

THE
VOICE OF
DALHOUSIE
MEDICAL
ALUMNI

SUMMER 2022

VOXMeDAL

DAL PARTNERSHIP WITH
QATAR AIRWAYS AND
RWANADAIR SAVES LIVES

CLASS
OF 2022

ATLANTIC CANADA'S
EYE CARE PIONEER

INNOVATIONS
IN ANESTHESIA

REUNIONS
ARE BACK

DALHOUSIE MEDICAL
SCHOOL INTRODUCES
**INDIGENOUS
ADMISSIONS
PATHWAY**



DALHOUSIE
UNIVERSITY

DALHOUSIE MEDICAL
ALUMNI ASSOCIATION



VOXMeDAL

SUMMER 2022

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▲ A new admissions pathway will help facilitate entrance into Dalhousie Medical School for Indigenous applicants.



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RENEWED COMMITMENT & RENEWED HOPE

By Dr. Kathy O'Brien (MD '87), DMAA President

When my term as DMAA President began in June 2020, I did not anticipate that we would still be in a pandemic two years hence. The DMAA board had to learn new ways to engage with one another, to celebrate alumni achievements, to continue to support our medical students and to stay in touch. Virtual meetings, reunions and ceremonies became the new way forward, as we waited for our lives to return to a pre-pandemic norm. Issues of the VoxMeDAL transitioned to a digital platform, support for student wellness became a priority and class reunions continued through virtual invitations.

With easing of pandemic restrictions, the last quarter of my term as President of the DMAA has been delightfully more active. In late May 2022 I had the pleasure of attending the Dal Med 2020 class reunion. This was in lieu of the 2020 convocation gala which had been cancelled two years prior. The Dal Med 2020 class invited all physician attendees to recite the Hippocratic Oath along with the 2020 graduates.

It had been 35 years since I had recited the oath at my own convocation. What a privilege to have this opportunity to renew my commitment to the practice of medicine and the patients that are entrusted to our care. It was a very special moment of remembrance and reflection and truly moving.

As recited in the oath, "there is an art to medicine as well as a science and that warmth, sympathy and understanding may outweigh the surgeon's knife or the chemist's drugs."

I felt this was a fitting reminder for all the challenges our students, alumni and patients have endured over the last two years. As we collectively navigate the next year ahead may kindness toward yourselves and one another guide you on your path.

The DMAA is looking forward to hosting in-person alumni events once again. We are excited to know that many of our alumni are planning reunion weekends over the next few months. Connecting with classmates is vital to our community and is certainly cause for celebration. The DMAA continues to extend support to reunion organizers, so please reach out and let us know your plans.

You may have noticed that VoxMeDAL looks a little different. We are proud to be an early adopter of Dalhousie's brand refresh and hope you enjoy the new design. As always, if you have feedback or would like to contribute to Vox, please reach out to us at medical.alumni@dal.ca. We also ask that you provide feedback on whether you would like to receive the publication in print or continuing reading digitally. Please keep a lookout for that survey soon.

All the best for a safe and happy summer ahead.

Sincerely,

Dr. Kathy O'Brien (MD '87)
President, DMAA



OVERCOMING OBSTACLES, TOGETHER

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

It's hard to believe we have lived in a world dominated by a global pandemic for more than two years. These unprecedented circumstances, a phrase we have become all too familiar with, required us to find new ways of doing things. What began as significant obstacles became opportunities, and the medical school community responded with ingenuity and creativity. I am so proud of what has been accomplished in the face of such adversity.

In May, we celebrated the Class of 2022, the first class to complete their entire clerkship during the pandemic. The lessons they learned while navigating this difficult time will serve them — and our health system — well.

Throughout the pandemic, Dalhousie researchers have played a key role in local, national, and international vaccine efforts. In this issue of Vox, you will read how Dalhousie medical alumna, Dr. Karina Top, is currently leading a team working to uncover adverse events following COVID-19 vaccinations and provide evidence-based safety recommendations to healthcare providers and individuals.

Despite the continued rise in the cost of living, Dalhousie Medical School alumni have not wavered in their support of their alma mater. Inspired by the exceptional contributions of the class of 1978, and others like them, our alumni continue to invest in future medical learners and scientists in the Faculty of Medicine.

Dalhousie Medical School recognizes the importance of responding to the health care needs of diverse communities in our region. To alter the composition of our medical school to better reflect these communities, we are excited to soon be accepting the first applications through the Indigenous Admissions Pathway. Announced earlier this year, this admissions pathway will minimize the barriers that have historically prevented Indigenous applicants from entering medical school at Dalhousie.

While it has been some time since I have had the pleasure of attending a reunion, I look forward to joining several classes when they gather this fall. Attending class reunions is one of the great pleasures I get to experience in my role as dean, and I am also grateful for the words of wisdom and feedback about what we can be doing better as a medical school, that I so often receive at the reunions.

We are refreshing the Faculty of Medicine's strategic plan, **#DalMedForward**, to better position us to fulfill our vision of becoming an international leader and being responsive to the healthcare needs across the Maritimes. We have been consulting broadly with all areas and employment groups of the Faculty of Medicine, as well as with external stakeholders, and invite your valuable input as alumni. Please email deanmed@dal.ca with your feedback. Over the summer we will be analyzing the results of our consultations and plan to hold targeted focus groups before finalizing the plan in late 2022.

Our alumni are graduates of one of the best medical schools in the country and your voices are important and profoundly needed. Now, more than ever, we will rely on your talent and energy to preserve the health of the communities we serve. I am certain the Dalhousie Medical School alumni community has what it takes to create a stronger and more equitable health system and I look forward to soon celebrating the important and meaningful contributions alumni are making in their communities.

David R. Anderson

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



CONVOCATION 2022

After more than two years, Convocation finally returned in person. On May 24, the Dalhousie Medical School Class of 2022 officially became Doctors of Medicine during Spring Convocation at the Dal Arts Centre.

This year's ceremony included the official installation of Dalhousie President, Dr. Deep Saini, a recitation of the Hippocratic Oath led by Dr. Lisa Barrett, and an inspiring address from Honorary Doctorate recipient, Dr. Bonnie Henry (MD '90).

DMAA AWARDS

The following awards were presented during the MD Class of 2022 Convocation Gala:

THE MD CLASS OF 1965 SILVER SHOVEL AWARD:

Dr. Volodko Bakowsky

The Silver Shovel Award was established by the MD Class of 1965 to recognize a medical school professor who has shown dedication, compassion, and true commitment to medical students.

THE MD CLASS OF 1995 RESIDENT TEACHING AWARD:

Dr. Shawn Brophy (MD '17)

The Resident Teaching Award was established by the MD Class of 1995 to recognize the important role residents play in teaching undergraduate medical students.

HONORARY MEMBER OF THE GRADUATING CLASS:

Sharon Forward

The Honorary Classmate recipient is chosen by the graduating class to honour a non-faculty member who has made a significant impact throughout the four years of their undergraduate medical education.

GOLD AND SILVER DS

The Gold and Silver Ds have been awarded annually since early in the medical school's history. The DMAA continues to fund these awards to recognize outstanding leadership, class spirit and participation chosen by members of the graduating class.

GOLD D AWARDS

Miranda Lees (DMNB)
Freddy Lee
Tammy Selman

SILVER D AWARDS

Michael O'Leary
Jeana MacLeod
Adele Orovec
Angela Morris (DMNB)
Claire Bullock
Rumana Rafiq
Lydia Li
Margaret Sun
Clara Long
Morgan Burgoyne (DMNB)



DMNB LAUNCH CEREMONY

▲ Dr. Jennifer Hall ceremoniously launches the Class of 2022.

On May 20, Dalhousie Medicine New Brunswick held the ninth annual Launch Ceremony. Like a newly built ship being launched into the waters of its sailing career, the launch of the DMNB ship symbolizes the completion of the Class of 2022's undergraduate medical education in New Brunswick and recognizes this significant step in the next phase of their journey. Associate Dean, Dr. Jennifer Hall, ceremoniously broke a champagne bottle on the bow of the DMNB ship to officially launch the Class of 2022.

▼ DMNB Grad Tiffany Brooks receiving a gift from Chief Allan Polchies Jr. of Sitsansik Wolastoqiyik (St. Mary's First Nation).



Launch Ceremony Awards 2022

Anchor Award: **Pam Murphy**

Best in Class Award: **Dr. Daniel Hines**

Resident Teaching Award: **Dr. Mark McGraw (Block) and Dr. Anu Ananth (LIC)**

Builder's Award: **Luke MacLeod**

Director's Choice Clinical Skills Award: **Scott Clarke**

Stefan Mildenberger Award in Social Pediatrics: **Naythrah Thevathasan and Jacqueline Mincer**

Humanities Award: **Margaret Stephenson**

Humanities Award; Fostering Professional Identity: **Miranda Lees**

Dr. John M. Steeves Research in Medicine (RIM) Award: **Ryan Buyting**

Dr. Mahesh Raju Internal Medicine Award: **Luke MacLeod**

LICD Highest Academic Standing Award: **Tatum Burdo**

Award of Excellence in Family Medicine: **Tiffany Brooks**

Award for Excellence in Geriatric Medicine: **Jacqueline Mincer**

Award for Excellence in Internal Medicine: **Gabrielle Hibbert**

Dr. Paul Handa Excellence in Nephrology Award: **Valancy Cole**

Award for Excellence in Emergency Medicine: **Patrick Price**

Award for Excellence in Surgery: **Scott Clarke**

Award for Excellence in Physical Medicine and Rehabilitation: **Luke MacLeod**

Faculty of Medicine Scholarships and Awards

DR. C.B. STEWART UNIVERSITY
MEDAL IN MEDICINE: **Marie Charles**

MD WITH DISTINCTION:

Claire Bullock
Marie Charles
Stephanie Craig
Forrest Gallagher
Alexi Kuhnnow
Daniel Liwski
Clara Long
Adele Orovec
Rumana Rafiq
Tamara Selman
Hannah Stevens

DR. CLARA OLDING PRIZE: **Marie Charles**

DR. MABEL E. GOUDGE
PRIZE: **Stephanie Craig**

DR. ARNOLD AND PATRICIA
HILL PRIZE (ADDICTION
MEDICINE): **Joseph Saunders**

DR. JOHN W. MERRITT PRIZE
(SURGERY): **Stephanie Craig**

DR. W. H. HATTIE PRIZE
(MEDICINE): **Stephanie Craig**

DR. MICHAEL BROTHERS PRIZE IN
NEUROSCIENCES: **Inhwa Kim**

DR. ROBERT C. DICKSON PRIZE
(MEDICINE): **Marie Charles**

DR. S. G. BURKE FULLERTON AWARD
(FAMILY MEDICINE): **Natalie Horne**

DR. LEONARD, KAY & SIMON
LEVINE SCHOLARSHIP (FAMILY
MEDICINE): **Tiffany Brooks**
(DMNB) and **Forrest Gallagher**

THE JAMES WALKER WOOD AWARD
(FAMILY MEDICINE):
Jesse Baxendale and Carol Morriscey

