

SUMMER/FALL 2010

VoxMeDAL

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Oct. 14–15, 2010**



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see page 12



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Farewell message

Continuing our growth and
 planning for the future

By Dr. Vonda M. Hayes '71
DMAA President



Welcome to this edition of *VoxMeDAL*. This issue features the recent graduation of the class of 2010 as well as many other exciting and ongoing activities within our medical school. This will be my final message as your President. It is my pleasure to welcome Dr. Alf Bent '73 as our incoming President.

As you know, Dr. Bent has been the Treasurer of our organization since last fall. As finances continue to take a significant portion of our time and attention, this has been a significant advance in our work. With the assistance of Executive Director Joanne Webber, Dr. Bent has gained an overall picture of our financial situation and its implications for our future. Hence, he comes well-prepared to act as our President over the coming months. Thank you, Alf, for undertaking this task on our behalf.

The past 18 months as your President have been busy and productive. We have furthered our organization's mandate and taken a number of successful steps to ensure the long-term viability of our organization. Meetings of the board and executive have occurred regularly. Your bylaws are under review and we expect to have a new set before the board for ratification this fall.

The amount of funding required to make the Chair of Medical Education viable has now increased to at least \$3 million. This is one of the featured objectives in the university fundraising campaign. We are making contacts with interested alumni and expect to learn of a "go-forward" position in the near future. See page 20 for details.

Class reunions continue to be a venue for alumni participation and for raising the profile of DMAA activities. Last year, 10 classes held reunions and seven classes attended our Awards Gala in October. This continues to be an important avenue for engaging our alumni. Congratulations to Paulette Miles for her

organization and assistance with these events.

Published twice per year, *VoxMeDAL* continues to keep our broad membership informed of DMAA activities, as well as those of our medical students and the medical school. Kudos to Joanne Webber who has done an excellent job of overseeing this impressive publication.

Joanne Webber and Paulette Miles are to be congratulated again on the excellent Awards Gala they organized for the DMAA in October 2009. It was a spectacular success and a grand time was had by all. The only reservation is that it will be difficult to execute a repeat performance of the same calibre. That is, however, a delightful challenge to have!

We continue to have other challenges:

- 1) The \$125,000 from the Dean's office is barely covering our operating expenses, which are rising.
- 2) With the retirement of some of our board members, we need to identify and encourage new members to become involved on the board.
- 3) We need to reach out to individual alumni who have been involved with the board previously to stimulate their interest in the DMAA and its work.

I wish to acknowledge and thank Joanne Webber and Paulette Miles for their dedicated work on our behalf. They are our front-line ambassadors and interact consistently with our members in a number of ways. Thank you both for the high-calibre work you perform on behalf of our organization.

Finally, I wish to express my appreciation for the opportunity to serve as your President. It has been an honour and a privilege to serve our alumni. As your past President, I will continue to work on tasks in progress, such as bringing a new set of bylaws back for ratification in the fall. Thank you very much for the opportunity of leading this important and prestigious organization.

Join us!

Please mark October 14 and 15 in your calendar for the DMAA Fall Reunion and Gala Awards

By Joanne Webber
DMAA Executive Director



It is my pleasure to welcome you to this edition of *VoxMeDAL*. On behalf of the Board of Directors, I would like to thank Dr. Vonda Hayes for her dedication and commitment in serving as our President. We have experienced measurable benchmarks this past year. I am also extremely pleased to welcome Dr. Alf Bent as our incoming President. Dr. Bent brings experienced leadership to this role and I look forward to working with him.

It has been an extremely busy year with significant progress taking place. The DMAA Annual General Meeting took place at the University Club on June 18. This past year we have continued to increase participation and introduce new ways of informing and involving members. The DMAA continues to work on achieving our goals of connecting alumni to the Faculty of Medicine, to each other, to medical students and to learning opportunities.

In light of these specific goals, I will touch on a few of our recent achievements. We have introduced new technologies and social media to our website in order to connect with new alumni. We now offer Facebook and Twitter on our website. We also offer personalized class reunion web pages to help classmates connect with each other. We are currently developing a forum/blog page to allow classmate communication, regardless of time or where they are in the world.

Please mark October 14 and 15 in your calendar for the DMAA Fall Reunion and Gala Awards. The Gala Awards will take place on October 14 at the Prince George Hotel. Please see pages 12 and 13 for details. Join us for a riveting presentation by Dr. Eldon Smith '67 addressing the sustainability of the Canadian health-care system. This celebration has proven to be a huge success and an excellent opportunity to see old friends and classmates and reminisce about old times. Our Board of Directors will be on hand to welcome alumni,

along with Dean Marrie who will give a special address at the event.

The 2010 Fall Reunion celebration includes events at the Dalhousie Medical School on Friday, October 15 at 10 a.m. The Medical Alumni Research Tour and Tea is an excellent opportunity to see the range of exciting work and rapid advances taking place in the Tupper Building. Please see pages 14 and 15 for details and book your ticket now.

The magazine is also a method of communicating timely messages about the practice of medicine today. Did you know that many article ideas originate at the grass-roots level, based on my discussions with our medical students and alumni? Once a story topic is identified, I then research important issues and collaborate with many different stakeholders who contribute greatly to each article. Due to the sensitive nature of some of the topics we cover, this can be a lengthy process involving many people and lots of legwork. I welcome your thoughts and input for future articles.

Finally, *VoxMeDAL* continues to be an excellent resource for connecting alumni with the DMAA and the Faculty of Medicine. I want to personally thank you for responding to our gift forms with your support, providing essential funds for our programs, projects and initiatives. This allows us to continue our long-standing tradition of alumni support for medical-student projects.

In closing, on behalf of the Board of Directors I would like to thank Paulette Miles for her continued hard work for our association. Please continue your calls, emails and letters, and I look forward to speaking with you personally during our 2010 Fall Reunion and Gala Awards celebration.

Please contact Joanne with comments or suggestions at j.webber@dal.ca or call (902) 494-4816.

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News from the Faculty of Medicine

The human face of medicine at Dalhousie



By Dr. Tom Marrie '70
Dean, Faculty of Medicine

One of the great privileges of being Dean of Medicine is sharing convocation with our graduates. This year's event made a big impression on me. A number of the class of 2010 accepted their parchments and awards with babes in arms and toddlers in tow. It is amazing to see how many of our students are able to balance medical school and parenting. Their children added a light and personal touch to an otherwise formal ceremony.

Convocation included another touching moment. A 10-year-old boy fighting recurring osteogenic sarcoma while maintaining fervent dreams of one day becoming a doctor so inspired his physicians at the IWK and our class of 2010 that he was made an honorary member of the graduating class. While Malachi Ray was too ill to attend convocation in person, the citation read for him during the proceedings by one of his doctors, Dr. Bruce Crooks, brought a standing ovation. A week later, in a special ceremony at the medical school, a beaming Malachi was robed in an academic gown, presented with a certificate of commendation, and welcomed by some of his honorary medical classmates. See page 11.

We have remarkable students. Essentially they are the human face of medicine at Dalhousie. Some of them need our support to realize their Malachi-like dreams of medical education.

In September, I will be sending you a letter with information about our goal to offer the best undergraduate program in

North America. An important ingredient in this effort will be scholarships and bursaries that will help us attract the best students. It is my personal goal that our medical school reflect the diversity of Nova Scotia, and bursaries will help open the door to deserving students who might not otherwise have the resources to consider a medical education. As medical alumni, we know best that the future of our health care is in the hands of our medical students. I will be supporting this important initiative with a financial contribution and would be grateful if you would consider doing the same.

Putting a human face on medicine is something we do well at Dalhousie Medical School. We infuse a healthy dose of medical humanities into our curriculum, we value mentorship and we support and encourage community service. For students and alumni, some of the most memorable times in medical school are often spent volunteering or pursuing extracurricular activities like Music-in-Medicine and the Tupper Concert Band.

For many years, these wonderful music programs have enriched the lives of our students and faculty by providing an outlet for creativity and bridges to friendships and the community. Their enduring quality is evidenced by the fact that this spring the Tupper Concert Band, headed by Dr. Bernie Badley, celebrated its 30th anniversary. Our musical talent is a powerful relationship-builder with the broader community, near and far. Late this spring, the Music-in-Medicine program

under the direction of Dr. Ron Stewart, professor emeritus, travelled to New Zealand on a goodwill tour to highlight that country's 159-year-old connection with Nova Scotia.

Also celebrating its 30th anniversary this year is the Dalhousie Medical Research Foundation (DMRF). It provides many millions of dollars in research support to the medical school. Yet, for many members of the public, DMRF has a distinctly human face—that of a woman of modest means named Molly Moore. Her \$5 donation and belief that every gift, no matter the amount, makes a difference, has inspired thousands of people to give to the annual appeal named in her honour.

These caring human gestures are the glue that binds us as a medical school. They are what inspires us, engages us, moves us to do better and brings us closer together as a community.

As we prepare to launch our Dalhousie Medicine New Brunswick program, together with a new undergraduate curriculum, I am reminded that the real story behind these initiatives is, once again, distinctly human. It's about passion, commitment and hard work—about many people pulling together to improve opportunities and the quality of medical education at Dalhousie for incoming and future students.

You may contact Dean Marrie at
tmarrie@dal.ca or call (902) 494-6592.

Dalhousie Medicine New Brunswick update

by Dr. John Steeves '74
Associate Dean, DMNB



After many years of planning, the team at Dalhousie Medicine New Brunswick (DMNB) is looking forward to welcoming our first class of students in September 2010. DMNB is offered by Dalhousie's Faculty of Medicine to give New Brunswick students the opportunity to attend medical school in their home province.

Our students will attend lectures delivered by faculty in Nova Scotia and New Brunswick, using video-conferencing technology, and will complete clerkships in hospitals in Saint John, Moncton, Fredericton and Miramichi.

Infrastructure Development

We are putting the final touches on Phase I of our new home at UNBSJ, which includes classrooms and offices for faculty and administrators. Currently, a team of professional audiovisual integrators is installing state-of-the-art, high-definition video-conferencing technology to deliver lectures to and from our Halifax campus.

Phase II is underway and will include a learning resource center to give our students safe, hands-on learning and practice, without compromising the health of real patients, by using simulated patients and procedural skills programs. When complete, this section will also include multi-use research labs for our basic science research program, which will begin with two basic scientists in July 2011 and will grow from there.

News Conference/Official Opening

New Brunswick's health minister, Mary Schryer, joined DMNB and the Horizon Health Network at the official opening of our new anatomy lab and medical education clinical teaching unit at the Saint John Regional Hospital on June 7.

This fall, our first class of students will have access to these new teaching rooms and learning spaces for anatomy, histology and microbiology. These labs are located in the hospital, which is across the parking lot from DMNB, giving our students hands-on training from an interdisciplinary medical team at the hospital.

Our students will also use seminar rooms dedicated for their use in the emergency, pediatrics, obstetrics and gynecology, medicine, psychology, psychiatry and surgery departments.

Next Steps

Extensive system testing will occur over the summer and will include a "prototypical week" or dress rehearsal that will take place in August. Faculty, staff and medical students in Halifax and Saint John will participate to ensure readiness for September classes.



Anatomy lab, Saint John Regional Hospital.



From left (front row): Ed Doherty, Supply and Services Minister; Mary Schryer, Health Minister; Dr. John Steeves, DMNB Associate Dean. From left (back row): Dr. Mahesh Raju, Assistant Dean, Medical Education New Brunswick; Roly MacIntyre, Saint John East MLA; Janet Hogan, Vice-President Communications and Community Relations, Horizon Health Network.



Left: DMNB building interior depicting Phase I construction with staff offices.

Above: DMNB building exterior showing Phase I and II construction.

If you would like more information about DMNB, or to view photos of these developments, please visit our website at newbrunswick.medicine.dal.ca.

We want to hear your opinions on topics of debate and provoke conversation among our alumni—you too can be published in these pages. Please email medical.alumni@dal.ca or call (902) 494-4816 with your comments.



Right: Dr. Miklavz Erjavec and Dr Christina Tanner.
Below: Their three daughters.



Sailing on the *Split Crow*

Do you still remember the Split Crow Pub on Argyle Street? How could I ever forget it. That's where I spent hours, days and months consuming cheap draft trying to get Dr. Christina Tanner to marry me and sail around the world. Unfortunately, I am not sailing around the world but the name of my boat is the *Split Crow* named after the pub in Halifax. My spouse is Dr. Christina Tanner class of 1987 and now a professor of family medicine at the University of Washington here in Seattle. I am an anesthesiologist at Swedish Medical Center in Seattle. I have desperately tried to get my family to sail around the world but my spouse and three daughters demand flush toilets and bathrooms—go figure.

Miklavz Erjavec '85

How medicine has changed



Having attended the medical student graduation Gala, I not only had the opportunity to see the final send off of my upper-year colleagues but I also got to hear Dr. David Cogswell address the class of 2010 and share his insights and personal anecdotes about how medicine has changed in the past 50 years. I was amazed and enthralled by his stories, including how when he was 15 years old, he went with his father, a physician, on a house call and helped him administer anaesthesia and tend a dislocated shoulder. It was fascinating to hear how medicine has changed so drastically since he graduated and it really struck me how much it is going to change in our careers as well. I found his speech inspiring and I could have listened to him speak for hours. He noted that in 50 years from now, he, together with the graduates in the class of 2010, will represent 100 years of medicine from Dalhousie Medical School. I feel proud to belong to a medical school with such a strong alumni association and to an ever-evolving profession of service.

