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Dalhousie Medical Alumni Association
1st Floor Tupper Building, 5850 College St.
Halifax, Nova Scotia B3H 4H7
Tel: (902) 494-8800 Fax: (902) 494-1324
Website: alumni.medicine.dal.ca/



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E: publishers@metroguide.ca

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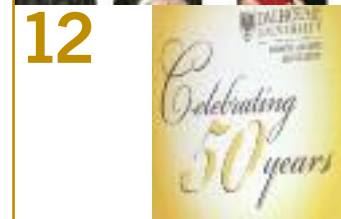
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On our cover:
Students celebrating
Med Ball 2008

Cover photo: Kerry DeLorey



If you've noticed a new look to the photography of VoxMeDAL, it is due to the efforts of our new photographer, Kerry DeLorey. Kerry works with Calnen Photography. Its website is www.calnenphotography.com.

Farewell message from the President

It has been an honour and a privilege to serve our alumni



By Dr. Margaret Casey '68
President, Dalhousie Medical Alumni Association

On behalf of the Board of the DMAA, I welcome you to this edition of *VoxMeDAL*. I am also delighted to extend a personal welcome to our new President, Dr. Vonda Hayes, who will lead the DMAA into its second half-century. A widely respected physician and educator, Dr. Hayes brings experienced leadership to this role and we enthusiastically look forward to working with her.

Over the past year, during which we celebrated the 50th anniversary of the DMAA and the contributions of medical alumni, we have made significant progress in implementing strategies that will both ensure sustainability and allow us to support student initiatives and scholarships. These strategies emerged from a meeting in October, 2007, when 40 members of the Association met to discuss the future of the DMAA. At that meeting, there was a strong endorsement of the mandate of the DMAA: "to support the Faculty of Medicine and the initiatives of medical students and to provide a connection for alumni to the Faculty."

It was determined at that meeting that the Association should continue as an organization under the direction of medical alumni and that strategies should be implemented to attain financial sustainability and to increase the engagement of alumni. As noted above, we have achieved success in both of these areas. We are indebted to Dean Harold Cook whose office provides funds for operational costs and I want to express our appreciation for this essential support. We are also most appreciative of the generosity of alumni in supporting fundraising events and in donating to student-run projects. I am pleased to report that the DMAA has been

able to give \$20,000 to students and residents during the past year, supporting projects, research prizes, convocation gala tickets, gold and silver D awards. This is an expression of the important connection that exists among generations of physicians and our young future colleagues.

A further example of this connection is a mentorship program now being developed by the Dalhousie Medical Students' Society (DMSS) in collaboration with the DMAA. We expect that this opportunity for alumni to provide support to students will be enthusiastically received.

At the Annual General Meeting, held January 30, 2009, reports on fundraising events, reunions and financial status were submitted, all indicating that we have met the goals set at the beginning of the year. Proposed strategies for the coming months are:

- Increased involvement with N.B. and P.E.I. alumni
- Increased interaction with and assistance to residents
- Collaboration with Doctors Nova Scotia and the College of Physicians and Surgeons on issues of general interest to physicians
- Develop a strategy to move forward with the George Flight Chair in Medical Education

Under the leadership of Executive Director Joanne Webber, *VoxMeDAL* continues to evolve as a vibrant statement about alumni interests, student activities and developments in the Faculty of Medicine. In this issue, Dr. Ross Langley reports on the 50th Anniversary Gala Dinner where the annual awards were presented: Honourary President, Dr.

David Fraser; Alumnus of the Year, Dr. Rod McInnes; Young Alumnus of the Year, Dr. Heather Scott; and Family Physician of the Year, Dr. Anita Foley. As always, recognition of our outstanding alumni inspires admiration and pride. We salute their accomplishments as well as the excellence of their contributions.

A new section in this edition is the Business of Medicine where varying views are expressed. There is also a short description of the recently implemented Doctors Nova Scotia Navigator Program. Also, we welcome your comments on any subject in the Voice of Alumni section on page 7.

I would like to express appreciation on behalf of the entire DMAA membership to Executive Director Joanne Webber whose dedicated and creative work has been largely responsible for the significant successes of the past year. In addition to implementing the strategies we had designated, she has organized the 50th Anniversary Gala Dinner and a second fund raising event, edited *VoxMeDAL* and arranged 13 class reunions. She and Executive Assistant Paulette Miles-LeBlanc, who is equally dedicated, have worked unstintingly to advance the interests of the DMAA.

Finally, as I leave the position of President, I want to thank the members of the Board for their support. It has been a great honour for me to work with them and a privilege to be associated with the traditions of the DMAA. I have enjoyed every aspect of my involvement and am pleased that together we have been able to realize some of the potential of the Association. I look forward to working with all of you towards greater success!

Setting new standards

The DMAA implements grassroots engagement strategies



By Joanne Webber
DMAA Executive Director

As we wind down this fiscal year, the vibe of our organization is upbeat as we are setting new standards and trends within our Alumni Association. It's a time to recognize our enhancements, to showcase our students and graduates and to reflect on the achievements and inspiring careers of our outstanding alumni. This year represents a special milestone celebrating our 50th anniversary. In essence, it has been a very memorable year.

This issue will showcase our many grassroots initiatives and projects. We have many successes to report. Reunions are in full swing, with 15 class reunions celebrated in 2008. Our new website now offers three informative DVDs, including an excellent DVD by Dr. Jock Murray on the history of Dalhousie Medical School. Our collaboration with the Dalhousie Society on the History of Medicine will assist us in providing historical medical information on our website.

Dr. Ross Langley, class of '57, provides a very special overview of our 50th Anniversary Gala Dinner. Our guest list exceeded more than 280 alumni and friends to share in this very special occasion. Thank you, for the many phone calls, emails and letters of appreciation, reflecting the interest and loyalty that our graduates have for their medical school and their Alumni Association.

There is increasing involvement in participation of our alumni tours. We invite you "back to your medical school" and have introduced a new tour this September: the Skills Surgical Lab Alumni Tour. The interactive Anatomy Lab Tour and the Research Tour have been very popular. Please look for further details provided in this issue. These tours offer alumni and class reunions opportunities to see firsthand the exciting research going on at the medical school. We are also exploring the interest of alumni in bringing their children back to campus as

an extension of Bring Your Kids to Work Day: Medical Tour. Please let us know if you would like to sign up.

With the generous donations from our alumni, the DMAA has once again provided \$20,000 in funding to our medical students. The details of our funding are provided in this issue of *VoxMeDAL*. In closing, the successful implementation of our strategic objectives has enabled us to achieve our targeted goals. Our very best resources are our alumni and we cannot achieve our goals without your involvement. I would like to thank Paulette Miles-LeBlanc for her outstanding organization and creative contribution to the DMAA office. I would like to personally thank Dr. Margaret Casey for her sincere commitment and dedication in support of my work, the DMAA projects and her countless hours of service dedicated to enhancing the learning experience for medical students.

Dear Alumni

Please take some time to look over our vendor advertisements in each issue of *VoxMeDAL* and support these businesses. These companies generously support *VoxMeDAL* and its work to allow us to provide your magazine with minimal costs.

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An honour and pleasure to serve as Dean

What we've achieved to date



By Dr. Harold Cook
Dean, Faculty of Medicine

In my previous column, I reported that our Faculty of Medicine is in the midst of unprecedented growth and change. The momentum continues as we expand on exciting new initiatives that are changing the face of our medical school.

Thanks to an infusion of funding from the Nova Scotia government, we welcomed our largest-ever incoming class in September 2008: 102 students, an increase of eight from the previous year. The province also funded two graduates from international medical programs for

entry into third year.

