factors that lead to the disease and its expression in individuals, and the improvements in health services required to better diagnose, treat, and prevent the disease.

She’ll do it all from her new home in Chester, closer to her parents and extended family. “It’s good to be home,” she says.

*“Dr. Marrie brings her perspective as a neurologist to ask research questions that are very relevant to improving people’s quality of life and providing answers that will increase our ability to stop and even prevent MS in the future.”*

— DR. BRUCE BEBO





# Dr. Wai-Ming Cheung (MD '68)

## A Journey in Medicine

In 1960, at the age of 20, Dr. Wai-Ming Cheung (MD '68) traveled 12,443 kilometers from his home in Hong Kong, to a small university town in Nova Scotia, Canada. Dr. Cheung was the first student to graduate with a double honours' degree in Bachelor of Science in Biology and Chemistry from Acadia University in Wolfville.

Then, having a keen interest and passion for biological science, and the desire to fulfill his late father's dream of his son becoming a doctor, Dr. Cheung set his sights on Dalhousie Medical School.

"During the four years, I enjoyed the little circle of friends I studied with in the library on evenings and weekends, and who I learned with at the anatomy table," recalls Dr. Cheung.

Some of his fondest memories during his time at Dal Med were thanks to his anatomy professor, Dr. Richard Lorraine de Chasteneau Holbourne Saunders, who encouraged his students to see the world.

Upon his med school graduation in 1968, Dr. Cheung moved to Scarborough, Ontario, to join a family medicine clinic with fellow Dalhousie medical alumnus.

## Exploring New Avenues in Medicine

As a family doctor, Dr. Cheung realized he wanted to expand his medical knowledge of the most common and serious diseases among Asian populations such as liver diseases, cancers, and chronic respiratory conditions.

He and his new wife Rebecca, whom he met in Halifax, moved to Hong Kong where he joined a Catholic hospital specializing in caring for terminal patients with liver cancer, cirrhosis, pulmonary tuberculosis, and nasopharyngeal carcinoma.

He then returned to Canada with his family to pursue training in the subspecialty of Neonatology at the Winnipeg Children's Hospital, IWK Health Centre, and London Memorial Children's Hospital.

Under the guidance of his mentors, Dr. Jack Bowman (Winnipeg) and Dr. Donald Reid (Ontario), Dr. Cheung started as a consulting Pediatrician at the York Central Hospital (now MacKenzie Health Centre) in Richmond Hill, Ontario, in 1975.

It was then that Dr. Cheung turned his attention to the inadequate treatment plans for high-risk antepartum mothers and neonatal care for preterm infants. Due to his expertise in this area, he was recruited to become the Director of the Neonatal Intensive Unit at North York General Hospital in Toronto, Ontario.

At the time, North York General Hospital had only three to four beds allocated to antepartum and neonatal care. Dr. Cheung expanded the number of beds to six while providing vital training to nursing staff on level II neonatal care.

◀ Dr. Cheung is donating his painting entitled "Roaring Tiger" to Dalhousie's Faculty of Medicine.

Throughout his career, he was also appointed as Adjunct Professor of the University of Western Ontario and Lecturer of the University of Toronto in the department of Paediatrics and was a mentor for medical students and interns from the University of Alberta, the University of Western Ontario, and the University of Toronto for pediatric and neonatal training.

"My goal was to help sick patients, and I tried my best to assist other professionals, including the nurses," said Dr. Cheung. "I worked 24 hours a day to support the Level II Neonatal Intensive Care Unit, which, over time, expanded to 24 maternal-infant care suites."

## Advancing Neonatal Research

According to the Journal of Perinatology, it was not until the 1950s and 60s that medical researchers started studying neonatal care. Additionally, it wasn't until 1961 that Canada established its first Neonatal Intensive Care Unit (NICU) at the Hospital for Sick Children in Toronto, making Dr. Cheung a groundbreaking leader in Canadian neonatal clinical research during his time as a physician.

In 1987, following his extensive work to expand neonatal and maternal care, Dr. Cheung presented his ten-year research at the Canadian Paediatric Society Conference in Halifax titled *High Risk Neonatal Follow Up Clinic and the Data of Hyperbilirubinemia*.

This research inspired the creation of the Dr. Wai-Ming Cheung NICU Education Endowment Fund at North York General Hospital,

to support nurses furthering their education in neonatal care. With the input and help of a few nurses, Dr. Cheung published the *Steps to Grow: Parent Resource Book* to support the parents with sick babies treated in the Neonatal Unit.

Dr. Cheung remained Director of the Neonatal Unit until 1992, when he was celebrated with a room in his honour at North York General. It is designated as 'Training Room—Pioneering in the Development of this Neonatal Unit.' He continued to work as a general pediatrician until his retirement in 2012.

## An Accomplished Life

Beyond his passions for medicine and mentorship, Dr. Cheung is a lover of the arts. He is a member of the Ontario Chinese Art Association and submitted his paintings for two exhibitions in 2025: Flower at Nite and Sai Si—one of the four Chinese beauties.

He held a personal art exhibition with over 80 paintings of landscapes, flowers, animals, and portraits in 2022 at the Chinese Culture Centre of Greater Toronto and his painting, Panda Family was proposed for the Canada 150 Art and Toronto Heritage Event in 2017.

Dr. Cheung's other hobbies include travelling, gardening, tennis, pickleball, swimming, and ice skating. He and Rebecca, a Dalhousie Nursing graduate, have five children and six grandchildren.

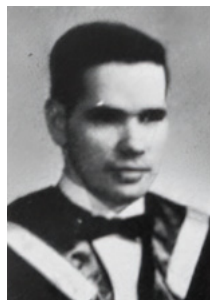


◀◀ Dr. Cheung and his wife Rebecca enjoyed ballroom dancing as a favourite past time.

◀ A painting Dr. Cheung included in the Ontario Chinese Art Association's 2025 exhibition Flower at Nite



# A Life of Service, A Moment of Honour: Dr. Franklin Sim (MD '65) Receives Dalhousie's Highest Recognition



When Dr. Franklin Sim first stepped onto the Dalhousie University campus as a wide-eyed 17-year-old from Pictou County, Nova Scotia, he had two dreams: to study science and to play hockey.

Like many Canadian boys, Dr. Sim was passionate about Canada's game, and he saw a path to playing pro. When the scouts came knocking, Dr. Sim's mother put her foot down.

"She said to me, 'son, if you're going to play hockey, you're doing it at university' and so I changed my track," Dr. Sim recalls.

"Over the next eight years, I achieved both," he recalls with a smile. He balanced playing for Dalhousie's hockey team while studying medicine. "I had a wonderful time at Dalhousie, and I still feel that sense of awe and commitment to the university to this day."

## Dalhousie's Highest Honour

That lasting connection has now come full circle, as Dr. Sim receives Dalhousie University's highest honor—an honorary doctorate—in recognition of his extraordinary contributions to medicine, education, and global health.