DR. N. N. ISA ACHIEVEMENT
AWARD: **Ryan Buyting (DMNB)**

THE ANDREW JAMES COWIE,
M.D. MEMORIAL AWARD
(OBSTETRICS): **Marie Charles**

DR. LAWRENCE MAX GREEN MEMORIAL
AWARD (OB/GYN): **Caitlin Davies**

DR. J.C. WICKWIRE PRIZE: **Rumana Rafiq**

THE POULENC PRIZE (PSYCHIATRY):
Changseok (Freddy) Lee

DR. R.O. JONES PRIZE (PSYCHIATRY):
Logan Macdonald

DR. FRANK G. MACK PRIZE
(UROLOGY): **Nicholas Buckler**

DR. CARL PEARLMAN PRIZE
(UROLOGY): **Wyatt Macnevin**

DR. LEO HOROWITZ PRIZE (DIAGNOSTIC
RADIOLOGY): **Jordan Giffin**

THE SOCIETY FOR ACADEMIC
EMERGENCY MEDICINE AWARD:
Marie Charles

DMRF DR. J. DONALD HATCHER AWARD
FOR MEDICAL RESEARCH:
Wyatt Macnevin

DMRF DR. RICHARD B. GOLDBLOOM
AWARD IN PEDIATRICS:
Claire Bullock

DR. HAROLD ROSS MCKEAN AWARD IN
OPHTHALMOLOGY:
Changseok (Freddy) Lee

KIDNEY FOUNDATION OF CANADA, DR.
ALLAN D. COHEN MEMORIAL PRIZE
IN NEPHROLOGY: **Daniel Liwski**

THE ALBERT A. SCHWARTZ PRIZE IN
ORTHOPEDICS:
Alynne Edmondson (DMNB)

DR. GRAHAM GWYN MEMORIAL PRIZE
IN NEUROLOGY: **Hannah Stevens**

HUNTER HUMANITIES AWARD:
Man Ger (Margaret) Sun

UNDERGRADUATE STUDENT AWARD
IN ANESTHESIA: **Alison Sampson**

THE EMERSON AMOS MOFFITT
RESEARCH PRIZE FOR
UNDERGRADUATE RESEARCH IN
ANESTHESIA: **Janine Van Veghel**

DR. ROBERT F. SCHARF AWARD IN
EMERGENCY MEDICINE:
Hannah Stevens

DR. I. M. SZULER AWARD FOR
EXCELLENCE IN UNDERGRADUATE
INTERNAL MEDICINE: **Yousef Bolous**

THE BARBARA L. BLAUVELT
CARDIOLOGY PRIZE: **Jesse Baxendale**

THE LOURDES I. EMBIL AWARD FOR
CARDIOVASCULAR RESEARCH:
Arun Govindapillai And John
(Alexander) **Sapp**

DR. EDWIN F. ROSS PRIZE IN
PEDIATRIC SURGERY: **Adele Orovec**

DR. ROBERT & MRS. DOROTHY
FORSYTHE PRIZE IN MENTAL HEALTH:
Jacqueline Mincer (DMNB)

EARLE FAMILY PRIZE (RURAL MEDICINE): **Amar Bhardwaj (DMNB)**

DALHOUSIE RESEARCH IN MEDICINE AWARD: **Dejan Vidovic**

MEDICAL ONCOLOGY UNDERGRADUATE ACHIEVEMENT AWARD: **Anna Claire Lamport**

DR. THOMAS ARNASON AWARD IN PATHOLOGY: **Rumana Rafiq**

MD CLASS OF 1969 SOCIAL DETERMINANTS OF HEALTH PRIZE: **Rumana Rafiq**

DR. MARK J. COHEN PRIZE IN OPHTHALMOLOGY: **Neetin Prabh**

FACULTY OF MEDICINE RESIDENT RESEARCH AWARDS

SPONSORED BY THE DALHOUSIE MEDICAL ALUMNI ASSOCIATION, THESE AWARDS ARE GIVEN ANNUALLY TO THE “BEST OF THE BEST” RESIDENT RESEARCH PROJECTS OF THE YEAR, FACULTY-WIDE.

THIS YEAR’S WINNERS ARE:

BEST WORK IN FUNDAMENTAL SCIENCE RESEARCH: **Dr. Shahriar Seddigh**

BEST WORK IN CLINICAL RESEARCH: **Dr. Rachel Sullivan**

DAL MED ALUMNI, WE NEED YOUR HELP!

Promoting Leadership in health for African Nova Scotians (PLANS) aims to increase the representation of African Nova Scotians in the health professions—including medicine. This initiative is strongly supported by our dean and faculty, but we need the support of Dalhousie’s Black medical alumni to truly have an impact.

If you are a Dal Med alumnus who self-identifies as Black or of African descent, please provide your information [here](#). Please send this link to other Dal Med Alumni who also self-identify as Black or of African descent.



2022 Graduate Profiles

Here are a just a few of the MD 2022 graduates already making us proud.

Two-Eyed Seeing: Tiffany Brooks brings the **strengths of two worlds** to her medical school journey



Tiffany's interest in medicine was inspired by the unlikeliest of things: an operation her mom had on her nose following a horse accident. After that, Tiffany started watching videos of surgeries on YouTube all the time and it wasn't until a career aptitude test in high school told her that she would be a good fit in healthcare that she started to think seriously about

medical school.

"I was like, 'Wow, I could actually do that!'" Tiffany says of that first spark of realization. "Then, when I interviewed community members for the 2019 Census and I saw how the act of storytelling can also be a form of medicine, I knew this was for me."

Born in the small community of Hamtown Corner just outside of Fredericton, New Brunswick, Tiffany's family is from Sitansisk Wolastoqiyik First Nation, an urban community in North-Eastern Turtle Island (Canada) that lies on the Wolastoq (St. John River). She is currently living in Fredericton and will be completing her residency in family medicine there, surrounded by family, friends, and her community.

"I am excited to be working in the hospital I was born in, and that my loved ones have been born in and passed on in," Tiffany shares. "It holds a lot of meaning for me to practice here." She chose family medicine for the opportunities it affords her to practice a broad scope of medicine and incorporate her culture into her care of Indigenous patients both in Fredericton and in rural and remote communities in Canada and abroad.

Over her four years at Dalhousie Medicine New Brunswick, Tiffany learned how to integrate her personal and cultural experience into her medical education. She played a key role in the

evolution and success the now-biannual Doctor for a Day at DMNB initiative, which invites interested middle-to-high school-age Indigenous students to learn more about the medical school experience. As one of the student leads, Tiffany was involved in the planning and execution of these events since they first began in March 2019 and dedicated numerous hours of her free time to develop and facilitate them.

"It felt like a chance to develop integrity within my professional identity as an Indigenous woman in medicine and give back to my community," Tiffany says of her with Doctor for a Day at DMNB. "If I could provide that same moment of realization for these students that I had – that they, too, could pursue medicine – then that would mean the world to me."

Building on her work with this event, Tiffany's Research in Medicine (RIM) project focused on creating a culturally safe framework for those wanting to conduct research in collaboration with Indigenous communities. "I wanted to give back to my school by helping to foster a trusting relationship between this institution, the communities of this territory, and the physicians who will be working here," she says. To accomplish this, Tiffany invoked the concept of Two-Eyed Seeing introduced by Mi'kmaq Elder Albert Marshall, which is learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing and from the other eye with the strengths of Western knowledge and ways of knowing. Or, in brief: "Through the strengths of two worlds to find the best solution."

Tiffany most certainly brought the strengths of two worlds to her medical school journey and leaves behind a legacy of inclusion and belonging at Dalhousie Medicine New Brunswick.

Eye on the prize: From children's books to ophthalmology residency, Freddy Lee's journey to medicine



Freddy Lee was raised in a family with no background in medicine, so his very early interest in the human body came as a surprise to his parents. While most youngsters devoured fairy tales and nursery rhymes, Freddy read about digestion and the content of our blood. Born in Seoul, South Korea and raised in Halifax, Freddy was drawn to medicine from an early

fascination about the human body to treat diseases and the desire to work with people to improve their health and to make an impact on their lives.

"For me, there was never an epiphany kind of moment," he recalls. "But it was really a gradual and conscious decision to pursue this long, long journey of medicine." Freddy completed a master's degree in neuroscience before entering medical school, eager to apply what he had learned to patient care.

With a strong commitment to student leadership, Freddy excelled during his training. He held the titles of President of the Dalhousie Medical Students' Society and Class of 2022 co-president, was the recipient of various awards, including the Canadian Medical Hall of Fame Award and the Canadian Federation of Medical Students Leadership Award, and also developed several initiatives aimed at easing some of the burden associated with COVID-19.

With the arrival of the pandemic came the closure of public schools and daycares across the province. As the demand for healthcare professionals increased, so too did the need for childcare for these frontline workers. Spearheaded by Freddy and fellow medical students, Clara Long, Margaret Sun, and Kristin Ko, a childcare program run by student volunteers from the allied health programs helped alleviate this pressure.

"We were not able to be involved in patient care as medical students, but we wanted to contribute in meaningful ways at this difficult time. Fortunately, we had many amazing volunteers who really made this possible."

Childcare was not the only issue that Freddy knew needed addressing during the pandemic.

"As the COVID-19 outbreak developed, there was growing concern that the availability of alcoholic beverages could become

unreliable as provincial liquor stores threatened to close, as seen in other provinces," says Freddy. "People with severe alcohol dependence were particularly vulnerable to acute adverse effects of withdrawal, chronic health consequences, poor mental health, and social exclusion."

Working with Dr. Leah Genge—lead physician at Mobile Outreach Street Health (MOSH)—and other Canadian managed alcohol program sites, they developed an emergency managed alcohol program at MOSH aimed at preventing and reducing harms of unsafe alcohol use, including drinking non-beverage alcohol, binge drinking, and unsafe alcohol consumption. The program focused on stabilizing patients with severe alcohol-use disorder and reinforced social isolation to reduce the risk of spread of infection. As the pandemic persisted, the program shifted from a scattered site model to a centralized community program which is ongoing and now managed by MOSH.

Much has happened since Freddy Lee walked through the doors of the Tupper Building to begin his medical training in 2018. When he walks across the stage of the Rebecca Cohn on May 24, he will be eyeing the next leg of his journey—residency in the Department of Ophthalmology and Visual Science here at Dalhousie.

"I was drawn to ophthalmology by the patients," he says. "I loved working with this patient population, and I realized that restoring and optimizing vision for patients makes a huge tangible impact on how people interact with the world and loved ones. Being able to have a hand in providing this kind of care is incredibly gratifying."

Freddy plans on becoming a comprehensive ophthalmologist and hopes to engage in medical education through continued connection with the medical school.

A shared language: Med Sciences graduate uses **multilingualism to connect to patients**



The daughter of Lebanese immigrants, Tammy Selman learned from a young age the impact, barriers, and benefits of language. Whether it was through her initiation of the French Simulated Patient event, or acting as an interpreter for Syrian refugees, the Class of 2022 co-president did her best to improve access to care for non-English speaking patients.

Always curious about many different fields of study, Tammy found herself enrolled in Dalhousie's highly competitive Medical Sciences Program, designed to prepare students for a profession in the health fields. For Tammy, it allowed her to explore medicine and other clinical and academic opportunities in science and the medical humanities, while also pursuing research in fields that impact and inform the medical sciences, and to do so with a group of like-minded students.

"The best part was being with a group who shared similar goals and motivations, who worked to empower each other," says Tammy. "My cohort impacted my plans to work in a clinical environment and emphasized the importance of interdisciplinary work. My undergrad taught me that there is not just one clear path to medicine. Medicine is intersectional and is most successful when approached with this with collaborative spirit in mind."

And collaborate she did. With other students, physicians, and with patients, Tammy demonstrated the true meaning of teamwork and communication. Having attended francophone school as a child, and with a French linguist mother, Tammy was well equipped to lead the French in Medicine interest group in medical school. It was through this work that she learned of the challenges faced by francophone populations across Canada when accessing healthcare.

"When we are in anxiety inducing situations, such as feeling sick or seeking care, we tend to revert to our primary language," she explains. "It is important for patients to understand their healthcare providers and for healthcare providers to make sure that their patient feels understood."