The Dalhousie Medical Education Program in New Brunswick (DMEP-NB) will further add to overall enrollment. Currently, we admit 20 New Brunswick students each year into the Halifax-based program. When the new program opens in New Brunswick in September 2010, it will admit 30 students all based in New Brunswick.

Accordingly, we anticipate total first-year enrollment of 120 to 122 by the fall of 2010 or 2011, with a proportional number of new post-graduate (residency) training positions to align at the appropriate times. We are excited about the additional students because we have long recognized that more physicians are needed in our region and across Canada.

The first two years of the DMEP-NB will be based in Saint John, New Brunswick, using renovated and expanded facilities at the University of New Brunswick in Saint John (UNBSJ) and at the nearby Saint John Regional Hospital. To prepare for the program's launch in 2010, renovation activities are ramping up in Saint John as well as in Halifax. We will deploy full-motion, high-definition, video-conferencing technology at the Halifax and UNBSJ sites and at the four principal clinical locations in Saint John, Fredericton, Moncton and Miramichi.

Construction is well underway on the Life Sciences Research Institute (LSRI) at the corner of Summer and College Streets in Halifax. The Premier of Nova Scotia announced that InNOVAcorp's new BioScience Enterprise Centre will come on board as a tenant of the LSRI. The province committed \$1.6 million per year for 20 years to fund the initiative.

The BioScience Enterprise Centre, now

located on the Halifax waterfront, is expected to have a major, long-lasting impact on knowledge transfer and application from a variety of ongoing research projects throughout the LSRI-Tupper research complex; the true benefit of the move will be closer proximity to Dalhousie researchers and students in the LSRI. The LSRI will house the Brain Repair Centre and should be completed in the spring of 2011.

We continue to work with the faculties of Health Professions and Dentistry, and with Dalhousie External Relations, on planning and fundraising for a major inter-professional education building project destined to be part of Dalhousie's Capital Campaign.

I am completing my term as Dean at the end of June, 2009, so this will be my last column for VoxMeDAL. It has been an honour and a pleasure to serve as Dean these past six years. A highlight has been the opportunity to work with the DMAA and with so many wonderful alumni. I continue to be impressed by the commitment and enthusiasm that the DMAA applies to its many worthwhile initiatives, particularly those involving support of students. I have also been inspired by the many distinguished alumni I have met in the Maritimes and beyond.

There is no greater asset for our medical school than a strong and engaged alumni and I urge you to lend your talent, enthusiasm and support. With your help, we will continue to build on the excellent reputation of Dalhousie Medical School by educating new generations of outstanding physicians who will be a credit to our school and our community of Dalhousie medical alumni. Thank you for your continuing contributions!



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We want to hear your opinions on topics of debate or interest. We want to provoke conversation amongst our alumni. We want to hear your opinions. You too can be published in these pages. Please email medical.alumni@dal.ca.

A Place for Alumni to Connect

At medical functions there have often been discussions about the desirability of having a place or lounge at Dalhousie. A facility that would house the medical alumni office, a place where medical archives specific to the Maritimes and Dalhousie could be displayed and in particular would have a lounge setting that would welcome alumni. It could also display historic items from our two medical fraternities which played such important roles in medical school life. I picture a place where doctors from in town and away could drop in, have a cup of coffee, browse through journals, talk with friends and solve Dal's and the world's problems. This could be a wonderful haven for our many active and retired doctors and would allow them to become more involved with our medical school. Indirectly such a facility could be a definite benefit to Dalhousie.

Dr. Ed Rafuse '61

Fifty years and counting...

Recently I returned to Halifax to celebrate the 50th reunion of the medical school class of '58. This experience provided me with an opportunity to reflect upon the past, celebrate the present of this outstanding university and envision the dynamic future that Dalhousie promises to achieve in its quest for excellence.

It was thrilling to walk the halls of the Tupper Building and see the state of the research laboratories and to hear presentations given by prestigious scientists representing their respective fields of endeavour.

I am proud to be a graduate of Dalhousie and I congratulate each of you who have contributed to the glory of my dear alma mater.

Dr. Irwin J. Nudelman '58

Gala was a great experience for med students

Being able to attend the DMAA Gala Dinner was a great experience. As a new member of the medical community, it

provided me with the opportunity to connect with others within the community while seeing first hand the ongoing alumni support and involvement at Dalhousie. Also, being able to witness Dr. Ivar Mendez's presentation was exciting and inspirational. I am so appreciative of receiving an invitation to attend!

Thanks again!

Katherine Quackenbush '12

VoxMeDAL captures excellence of our medical school

I want to congratulate you on the excellence of the latest volume of *VoxMeDal*. The content and layout were exceptionally strong and give an effective sense of the excellence of our medical school.

Dr. Harold Cook

Dean, Faculty of Medicine

Celebrating 50 Years!

What a pleasure to attend the annual DMAA Gala Dinner and awards presentation where so many enthusiastic alumni were present. To greet alumni who came from far and wide speaks very well for the regard the alumni have of their association and medical school. I sincerely hope that this will never change as everyone continues to strive for a stronger and vibrant organization. I had a wonderful time renewing friendships and enjoying the fellowship that such a function presents. To the award winners, a special congratulation and to the staff, a special thank you for making the event so enjoyable.

Barbara Blauvelt

Former Senior Administrative Officer & DMAA Executive Director, 1948–1992

Sustainability of health care

I'd like to express my sincere appreciation for having the opportunity to be part of the DMAA Gala Dinner on October 2. It was truly a memorable evening! I was extremely impressed with the demonstration by Dr. Ivar Mendez, who is definitely a pioneer in the groundbreaking initiatives around robotic technology. It was amazing to see first-hand the unique work that will

ultimately impact health care and enhance the future sustainability of our health-care system. These types of initiatives are clearly redefining health care as we know it today and I look forward to what the future holds.

Honourable Chris d'Entremont

Past Minister of Health

Province of Nova Scotia

Class of '63 sincere gratitude

On behalf of the class of 1963, I wish to extend our sincere gratitude for the seamless arrangements that you and your staff made for our 45th reunion. The address by Dr. Mendez at the Thursday banquet was spellbinding. Our guided tour of the research facilities was a real eye-opener on the cutting-edge advances on several fronts.

Dr. Rollie Langille '63

DMSS thanks alumni and DMAA

The DMSS would like to personally thank the DMAA and medical alumni for the kind and generous funding that you provide. We couldn't do our student projects without your support. We have just allocated our winter project funding. The project coordinators are looking forward to developing their projects.

Andrew Moeller '11, Treasurer, DMSS

Thank you once again for your generosity

We would like to thank you for the generous donation the DMAA has made to student projects, especially your contribution to the Diversity in Medicine Committee. We will use our funds to host Diversity of Medicine events. We are particularly excited to be holding a seminar featuring a public showing of the documentary *Easy Street*, which focuses on issues pertinent to accessing medical care for persons living on the street and those living on limited incomes. It will promote awareness of the plight of people living below the poverty line, imparting greater insight into the issues facing the homeless. It is our hope that this will increase medical student sensitivity to the perspectives and needs of this patient population.

Robyn Jackson and Natalie Parks,

Co-Chairs, Diversity in Medicine Committee

Why the DMAA needs your support

As an alumni directed registered society, the DMAA funds its activities from a variety of sources



DMAA President presents \$10,000 on behalf of alumni to DMSS President

Revenues for operations come from:

- \$125,000 funding from the Dean of Medicine
- Donations from alumni and fundraising events
- Administrative cost recovery fees for reunions

Funding \$125,000 covers basic operating costs:

- Reunion costs; 12–16 individual class reunions are held annually; registration fees are necessary to recoup costs of administration and service expenses.
- The DMAA directs donated funds to assist medical student's initiatives such as the Mentorship Program and International Clinical Experiences.
- Without your support and participation in DMAA fundraising events, we would not be able to provide resource enhancements to Dalhousie medical students.