A globally recognized leader in orthopaedic oncology, Dr. Sim's career has spanned five decades, beginning with his surgical training at the Mayo Clinic in 1965. There, he became a pioneer in the then-emerging field of musculoskeletal tumor surgery.

"When I started, the results were dismal," he says. "Survival rates were low, and amputation was often the only option. But over time, rapid advances in imaging, chemotherapy, and surgical techniques revolutionized the field."

Dr. Sim had a front-row seat to that evolution—and often, a hand on the steering wheel. He helped develop early limb-salvage surgeries and custom implants for patients with bone tumors, ultimately influencing practices around the globe.

"It was a compelling field, and it asked a lot of us, and of our brave patients," he says. "But we kept pushing forward. Now, with 3D printing and computer-assisted surgery, it's incredible how far we've come."

## Shaping the future of orthopedic surgery

**Beyond the operating room**, Dr. Sim made equally significant contributions to education and research. At Mayo, he co-founded a tumor fellowship program in 1972, training a generation of surgeons from around the world.

"We're very proud of their accomplishments," he says. "Many became leaders in the field."

His work also extended globally, particularly in Asia, where he visited countries like Singapore, China, and Taiwan more than a dozen times to help build surgical programs. "They always had excellent doctors," he notes. "But now they also have the resources. It's rewarding to see how far they've come."

In 2012, Dr. Sim received the American Academy of Orthopaedic Surgeons' Diversity Award for his efforts in making orthopaedic surgery more inclusive—a personal point of pride. "When I started, there were very few women in orthopaedics," he says. "Now, many of the women we trained have become chairs of departments and presidents of societies. It's incredible progress—but we're not done yet."

He believes diversity isn't just a goal—it's a strength. "It improves everything," he says. "You get different viewpoints, different cultural insights. If you walk through the Mayo Clinic today, you'll see experts from all over the world leading breakthroughs. That's the way forward."

As he reflects on the honorary degree from Dalhousie, Dr. Sim is characteristically humble. "It's incredibly meaningful," he says. "It makes me think back on all the people I'm indebted to—my mentors, my colleagues, my students. This honor is really shared with them."

For a man whose career has helped shape the future of surgery, medical education, and global collaboration, Dr. Sim remains deeply grounded in the values he brought with him from Nova Scotia: humility, service, and a deep commitment to advancing care for all.

In 2011, Dr. Sim established the **Dr. Franklin H. Sim Medical Bursary** in support of Dalhousie medical students.

You can make your mark by creating your own medical bursary. To learn more, email [medadvancement@dal.ca](mailto:medadvancement@dal.ca).

*Dr. Sim received his honorary degree on May 30, 2025*



# Fueled by Passion:

## Dr. Carman Giacomantonio (PGM '97)

### Named QEII Ramia Chair in Surgical Oncology

*Dr. Giacomantonio is a surgical oncologist at the QEII Health Sciences Center and a professor of surgery at Dalhousie University. He is also the Chief of Surgical Services at Colchester East Hants Health Centre in Truro, Nova Scotia, sits on the Medical Advisory Board for Colorectal Cancer Canada and is the Chief Medical Officer of Cancer Care Canada.*

Personal loss, profound curiosity, and an unwavering commitment to cancer research have driven Dr. Carman Giacomantonio's path to a successful career in surgical oncology.

After the loss of his father to lung cancer when he was young, he admits to being afraid of the disease.

"But I guess my response to fear is total immersion—hence my career in medicine, specifically cancer research and surgical oncology," says Dr. Giacomantonio.

His early life experience sparked his dedication to understanding and fighting cancer, ultimately leading him to his recent appointment as the Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research.

### Pioneering Cancer Immunology

Dr. Giacomantonio's career began in transplant immunology, when he first began to wonder if he could translate the fundamentals that exist in transplant immunology—efforts to keep patients' immune systems from rejecting transplanted organs—to a cancer perspective. His original groundbreaking research on this subject, published in 2004, validated his hypothesis that cancer tumors could be immunized, a concept that has recently revolutionized cancer treatment, and an approach Dr. Giacomantonio is expanding on in his current research.

However, it hasn't always been a smooth road.

Launching his first lab dedicated to tumor biology, metastasis, and immunology in the Tupper Building at Dalhousie in 2013 was no small feat, Dr. Giacomantonio recalls.

"Keeping the lights on in a research lab is not easy; funding is difficult to come by and can be very time-consuming to compete for. Only about 10 per cent of research proposals are funded," he says.

The time involved in competing for grants and seeking other funding is among the challenges that had Dr. Giacomantonio

considering retirement in recent years, despite his passion for advancing cancer treatment.

Then he received the news that he would be named the Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research.

### A Transformational Gift

The Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research, which the Ramia family funded through the QEII Foundation, in collaboration with Dalhousie University, revitalized Dr. Giacomantonio's work and provided the resources necessary to push forward with groundbreaking research

"For nearly 25 years, the Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research has supported the region's best surgical cancer care leaders and played an instrumental role in fueling a world-class cancer research program at the QEII Health Sciences Centre," says Susan Mullin, CEO of the QEII Foundation.

Being named the Chair marks a pivotal moment for Dr. Giacomantonio and his research.