Mindful of the large Acadian and francophone population in Nova Scotia, Tammy worked with Réseau Santé, a group that brings together key stakeholders from the health sector and community to improve access to health services in French for Acadians and Francophones in the province. They developed booklets containing medical terms in both English and French to provide to medical students. They also initiated the first French Simulated Patient OSCE (Objective Structured Clinical Examination) event at a non-French medical school, providing francophone students the opportunity to practice speaking to patients in French, and allowing students that do not speak French the chance to work with interpreters and develop skills to engage with non-English speaking patients. Through her involvement with the undergraduate curriculum refresh committee, Tammy was able to recommend that more opportunities to learn about those with language barriers and healthcare access be added to the curriculum.

"Language not only serves as a communicative tool, but is a vital part of culture," says Tammy, whose first language is Arabic and knows firsthand the challenges faced by those whose native tongue is not English. When she has not been immersed in her medical studies she volunteers as an Arabic interpreter for Syrian refugees, further motivating her work on the French Simulated Patient program.

"When there is a language barrier it may impact understanding of proposed treatments. It is important for physicians to learn how to work with patients that do not speak English as their primary language."

Tammy will enter her residency here at Dalhousie in July, focused on plastic and reconstructive surgery and is keen to explore different opportunities for subspecialty training in the field. Ever the patient advocate, Tammy was drawn to plastic surgery after witnessing patients' quality of life and function improve post-operatively. "The first time I saw tears of joy from a patient in hospital was during my plastic surgery rotation," she recalls. "The Plastic Surgery team at the QEII and Saint John Regional Hospital is world renowned. I am excited to be joining a dedicated and innovative team that works to improve patient outcomes."

Perfectly imperfect: Former college basketball player, **Lauren Miller**, helps others on road to acceptance



After years of hard work and preparation, first year medical students often encounter an unfamiliar feeling — one of inadequacy. Described as ‘imposter syndrome,’ after years of achieving at the highest levels, students suddenly start to feel like a very small fish in a very big pond. Surrounded by other high-achieving peers and lofty expectations, ques-

tions begin to creep in about whether or not they truly deserve to be there.

For Class of 2022 medical school graduate, Lauren Miller, these troubling feelings of self-doubt and inadequacy began during her undergraduate collegiate basketball career at Acadia University. Like many other high-performance athletes — though not often talked about — the high-pressure environment and associated performance anxiety had a negative effect on her mental health. Years later while in medical school, this would retrospectively spark a personal and professional journey in learning to accept her imperfections, and helping others do the same along the way.

“Being a perfectionist is utterly exhausting,” says Lauren. “The moment I leaned into the fact that I was (and always would be) imperfect and a work in progress, it felt like a huge weight was lifted from me. ‘Failures’ no longer feel like attacks on my identity and my self worth and I am now able to see them as learning opportunities and a chance to grow. The ability to be compassionate with yourself is absolutely a game changer.”

Once in medical school, Lauren quickly identified a major issue facing physicians and students: burnout. “It was extremely disheartening to hear the proportion of physicians experiencing burnout, poor job satisfaction, depression, and suicide — and this was before the pandemic hit,” says Lauren.

As a result, she and her colleague, Claire Bullock, co-created an inter-professional education mini course titled ‘Battling the Burnout Epidemic’ to address some of these issues. While it was a tremendous amount of work to build, reading students’ post-course reflections hammered home the importance of what they were doing, and that it really was making a difference in peoples’ lives. This experience reinforced her passion to advocate for people to learn to feel safe in addressing their mental health, and to help break down the stigmas that prevent so many from accessing necessary care.

During one of the countless COVID-19 lockdowns, and with encouragement from her partner Annie, Lauren redirected her newfound self-compassionate mindset and put her thoughts to page in the form of a blog, *The Recovering Perfectionist*.

By laying bare her own vulnerabilities and struggles with mental health — and the subsequent work she has done to address them — Lauren has not only found a therapeutic outlet for herself, but national recognition. In April of this year, the Canadian Medical Association Journal published her blog post, *The Fallacy of Perfection*.

“It is extremely gratifying to know that my thoughts resonated so much with others that they found their way to a national audience,” says Lauren. “Whenever I start to worry that I might be revealing something too personal, I remind myself that this is the very thing which makes it so relatable.”

Having left her mark at Dalhousie Medical School, Lauren’s future is bright; she will undoubtedly continue to foster a healthier, more compassionate, and wellness-centred culture of medicine wherever she goes.

“I cannot tell you how much this shift in my mindset has changed the way I think and live,” says Lauren. “I hope I can continue to help others do the same.”

Now matched to a psychiatry residency in Halifax, Lauren is excited for the next chapter of her life with Annie. Though she is currently undecided on a psychiatry speciality, for now, Lauren is focused on being present in the moment, and ready for whatever comes next.



Spotlight on **Dalhousie Medicine New Brunswick**

Forward Momentum

*Dr. Jennifer L. Hall, Associate Dean,
Dalhousie Medicine New Brunswick*

At the outset of the 2021-2022 academic year, we knew to expect the unexpected. We were prepared for the ongoing pandemic to cause interruptions and it did – for many months, staff and faculty were asked to work from home and most of the educational content for our learners was shifted to an online format.

However, since our return to in-person activities, Dalhousie Medicine New Brunswick (DMNB) has seen an incredible amount of forward momentum.

In March, Dr. Wendy Stewart was appointed as Assistant Dean DMNB Pre-Clerkship. In this role, Dr. Stewart will jointly oversee the delivery of the curriculum for the undergraduate medical education program (Med 1-2) in collaboration with the Assistant Dean DMNS Pre-Clerkship to ensure a cohesive and consistent approach for all program elements. A Paediatric Neurologist based in Saint John, NB, and the founder of the Humanities Program at DMNB, Dr. Stewart brings her outstanding leadership, communication, and relationship-building skills to this role along with a passion for medical education, understanding of the operation and delivery of the undergraduate curriculum, and commitment to supporting medical learners.

Since opening its doors in 2010, Dalhousie Medicine New Brunswick has endeavoured to make each student's undergraduate medical experience special with events like the Launch Ceremony, which serves to remind students of the unique support systems they have in their home province. Building on that, events like convocation are equally special because they bring the entire graduating class together, along with those who have played a key role in their medical education journey, to demonstrate the vast network of support offered by the Dalhousie Faculty of Medicine community as our graduates begin this next phase of their career.

Now, as we build on the refresh of the #DalMedForward strategic plan, that will guide us over the next five years, I look forward to seeing where this forward momentum will take us. Dalhousie Medicine New Brunswick medical education and research continues to have an impact on the health care of New Brunswickers.

Sincerely,

Dr. Jennifer Hall
Associate Dean, DMNB

Dalhousie Medicine New Brunswick Research Celebration Dinner 2022

On Thursday, May 19, the DMNB Celebration of Research was held at Lily Lake Pavilion, bringing together 60 members of the Dalhousie Medicine New Brunswick research community to celebrate the achievements of their growing research network over the past two years.

Hosted by Dr. Paul Atkinson (Assistant Dean, DMNB Research), the evening had special messages from Dr. Jennifer Hall (Associate Dean, DMNB), Dr. David Anderson (Dean, Dalhousie Faculty of Medicine), Dr. Eileen Denovan-Wright (Assistant Dean, Research), Barry Strack (Director of Research Services, Horizon Health), and Logan Slade (DMNB PhD Graduate).



Chelsey Family Research Award Winners 2022

Awarded to encourage and grow research activities among faculty based in New Brunswick who hold a current appointment with the Faculty of Medicine, Dalhousie University.

DR. DUNCAN WEBSTER and his team (Priscilla Medeiros, Koumari Mitra, Erin Bigney, Julie Dingwell, and Beverley Blissett) for “Assessing the Medical Experiences of High Acuity Patients Living in Homelessness in Saint John, New Brunswick”

DR. KAVISH CHANDRA and team for “Enhancing care pathways for frail older adults in the emergency department”

▲ *Dr. Kavish Chandra, Chelsea Family Research Award recipient, with Dr. Paul Atkinson, Assistant Dean of Research, DMNB*



▲ Eric Plant and Daniel Hanscom with Dr. Paul Atkinson, Assistant Dean of Research, DMNB

Dalhousie Medical Research Foundation Lewis and Atkinson Award for Emergency Medicine and Point of Care Ultrasound 2022

Established by Dr. David Lewis and Dr. Paul Atkinson to encourage, recognize, and inspire innovation in research, emergency medical education and academic initiatives for all aspects related to Emergency Medicine and Critical Care, with a preference to innovations that promote the use of Point of Care Ultrasound.

ERIC PLANT and **DANIEL HANSCOM** for their DMNB PoCUS Club initiative

Dalhousie Medical Research Foundation Award Winners 2022

An annual grant of \$100,000 awarded to support research and research teaching efforts of the Faculty of Medicine at Dalhousie Medicine New Brunswick.

DR. KIMBERLEY BARKER and **MICHELLE REDDIN** for their “Newcomer Health Clinic” project

DR. PAMELA JARRETT, DR. JAMES WAGG, and JOSHUA SHANKS for their “Outcomes in Older Adults with Isolated Hip Fractures: An Analysis of Frailty and the Outcomes of Isolated Hip Fractures in Older Adults at the Saint John Regional Hospital”

DRS. KEITH BRUNT, THOMAS PULINILKUNNIL, TONY REIMAN, and PETRA KIENESBERGER for quantitative protein imaging equipment and software to support biomedical and translational research that goes beyond cardiometabolic and oncological sciences, encompassing broad applications in diverse biomedical research areas, including inborn error of disease research, nanomedicine, and immunology



▲ Dr. Keith Brunt, Associate Professor of Pharmacology and recipient of a Dalhousie Medical Research Foundation Award, with Dr. Paul Atkinson, Assistant Dean of Research, DMNB



DMNB Graduate Studentship/Postdoctoral Fellowships 2022

Awarded to a Dalhousie Medicine New Brunswick graduate student or postdoctoral fellow.

ADITHI PISAPATI and **BENNY HABIYAMBERE**

◀ Benny Habiya mbere, recipient of a DMNB Graduate Studentship Fellowship, with Dr. Paul Atkinson, Assistant Dean of Research, DMNB

YOUR NAME: Adithi Pisapati

NAME OF SUPERVISOR & DEPARTMENT: Dr. Thomas Pulinilkunnil, Dept of Biochemistry and Molecular Biology

CAREER STAGE: MSc Student

WHAT IS YOUR RESEARCH ABOUT? My research focuses on discovering the mechanisms by which lipotoxicity influences transcription factor EB and its autophagic control in the heart.

WHAT EXCITES YOU MOST ABOUT YOUR RESEARCH?

No day is the same. The novelty and capability of small experiments performed in a lab to create major health breakthroughs is worth admiring.

WHAT DO YOU LIKE TO DO IN YOUR SPARE

TIME FOR FUN? I enjoy going for long walks and sketching some of nature's inspirations.





Indigenous Admissions Pathway approved by Dalhousie Medical School

By Kate Rogers

▲ A new admissions pathway will help facilitate entrance into Dalhousie Medical School for Indigenous applicants.

Dalhousie Medical School will soon be accepting more Indigenous students into their undergraduate medical education program.

A new Indigenous Admissions Pathway was recently approved for the 2022/2023 application cycle and will help facilitate entrance into the program for Indigenous students by assessing applications using a holistic file review.

Led by [Dr. Brent Young](#), Academic Director for Indigenous Health, and supported by Keknu'tmasiek Welo'ltimk (pronounced: gag-new-d-muss-seeg well-oh-l-dim-k, a Mi'kmaw phrase that translates to "We Learn Healing") former Program Manager [Ms. Hannah Asprey](#), this new admissions pathway will minimize the barriers that have prevented Indigenous applicants from entering medical school at Dalhousie.