Following longstanding tradition, the Dalhousie Medical Alumni Association continues to support the Dalhousie Medical Student Society.

- Funds raised through DMAA initiatives provide resources which enhance the learning experience of our medical students.
- The following support is not included in the DMAA Operational Budget and can only be provided through donations and fundraising. Your continued generosity and support allows the DMAA to continue the traditional support:

• Funding to DMSS

\$10,000

For a variety of students projects such as:

- Diversity in Medicine
- Lifestyles in Medicine
- Interprofessional Learning Scope
- Obstetrics and Gynecology Interest Group

- Political Advocacy Committee
- Everest Project Global Health Conference
- For the Health of it
- Dal Med Foot Clinic
- Emergency Medicine Interest Group
- Universities Allied for Essential Medicines
- Aboriginal Health Interest Group
- Mentorship Program—Lectures
- Code Red HIV/AIDS Awareness

• Convocation Ceremonies

\$7,000

- Convocation Dinner tickets
- Gold and Silver D's
- Resident Teaching Award
- Silver Shovel Award

• DMAA Entrance Scholarship

\$11,400

Three winners in 2008, generated from the DMAA entrance scholarship fund

- Resident Research Prizes

\$2,000

- Orientation luncheon for medical students

\$1,000

The DMAA provides support to the following:

- Dalhousie Academy of Medicine
- Tupper Band
- Alumni, medical community and individual special initiatives:

Requests are granted if we have the funds to support the initiatives.

For further information, email the DMAA at medical.alumni@dal.ca or call (902) 494-8800



DMAA Gold D recipients



DMAA Silver D recipients

2008 DMAA scholarship winners

The beneficiaries of alumni donations



Left to right: Mary England '12, Jason Emsley '12, Katherine Quackenbush '12

I would like to thank the DMAA for awarding me and my classmates with this scholarship. It is meaningful to have the Alumni Association so supportive of first-year students because it shows that we are entering a dynamic profession that engages its members from the onset. Having a chance to meet alumni at the Gala Dinner and hear about their professional projects provides a jolt of excitement as we pour over a mountain of textbooks. This award is much appreciated and I cannot thank the Association enough for this welcome to Dalhousie.

Mary England '12

I am extremely pleased to receive a scholarship from the Dalhousie Medical Alumni Association. Having the support of the DMAA as I (and my wife and daughter) moved back to Halifax from Boston is something I sincerely appreciate and will never forget. It was a particular pleasure to attend the Gala Dinner and meet the alumni who directly play a role in supporting my education.

Jason Emsley '12

Change in life can be stressful and when that change encompasses the start of medical school, it can be even more nerve-racking. Having a support system in place can greatly diminish this stress, which is why I am so grateful to have received an entrance scholarship from the DMAA. It not only reduced the financial burden of first year but allowed me to experience first-hand the support the students have from the medical community at Dalhousie. I look forward to contributing to this organization that has strongly supported myself and my classmates in the initial phase of our medical careers.

Katherine Quackenbush '12

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**DMAA Honorary President,
Dr. David Fraser '58
MD, FRCPC**



**DMAA Alumnus of the Year,
Dr. Roderick McInnes '70
PhD, FRCPC FCCMG, FRSC**



**DMAA Young Alumnus Award,
Dr. Heather Scott '88
MD, FRCSC**



**DMAA Family Practitioner of the Year,
Dr. Anita Foley '75
MD, FCFP**

DMAA Annual Awards Call for Nominations

Lord Nelson Hotel, September 24, 2009

Join our nomination committee:

- Honorary President
- Alumnus/a of the Year
- Young Alumnus/a of the Year
- Family Physician Alumnus/a of the Year

These awards recognize outstanding accomplishments and contributions of Dalhousie Medical Alumni in four categories. This is an opportunity to celebrate the excellence of our graduates and we encourage you to nominate classmates, friends and colleagues. Descriptions and criteria for each award are outlined below. Nominations should be sent to the DMAA office no later than June 30, 2009.

Among your classmates there may be individuals who should be considered for these awards. We encourage you to submit your nominations and book your class table now!

Honorary President:

This award was first made in 1958 at the inaugural DMAA meeting. Priority in selection will be given to nominees who are senior local alumni, past or present members of the Faculty of Medicine who are highly respected and whose careers and service in the practice of medicine have been outstanding. This does not exclude consideration, if warranted, of non-local, non-faculty nominees.

Alumnus/a of the Year:

Awards have been made annually since 1968 and the intent from the beginning has been to recognize the unique and major contributions made by a retired or active physician to clinical practice, teaching and/or research at a national level. International recognition, publications and participation in national professional and academic societies constitute an expected profile for nominees for this award.

Young Alumnus/a Award:

Instituted in 2002, this award recognizes a physician in the first two decades of his/her career, whose work in clinical practice, teaching and/or research is already significant and widely known. Recipients of this award work in academic settings, have appointments in a Faculty of Medicine, are teachers and mentors to residents and medical students and have a number of publications.

Family Physician Alumnus/a Award:

The broad intent of this award inaugurated in 2007 is to recognize the contributions to medical practice and to communities by family physicians. The impact of the lifetime work of those physicians who practice in small and rural communities is often not acknowledged. The DMAA wishes to honour a family physician who exemplifies good medical care, is a role model in the practice of family medicine, is a teacher of undergraduate medical students and residents and is an advocate for the health of his/her community. Alumni who practice in the Maritime Provinces are the focus of this award, however non-local nominees will be considered.

DALHOUSIE MEDICAL ALUMNI ASSOCIATION

2009 AWARD NOMINATION FORM

- Honourary President
- Alumnus/a of the Year
- Young Alumnus/a Award
- Family Physician Alumnus/a Award

Nominate a Classmate! • Book Your Class Table Now! • Lord Nelson Hotel, September 24, 2009

Date: _____

Nominee's Name: _____

Address (Business): _____ (Home): _____

Phone (B): _____ (H): _____

Email: _____ Position: _____

Please refer to the criteria and explain in a letter (maximum of two pages) why this candidate should be chosen to receive this award. Include aspects of the candidate's life and career that qualify him/her for the award.

Enclose a curriculum vitae or brief biography, including any of the following information that is relevant to this candidate's nomination: positions held (both professional and voluntary); local, national or international recognition; and philanthropy.

Nominations will be considered for two years. The nominator is responsible for updating supporting information as needed.

Submitted by (please print): _____

Signature: _____

Address: _____

Phone (B): _____ (H): _____

Email: _____

Affiliation with Dalhousie (if applicable): _____

Nominations must be received before 4:30 p.m., June 30, 2009

An award in each category may not be granted each year

Submit nominees to:

Dalhousie Medical Alumni
c/o Nomination Committee
Sir Charles Tupper Medical Building
Rm 1C1, 5859 University Ave, Halifax, NS B3H 4H7

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medical.alumni@dal.ca



President Travis presented Dr. and Mrs. George Loh '58 with the President Circle Award in recognition of their donation of \$1,000,000 to the Faculty of Medicine. These funds will provide bursaries to undergraduate medical students.



The class of '58 with the Honourable Mayann E. Francis, O.N.S., DHumL, Lieutenant Governor of Nova Scotia.

Delighted to participate in 50th celebration

I was delighted to host the 50th reunion of the Dalhousie Medical School class of 1958 on October 17, 2008. It was a wonderful evening spent reminiscing about the challenges of medical school and marvelling at the changes in medicine over the last half century. It was a pleasure to meet you and I send you my best wishes for the future.

