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FALL 2018

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Evie Sabeau Croucher

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Dalhousie Medical Student Society, Colin Hodd,
Melanie Jollymore, Kenneth Conrad,

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Please send news, story ideas, comments, and/or address changes to:

Dalhousie Medical Alumni Association
Dalhousie University
5850 College St. Rm. 1-C1
PO Box 15000
Halifax, NS B3H 4R2

Tel: 902-494-8800 Fax: 902-422-1324
email: medical.alumni@dal.ca
alumni.medicine.dal.ca

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VOXMeDAL



DMAA PRESIDENT'S MESSAGE

A GREAT CELEBRATION, BUILDING FOR THE FUTURE

By Dr. Peggy Leighton (MD'77)
DMAA President

The DMAA is actively involved with the Dean's office and the working committee to set up a full weekend of diverse events for all medical alumni from Nov. 2 to 4 celebrating Dalhousie Medical School's 150th Anniversary.

As Dean David Anderson said, "If there is ever any year you are planning to come back to Dal for a reunion, this is it!" This goes beyond individual class reunions. This spring Dr. Anderson and I reached out to class presidents and representatives from every class from 1950 to the present, to attend a reception on June 13 to inform and engage these alumni to encourage their classmates to participate. We had an outstanding turnout, which made the evening fun for everyone, and there was lots of enthusiasm, commitment and positive feedback.

In 2017 the Dean first presented his ambitious vision of a huge celebration encompassing alumni, medical students, clinical and research departments, and sponsors, to the DMAA board of directors. His goal was 850 participants. Taking on the challenge, we have far surpassed this number and expect a 1,200 maximum sellout... what a wonderful opportunity to reconnect with old friends and colleagues, mentors and future alumni, as the medical students join us for their annual gala. Big Fish will be playing dance music that spans the decades, with concurrent entertainment and lounges in the reception area until 1 a.m.

All other events for the weekend are free. Please note, local alumni, a top notch CPD session regarding the future of health care will be held at the Nova Centre on Friday morning from 8 a.m. to 12 p.m., featuring four keynote speakers, set-up by the team led by Dr. Connie LeBlanc, Associate Dean of CPD. Tours of the Medical School educational and research facilities will be led by student guides, meeting in the Tupper Building at 3 p.m. Saturday morning

there will be a Fun Run at 8:30 a.m., established by the DMSS, with snacks sponsored by the DMAA. All are welcome to run, walk or observe, and gather after the Run in the Tupper Quad. A luncheon reception honoring the Dal Med Innovators will be held Saturday from 11 a.m. to 1 p.m. in the CHEB on University Avenue. Sunday morning after the gala, the DMRP is hosting "Scrubs and Grub" in the Tupper Link from 9 to 11 a.m., with the promise of pancakes and strong coffee. The DMAA is a sponsor, and there will be various research projects highlighted with the researchers involved in attendance.

As a result of the 150th preparations, we have an updated and improved database of alumni contact information. We are always available to help alumni connect and engage with other alumni. Strong interactive communication is key. Thanks go to Evie Sabean Croucher (Alumni Relations Officer) and Allison Bain (Administration and Communications Assistant) who manage the DMAA office daily. They are working on improving our website and increasing the use of social media. Please notify us of any changes in your contact information so we can stay current. Evie has developed possible reunion packages and is available to help organize any class reunions and connect alumni.

Since the last VoxMeDal, Dalhousie hosted the annual Spring General Meeting of the Canadian Federation of Medical Students in April, of which Henry Annan, Class of 2018, was president. The DMAA was pleased to be a sponsor, and I addressed the assembled 200+ students from across Canada about the importance of medical alumni associations and the value of strong alumni engagement in the future.

In addition, the DMAA sponsors multiple student projects each year, last year totalling \$14,000 in value. In May, the DMAA was a presence at graduation, the award ceremony



and grad gala, when silver and gold Ds were awarded, as well as the Resident Teaching Award and the Silver Shovel Teaching Award. We hosted a welcome lunch during orientation for the incoming class in August.

Moving forward, we have looked at the 60 year history of the DMAA. The completed summary, *Making Connections That Matter*, is being sent to all medical alumni via a link on email, and is available on the website. More in depth information has been collected and archived. The DMAA has collaborated with Dalhousie University Archives so our tangible and visual collectibles, as well as historical information, will now be archived properly. We have worked with Jostens to design a Dalhousie Medical School ring for graduates and alumni. A final design has been approved and we are planning to have rings available to order at the DMAA office in the Tupper Building this spring.

I am excited to take on the role of President of the DMAA, and would like to thank Dr. John Steeves for all his work over the past two years. I look forward to seeing hundreds of alumni and future alumni at the gala in November. Let's "keep this party going" for next year, and build on the huge success of this year's event, to continue engaging and bringing present and future alumni together with our collective bond to the Dalhousie Medical School. The DMAA exists for this reason, as a facilitator, communicator and builder of ties. We will continue to reinforce positive past memories and create new ones.

A handwritten signature in cursive script that reads "Peggy Leighton".

Peggy Leighton
DMAA President

DEAN'S MESSAGE

STEPPING FORWARD WHILE LOOKING BACK

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

There is a noticeable energy burst around campus as we welcome new cohorts of undergraduate medical, BSc Med Sci and graduate students to our campus. As the countdown to our 150th Anniversary Gala Weekend begins, autumn has officially arrived at our Dalhousie campuses. So much has been happening—not just in terms of new beginnings and a new school year—but also in the bigger picture of new strategic directions for the medical school. Let me bring you up to date!

This summer, we welcomed Dr. Gaynor Watson-Creed, a Public Health and Preventive Medicine specialist physician, as the new Assistant Dean of Serving and Engaging Society. A newly established position, the Assistant Dean of Serving and Engaging Society will co-lead Dalhousie's efforts in the development, implementation and outcome assessment of one of the three interdependent pillars of the Faculty of Medicine's Strategic Plan (#DalMedForward): Serving and Engaging Society.

As part of our strategic priority area one, enhancing our research excellence, we placed a call for applications from self-identified (Wave 1 and Wave 2) teams that see themselves as internationally competitive. We're happy to announce Wave 1 now includes research teams from the Brain Repair Centre. These teams aim to advance neuroscience discovery, improve neurological clinical care and contribute to the Nova Scotia economy through research, innovation and world-wide partnerships.

The Faculty of Medicine Convocation in May saw 108 graduates received their medical degrees, including ten graduate and seven PhD students. The diversity of our graduating Class of 2018 would also have been difficult to imagine in the late 19th century. The Class of 2018 represents a

wide array of cultural and ethnic backgrounds, including six graduates of African descent, for the second year in a row. We're very proud of the increasing diversity of our graduates and look forward to seeing the richness of their contributions to the field of medicine and the communities they serve in the coming years.

One of the highlights of the ceremony was the awarding of an honorary degree to our former dean of medicine from 2009 to 2015, Dr. Tom Marrie. As many of you are well aware, Dr. Marrie was instrumental in re-designing our undergraduate curriculum to the highest national standards in the face of a very unfavorable accreditation review in 2009. He also implemented the highly successful Research in Medicine program and oversaw the launch of Dalhousie Medicine New Brunswick. He had an enormous positive impact on the medical school's development at a critical time and is most deserving of this honour.

2018 marked another convocation milestone, with the graduation of our first class from the medical sciences program. Fifty-five pioneering students received Bachelor of Medical Science degrees. This degree provides them with an exceptional preparation to pursue degrees in medicine, dentistry and other health professions, or further studies and careers in research. In fact, ten of the graduates were accepted into our MD program beginning this term!

In the realm of research, I am very proud to announce that nine of Dalhousie's outstanding researchers have been recognized by the Royal Society of Canada (RSC), including three from the Faculty of Medicine, for their outstanding scholarly, scientific and artistic achievement. The group is the largest cohort from Dalhousie to ever be inducted into the RSC.



As celebrations for our 150th Anniversary continue, so too do our monthly series of profiles highlighting our Dal Med Innovators. In this issue of Vox, you'll meet a few more of our innovators such as Dr. Alexander P. Reid, Dalhousie's first dean of medicine, Dr. Robert Johnson, who became the first Mi'kmaq person to receive a medical degree from Dalhousie, and Dr. Karen Mann, who re-designed the medical school's approach to training doctors and helped establish medical education as a field of scholarly endeavor.