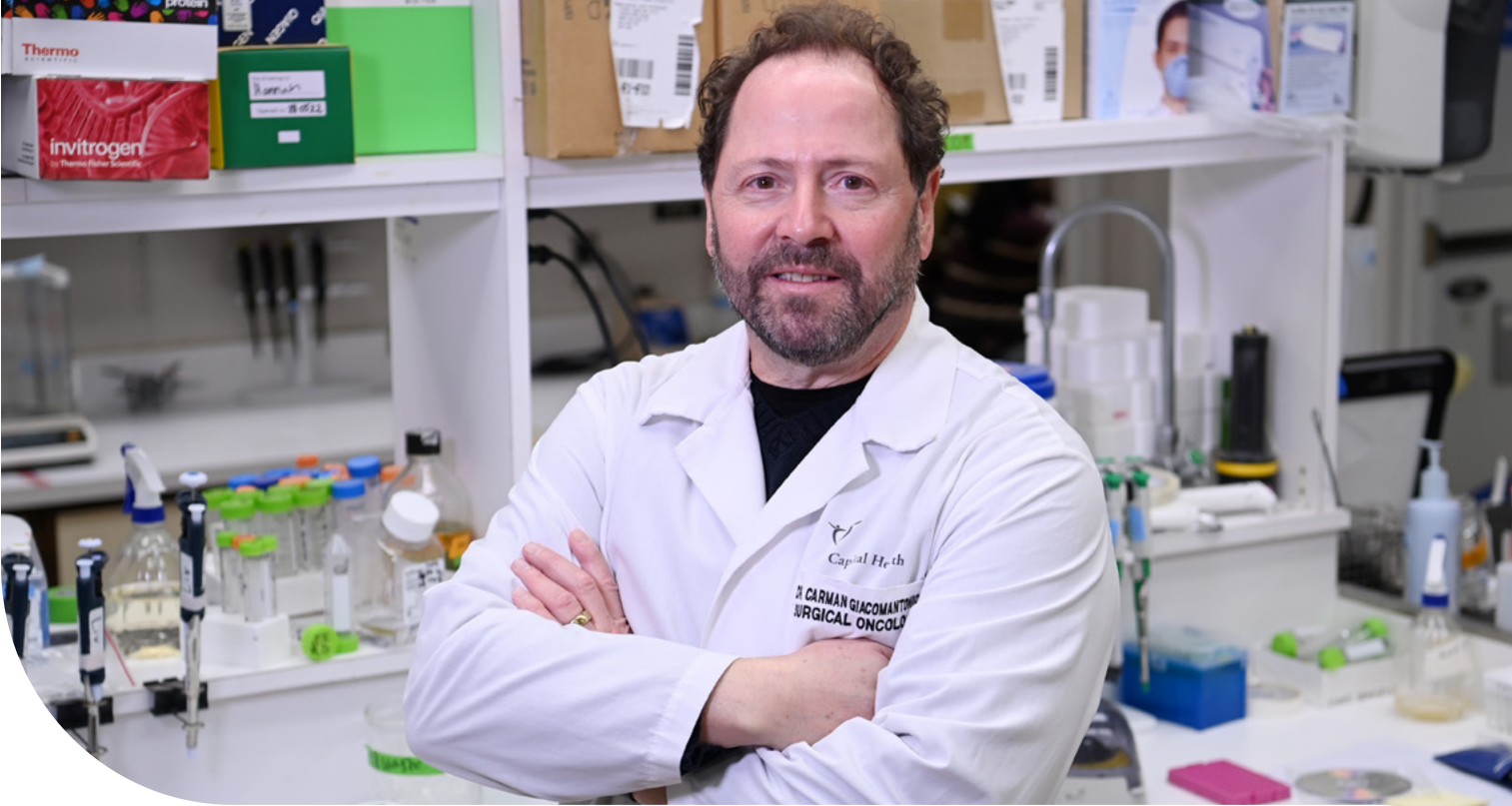
"This position will enable me to embrace the role of translational scientist," he says. "I am now spending 50 per cent of my time in the operating room and 50 per cent in the lab. The Chair position allows me to have a full team as well as international collaborators to support this novel research in cancer immunology."

Dr. Gail Darling, Head of the Department of Surgery at Dalhousie University recognizes Dr. Giacomantonio's commitment to research.

"Dr Giacomantonio has spent his research career focused on fighting cancer," says Dr. Darling. "He brings passion, energy and vision to the Ramia Chair. His collaboration and mentorship will benefit the Dalhousie Department of Surgery research community and indeed the broader research community at Dal."

*"Ultimately, medicine is humanity, and that's what draws me to it."*

— DR. CARMAN GIACOMANTONIO



Dr. Carman Giacomantonio, The Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research

### A Research Revolution

Dr. Giacomantonio's current research focuses on a cutting-edge treatment involving gold nanoparticles. "This research uses a toxin-free gold nanorod made by Sona Nanotech. It looks like a grain of rice, but much, much smaller," he explains.

Multitudes of this nanoparticle are injected into a cancerous tumor and passed over with a laser, heating the tumor to 42-45 degrees, creating a vibration within the cancer cells called a hyperthermic response, selectively killing them without harming the immune system.

This innovative approach has the potential to revolutionize cancer treatment because it can eliminate tumors without the severe side effects associated with conventional therapies.

For Dr. Giacomantonio, the drive to advance cancer treatment remains deeply personal.

"I am so passionate about this work because I see the patients every day that are impacted by it," he says. "It's not just the patients you cure, but the ones who you don't that keep you going. I have an innate drive to do this work, I think it's my late father in the back of mind who I owe that to. Ultimately, medicine is humanity, and that's what draws me to it."

### The Impact of Philanthropy

The significance of philanthropic support is not lost on Dr. Giacomantonio. "I am very lucky and proud to be the Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research," he says. "I am so excited for the possibilities this creates in cancer research." Dr. Giacomantonio asserts that none of this happens without philanthropy.

"The Ramia's are not only philanthropic but visionary and our hopes are aligned for the future of cancer research. Philanthropy is everything—I know that in the right hands, we can make real change."

The sentiment is echoed by Ms. Mullin.

"The recent appointment of Dr. Carman Giacomantonio as the new chairholder is a prime example of the revolutionary and lasting impact that the Ramia family is making possible through their visionary gift," she says. "On behalf of the cancer patients and families who will ultimately be impacted by this milestone and important research, we extend our sincere gratitude to the Ramia family."

### A Vision for the Future

Looking ahead, Dr. Giacomantonio is preparing to take his research to the next level with clinical trials. Next up in this research, thanks to the Ramia Chair position, is clinical trials where he and his team will use this novel nanoparticle on cancer patients, for the first time in the region.

His enthusiasm and commitment to improving cancer treatment are palpable. "This will change cancer research. This will cure people.

Dr. Giacomantonio's story is one of dedication, innovation, and the profound impact that research, supported by visionary philanthropy, can have on the lives of countless people.

As the Gibran & Jamile Ramia Endowed Chair in Surgical Oncology Research, he stands at the forefront of a new era in cancer treatment, to make a lasting difference.





The world is rapidly changing, and so is Nova Scotia's healthcare system. But one thing remains constant: the deep connection and fond memories many of you share with this province.

We are modernizing and improving healthcare policies, equipment and facilities.

Our government has made a lot of improvements in healthcare, and if you're not part of it right now, we would love to have you back.

Healthcare has been a top priority for my government since the day I took office. We developed a plan called Action for Health and it's working.

#### ADVERTORIAL

#### We are seeing progress and leading the way nationally in many ways. For example:

- Last year we cut 425,000 hours of red tape so doctors can focus on their patients, not paperwork.
- We are modernizing and expanding the Halifax Infirmary hospital, doubling the size of the ED and adding a new ICU and 16-storey acute-care tower.
- We are innovating. Nova Scotia is using more robots in surgeries per capita than any other province.
- A new electronic medical record system for hospitals will begin rolling out this fall.
- We established the Health Innovation Hub to enable our health professionals to bring creative solutions to improve healthcare. One of our doctors invented a device to help pronate patients and surgical robots are helping surgeons.
- Launched an Atlantic Clinical Trial Network with partners that has attracted top researchers and will lead to new treatments.
- To help with retention, we negotiated an agreement with doctors to increase their pay and established the Physicians Retirement Fund (second in the country to offer this) to encourage physicians to stay and work in Nova Scotia.

But government policy alone doesn't make healthcare work, people do.