—The Honourable Mayann E. Francis, O.N.S., DHumL Lieutenant Governor of Nova Scotia

What Not To Wear



Jason Meisner, Co-Chair in Neuroscience Society and Dalhousie PhD Candidate, participated along with Image Consultant Fred Connors in a professional transformation at the What Not To Wear event hosted at the Kenneth Rowe Management Building. The event was a success! Witnessing the four transformations, Dalhousie students learned about appropriate dress for interviews, networking and the work place.

—Amy Endert, Alumni Relations Officer



Dr. Nudelman '58 received the President Circle Award in recognition for his contribution that enabled the Faculty of Medicine to establish the Irwin J Nudelman MD Medical Bursary.



The Governor General of St. Kitts and Nevis, Sir Cuthbert Sebastian GCMG, OBE, MD, participated in his class of '58 reunion and alumni tour.



Med student Patti Kibenge '11 DMAA 50th Gala.



Medicine is a family affair for the Leightons. Dr. Ross Leighton '79 and Dr. Peggy Leighton '77 are both doctors and daughter Jennifer '12 is in year one of medical school.



Robot makes rounds: Dr. Mendez shares implantation devices and robotic neurosurgery progress with alumni at DMAA 50th Gala.

Alumni come together

Elegant evening a wonderful tribute to our golden anniversary



By Dr. Ross Langley '57

On June 14, 1958 a Dalhousie medical alumni dinner was held, chaired by Chester B. Stewart, Dean of the Faculty of Medicine. Initiated by Dean Stewart, it was the organizational gathering for the creation of the DMAA. Now, 50 years later, the President of the DMAA, Margaret Casey, and Dean Harold Cook welcomed a gathering of 280 people to the Commonwealth Room of the Westin Nova Scotian Hotel for this much-anticipated event.

The master of ceremonies for the occasion was Dr. Allan R. Purdy, Professor and Head of the Department of Medicine. He expertly guided the evening through many events, including the following:

Special MD Class Reunions: This year, the MD classes of '43, '48, '53, '63 and '68 joined the DMAA in holding reunions commemorating their 65th, 60th, 55th, 45th and 40th years since graduation. The class of 1958 had celebrated their 50th anniversary on October 16, 2008 in association with the general Dalhousie alumni reunion.

Student Awards: The DMAA awarded three scholarships to first-year medical students in the class of 2012. The awardees were Jason Emlsey '12, Mary England '12 and Katharine Quackenbush '12. These scholarships are given on the basis of outstanding academic performance in the undergraduate program preceding entry into medical school.

DMAA 2008 Alumnus of the Year is Roderick McInnes, MD, PhD, FRCPC FCCMG, FRSC (class of 1970). Dr. McInnes is a

Clinician Scientist and Professor at the University of Toronto, a Professor in the Department of Pediatrics and a Professor of Molecular Genetics holding the Tanenbaum Chair in Molecular Medicine. McInnes received an honorary LLD from Dalhousie University in 2007.

DMAA Honorary President 2008 is David Fraser MD, FRCPC (class of '58), previously Professor and Head of the Department of Radiology and currently Emeritus Professor of Radiology.

DMAA Young Alumnus Award is Heather Scott MD, FRCSC (class of '88), recognizing her work in reproductive medicine.

DMAA Family Practitioner of the Year is Anita Foley MD, FCFP (class of '75). Foley was recognized for her decades of dedicated service in the community of Guysborough.

Dr. Ivar Mendez, Professor and Head of the Division of Neurosurgery gave a stimulating lecture on new horizons in Neurosurgery. He gave an awe-inspiring audiovisual demonstration, featuring his creative work in intracranial implantation devices and robotic neurosurgery as carried out locally and through satellite units elsewhere in the province and in Saint John, New Brunswick. Requests for linkages with Dr. Mendes program are now being received from medical centres around the world.

Please visit the Dalhousie Medical Alumni website at alumni.medicine.dal.ca for transcripts of award winners' introductions and acceptance speeches. You can also see Dean Chester B. Stewart's talk at the 1958 DMAA gathering along with other items of historical interest to the DMAA.

The DMAA invite alumni to participate in three new interactive medical tours. Book your class reunion and tour now!

✓ **NEW Skills Surgical Lab Alumni Tour** ✓ **Alumni Interactive Anatomy Lab** ✓ **Alumni Research Tour**

Come back and visit your medical school



NEW Skills Surgical Lab Alumni Tour

Join us September 26, 2009 for our first Dal Medical Alumni Tour. The Skills Learning Centre trains professionals in a simulation suite, practising different surgical and suturing techniques and working as a team to serve patients.

Surgical Skills Learning Centre



Alumni Interactive Anatomy Lab

The Alumni and Med Student Interactive Anatomy Lab continues to bring students and alumni together to share past with present educational practices. First-year medical student, Nick Costain '12, shares his experience:



Dr. Robert Forsythe '53 and grandson Nick Costain '12 participate together in DMAA Interactive Anatomy Lab.

Proudest Moment

How a grandfather's experience shapes his grandson's education
Hearing the stories of Dalhousie Medical School 55 years prior from my grandfather is an experience that I am grateful to have. His successes and failures as a physician have shaped the medical education that I am now receiving. Being with him in the anatomy lab during my first semester at Dal was and forever will be one of the proudest moments of my medical career!

—Nick Costain '12

Alumni research tours

An excellent opportunity to acquaint alumni with the rapid advances in research underway at the Faculty of Medicine

- Alumni visit labs in small groups
- Tour is 1.5 hours long



Dr. Mendez's research students, standing left to right: Brett Barrow, Karim Mukhida, Matthew Bishop, John Ballantyne, Meghan Beddington. Seated left to right: Christopher Haughn and Krizia Sadi.

The Brain Repair Centre

The Brain Repair Centre has a critical mass of basic and clinical researchers who are focused on investigating novel brain-repair strategies to treat incurable neurological conditions. We have basic science laboratories in the Tupper Building and state-of-the-art clinical facilities at the Halifax Infirmary. The Brain Repair laboratories will be consolidated into three floors of the new Life Sciences Research Institute (LSRI) that is currently under construction. The LSRI will house the Spinal Cord and Cell Restoration groups and will also contain a modern animal-care facility that will be shared with the Faculty of Medicine.

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 four 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



Dr. Tim Lee

Harnessing the immune system to fight disease

The Atlantic Centre for Transplantation Research (ACTR) is engaging in cutting-edge research that seeks to better understand transplant rejection and develop novel therapeutic agents to prolong graft survival. The most recent statistics of the International Heart and Lung Association, for example, have shown 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 novel agents to harness these rogue responses.

ACTR also has interests in enhancing the immune system and has discovered a novel agent that helps prevent breast cancer metastasis as well as limiting the growth of tuberculosis. Since tuberculosis has emerged as the major cause of death in HIV infected individuals, ACTR is exploring ways to provide immune-enhancement treatment to individuals in sub-Saharan Africa co-infected with HIV and tuberculosis.

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



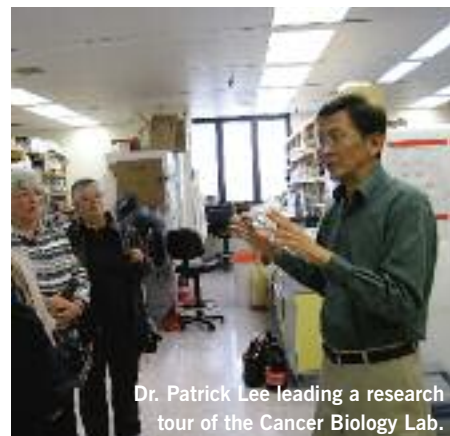
Dr. Ronald Leslie, Anatomical Sciences Learning Centre

Anatomical Sciences Learning Centre

The new Anatomical Sciences Learning Centre on the 14th floor of the Sir Charles Tupper Medical Building houses the old Anatomy Museum and provides new study space for anatomy students in the Faculties of Medicine, Health Professions, Dentistry and Science. Dr. Ron Leslie, Head of Anatomy and Neurobiology Department, examines one of the teaching models in the Learning Centre; these models, along with plastinated dissections, other preserved human prosections and computer-based study materials, augment the traditional student dissection laboratory as a learning resource for our anatomy classes.