Vastly underrepresented in medicine

Several national bodies, including the Truth and Reconciliation Commission of Canada, recently called for an increase in the number of Indigenous people admitted to medical school. Working with stakeholders in Indigenous leadership organizations, the Faculty of Medicine responded to the call by forming an Indigenous

Admissions Subcommittee to make recommendations relevant to Indigenous admissions policies and procedures.

"Indigenous people are vastly underrepresented in the medical profession," say Dr. Young. "This creates not only an employment equity issue, but also an Indigenous health equity issue. Dalhousie Medical School is located in Wabanaki and our campuses and distributed sites are situated on the ancestral and unceded territories of the Mi'kmaw, Wolastoqiyik, and Peskotomuhkati Peoples. We honour these treaty relationships, and we are accountable to the communities that we serve."

Until now Indigenous applicants could voluntarily self-identify to be considered for admission under Dalhousie's [Education Equity Statement](#) and if they met the academic and non-academic requirements, they would be provided admissions offers which are not dependent on rankings. This process has not had the intended effect of increasing Indigenous admissions.

"This model is challenging because we know that Indigenous people and other racialized folks are at a disadvantage when it comes to the GPA and standardized tests such as the MCAT" says Dr. Young. "This is related to several socioeconomic factors including language, access to education, and income. For Indigenous people, these factors are all influenced by racism and the ongoing legacy of colonization in Canada."

A holistic application review

Dalhousie Medical School recognizes that education equity and affirmative action processes are required to increase both admissions to the program, and the number of graduates from underrepresented groups. Aligning with Dalhousie's strategic plan, [Third Century Promise](#), there is now a stronger commitment to make changes that will open doors where these individuals had previously been shut out. While the program will not do away with traditional testing procedures, under the new Admissions Pathway, Indigenous applicants will now have the opportunity to demonstrate other important qualities and attributes through interviews, personal statements, and supplemental information. This will allow applicants who are just shy of the MCAT or GPA requirements to highlight the many skills that Indigenous people build through perseverance and systems navigation, which are sought after qualities in physicians.

"With the current changes, we can now look at an Indigenous applicant who may be a couple of points away from the minimum criteria and ask if they've demonstrated other import-

ant qualifications or attributes such as altruism, leadership, and communication," says Dr. Young. "These are the qualifications and attributes our communities are concerned about when they see their physician, not necessarily what their exact score was on an entrance exam that they wrote six to 10 years before they entered independent medical practice."

The Indigenous Admissions Pathway will undergo an annual review by the subcommittee, who will continue to engage with stakeholders in Indigenous leadership organizations to ensure applicants are assessed appropriately, with the goal of equity for all Indigenous students.

For more information on the Indigenous Admissions Pathway please visit [Dalhousie Medical School Admissions](#).

Self-identified Mi'kmaw, Wolastoqiyik, Peskotomuhkati, and other Indigenous applicants who can demonstrate a substantial connection to Indigenous communities, especially those in the Maritimes, will take priority beginning with the 2022/2023 application cycle.

INDIGENOUS ADMISSIONS PATHWAY

Keknu'tmasiek Welo'Itimk
We Learn Healing

Interested in applying? Learn more at
medicine.dal.ca/indigenous-health



**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE
Office of Community
Partnerships and Global Health





Canadian medical team partners with **Qatar Airways** and **RwandAir** to deliver life-saving care in Rwanda

By Kate Rogers

A Canadian team of 30 Dalhousie-led volunteers, the first in Rwanda, have performed 13 life-saving cardiac surgeries at King Faisal Hospital in Kigali, Rwanda, thanks in part to the generous support of the Official Airline Partners, Qatar Airways and RwandAir.

Rheumatic heart disease (RHD) contributes significantly to cardiovascular mortality in children and young adults in many developing countries where it is diagnosed at an advanced stage. In these patients, surgery is required for survival. Rwanda's ambition is to create an independent sustainable open-heart surgery program through partnership with institutions that have well-established programs.

Led by cardiac surgeons Drs. Keir Stewart and David Horne from Dalhousie University's Department of Surgery, two Canadian Rwandan Open-heart Project (CROP) teams began their travel to the African country on May 19 to perform valve replacement surgeries in adults with RHD, and surgeries in pediatric patients with congenital heart conditions or RHD. Both the adult and pediatric surgeries, which finished early June, have seen great success.

▲ Post-op care team (CVICU nurse Colleen Macquarrie (one with specs), Wendy Gate, CVICU specialist Dr. Marat Slessarev, Dr. Andrew Fagan)

Focus and dedication (Dr. Keir Stewart with Dr. Musoni) ►

A partnership years in the making

Plans for the project began in 2019 after Dr. Stewart's wife, a nurse in the Department of Anesthesia, having made several trips to Rwanda with a Canadian anesthesia team, realized there was no ongoing cardiac surgery program. At her suggestion, Dr. Stewart connected with the administration at the King Faisal Hospital with the idea to assist in the development of an autonomous cardiac surgery program, while simultaneously gathering several interested partners in Canada, including Dr. Horne. A small team travelled to Rwanda in 2019 to determine if such a program would even be possible, and after confirming it would be, began taking the steps necessary for a surgical mission in fall 2020.

Like so many things, COVID-19 postponed the trip until this spring when the cardiac teams assembled by Drs. Stewart and Horne were finally able to see their hard work and preparations pay off.

"The experience at King Faisal Hospital was extraordinary, satisfying, and fun, with everyone contributing," says Dr. Stewart. "The Rwandan staff were very engaged, friendly, and committed. Things went very well."



Support vital for success

Getting the team on the ground in Rwanda was a major piece in the planning and execution of this very complex mission. It would not be possible without Qatar Airways and RwandAir. Their involvement is vital to the project and CROP's ability to contribute to ongoing efforts to improve health outcomes for people with cardiac disease in Rwanda.

"Having the support of Qatar Airways and RwandAir is allowing us to impact so many lives," says Dr. David Horne. "In the end, we're not operating on 10-15 people – we're touching the next thousand people this Rwandan team works on. We're already seeing the impacts of this program."

Dr. Stewart is hoping to continue the partnership with both the King Faisal Hospital for several years, deepening the connection with the Rwandan medical community, and contributing to cardiac surgery education, while also contributing to Rwanda's goal of establishing an independent, sustainable open-heart program. This work will not be possible without the incredible support of the Official Airline Partners, who are excited to be involved.

"It's not every day you are presented with an opportunity that could help change a person's life forever," says His Excellency Mr. Akbar Al Baker, Group Chief Executive Officer for Qatar Airways. "At Qatar Airways, we are honoured to be part of The Canadian Rwandan Open-heart Project, ensuring the arrival of medical teams in Rwanda so they can carry out this important work."

The Canadian Rwanda Open-heart Project, along with Qatar Airways, RwandAir and other supporters, are grateful to be part of a wider network collaborating with King Faisal Hospital to further their mission to provide quality specialized health care, clinical training, and research, and their broader goal of operating Rwanda's first independent Cardiac Centre.

In the long-term, the collaboration with Qatar Airways and RwandAir will improve health outcomes and make life-changing care more accessible for Rwandans.



▲ Medical volunteers arrive at the Hamad International Airport (Doha, Qatar) en route to Kigali, Rwanda.



Working in the womb: **Dr. Saud Alshanafey** pioneers fetal intervention in the Middle East

By Mark Campbell

Dr. Saud Alshanafey (PGM '04), remembers trembling when he received the go-ahead to start a fetal diagnostic and therapy program at the King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia.

It was 2006, a little over a year since he had first heard about fetal interventions during a Canadian Association of Pediatric Surgeons Conference in Niagara-on-the-Lake, Ontario. It was a relatively new field, with few templates to follow. Dr. Alshanafey's program would be the first of its kind in the Middle East. Nervous about the scope of such an undertaking, he knew that he was going to have to draw on his Dalhousie training to see it through as director of the fledgling program.

▲ *Dr. Saud Alshanafey and his team at the King Faisal Specialist Hospital and Research Centre.*

"It felt a bit daring to attempt something like that," recalls Dr. Alshanafey, who trained in general surgery and pediatric general surgery at Dalhousie Medical School from 1996 through 2004. "It was almost like proposing to visit Mercury without NASA or rockets to make it happen."

In some ways, Dr. Alshanafey, who also serves as the Riyadh hospital's chief of education and executive director of academic and training, had been preparing for this moment all his life. As a child, he played doctor to his two younger brothers; his armamentarium was a toy stethoscope and needle and he advised them on how to manage the various imagined ailments they presented with. But it was academic excellence that inspired Dr. Alshanafey

Dr. Alshanafey trained in general and pediatric surgery at Dalhousie Medical School from 1996 through 2004. ►

to turn that childhood interest into a career path. “I was taken by the challenge that medicine posed,” he explains. “It’s something in my personality. I’ve never chosen the easy way forward; I’ve always chosen the difficult one. Being a surgeon was another way to challenge myself.”

During his first post-internship in Saudi Arabia, Dr. Alshanafey worked with one of the country’s leading pediatric surgeons — an experience that convinced him he was on the right path. The surgeon arranged a one-month observership at the IWK Health Centre in 1995, which convinced Dr. Alshanafey to continue his studies in Canada. Although he was accepted at an Ontario university, he opted for Dalhousie because he felt Dalhousie was best equipped to enhance his surgical, research and clinical skills.

“The training at Dalhousie wasn’t just ‘do this!’ It was a comprehensive learning experience,” he says. “The level of responsibility was very high and that required me to constantly check that I was making the right decisions. I also benefited from Dalhousie’s affiliation with community hospitals in the region. I was able to experience medicine at all levels and that impacted my approach to health administration.”

Dalhousie also gave Dr. Alshanafey the opportunity to attain a masters degree in community health and epidemiology, which he says has shaped his career as a clinician and researcher with a wider view of health.

Dr. Alshanafey’s training proved invaluable in developing King Faisal Specialist Hospital’s fetal diagnostic and therapy program. This new field addresses a wide spectrum of fetal abnormalities that are targeted with diagnostic and therapeutic procedures. Unable to find any suitable fetal surgical training programs, Dr. Alshanafey took it upon himself to adapt the skills he had learned at Dalhousie to performing fetal interventions and built a team of specialists who were able to identify and treat fetal diseases and congenital defects.

“Some therapeutic procedures are well developed and some are in progress,” says Dr. Alshanafey, “with a lot of ethical issues to be taken into account every time such cases are managed.”

Fetal interventions are particularly unique and only performed in a few centres around the globe. These interventions include procedures performed with needles, endoscopes (fetoscopy), or open surgeries.

To launch the program at King Faisal Specialists Hospital, Dr. Alshanafey engaged a nurse coordinator to reach out to patients for preliminary consultations. They encountered hurdles along the way, including peer and societal concerns that the womb was a sacred place no surgeon should enter. But Dr. Alshanafey



was undeterred: “I worked to ensure that I had all the necessary evidence to demonstrate that this was safe to do and that it would help babies and their families.”

After two years of preparations, Dr. Alshanafey performed his first fetal procedure in February 2008.

“It was a fetoscopic laser photocoagulation performed at 18 weeks of pregnancy to resolve twin-twin transfusion syndrome,” recounts Dr. Alshanafey, explaining that this is when one fetus steals blood from the other via abnormal communicating placental vessels. “It causes death for both fetuses in almost 100 per cent of the cases. In this case, both babies survived and were born healthy.”