2018 is flying by, but we still have plenty of anniversary celebrations left with a series of faculty and department events, lectures, and activities taking place in Halifax - both internally at Dalhousie and within our local community - in addition to satellite hosts within the Maritimes. To cap it off a busy year of celebrations, our anniversary gala weekend will begin on November 2 with a full-day symposium on meeting the health care needs of the future, along with guided tours of our research and education labs and facilities. These will be followed by a host of alumni gatherings, a luncheon to honour our Dal Med Innovators, and our gala dinner and dance on November 3. The weekend will wind down with a breakfast hosted by Dalhousie Medical Research Foundation and even more alumni events.

It's a very exciting time of year at Dalhousie Medical School as you can see. I hope you enjoy learning more about the many exciting new initiatives and developments. Most of all, I hope to see you at our gala in November!

Sincerely,

DALHOUSIE MEDICINE NEW BRUNSWICK UPDATE

WHAT'S PAST IS PROLOGUE

By Dr. Jennifer Hall
Associate Dean, DMNB

2018 has been a big year for Dalhousie Medicine New Brunswick. It has brought with it the graduation of our fifth cohort of medical students and the ushering in of our ninth. These may seem like small milestones compared to the Dalhousie 200 and Dalhousie Medicine 150 celebrations, but, in our short but significant history, they are monumental.

Now just one cohort shy of our 10th, DMNB is on the verge of officially becoming a decade-old institution. The history of medical education in New Brunswick, though, began long before DMNB opened its doors to its charter class of 30 students in September 2010. New Brunswick hospitals were no stranger to welcoming clerks and residents before the foundation of DMNB.

The opening of a francophone medical program in New Brunswick in 2006, renewed discussions of an anglophone equivalent and, in June 2008, a partnership between the Government of New Brunswick and Dalhousie University was announced. DMNB soon found a home on the University of New

Brunswick's Saint John campus and, after a year and a half of construction, the building was complete: equipped with state-of-the-art videoconferencing technology to deliver the Dalhousie Medicine curriculum from a distance and ready for its inaugural cohort of students.

We have come a long way since then. From the launch of the Longitudinal Integrated Clerkship Dalhousie (LICD) initiative in Miramichi in 2012 to the opening of our biomedical research facility in 2013, Dalhousie Medicine New Brunswick continues to grow in new and exciting ways.

For instance, our Assistant Dean DMNB Clinical Education and original LICD champion, Dr. Robert Boulay, was the 2018 recipient of the Canadian Association for Medical Education (CAME) Certificate of Merit Award in June. Similarly, our researchers continue to flourish with our own Dr. Keith Brunt winning the 2018 Medical Dragon's Den grand prize of \$500,000 and Dr. Petra Kienesberger receiving nearly



\$1,000,000 in awards from the Canadian Institutes of Health Research (CIHR) and the Heart & Stroke Foundation. We are also already seeing several of our graduates finishing up their residencies and establishing practices here, at home, in New Brunswick, which aligns neatly with DMNB's core mission to improve the health of New Brunswickers.

As we turn from the past and present to look toward the future, DMNB remains committed to training physicians and developing research partnerships responsive to and addressing the needs of New Brunswickers. Here's to another wonderful year for DMNB and many more to come!

Sincerely,

A handwritten signature in black ink that reads "Jennifer Hall".

“Dalhousie Medicine New Brunswick continues to grow in new and exciting ways.”



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PROFILE

Dr. Alexander P. Reid

DALHOUSIE'S FIRST DEAN OF MEDICINE

By Melanie Jollymore

In 1872, Dean of Medicine, Dr. Alexander P. Reid, led Dalhousie's first graduating class of medical doctors through an elaborate oath, in Latin, declaring their tireless dedication to caring for the sick. Five young men received their hard-won parchments at this first convocation of Dalhousie Medical School. The school has graduated thousands of physicians in the 150 years since.

As the first dean of medicine at Dalhousie, Dr. Reid played an essential role, not only in forming the faculty and shaping the curriculum, but in convincing the powers-that-be of the time to establish a medical school in Halifax. The university governors were lukewarm to the idea, which they knew would be costly, and even the medical society of the day was not in favour initially, given the lack of an anatomy act to allow dissection and the lack of a general hospital for clinical teaching.

But the handful of physicians and surgeons who brought Dalhousie Medical School to life were undeterred by such technicalities. They obviously believed that, as long as they persevered, the necessary components would fall into place. And, indeed, it wasn't long after the medical school was established that the Nova Scotia government passed the Anatomy Act and opened the Victoria General Hospital.

Dr. Alexander P. Reid was extremely influential among the dedicated medical practitioners who doggedly pursued their vision of a medical school in Halifax. A native of London, Ontario, he graduated from McGill University's medical school and went on to pursue advanced medical training in Edinburgh, London (U.K.), Dublin, Paris and New York. And, before coming to Halifax, he practiced medicine in Ontario, the Northwest Territories and the West Coast, so he was an unusually cosmopolitan physician for the times.

He must also have been quite skilled with the quill. Among many writings, he took on the task of recording the minutes of the meetings he and the other co-founders—Drs. Alexander G. Hattie, William Slayter, John Somers, Edward Farrell and Alfred Woodill—held in late 1867 and early 1868 to flesh out their plan for a medical faculty.

They boldly called themselves “the faculty” from the very first meeting, as if the sheer force of will to see themselves that way would make it so.

Dr. Reid also penned the first description of the proposed new school, providing an overview of the faculty, curriculum, recommended textbooks, and clinical teaching sites. This was submitted to Dalhousie's board of governors with a cover letter emphasizing the need for a medical school in Halifax.

“They said Halifax was a progressive and busy port... with a good hospital and dispensary and a chartered university. They noted that each year, 50 to 75 Maritime students studied medicine at other centres, sometimes at questionable institutions,” writes Dr. Jock Murray in his 2017 book, *Noble Goals, Dedicated Doctors: The Story of Dalhousie Medical School*.

The new self-proclaimed faculty made a compelling case. The board of governors was not enthusiastic about how quickly the faculty was moving and they wanted more time to deliberate. Even so, less than three months after the first meeting of Reid and his fellow founders, the board voted in favour of the medical school. Reid was named dean.

As dean of medicine from 1868 to 1887, Dr. Reid was vocal in expressing his views about public health, sanitation, and hygiene. He decried fellow physicians for focusing solely on individual patients, rather than the social and environmental conditions that influenced the health of the community as a whole. He advocated for better schools and playgrounds, proper disposal of sewage and garbage, and hygienic handling of water and milk supplies. He even co-authored a textbook for middle schoolers called *The Health Reader* that expounded in gory detail the harmful effects on every organ of alcohol, tobacco and narcotics.

He was also ahead of his time as an early proponent of germ theory and supporter of Dr. Lister's use of the antiseptic agent carbolic acid, for cleaning surgical instruments, incisions and wounds.

During his tenure as dean, he became superintendent of the Mount Hope Asylum (Nova Scotia Hospital) and the Victoria



General Hospital. In supervising the asylum, his view that mental illness was caused by environmental factors was gradually replaced by the opinion that mental issues were hereditary and could not always be cured. He set up a program to have “incurable” patients transferred to facilities closer to their homes.

He did have some views that, while unpalatable today, were not uncommon at the time—such as the idea that selective breeding could prevent mental illness in future generations. He was considered eccentric by some people, in part for his habits of chewing tobacco flavoured with orange peels, visiting the hospital wards in his dressing gown and slippers, and tinkering with mechanical contraptions strewn across a workbench in his office.

Dr. Reid remained dedicated to Dalhousie Medical School throughout his long and illustrious career. If the school's finances were in deficit at the end of the year, he and other members of faculty would reach into their own personal pockets to make up the shortfall—with no thought or hope of being repaid.

He eventually went on to become the chief officer of health for the province and launched the Nova Scotia Public Health Association. As Jock Murray notes in his book, the *Maritime Medical News* described Dr. Alexander P. Reid as “a man who seemingly could not grow old, and whose cheery industry and bright optimism made him a continual inspiration.”

Many thanks to Dr. Jock Murray for allowing Dalhousie Medical School to use his book, *Noble Goals, Dedicated Doctors: The Story of Dalhousie Medical School* (Nimbus, 2017) as a source for Dal Med Innovator profiles on historic figures.