Ronald A. Leslie, PhD

Dr. D. G. J. Campbell, Professor and Head, Department of Anatomy and Neurobiology



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

Cancer Biology Laboratory

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 targets and kills cancer cells while sparing normal cells. Reovirus is currently undergoing phase I/II clinical trials in the U.S. and the U.K. 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 this protein with the objective of understanding and controlling cancer. Our research is supported by CIHR, NCIC, CCNS and CBCF.

Dr. Patrick Lee, PhD

Professor and Cameron Chair in cancer research, Department of Microbiology and Immunology



Dr. William Baldrige facilitating an alumni lab tour of Retina and Optic Nerve laboratory.

Laboratory for Retina and Optic Nerve Research

The Laboratory for Retina and Optic Nerve Research, housed on the 15th floor of the Sir Charles Tupper Medical Building, is home to six scientists and their staff and trainees from four different departments within the Faculty of Medicine at Dalhousie University. The work pursued in the lab runs the gamut, from basic research seeking to understand fundamentals of retina and optic nerve function, to studies of retinal and optic nerve diseases, such as retinal degeneration and glaucoma.

William (Bill) Baldrige, PhD

Professor, Departments of Anatomy and Neurobiology, Ophthalmology and Visual Sciences



Dr. Craig McCormick facilitating an alumni tour of the Viral Oncology Lab.

Viral Oncology Lab

Viral infections are responsible for approximately 15 per cent of cancers worldwide. The McCormick Lab is dedicated to investigating the molecular underpinnings of virus-induced cancers. Our primary focus is on Kaposi's sarcoma, an AIDS-related malignancy caused by a recently discovered human herpesvirus, KSHV. We are also actively investigating the links between hepatitis B virus and hepatitis C virus infection and the genesis of liver cancer.

*Craig McCormick, PhD
Department of Microbiology and Immunology*



Tuan Bui,
academic post
doctoral fellow in
the Motor Control
Laboratory

Motor Control Laboratory

The challenges faced by those suffering with disorders of movement such as spinal cord injuries, ALS or nerve damage affect overall quality of life through a loss of independence. The Motor Control Laboratory is home to a number of talented researchers using an assortment of cutting-edge technology to uncover the fundamental rules of how the spinal cord generates movement. This knowledge is critical to identifying the most effective strategies that will enable the restoration of a full range of motion to those suffering disorders of movement.

*Dr. Robert Brownstone
Professor of Surgery and Anatomy,
Neurobiology
Assistant Dean for Research-Clinical
Department of Faculty of Medicine
Director of Research, Division of
Neurosurgery*



Stephen Whitefield
bringing members on
a tour of the Confocal
microscopy and digital
imaging lab.

Confocal microscopy and digital imaging

The Cellular and Molecular Digital Imaging facility is a multi-user core research facility within the Medical Research Development Office in the Faculty of Medicine. The goal of the facility is to provide state-of-the-art multi-user microscopy equipment, software, technical support and training (digital imaging and microscopy techniques) for researchers in a cost-effective manner. The Cellular and Molecular Digital Imaging facility has been operating since the fall of 1998 with the installation of our first laser-scanning Confocal microscope.

*Stephen Whitefield
Cellular and Molecular Digital Imaging
Facility
Medical Research Development Office,
Clinical Research Centre*

CME CRUISES



*Dalhousie
Class of '79
Reunion Cruise*

We had our 30th medical class reunion onboard and will certainly recommend Sea Courses to future classes.
Vance Logan MD

UPCOMING CME CRUISES

Mediterranean Jun 6 - 14 / 09	Endocrinology Update
Baltic and Russia Jun 12 - 22 / 09	Rheumatology and Chronic Pain
Alaska Glaciers Jun 27 - Jul 4 / 09	Dx and Tx of Lower Extremity conditions
Alaska Glaciers Jul 19 - 26 / 09	Anti-Aging & Aesthetic Medicine
Alaska Glaciers Aug 15 - 22 / 09	Mild Traumatic Brain Injury symposium
Alaska Glaciers Aug 22 - 29 / 09	Psychiatry at Sea
Greece / Israel Aug 31 - Sep 13 / 09	Respirology, Infectious Diseases, Cardiology
Canada-Maritimes Sep 19 - 26 / 09	MWIA - Caring for the Caregiver
Pacific Coastal Sep 26 - 29 / 09	Improving patient outcomes w/ EMR
Dubai to Mumbai Oct 24 - Nov 2 / 09	Cardiology and Ophthalmology
South Caribbean Oct 24 - Nov 2 / 09	Cardiology, Infectious Dx, Women's Health

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In the eyes of a resident

Dr. Martha Linkletter '08 is a resident in the pediatrics program at Dalhousie University. She has agreed to share her residency experience with VoxMeDAL readers for the duration of her program

By Dr. Martha Linkletter '08



I had no idea what I was getting myself into when I wrote the MCAT. That fateful day in August of 2000, as I scanned verbal reasoning passages, I couldn't have imagined the reality of completing medical school and being a PGY-1. Sure I'd thought about medical school interviews—I'd even imagined my proud graduation—but I had no concept of this time-warp period that is incomprehensible to non-medical folk called residency.

If someone had explained the CaRMS matching process, I would have thought they were pulling my leg. If someone had told me that medical knowledge would be a minor part of what I would learn in the first months of my residency, I would have thought them daft. If someone had warned me that balance—something I'd thought I was particularly adept at maintaining—would be my major challenge, I would not have believed it.

Balance is an omnipresent theme day-to-day and month-to-

month as a first-year resident. Trying to achieve balance between hospital responsibilities and personal life is difficult in a profession that considers a 26-hour workday normal. Careful balances have consistently represented themselves to me over the past six months of residency. The balance between autonomy in clinical situations and supervision: there is no better stimulus for learning than being the person responsible for making decisions.

But does the safety and security of calling the staff to double check a decision undermine that learning? The balance between being a "good resident" (as one of my senior residents stated, "Knowing how to get the pat on the head at the end of a rotation") and attaining my own personal learning goals, possibly at the expense of a less-than-glowing evaluation. And there is an especially graceful balance that needs to be established in relations with the other members of the allied health team. I am a young, unproven physician writing orders to be carried out by many more experienced staff people.

I expect that I will continue to grapple with issues of balance throughout my residency. And I remind myself that I'll only be a resident for four short years to appreciate this amazing time of intense learning, support, collegiality with co-residents and graded responsibility. That boosts my spirits after a particularly rough call schedule, feeling like a bumbling fool in the hospital or a day of trying to shake the belief that with an MD behind my name, I should know more than I do. I'm sure these four years will fly by and chances are good that I'll wish them back once I'm finished!



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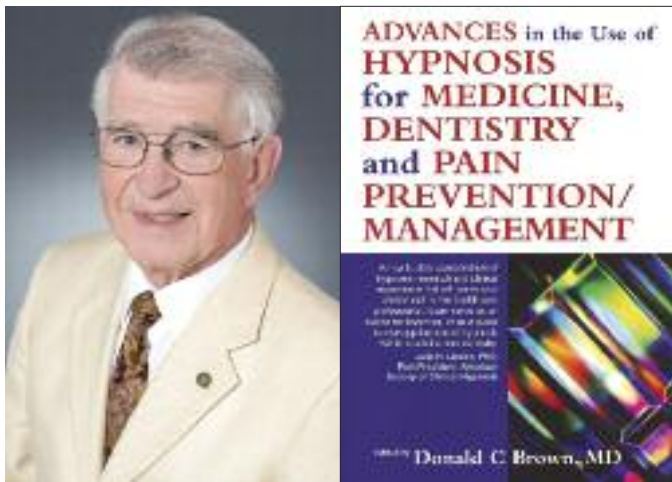
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The DMAA would love to hear about the important work of our alumni after retirement; please write us and share your story.