We are always in need of well-trained, committed and compassionate professionals like yourself.

If you want to be part of a healthcare system where your government truly listens and genuinely cares, please reach out to me directly at [premier@novascotia.ca](mailto:premier@novascotia.ca).

I would be happy to work with you and help chart your path back to Nova Scotia.

We can chat about incentives or we can simply reminisce about your time here -- the incredible scenery, seafood, golf, wine and over 13,000 kilometres of coastline -- or even missed opportunities that still await.

Our government has incentives and assistance for new doctors who move to Nova Scotia. You can find more information on Nova Scotia's communities, open jobs and our healthcare system at **MoreThanMedicine.ca**.

We have achieved so much, but our work is not done. As the needs of patients change and the healthcare landscape evolves, we will adapt. We will invest in new solutions and ideas. We will create new partnerships. Through it all, our focus will be on patients, providers, and creating a system that Nova Scotians can count on.

As your Premier, I want you to know that there is a place for every Dal Alumni in our healthcare system and in our province. We are building a brighter future for healthcare in Nova Scotia, and your expertise is essential to that vision.

[actionforhealth.novascotia.ca](http://actionforhealth.novascotia.ca)







# From GMA to MD

## Second year medical student catches attention of top morning show

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

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

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

With support from his family and the Faculty of Medicine, he decided to move forward with the interview. Posted on GMA’s YouTube channel on Dec. 16, 2024, it has already been viewed 12 thousand times. It was also shared by ABC news the same day. RJ, who lost significant use of his legs after a fall in 2021, has built a following of 38 thousand on his Instagram account @rj\_adapted. What began as comedic videos about poor

accessibility, has grown into the sharing of resources and motivation for others with disabilities.

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

## Setback to success

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

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

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

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

RJ was further encouraged by Dean Dr. David Anderson, who, once he was accepted, was one of the first people in the Faculty of

◀ *RJ Roggeveen tests out his standing wheelchair while scrubbing in for the first time in the simulation lab. He worked with the interprofessional team to create the standard operating procedure for OR accessibility.*

Medicine to reassure him that he’d receive the support he needed to be successful—support that RJ says, has remained consistent since he began his studies.

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

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

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

RJ collaborated with his healthcare team and his research preceptor and mentor to determine if a specialized wheelchair could improve his health and allow for further participation in the operating room. Once confirmed, he began navigating the daunting \$47,000 cost. He launched a successful sticker fundraiser, raising \$5,000 by selling anatomy-themed stickers he designed and created, and worked with several organizations to raise the funds he needed. The Faculty of Medicine also launched a public-facing accessibility fundraising campaign to support RJ and other students like him experiencing barriers.

## Powered by possibilities

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

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

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

“If something’s higher up, I can see it. If I need to stand, I can do that. It’s not about playing catch-up anymore. It lets me be right

there with my classmates, and it saves a lot of time—not just for me, but for others involved in organizing things.”

## Breaking barriers and inspiring change

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

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

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

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

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

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

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

Interested in supporting students like RJ through the Faculty of Medicine’s **Accessibility & Accommodations Fund**?

Contact [medadvancement@dal.ca](mailto:medadvancement@dal.ca) today!





**DAL**  
**solutions**

# Breakthrough in heart treatment best practice sparks global rethink

## The Snapshot

Thousands of Canadians are saved each year by a device inserted in the body that zaps the heart back on track when it’s threatened by dangerous rhythms. But the side effect is pain and trauma. A Dalhousie researcher has determined the most effective way to limit the shocks, prompting a re-evaluation of heart treatment worldwide.

## The Challenge

Inserted in John Kell’s heart is a device that, at unknown intervals, causes him a tremendous amount of pain. It is also saving his life. Mr. Kell has ventricular tachycardia or VT. Previous damage to his heart makes it prone to race spontaneously, veering chaotically from its regular lub-dub rhythm. It strikes without warning—lub-dub-dub-lub-lub-lub—ventricles becoming frantic, misfiring, contracting so fast that they barely have time to fill with blood, starving his body of oxygen. But we know what can stop this. We’ve seen it on television. “Clear!” —the two paddles of the defibrillator come down on the chest and—zap. The patient rises from a contorted state as if wrenched from a nightmare. Brought back from the brink by a jolt that shocks the heart’s beat back to its proper cadence.

Zoom into Mr. Kell’s chest to see a miniature version of this defibrillator embedded just below his collar bone. Wires extend from it through veins into his heart, where they monitor its electrical activity. When it goes off track—zap—a shock is delivered directly to the heart muscle. Lifesaving but excruciating. “Did you ever touch a lawn mower sparkplug? You should do it and then you’ll know what the shock is like,” says the 76-year-old Nova Scotia farmer, who recounted the last jolt he got after cutting his daughter’s lawn. “You might get a little twinge beforehand, but when it hits, it hits. You damn well notice it.” Implantable cardioverter defibrillators like Mr. Kell’s became a regular medical procedure in the early 2000s, a hugely consequential solution for people with VT who can experience cardiac arrest at any moment. But with it came a new problem—patients living in fear of the next shock and the pain that comes with it.

## The Solution

“Ventricular tachycardia is the most common cause of sudden death. I would venture to say you and anyone you talk to knows, within one degree of separation, somebody who died suddenly from the condition,” says Dr. John Sapp (MD ’94), a Dalhousie cardiology researcher and cardiologist with Nova Scotia Health. “It’s great that

◀ *Dr. John Sapp (MD ’94) performs a catheter ablation, which he has determined is most effective treatment for ventricular tachycardia. Photo: Queen Elizabeth II Health Sciences Centre*

internal defibrillators can shock us back, but getting a lot of shocks can be quite nasty and can for some be very traumatic.” Aside from the ongoing apprehension that a jolt is coming at any second, Dr. Sapp says the shocks are a strong indicator that things are not going well with the heart overall. “So, there’s a real impetus for us to prevent recurrent arrhythmias and the shocks that come with them.” Seeking a solution, Dr. Sapp has worked for years with colleagues at Nova Scotia Health and around the world to study the relative success of the two leading treatments—drugs and the minimally invasive procedure catheter ablation. Using wires like those of the internal defibrillator, catheter ablation allows doctors to discover and cauterize the short circuits that cause the heart to misfire. “Historically, the practice has been to try medications first, and if medications weren’t working, try still more medications,” says Dr. Sapp, noting that this remained the case even after his 2016 study that demonstrated catheter ablation provides a safer option than stronger drugs. But now a global rethink is underway, sparked by Dr. Sapp’s most recent study of the treatments. Published in the November 2024 *New England Journal of Medicine*, Dr. Sapp’s findings demonstrate for the first time that catheter ablation outperforms medication as the first-line VT treatment.