From those humble beginnings, the program has grown exponentially and made a significant impact: 15,402 patients assessed, 8,704 diagnostic and 2,150 therapeutic procedures performed, and more than 2,000 babies’ lives saved.

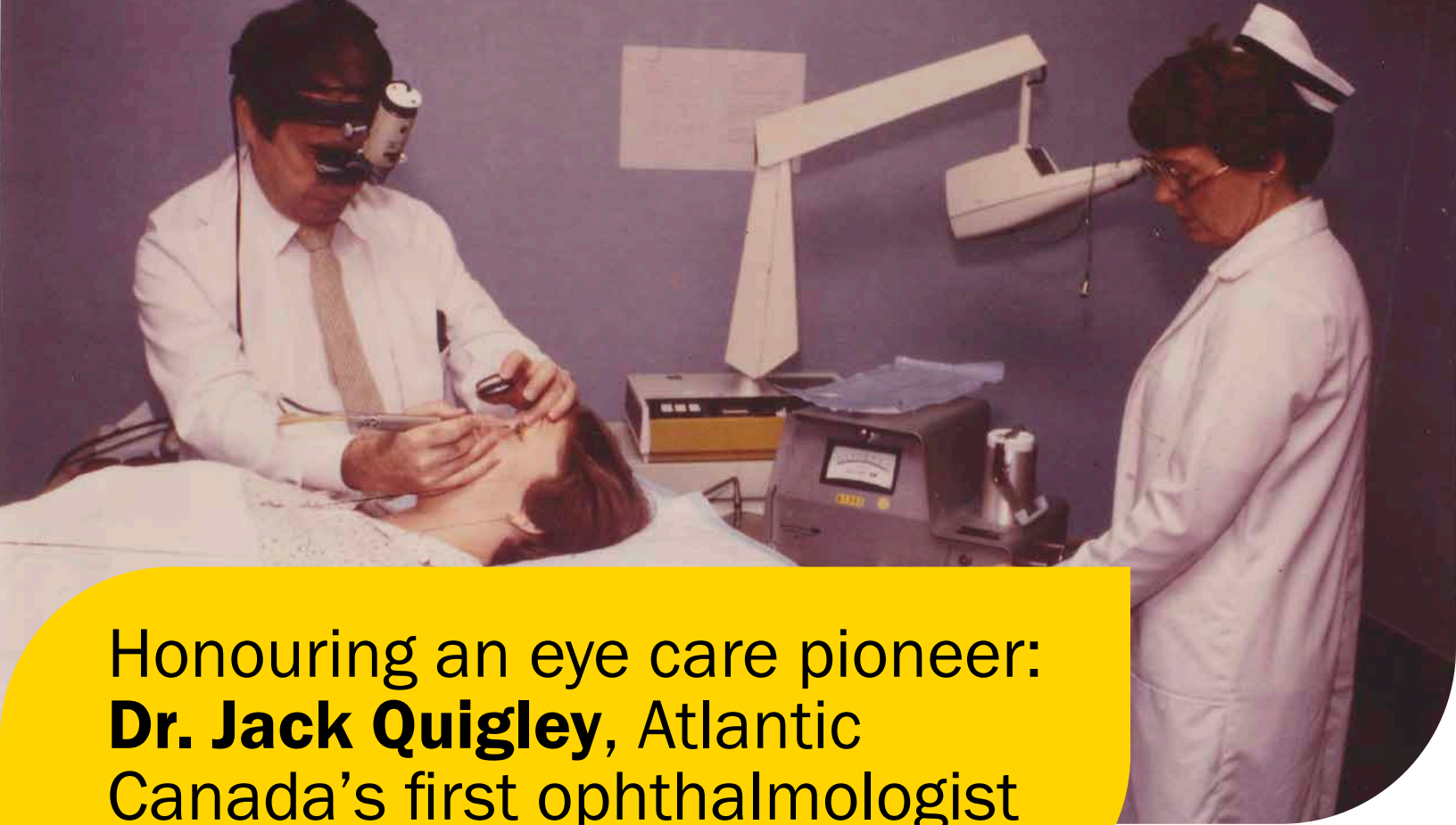
Beyond statistics, it is the individual success stories that resonate most with Dr. Alshanafey. “There is one patient who used to give me a kiss every time he came to my clinic,” he says. “To see the parents on the other side of the procedure smiling and full of life, I think, ‘God, this is good.’ It really makes me happy that I was able to help.”

Dr. Alshanafey's program addresses a wide spectrum of fetal abnormalities that are targeted with diagnostic and therapeutic procedures. ►

Dr. Alshanafey is looking for new ways to help. His goals for the program are to enhance fetal diagnoses to enable earlier interventions, and to increase the number of consultations in order to save more lives. He is helping develop a new training academy for the hospital that will offer five curriculum tracks to sustain a stream of talents in various health-care disciplines. And, he wishes to study psychology one day. He believes this will enhance his ability to manage sick children and their families' concerns, as well as to address long-standing issues related to leadership in health care. "I am really happy with what I've done, but I am always creating new goals, new difficult things to manage, rather than just resting on my achievements," he says. "I want to be remembered as someone who helped make a difference."

▼ *Dr. Alshanafey's fetal diagnostic and therapy program was the first of its kind in the Middle East, and has made a significant impact with more than 2,000 babies' lives saved.*





Honouring an eye care pioneer: **Dr. Jack Quigley**, Atlantic Canada's first ophthalmologist

By Melanie Starr

Before the 1950s, there was no such thing as an “eye doctor” in the Maritimes, and very few in all of Canada for that matter. In the first half of the 20th century, eye care was combined with care for all of the sense organs in the head, in a broad specialty known as EENT—eyes, ears, nose and throat.

A young Dalhousie Medical School alumnus, Dr. Jack Quigley (MD '51), played a key role in pioneering ophthalmology as a specialty in its own right in Atlantic Canada, and in paving the way to the creation of an academic eye department at Dalhousie.

It was not always a smooth road for Dr. Quigley, who wanted to specialize in eyes after obtaining his MD, but could not do so at Dalhousie without including ENT in his studies. He tried to convince the head of the EENT department to let him focus only on eyes, but Dr. Ernie Doull Jr. wouldn't allow such a departure from the norm. He did, however, use his influence to help Dr. Quigley secure a postgraduate training position in ophthalmology at the University of Toronto, where the head of the EENT department was a proponent of separating the two disciplines.

Before they headed to Toronto, Dr. Quigley and his wife Gloria took a trip to Boston, where he wrote the U.S. medical licensing exams. “So I could get a U.S. medical licence,” he explains of what would later prove to be a prescient move.

When they arrived in downtown Toronto, the young couple had no idea where they were.

▲ *Dr. Jack Quigley, a pioneering ophthalmologist, put Dalhousie Medical School on the map for eye care training.*

Fortunately, they bumped into a fellow Dalhousie grad on Bloor Street, who demonstrated the trademark Maritime hospitality: “He invited us to his place for a meal and we spent the night on his floor,” Dr. Quigley recalls with a chuckle.

Soon after Dr. Quigley began his internship at Sunnybrook, he was surprised to be called into the department head's office, and even more surprised when his new supervisor told him that, because he was from Dalhousie, he could not be a senior intern. He could only be a junior intern and, as such, he would only receive half of his expected fee — although he would receive full credit. Dr. Quigley had little choice but to accept the bad news.

“We managed to get by,” he says. “My wife was a dental assistant and she worked at a dental office on Bloor Street. We found an attic apartment in a German professor's house. There was no kitchen and hardly any furniture, so I built a desk and a table for us. We were there for a year while I did my internship at Sunnybrook.”

When Dr. Quigley finished his ophthalmology training, he returned to Halifax in hopes of attaining a position at Dalhousie. But Dr. Doull was still not eager to add eyes-only specialists to his EENT department.



◀ *Dr. Jack Quigley picture in London, England during World War II.*

him well. When he and Gloria returned to Halifax several years and three children* later, they rented a house on Spring Garden Road and converted some of the space into a medical office.

"I had no job at the university, so I was in my office five days a week. I started doing the contact lenses I had learned how to make in L.A. and built a large practice in that area," says Jack. "At the time, I was the only eye specialist in Nova Scotia and maybe even Eastern Canada."

The landscape changed at Dalhousie after Dr. Doull unexpectedly passed away. "Within days, I got a call from Dr. Donald McRae, the new head of EENT," Dr. Quigley explains. "He asked if I'd join the faculty. He wanted me to organize an eye department at the Halifax Infirmary. I suddenly became a junior faculty member and was quickly promoted."

Dr. Quigley won the support of Sister Catherine Gerrard, who ran the "old" Halifax Infirmary with stern efficiency. She accepted the proposal to establish the first clinical eye department in Atlantic Canada at the Infirmary, assigned an entire ward to the service, and mustered the capital to pay for an operating microscope.

Shortly after Jack was installed in his new role as head of the eye department at the Halifax Infirmary, Dr. Donald McRae drew a line in the sand with the members of the EENT department.

"McRae gave each man in EENT a choice. They could join ENT or join eyes, there was no trying to do both anymore," Dr. Quigley says. "Nearly every other medical school in Canada had already separated the E from ENT by that time and McRae was determined to do the same at Dalhousie."

In 1962, the EENT department that had been in place at Dalhousie Medical School since 1911 was finally split into the Department of Ophthalmology and the Department of Otolaryngology (ENT). The new Dalhousie Department of Ophthalmology accepted its first resident trainee that very same year. This would mark the beginning of a residency training program that has since become recognized as one of the best in Canada.

Dr. Quigley became a backbone of the new department, lecturing medical students and supervising residents, while conducting a very busy practice and staying deeply involved in the department and the profession. In particular, he shed light on the need for highly qualified allied professionals to assist the ophthalmologists. Eventually his efforts led to the creation of the Clinical Vision Science Program, a masters-level program at the IWK Health Centre and Dalhousie University that trains orthoptists (sometimes described as "physiotherapists for the eyes").

As the Department of Ophthalmology evolved, Dr. Quigley offered his support to the new generation of leaders coming along.

"I was discouraged by the lack of opportunities for a well-trained ophthalmologist in Canada," recalls Dr. Quigley, who was very grateful for his U.S. medical licence by this time. "So we went to Los Angeles and I got a job in a clinic near Los Angeles. There were a whole lot of eye specialists there."

When Dr. Quigley arrived at the clinic, his new boss asked him what he knew about contact lenses. "Nothing!" was Dr. Quigley's forthright reply. "Well," he was told, "you're about to learn."

Over the following few years, Dr. Quigley mastered the precision techniques of making hard contact lenses, a skill that would serve



▲ *Dr. Jack Quigley's career in the Royal Navy was called to an abrupt halt when World War II ended in 1946. He headed to Dalhousie University upon his return to Halifax.*

"Jack made it easy for me to step into the role of head and he helped greatly in the development of the department," notes Dr. Ray LeBlanc, who headed Dalhousie's Department of Ophthalmology from 1979 to 2004. "He was a champion for the development of an integrated eye care centre and a stronger academic department. He had a strong vision for the department and felt this is where we needed to go."

(*Two of Dr. Quigley's three children became doctors. Dr. Michael Quigley received his MD from Dalhousie in 1979 before pursuing residency training and a career in ophthalmology in Montreal, while Dr. Robert Quigley studied medicine at the University of Toronto and worked as a cardiac surgeon in Philadelphia.)



▲ *Known to countless thousands of patients for his quiet humour and conscientious care, Dr. Quigley made an indelible mark on the development of ophthalmology in the Maritimes.*

Study finds patients admitted to hospital with endocarditis have **unequal access to addiction care** in the Maritimes

By Kate Rogers



▲ Dr. Thomas Brothers is working to improve addiction treatment and harm reduction care in the Maritimes.