Life after retirement



Medical hypnosis

Medical hypnosis can provide patients with lasting pain relief

By Dr. Donald C. Brown '59

Retirement is not the end of something. It is an opening of opportunities for future activities, achievements and endeavours—a time for things you always wanted to do but have had to postpone.

When I retired from the Dalhousie Faculty in December 1996, I put away my stethoscope and prescription pad. This provided more time for rejuvenation, writing and research to pursue my special interest.

I had been using medical hypnosis in my family practice for over 44 years. It all started in Amherst when a patient was in for her fifth prenatal visit and asked me to teach her to use hypnosis for the delivery of her second child. She had had a difficult forceps delivery with her first child.

She did so well that I began offering hypnosis to all my obstetric patients. At one time in rural practice, I was delivering over 100 babies per year at a rate of 50 per cent with no drugs and no needles—just hypnosis for comfort and energy. A few years later, I realized that using hypnosis in a busy family practice offered me time and prevented stress in the attending physician.

These past 12 years, I have been doing a medical consultant hypnosis practice by referral only. Every patient I see is taught how to do self-hypnosis. The advantage of that is they can do it for the rest of their lives. They are able to develop their own stress prevention and stress management program, diminishing pain and discomfort.

Retirement has also made it possible for me to edit and produce a book on hypnosis, *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management*. This book was published in January of this year. I have been very impressed with what patients can achieve and do with hypnosis. This is a very exciting area of practice and research.



Improving health care in a rural community

Dr. Rollie Langille is keeping busy in retirement with fundraising projects

Dr. Rollie Langille, class of '63, former Associate Professor of Neurosurgery, highly recommends retirement. He retired to River John, a small village on the Northumberland Strait, and never has a boring moment. In addition to gardening, fishing, genealogy and local history, he is Vice-Chair of the North Shore Health Services Foundation.

In 2008, the group raised and donated \$97,100 for equipment in the small local hospital. The group is improving health in other ways and donated \$3,500 to the Tatamagouche Fire Department for a defibrillator.

Langille is also co-chair of a group of four that raised \$500,000 to support renovations to the local hospital. Finally, he enjoys the friendship of other retirees at weekly meetings in the Liars Club to help solve the problems of the world.

Welcome to the new business section of VoxMeDAL. Read here about groundbreaking trends, new technologies and important policies that are affecting you in the health-care sector. We're interested in your reactions to the ongoing changes in health care.

Taking care of business

Do many doctors lack adequate business training and money management skills to run their practices effectively?

By Jon Tattrie

They may understand the complexities of medicine and patient care but many new doctors struggle with the basics when it comes to running a successful practice. With no training in business, finances or human resources, doctors starting their professional lives with heavy debt often add to it through bad financial decisions.

Dr. Merv Shaw, past President of the Medical Society of Nova Scotia (1985), says it's been a problem since he graduated in 1965. "There was nothing when I went through," he says. "There needs to be more financial planning for medical students."

When he was with the financial committee of the Medical Society, his committee staff reported receiving calls from doctors who had trouble managing their money and, despite having healthy practices, were hitting the wall.

"One of the reasons was their naiveté," Shaw says. "When you come to the doctor's office as a patient, the doctor expects that you're going to be telling the truth. That trust automatically extends out to everybody. When somebody says, 'Look, doc, give me \$10,000 and I'll double it in three months,' or some other such scheme, the doctor automatically assumes the guy is telling the truth."

This intensifies around tax time, when new doctors routinely fall for schemes offering big tax deductions. The doctors often don't understand the fine print and end up worse off than before. Some must even borrow money just to cover their income taxes.

"A lot of doctors fell for that and got into pretty serious trouble," says Shaw. "They didn't have that amount of money on hand to pay for it because they were running so close to the wire."

He thinks a few basic business courses could go a long way to avoiding these situations. "I think what happens is, a doctor goes to school, goes through high school, gets summer jobs, etcetera, goes to university, gets summer jobs, then goes into med school and really doesn't have to face a lot of finances until they're finished," says Shaw. "All of a sudden, they have to learn to manage that money."

When it comes to establishing a practice, a whole new range of money challenges can come into play. "You may have to buy into a clinic or you may want to furnish your own office and then you've got to buy a house and by then you may have a family," Shaw says.

He proposes a course that would explore the nuts and bolts of running a practice. How do you set up a practice? What should you do with the money? What should you think about when you invest and where should you invest?

"A doctor has a great deal of difficulty trying to run a busy practice and trying to run a business on the side," Shaw says. "He can't devote time to both. Maybe if he had better management skills, he might be able to."

Shane Hawkins, President of the DMSS, says financial advice is missing from the curriculum. He's in a better position to know than most students, as the second-year medical student has a business degree. "I feel very confident about managing

Drowning in debt

Though most lack formal financial training, medical students start off their careers with an average debt of \$158,000, according to a 2007 study by the Canadian Association of Interns and Residents. That's about four times more than their British counterparts.

"Debt is an unfortunate necessity faced by most medical students in Canada," says Blair Williams, class of '11 and the Nova Scotia representative of the DMSS. "Increased living expenses and the cost of tuition have been important contributors to the growing debt."

At Dalhousie, tuition more than

doubled over the past seven years: from \$6,670 in 1999 to \$13,818 in 2006.

"Paying down such a debt is a daunting task that is faced by nearly all medical students," Williams says. "Another challenge facing newly trained physicians is setting up and managing a practice. This has consistently been identified by medical alumni as a major gap in our medical education."

While financial counselling for debt repayment and practice management are available through the Canadian Medical Association, Williams says they are

important topics that should be formally addressed in medical school.

Kathleen Broad, Vice-President of Medical Education for the DMSS, says easy access to credit and long years of training are adding to the financial burden. Upon graduation, new doctors don't want to spend their 20s and early 30s living as paupers. While some do waste money, Broad says in most cases debt is the result of buying a home and starting a family. "It's a constant struggle for students to strike the right balance," she says.



the business aspect of the practice but the typical medical student doesn't have much knowledge about running a business," he says.

The advice students receive normally comes from banks and other financial institutions. "Their offering is generic," says Hawkins. "They don't have financial advice tailored to undergraduate medical students or new practising physicians." In his own case, Hawkins opted to go the military route, exchanging four years of post-graduate service to cover his costs. "It would have taken me six years or more to pay off my debt," he says. "I was looking at coming out with a quarter-million of debt."

He says learning to manage debt is essential. Students graduate knowing their debt level and their earning potential. "You can figure out how much income you're going to clear at the end of every month and how much is left after you meet your debt obligations," Hawkins says. "I think very few students have had someone sit down and do that math with them. Very few students know how little money will be left over."

Kathleen Broad, Vice-President of Medical Education for the DMSS says medical students are struggling to keep pace. "There aren't any formal opportunities for students to learn about the business aspect of medicine in the curriculum," she says. Students learn what they can through mentoring with experienced doctors and

other informal methods.

"Already, our curriculum is so full and we keep on adding more things in, like ethics and communications skills," Broad says. "It's a shame that business doesn't make its way into the curriculum but I can understand why."

For now, students must learn business skills on their own. And with the emphasis in medical school on learning the basics of medicine, that won't happen until they are out in the field.