## The Work

Dr. Sapp’s study tracked 416 VT patients implanted with defibrillators after surviving a heart attack. Enrolled in 22 health centers, patients were randomly assigned to either drug therapy—amiodarone or sotalol—or catheter ablation. The question: which approach reduced VT incidents and posed less risk? For at least two years, researchers tracked participants’ erratic heartbeats, electric jolts, and emergency visits. A pattern emerged—patients who underwent ablation were 25 per cent less likely to die, experience VT-related shocks, end up in emergency, or suffer clusters of arrhythmias called VT storms. While often effective, Dr. Sapp says VT drugs come with side effects. The leading drug can damage organs over time; the next in line can paradoxically increase the odds of life-threatening arrhythmias. Finding the right dose can be difficult and take time. These risks, impacts, and delays are what Dr. Sapp says set medication behind ablation as the preferred treatment.



Dr. John Sapp. Photo: Daniel Abriel

## The Impact

“This could be a landmark trial that could have an important impact in how people are cared for around the world,” says Dr. Sapp. “We hope the implications influence guidelines from the American Heart Association, the North America-based Heart Rhythm Society, the European Heart Rhythm Association, and European Society of Cardiology.” Back in Antigonish, Mr. Kell hasn’t experienced any shocks since the procedure was performed in 2019 as part of Dr. Sapp’s study. “It’s good mentally to know it’s not going to happen,” says Kell, who has retired from farming but still appreciates the ability to walk and oversee his land. “I don’t notice any difference now. It’s there and it’s working. That’s all I want.”

*“It’s been a bit of a whirlwind. But that’s why we did this. To definitively answer the scientific question: what should I do for my patients?”*

— DR. JOHN SAPP (MD ’94)



# Cape Breton Medical Campus: A Bright Future for Rural Medicine

The momentum continues to build at the Cape Breton Medical Campus (CBMC), a transformative joint initiative between Cape Breton University and Dalhousie’s Faculty of Medicine. As the campus prepares to welcome its first cohort of students in August 2025, two leaders are guiding its mission to expand rural medical education and improve access to care in underserved communities.

## Leading the Way

Dalhousie alumni and long-standing champions of community-based care, Drs. Jennifer Hall and Arlene Kelly-Wiggins (MD '15) are bringing their leadership, experience, and vision to the Cape Breton Medical Campus.

Senior Associate Dean, Dr. Jennifer Hall, brings nearly a decade of leadership from her time as Associate Dean at Dalhousie Medicine New Brunswick (DMNB), where she championed family medicine and rural health education.

Former President of the College of Family Physicians of Canada (CFPC) and current Chair of the CFPC Residency Accreditation

*“It’s going to be hard work. It requires dedication and perseverance, but the outcome is worth the effort.”*

— DR. ARLENE KELLY-WIGGINS (MD '15)

Committee, Dr. Hall is a seasoned academic leader with a national perspective on excellence in medical education. Most recently, she was recognized with the 2024 Dalhousie Faculty of Medicine Academic Leadership Award.

At CBMC, Dr. Hall is focused on preparing the campus for its inaugural class while supporting the development of rural clinical learning environments across Nova Scotia. She is committed to the vision of ‘training in rural Nova Scotia now, to care for rural Nova Scotians in the future.’

Her approach is deeply rooted in collaboration—with faculty, health care providers, and the communities eager to be part of the CBMC’s impact.

“Embrace the learning journey ahead and always remember that the patient and family are the centre of care,” she advises aspiring physicians.

Assistant Dean, Pre-Clerkship, Dr. Arlene Kelly-Wiggins followed a unique path to medicine after 16 years as a high school teacher.

A Dalhousie MD alumna, she completed her residency and Care of the Elderly program in Cape Breton, where she now leads the Geriatric Clinic at Cape Breton Regional Hospital. Dr. Kelly-Wiggins has been instrumental in revitalizing geriatric services in the region and brings her educator’s heart and advocacy for local learners to her new role.

Working in tandem with Dalhousie’s Halifax and Saint John campuses, Dr. Kelly-Wiggins is responsible for shaping and delivering the pre-clerkship curriculum at CBMC. Her goal is to inspire and support students as they engage with family medicine and community care early in their training.

“It’s going to be hard work,” she says. “It requires dedication and perseverance, but the outcome is worth the effort.”

She credits much of her professional ethos to advice she once received from Dalhousie’s Dr. Andrew Lynk: medicine is only as good as the follow-up—a sentiment she passes on to the next generation of learners.



Rendering of new Cape Breton Medical Campus prepares to welcome its first cohort of students in August 2025

## A Legacy of Leadership: Honouring Chief Terry Paul

In a landmark moment this past fall, the Cape Breton community celebrated Chief Terry Paul of Membertou First Nation for 40 years of transformative leadership. Held at the Membertou Trade and Convention Centre, the gala event raised \$250,000 to establish the Chief Terry Paul Leadership Award—an endowment that will support Mi’kmaq students studying at the Cape Breton Medical Campus starting in 2025.



Chief Paul, whose vision has tripled Membertou’s land base and raised its employment rate to 80 per cent, has received national recognition, including appointments to the Order of Canada and multiple honorary doctorates—including one from Dalhousie University. His legacy is now directly tied to the future of Indigenous health education in Nova Scotia.

## Looking Ahead

The Cape Breton Medical Campus is not only a bold step forward for rural medical education—it’s a testament to the power of alumni leadership and community collaboration. With a passionate team and strong institutional partnerships, CBMC is well-positioned to produce the next generation of physicians ready to serve where they are most needed.

As Dalhousie Faculty of Medicine alumni, your legacy continues through initiatives like CBMC. Whether through mentorship, teaching, or supporting local learners, your connection to this mission makes a lasting impact.

Stay tuned as we continue to share milestones and student stories from Cape Breton and [contact us](#) if you are interested in establishing a CBMC student scholarship or bursary. The future of rural medicine is being written now—and it’s rooted in Nova Scotia.





◀ From left to right: graduate student Aminat Mustapha, Dr. Gabriela Ilie, Dr. Lisa Barrett (PGM '09), Dr. Paola Marcato, Dr. Eileen Denovan-Wright.

## Girls Just Wanna Have Funding: The Cost of Underfunding Women in Medical Research

Across the globe, women in medical research are pushing the boundaries of discovery, yet they continue to face significant funding disparities. Despite their groundbreaking contributions, female scientists receive smaller grants and fewer opportunities to lead major research initiatives compared to their male counterparts.

The consequence? A loss of critical innovations that could transform healthcare.

The Girls Just Wanna Have Funding campaign is a new initiative that was launched on International Women's Day. This campaign is not just about raising money—it's about recognizing the untapped potential of women-led and women-focused research and ensuring that groundbreaking medical advancements aren't lost due to systemic funding gaps.

### The Funding Gap: What's at Stake?

Research shows that female scientists often receive less funding despite producing high-impact research. A recent Canadian Institutes of Health Research (CIHR) study revealed that women applicants were awarded smaller grants than their male counterparts, limiting the scope and scale of their research projects.