When we walk through the doors of a hospital, as a patient we expect to receive the best care that is medically available.

Dalhousie University general internal medicine resident, Dr. Thomas Brothers, has taken a deep dive into addiction treatment and harm reduction services at the Saint John Regional Hospital and the QEII, and results show there is room for improvement.

The manuscript, [Unequal access to opioid agonist treatment and sterile injecting equipment among hospitalized patients with injection drug use-associated infective endocarditis \(IDU-IE\)](#), was recently published in PLOS ONE, a peer-reviewed open access scientific journal produced by the Public Library of Science. Dr. Brothers and his colleagues, including Dalhousie faculty in both Halifax and New Brunswick, gathered hospital data over an 18-month period between 2015-2017 and found that patients with IDU-IE in the Canadian Maritimes have unequal access to addiction care depending on where they are hospitalized, which also differs greatly from the community-based standard of care.

The study was borne from a desire to identify how people were being admitted to hospital with IDU-IE and how many were offered appropriate care. While Dr. Brothers was completing his medical school training at Dalhousie, he noted the frequency with which patients were admitted with serious, life-threatening bacterial infections such as endocarditis resulting from injection drug-use. The pattern following these admissions alerted him to the need to help these patients.

“They would not do very well,” he recalls. “They would present in serious pain and withdrawal and would often leave the hospital to get drugs to treat their symptoms, and it seemed like nobody really knew how to help.”

An alarmingly high 10-20 percent of patients on the internal medicine ward are there with medical complications from addiction. Traditionally the focus has been on medical treatment: antibiotics for bacterial infections, diuretics for those with liver disease or heart failure from alcohol, and consultations with social work to offer counselling and other supports. In Halifax, addiction treatment in hospital with evidence-based medications simply was not available.

A community of care

While witnessing the hospital situation, Dr. Brothers was completing electives at local harm reduction organizations such as Mobile Outreach Street Health (MOSH) and Mainline Needle Exchange. It was at MOSH that he met founder [Patti Melanson](#), a registered nurse and co-author on the paper, who introduced him to compassionate, expert harm reduction care in the community. What they offered was so drastically different from what was available in hospital that Dr. Brothers set out to determine how to incorporate what was provided in the community into acute care settings.

He was subsequently introduced to Dr. Duncan Webster, an associate professor in the Department of Medicine, and an infectious disease specialist in New Brunswick, who had been providing addiction and harm reduction care to hospitalized patients in Saint John since the early 2000s. Dr. Webster initiated the program after a troubling hospital encounter with a young woman with endocarditis, eager for opioid addiction treatment with methadone, and with no availability at the local outpatient clinics for six months.

“I can remember her comment to me was, ‘So you’re gonna

throw me back to the wolves,” says Dr. Webster. “There were just so many obvious gaps in the system.”

Dr. Webster and his team in the Division of Infectious Diseases began offering patients opioid agonist treatment (OAT; e.g. methadone, buprenorphine) and access to sterile drug injecting equipment in hospital with continued care upon discharge into the community.

Learning of this program, Dr. Brothers was motivated to adopt something similar in Nova Scotia.

“If they’re doing this in Saint John, why can’t we do this in Halifax?”

Disparities in care

In 2017, Dr. Brothers and his team, in consultation with addiction support providers in the community and in hospital, began to gather data to establish a baseline for what was happening and determine where things could be improved. Results showed that OAT was offered to 36 percent of patients suffering from IDU-IE in Halifax, and 100 per cent of patients in Saint John. Once patients were offered this care, most initiated and planned to continue OAT after discharge. In Halifax, no patients were offered sterile injection equipment, while several patients were offered this in Saint John.

The team also used the data to identify descriptions of unmet care needs documented in the medical records of patients with IDU-IE at each hospital. They found this often included undertreated pain or opioid withdrawal, illicit/non-medical drug use in hospital, and patient-initiated discharges against medical advice. Several patients at both hospitals had their belongings searched and had their own injecting equipment confiscated, despite the existing policy in Saint John.

An opportunity for change

Dr. Brothers, who is part of the [Clinician Investigator Program](#) at Dalhousie, as well as a PhD candidate at University College London (both while he finishes his subspecialty training in general medicine and addiction medicine), worked with his colleagues using the data to make a case for change. Their recommendations include: employment of healthcare providers with addiction medicine expertise by the hospitals, as well as the development of harm reduction-oriented policies to promote patient safety. As

is the case in Saint John, hospital-based addiction care could be improved through integrating addiction medicine and infectious diseases specialist practice, or through establishing specialized addiction medicine consultation services and incorporating these providers into multidisciplinary endocarditis care teams.

Recommendations aside, Dr. Webster says that it’s great to see change in the culture, attitudes, and understanding around opioid agonist treatment and the harm reduction approach.

“For a lot of the clinical people who weren’t so sure about it initially, now there’s not even a discussion and it’s just taken as, ‘Yes this works, and this is the way to do it.’”

What has transpired over the last several years is the commitment of both hospitals to work on improving their policies for supporting people who use drugs and people with addiction while they’re in hospital. In Saint John, they continue to offer harm reduction services to patients, and they have improved their inpatient needle exchange program and provide sterile equipment routinely. In Halifax, an [unofficial, trainee-organized, hospital addiction medicine consultation service](#) staffed by residents and supervised by Dr. John Fraser, an assistant professor in the Department of Psychiatry, and other community-based addiction physicians, provides care in an area that remains without a formal complement of staff. Dr. Brothers, who helped lead this initiative received recognition for his work with the [Canadian Medical Association’s 2021 Award for Young Leaders](#), but knows more is needed.

“We’re providing this care informally to fill the gap while we’re advocating for a formal service so we can have specialist addiction medicine providers available in the moment, everyday, seeing patients, managing withdrawal, offering medications, and doing counseling.”

The way forward

Progress, whether formal or not, has been made, but Dr. Brothers knows there is more work to do. He would like to see the hospitals work more closely with harm reduction organizations, who are leaders in the field, to incorporate their expertise into a model of care.

“The best way to support people when they’re medically sick and when they are ready to engage in addiction treatment is to have the best available treatment options.”

Ensuring the safety of COVID vaccines

Dal Med alumna leads national effort to detect and mitigate negative effects

By Melanie Starr

Infectious disease specialists across Canada are working hard to uncover adverse events following COVID-19 vaccinations and provide evidence-based safety recommendations to health-care providers and individuals. Dalhousie medical alumna Dr. Karina Top (MD '05, PGM '08) is leading major parts of these national efforts.

"We are not just examining reports from patients and providers, we are actively surveying people to find incidents that have not already been reported," says Dr. Top, an associate professor in the Department of Pediatrics and an infectious disease specialist at the IWK Health Centre. "This study is being run through the Canadian Immunization Research Network's Canadian National Vaccine Safety Network, also known as CANVAS, which rigorously monitors vaccine safety here in Canada."

Dr. Top is co-leading the Nova Scotia arm of the CANVAS-COVID study in collaboration with Dr. Jennifer Isenor in Dalhousie's College of Pharmacy and fellow Dal Med alumna Dr. Shelly McNeil (MD '94, PGM '97), professor and head of the Division of Infectious Diseases at Dalhousie.

Dr. Top and her colleagues across Canada are reaching out and surveying more than a million Canadians who received the COVID vaccines, to detect any adverse events that may not have been captured by patient and provider reports. They are comparing these figures to the rates of the same adverse events in a control group of unvaccinated Canadians.

"This allows us to tease out how many adverse events were most likely caused by the vaccine and how many were coincidental," Dr. Top says, noting that it will take quite some time to unpack all of the data. "On an individual level, it is difficult to determine if a certain problem is caused by a vaccine, but on a population level, we can see the patterns."

Dr. Top is also the lead researcher of the Canadian Immunization Research Network's Special Immunization Clinic Network, which received \$800,000 in funding from the Public Health Agency of Canada last year to gather the necessary data to inform ongoing adjustments to Canada's COVID-19 vaccination guidelines — particularly in regards to the safest vaccine options for people who have already had an adverse event following vaccination against COVID-19.

"We work with these patients to collect detailed information about their adverse event, so we can determine the likelihood the vaccine caused the adverse event, and counsel on the potential risk of further doses and what steps can be taken to mitigate that



▲ Dr. Karina Top at her office in the Canadian Center for Vaccinology at the IWK Health Centre

risk," says Dr. Top, who heads the national network of Special Immunization Clinics. "For example we work with allergists who conduct scratch tests with the vaccines or provide graded doses to make sure the patient tolerates the small dose before giving a larger dose. This work has helped a lot of people get their second and third doses."

While the number of adverse events following COVID vaccination may seem high at first glance — for example, 1,059 cases

Recurrence of Adverse Events Following Immunization (AEFI) in revaccinated patients

(#REVACCINATED/#SAME OCCURENCE)

of myocarditis/pericarditis, 271 cases of thrombocytopenia, 881 cases of Bell's Palsy and 336 deaths in Canada as of April 29, 2022 — it is important to keep these figures in context.

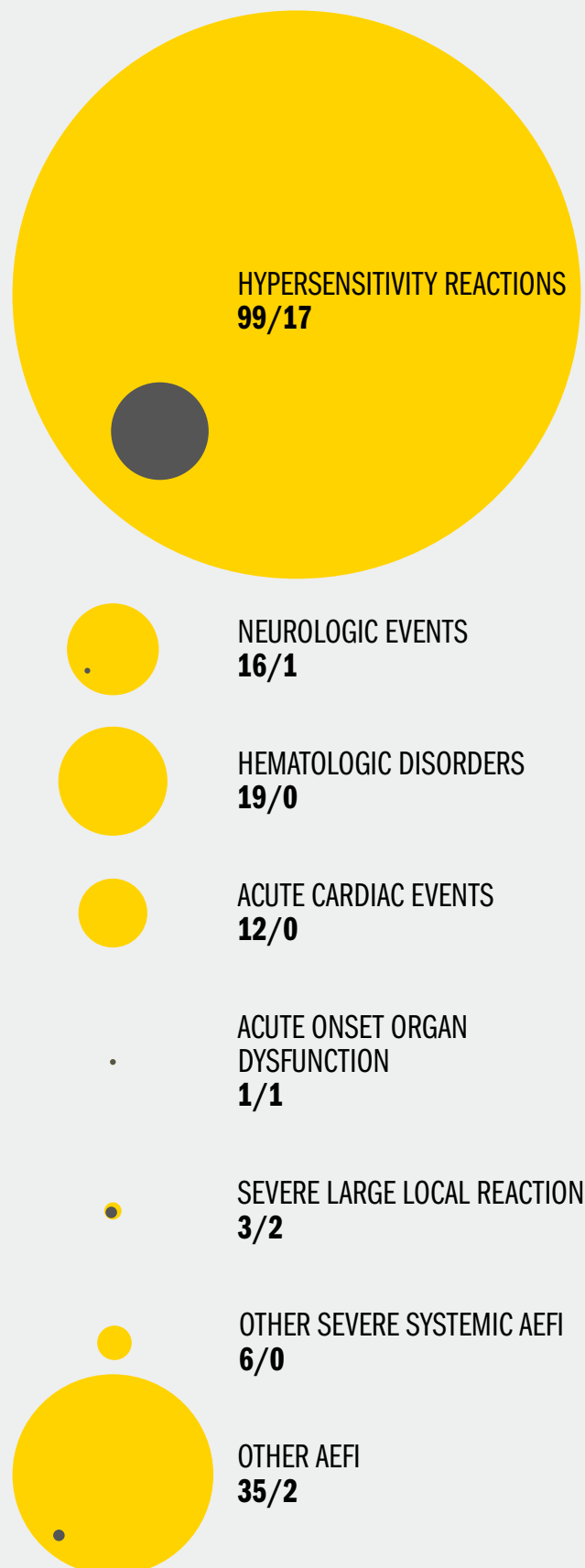
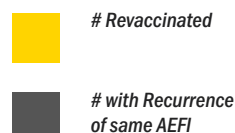
"More than 34 million Canadians have been vaccinated against COVID, and more than 5.5 billion people have been vaccinated worldwide," notes Dr. Scott Halperin, director of the Canadian Center for Vaccinology at the IWK and Dalhousie and nominated principal investigator of the Canadian Immunization Research Network. "Some of these adverse events following vaccination occur at rates of one case in 70,000 or 80,000 doses. At frequencies this rare, these events would not be detected in a clinical trial."