Stephanie Veldhuijzen van Zanten '12
DMSS Co-President
DMSS Vice-President Internal
2009–10

Toast to the class of 2010

Surprise was my first reaction when I was asked to give the toast to the class of 2010. I was also very flattered and honoured. It was suggested I speak about the world of medicine I graduated into 50 years ago, which brought back fond memories of my father's medical stories and of working with him. Now I am given the opportunity to share my memories with a new generation of physicians. See page 18 for details.

Dr. David Cogswell '50





The new face of medicine

It's funny how some years in your life leave a bigger mark than others. These last four years at Dalhousie Medical School have been a huge chapter in my life and the life of my family. On May 28, I finally walked across the stage to get my degree, accompanied by my four children Reece (12), Kelsie (11), Gillian (nine), and Harrison (six). My husband

Brendan and mother Sandy were taking pictures in the crowd.

I am often asked how I managed this with four children. I make it clear that it was a team effort and that's why I wanted my kids to walk with me on stage. Over these four years, the seven of us have shared many laughs, tears, sleepless nights, worries, arguments and joy. It was hard being pulled in so many directions, wanting to be home with my family, needing to study, wishing I could be out with my new friends. I have learned it's all about balance, about everything in moderation. It has been an honour and a pleasure being in the class of 2010. It is a privilege to be included in this amazing profession and I can't wait to start the next chapter as a family medicine resident in Fredericton, New Brunswick.

Rebecca McGinn '10



Photo: Tammy Fancy

Mentorship musings

Last month at lunch with Amy Trottier, the medical student assigned to me, I started to explain the literary roots of the word mentor. It comes from Homer's *Odyssey*, wherein Athena takes the form of a man named Mentor and guides home Telemachus. I thought it was interesting.

Chewing over her lunch and my mutterings, Amy couldn't help but interject: "So I'm to believe you are the female goddess of wisdom—it's a bit of a stretch, don't you think?"

Thus chastened, I laughed and we returned to the business of small talk and french fries. There is a long tradition of mentorship in all professions, both formal and informal. Invariably, both mentor and student learn from each other.

For me, it is fun and somewhat nostalgic to be reminded of all the decisions that we force our medical students to make. As they stumble towards finding their niche in our profession, they have to navigate financial pressures, make choices about electives and residencies, stickhandle through inevitable collisions with teachers, staff or other students—all the while trying to learn medicine.

I remember how everything seemed to be happening too fast. I'd like to think a mentor can help slow things down, if only as a sounding board. These are young people, extraordinarily competent but young nonetheless, generally flying by the seat of their pants.

Having just gotten started, I hope I can find a role in helping my medical student along her path. Like many medical students I have met, she certainly gives off the impression she needs no help at all. I wonder if I was the same.

I encourage other alumni to get involved.

Dr. Gus Grant '97

Contact DMAA to sign up for DMAA Mentorship program (902) 494-8800

Lunch with our oldest alumnus



Dr. Nigel Rusted, class of 1933

I recently had lunch with my pen pal Nigel Rusted. I was in St. John's, Newfoundland to give a conference talk and he insisted I come for lunch. Whenever I am in St. John's, I always drop in to see him. I love hearing his stories about sailing along the south coast of Newfoundland in a small ship, bringing medical care to 85 outport communities that lacked road communication.

This day I was particularly interested in his recollections of medical school, as Janet and I are writing a book on the history of the medical school. He relayed stories about the teachers and clinicians he liked and those he didn't, who was kind and who was gruff, classmates who excelled and those who disappointed, athletic involvement and class experiences.

Oh, didn't I mention? On July 1, 2010 Nigel was 103 years old. As we talked and

I asked him questions, Nigel would periodically visit the kitchen to carefully assess the timing of the food in the oven and on the stove. He may walk a little slower these days but he has ramrod straight posture, a constant smile and a twinkle in his eye. He appeared at the doorway to say dinner was served. I entered the dining room to a well-set table, candlelight reflecting off the crystal and glasses of red wine. As only a surgeon could, he carved even slices of tender roast beef, accompanied with dumplings, horseradish, gravy and three vegetables.

We discussed the books he was reading (he had just finished General Hilliar's account of his military career and Michael Bliss' biography of neurosurgeon Dr. Harvey Cushing) and we exchanged news of our families. The bookcase by his chair

is filled with a collection of his recently read and about-to-be-read books.

After lunch, he took me to his basement office and archive to show me some books of interest and his shelves of diaries. He must be the world's longest standing diarist as he has been writing a daily diary for 86 years. I was particularly interested to read his notes during his years at Dalhousie Medical School in 1929–33. He works daily on his records and collections. He showed me a printout of all of the assistants on his surgeries over the past seven decades.

Two years ago, at age 100, he wondered if his driving might be a concern to others so he decided to take a motor vehicle test. He passed the test without difficulty and with his new license for another five years he went out and bought another car.

After three and a half hours of conversation, stories and laughs, we agreed to meet on my next visit and he insisted I stay in his Victorian house the next time. He has many more stories to tell. I returned to the conference, ignoring the ache in my knees as I walked down the hills of the harbour city. Somehow the day looked brighter, the multicoloured homes more resplendent, the water more sparkling. And the years ahead looked more exciting and full of promise.

*Jock Murray '63
Professor Emeritus (retired),
Dalhousie University*



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DEANS CELEBRATE NEW CURRICULUM

Dean Tom Marrie hosted a luncheon recently with former Dalhousie Deans of Medicine to celebrate the new undergraduate medical education curriculum. The new curriculum has been named "The Tupper Trail."

"It's incredibly important that the contribution of each Dean be acknowledged in helping guide us along the path of curriculum renewal," says Dr. Marrie. "The Tupper Trail is the right curriculum for 2010 and for the foreseeable future. Just as under the leadership of each Dean over the years, the curriculum has changed to reflect current trends in the field of medicine, such as the adoption of the COPS curriculum and the more recent integration of inter-professional education."

The former Deans in attendance were Dr. Harold Cook, Dr. Noni MacDonald, Dr. John Ruedy and Dr. Jock Murray.



MALACHI RAY BECOMES HONOURARY MEMBER OF GRADUATING CLASS

Ten-year-old Malachi Ray became an honorary member of the class of 2010 along with classmates (left to right) Dr. Katie Gardner, Dr. Jane Hennessey and Dr. Amanda Murphy.



SIR PAUL NURSE RECEIVES DOCTOR OF LAWS (HONORIS CAUSA) WITH CHANCELLOR DR. FRED FOUNTAIN

Sir Paul Nurse, a great scientific leader, gave the Convocation 2010 address. He received the Nobel Prize for Physiology or Medicine in 2001. One of the world's greatest cell biologists, his work has had a profound influence on cancer research. After a distinguished career at Oxford University and the Imperial Cancer Research Fund, he became President of Rockefeller University in 2003.



DR. IVAR MENDEZ MEETS PRIME MINISTER STEPHEN HARPER

Dalhousie Physician Dr. Ivar Mendez meets Prime Minister Stephen Harper. To read more about the visit, turn to the Faculty of Medicine section on page 23.



ALL IN THE FAMILY

Kathryn Grant B'Kines '10, daughter of Dr. David Grant '82, is shown here admiring the portrait of her great grandfather, Dr. H.G. Grant, Dean of Medicine 1932-1954. Kathryn is the fourth consecutive generation of the Grant family to receive a health sciences-related degree. Missing from the photo is Dr. Robert Grant, son of Dr. H.G. Grant. Kathryn is pursuing a career in physiotherapy and will begin her master's of science degree in the fall.

REGISTRATION FORM

DMAA Awards & Recognition Dinner & Fall Reunion 2010

OCTOBER 14TH – 16TH

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Dr. Eldon Smith '67

"The Iconic Canadian Health System is not Sustainable:
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Dr. Tom Marrie '70

Dean of Faculty of Medicine

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Count me in! Please register me for the following events:

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Friday, October 15th		
10:00 am Alumni Research Tupper Tour & Tea		
must reserve in advance		_____ @ \$13. _____
Please see page 14 for details		

Please reply to the DMAA Office 5859 University Ave, Tupper Building, Dalhousie University, Halifax, NS, B3H 4H7
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THE ICONIC CANADIAN HEALTH-CARE SYSTEM IS NOT SUSTAINABLE: REASONS, RATIONALIZATIONS AND RESOLUTIONS

Join us to hear a compelling presentation by keynote speaker Dr. Eldon Smith, October 14, 2010 for the DMAA Awards Gala



By Dr. Eldon R. Smith '67 OC, MD, FRCPC, FCAHS

Most Canadians are appropriately proud of our health-care system. Certainly, the principles of universality, comprehensiveness, portability and public administration are either socially responsible or efficient. But numerous assessments over the past two decades have warned that the system is not financially sustainable. Although there were some “corrections” during the 1990s, health-care spending has continued to increase at a rate that is approximately twice that of inflation and faster than the growth in gross domestic product. Now health care accounts for approximately 12 per cent of our GDP and represents 40 per cent of total program spending by most provincial governments. If this growth continues until 2030, health care will account for approximately 70 per cent of program spending in most provinces; this can only happen with corresponding erosion of spending on other government services such as education, social services and infrastructure or an enormous increase in government revenues through increased taxation.

There are many reasons for the continued escalation in health-care costs. Human behaviour is largely determined by incentives but throughout the health-care system, there are few, if any, incentives to do so with less or to manage better. The public expects the latest devices, drugs and services. Our service delivery model offers (perverse) incentives to most practitioners to provide more services and does not reward activity that might keep people healthy. Even politicians and administrators do not have appropriate incentives to transform service delivery models.

But we continue to maintain the status quo because of our belief that we currently have the best system in the world. Sadly, this is no longer true. Canada has the most expensive system of

any country offering universal care and our access times and outcomes are now near the bottom of the OECD countries. Even our life expectancy is beginning to decrease. Indeed, it is now predicted that the children of today will be the first generation of Canadians to live shorter lives than their parents. The causes are multi-factorial but are certainly being driven by the lifestyle choices of our citizens. Thus, obesity, inactivity and poor diet are all increasing rapidly in our youth and we know that this will lead to more diabetes, hypertension, cancers, vascular and skeletal disease, further challenging the health-care system.

There is no one single solution. Rather, we must—after decades of dialogue—seriously undertake reformation of the health system. We need to create policy and even regulation to create more healthy environments for our citizens. Citizens must take much more responsibility for their own health. Services need to be provided in the communities by teams of health workers with information systems robust enough to plan and manage the health of citizens. This also means that we need to change how health professionals are remunerated but with care to avoid removing incentives for productivity. And perhaps it really is time to look to other countries for models of health systems that appear much more affordable and sustainable than ours. This may well have to include a redefinition of “comprehensiveness” and “medically necessary” or acceptance of a parallel system that allows citizens to purchase care.

There are some signs of progress but the magnitude of change is too small and the pace too slow. If we are to save those principles of social responsibility we hold so dear, there is a need for new commitment and lots of courage. What level of government will provide that leadership?

MEDICAL RESEARCH TOUR & TEA

Friday, Oct. 15, 10 a.m. to 12:30 p.m.

Must pre-register;
see page 12 for
registration form.

Join us, relive old memories and share past with present learning opportunities.

Experience what it's like to be a med student in 2010

MULTIPLE-MINI INTERVIEWS (MMI)

Alumni and guests are invited to experience first-hand a multiple-mini interview (MMI) that will consist of three stations, each lasting four minutes, facilitated by medical students. We use the MMI to provide a more structured and consistent evaluation process and an opportunity for students to be interviewed and evaluated by more individuals.

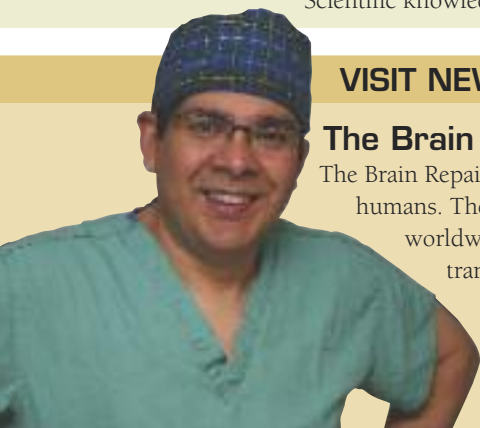
Dalhousie Medical School has adopted the McMaster-pioneered MMI. It has been proven to be more reliable than the traditional interview in judging an individual's merits. Able to dilute a single, misrepresentative, negative interaction, it is thus more fair to applicants.

In the MMI, applicants move between interview "stations" in a 10-station circuit. Each station lasts eight minutes and there is a two-minute break between each station. At each station, applicants interact with or are observed by a single rater. The stations are designed to assess the applicant's personal qualities, including critical thinking, awareness of societal health issues, communication skills and ethics, among others.

Scientific knowledge is not assessed.



Two applicants read their questions before being interviewed. Applicants participated in a series of 10 structured interviews with 10 different people, gaining insight into their ethics, communications and problem-solving skills.



VISIT NEW LECTURE THEATRES & STATE OF THE ART VIDEO CONFERENCING

The Brain Repair Centre (approximately 12 minutes)

The Brain Repair team has been recognized on national and international levels as a pioneer in neural transplantation in humans. The neural transplantation program remains the only program in Canada and one of only three programs worldwide. The Halifax protocol for cell implantation is considered the gold standard for neurosurgical transplantation of cells into Parkinson's patients.