This awareness campaign comes at a critical time when diversity, equity, and inclusion (DEI) initiatives in academia and beyond are facing renewed scrutiny and challenges, making it even more vital to ensure that women in research are not left behind.

"Women in medicine and science are leading groundbreaking research, but systemic funding disparities continue to prevent equitable access to training and resources," says Dr. Jeanette Boudreau, Associate Professor at Dalhousie's Faculty of Medicine and Scientific Director of the Beatrice Hunter Cancer Research Institute.

"EDIA initiatives aim to achieve parity, but the systematic biases and assumptions that allowed the disparities to establish in the first place persist," says Dr. Boudreau. "There is much more work to be done to achieve true equity. Through this initiative, we're not only raising awareness but also creating tangible opportunities for women in research to thrive."

The Girls Just Wanna Have Funding campaign features exclusive merchandise, including t-shirts, mugs, notebooks, and tote bags, with proceeds going directly to the newly established Women in Medical Research Fund. Faculty, students, and supporters are encouraged to wear the gear, share their stories on social media, and spark conversations about gender equity in research funding.

### The Power of Equity in Research

The Girls Just Wanna Have Funding campaign aims to bridge this funding gap by establishing a new Women in Medical Research Fund. The initiative seeks to channel resources into female-led research projects, ensuring that women scientists have the financial backing needed to drive discoveries forward.

Proceeds from the campaign's merchandise—featuring bold statement t-shirts, coffee mugs, tote bags, and notebooks—will directly support this fund, empowering women researchers to continue their vital work.

### An Investment in the Future of Medicine

This campaign comes at a critical time when diversity, equity, and inclusion initiatives are facing setbacks. Ensuring that women in research receive the support they need is more important than ever. By purchasing merchandise, sharing the campaign on social media, or donating directly, supporters can help shape the future of healthcare and medical discovery.

Given that diverse research teams generate more innovative solutions and broader perspectives, the underfunding of women researchers means the world is missing out on potential life-saving discoveries.

"We know that diverse perspectives drive better science. When women struggle to secure funding, we all lose out on critical discoveries that could improve health outcomes," says Associate Dean of Research with Dalhousie's Faculty of Medicine, Dr. Eileen Denovan-Wright.

"This campaign is about changing that—by investing in female researchers, we're investing in the future of medicine."

Dalhousie University invites faculty, students, and community members to join the movement. Wear your support, spark conversations, and be a part of the solution. Because when women in research have funding, we all benefit.

**Research on diseases affecting primarily women is underfunded, or the disease affects more men and is overfunded.**

Synthesised evidence from 55 studies from 14 countries found **fewer awarded grants were led by women** (24%) than men (76%).

**Women are 9 per cent less likely** than men to receive second grants to continue their research.

Failure to study medications and other interventions in a broad sampling of women has contributed to **women experiencing adverse effects** from medications at **twice the rate of men**.

The average grant award for women is **\$342,000** while the average men receive is **\$659,000**.

### Join the Movement!



Donate or purchase your **Girls Just Wanna Have Funding** merch online today!



# A decade of impact: Celebrating 10 Years of Dalhousie’s Medical Sciences program

**Medical sciences student Hannah Mills works in the lab at Dalhousie University. The Medical Sciences program is celebrating its tenth year.**

One of the most sought-after programs of Dalhousie University is celebrating its tenth year.

The Undergraduate Medical Sciences program, which at inception was the first and only of its kind in the Atlantic Provinces, attracts more than 1,300 applications to fill its 120 seats each year. Its popularity is only surpassed by Dalhousie’s nursing and medicine programs.

Students vying for one of the coveted seats have exceptional high school averages.

It's no surprise that each of them excels, with many going on to medical school, completing residencies, and have impressive careers in medicine, pharmacy, research, and other health professions. Seeing where they end up fills both Assistant Dean, Medical Sciences Dr. Sarah Wells, and Program Manager Dr. Julie Jordan, with pride.

“We see so much energy and enthusiasm every year with the incoming class, and we’re always proud when they leave the program,” says Dr. Wells. “We often get teary at convocation, watching them graduate—it feels like seeing your own kids grow up.”

## Empowering pathways in health and science

The Medical Sciences program, housed in the Faculty of Science, but connected to the Faculties of Medicine and Arts and Social Sciences, provides graduates with a broad biomedical science background, preparing them for professional programs, graduate studies, or careers in biotechnology and government.

“It's unlike any other Bachelor of Science program in the region, offering a focus on human health and physiology, including psychosocial components often overlooked in pure science programs,” says Dr. Wells. “It prepares them for further training, primarily in medical school, but also in graduate studies and other professional programs.”

Eshan Arora graduated from the Medical Sciences program in May 2024 and is now in his first year of medical school here at Dalhousie.

“The Med Sci program includes a broad range of courses that align perfectly with what we’re doing in medical school,” he says. “Up until now, there hasn’t been much new material for me because I’ve already covered it in my Med Sci courses. While my peers might be encountering this content for the first time, it’s familiar to me.”

The Medical Sciences program is designed for flexibility, especially in its senior-year offerings. About two-thirds of students opt for an honours degree, completing a year-long research project in their final year. They can work with a variety of experts across clinical, theoretical, or applied fields, engaging with topics from emergency medicine to environmental racism. For others, the innovative capstone course presents a unique alternative, analyzing diverse medical cases, adapting annually to emerging healthcare issues.

For Eshan’s honours project, he developed and taught a first-year class for underrepresented students in STEM (Science, Technology, Engineering, Math, and Medicine). His goal was to provide them with access to the hidden curriculum—those unwritten rules and resources that people with generational knowledge of university life might already have.

“We wanted to create a community where students could support each other, especially those who might experience imposter syndrome,” says Eshan. “Working with the United Nations Women in STEM Ambassador and Dal’s Office of Equity and Inclusion, my research analyzed the class’s impact on students.”

Initially uncertain if his project fit within medicine, Eshan now appreciates how it encompassed psychology, student well-being, and mental health. He’s grateful for the Medical Sciences program’s exceptional flexibility, enabling honours research beyond traditional medical fields.

## More than medicine

Dr. Sean Wang is in his first year of family medicine at the University of Toronto. A graduate of the Medical Sciences program, and Dalhousie Medicine, he recognizes that his medical sciences undergraduate training provided unique benefits, including courses tailored to medical school entrance exam requirements. The program’s encouragement to volunteer also played a key role in guiding him towards a career in medicine.

“Volunteering at the IWK family room at the Ronald McDonald House was a huge part of my undergrad, and it culminated in realizing that I wanted to work in healthcare and liked the medicine part of it, so I decided to go for it.”

Though he notes the program was tough, the community of peers and faculty that developed around him was critical to his success.

“The ongoing support from professors like Dr. Jordan and Dr. Wells, who checked in on us, was invaluable. All that exposure to the medical school environment really prepped me for what was to come.”