PROFILE

Dr. Nuala Kenny

A PIONEER OF CANADIAN BIOETHICS

By Colin Hodd

In September 1967, mere months after the historic opening of the Sir Charles Tupper Medical Building, Nuala Kenny of the Sisters of Charity walked through the lower entrance of one of the building's two vast auditoria for her first day of medical school.

"When I walked in, this sea of people looked down to see this little nun in a habit and a little veil. I thought I was going to die," she recalls. "I did not know anybody."

Her trepidation eventually gave way to a growing ambition to make an impact in the world of medicine. Over the next 20 years, Sister Kenny would become a pioneer in the emerging field of bioethics, learning from some of the greatest medical ethicists on the continent and synthesizing that experience into a plan for the first-ever Department of Bioethics at a Canadian medical school.

Some of the early seeds took root during a clerkship rotation in pediatrics, supervised by a Canadian giant of pediatric medicine, Dr. Richard Goldbloom, the new head of Dalhousie's Department of Pediatrics and the IWK's physician-in-chief at the time. Dr. Goldbloom's passionate commitment to doing the best for the children and families in his care made a lasting impression on Sister Kenny and propelled her into pediatrics.

"When I was given permission by the Sisters to do medicine, I thought I was going to do psychiatry," says Dr. Kenny. "But I was intrigued by the idea you could intervene in the life of a child and prevent disease or ameliorate negative consequences for the rest of their life."

During her residency, Dr. Kenny spent a year at the Tufts-New England Medical Centre. An American by birth, she thought working with inner-city children in Boston might satisfy her desire to help. But she came to recognize the inadequacies of the American health system and appreciate the values underlying Canadian Medicare.

"I realized I could spend my whole life in America, and help a lot of children and families, but I would not be able to influence the system one iota," she says.

Meanwhile, she and Dr. Goldbloom began discussing a program to help bridge the gap between family physicians and pediatricians—and fill a need for pediatric consultations in smaller communities—back in Nova Scotia. Dr. Kenny returned to Dalhousie and the IWK, where she assumed the new role of director of regional pediatrics.

"My religious community got me a little station wagon. Two weeks of every month, I would have consultation clinics across the province. I would stay overnight in a motel in Truro. The next morning I'd go to Amherst. The next week, I would go to the south shore," says Dr. Kenny.

Dr. Kenny left Nova Scotia in the mid-1980s to take on teaching and leadership roles in Ontario. But Dalhousie came calling again and Dr. Kenny returned, this time as professor, head and chief of pediatrics. The wheel had turned for the nun who so tentatively entered the Tupper building in 1967.

Her interest in medical ethics had grown over the years and, in 1993, she embarked on a fellowship at the Kennedy Institute of Ethics, under Dr. Edmund Pellegrino, one of the foremost thinkers on the philosophic basis of medicine and in the emerging field of bioethics.

"Medicine had changed so much in just a few decades," Dr. Kenny recounts. "Dead was not dead anymore, for example. We had portable ventilators, CPR, immunology and organ transplantation. At the same time, society and the profession were moving toward the consumerization and commodification of medicine. But, as doctors, we can't assume that because we can do it, and the patient wants it, that it ought to be done."

Dr. Kenny knew confronting the challenges of modern medicine required more than just a division inside a department. In 1996 she went to then-dean of medicine, Dr. Jock Murray, with a proposal.

"I said 'Jock, I've got a deal for you. I think we need to develop a proper academic approach to the issue of ethics. I'm willing to give up half of my earnings to chair a Department of Bioethics.' He was totally supportive and let me do it," she says with satisfaction. "To this day,



Dalhousie has the only department of bioethics in a faculty of medicine in the country."

From 1996 until 2004, Dr. Kenny and her colleagues built the Department of Bioethics into a leading voice on the ethics of medical education, practice and health policy. They obviously made an impact—in 1999, Dr. Kenny was named an Officer of the Order of Canada, and others who worked with her have since been inducted as well. After her term as chair ended, she stayed on as a professor, retiring in 2009 as Professor Emeritus.

Dr. Kenny served as ethics and health policy advisor for the Catholic Health Alliance of Canada from 2009 to 2016, and remains active in the field today. Her current concern is the debate over assisted dying, the medicalization of suffering, the commodification of medicine and what she sees as the loss of medicine's core moral principles.

"Today, when someone is ill or dying, or even the 'worried well', they expect a technological answer to their issue," she says. "There may be, but it may not be appropriate"

There's no shortage of ethical challenges in modern medicine and in the discipline of bioethics itself. Thanks to Dr. Kenny's inspirational leadership, Dalhousie's Department of Bioethics continues to lead the discussion in Canada and around the world.

"At the time Dr. Kenny started the Department of Bioethics, it was an innovation to focus on both academic and practical ethics," says current department head, Dr. Christy Simpson. "As a Sister of Charity and a pediatrician, among other things, Dr. Kenny has many different lenses to apply to the ethics work she undertook and continues to undertake today."

PROFILE

Dr. Karen Mann

MEDICAL EDUCATION'S SCHOLARLY PIONEER

By Colin Hodd

In her late 60s, only a few years before she passed away, Dr. Karen Mann decided to take piano lessons. The Dalhousie medical educator had already been playing for years with the university's choral group, but she still wanted to improve, to evolve. That same commitment to learning guided her through more than four decades of teaching, beyond her retirement years and up until her final day in November 2016.

"She didn't really retire at all. Until her last day she was working full time," says Dr. Joan Sargeant, her colleague for 20 years at Dalhousie. "Even though her post-retirement appointment at Dalhousie was only two days a week, she chose to work five."

Dr. Mann made an enormous impact in her years at Dalhousie. She held 25 different positions, re-designed the medical school's approach to training doctors, and helped establish medical education as a field of scholarly endeavour. In fact, she published dozens upon dozens of papers—so fervently that even in 2018, nearly two years after her passing, her research results are still coming out. Through it all, she helped fundamentally change how people around the world understood medical education as a profession and a practice.

She graduated from Dalhousie with a BSc in nursing in 1964 and, as a nurse, became fascinated with the process of educating patients about their own care. She was determined to figure out what worked and what didn't, and to demonstrate the difference with scientific rigour. Her determination to push her research led her to earn a master's in health education in 1978.

Mann focused her early research on patients with hypertension. Since it is a disease that presents few symptoms but is potentially deadly, hypertension provided the perfect test case for evaluating patient education techniques. Mann successfully defended her doctoral thesis on the topic in 1986. At that time, the job of director of Undergraduate Medical Education became available.

"When the position opened I went to the dean, Dr. Jock Murray," recalls Dr. Gray. "I said

'I know just the person for this vacancy' and he hired her."

Although medicine was well into "the modern era" by the mid-1980s, approaches to medical education lacked scientific rigour. Institutions had grown comfortable with existing models, which were built around lectures and practical exams. Dean Murray wanted to implement a pioneering approach being introduced elsewhere, known as "problem-based learning." It would be Dr. Mann's job to make it happen.

Under this model, instead of professors lecturing while students took notes, the professor would give the students a problem to solve. They would then work in groups to research the problem and return with a solution for the professor to critique.

Dr. Mann recognized this model would provide medical students with the skills to gather up-to-date knowledge to treat difficult cases—a critical ability in times when the body of medical knowledge is growing too quickly for professors, physicians or students to keep pace.

"This was a great advance over a lecture-based curriculum, which teaches you four years of facts," says Dr. Gray. "I can tell you that virtually everything I learned in medical school was obsolete within 10 years of my graduation."

Problem-based learning required instructors to take a completely different approach. Dr. Mann needed to convince a comfortable faculty that they needed to overhaul not just the content of their lectures, but their entire approach to medical education.

"A problem-based curriculum was constantly evolving, and so it took instructors a lot more time," says Gray. "The faculty was reluctant to accept it at first, but Karen soldiered on and, with support from Jock Murray, it became a reality."

Dr. Mann also championed medical education as a valid career path on its own. She helped negotiate a political thicket in convincing Acadia, Mount Saint Vincent and Dalhousie to develop a joint masters of medical education program in the late 1980s.

In the mid-2000s she was heavily engaged in another interuniversity negotiation, this time



to set the stage for an undergraduate medical program under the Dalhousie banner at the University of New Brunswick (officially launched in 2011 as Dalhousie Medicine New Brunswick).