Dr. Ivar Mendez
Professor and Head, Division of Neurosurgery
Chairman, Brain Repair Centre, Dalhousie University

The latest in robotic neurosurgery

Distinguished neurosurgeon, Dr. Ivar Mendez, is spearheading groundbreaking research in neural transplantation here in Halifax. This is the only program of its kind in Canada and it may lead to restorative therapies for a variety of neurological conditions, including Parkinson's disease, spinal-cord injury and stroke.

Dr Mendez is pioneering remote-presence robotic technology. Atlantic Canada has the first remote-presence robot network in the country and the first robotic system has been deployed recently in the Canadian North in Nain, the northern-most community of Labrador. Remote-presence technology allows expertise to be available to patients in real time and has the potential to revolutionize medical care.



Robot demonstration and video.



Research Transplantation Laboratory (approximately 12 minutes)

The Atlantic Centre for Transplantation Research (ACTR) is engaging in cutting-edge research that seeks to better understand transplantation rejection and develop novel therapeutic agents to prolong graft survival. Statistics from the International Heart and Lung Association show that more than 50 per cent of cardiac transplants fail within 10 years. ACTR is engaging in seminal research that is elucidating the elements of the immune system that do not respond to current immunosuppression and is now developing rogue responses.

Dr. Tim Lee
Director of Research, Transplantation Laboratory
Departments of Microbiology and Immunology, Surgery and Pathology



Dr. Patrick Lee leading a research tour of the Cancer Biology Lab.

Cancer Biology Laboratory (approximately 12 minutes)

The laboratory focuses on two different areas of cancer research. The first area involves the use of a naturally occurring human virus, called reovirus, as an anti-cancer agent. This virus specifically target and kills cancer cells while sparing normal cells. We are now trying to understand, in molecular terms, why this virus is so effective at targeting and killing cancer cells. The other research area focuses on a tumour suppressor protein called p53. Mutations of the p53 gene are found in over 50 per cent of all human cancers. The p53 protein jumps into action whenever the cell is subjected to any kind of stress, including damage to the DNA. We are studying the mechanism of action of the protein with the objective of understanding and controlling cancer.

Dr. Patrick Lee, PhD
Professor and Cameron Chair in cancer research,
Department of Microbiology and Immunology

The Population Cancer Research Program

Dr. Louise Parker, Canadian Cancer Society (Nova Scotia) Chair in Population Cancer Research will host an interactive display around Atlantic PATH, the largest detailed population-based study ever undertaken in Atlantic Canada. The study is part of the Canadian Partnership for Tomorrow Project, the largest such study in Canada. Atlantic PATH will recruit 30,000 Atlantic Canadians for the study. Eight-thousand Nova Scotians have already participated.

This prospective cohort study collects information and biological samples to determine the complex interactions between our genes, lifestyle and environmental factors in the development of cancer and other chronic diseases. An important measurement we make is of weight and body-fat distribution by electrical impedance and this we can do on visitors at the fall reunion. We can also measure grip strength—an important measure of overall health—and demonstrate how we are using toe nails to contribute to cancer research investigating the impact of arsenic in well-water on cancer risk in Nova Scotia.



Dr Louise Parker
Canadian Cancer Society (Nova Scotia) Chair in Population Cancer Research Professor Departments of Medicine and Pediatrics
Population Cancer Research Program

History of the DMAA

The Dalhousie Medical Alumni Association (DMAA) came into being in 1958. The idea for a medical alumni association began in 1957 and was crystallized at a reunion of the Faculty of Medicine alumni on June 19. The original documents will be on display that illustrate our interesting beginnings. Participants are invited to bring any relevant artefacts that contribute to the history of the DMAA. View Dr. Chester B. Stewart's speech on our website at alumni.medicine.dal.ca.

History of Dalhousie Medical School

In 2010, Dalhousie's Faculty of Medicine is able to utilize two newly researched sources about its own evolution. From 1868 to 1932, Dr. Allan Marble, Chair of the Medical History Society of Nova Scotia and Professor Emeritus, has produced the first historic listing of the curriculum of our medical school. The second, spanning 1932 to 2009, provides a snapshot of the curriculum up to one year ago. The hospitals affiliated with these charts are an intriguing aspect of the work. As Dean Marrie states, "Hospitals have come and gone but there has always been a medical school." The charts are on display in the Dean of Medicine's offices in the Sir Charles Tupper Building. See page 24 for details.

In addition to our alumni tour & tea, Dean Marrie invites medical alumni to participate as Dalhousie Medical Ambassadors as we welcome our community to

2010 Medicine and Beyond

Faculty of Medicine

October 22, 2010

check DMMA website for details:

alumni.medicine.dal.ca Tel: (902) 494-4816

PROJECT SUMMARY...

The Ambassador Program

IMPROVING DAL MED STUDENT SERVICES AND
COMMUNITY OUTREACH...

Improving medical student services and community outreach at Dalhousie



The Ambassador Program pairs visiting students with Dalhousie medical students

By Dr. Ron Stewart '70

Each year more than 550 students come to the Dalhousie Medical School and our affiliated hospitals to do clinical and research electives. In addition, almost all Dalhousie medical students venture out of the province for elective rotations and residency interviews.

The Ambassador Program would coordinate efforts to: foster and support elements of student life on the medical-school campus; create a program designed to welcome and assist out-of-province elective students; establish a fund to support student housing and travel for out-of-city electives/CaRMS residency interviews; and provide an organized outreach program to Maritime communities through partnerships with undergraduate universities, health authorities, community agencies and local schools.

The program would organize a “welcome” for visiting students that would start before they even arrive through a buddy system that would pair a Dalhousie first or second-year medical student with the visiting student. Buddies would be responsible for arranging for students to be met at the airport, for providing a tour of the city and the campus, for helping students register with the Office of Undergraduate Medical Education (as well as with campus and hospital security), and also for ensuring students find the site of their clinical rotations. A “no-need-to-panic” guide, modelled after the booklet issued by the orientation committee for new medical students, would offer tips on the campus and the city, including must-see places and must-do experiences.

Accommodations

The most challenging aspect for out-of-province elective students visiting our medical school is finding accommodations for stays that range from a few weeks to several months.

Recent survey and focus-group interviews showed accommodations as the main concern of visiting students and Dalhousie medical students with out-of-city/province electives. Accommodations could be provided as:

- Guests of Dalhousie medical students.
- Rooms in homes of alumni, faculty members (active or retired) or friends/supporters of the medical school.
- “Couch-surfing:” the informal practice of friends contacting Dalhousie medical students and staying over in their apartments and homes, especially during special events or admission interviews.

The host network

The Ambassador Program would develop a network of people offering accommodations approved by the program. Hosts would be integral to a successful initiative and would receive the fee that visiting students would normally pay for short-term accommodations in Halifax.

A percentage of this would be placed in an "ambassador fund" to be used for grants to Dalhousie medical students who must travel widely across Canada during their fourth year to interview for residency positions.

The University of Toronto developed a similar fund through the sale of their popular medical textbook, the Toronto Notes. Senior students could also benefit from becoming hosts and providing their rooms or apartments to the Ambassador Program for subletting while they are on out-of-province electives (up to eight months total for fourth-year students).

Outreach

In a further effort to reach out to Maritime communities and our sister academic institutions, the Ambassador Program would organize annual visits to conduct seminars for high school and undergraduate university students to discuss aspects of the health professions, including admissions, qualifications and discussions by students about their lives and other aspects of 21st-century health education. These visits could be combined with a concert provided by medical students involved in the popular and unique medical school Music-in-Medicine initiative under the Medical Humanities HEALS Program.

How can you help?

We welcome comments and involvement by Dalhousie alumni in the development of this program and are eager to create a network of hosts for the accommodations section. Even if you don't live in Halifax, you can still host students during outreach events in your community or host students doing rotations in your local hospital or in medical-clinic settings. For further information, contact the DMAA at medical.alumni@dal.ca or call (902) 494-8800.



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Toast to the class of 2010

Dr. David Cogswell '50

I am very flattered to be the representative of the class of 1960 giving the toast to the graduating class of 2010. Our graduating class consisted of 50 students in comparison to 105 in the class of 2010. We had 46 men and you have 54. We had four women you have 51, which gives a much better balance. All members of our class were required to do a Dalhousie rotating internship before writing our qualifying MD examinations. You have been allowed to write your examinations and have received your degrees prior to doing your internships. By present standards, this year would be our class's 51st reunion!

During our internship, we were paid \$75 a month. My father told me I was well paid as he had received \$75 for his year-long internship. I heard quiet murmurs of "slave labour" from members of my class. Speaking of income, I have a copy of the fee schedule in place when I began practice. The maximum suggested fee for an office call was \$3; in our area, we charged about \$2.50.

Our med-school training was different than yours. It began with mandatory re-vaccination for smallpox, BCG for TB. We had lectures on how to do an appendectomy and how to do burr holes

for sub-dural haematoma. A brave gynecologist gave us a short, off-the-record lecture on contraception. Attendance for this lecture was optional and there was to be no examination. In actual fact, he was breaking the law. At that time, and for the first few years when I was in practice, it was illegal to give contraceptive advice. The birth control pill had just come on the market but could not be legally promoted for contraception—only for controlling periods. One of our physiology labs consisted of one anaesthesiologist and several residents who gave gas anaesthetic inductance to any student who could be persuaded to volunteer. This was for our, or maybe for their, learning experience.

An important part of my paediatric internship rotation was hands-on instruction on how to do T and As, which we would be expected to be able to do in practice. When I graduated, I was given this 175-page vademecum, which listed most of the then current drugs. Over the last 50 years, the drug list has blossomed to the 2,706-plus pages of the present CPS. This does not include the homeopathic and herbal medications now available in most drug stores.

Sir William Osler, who wrote my grandfather's textbook of medicine, said, "The young physician begins life with 20 drugs for each disease. The old physician ends life with one drug for 20 diseases. One of the first duties of the physician is to educate the masses not to take medicines." Judging from the size of these books, our generation has not done very well at minimising drug usage. It is now your turn—perhaps you can do better!

We all know the world of medicine of today, so I will describe the world of medicine when I began. As I did part-time anaesthesia, I will use anaesthesia for a T and A as my example. I gave my first anaesthetic for my father when I was about 15 years old. I commonly asked to go with him on his calls, but this time he asked me to go with him.

When we entered the house, a woman was on the floor of the kitchen with her arm in an awkward position. Dad examined her and told her that she had not broken her shoulder but that she had dislocated it. "David will put you to sleep and I will reduce it," he said. Dad had his obstetrical bag with him and produced an anaesthetic mask and chloroform. He then instructed me in the procedure of administering open chloroform. As soon as she was asleep, he reduced the shoulder and put the arm in a sling. We waited until she had recovered and then we left. On the way home, I asked him why he had not taken her to the hospital, X-rayed the shoulder, taken her to the OR, had another doctor give the anaesthetic and reduced the shoulder more conveniently. He explained that they had little money and could not afford the cost of the hospitalization and the other doctor's bill. It would have ruined their Christmas.

Exhaustion was the norm. Despite the fact Paul and I had the only call arrangement in the Valley, we did all our own deliveries, even when off call. There was no telephone answering service available. One morning, Paul told me he would have to get out of bed and stand on the cold floor in his bare feet when the phone rang at night. I asked him why. "Last night the phone rang and all I remember is saying, I think you should soak it in hot water and Epson salts." There was an incredulous reply on the line. "What! My head!"

This is a window into the state of medical practice I entered 50 years ago. Some day, one of you will be asked to give a toast to the class of 2060. You will be asked to give a summary of changes in medicine during your 50 years in practice. Just think—together you and I will have participated in the changes in medicine over the last 100 years. Amazing! I trust you will enjoy the practice of medicine during your 50 years as much as I have during mine.



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Bridge over troubled waters

A new pilot project delivers essential medical supplies to Bolivian flood victims

By Mary Somers



Bolivian and Health Partners International of Canada (HPIC) officials help out with relief efforts (left to right): Anne-Marie Hodgson, First Secretary, Embassy of Canada in Bolivia; Eric Meier, representative of HPIC; Dr. Nila Heredia Miranda, Deputy Minister of Health, Plurinational State of Bolivia.

A non-governmental agency and the Faculty of Medicine's Dr. Ivar Mendez have teamed up to provide essential medicines to Bolivia to help victims of the country's annual spring floods.

Health Partners International of Canada (HPIC), a humanitarian not-for-profit relief and development organization, approached Dr. Mendez to help organize a program to supply Bolivia with medicines donated from pharmaceutical and health-care companies.

As chair of the Brain Repair Centre, Director of the Neural Transplantation Laboratory and Head of the Division of Neurosurgery at Dalhousie and Capital Health, Dr. Mendez has devoted much personal time to establish a number of important projects targeting indigenous people in Bolivia. These include the delivery of dentistry and medical equipment and supplies.

It was this expertise that helped get the flood relief project going. "I was kind of the catalyst on this project," says Dr.

Mendez, who flew to Bolivia with Health Partners' head Glen Sheperd to meet the Bolivian minister of health and Canadian embassy staff.

Everyone agreed to launch a pilot project and \$200,000 of antibiotics and pain-relief medicines were delivered to Bolivia this spring when it was needed most.

Every year between March and May, major floods hit the lowlands of Bolivia, forcing as many as one million people to seek higher ground. There they live in densely populated camps, where they often fall victim to illness and disease before the waters recede.

"We sent frontline medicines," says Dr. Mendez, "antibiotics and pain killers to take care of the population who are refugees from the floods."