Although many people who experienced an adverse event after their first dose faced a great deal of anxiety leading up to their second or third dose, Dr. Top says, "Internationally, we have seen that most people have not had a recurrence of the allergic reaction upon subsequent doses."

"We are still analyzing the data and digging deeper," Dr. Top says. "For example, we want to know what kinds of adverse events are most likely to recur, and what kinds of people are most likely to have adverse events. This will assist us in assessing people for boosters as we go forward."

The quality of adverse event surveillance depends on thorough reporting to Public Health, notes Dr. Top. "Physicians who see a patient experiencing an adverse event after vaccination should report to Public Health," she says. "Reporting of certain adverse events is mandated in most provinces."

Click [here](#) to access information on how to report AEFIs



Precision pain management: Dr. Ban Tsui recognized for innovations in anesthesia

By Melanie Starr



▲ Dr. Ban Tsui (MD '95) accepting the 2022 Distinguished Service Award from the American Society of Regional Anesthesia and Pain Management.

On April 2, the American Society of Regional Anesthesia and Pain Medicine conferred its 2022 Distinguished Service Award on Dr. Ban Tsui (MD '95), who plays multiple roles in the Department of Anesthesiology, Perioperative and Pain Medicine at Stanford University and its affiliated teaching hospitals. The award, one of the society's highest honours, recognized Dr. Tsui not only for his decades of service but also for the important innovations he has brought to regional anesthesia practice.

Dr. Tsui completed a diploma in engineering at Dalhousie before going on to earn two pharmacy degrees and a medical degree from Dalhousie University. Dr. Tsui is best known for his invention of the Epidural Electrical Stimulation Test, also known as the "Tsui Test." This test, now used around the world for the past 25 years, has improved the accuracy of epidural catheter placement and dramatically enhanced the safety and efficacy of epidural procedures.

"It was something I was inspired to do when I was still a resident at the University of Alberta," recalls Dr. Tsui, who has always enjoyed applying his engineering mind to medical problems and, as a child in Hong Kong, loved building things with his hands. "Dr. Finucane, the chair of the department, thought it was a great idea and encouraged me to develop it."

As Dr. Tsui explains, the Tsui Test involves passing an electrical current through the epidural catheter once it is placed in the epidural space. The current stimulates the spinal nerve, which causes the corresponding innervated muscles to twitch, showing the anesthesiologist exactly where the catheter tip is situated.

"There was no practical way, before this, to detect the exact position of the catheter clinically," explains Dr. Tsui. "Dyes and fluoroscopy, for example, are not practical."

In the last decade, Dr. Tsui has been advancing the use of ultrasound to assist in the precise placement of needles and catheters used in peripheral nerve blocks, such as brachial plexus nerve blocks.

"Ultimately, my goal is to assist in transforming regional anesthesia from an art to a science that every clinician can perform confidently in ensuring correct needle and catheter placement in all regional anesthesia procedures," he says.

During his 16 years at the University of Alberta and Stollery Children's Hospital, before he was recruited to Stanford, Dr. Tsui received the 2008 John Bradley Young Educator Award from the Canadian Anesthesiologists' Society (CAS) for his efforts as a clinical teacher, researcher, and role model. In 2015, he received the CAS's Research Recognition Award, the society's top honour

"It's so important to keep an open mind and to listen to others, and to share what you know freely. I learned this at Dal. The people are easy going and they love to share. It's a trademark attitude that was a big influence on me."

Dr. Tsui with his wife, Eliza, who is also a Dalhousie alumna (MLIS '91, MEd '95), and his sons Jenkin (left) and Jeremy (right), who are both medical graduates and current residents. ►

for research, given annually to a senior investigator who has made substantial contributions to Canadian anesthesia research.

Of the many things he learned in his time at Dalhousie, Dr. Tsui says the Faculty of Medicine's commitment to collaboration and the open sharing of information made the greatest impression. He carries that ethos forward in his career, travelling widely to share what he has learned and to learn from others along the way.

"It's so important to keep an open mind and to listen to others, and to share what you know freely. I learned this at Dal," he says. "The people are easy going and they love to share. It's a trademark attitude that was a big influence on me. Most importantly, a willingness to share my intellectual pursuits with others allows me to make a difference in the medical care of patients I have never met."



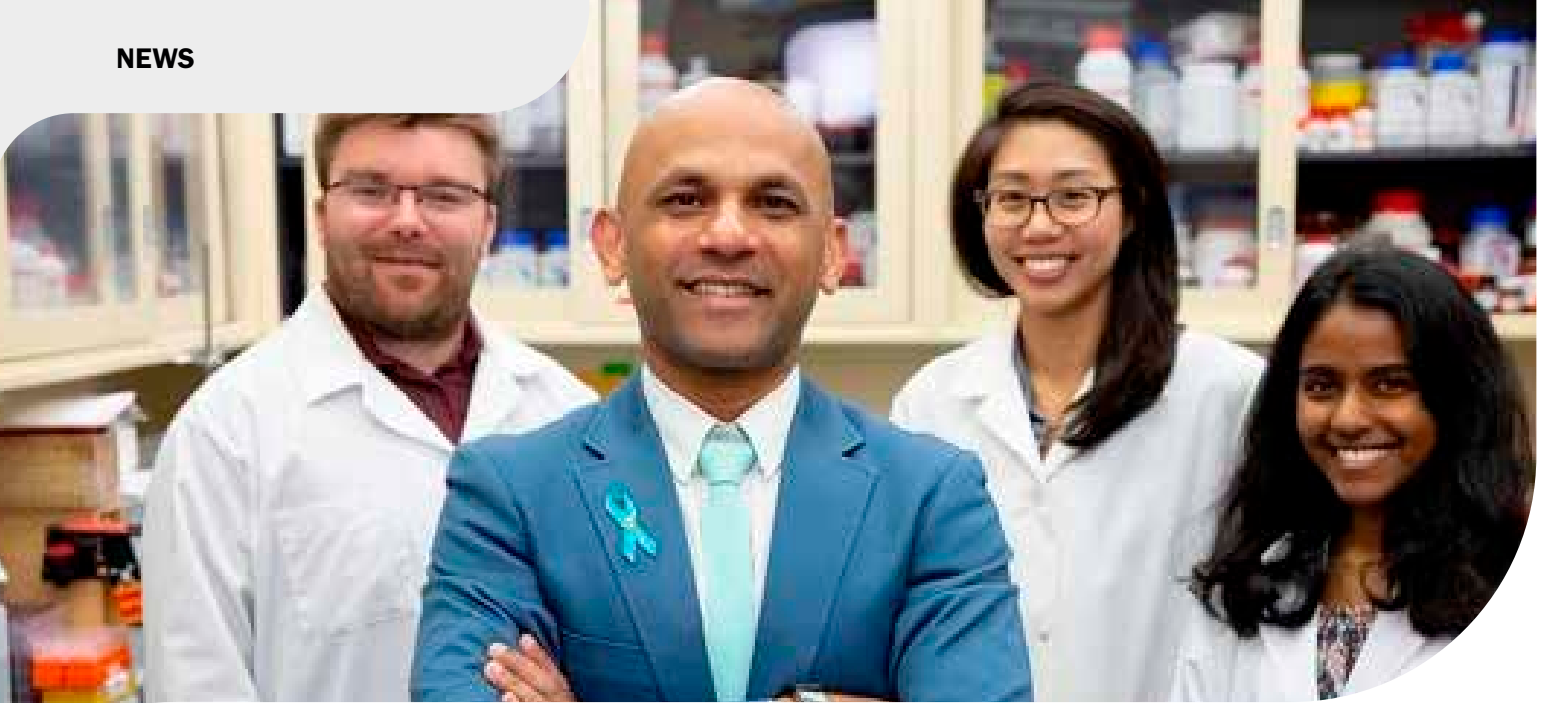
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Dalhousie-led **global cancer immunotherapy** initiative to combat cancer

By Kate Rogers

A Dalhousie researcher is poised to lead a cancer treatment revolution through global partnerships.

Dr. Shashi Gujar, recently appointed Executive Director, Cancer Immunotherapy, Innovation and Global Partnerships, in the Faculty of Medicine at Dalhousie, is developing innovative immunotherapy options for diagnosis, prevention, and treatment of cancers.

Cancer immunotherapies are a form of precision medicine that train our immune system to fight cancers and don't have the usual harmful side effects of traditional treatments like chemotherapy and radiation. Dr. Gujar is developing various forms of cancer immunotherapies such as cancer vaccines, cancer-killing viruses, and light-activable anticancer drugs. Through strategic international partnerships, Dr. Gujar will leverage the resources needed for his ground-breaking research enterprise to rapidly advance cancer immunotherapy discoveries in clinics and save lives sooner.

The global COVID-19 pandemic has demonstrated that medical innovations can be developed more quickly than previously shown. Accelerating the discovery and development process requires prompt access to highly qualified personnel, sufficient patient populations for clinical testing, and immunotherapy manufacturing facilities, components not available in Atlantic Canada, and limited across the country. Through global partnerships Dr. Gujar will work to overcome these regional challenges and limitations to drive innovation and accelerate the translation of exciting medical discoveries in patients.

"We know that we need major improvements in how we diagnose, prevent and treat cancer, and more importantly, we need it faster," says Dr. Gujar. "We don't have time to wait for another 15 years for every innovation to be translated in patients, and so we are working with global partners to access the best of the best capacities in the world."

Access for all

Dr. Gujar has established formal partnerships with various academic, clinical and industry leaders around the world, including those in India, France, Germany, Denmark, and the United States. This initiative is set to take the lead in driving the rapid development of new cancer immunotherapies and to make these therapies available and affordable to patients around the world.

"Cancer immunotherapy is very expensive right now," says Dr. Gujar. "We are working with true global partnerships hoping we will be able to create affordable cancer immunotherapy that will be available not only for Canadians, but to all the global citizens worldwide. We want all people to have access to these amazing therapies."

▲ Dr. Shashi Gujar (second from right) and his research team. (Photo: DMRF)

A world leader in cancer care

Dr. Gujar is positioned to take Dalhousie University from a world-class to a world-leading institute in the field of cancer immunotherapy. He would like to see this important research create opportunities to work in partnership with global organizations, including the World Health Organization (WHO) and the United Nations (UN). From a strategic perspective, this initiative will align the Faculty of Medicine's future directions not only with Dalhousie University, but with the international players who are pushing for better human health.

Though he looks forward to sharing Dalhousie's exciting work, Dr. Gujar reiterates the importance of collaboration and contributing to the greater good.

"We know success cannot be achieved by working in silos," he says. "But when we work together as a global community, we can do amazing things."

"We know success cannot be achieved by working in silos. But when we work together as a global community, we can do amazing things."

As Executive Director of Cancer Immunotherapy, Innovation and Global Partnerships, Dr. Gujar's initial assignment has been made possible with the generous support from Dalhousie Medical Research Foundation (DMRF).