Dr. Sargeant believes Dr. Mann's gentle persistence and passion for quality are what helped her navigate these tricky educational initiatives and their related political challenges.

Dr. Mann's well-known kindness and willingness to engage people won her friends and collaborators across the globe. She held visiting professorships in such places as Harvard, the University of Manchester in the United Kingdom and the International Medical University in Malaysia. To travel with her to a conference was to encounter a bewildering array of correspondents and colleagues.

"Folks from Hong Kong or Korea who she'd met at another conference would come and sit down and have a conversation with her and it was evident she had really influenced their lives," Dr. Sargeant recalls. "We went to a number of conferences together and her calendar would be full of meetings to help people with their research or their education strategy."

The long-term impact of an educator is hard to measure. Dr. Mann taught for more than 40 years, and is responsible for shaping hundreds of medical careers. Dr. Gray believes her impact will continue to be felt for a long time.

"In many respects she was even more important than the deans. Which sounds rather strange but she really did transform the medical education program at Dalhousie," says Dr. Gray. "Virtually everyone who's stepped into a major medical education administrative role in the last 10 to 15 years has been mentored by Karen."

PROFILE

Dr. Lea Steeves

AN UNORTHODOX AND DEDICATED TEACHER AND LEADER

By Colin Hodd

It's 1954. You are Dr. Lea Steeves, a cardiologist and medical professor living in Halifax with your wife and five young sons. You have to go to a meeting of the Canadian Medical Association in Vancouver, but are aware your job already takes you away from your family too much during the year. What do you do?

An ordinary person with an ordinary approach might accept that sometimes you need to be away from your family in order to provide for them. Or, perhaps, spring for a sleeper car and take them cross-country by train. But Lea Steeves was not a man given to ordinary approaches.

"My father decided it would be interesting to drive across Canada in his Ford station wagon with his family," recalls Dr. John Steeves, himself an associate professor at Dalhousie and president of the Dalhousie Medical Alumni Association. "He was blessed with a very supportive wife, who was game for this trip. He designed and with her help built a 'car-top carrier' so we had storage space for clothes and camping supplies, sleeping room at the top for two, and a shelf over the wheel wells where three children could sleep. He and my mother slept underneath the platform."

This is just one example of the extraordinary kinds of measures Dr. Steeves was willing to take. When the McGill graduate (cardiology, internal medicine) moved to Halifax in 1948, hoping for a teaching position at Dalhousie Medical School, he set himself up in an office as a consulting physician. This unusual step ruffled feathers among the old guard, who in those days set up private practices in their own homes, as primary care physicians, not as consulting physicians.

"It was tough for him at first," John Steeves recounts. "Doctors jealously guarded their paying customers before Medicare... to send a patient to another physician was incomprehensible. He would say to them, 'I'm not a primary care physician. If you have a problem I will give you advice, but it's your patient, not my patient.'"

Dr. Steeves soon attained a faculty appointment at the medical school and,

just a few years later (1955), became its first full-time director of what was then known as postgraduate medical education. This would soon be known as continuing medical education—or CME—and he would make an indelible mark.

CME was highly centralized at the time. Medical schools would decide what additional training doctors needed and provide the courses on campus, requiring community doctors to travel.

Through his discussions with physicians "on the ground" as a travelling consulting cardiologist, Dr. Steeves concluded a new model was needed for the largely rural Maritimes. Communities often had only one or two physicians—leaving their patients for days at a time was not an option. So, instead of making them come to Dalhousie, he decided to take Dalhousie to them.

Decades before phrases like "learner-directed teaching" entered the lexicon, Dr. Steeves consulted doctors in communities throughout Nova Scotia about what they wanted to learn and from whom, and arranged for the teachers to go to the communities.

The overall effect was to give doctors a sense of ownership in their education and instructors a sense of pride in being chosen.

"It didn't just happen through spontaneous combustion, it took organization and a lot of work," notes John Steeves. "My father would travel to every community every year and ask how things went the year before and what ideas they have for this year. In typical Maritime fashion the communities made these visits into events. They would have dinners, they would have a celebration."

Juggling his responsibilities as an administrator, teacher, physician, husband and father called for many unique problem-solving approaches. For example, Lea would sleep in the back of the station wagon while his wife, Katharine, drove to Cape Breton to catch the last ferry on Friday night (before the causeway was built). When they arrived at the hospital, the head nurse would wake up the entire ward for Lea to do "rounds," while Katharine slept in the



car. She would take the wheel for the drive back to Halifax, so he could sleep en route and do Saturday rounds later that day.

Even as he worked on large-scale CME programs, Dr. Steeves made time for individual medical students. He often invited them to his home for dinner. John Steeves remembers these evenings vividly: "In those days, if you didn't make the entertainment, there wasn't any. So we usually had lots of music and song and dance. Then, like now, medical students worked hard and they played hard. We got to see virtually every Dal graduate as they were going through."

Dr. Steeves never lost sight of how difficult medical school can be. He made a special project of coaching students who had failed the practical component of their Royal College Certification exams. He would record them on video as they performed a physical exam, letting them see themselves on tape before re-taking the exam. While this may seem run-of-the-mill with today's technology, it was an innovative teaching approach at the time.

Beyond Dalhousie, Dr. Steeves served as president of the Canadian Association of Continuing Medical Education, the Medical Council of Canada, and the Medical Society of Nova Scotia, as well as Atlantic Region governor of the American College of Physicians. At one point, he received the Duncan Graham Award for excellence in teaching from the Royal College of Physicians and Surgeons. His son believes his real professional pride was in teaching.

"My father spoke around the world about the community engagement model, he had a life-long interest in northern and remote Canada, among many other interests," says John Steeves. "But above all, he loved teaching—teaching medicine, in particular. That was, I would say, the thing he enjoyed most."

PROFILE

Dr. Rob Johnson

CANADA'S FIRST MI'KMAQ PHYSICIAN

By Colin Hodd

When Robert Johnson walked across Dalhousie's convocation stage in 1998 to receive his medical degree, he was the first Mi'kmaq person to receive this degree from Dal. Johnson was barely 23 at the time, having enrolled in the medical school at the age of 18.

"I was a bit young. I found out I was accepted to medical school the day I graduated from undergrad. I remember the associate dean saying, 'Would you like to take a year off?'," recalls Dr. Johnson. "But it never really crossed my mind that maybe I was a bit too young to become a physician. They offered to hold my spot but I knew very well what my path would be."

That certainty about his path in life had its roots in the Millbrook First Nation, where young Johnson took an accelerated course of study. In fifth grade, he was completing a project on the layers and functions of the skin when something clicked.

"I would do a project on human anatomy every year after that," he says. "It gave me drive growing up, and a goal going through school. I knew very well what I wanted to do."

The desire to make it to medical school came from that early inspiration in anatomy, but the discipline to work at it came from sport. Johnson played provincial triple A midget hockey as a forward. Even now, with a mature medical practice, he sees the impact of sport on his professional life.

"Sport helped me learn how to be disciplined and contribute to a team, which has carried over into my professional life and my family life," says Dr. Johnson, father of three. "I'm also a believer that the mind works best when you have a certain level of physical fitness. I like to think I've passed that on to my children, that the proper balance is vital to success and happiness in life. My son is 16 and he's excelling in sport but I think because of that he's also excelling in school."

Despite the formative role hockey played in his life, it was certainty about his path that led the young Johnson to put aside competitive hockey to devote himself to his studies. His older cousin, Bob Gloade, now chief of the

Millbrook First Nation where they both grew up, remembers that early determination.

"I remember I said, 'Why don't you keep pushing on? Because you could continue to play,' and Rob said, 'No, I have to re-evaluate and set my priorities and focus on what's realistic,'" recalls Chief Gloade. "For someone 17 years old, to know what he wanted and what he was committed to, was significant. He is respected in the community for his ability to do that and for his accomplishments."

His dedication to medicine paid off. Not only did he receive his MD in 1998, he received a National Aboriginal Achievement Award two years earlier.

"That's the highest First Nations honour in Canada, and I was a bit blown away, as you can imagine a young person would be, sitting down with Elijah Harper," recalls Dr. Johnson of the ceremony in Ottawa. "There was Grand Chief Phil Fontaine. There was Tom Jackson and Maria Campbell. An Olympic gold medalist, Alwyn Morris. All receiving the same award as me. It was a little overwhelming."