Organizers are measuring the effectiveness of the project and changes can be made for next year, allowing the program to continue and grow. One possibility may be to have the medicines on the ground before the floods come. "We want to have an idea

from the Bolivian government about how much this actually contributes to its ability to respond to these floods," says Dr. Mendez. "This project is going to give us the parameters so we know the types of medications, the quantity and the optimum time for the medications to arrive to be prepared for the emergency."

Dr. Mendez thinks that Canadian physicians, and Dalhousie's Faculty of Medicine, have a responsibility to lend expertise to the rest of the world. "We not only need to contribute to Canadian medicine by training physicians and increasing medical knowledge but we also need to contribute to those that have the least and need it the most," he says.

Dr. Mendez was born in Bolivia and came to Canada as a teenager. He was recently honoured among this year's Scotiabank 10 most influential Hispanic Canadians, attending a special reception in Ottawa hosted by Prime Minister Stephen Harper.

Supporting the next generation

How bursaries and financial donations help medical students achieve their goals



by Charmaine Gaudet
Director of Communications, Faculty of Medicine

Key message from Dean Marrie: “One of our goals for 2010 is to raise most of the \$10,000,000 for our scholarships and bursary fund. This fund, which is part of the Capital Campaign for Dalhousie, will ensure that we will attract talented students to the Faculty of Medicine and personal financial circumstances will not be a barrier.”

When Dr. Chelsey Ellis received her bursary for medical school, she was overcome with emotion. “The day I received the award, it brought tears to my eyes,” says the class of 2010 graduate from Bathurst, New Brunswick. “It was so nice to be recognized.”

For three years, Ellis received the A.R. Mearle Smith Bursary awarded to a medical student who has graduated from Bathurst High School. “It was such a relief for me,” says Ellis, who is currently doing her residency training in laboratory medicine at the University of Ottawa. “It helped to pay for my textbooks.”

For Dr. Rebecca McGinn ’10, student aid helped ease her struggle to raise a family of four children (including a son with diabetes) through four years of medical school. “We used the funds for basic needs—food, bills, housing, clothing and also some medical costs,” McGinn says. “Diabetes supplies cost between \$500 and 700 per month.” Originally from Guelph, Ontario and more recently from Fredericton, McGinn has returned to Fredericton for her residency in family medicine.

By the time students arrive in medical school, many are already carrying huge debts. “It costs a medical student about \$35,000 a year for medical school, including about \$17,000 a year for tuition,” says Sharon Graham, Director of Admissions and Student Affairs at Dalhousie Medical School. “And that’s usually on top of the

money they’ve already borrowed to do a first and even a second degree before they come to medical school.”

Dr. David LaPierre of Kentville, Nova Scotia, is another recent graduate in the class of 2010. He is currently doing his family medicine residency in Chatham, Ontario. “Financial aid not only helped to diminish my concern about growing debt during medical school, but it also provided me with an incredible connection with donors and with Dalhousie,” he says.

LaPierre received the DMAA entrance scholarship as well as a number of other bursaries and the Dr. Robert F. Scharf Award in Emergency Medicine. “Each award reminds me of long-graduated physicians and their families who continue to give through these awards,” he says. “Writing to the donors to offer my thanks is a wonderful way to make tangible my gratitude and grow bonds between generations of physicians as we work to improve health.”

Chelsey Ellis echoes his thoughts. “Financial aid doesn’t go unrecognized to students,” she says. “It means a lot and there’s a real personal connection with the donor and their families.” In Rebecca McGinn’s case, she says that she “felt very connected to the donors who gave of their time and finances to help out a total stranger.”

As David LaPierre acknowledges, many students and graduates look forward to the time when they, too, can give back.

“Hopefully one day soon young med students will be writing me and my family, thanking us for the financial support we offer and providing opportunity for me to celebrate their budding careers with them,” he says.

A \$10-million Dalhousie capital campaign for medical student aid will be launched soon. An important focus of this campaign will be scholarships and bursaries, particularly for students from underrepresented populations, including blacks, Aboriginal communities and economically disadvantaged groups.

“Our medical school should reflect the diversity of Nova Scotia and bursaries will help open the door to deserving students who might not otherwise have the resources,” says Dr. Tom Marrie, Dean of Medicine.

Dr. Marrie will be sending a letter to medical alumni this fall with information about our campaign goals. By giving generously, medical alumni will ensure that deserving students have every opportunity to pursue their dreams of careers in medicine. In so doing, alumni will make personal connections with those students that will not be forgotten.

To learn more about the student financial aid initiative, contact Rob McDowall, Executive Director of Development for Dalhousie health faculties, at rob.mcdowall@dal.ca or call (902) 494-6861.

What makes a good doctor?

Conversations with the public reveal what people value most in a doctor

By Charmaine Gaudet
Director of Communications, Faculty of Medicine

In February and early March, Dalhousie Medical School held community meetings or “conversations” in six locations around the Maritimes asking members of the public what qualities they most value in a doctor.

Dalhousie developed the initiative to gain greater insight on the community needs and expectations of Maritimers when it comes to physician training and development. “We are developing a new undergraduate medical curriculum and we want to make sure that the kind of physicians it will produce will meet the requirements of the people we are set up to serve,” says Dean Tom Marrie. “Certainly, the medical school has thoughts about what constitutes a good doctor and we’ve incorporated those qualities into our objectives for the new curriculum. At the same time, we’re open to new and different ideas from our regional constituency and to using them to shape and improve the way we train doctors.”

Meetings took place in Kentville, Halifax, Sydney, Charlottetown, Saint John and Fredericton. Dr. Christy Simpson, Associate Professor of bioethics at the medical school, facilitated the meetings. “It’s the first time the medical school has done something like this,” she says, noting that all comments and opinions expressed at the meetings have been useful for the curriculum-renewal process. “They have been very helpful in informing the new curriculum, particularly the objectives or educational outcomes.”

People brought forward a variety of excellent ideas and opinions at the meetings. Overall, the top three qualities that emerged were the need for doctors to be attentive communicators, collaborative and humble. The full Community Conversations report, prepared by Dr. Simpson, is available at news.medicine.dal.ca/conversationshtm.

“What makes a good doctor” outcomes will be displayed in Tupper during DMAA Medical Tour, Oct 15 and 2010 Medicine and Beyond, Oct 22. Call (902) 494-4816 for details.



Meet the new Associate Dean of Operations and Policy

Diane Gorsky brings a strong background in management and health policy.

An organizational therapist of sorts, Gorsky is the Faculty of Medicine’s new Associate Dean of Operations and Policy. “It’s my passion to make the work environment easier, happier and more productive,” she says. Her goal is making faculty business run smoothly, even as the organization takes on an unprecedented number of important concurrent projects.

An MBA graduate of the Rotman School of Management at the University of Toronto, Gorsky brings extensive senior-management experience to her position, including eight years with the Ontario government in health and health-industry policy. More recently, Gorsky worked as a management and government-relations consultant in Halifax.

Since her arrival last August, Gorsky has been quick to spot and reform outmoded ways of doing business. Observers will note her preferred prescription and favourite buzzword is “best practices.” She enjoys “design thinking,” which involves taking in-house ideas and shopping them around for internal refinements to create streamlined approaches.

In addition to the core operational areas, Gorsky’s portfolio includes strategic planning. The faculty now has a one-page strategic plan that focuses on themes of education, patient care and research, as well as organizational, operational and fiscal renewal. “We’ve engaged faculty, staff, clinical departments, the basic science departments and we’re making it very tactical,” she says. “We’re trying to be good planners, to be coordinated and to be good stewards of the plan.”



Checking out the flip chart, Cathy Simpson, an interdisciplinary PhD student, acts as co-facilitator while Dr. Christy Simpson facilitates a Community Conversation session in New Brunswick.

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FACULTY OF MEDICINE

Envisioning the Medical School of the Maritimes

New initiatives underway that will strengthen learning and education networks



By Dr. Preston Smith '81
Senior Associate Dean, Regional and Rural Medical Education

One of our key strategic visions is to truly be the medical school of the Maritimes. We are working hard to make this happen by building strategic partnerships, expanding our distributed learning opportunities and ensuring that Dalhousie-trained doctors have the skills this region needs.

The vision of a fully distributed campus in New Brunswick and an increased presence in Nova Scotia and Prince Edward Island is well on its way to becoming a reality. Here are a few highlights of recent activities and initiatives:

- The official launch of the Dalhousie Medicine New Brunswick (DMNB) program is scheduled for September 2010.
- We have introduced important innovations in our new undergraduate curriculum, such as a rural week in first year that will expose all medical students to rural and community practice early in their education. We are exploring a Longitudinal Integrated Clerkship (LIC) that would offer a limited number of students the opportunity to complete the entire third year of their program in a Maritime community.
- We are working with mainland Nova Scotia District Health Authorities (DHAs) to establish a network of medical-education coordinators and administrative support in order to increase capacity to take students and residents; Halifax, New Brunswick, Cape Breton and P.E.I. DHAs already have this infrastructure in place.
- Since last fall, the Dean and I have visited medical staff, hospital representatives and board members in Sydney, Truro, Bridgewater, Saint John, Moncton and Charlottetown. In addition to important relationship-building, these visits are an opportunity to build capacity for education and training.

We are also moving forward in the area of partnership development:

- In addition to our existing affiliation agreements with the Capital District Health Authority and IWK Health Centre, we are aiming to secure affiliation agreements with Horizon Health Network in New Brunswick by the fall of 2010, and with all other DHAs by Christmas 2010.

- Dr. Martin Gardner, Associate Dean of Postgraduate Medical Education, and I have established a tri-provincial committee with representatives from each of the Maritime departments of health and education. The committee provides input on matching our postgraduate programs with the needs of Maritime communities. Through the committee, we have also worked to improve transparency and clarity of funding to post-graduate training across the Maritimes.

Significant developments are happening on the research front:

- The Dean and I recently met with the President of the University of Prince Edward Island and the Dean of the Atlantic Veterinary College to discuss the creation of a chair in zoonotic illness (infections that are transferred between humans and animals). This chair would be the first of its kind in Canada developed in partnership between a medical school and veterinary training program.
- The establishment of an endowed Chair in Occupational Medicine is well underway in Saint John.
- Efforts continue towards an endowed Chair in Addictions Medicine with the Cape Breton District Health Authority and Cape Breton University.

We hope, through each of these initiatives, to better serve our Maritime communities and to truly live up to our promise to be the medical school of the Maritimes.

Dalhousie physician meets Stephen Harper

Dr. Ivar Mendez honoured at a special reception in Ottawa

By Charmaine Gaudet

Director of Communications, Faculty of Medicine

It isn't every day you get a chance to shake hands with the Prime Minister. But May 27 was a banner day for Halifax neurosurgeon Dr. Ivar Mendez who got to do just that at a special reception in Ottawa. Hosted by Prime Minister Stephen Harper, the event honoured Dr. Mendez and nine other people among this year's Scotiabank 10 most influential Hispanic Canadians.

"It was an honour and a thrill for me to be given this award, but the opportunity to meet the prime minister really made the day very special and one I will always remember," says Dr. Mendez.

The panel of judges for the award included past winners, journalists from across Canada and executives with the Canadian Hispanic Congress and the Hispanic Press Association of Canada. Now in its third year, the awards program recognizes the importance of supporting the Latin American community, which is one of the fastest growing cultural groups in Canada.

Dr. Mendez is Chair of the Brain Repair Centre, Director of the Neural Transplantation Laboratory at Dalhousie and Head of the Division of Neurosurgery, Department of Medicine, at Dalhousie and Capital Health. He was nominated for the award by the Bolivian Embassy in Canada for his clinical research and humanitarian contributions.

As a clinician, Dr. Mendez is pioneering the use of robotics in neurosurgery. As a researcher, he is breaking new ground in the area of neurotransplantation. At Canada's only cell restoration laboratory, his work is advancing the possibility of brain repair. He co-founded the Brain Repair Centre, where he developed a world-class collaboration of researchers and physicians aiming to find innovative solutions to diseases and injuries of the brain and spinal cord. He has played a critical role in expanding state-of-the-art research facilities and new neurobiology and stem-cell laboratories in Canada.

He is also a dedicated humanitarian and has established a number of programs in his native Bolivia targeting indigenous people, including school breakfast programs that feed more than 5,000 children each day and dental clinics that serve thousands of people each month.

"Dr. Mendez is a superb clinician and pioneering researcher with a deep sense of responsibility and service," says Dalhousie's Dean of Medicine, Dr. Tom Marrie. "He is making significant contributions on many levels, and this latest honour recognizes his talent, commitment and innovation. I can't think of anyone more deserving."

Dr. Mendez notes that the only thing that trumped his meeting with the Prime

Minister was seeing two very special graduates at Dalhousie Convocation ceremonies the next day: his son, Adrian, who graduated from the MD program, and his PhD science student Karim Mukhida, who was the sole recipient of a PhD in science at the ceremony. "It was an unforgettable week," says Dr. Mendez.



Prime Minister Harper and Dr. Mendez.



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Charts map the history of medical education

Dr. Allan Marble showcases the legacy of medical education in Nova Scotia

By Mary Somers

In mapping a course for the future, Dalhousie's Faculty of Medicine can now look to two fascinating charts that display its path from the past. The charts outline the courses that have been taught since the faculty began. One covers the period between 1868 and 1932, while the other beings in 1932 and finishes in 2009. Allan Marble painstakingly put them together after several years of archival research in the Killam Library.

Chair of the Medical History Society of Nova Scotia and Professor Emeritus, Dr. Marble is a pioneer of biomedical engineering and the author of several books, including two on the early history of medicine in Nova Scotia.