Help is on the way, though. Doctors Nova Scotia is starting a series of Lunch and Learn seminars. The informal classes will offer business advice in a medical context. "We just presented that proposal to the faculty and I think there was good reception," Broad says. "They understand that we need that training." The seminar series will shape itself around requests from students. "It might be setting up your practice or negotiating a contract or even tax tips for physicians," Broad says.

In the meantime, taking care of business is left to the students. Hawkins accepts that time constraints may preclude adding extra courses to core medical training. "There doesn't need to be business courses that are included as a core component to an undergraduate degree," he says. "I think good, well-prepared instruction on issues of financial management and practice management should be accessible to students."

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Doctors Nova Scotia launches Physician Navigator Program

The Physician Navigator Program is a new resource for doctors going through an investigation by the College of Physicians and Surgeons of Nova Scotia. The investigation process can be difficult and it affects the lives of physicians on many levels.

Doctors Nova Scotia President Dr. Don Wescott says his organization is committed to the health of its members and this new program is offering them advice and information to help reduce the stress of the investigation experience.

The “navigators” are eight physicians, representing a number of specialties in urban and rural practices around the province. Respected by their peers, these physicians are able to offer objective advice about the process. There is no patient/physician

relationship and the interaction can be anonymous. There is no discussion about the specific case and no identifying records are kept. This approach is to provide advice that will allow physicians to work their way through the process without bias.

The navigators also provide advice about the details of the process; for example, the meaning of potential outcomes such as counsel/caution. If there is concern about the health of the physician, the navigator may suggest he/she consult the Professionals’ Support Program, which offers confidential help to physicians experiencing any range of problems. Contact information for the navigators is on www.doctorsNS.com in the “benefits and services” section.

Electronic medical records: leaving paper behind

There’s been a lot written in recent months about electronic medical records (EMR), electronic health records (EHR) and patient health records (PHR). It can be confusing for many physicians who just want to deliver high-quality, reliable care to their patients.

One in 10 respondents to the 2007 National Physician Survey is using electronic medical charts instead of paper to keep patient records. Twenty-six per cent are using a combination of electronic charts and paper, while nearly 58 per cent continue to use paper charts in their main patient setting.

Across the country, the rate of adoption to electronic methods varies by province or territory, with higher use in jurisdictions that provide a broad range of change-management incentives and financial support to physicians.

In Nova Scotia, general practitioners and family-medicine specialists usually focus on electronic medical records (EMR). By definition, EMR is a practice-based system that contains all the information of a paper record but organizes it better. A doctor or nurse can obtain the electronic information quickly and it’s displayed in an efficient and readable way.

Physicians use EMR to improve their patient care, business efficiency and clinical decision-making abilities. EMR technology can enhance medical-record security and privacy, save time, improve data quality and search/reporting ability.

The ability to interface with other health-care systems is imperative for EMR. Based on feedback from physicians, it’s known that lab results, diagnostic imaging reports and access to medical imaging systems, such as picture archiving and communications systems (PACS), are success factors that benefit doctors and patients alike.

Looking to the future, primary-care physicians and practice-based EMRs will play a crucial role in populating provincial electronic health records (EHR) with selected patient information referred to as a “core data set.”

In Nova Scotia, work is underway to develop a provincial EHR, known as the Secure Health Access Record project (SHARE). The first phase will come on stream in the latter part of 2009. The decision to implement an EMR is a “bet your business” kind of thing. Physicians must be willing to invest, as it takes time, research, discipline, collaboration between staff and colleagues and the support of patients. All of this must be done, of course, on top of physicians’ day-to-day demands.

Despite the challenges of leaving paper behind, many physicians across the province and throughout Canada are making the switch to EMR and want to realize the benefits they see for their patients, their practices and their futures.

Physicians contemplating the implementation of an EMR system can take advantage of resources specifically developed to assist them in their decision making. Doctors Nova Scotia, the professional association of medical doctors in the province, has considerable and helpful information on its password-protected website (www.doctorsNS.com). Visit the Canadian Medical Association website (www.cma.ca) for the principles it developed for EMR adoption.

For more information about EMRs, please contact:

Steve Anderson, Director of Information Technology and Chief Privacy Officer, Doctors Nova Scotia Office: (902) 468-8935 ext. 232

Cell: (902) 471-4208

Email: steve.anderson@doctorsns.com

Cuba



South India



Western Australia



Dalhousie Technical Cooperation Project with Cuba a success

By Colleen Cash, International Health Office, FOM

A team from Dalhousie University travelled recently to Cuba to complete the final activities of the Psychopharmacological Training and Research Capacity in Cuba Project. The five-year project has a value of about \$1.25 million and was funded by the Canadian International Development Agency-Association of University Colleges of Canada-Universities in Cooperation and Development Tier II Program. The lead partner in Cuba was the Centro Nacional Coordinador de Ensayos Clínicos (CENCEC) and the partners from Dalhousie include staff and faculty from the International Health Office and the Department of Psychiatry.

This goal of this project was strengthening Cuba's capacity to conduct, manage and design psycho-pharmacological clinical trials and improving the partners' capacity to provide training in the conduct, management and design of psycho-pharmacological training and research. Since the most effective treatment of mental disorders is the use of safe and effective pharmaceutical products, strengthening psychopharmacological training and research capacity will improve the care and services for mentally ill patients in Cuba.

The project included the development and delivery of a Train the Trainer program in psychiatric clinical research. The Cuban partners have adapted this program and are now applying it to the Cuban context. The project exceeded both partners' expectations in several areas, particularly with the adaptation of the training program and the impact of the project on clinical-care delivery.

To date, over 1,000 Cuban health professionals have received training from this program. The Canadian faculty members who participated in the program say they are better physicians and better trainers due to their involvement. At a recent event held in Cuba, the Cuban team members reported that participation in this project has improved their day-to-day delivery of care to the mentally ill in Cuba through assisting physicians and other professionals in diagnosing and treating mental illness.

Practicing Down Under

By Norman Pinsky '80

There are many great things about being a doctor. My family and I have been living in Western Australia for over a year. It is a

naturalist's paradise. There are birds, animals, flowers and trees here that do not exist anywhere else on earth. The weather is exceptional and the people are friendly and welcoming. The practice of medicine here is a mix of private and public and it seems to work well. Patients are happy and doctors are well reimbursed for their time. I would recommend a locum to anyone who wants a great adventure in their life.

Welcome to our world

By Dr. Peter Daley '98

My computer sways as I write this article on the train from Pune to Vellore, our new home in south India. I look up as the deformed beggars and hijras make their rounds through the train cars. We pass through a diversity of intense smells—from floral perfumes to filthy industrial effluents. We shudder on for almost 30 hours past rice fields, thatched huts and herds of goats, until our brief chance to jump from the train comes. Welcome to our world.

My name is Peter Daley and I work at the Christian Medical College Vellore, in Tamil Nadu. With my wife and two girls, I have lived and worked here as a volunteer for the last three years. I am here to do research, teach and do clinical work as an infectious diseases consultant. I am here because of tuberculosis (TB).

TB is an ancient scourge that continues to kill 1,000 Indians every day. Intimately associated with poverty and crowding, the disease spreads through the air. Since it does not affect the populations of rich countries, TB research is not a priority and the tools used to diagnose and control the disease are outdated and deficient. Until recently, TB research has not been well funded, despite almost two million global deaths per year.

With my colleagues at the Infectious Diseases Training and Research Centre, we are working towards a point-of-care diagnostic assay, as well as a shorter treatment regimen for TB. We have recruited more than 1,200 patients for clinical research trials to-date and continue receiving international funding for our work. We want to make a contribution towards the control of this disease and make the lives of the poor in India safer.