After graduating from Dalhousie, Dr. Johnson embarked on residency training in family medicine at the University of British Columbia (Prince George), curious to see a different part of Canada. He returned to Nova Scotia for a time, practising emergency medicine at the Dartmouth General Hospital, then returned to the West Coast to pursue studies in emergency medicine and anesthesiology at UBC. Still, Chief Gloade sees the impact successful members of the First Nations community can have on their youth.

"His success shows our community—not only my community but all the Mi'kmaq communities in our territory—you can accomplish anything you want to if you have dedication," Chief Gloade says. "We've had other people pursue careers in the medical field because he'd done it... He's cleared the path for other people to accomplish their goals and aspirations."



Dr. Johnson understands the importance of his achievements to Indigenous communities but sees his career path and the example he sets for his family and his students as his primary mentoring role.

"When I was in Nova Scotia I would do talks on the First Nation, about life in general. A little about medicine, but it was more about going to school and persisting," says Dr. Johnson. "I met my wife, who is a Carrier-Tsilhqot'in First Nation woman and a gynecologist, soon after coming to B.C. I knew very well my mentoring would have to be with our three children, number one. Every adult's ultimate goal should be to guide your children on the right path. Be it in physical and mental health, education, or whatever facet of life. Properly guided children will succeed in their own way, and then guide others."

Dr. Johnson takes pride in providing his medical services to northern and rural communities, in particular those areas with large Indigenous populations—such as Yellowknife and Duncan, where he does regular locum work.

"The care I give in my two areas of practice—emergency medicine and anesthesia—requires caregivers to respect the vulnerable position any patient is in and pay extra attention to those who are not as privileged ...often the First Nations people," he says. "Growing up on in a First Nation community and practicing medicine are both tremendous honours. That combination moulded me into a physician who gives the best possible care to each individual, while highly respecting the story behind them. I know first-hand what obstacles the Indigenous peoples have been born into... I was there, and to some extent I always will be."

PROFILE

Dr. Benge Atlee

A REVOLUTIONARY IN MATERNAL/NEWBORN AND WOMEN'S HEALTH

By Colin Hodd

The Western world headed into the 20th century on a tidal wave of unprecedented change.

In medicine, the almost-exclusively male establishment struggled to combine the new scientific rigour with leftover Victorian prudishness—particularly in the delicate area of women's health. At the same time, women were beginning to wake to their own political power. This was the world that welcomed Harold Benge Atlee.

Atlee was born in his grandmother's home in Pictou, Nova Scotia in 1890. From the start, he pushed the boundaries. He graduated from high school at 16 and immediately enrolled in medical school, becoming Dalhousie's youngest-ever medical graduate at age 21. He later became the first head of Dalhousie's Department of Obstetrics & Gynecology, introducing many leading and sometimes-controversial practices.

"There's no question some felt he was an upstart," says Dr. Anthony Armson, Dalhousie Medical School's recently retired head of Obstetrics & Gynecology. "He was one of those individuals... whenever there was an opportunity, he went after it."

Dr. Atlee spent his first few years in medicine as a general practitioner in rural Nova Scotia, before joining a colleague in London, England for further medical training. With the arrival of war in Europe, Dr. Atlee joined the Royal Army Medical Corps, earning the Military Cross for valour.

Dr. Atlee returned to Halifax in 1921 to become the city's only formally-trained specialist in obstetrics and gynecology. The medical school's dean, Dr. John Stewart, decided a fresh approach was needed at the just-built Grace Maternity Hospital and looked to Dr. Atlee.

At the time, the practice and teaching of women's health was hampered by outdated notions of propriety, which Dr. Atlee was given to ridiculing. As Dr. Jock Murray recounts in his 2017 book, *Noble Goals, Dedicated Doctors*, Atlee scoffed at his own education in obstetrics:

"The doctor who conducted the deliveries... a dear old fossil ... did the job under the blankets... until finally, like a stage prestidigitator bringing a rabbit from a silk hat,

he drew forth the baby and held it up for us to see. I shall never forget the prudish solemnity with which he crossed the room and said to us, 'Gentlemen, that's the proper way to deliver a child. A woman's private parts should never be exposed to the male gaze.'"

In the face of the prevailing orthodoxy, Dr. Atlee's appointment to head Dalhousie's brand new Department of Obstetrics & Gynecology was not without controversy. A letter protesting his appointment—signed on behalf of the board of the Victoria General Hospital—was introduced in the provincial legislature. But Dean Stewart stuck to his guns and installed Atlee in 1923.

"To even suggest obstetrics and gynecology should be a separate speciality was heretical in those days," says Dr. Armson. "When Atlee started, obstetrics was primarily the domain of the midwife and deliveries were done in people's homes. But that was a time in history when there was a general shift toward the hospital environment."

Atlee became known as a skilled obstetrician and gynecological surgeon. To establish gynecology as a specialty apart from general surgery, he took the audacious approach of performing a general surgery procedure every time a general surgeon performed a gynecological procedure. His colleagues got the point and begrudgingly acknowledged his specialty.

Atlee's pioneering techniques for vaginal hysterectomy led to fewer complications and shorter recovery times. In the delivery room, he replaced blankets and false modesty with candour and hands-on learning.

"It was less about the technology, less about the instruments," says Dr. Armson. "Having facilities where women could undergo those procedures safely was a major part of it, yes, but at a certain point in societal development you make very small gains with technology. The big gains have been related to basic things."

One of these simple yet important advances was Atlee's insistence in the late 1920s that women get up and walking after delivery as soon as they were able. Previously, women were told to stay in bed for up to 12 days, robbing them of the chance to regain their strength.



The shift to hospital birth was not without false starts. Heavier and heavier anesthesia had led to doctors essentially pulling babies out of near-unconscious mothers. In the late 1930s, Atlee joined British physician Grantly Dick-Read (author of *Natural Childbirth*) in advocating a return to less-medicated births by preparing mothers for an active role in childbirth. Against the sentiment of his colleagues, he established a childbirth training clinic at the Grace. Women flocked to the clinic and an obstetrics revolution was born.

"The success (of childbirth training) was considerable in the majority of cases," wrote Dr. Atlee at the time. "These women were pleased and proud of the fact they rather than the doctor had the baby, and that they were actually present at the event rather than drugged into unconsciousness."

Atlee also promoted the then-unusual notion that birth was a family affair. By the 1950s, husbands were allowed to support their wives throughout the first stage of labour, mothers were encouraged to hold their babies immediately after birth, and older children were welcomed into the hospital to meet their new baby brothers and sisters.

It's hard to overstate Dr. Atlee's impact on how people are born in this country and on women's health in general. By the time he passed away in 1978, maternal and infant mortality were a fraction of what they had been. Fittingly, the Nova Scotia Atlee Perinatal Database is named for him, and the endowment he left continues to fund his department's research activities. And, his wisdom lives on through the annual Atlee Lecture.

"Dalhousie obstetrics and gynaecology is still highly regarded across the country and beyond. Many of the fundamental principles of the department are rooted in Atlee's perspective," says Dr. Armson. "In some ways he's a mentor I never knew. I hold that kind of respect for him."

PROFILE

Dr. Margaret Casey

A CRUSADER FOR COMMUNITY-BASED HEALTH CARE

By Colin Hodd

A waiting room with a sofa; a bathroom; an examining room. That was the entire North End Clinic when Dr. Margaret Casey first crossed the threshold in 1972. In those three rooms, in a modest building on Halifax's Gottingen Street, Dr. Casey and her colleagues were preparing the ground for a new paradigm in health care. The germ of the idea came from the community itself.

"Up until then, the only access to medical care for people in the North End of Halifax was through the Victoria General outpatient clinics," explains Dr. Casey. "Several women in the community got together and approached the Halifax Medical Society and, with their help, the small clinic was started."

Dr. Casey lived in Halifax during the Second World War but grew up in Toronto. She returned to Halifax in 1963 to go to Dalhousie, having decided to follow her father and grandfather, both Nova Scotians, into medicine.

She encountered a different medical school than the institution we know today. "The demographic of the medical students was very different, mostly men and almost no diversity," she remembers. "And there wasn't the emphasis on the social circumstances and cultural backgrounds of the patients we see today."

Dr. Casey chose the path of general practice and spent three years working with family doctors in the Halifax area. Then word reached her about a new kind of health clinic in the North End, which is how she came to be standing in those three rooms in 1972.