It was his work on a new, third book that sparked his interest in chart making. This book will begin in 1867, the date that



Dr. Tom Marrie (left) and Dr. Allan Marble display Dr. Marble's curriculum charts documenting curriculum renewal over the years. In the centre is "The Tupper Trail," signifying Dalhousie's new undergraduate curriculum. The charts illustrate how medical education has changed over the years at Dalhousie. See the display during the October 15 DMAA Medical Tour.



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marks both the beginning of scientific medicine and the founding of the Dalhousie Faculty of Medicine a year later.

“Because of that founding, I felt I had to have a good understanding of the curriculum that was being offered,” Dr. Marble says. “Up at the special collections in the Killam, they have all the Dalhousie Faculty of Medicine calendars. I gradually worked my way through them and got a very good idea of what was happening.”

Dr. Marble’s charts come at an interesting time—the development of a new undergraduate medical curriculum. That process received an extra push when the faculty’s undergraduate medical education program was placed on probation by its American accrediting body.

But as the charts demonstrate, undergraduate medical education at Dalhousie has never been static and has always changed with the times. “One thing I tried to do was to see when Dalhousie introduced courses that related to new innovations that were the harbingers of change,” says Dr. Marble.

He notes one example: the growth of public health after the Spanish Influenza of 1918–19. “Dalhousie really started to emphasize public health and prevention,” says Dr. Marble. “The Clinical Research Centre was built at that time as a public health clinic. That had a very positive effect on all of Nova Scotia.”

An aspect of the charts that intrigues Dean Tom Marrie is the list of hospitals that have been affiliated with the Faculty of Medicine throughout the years. “There was a Fever Hospital at one time and there was a Tuberculosis Sanitarium,” he notes. “Hospitals have come and gone, but there’s always been a medical school.”

The charts will hang in the Dean’s office and he’s now tracking down old photos of hospitals to go with them. “Lot of things have changed,” says Dr. Marrie. “Dr. Marble has done a wonderful job and given us an amazing legacy.”



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Dalhousie's Medical Humanities HEALS Program

Program notes and highlights for upcoming events

By Gerri Frager



Healing Hands
by Robert Pope

The Medical Humanities Program at Dalhousie has a strong foundation. It was the first program of its kind started by Dr. Jock Murray and enhanced by Dr. Ron Stewart. I now have the privilege of being its Director at a terrifically exciting and dynamic time.

Over the past year, the program has extended its roots into the artistic community, networking with individuals and organizations within the visual arts, including the theatrical, music and filmmaking worlds. Advisory committees have helped broaden our integration outside of the university. We are now connected with the Nova Scotia College of Art and Design (NSCAD) and the Art Gallery of Nova Scotia (AGNS), as well as within the clinical arenas of care represented by clinicians within the Capital District Health Authority (CDHA) and the IWK.

Collaboration with national and international arts and health-care initiatives has been realized through the program's involvement with the Society of the Arts and Healthcare (www.thesah.org); the Arts and Humanities in Health and Medicine (AHHM), an interest group based out of University of Alberta and linking across Canada; and the network generated by Boston's Art Museums and Medical Education Conversation. One early change was our name as many folks outside of the humanities world were unfamiliar with what the humanities are. Our program name now includes the acronym HEALS—Healing and Education through the Arts and Life Skills.

There will be an article coming out in the next issue of *Arts & Health* exploring some of the Canadian programs where art is a part of health, in terms of clinical care, education or research. This is an opportune time for integrating the arts and life skills into medical education and ultimately impacting clinical care. The development of a medical-education program at the Saint John campus has been a catalyst for ensuring that the humanities topics we teach can be distributed. A Saint John humanities program will be ably coordinated by the musician-clinician Pediatric Neurologist, Dr. Wendy Stewart, who plans a Saint John Music-in-Medicine initiative, modelled on the successful program at Dalhousie.

Curriculum renewal brings another opportunity, bringing a chance for the arts to provide a deeper, more engaging level of learning. The process of curriculum renewal is being captured in a documentary

film by John Hillis of Truefaux Films. HEALS is supporting the video vignettes that are being facilitated by the creative energies of Drs. Des Leddin and Ian Epstein, in conjunction with Andrew Hicks of NSCAD. HEALS will be supporting other vignettes relating to the history of medicine; some vignettes will mirror the humour of Rick Mercer's Heritage Moments (see www.youtube.com/watch?v=5L7uyTzy3bw).

HEALS will continue its well-known and well-loved electives, summer studentships and guest speakers. Stay tuned for new and renewed initiatives. Funded by the



Robert Pope Foundation, our artist-in-residence program will be back in a new dimension. Three artists will spend three-month blocks working within the medical school and in clinical settings. The artists will be selected for their artistic abilities and capacity to facilitate the creative work of others. There will be a Speaker-Film Series in collaboration with Global Health and Bioethics, so keep a watch for some really interesting flicks and a return of Dr. Jock Murray's wonderful stories. Also make sure you have a pair of dancing shoes as this year's Gold-headed Cane Award supported by Dr. Gerald and Gale Archibald, which will be presented at the annual dinner. Dr. Ron Stewart has secured the talents of Dr. Merv Shaw to carve the cane, which will be used for all future awards.

The last news I am reporting is of loss. Recently the Dalhousie community lost two great friends of the humanities. Dr. June Penney died this spring. June started the program that prepared and supported students in their anatomy lab experiences. William Pope also died. He was the father of artist Robert Pope, founder of the Robert Pope Foundation and a long time supporter of Dalhousie humanities projects. Despite their absences, their presence and influence will continue in many forms. Please watch later this year for celebrations of their lives and work.

For more information about the program's activities, watch the humanities' board postings and soon-to-be-updated website (humanities.medicine.dal.ca). Feel free to give me a call at (902) 494-1533 or send me an email at gerri.frager@dal.ca.

New research targets breast cancer metastases

Aspects of naturopathic and Chinese medicine are informing this exciting approach

By Dr. Tim Lee, *Department of Microbiology and Immunology*

Breast cancer continues to be one of the leading causes of cancer death among women, second only to lung cancer. While current therapies are effective against primary tumour growth, they have more limited efficacy against metastatic disease and are often associated with significant side effects.

As a result, researchers are investigating alternative strategies, including immunotherapy. Since the research in my lab has traditionally focused on immune modulation, we designed a project that would harness the activity of stimulated immune cells to combat breast cancer metastases. We have taken existing information from long-standing naturopathic medicine and from traditional Chinese medicine to identify products that could amplify immune responses to fight breast cancer.

One of the traditional medicines used for thousands of years in China to treat cancer is an extract of the parasitic fungus *Cordyceps sinensis* (Cs). There is already some evidence available suggesting that Cs can activate the immune system, so we designed a project to ascertain whether an extract of Cs could help to limit breast cancer growth via activation of immune cells.

Dr. Julie Jordan and I first determined that an aqueous extract of Cs would not directly kill the tumour cells but could potentially have an effect on metastatic growth in the lungs. We developed a clinically relevant model that closely mimics breast cancer metastasis observed in the clinic. When we tested the ability of the Cs extract to prevent breast cancer metastasis to the lung, we discovered that oral treatment



Dr. Tim Lee and Dr. Julie Jordan.

of our extract significantly reduced the growth of these metastatic tumours. Furthermore, we found no side effects resulting from this treatment. The fact that our Cs extract does not directly kill breast cancer cells in culture, but stimulates innate immune cells to produce cancer killing factors, supports the idea that its anti-metastasis ability is due to engagement of the immune response.

We are currently undergoing studies set out to determine the active components of the extract responsible for the limited metastatic growth we have observed so far. We have been very fortunate to have this study funded by the Canadian Breast Cancer Foundation and look forward to obtaining more promising results in the near future.



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MDPSI-10-00440

Keeping bullies at bay

In collaboration with allied health groups, PARI-MP launches an anti-bullying campaign

By Janice Hudson

Workplace bullying can happen in any situation. A doctor supervising a first-year resident as he assists the birth of a baby slaps the resident's hand out of the way and berates him for positioning the baby incorrectly. A resident belittles a medical student in front of her peers for answering a question wrong.

The stressful nature of working in a hospital setting makes all employees susceptible to bullying and harassment on the job. "People are under duress," says Dean Tom Marrie. "There are a lot of employees and people are very sick. But it's not an excuse for bullying or harassment."

Dr. Marrie notes the difference between a single incident (a sleep-deprived doctor gives a rude reply to her colleague, for example) and a pattern of bullying or aggressive behaviour. "This would be someone who is known to students and staff as being an individual you have to be careful around," he says.

While anyone can be the victim of workplace bullying, medical students and junior staff are often the targets. "With students being young and vulnerable, they often feel they can't speak up about it," says Dr. Marrie. "They often won't name names and feel powerless to deal with it. There is the fear that the bully has to fill out an evaluation on you and it may not be favourable [if you report bullying]. A person could be viewed as being weak."

At Dalhousie, most incidents of bullying and harassment go unreported. "Most of what we hear from residents stems from informal and anecdotal information that filters in over time," says Dr. Laine Green, a post-graduate fourth-year resident and President of The Professional Association of Residents in the Maritime Provinces (PARI-MP). "We wondered if we were getting a biased view of what's going on and that got us looking at the issue."

To learn more about the topic, PARI-MP held a focus group last year examining what kind of bullying occurs within residency. Dr. Derek Puddester, a physician wellness expert, guided the discussion, touching on various forms of hospital workplace bullying.

"It brought people together from different specialties to talk about their experiences, which was very informative for us and it solidified some of the issues," Dr. Green says. "When people think about bullying, they often think of a senior staff person bullying a



resident. We found out that it happens in all situations, in every dynamic and interaction in the hospital setting."

Following the discussion, PARI-MP started an anti-bullying awareness campaign. Organizers studied the messages in school anti-bullying campaigns and adopted a similar approach that would work in a hospital environment.

Consultations with other health-care professionals generated awareness and support for the campaign, including collaboration with Doctors Nova Scotia, the Nova Scotia Nurses Union, the Nova Scotia Government and General Employees Union, the Nova Scotia Association of Health Organizations, Dalhousie University, the IWK and Capital District Health Authority.

Dr. Marrie hopes the campaign inspires current bullies to think twice and get help. "Many people who do this don't realize the effect it has on these young individuals," he says. "My sense is they're not bad people but they have bad behaviours that need to change."

The campaign launches this fall in conjunction with anti-bullying campaigns in schools. Aiming to reach all health-care professionals and hospital workers, PARI-MP will be distributing anti-bullying posters, promotional items for employees and information from participating organizations throughout hospitals and Dalhousie University. "We want to foster the idea of a healthy workplace and get people thinking about their actions and interactions," says Dr. Green.

Finding the right dose

What reforming resident work hours means for resident education and patient care

By Janice Hudson

Medical residents have the complex job of learning the skills of a doctor while also providing quality patient care. “In residency, it’s a fine line between the care-delivery component and the responsibility of becoming a well-trained physician in a specialty,” says Dr. Laine Green, a fourth-year resident and President of The Professional Association of Residents in the Maritime Provinces (PARI-MP). PARI-MP represents about 500 residents registered at Dalhousie who work throughout the Maritimes. Its collective agreement outlines the service side of residency, including remuneration and work hours. “There are multiple factors at play, including patient care, patient safety, resident education, resident safety and resident well-being.”

Becoming a fully trained doctor means putting in long hours in the hospital. “In the early ‘90s when I was a resident in the ICU in the states, I was on call 24/7,” recalls Dr. Stephen Beed, an adult critical-care physician and Program Director for the Royal College Training Program in Critical Care Medicine. The Royal College oversees resident training for all specialties. “I would start my rounds at 5:45 a.m. and never left the hospital before 9 p.m. at night. I would still be on call when I was leaving. I absolutely do not support that model. The rules are changed now because people began to realize that you can’t expect people to work this way.”

Twenty-four-hour shifts are still the mainstay for most residents. But new guidelines in PARI-MP’s latest collective agreement that came into effect on July 1 limit the number of hours residents work in Maritime hospitals.

A new “24-plus-two” system means they will not take on new duties after working 24 consecutive hours in one shift. “A lot of professional associations are moving towards the 24-plus-two system,” says Dr. Laine Green, noting that Alberta was one of the first provinces in Canada to adopt it. “We do allow for extra time of up to two hours for sign over. The amount of time required for sign over will depend on the service or the “busyness” of the call.”

Under the new contract, residents can work an average of 90 hours per week without exceeding 360 hours in a 28-day rotation. This is down from the weekly average in 2008 of 95 hours, with a maximum of 380 hours per rotation. Call frequency—the average calls a resident can be assigned in a rotation—has been decreasing.



In the 1980s, most residents were responsible for one out of every two calls. By the late 1990s, that fell to about one in four calls, which remains today.

“Over a short period of time the frequency may be as high as one in two but the total number of calls, per rotation, has to fit to the one in four rule,” Dr. Green says. As an example, a resident on a 28-day rotation would be expected to do a maximum of seven calls (one in four). However, they may work a Friday and a Sunday of the same weekend, which counts as two call shifts.

Residents cannot work more than five on-call shifts in a 14-day period. “The additional rule is to help encourage more even spacing of the call shifts over a rotation,” Dr. Green says. He notes that residents cannot simply skip a shift if it falls outside the new rules. “They need to resolve the issue via the informal or formal dispute resolutions articles laid out in the collective agreement.”

He hopes the changes will help prevent fatigue and sleep deprivation among residents, without affecting patient care. “The process of delivering care is a learning experience,” he says. “Residents pride themselves on the level of care they provide. With new collective agreements, there will be growing pains as people become adjusted to the new work hours. We want to make sure that each individual service in a hospital continues to deliver high-quality care.”