Leave a lasting mark for the next generation, **TOGETHER**

Whether you're celebrating a milestone anniversary, coming together for a reunion or just want to pay it forward, we can help make it happen.

Find out more about **Class Giving Projects** at **902.494.6862** or **dalhousie.fund@dal.ca**.

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Class Notes

1970s

DR. REX DUNN (MD '75, PGM '79) received an Honourary Degree (Doctor of Laws, honoris causa) from Cape Breton University on May 9, 2022, for dedicating his career to advancing vascular care at Cape Breton Regional. Along with his many leadership roles, including Chief of Staff of the Cape Breton Regional Hospital, Vice President of Medicine of the Cape Breton District Health Authority and President of the College of Physicians and Surgeons of Nova Scotia, he is a committed volunteer to local and international initiatives.

1980s

DR. JOSEPH HORAN (MD '85) retired from family practice on May 22, 2022, after 34 years of serving Foxboro and the surrounding communities.

DR. RAJIV SAMANT (MD '88) has published a personal memoir titled "Beyond the Village: My Grateful Journey," reflecting on his first 25 years, including medical school life, and highlights the important of community and gratitude.

1990s

DR. TREVOR JAIN (MD '99) has been appointed to the leadership position of Director of Clinical Programs at the newly created Faculty of Medicine at the University of Prince Edward Island, a joint effort between Memorial University and UPEI.

2000s

DR. LEISHA HAWKER (MD '11) was installed as head of the Doctors Nova Scotia during its annual conference in early June. The Haligonian received her medical training at Dalhousie Medical School, completing her training in family medicine in 2013 and earning a certificate of added competence in addiction medicine in 2019. Her primary role is at the North End Community Health Centre on Gottingen Street.

Have a professional accomplishment you'd like to share with the alumni community? Please contact medical.alumni@dal.ca.

In Memoriam

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

DR. PHILIP HARVEY REID (MD '68)
passed away January 11, 2022.

DR. MICHAEL SCOTT RAMSEY (FACULTY)
passed away January 22, 2022.

DR. ROBERT CEIL (BOB) FRASER (MD '61)
passed away February 1, 2022.

DR. BRADLEY HARRIS (PGM '01)
passed away March 14, 2022.

DR. DONALD C. BROWN (MD '59)
passed away May 18, 2022.

DR. WILLIAM 'STUART' HEUSTIS (MD '56)
passed away May 23, 2022.

DR. FRANK MACDONALD (MD '78)
passed away May 29, 2022.



Dr. Allan Marble's Book Launch DMAA Alumni Lecture

On May 26th, the Dalhousie Medical Alumni Association was honoured to host a book launch in celebration of Dr. Allan Marble's most recent publication, *"The History of Medicine in Nova Scotia from Confederation to Medicare: the Transition from Allopathic to Scientific Medicine."*

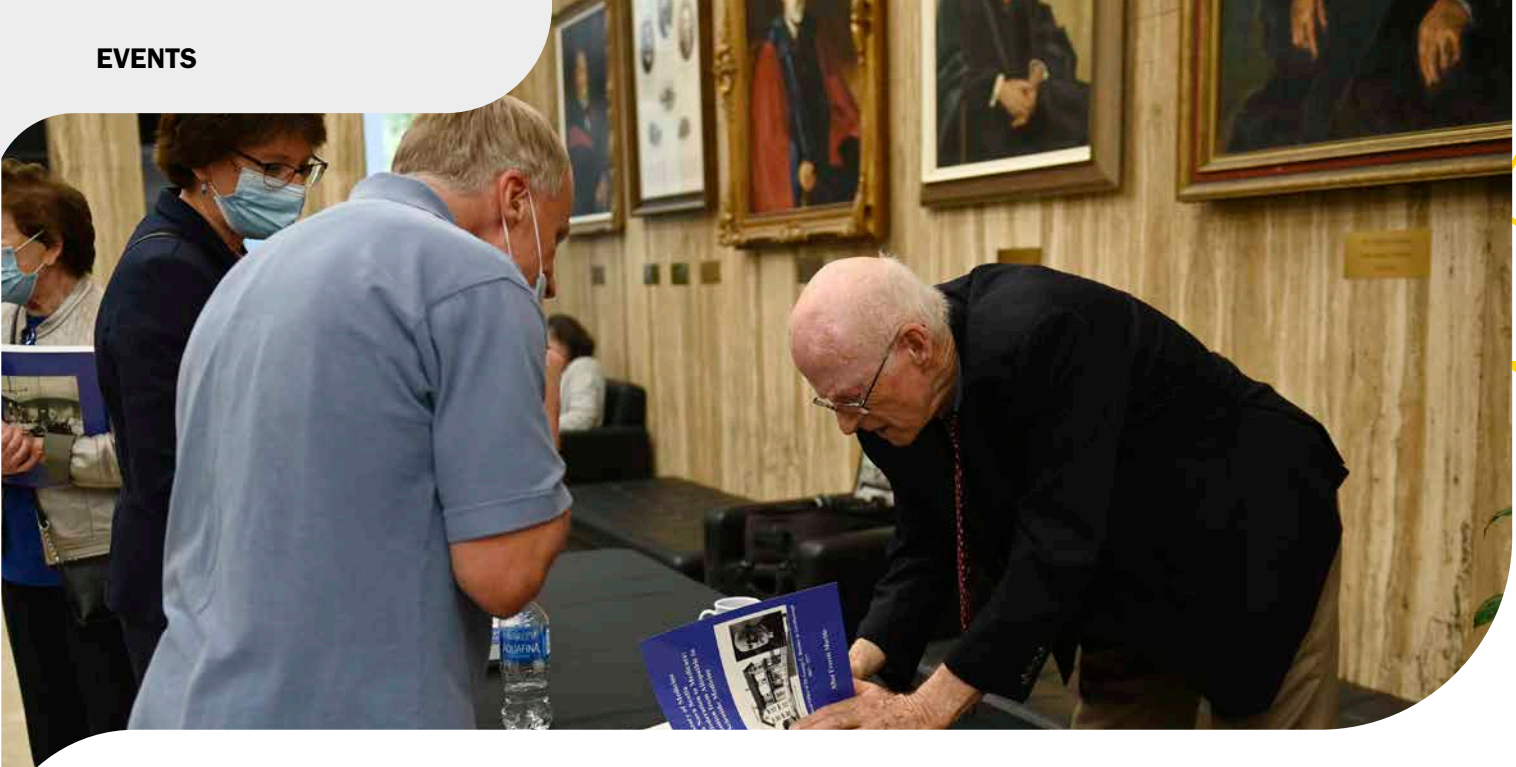
The book spans 1867-1967 and covers topics including the prevention, treatment, and control of infectious diseases, Nova Scotia's first general hospital, the establishment of hospitals in rural Nova Scotia, the aftermath of the Halifax Explosion, and the impact of the Spanish Influenza Pandemic on Nova Scotia.

While introducing Dr. Marble, DMAA President Kathy O'Brien (MD '87) spoke of Dr. Marble's impact at Dalhousie Medical School – through his significant contributions to biomedical engineering and cardiovascular research, to his role as committed archivist of the history of medicine in Nova Scotia. As both the Chair of the Medical History Society of Nova Scotia and the President of the Dalhousie Society for the History of Medicine, Dr. Marble has a wealth of knowledge that he generously shares with both passion and a sense of humour.



▲ Dr. Allan Marble speaks in the Sir Charles Tupper Medical Building lobby.

▲ "The History of Medicine in Nova Scotia from Confederation to Medicare: the Transition from Allopathic to Scientific Medicine" copies for purchase.



▲ Dr. Marble signing a copy of his book for event attendees.

▲ Dr. Marble with friend and fellow historian Dr. Jock Murray, former Dean of Dalhousie's Medical School.

The event was held in person in the lobby of the Sir Charles Tupper Medical Building, attendees included past Dean of Medicine, Dr. Jock Murray, and special guests who supported Dr. Marble's research for the book, and the lecture was capped with questions followed by refreshments and great conversation among alumni, family, and friends of the Faculty of Medicine.

If you are interested in purchasing a copy of *"The History of Medicine in Nova Scotia from Confederation to Medicare: the Transition from Allopathic to Scientific Medicine"*, please reach out to medical.alumni@dal.ca.

ALUMNI EVENTS

Dr. Marble's event was a great example of one way we hope to engage with our alumni on campus in the future, through ongoing hybrid events aimed at bringing together the Dalhousie Medical School community to hear from alumni at all ages and stages of their careers.

We're looking for your feedback on what events you would like to participate in, both as an attendee and featured alumni. Do you want to discuss new faculty research, tour the Tupper, promote a recent publication, host a panel discussion, or share new learnings within your field? **We want to hear from you!** Reach out to medical.alumni@dal.ca to connect with the Alumni Engagement team and help organize our next Dal Med Alumni event.

UPCOMING EVENTS

We have several in-person and hybrid events planned for the 2022-23 academic year and look forward to connecting with many of our alumni on campus and across the Maritimes.

Look out for more information on the following events through our upcoming newsletters:

- Class Presidents Forum | Fall 2022
- DMAA Alumni Recognition Awards | November 2022
- DMAA Dean's Receptions | Various Locations | Fall/Spring
- Open Dialogue Live | February 2023
- Dal Med Gala | October 2023

Upcoming DAL Med Class Reunions

Reunions are back! We are delighted to be supporting several alumni who are organizing class reunions over the next few months. Some celebrations have been postponed since 2020 and 2021 – we're thrilled that you are able to gather together with your colleagues once again.

5TH ANNIVERSARY MD 2017

October 1st, 2022 - Obladee Wine Bar, Halifax NS
Reunion Organizer: Dr. Marissa LeBlanc

20TH ANNIVERSARY MD 2002

October, 2022 - TBD, Halifax NS
Reunion Organizer: Dr. Marc Nicholson

21ST ANNIVERSARY MD 2001

July 20-24th, 2022 – Fox Harb'r Resort, Wallace NS
Reunion Organizer: Dr. Robbie Stewart
Dal Med Gala | October 2023

33RD ANNIVERSARY MD 1985

September 9–11, 2022 – Digby Pines
Golf Resort & Spa, Digby NS
Reunion Organizer: Dr. Renee Lutwick

45TH ANNIVERSARY MD 1977

September 23-25, 2022 – Fox Harb'r Resort, Wallace NS
Reunion Organizer: Dr. Peggy Leighton & Dr. Nancy MacDonald

46TH ANNIVERSARY MD 1976

September 7th–8th, 2022 – St. Andrews-by-the-Sea NB
Reunion Organizer: Dr. David Amirault

48TH ANNIVERSARY MD 1974

September 9–11, 2022 – Algonquin Hotel,
St. Andrews-by-the-Sea NB
Reunion Organizer: Dr. John Steeves

49TH ANNIVERSARY MD 1973

September 22-25, 2022, St. Andrews-by-the-Sea NB
Reunion Organizer: Dr. Alf Bent

50TH ANNIVERSARY MD 1972

September 16-18, 2022 - Inverary Resort, Baddeck NS
Reunion Organizer: Dr. Ian MacDonald

56TH ANNIVERSARY MD 1966

September 20-23, 2022 - Crowne Plaza Hotel, Fredericton NB
Reunion Organizer: Dr. Garth Christie

60TH ANNIVERSARY MD 1962

September 23-24, 2022 – Halifax, NS
Reunion Organizer: Dr. Caroline Abbott

If you would like to get in touch with your class reunion organizer or connect with the alumni office to discuss planning a reunion in 2023, please contact medical.alumni@dal.ca.