"What it really introduced me to—although the term wasn't being used then—was the social determinants of health and what an absolutely massive impact they have on people's health," she recalls. "And of course, the big question is, as a physician, how do you try and address those?"

The idea of social determinants in health stems from an uncomfortable truth: although we like to believe in equality, the world is not truly equal. Circumstances give some of us access to better food, better housing, and more

opportunities to build successful, healthy lives. Simply put, while disease comes for rich and poor alike, it takes a significantly heavier toll on the poor.

Dr. Donna Curry, a colleague of Dr. Casey's and a fellow Dalhousie graduate, believes it took special people to build the North End Clinic.

"Dr. Casey has the compassion and empathy to be vital when dealing with the less fortunate, which so many of these patients are. She has a missionary zeal to her, and that is the way she practices," says Dr. Curry. "So much good work is done under that one roof to make patients more comfortable and to encourage them to participate in their own health care."

Under the leadership of Johanna Oosterveld, the executive director at the time, the North End Clinic began adding programs and people, moving into a new building when its people and programs expanded beyond what three rooms would support. These included a dietitian to help families eat well on a tight budget and social workers to help them navigate government programs. There was also a nurse-run and staffed outreach van to provide mobile care to homeless people, who Dr. Casey says are vulnerable and often neglected.

Dr. Casey left the clinic in 1997. In 2004, she was named a Member of the Order of Canada for her quarter century of service to the community, which has also included volunteering in clinics in St. Lucia and Haiti and locally with such organizations as the United Way, the Children's Aid Society and the Home of the Guardian Angel.

She returned to the clinic—now known as the North End Community Health Centre—as board chair in 2008. She remains involved through various committees.

This year, in partnership with government, and after four years of advocacy from current executive director Dr. Rod Wilson, the North End Community Health Centre has moved into a new building, still on Gottingen Street. Dr. Casey could never have imagined a facility like this back in 1972.



Photo: Jollymore Photos

"All of us find it absolutely unbelievable to have this much space, which also includes a dental clinic in collaboration with the Dalhousie Faculty of Dentistry," she says. "The new space is beautifully set up. Everybody is so delighted with this. It gives them a sense their community is worth this great space. It's a statement that their health is of huge importance."

Dalhousie has been a constant in Dr. Casey's life throughout her North End Clinic years and beyond. For example, she mentored medical students and residents at the clinic, helping them see and appreciate the complex struggles of people living on the margins. And, she credits the connections she made at the medical school with helping her link patients to specialist care.

She is well known by Dalhousie medical alumni from the six years she spent as the medical school's director of admissions; later, she served as president of the Dalhousie Medical Alumni Association.

Although medicine is complicated, Dr. Casey is animated by a simple guiding principle:

"We're very privileged to have the opportunity to provide care to people. I think we have an obligation not only to provide the best care but to support and to advocate for care that addresses the social determinants of health. Otherwise we're not going to move very far ahead."

PROFILE

Dr. Joni Guptill

RUNNING IN WHERE EVERYONE ELSE IS RUNNING OUT

By Colin Hodd

International news can be overwhelming. Famine, earthquakes, typhoons, floods. Desperate refugees. But most of us get to think “that’s awful,” before we put down the phone or turn off the TV and return to the relative peace and stability of Canada, separated from the turmoil by oceans and borders.

Dalhousie medical graduate Dr. Joni Guptill doesn’t have that luxury, nor does she wish for it. After 29 years with Doctors Without Borders—from her early days as a frontline worker through her time as the head of MSF Canada, to her present role as co-ordinator of MSF’s Atlantic Association group—those distant places are extremely close to her.

“Once you’ve been in that situation the news has a different impact on you,” she says. “You know there are hundreds if not thousands of people suffering without medical attention. The news of people suffering makes you feel like you should be there.”

Doctors Without Borders, better known internationally as Médecins Sans Frontières or MSF, was founded in 1971 by French doctors and journalists on the principle people should have access to care regardless of nationality, race, religion or circumstance. Since 1971 it has made a reputation as the organization that goes in when everybody else is heading out.

“MSF is adamant about standing with people and preserving their dignity through difficult times,” says Dr. Guptill. “I know those people want to live just as much as I want to. They want their children to survive just as much as I want my child to survive. And people know when they’re in dire straits. But it doesn’t seem to take their humanity. They continue to help their neighbours, form communities.”

The drive to help her neighbours was imparted to Guptill through her religious upbringing in Halifax in the ‘60s and ‘70s. Her parents were advocates of the tradition of Christianity as service.

“I grew up in a Christian home where service to humanity was a very important principle and so it was a natural thing for me to find a way to help those in need. My mother used to have a little saying, ‘When you’re feeling sad and blue, go out for someone else and do,’” Dr. Guptill recalls.

After earning her undergraduate degree in biology from Acadia in 1976, Guptill went to medical school at Dalhousie. She began taking electives in Jamaica, which was uncommon for medical students at the time.

“Leaders with passion, commitment and an ethical framework are essential in all global health work,” says Shawna O’Hearn, director of Dalhousie’s Global Health Office, created in 2001 to create the kinds of opportunities Guptill sought during her days in training. “Dr. Guptill demonstrates these essential characteristics. Dalhousie is fortunate to have her in the global health community sharing her experiences and gently guiding learners to explore their role in serving society both locally and globally.”

When she graduated from Dalhousie Medical School in 1981, Dr. Guptill decided she needed to find a way to get back to developing countries to help as much as she could.

“I spent the best part of two years travelling and working, coming home and working and then travelling again,” she says. “I did an overland trip from Cairo to Cape Town in a Bedford truck, something you can’t do anymore. Finding work in other countries wasn’t easy. There wasn’t any internet. You couldn’t just Google and find places to work.”

In pursuit of more opportunities in developing countries, Dr. Guptill worked in general practice for five years before undertaking a diploma in tropical medicine at the London School of Hygiene and Tropical Medicine. It was in London that she encountered MSF, an organization with a mission to match her own drive.

“MSF was recruiting at the school and so I signed up for an interview. After the interview they said, ‘See you in the field next year,’ and I thought, it can’t be true, after all this trying to get to the field,” she recalls. “And sure enough, I worked with the guy who interviewed me in the field the next year.”

Dr. Guptill returned to Canada in 1990. In 1991, MSF established a Canadian arm. She took it upon herself to open an MSF office in Atlantic Canada, which was in actuality a phone in her Halifax home. In the years that followed, Dr. Guptill juggled a dizzying array of projects and



roles. She worked in her practice in Halifax, which she ran for seven years before leaving to practice rural medicine in New Brunswick, returning to Nova Scotia in 2008. All the while she kept returning to the field with MSF. Five missions. All emergency actions.

First was on the Turkish border with Iraq, where she worked in a refugee camp in Isikveren housing 60,000 Kurdish refugees fleeing the civil war in Iraq. Next she headed to Somalia during the famine, a situation chronicled in James Orbinsky’s book *An Imperfect Offering*, and then on to relief work in China. In 2003 she spent time in Syria and Iraq, trying to resupply hospitals along the Euphrates River as U.S. forces pushed into Baghdad. Her last field mission was in South Sudan in 2006, during a meningitis outbreak in a country struggling to rebuild after 20 years of civil war.

During her time with MSF, Dr. Guptill moved up the ranks—from local volunteer to field volunteer to board member to president of MSF in Canada—evidence of the organization’s true grassroots nature. In 2017 alone, 163,000 Canadians donated \$59 million, directly funding MSF projects in 33 countries, and 378 Canadians were involved in field missions overseas.

Even after decades of service, Dr. Guptill refuses to see anything exceptional in her contribution.

“I feel embarrassed to get a lot of credit for what I did because it was just a perfect fit for who I am and what I wanted in life,” she says. “It’s pretty exhilarating to go to a place that has no other medical help and be helping people that otherwise would be destitute. MSF is a group of like-minded people and if there’s a place in the world where something horrific is happening and there’s a medical need, that is where we try to be.”

PRE-CLERKSHIP

Student run program showcases careers in different medical specialties

By Kenneth Conrad

Variety may be the spice of life, but for future doctors, the number of possible career paths available to them can be overwhelming, especially with key decisions on residency programs often having to be made before their clerkship is completed.

This conundrum led medical student Todd Dow to brainstorm the idea for the Pre-clerkship Residency Exploration Program (PREP), a two-week-long elective for second-year medical students that was held for the first time this spring.