Some doctors think the new model puts resident training and education at risk, particularly for specialties like surgery where mastery of several techniques and procedures is essential. “The needs of residents to acquire the clinical skills they need are best taught at the bedside or in surgery or in various clinical environments they need to be in to acquire those skills,” says Dr. Beed. “Between trainees having days off and going for compulsory training days and sessions, our residents are gone almost 50 per cent of the time.”

While Dr. Beed sees merit in residents working less gruelling hours, he's not sure if hospitals are addressing the implications of the new system. "We have embraced the need to change the working model so residents are not fatigued or sick, and I agree with that, but we've not modified the way they work—it's just the length of time they've modified. We need to keep the needs of patients front and centre. I think we risk losing sight of this."

He worries that shorter resident shifts may lead to fragmented patient care, particularly when it comes to things like patient turnover. It's compulsory for most residents to rotate through the ICU. "We have the sickest people in the hospital and the most complicated cases," he says. "It's important for residents to get a grasp of the major issues. Most of our trainees haven't been in the ICU before."

A resident working overnight in the ICU often stays for only a fraction of the rounds the next morning, providing an overview to the next colleague coming on. "We have residents who leave as soon as their shift is over," Dr. Beed says. "They give patient turnover to someone coming behind them. The problem is if you have a busy service or a small but complicated service. Clear evidence shows that when we don't turnover patients correctly, mistakes can happen—details get missed, tests get delayed. Just a couple of years ago, you used to complete all of the rounds before going home."

He suggests developing a method for tracking patient data that could be used for patient turnover. "You could use palm pilots or PDAs and transmit the relevant information electronically," he says. "That's what some hospitals are doing. As we've changed the working model for our residents, we haven't necessarily done this other work." Using ancillary health workers, such as nurse practitioners, could also be part of the solution.

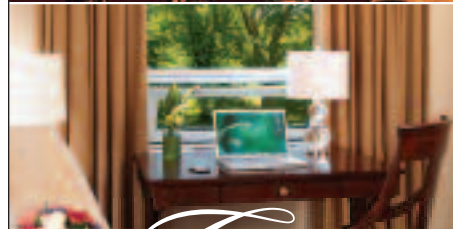
Dr. Green agrees that departments may benefit from adopting new work procedures. He points to a system of using night and day float systems. In one recent trial in internal medicine, a day team of two residents and a staff person covered all ER consults from Monday to Thursday. When the night shift started, two new residents and a new staff person come on. "This helped the number of hours residents are working and it helped the continuity of care, delivering a better service to an already excellent service," he says.

The big challenge facing residents is finding the right balance between education and patient care. "Often the two are comple-

mentary," Dr. Green says. "It's about figuring out how it is best accomplished... Residency itself is challenging—the time commitments and learning the body of knowledge are not insignificant." With those issues in mind, he notes that there will be a residency education conference in Ottawa this fall that will discuss work hours and other topics for residents working in Canada, the U.S. and other countries.

In the meantime, Dr. Beed hopes the

current focus on time restrictions won't erode professionalism in medicine. "We risk training a generation of doctors that see their roles as more concerned about the length of their shifts than patient care," he says. "I'm an optimist in general and I think we'll work it out, so long as we keep the patient front and centre. We can't have the pendulum swing too far in the other direction."



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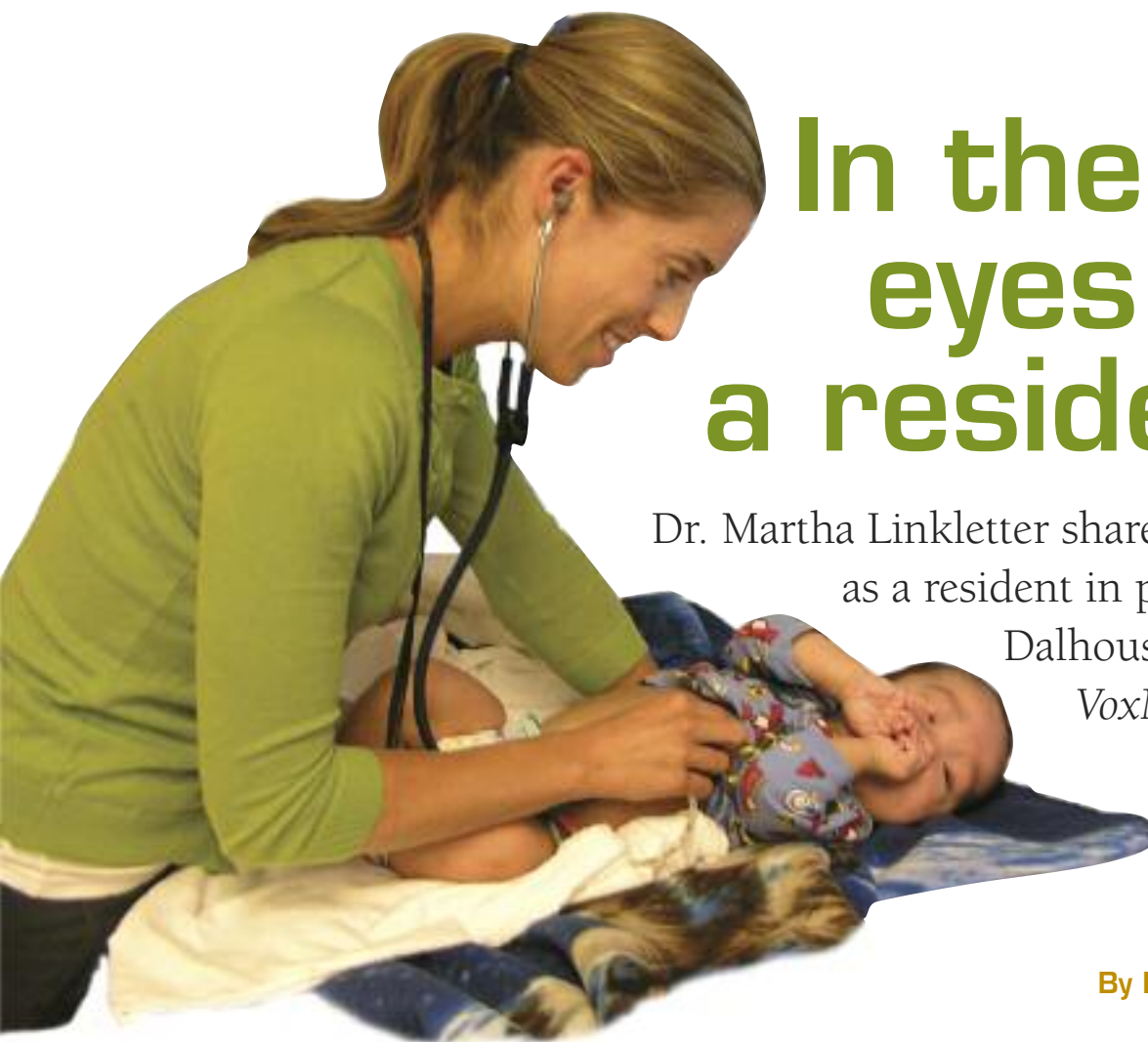
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In the eyes of a resident

Dr. Martha Linkletter shares her experiences as a resident in pediatrics at Dalhousie University with VoxMeDAL readers for the duration of her program

By Dr. Martha Linkletter '08

I think this might be it—the sweet spot of residency! The end of second year means that I'm quite comfortable and know what I'm supposed to be doing as a resident but not yet worrying about scary Royal College exams or setting up a practice.

I've graduated to one call in 4.6 nights (from one call in 4 nights) and I know which staff to call by their first names, which prefer their “doctor” names and those that I don't refer to by any name because of my uncertainty.

I've figured out some subtle but effective ways of waking up a home-call staff when they doze off on the phone while reviewing an admission. Staff ask me questions sometimes not just to see what I know but because they would like my input. I'm learning more efficiently because I have a framework in my mind where I file new information and I have a context that makes the knowledge memorable and relevant. Being a senior resident means I'm doing more teaching, which is a privilege and pleasure.

This sweetness is tempered by the appropriate amount of sour. Sometimes it happens that I disagree with a pediatrician's investigations, plan or advice and this is an awkward situation. This is a new thing for me because before I wouldn't have seen many patients where I felt sure about the plan I would like to pursue.

A particularly uncomfortable night on call, the staff person was telling me over the phone that my patient wasn't an appropriate admission for the PICU, while the on-call neurologist, anesthesiologist and four ED nurses waited anxiously with their hands on the stretcher to wheel him into the PICU. I made the contentious decision to insist to the staff that he be admitted. I have relived the tension and uncertainty of that decision a million times. I'm sure the staff hasn't thought about it once since that night.

Equally awkward moments happen in every hospital and clinic where residents are working. I hope that when I'm a staff I will always ask residents about their plans before I discuss mine. I will do this even if they have seemed unsure on previous questioning. Residents can feel intimidated and unsure of what is expected of them. Perhaps they have wanted me to pause in my talking so they could have a chance to state what they know and what they would like to do. I hope that I am one of those staff who allow residents to follow their own plans, recognizing that small differences in management often won't affect the outcome. I hope that when I'm a staff I will make a conscious effort to remember how tricky it is to be a resident.

DMSS update

The DMSS continues to support medical students with many initiatives and a new website coming this fall

Much like the Dalhousie Medical Alumni Association (DMAA), the Dalhousie Medical Students' Society (DMSS) exists to help the students maximize their medical-school experiences. Our mandate is to provide advocacy, representation, services and support for the student body.

This year has been especially busy and productive. One major success was the creation of a new DMSS website. It will allow students to go to one place for information on student events and information about student project funding. It also includes a message board to facilitate communication between classes. In addition, the website contains information for students who are thinking of applying to Dalhousie Medical School and for students from other medical schools who are looking to come to Dalhousie for an elective. This website will be going live in time to welcome the new students this fall.

This was a very active year for our political-advocacy committee. Together with the DMSS, the political-advocacy committee put together a provincial lobby week where students petitioned MLAs about the lack of student representation from lower socio-economic backgrounds at Dalhousie Medical School. This was the top choice for advocacy from Dalhousie medical students last year and was also the focus for advocacy on the national level at the federal lobby day in Ottawa (in which Dalhousie also participated).

The DMSS is proud to have played a role in curriculum renewal and in the development of Dalhousie Medicine New Brunswick (DMNB); both were key issues for the Faculty of Medicine this year. We continue to represent student interests for curriculum renewal and many students participated in the renewal symposium and its various subcommittees examining aspects of the new curriculum that will be implemented this fall. DMSS representatives met with Drs. Nick Busing and Dan Hunt from the accreditation bodies. As well, the DMSS continues to work closely with Dr. John Steeves and support staff at the DMNB campus to foresee and address the possible challenges affecting the student body with the opening of the new campus.

In terms of representation, the DMSS continues to vocalize student opinions in such areas as medical education, medical-school policy (faculty council, professionalism committee) and others. Off campus, the DMSS continues to collaborate the university at large, working with Dr. Bonnie Neumann (Vice-President Student Services) as well as with the Dalhousie Student Union in their Brains for Change Leadership Program. The DMSS also represented the student body with Dalhousie President Dr. Traves' strategic planning earlier this year. Beyond our own borders, our external portfolio encompasses national conferences, including meetings of the Canadian Federation of Medical School.



Aris Lavranos
DMSS President
2009-11



Stephanie Veldhuijzen
van Zanten '12
DMSS Vice-President
Internal Affairs 2009-10

Lastly, but perhaps most recognizably, we have expanded our student services this year. Our annual social events, including Med Ball, Euphoria and Charity Auction, were big successes. In the same vein, our sports getaway MedGames and the launch of a new Rural Outreach Program complementing Everest were great ways of boosting student interaction with our greater communities. We supported several new student projects as well, including a new program for teaching children with disabilities to swim (Making Waves) and an environmental-awareness group.

The DMSS continues to play a key role in career counselling for our student body by hosting the Lifestyles in Medicine Program, with the generous support of the DMAA. In this program, physicians from different specialties talk to students about their work. With the Living Library, students have the opportunity to speak with residents from different programs and backgrounds.

The DMSS works very hard alongside supportive associations like the DMAA, the Undergraduate Medical Office, the Dean's Office and many more. We are glad to support student initiatives and proud to represent their opinions on a local, provincial and national scale.

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Congratulations to 2010 DMAA Gold and Silver D's

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Gold D's

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Katie Billingham
Aisling Porter

Silver D's

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Dave LaPierre
Jeanette Comeau
Matt MacDonald
Nicole Fancy
Karli Mayo
Brett Vair
Abby Nowak
Candace O'Quinn
Karenn Chann



Gold D recipients (L-R): Sarah Lea, Aisling Porter, Dr. Vonda Hayes (DMAA), Katie Billingham.



Silver D recipients (L-R): Abigail Nowak, Erin MacDonald, Jeannette Comeau, Dr. Vonda Hayes, Candace O'Quinn, Brett Vair, Karenn Chann, Nicole Fancy, David Lapierre, Matt MacDonald, Karli Mayo.

Graduation with distinction

Awarded to students who reach a high standard set by the Faculty of Medicine.

Alyaa Abouzied
Ariel Burns
Ronak Kapadia
Dana Lee
Abigail Nowak
Lauren O'Malley
Patrick Slipp
Susan Tyler
Brett Vair
Stephanie Woodroffe

Silver Shovel Award

Dr. Gord Gubit

Resident Teacher of the Year

Dr. Cory Jubenville

Honourary Class Member(s)

Mr. Allister Barton
Master Malachi Ray

Dr. C.B. Stewart Gold Medal



Ariel Burns is the recipient of the Dr. C.B. Stewart Gold Medal for the highest standing in the regular medical course.