Medical sciences student Hannah Mills works in the lab at Dalhousie University. The Medical Sciences program is celebrating its tenth year.

Though both Eshan and Dr. Wang did pursue careers in medicine, not all those in medical sciences choose that path. Many graduates go into other fields like physiotherapy, dentistry, or even law. Approximately 70 per cent of students beginning the program indicate they want to be doctors, but the interdisciplinary nature of study exposes students to different fields and leads many to other careers.

“We’re not just a pre-med program; we’re training future scientists,” says Dr. Wells. “A lot of students also go into pharmacy—around 20 per cent, and it’s an important pipeline for careers in research.”

## Increased representation

In 2022, the Medical Sciences program took steps to increase representation in their class by admitting 10 Mi’kmaq and 10 African Nova Scotian students annually.

“This initiative has significantly increased diversity in the program, and created a cohesive community that makes students feel welcome and included,” says Dr. Wells. “We now have wrap-around supports in place, such as counseling, tutoring, and financial support and I know several students who wouldn’t still be at Dalhousie without this.”

## The heart of the program

The success of the Medical Sciences program depends heavily on relationship-building with other faculties, deans, and instructors, something Dr. Wells is incredibly grateful for.

“This program runs out of the goodness of people’s hearts, and that’s not something you find at every institution,” she says. “I’m especially thankful to the Deans of Medicine and Science for their continued support, which is the reason this is all possible.” Support from partners like RBC and community donors has been instrumental and will be critical to the ongoing success of this program and it’s important mission.

And while she shows her gratitude, the students reciprocate with their own appreciation for her and Dr. Jordan, whose unwavering support and approachability creates an environment where learners thrive.

“Dr. Jordan did the work of three people without ever showing the strain,” recalls Eshan. “Dr. Wells, too—she’s so dedicated and genuine, and is always going above and beyond. It’s been a pleasure to not only take the degree, but also get to know and work with people like her.”

With evolving coursework and strong support from faculty like Drs. Wells and Jordan, there’s no doubt the Medical Sciences program will continue to shape diverse future leaders in medicine, science, and beyond for many decades to come.





◀ Dr. Alon Friedman, the William Dennis Chair in Pediatric Epilepsy Research, oversees an examination.

## Transforming epilepsy care

The foundation's work involves training local health-care providers in the use of portable technology to enhance diagnostics in rural areas and offering guidance on medication adherence. Team members will also leverage telemedicine to address health-care access challenges in remote communities.

By implementing educational initiatives in schools, collaborating with local leaders, and launching public-awareness campaigns, the foundation is fostering a more inclusive and supportive environment for individuals living with epilepsy.

"Our initiative tackles the widespread social stigma surrounding epilepsy, while ensuring that children with the condition receive the education they deserve," says Alaa Abu Ahmad, a graduate student working with Dr. Friedman.

The researchers plan to eventually establish a dedicated epilepsy centre in Mfuwe that will offer a full range of services, from diagnostic testing to rehabilitation, ensuring patients have access to the continuous support they need.

## Expanding the reach

Ahmad and fellow graduate researcher Laith Alhadeed and Abdulla Alshanti have broadened the initiative's impact by establishing a student-led epilepsy society back in Halifax.

Their advocacy efforts include organizing events, such as their recent plant sale to raise funds for vital anti-seizure medications. The society has also collaborated with Cassidy Megan, founder of Purple Day — a global epilepsy awareness movement — to extend their reach and amplify their message both locally and internationally.

"It's truly heartwarming to see how our small efforts can make a significant difference in the lives of people, even those thousands of miles away," says Alhadeed.

The society has launched a website where anyone interested can learn more about the initiative and donate.

"Your support helps provide life-saving medication and vital resources to those in need."

The Mfuwe Epilepsy Foundation in Zambia enables diagnostics in rural areas otherwise underserved by health infrastructure. (Submitted photo)

# Dal researchers unite to help tackle high epilepsy rates in remote Zambia

The Mfuwe Epilepsy Foundation in Zambia enables diagnostics in rural areas otherwise underserved by health infrastructure.

Researchers from Dalhousie University are leading an initiative in rural Zambia to combat the high prevalence of epilepsy and reduce the stigma that deeply affects individuals living with the condition.

Epilepsy, a brain disorder characterized by recurrent seizures, impacts millions of people worldwide. Its challenges are magnified in resource-constrained settings where access to diagnosis, treatment, and public understanding are often lacking.

The Dal researchers have joined forces with Zambian health-care professionals to create the Mfuwe Epilepsy Foundation, with

a focus on improving epilepsy care in rural Zambia where health infrastructure is limited. Named after Mfuwe, a region with some of the highest epilepsy rates in Africa, the foundation aims to improve patient outcomes and empower the local community through culturally informed approaches in an area where widespread misconceptions about the condition often discourage individuals from seeking treatment.

"Our foundation's key areas of focus include improving diagnostics, expanding access to anti-seizure medications, and educating patients and their families on effective seizure management," says Dr. Alon Friedman, the William Dennis Chair in Epilepsy Research. The Dennis family generously established the endowed research chair in 2005 to honour the memory of William, who died unexpectedly at the age of 30 from complications relating to an epileptic seizure.





# 2025 DMAA Alumni Events

## October 31

Dr. Fred Barton Visiting Scholar & Lecture in Bioethics

*Dr. Andrea Frolic, The Role of Trust in Healthcare*

## November 1

Fun Run for Wellness & Community Building

DMAA Alumni Recognition Awards Luncheon

2025 Dal Med Gala

## November 20-22

Fall Refresher CME

# 2025 Reunions

## MD 2020 5<sup>th</sup> Anniversary

**November 8 & 9, 2025** | Halifax, Nova Scotia  
Contact: Pat Holland [pholland@dal.ca](mailto:pholland@dal.ca)

## MD 2015 10<sup>th</sup> Anniversary

**TBD Summer 2025** | Halifax, Nova Scotia  
Contact: Joseph Sadek [jsadek902@gmail.com](mailto:jsadek902@gmail.com)

## MD 2000 25<sup>th</sup> Anniversary

**TBD Fall 2025** | Halifax, Nova Scotia  
Contact: Raghu Venugopal

## MD 1995 30<sup>th</sup> Anniversary

**August 29-31, 2025** | St. Andrews, New Brunswick  
Contact: Doug Varty [tdvarty@me.com](mailto:tdvarty@me.com)

## MD 1991 34<sup>th</sup> Anniversary

**August 22-24, 2025** | Fox Harb'r, Nova Scotia  
Contact: Mark Fletcher [medicineinmotion@ns.aliantzinc.ca](mailto:medicineinmotion@ns.aliantzinc.ca)