PREP features workshops, lunchtime seminars, specialty electives, simulations and skills sessions that expose students to day-to-day life in 14 different medical specialties. The program's goal is to allow participants to make more informed career decisions, while reducing some of the anxieties associated with moving into clerkship.

"It's a scary thing when you consider you might have two or three real exposure opportunities to a specialty of your choice (through electives) during the first two years of medical school; there are a vast number of specialties to choose from," Dow says.

In Dow's first year of med school in 2016/17, he served as the junior director of the Surgical Exploration and Discovery (SEAD) program, a student-run initiative for students wishing to explore surgical specialties in greater depth.

After participating in SEAD, Dow and classmate Sebastian Haupt realized they had a better understanding of the life of a surgeon, but still lacked knowledge of careers in other areas of medicine.

This sparked the idea for a student-run program to shine a light on other medical specialties, specifically those that are underexposed, with Haupt and Mike Smyth

joining Dow as self-appointed senior directors.

"We got in touch with the people who brought the SEAD program to Dalhousie in order to develop a better idea of the steps they had to take to establish the program," Dow says. "We learned a lot from those meetings and realized the importance of identifying staff physicians in each department to act as 'champions' of the program."

Dr. David Bowes, associate professor in the Department of Radiation Oncology, Student Affairs Career Advisor and faculty leader for the Radiation Oncology component of PREP, welcomed the program, which he says fills a need.

"Medical students often have to make decisions about what they want to do before they've rotated through everything; they find out what discipline they'll be going into late in their fourth year," he says. "They can end up going down a path to a particular specialty without knowing what their other options are."

A team effort

To support the program, the trio identified faculty champions from seven different medical departments, as well as personnel from Student Affairs, Undergraduate Medical Education, the Collaborative Health and Education Building and the QEII Health Sciences Centre. Dow estimates more than 150 people were involved in some way with PREP.

"The tremendous amount of support we received for the program from every department and office involved was astounding," he says. "Faculty, staff and administration put in countless hours to help the student participants. It's no small task to accommodate 40 student-learners, so we cannot thank those involved enough."

Program structure

PREP took place over two weeks from May 28 to June 8, 2018, time second-year students would normally have free. The 10 days of



FACULTY



programming included elective slots in various specialities, workshops, skills sessions, simulations and discussions with residents and faculty members centered around careers in various medical specialities.

Space limitations in medical facilities meant not everyone who wanted to participate could; 74 of 110 second-year students, including those from Dalhousie Medicine New Brunswick, applied for the program, and 40 were selected via a randomized lottery held by the Student Affairs office.

Smyth notes funding was provided by DMNB through its annual giving campaign in order to help the New Brunswick students with living expenses during their stay in Halifax.

Haupt described the two weeks as “a great experience.”

“It’s hard to make a judgment on a specialty after a half-day session, but it can give you a sense of whether it’s something you want to do,” he says.

Dow noted that simply becoming more familiar with the buildings that comprise the QEII Health Sciences Centre was beneficial to him.

“One of the biggest things that made me a lot more comfortable with moving forward in my medical training was just knowing where things are,” he says. “PREP provided me the opportunity to rotate through many of the departments within the QEII and if you’re on call or on a rotation and you need to go to a department, the familiarity is nice.”

“A huge success”

Dr. Thomas Arnason, the longitudinal theme head for pathology in the medical school curriculum, was the faculty leader for the pathology component of PREP. He considers himself a “major advocate” for the program.

“There is no third-year core clerkship rotation in pathology,” he says. “Consequently, I worry that medical students lack the opportunity to see what the day-to-day job of a pathologist is like at the hospital. There could be missed opportunities where students who might consider a career in pathology and lab medicine lack the early exposure to the specialty that would influence their residency and career decisions.”

PREP participants spent a half-day with pathologists doing their regular clinical work and another half-day in a pathology workshop.

Arnason describes the first year of PREP as a “huge success.”

“Faculty in pathology really enjoyed working with the medical students and having the opportunity to help them discover our specialty,” he says. “The student leads are incredibly well organized. We received a detailed program evaluation specific to pathology and I was happy to see that 95 per cent of participating students recommended keeping both our Hematopathology and Anatomical Pathology workshops in future years.”

Evaluating first-year success

As noted by Dr. Arnason, each subject area received a thorough report on its effectiveness. Participants were also asked to complete pre- and post-program surveys on their attitudes toward careers in a particular specialty; ophthalmology saw the biggest jump in popularity.

Following completion of the program, 92 per cent of survey respondents said PREP increased their confidence and comfort level heading into clerkship, and all respondents said they’d recommend a second-year student apply to the program.

“People have reported they’ve found potential elective preceptors, made

connections, figured out a little more direction to their future career path,” says Tom Toguri, a junior director who helped produce end-of-program reports.

Building for the future

Dow, Smyth and Haupt are all entering their third year of medical school this fall, but the foundation has been laid to keep PREP running long after they’ve graduated.

In December 2017, the trio appointed Med 1 students Toguri, Alysha Roberts and Kavitha Raju to serve as junior directors. Those students provided behind-the-scenes support in the program’s inaugural year, and are ready to step into senior director positions this fall as they enter their second year of classes.

Both sets of directors would like to see PREP be adopted by different medical schools, similar to how the SEAD program made its way from the University of Toronto to Dalhousie and other institutions.

“It would be nice to allow students from other schools to have a similar experience,” Smyth says. “The difficulty is identifying schools that have that second summer off.”

Raju praised the work of Dow, Smyth and Haupt in getting PREP off the ground, and looks forward to the future.

“I don’t think anyone could run this program as well as Todd did,” she says. “I’m grateful to Todd, Mike and Sebastian for taking the time to create this amazing program and I hope years of future medical students will be able to benefit from it.”

“We’ve formed great relationships with a number of departments,” Roberts says. “I’m confident we’ll be able to grow those partnerships further and offer a great opportunity for more students to explore careers in different fields of medicine.”

DMSS

Student Life at Dal Med

Michael Mackley, DMSS President, Class of 2021

It's a new year at Dal Med, and that means there's a new set of brightly-coloured backpacks roaming the Tupper Building and DMNB. The new Med 1s, the Class of 2022, are settling into their Foundations unit nicely and seem to have found their way to anatomy lab. Meanwhile, the Med 2s are wondering how anyone can run student groups while keeping up with their neuroscience unit, and the Med 3s—having handed over the reigns to those student groups—have been set loose on hospitals and clinics around the Maritimes. The Med 4s, with graduation (and CaRMS) in sight, are getting ready to head off to different parts of the country to strut their stuff.

Outside the lecture halls and clinic rooms, students are busy participating in more than 60 thriving interest groups across the Halifax and Saint John campuses. This is thanks to the generous support of the Alumni Association. These range from field-specific groups aimed at exposing students to different specialties, to outward-facing groups aimed giving back to the community. Some highlights include: the Dalhousie Chapter of the Federation of Medical Women of Canada, which hosted a Women in Medicine Night among other activities, and the new Nutrition in Medicine Interest Group, which holds educational talks and ran a food drive for Feed Nova Scotia. Kudos should also be given to the student-run Dalhousie Medicine New Brunswick Charity Golf Classic, which saw more than \$25,000 raised for the Saint John Hospital Foundation.

Over this past year the DMSS has had a continued focus on wellness. Our biggest initiative is Wellness Week, which took place in March and is made possible through the generous support of the Class of '83. The aim of Wellness Week is not only to host a week full of wellness events



Fun at the DMNB Golf Tournament

across the Saint John and Halifax campuses, but also to remind and teach students about the various aspects of wellness important year-round. This year, the events covered topics ranging from physical wellness and nutrition, to emotional, social and financial wellness. Importantly, our sports and wellness initiatives are not limited to Wellness Week, but continue throughout the year. Students this summer participated in group surfing classes, and we've started off the fall with a long list of intramural teams, ranging from ice hockey to water polo.