Silver Shovel Award



Dr. Gord Gubit receives the DMAA Silver Shovel Award.

Resident Teacher of the Year



Dr. Cory Jubenville receives the DMAA Resident Teacher of the Year Award.

Alumni families

The DMAA is proud to welcome our newest alumni families



Dr. Ivar Mendez and
Dr. Adrian Mendez '10



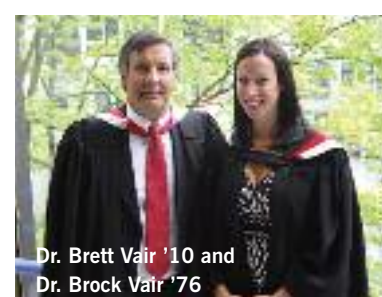
Dr. Amanda Murphy '10 and
Dr. Mike Murphy '76



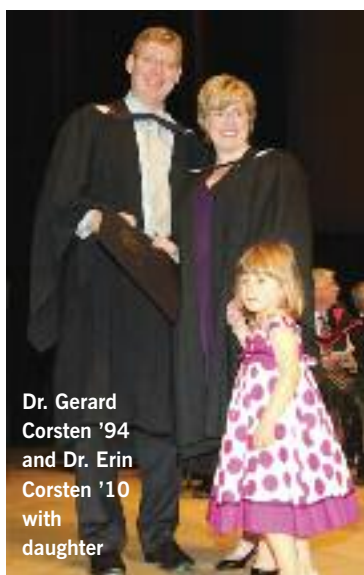
Dr. Bill Martin '80 and
Dr. Chris Martin '10



Dr. Osama Loubani '08, Dr. Alyaa
Abouzied '10 and Mr. Hussain Abdellatif



Dr. Brett Vair '10 and
Dr. Brock Vair '76



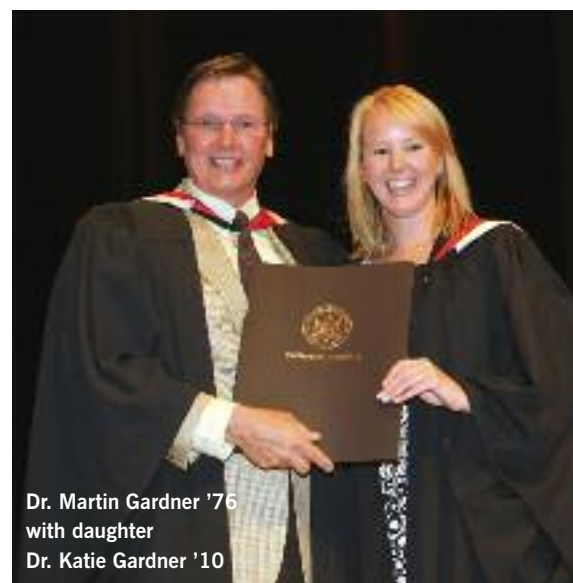
Dr. Gerard
Corsten '94
and Dr. Erin
Corsten '10
with
daughter



Dr. Tom Baxter '10 with his sister,
Dr. Edie Baxter and his father Mr. Baxter



Dr. Paul Hartman '10 with parents,
Mrs. Hartman & Dr. Raymond Hartman '84



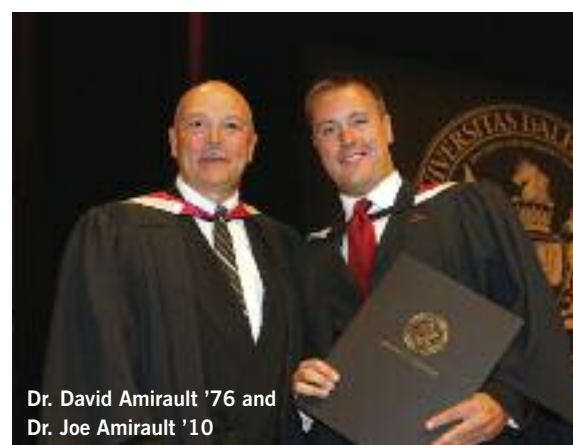
Dr. Martin Gardner '76
with daughter
Dr. Katie Gardner '10



Dr. Roland
Genge '71
and Dr. Leah
Genge '10



Dr. Johnson
Ngan '81
and Dr.
Adrienne
Ngan '10



Dr. David Amirault '76 and
Dr. Joe Amirault '10

Graduating Class Prize Lists

Dr. C. B. Stewart Gold Medal **Ariel Burns**
for the highest standing in the regular medical course

Dr. John F. Black Prize **Ariel Burns**
for the highest standing in surgery

Dr. Ram Singari **Matthew MacDonald**
Bodoosingh Memorial Prize
for demonstrating clinical skill, a sense of humour and bringing "art" to the practice of medicine

Dr. S. G. Burke Fullerton Award . . **Nicole Fancy**
for greatest promise and potential shown for family medicine in fourth year

Andrew James Cowie, MD **Sarah Lee**
Memorial Medal
for the highest standing in OB/GYN

Dr. Robert C. Dickson Prize **Abigail Nowak**
in Medicine
for the highest standing in medicine in all four years

Dr. Richard B. Goldbloom Award . . . **Brett Vair**
in Pediatrics
for best combining medical knowledge, clinical skill and sensitivity to the social and emotional needs of children and their families

Dr. Mabel E. Goudge Prize **Ariel Burns**
for outstanding achievement among female medical students

Dr. Lawrence Max Green **Anita Smith**
Memorial Award
for best combining compassion and clinical competence during the clerkship in OB/GYN

Dr. Carl Perlman Prize in Urology **Paul Hartman**
for the greatest aptitude and interest in urology

Dr. Graham Gwyn **Stephanie Woodroffe**
Memorial Prize in Neurology
for demonstrating excellence in neurology

Dr. J. Donald Hatcher Award . . . **Sarah Ironside**
for Medical Research
for the most meritorious and significant research project during the undergraduate program, including summer electives

Dr. W. H. Hattie Prize **Dana Lee**
for the highest standing in fourth-year medicine

Dr. Leo Horowitz Prize **Patrick Slipp**
in diagnostic radiology for demonstrating the greatest interest and aptitude towards the study of radiology

Hunter Humanities Award **Brett Vair**
for outstanding contribution in area of medical humanities and demonstrating the humanistic qualities of caring and compassion in the care of patients

Dr. N. N. Isa Achievement Award . . **Brett Vair**
for outstanding clinical proficiency and interest in OB/GYN during her clerkship core training at the Saint John Regional Hospital

Dr. R. O. Jones Prize in Psychiatry . **Ariel Burns**
for the highest standing in psychiatry during the entire medical program

Kidney Foundation of Canada **Hal McRae**
Dr. Allan Cohen Memorial Prize in Nephrology
for demonstrating the greatest aptitude in clinical nephrology

Dr. Frank G. Mack Prize **Abigail Nowak**
for showing excellence of care in urological patients

Dr. Harold Ross McKean **Andrew Boswall**
Award in Ophthalmology
for demonstrating the highest skills in ophthalmology

Dr. J. W. Merritt Prize **Rebecca Brewer**
for the highest standing in surgery in all four years

Michael Brothers Prize **Janka Hegedus**
in Neuroscience
for demonstrating an aptitude in the area of neuroscience

Dr. Clara Olding Prize **Ariel Burns**
for the highest standing in the clinical years, character and previous scholarship being taken into consideration

Poulenc Prize **Abigail Nowak**
for the highest standing in psychiatry

Dr. Robert F. Scharf Award **David LaPierre**
in Emergency Medicine
for outstanding combination of clinical ability, motivation and professionalism in emergency medicine

Society for Academic **Aafiah Hamza**
Emergency Medicine
for excellence in emergency medicine

Dr. J. C. Wickwire Award **Brett Vair**
for demonstrating the highest competence in patient contact during the four-year program

Dr. Lourdes I. Embil Award **Dana Lee**
for Cardiovascular Research
for clinical research in cardiology, cardiovascular surgery, cardiovascular pharmacology, physiology or other fields associated with clinical cardiology

Dr. I. M. Szuler Award **Anita Smith**
for excellence in undergraduate internal medicine for the fourth-year student who demonstrates personal and academic qualities exemplified by Dr. Szuler

Dr. Morris Jacobson Prize **Jake Morash**
for demonstrating a strong aptitude and interest in rural family medicine

The Emerson Amos Moffitt **Adrienne Ngan**
Research Prize
for undergraduate research in anaesthesia

The Dr. Juan A. Embil Award . . . **Stephen Smith**
for excellence in infectious diseases research

The Dr. Leonard Kay **Sandra Rainbow**
& Simon Levine Award
for pursuing studies in family medicine

American Academy **Sarah Ironside**
of Neurology Prize
for excellence in clinical neurology

Dr. Mark J. Cohen **Andrew Boswell**
Prize in Ophthalmology
for the highest-ranked student pursuing ophthalmology

Match Day

**By Drs. Andrew Boswell,
Erin MacDonald and
Katie Billinghurst**

Canadian Residency Matching Service (CaRMS) Match Day on March 8 was full of excitement and anticipation for everyone in the class of 2010.

Andrew Boswell found himself in Wellington, New Zealand for the occasion in the midst of a seven-week elective in orthopedics and physical medicine. There he was at 5:45 a.m. driving in silence to the University of Otago Medical School to check his results in the computer lab.

Katie Billinghurst, on the other hand, was checking her results from an Internet café in Tanzania! The culmination of six months of electives, updated CVs, references and personal letters—not to mention the cross-country trek and four years of medical school—had brought her to this day.

Erin MacDonald notes that the anticipation grew from mid February, when the interviews ended, until Match Day. Some people were travelling in remote areas and had no choice but to check their results together while other colleagues found a private spot to learn where they would be heading.

If the preceptor granted a day off, many people gathered together creating a customized match board in a lounge nearby. Some incorporated Skype, allowing video chat with the students completing international electives.

The excitement of Match Day certainly lived up to everyone's expectations. Although it was a day to remember, the fact remained that we would all be moving in different directions and saying farewell to colleagues who had become steadfast friends. Yet we recognize that this is a milestone in our lives and as we move forward, the memories of our time at Dalhousie will remain with us as our lives, and our careers, unfold. Congratulations grads of 2010!

Dalhousie 2010 Medical Graduates: where they're headed

Congratulations to the Class of 2010. You can see where they will be pursuing their residency programs at hospitals and universities near you.

Anesthesiology

Adrienne Ngan, University of Calgary, Calgary, Alta.

Dermatology

Ariel Burns, University of Ottawa, Ottawa, Ont.

Family Medicine

Alyaa Abouzied, Dalhousie University, Halifax, N.S.

Thomas Baxter, Queens University, Kingston, Ont.

Katherine Billingham, University of Calgary, Calgary, Alta.

Rebecca Brewer, Dalhousie University, Moncton, N.B.

Hazen Burton, Dalhousie University, Fredericton, N.B.

Karenn Chan, Dalhousie University, Saint John, N.B.

Terese Chisholm, Memorial University, Saint John's, N.L.

Erin Gorman Corsten, Dalhousie University, Halifax, N.S.

Anna Detorakis, University of Alberta, Edmonton, Alta.

Peter Dickinson, University of Calgary, Calgary, Alta.

Jennifer Digby, Dalhousie University, Fredericton, N.B.

John Drysdale, Dalhousie University, Moncton, N.B.

Nicole Fancy, Dalhousie University, Charlottetown, P.E.I.

Shivani Gautam, Queens University, Kingston, Ont.

Leah Genge, University of Calgary, Calgary, Alta.

Aafia Hamza, Dalhousie University, Moncton, N.B.

Jane Hennessey, Dalhousie University, Halifax, N.S.

Jennifer Johnston, Dalhousie University, Halifax, N.S.

Christa Kozanczyn, University of Toronto, Toronto, Ont.

David LaPierre, Western University, London, Ont.

Jason Lorette, University of Ottawa, Ottawa, Ont.

Matthew MacDonald, University of Toronto, Toronto, Ont.

Jean MacLachlan, Dalhousie University, Sydney, N.S.

Scott MacLean, University of Alberta, Edmonton, Alta.

Trudy MacLean, Dalhousie University, Halifax, N.S.

Chris Martin, Dalhousie University, Saint John, N.B.

Beckie McGinn, Dalhousie University, Fredericton, N.B.

Hal McRae, Dalhousie University, Charlottetown, P.E.I.

Zoe Mitchell, University of Toronto, Toronto, Ont.

Jennifer Mitton, McGill University, Montreal, Que.

Jake Morash, Dalhousie University, Sydney, N.S.

Drea Mossman, Memorial University, Saint John's, N.L.

Amy Nason, Dalhousie University, Halifax, N.S.

Meena Natarajan, Dalhousie University, Halifax, N.S.

Abigail Nowak, University of Ottawa, Ottawa, Ont.

Jason Osborne, Dalhousie University, Halifax, N.S.

Raphael Panais, Dalhousie University, Halifax, N.S.

Jocelyn Peterson, Dalhousie University, Charlottetown, P.E.I.

Sandra Rainbow, Dalhousie University, Halifax, N.S.

Matthew Robichaud, University of British Columbia

Yury Stubeda, Dalhousie University, Moncton, N.B.

Meghan Wilson, Queens University, Kingston, Ont.