## MD 1990 35<sup>th</sup> Anniversary

**July 18-20, 2025** | Fox Harb'r, Nova Scotia  
Contact: Stephen Bent [bents@nbnet.nb.ca](mailto:bents@nbnet.nb.ca)

## MD 1985 40<sup>th</sup> Anniversary

**September 5-7, 2025** | Brudenell Resort  
Contacts: Dr. Alfred Morais [alfmorais109@gmail.com](mailto:alfmorais109@gmail.com)  
and Dr. Terry Magennis [twmagennis@gmail.com](mailto:twmagennis@gmail.com)

## MD 1975 50<sup>th</sup> Anniversary

**September** | TBD  
Contact: Robert Saunders [rscs1@telus.net](mailto:rscs1@telus.net)

## MD 1970 55<sup>th</sup> Anniversary

**May 31, 2025** | The Westin Nova Scotian, Halifax  
Contact: Dan Reid [dansreid2@gmail.com](mailto:dansreid2@gmail.com)

## MD 1965 60<sup>th</sup> Anniversary

**May 31, 2025** | The Prince George, Halifax  
Contact: Merv Shaw [emily.brown5@dal.ca](mailto:emily.brown5@dal.ca)

# 2025 Gala Weekend

**TICKETS ON SALE NOW!**

## October 31–November 1

HALIFAX CONVENTION CENTRE

Join us for a memorable weekend of connection, celebration, and community with fellow Dalhousie Medical alumni.

## Gala Weekend Schedule

### FRIDAY, OCTOBER 31

1:00–4:00 PM

Dr. Fred Barton Lecture in Bioethics (CME)

### SATURDAY, NOVEMBER 1

8:30 AM — Fun Run (Tupper Link)

5:00 PM — Dal Med Gala



For full event details and ticket information, please visit the Events section at [alumni.medicine.dal.ca](http://alumni.medicine.dal.ca)



# Class Notes

Have a professional accomplishment you’d like to share with the alumni community? Please contact [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

## 1970s

Dr. David King (MD’71) has announced his intention to retire from the practice of medicine effective 30 September 2025.

## 1980s

Dr. Robert Boulay (MD’89) has been awarded the Dr. Garfield Moffatt Teaching Award from the New Brunswick Medical Society for commitment to excellence in patient care, medical education, community leadership, and quality of life.

## 1990s

Dr. Ratika Parkash (MD’96) has been appointed the Heart and Stroke Foundation of Nova Scotia Endowed Chair in Cardiovascular Outcomes Research, effective July 1, 2024, for a five-year term.

## 2000s

Dr. Lori Connors (MD’05) has been appointed Associate Dean, Continuing Professional Development and Medical Education (CPDME).

Dr. Alison Archibald (MD’07) has been appointed as Director of Faculty Development at the Cape Breton Medical Campus.

Dr. Ruth Lavergne (MSC’09) was awarded the 2024 Family Physician Best Original Research Article Award at the Family Medicine Forum hosted by the College of Family Physicians of Canada.

## 2010s

Dr. Karthik Tennankore (PGM’11) will undertake kidney research with the help of a \$1m philanthropic donation. The donation will support innovative projects and will accelerate groundbreaking research that could significantly improve dialysis patient outcomes.

Dr. Joffre Munro (PGM ‘16) has been appointed Assistant Dean, Undergraduate Medical Education, Clerkship.

## 2020s

Dr. Daniel Hanscom (MD’24) has received the Student Leadership Award from the New Brunswick Medical Society in recognition of students who have demonstrated exemplary leadership, commitment and dedication within and/or outside the medical community.

# Faculty of Medicine members widely recognized in King Charles Medal Ceremony

King Charles III Coronation Medals were presented by Senator Dr. Stan Kutcher, ONS, to several distinguished Dalhousie researchers, administrators and alumni for their impact in health care, research, education and public service.

## Recipients from the Faculty of Medicine

- DR. ALEXA BAGNELL (MD’77)**  
DEPARTMENT OF PSYCHIATRY
- DR. LISA BARRETT (MD’09)**  
DEPARTMENT OF MEDICINE
- DR. MARGARET CASEY, CM, ONS (MD’68)**  
FORMER DIRECTOR OF ADMISSIONS AND CHAIR OF ADMISSIONS COMMITTEE
- DR. W. FORD DOOLITTLE**  
DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLOGY
- DR. GUS GRANT (MD’97)**  
REGISTRAR AND CEO OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA
- DR. VONDA HAYES (MD’71)**  
FORMER FACULTY MEMBER, DEPARTMENT OF FAMILY MEDICINE, AND FORMER DIRECTOR OF FACULTY DEVELOPMENT
- DR. ORLANDO HUNG (MD’83)**  
DEPARTMENT OF ANESTHESIA, PAIN MANAGEMENT & PERIOPERATIVE MEDICINE
- DR. ANDREW LYNK (MD’82)**  
DEPARTMENT OF PEDIATRICS
- DR. NONI MACDONALD, OC, ONS**  
DEPARTMENT OF PEDIATRICS
- DR. HAROLD ROBERTSON**  
DEPARTMENT OF PHARMACOLOGY
- DR. JOHN RUEDY, LLD**  
DEPARTMENT OF PHARMACOLOGY
- DR. AIDAN STOKES (PGM’74)**  
DEPARTMENT OF PSYCHIATRY

# 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](mailto:medical.alumni@dal.ca).

- DR. REX LANGDON (MD’57)**  
PASSED AWAY ON MAY 5, 2025
- DR. BRIAN O’BRIEN (MD’57)**  
PASSED AWAY ON FEBRUARY 19, 2025
- DR. BRIAN GARLAND (MD’69)**  
PASSED AWAY ON NOVEMBER 25, 2024
- DR. JOHN ACKER (MD’65)**  
PASSED AWAY ON APRIL 2, 2025
- DR. PETER JOHNSON (MD’76)**  
PASSED AWAY ON FEBRUARY 8, 2025
- DR. PIERO CAMPANARO (PGM ’70)**  
PASSED AWAY ON NOVEMBER 19, 2024
- DR. JAMES GORDON (MD’74)**  
PASSED AWAY ON APRIL 1, 2025
- DR. IAN MACDONALD (MD’72)**  
PASSED AWAY ON JANUARY 7, 2025
- DR. RALPH KENNEDY (MD’64)**  
PASSED AWAY ON NOVEMBER 4, 2024
- DR. MARK EDGAR (MD’88)**  
PASSED AWAY ON FEBRUARY 22, 2025
- DR. KATHLEEN BELL-IRVING (MD’83)**  
PASSED AWAY ON DECEMBER 21, 2024

# Dal Alumni Benefits Program

Take advantage of **discounts** and **special offers** from local, national and international providers on everything from hotels and restaurants to Dalhousie alumni-owned businesses, and more.



**Sign up today!**  
It’s free and easy to join.



**Want to learn more?**  
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Please note that you must be a **Dalhousie graduate** in order to take part in this program.

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