Dal Med 150

This fall students are gearing up for the culmination of the Dal Med 150th anniversary celebrations. We're especially excited to combine our annual formal event with that of the DMAA and other groups, to come together for the Dal Med 150 Gala on Nov. 3 at the Halifax Convention Centre. This year, it's not only an opportunity to bring together both



campuses—something we always look forward to—but also a chance to share the excitement with the wider Dalhousie Medicine community, including alumni! For us, another highlight of the weekend will be the 5KM fun run we are hosting on the morning of Nov. 3. This will be a great wellness initiative during what will surely be a busy weekend, and a fun opportunity

to bring together students, residents, faculty and alumni while getting active. We encourage you to join us for the run, or come to cheer on your classmates. The event is free of charge and you can register here: medicine.dal.ca/departments/core-units/cpd/conferences.html

Euphoria!

Brianne Robinson, Outgoing DMSS Vice President Internal, Class of 2020

One of the most anticipated events of the year once again did not disappoint. This year's annual Euphoria show, a night where medical students ditch the books and their stethoscopes and trade them in for dance numbers, musical instruments and costumes in support of a local charity, was a huge success! With participation from more than 150 students, each class worked tirelessly on their performances and fundraising efforts. Competition for the coveted Euphoria Trophy was fierce.

This year's charity was Brigadoon Village. Brigadoon is a non-profit organization providing children and youth living in Atlantic

Canada with chronic health conditions or special needs the opportunity to attend camp programming where they can be challenged, make meaningful connections and most of all, have fun! With the support of Scotiabank's matching donation, a sold-out Rebecca Cohn theatre and many bake sales later; Dalhousie Medical School proudly presented more than \$18,000 dollars to Brigadoon Village. The Class of 2020 took home the Euphoria Trophy... for the second year in a row. We are excited to see what the classes come up with this year. Join us on Feb. 23, 2019 at the Rebecca Cohn for a night to remember: Euphoria's 50th Anniversary Show!



This year's Euphoria winners, the class of 2020

Convocation, Class of 2018

Michael MacGillivray and Priya Koilpillai,
Class Co-Presidents, on behalf of the Class of 2018

Getting into medicine was hard, going through four years of medical school was even harder, but the hardest part was saying goodbye. After 1375 days together on the Dalhousie Medical School roller coaster, the Class of 2018 walked across the stage at Convocation on May 28th, 2018. This was the culmination of tremendous amounts of hard work with countless hours spent in the classroom, in tutorials, in the hospital and in the library. Such an accomplishment would not have been possible without all the support given to us by our families, friends, teachers and all staff and alumni at Dalhousie Medical School. We cannot say 'THANK YOU' enough.

Our four years were not all work and no play. Members of the Class of 2018 also excelled in extracurricular endeavors. Artistic talents were on full display each year at the annual Euphoria variety show where the Class of 2018 received the first standing ovation in the event's history. Varsity and even world-class athletes were numerous, including those



who participated in the World University Games and World Triathlon Championships. Student leaders took on roles such as advocating for free access to abortive medicine and even serving as the President of the Canadian Federation of Medical Students.

Though scholastic and extracurricular prowess was abundant, the hallmark of the Class of 2018 was how we rallied around each other when one of us was going through a difficult time academically, personally or professionally. Going forward such altruism will not only make us great physicians, but will undoubtedly serve our future colleagues well in an era in medicine where burnout is on the rise.

Although sadness is felt as we part ways to pursue further training in top notch health care centres throughout the country, there is also a sense of comfort knowing we are now part of a much larger Dal Med family. We are all proud to be considered alumni of Dalhousie Medical School.

DMAA

Is your class interested in planning a class reunion for 2019? The DMAA can help get you started.

What we offer:

- Class contact lists
- Reunion packages (class photo, welcome letters, reunion pin and small gift)
- Customized tours of the Dalhousie Medical School (in Halifax)
- Alumni discounts on accommodations (Halifax only)
- Promotions and communications services (letters/emails to classmates, promotion through social media, VoxMeDAL, etc...)
- Presentation from the Dean of Medicine (if available) or a DMAA representative
- Assistance setting up a class fundraising project (if interested)

Benefits of a Class Reunion

- Re-connect with classmates
- Visit favourite locations
- Learn about what's happening at the medical school
- Earn CME credits by booking educational sessions
- Promote your class project




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CLASS NOTES

1970s

Michele Murphy (MD'72) received a 2018 Doctors Nova Scotia Senior Membership Award in recognition of a life devoted to family practice. She has been caring for patients in Antigonish for more than 45 years.

Muhammad Humayan (PGM'73) received the 2018 CMA Honorary Membership award. Dr. Humayan has spent 45 years providing medical and surgical vision care, devoting much of his practice to treating eye disease and vision loss for underprivileged and disabled Nova Scotians.

Himmet Dajee (PGM'79) published a book detailing the experiences he had during his upbringing in Cape Town titled: *A Boy Named Courage: A Surgeon's Memoir of Apartheid*.

1980s

Stephen Beed (MD'80) was awarded the 2018 Doctors Nova Scotia Distinguished Service Award honouring his work improving critical care and organ donation in Nova Scotia.

Robert MacNeill (MD'81) received a 2018 Doctors Nova Scotia Senior Membership Award in recognition of his 36-year career as an anesthesiologist and advocate for chronic pain patients in Cape Breton, N.S.

Stephen Phillips (PGM'84) is the 2018 recipient of the Dr. G. W. Archibald Gold-headed Can Award in the Humanities. Dr. Phillips was nominated by an interprofessional group of colleagues who value his team-based approach to clinical care and his integration of the visual arts into his patient care and teaching.

Robin Roberts (PGM'85) was named on Her Majesty The Queen's 2017 New Year Honours List. Dr. Roberts was awarded an Order of The British Empire, an OBE for medical services rendered to people of the Bahamas.

1990s

Stephen Ellis (MD'93) was awarded the Doctors Nova Scotia Physician Health Promotion Award. Dr. Ellis received this award in recognition of his work developing the first Atlantic Canadian chapter of Walk with a Doc, a grassroots walking program where family doctors facilitate free weekly walks with their patients and members of the public.

2000s

Robert Stevenson (MD'00) was inducted into the New Brunswick Sports Hall of Fame on June 9, 2018. Dr. Stevenson competed in the 1992 Barcelona Olympic Games and finished 22nd overall, the top-ranked Canadian eventing pair.

Nick Petropolis (MD'07) was awarded the 2018 "My Family Doctor" award by the B.C. College of Family Physicians, as well as the UBC Family Medicine Vancouver Fraser Site Preceptor of the Year award.

Colin Audain (MD'02) received the Dr. William Grigor Award from Doctors Nova Scotia in June 2018. This award highlights Dr. Audain's commitment to improving health-care access for Nova Scotia as the physician scheduler for the Anesthesia Department with the N.S. Health Authority.

2010s

Tim Holland (MD'11) was named the new president of Doctors Nova Scotia in June 2018. Dr. Holland completed his family medicine residency at Dalhousie in 2013 and also co-founded the Newcomer Health Clinic in Halifax.

From July to December 2017, all clinical Health Services Support officers of the enhanced Forward Presence Battle Group in Latvia were Dalhousie graduates serving in the Canadian Armed Forces. From left to right: Major Geneviève Poitras, (DDS'11) Dental officer; Major (then Captain) Robert Warren, (MD'13) Medical Officer; Major (then Captain) Jean-Marc Lafleur, (MD'13) Medical Officer; Lieutenant-Commander Ajiri Ikede, (MD'07) Task Force; Captain Jennifer Cuthbertson, Pharmacy Officer.



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. H. Lawrence Vallet (MD'65)
Passed away November 23, 2017

Dr. Faie Brown (MD'65)
Passed away March 22, 2018

Dr. Lewis H. Freedman (MD'48)
Passed away March 22, 2018

Dr. Murray Allen Peglar (MD'70)
Passed away April 3, 2018

Dr. Norman Rush (MD'59)
Passed away May 11, 2018

Dr. Leonard Stephen (MD'49)
Passed away July 4, 2018



Class of 1958 60th Reunion

Dr. David Fraser MD'58

We had our reunion dinner at Cafe Chianti in the private dining room on Sept. 28 beginning with a brief reception at 5 PM. It was an enjoyable event with lots of updating of our careers & reminiscing. Dr. Fred MacInnes collected bios on many of our classmates & made wonderful bound copies for all attending the event. Edie Tulle, widow of Ken Tulle MD 58, represented the widows & also was a partner in organizing the event. We toasted the class of 1958 as well as for the deceased members.

Many expressed their appreciation for Dalhousie University for the educational & social experience. Thanks to DMAA & Evie for their assistance with contacts & guidance.



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