General Surgery

Debbie Li, University of Toronto, Toronto, Ont.

Jenny Lim, Dalhousie University, Halifax, N.S.

Lauren O'Malley, Queens University, Kingston, Ont.

Stephen Smith, Dalhousie University, Halifax, N.S.

Internal Medicine

Yee Chuan Ang, Massachusetts, U.S.

Ryan Fisher, University of Ottawa, Ottawa, Ont.

Bernadett Kovacs, McGill University, Montreal, Que.

Shin Yin Lee, Massachusetts, U.S.

Dana Lee, University of Toronto, Toronto, Ont.

Brent McGrath, Dalhousie University, Saint John, N.B.

Vanessa Meier-Stephenson, Dalhousie University, Halifax, N.S.

Amy Sharaf, University of Ottawa, Ottawa, Ont.

David Shaw, University of British Columbia

Edmond Tan, Dalhousie University, Halifax, N.S.

Thomas Tran, University of Ottawa, Ottawa, Ont.

Tahmina Wahab, Dalhousie University, Halifax, N.S.

Internship

Shu Shan Kho, U.S.

Smarika Shrestha, U.S.

Medical Genetics

Julien Marcadier, University of Ottawa, Ottawa, Ont.

Medical Microbiology

Chelsey Ellis, University of Ottawa, Ottawa, Ont.

Neurology

Janka Hegedus, University of Calgary, Calgary, Alta.

Ronak Kapadia, University of Calgary, Calgary, Alta.

Stephanie Woodroffe, Dalhousie University, Halifax, N.S.

Obstetrics & Gynaecology

Sarah Lea, University of British Columbia

Erin MacDonald, Dalhousie University, Halifax, N.S.

Karli Mayo, University of Toronto, Toronto, Ont.

Candace O'Quinn, University of Calgary, Calgary, Alta.

Anita Smith, Dalhousie University, Halifax, N.S.

Brett Vair, University of Calgary, Calgary, Alta.

Ophthalmology

Andrew Boswall, Dalhousie University, Halifax, N.S.

Orthopedic Surgery

Joe Amirault, University of Manitoba, Winnipeg, Man.

Tristan Camus, University of Calgary, Calgary, Alta.

Joel Morash, Dalhousie University, Halifax, N.S.

Alexandra Mortimer, University of Saskatchewan, Sask.

David Weatherby, University of Calgary, Calgary, Alta.

Otolaryngology

Matthew Brace, Dalhousie University, Halifax, N.S.

Adrian Mendez, Dalhousie University, Halifax, N.S.

Pediatric Neurology

Sarah Ironside, University of Toronto, Toronto, Ont.

Pediatrics

Laura Allen, Dalhousie University, Halifax, N.S.

Jeannette Comeau, McGill University, Montreal, Que.

Katie Gardner, University of Calgary, Calgary, Alta.

Kok Lim Kua, University of South Alabama, U.S.

Amanda Li, University of British Columbia

Aisling Porter, Dalhousie University, Halifax, N.S.

Hiruni Wickramasinghe, New York, U.S.

Gaby Yang, University of British Columbia

Plastic Surgery

Amanda Murphy, Dalhousie University, Halifax, N.S.

Christian Petropolis, University of Manitoba, Winnipeg, Man.

PM&R

Suzanne Salsman, Dalhousie University, Halifax, N.S.

Psychiatry

Elizabeth Chapman, University of Toronto, Toronto, Ont.

Kristan Holm, Dalhousie University, Halifax, N.S.

Melissa Persuad, University of Manitoba, Winnipeg, Man.

Kaila Rudolph, University of Toronto, Toronto, Ont.

Radiation Oncology

Susan Tyler, Dalhousie University, Halifax, N.S.

Radiology

Madalsa Joshi, University of British Columbia

David Russell, University of British Columbia

Patrick Slipp, Dalhousie University, Halifax, N.S.

Ying Tang, Dalhousie University, Halifax, N.S.

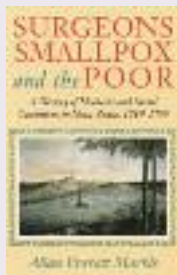
Urology

Ellen Forbes, University of Alberta, Edmonton, Alta.

Paul Hartman, University of Ottawa, Ottawa, Ont.

Suggest a book or a website

You may recommend something for this section by contacting the DMAA at (902) 494-8800 or email medicalalumni@dal.ca. The following selection is from Dr. Jock Murray.

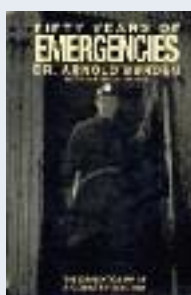


Surgeons, Smallpox and the Poor
by Allan Marble
McGill Queen's University Press

Allan Marble describes the practice of medicine and surgery in Nova

Scotia during the province's period of early settlement in the last half of the 18th century. Investigating such matters as the role of the state in providing medical care, the structure of the medical community and the physical conditions people had to endure, Marble situates his discussion in the context of more general Nova Scotian history. He covers all aspects of health care, including hospitals, the training and practices of physicians and surgeons, the

use of patent medicines and the various types of medical and surgical treatments. As well, he has made a thorough study of individual patients through their wills, diaries and personal letters.

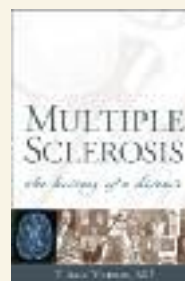


Fifty Years of Emergencies
by Dr. Arnold Burden
Lancelot Press

Dr. Burden was the first medic to enter the mines in Springhill, Nova Scotia after the deadly No. 4 mine

explosion and the No. 2 mine bump. This book profiles a man dedicated to his patients whose career began unintentionally

when he performed his first surgery in the woods following a hunting accident at age 14. His early practice in rural Prince Edward Island was filled with diverse and, in some cases, traumatic experiences. Over a 50-year career, Dr. Burden has dealt with every medical emergency imaginable, from war casualties to mine explosions, from obstetrics to surgeries performed on kitchen tables. After all, he states, "The real satisfaction in life has come from helping people."



Multiple Sclerosis, The History of a Disease
by Dr. Jock Murray
Demos Medical Publishing

The basic facts about multiple sclerosis (MS)

are well known: it is the most common neurologic disease of young adults; its onset has an average age of 30; and it occurs in about one in 500 individuals of European ancestry living primarily in temperate climates. There appears to be a complex interaction between a genetic predisposition and an environmental trigger that imitates the disease. In this elegantly written and comprehensive history, we meet individuals who suffered with MS in the centuries before the disease had a name. From these early cases, the author demonstrates how progress in diagnosing and managing MS has paralleled the development of medical science, from the early developments in modern studies of anatomy and pathology, to the framing of the disease in the nineteenth century and eventually to modern diagnosis and treatment.

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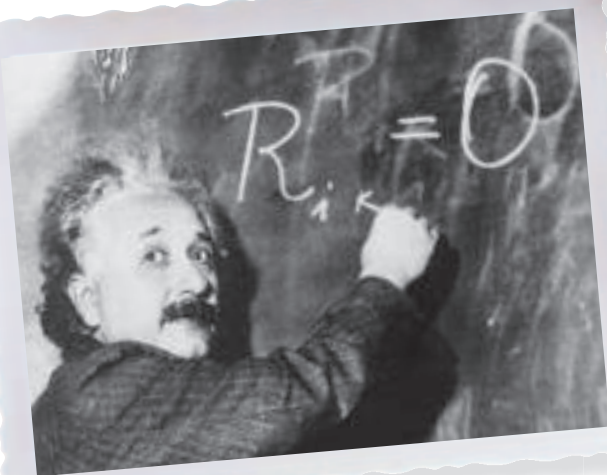
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AWARDS AND ACCOLADES

DR. JONI GUPTILL ('81)

Distinguished alumnus, DR. JONI GUPTILL, renowned for her work abroad assisting underdeveloped areas with Medecins Sans Frontieres (Doctors without Borders) was the recipient of a Doctor of Civil Laws from Acadia University on May 17, 2010.

DR. RON STEWART, Professor Emeritus in the faculties of Medicine and Health Professions, has been recognized with the Paul E. Pepe Excellence in Emergency Medicine Services (EMS) Award by the National Association of EMS Physicians. The award was given to Dr. Stewart at the recent EMS State of the Sciences Conference, better known as the "Gathering of Eagles," held in Dallas, Texas. Dr. Stewart, who is a professor of emergency medicine and anaesthesia, was the first president of the National Association of Emergency Medicine Physicians.



Dr. Joni Guptill '81

DR. STEWART, along with three other Dalhousie medical alumni—**DR. JIM SMITH**, **DR. DAN REID** and former premier **DR. JOHN HAMM**—were recently designated honorary members of the Executive Council of Nova Scotia (better known as the cabinet). The designation entitles them to use "the Honourable" and the initials "ECNS" with their names.

DR. JOCK MURRAY, Professor Emeritus in the Faculty of Medicine, has been named President of the Robert Pope Foundation, succeeding Mr. William Pope. The Robert Pope Foundation was founded in 1992 to support programs that relate to arts and medicine. The foundation supports many projects, including the Medical Humanities Program at the Dalhousie Medical School and scholarships at NSCAD.



DMAA-sponsored Resident Research Prize recipient, Stacey Marjerrison

DMAA-sponsored Resident Research two prizes

Stacey Marjerrison in pediatrics won Best Oral Presentation, Clinical Research (DMAA) at the FOM Resident Research Day. The winner of the Best Oral Presentation in Basic Science Research (DMAA) was Catalina Lopez de Lara.

Resident lounge makeover

The resident student lounge located in the Camphill Family Medicine Clinic in Halifax has been transformed by Roger Bouthillier, owner and President of Statement Design in Halifax, into an inviting and tranquil space for residents to relax and socialize. Bouthillier generously donated the furnishings. We applaud Roger and his team for their altruistic spirit! For more information, visit statementdesign.ca.

Birth announcement

Fiona Kouyoumdjian '05 and Guy LeBlanc '06 would like to share their joy at the arrival of their son Sacha David Kouyoumdjian LeBlanc. He was born in Hamilton, Ontario on March 24, weighing 6 pounds and 10 ounces. He is a healthy and happy little boy and his parents are delighted by him.



IN MEMORIAM

If you know of anyone to note in this section, forward the ` to the DMAA by mail or email medical.alumni@dal.ca.

Dr. Theodore Atkinson '62

Passed away on January 6, 2010

Dr. Ronald Baird '37

Passed away on February 27, 2010

Dr. John Wallace Barteaux '60

Passed away June 11, 2010

Dr. Ronald Brannen '44

Passed away on March 14, 2010

Justice Charles Denne Burchell

Passed away on June 17, 2010

Dr. Hugh E. Christie '39

Passed away on January 8, 2010

Dr. Melvin Feener '52

Passed away on March 26, 2010

Dr. John Phillip MacDonald '45

Passed away on Sep. 4, 2009

Dr. Archibald MacPherson '50

Passed away on May 18, 2010

Dr. H. Ralph Phillips '50

Passed away on December 4, 2009a

Dr. James A. Phills Sr. '51

Passed away on January 23, 2010

Dr. J. H. Baldwin '41

Passed away on January 23, 2010

Dr. Donald Fraser Smith '45

Passed away on July 11, 2010

Dr. John McCurdy Burris '54

Passed away on July 10, 2010

In the Spring 2010 issue of VoxMeDAL, we did not include the full name of Dr. John Phillip MacDonald '45. We regret this error.



Let's give them something
to talk about next year!



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REUNIONS



PAST AND PRESENT

Class of 1957 (above), Class of 2010 (below)

Is your class reunion coming up? Planning is underway for several reunions. Contact the DMAA office at medical.alumni@dal.ca or call (902) 494-8800 for further information.

Classes now have their own personalized class webpage on the DMAA website at alumni.medicine.dal.ca.

Class of 1945

65th Reunion
Halifax, N.S.
Oct. 14–16, 2010
(902) 494-8800

Class of 1950

60th Reunion
Halifax, N.S.
Oct. 14–16, 2010
(902) 494-8800

Class of 1955

55th Reunion
Halifax, N.S.
Oct. 14–16, 2010
(902) 494-8800

Class of 1957

53rd Reunion
Halifax, N.S.
Oct. 14–16, 2010
Ron Bergh, Reun. rep.

Class of 1960

50th Reunion
Halifax, N.S.
Oct. 14–16, 2010
David Cogswell, Reun. rep.

Class of 1964

45th Reunion
Saint Andrews, N.B.
Aug. 26–29, 2010
Lou Simon, Reun. rep.

Class of 1965

45th Reunion
Rocky Harbour, N.L.
Sept. 9–12, 2010
Tony Measham, Reun. rep.

Class of 1970

40th Reunion
Sept. 17–20, 2010
Baddeck, N.S.
Dan Reid, Reun. rep.

Class of 1975

35th Reunion
Saint Andrews, N.B.
Aug. 20–22, 2010
Robert Saunders, Reun. rep.

Class of 1980

30th Reunion
Digby Pines, N.S.
August 27–29, 2010
Mike MacKenzie, Reun. rep.

Class of 1985

25th Reunion
Saint Andrews, N.B.
July 15–18, 2010
Cindy Forbes, Reun. rep.

Class of 1990

20th Reunion
Digby Pines, N.S.
July 16–18, 2010
Stephen Bent, Reun. rep.

Class of 1995

15th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 2000

10th Reunion
Sept. 9–11, 2010
Janice Chisholm, Reun. rep.

Class of 2005

5th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

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www.gnb.ca/médecins


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