We plan on remaining in India for many years and we appreciate the support of the Dalhousie Department of Infectious Diseases. Dalhousie alumni, students or other interested supporters may contact us at daleyp@cmcvellore.ac.in.

What makes a medical school meaningful

The DMAA is proud to support these interesting projects through the DMSS



Natalie Parks and Robyn Jackson, class of '11

Diversity of Medicine

The Diversity of Medicine Interest Group has the goal of increasing awareness among medical students of how to best serve a diverse patient population. The group does this by exploring the issues encountered by marginalized or underrepresented patient populations through education and advocacy.

Poverty is one aspect of diversity that has a significant affect on a patient's ability to access health care and comply with medical advice. Poverty limits a patient's ability to attend appointments but even patients who do arrange transportation and deal with the cost of a day away from work often cannot comply with physician advice. They are simply unable to afford the prescribed medications, even when most of the cost is borne by a government drug plan. The homeless also encounter additional threats, including complications from environmental exposure (such as frost bite) and they are at greater risk for acquiring infectious diseases such as hepatitis C.

Sitting comfortably in a doctor's office, it is sometimes difficult for a physician to imagine what life is like for homeless people. In order to help future physicians understand this patient population, the Diversity of Medicine Interest Group held a screening of

the documentary *Easy Street* last term. The goal of the screening was stimulating discussion among medical students about the medical challenges faced by the homeless and the working poor.

Through the course of the evening, we were introduced to the demographics of the homeless population and heard personal accounts of their encounters with the health care system. It was apparent that the homeless are a vulnerable population that require frequent health care services. The vulnerability of this population is best captured by the shocking admission by one homeless man that he did not know the purpose or result of an operation that left a large scar across his chest.

While we are confident attendees of the screening became aware that the health of homeless individuals may be served through cold-night shelters, needle-exchange programs and community health clinics, we hope that they also examined their own prejudices against this patient population. Only by truly challenging our own beliefs can we foster a health-care system that is sensitive and supportive of this population.

Natalie Parks and Robyn Jackson, class of '11
Co-Chairs, Diversity of Medicine



UAEM at Dalhousie

UAEM Dalhousie is one of 40 campus chapters across Canada, the U.S. and the U.K. working to promote global access to essential medicines by advocating for changes in university research policies and priorities. The organization works with student and faculty groups to improve the delivery of public health by creating global access licensing models, increasing support for research on neglected diseases and creating novel metrics for universities and allied organizations to measure the impact of technology.

At the moment, UAEM Dalhousie is currently creating a seminar series that will introduce students, faculty, staff and community members to the issues involved in accessing medicines. It will explore topics such as intellectual property, neglected diseases, access gaps, the global disease burden and the role of universities. UAEM Dalhousie is also working with the Industry Liaison and Innovation Office in developing student and faculty support for the new Global Access Licensing Initiative that will be gaining traction in the coming months.

Amit Shah '11



Dalhousie Emergency Medicine Interest Group

The Dalhousie Emergency Medicine Interest Group introduces medical students interested in emergency medicine to the discipline in a number of different ways. Medical students may attend presentations, participate in skills sessions and interact with emergency medicine physicians.

To date, a CPR-Level HCP recertification has been held and planning is underway for more activities, including an electrocardiogram interpretation session, an intravenous skills night and a special talk with an emergency medicine physician, discussing his or her career choice and lifestyle.

This year's Emergency Medicine Interest Group executive consists of:

Chair: David Sibley

Vice Chair: Lyndsey MacDonald

Secretary: Victoria Smith

Treasurer: Colin McCready



Dalhousie Medical School Foot Clinic

The Dalhousie Medical School Foot Clinic operates in conjunction with ARK Sunday suppers that take place at St. Andrew's Church in Halifax. Dalhousie medical students developed the student-run clinic about 10 years ago. It provides participants with adequate footwear and socks, basic medical care, as well as education on foot care and prevention of foot injury. The population that we serve at the Foot Clinic consists almost exclusively of the homeless and the working poor. We function annually on donations from community, student supporters and the DMSS.

The Interprofessional Scope of Practice Workshop

The Interprofessional Scope of Practice Workshop is an event that is currently being planned in conjunction with the Dalhousie Health Sciences Students' Association. The workshop, planned for late February or early March, will allow students from various health professions to gather and learn about each other's disciplines and practices. The format will consist of a panel discussion and an interprofessional case.

Colin McCready '11



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The Obstetrics and Gynecology Interest Group

It's been an exciting time for medical students participat-

ing in the Obstetrics and Gynecology Interest Group (OGIG). On November 27, we held our first event of the year. Dr. Jim Bentley and Dr. Alon Altman came and spoke about their respective careers in Ob/Gyn and about Ob/Gyn residency training. We have lots of other exciting events planned for the coming months, including a contraceptive night, Ob/Gyn skills night and a training session by the Avalon Centre on working with patients who have experienced sexual assault. We would like to thank the DMAA for their generous funding which is enabling us to organize these events.

Kathleen Broad '11



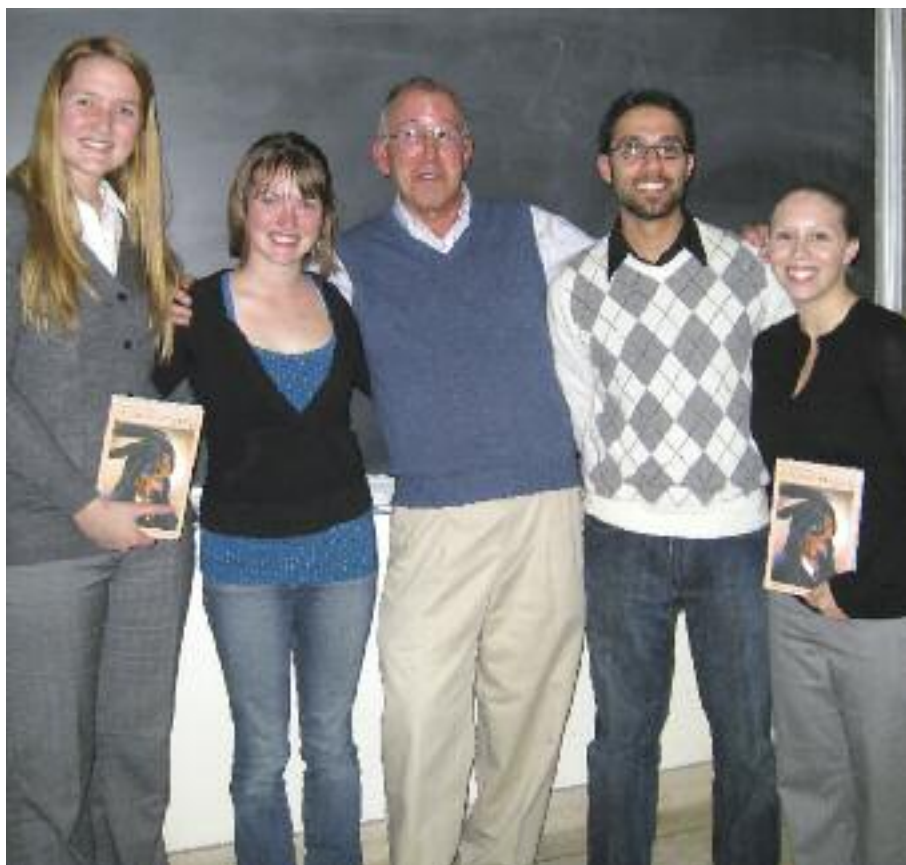
Political Advocacy Committee

I would like to thank the DMAA for funding the Political Advocacy

Committee (PAC) at Dalhousie. I chair the committee and also represent Dalhousie at national PAC events with the Canadian Federation of Medical Students (CFMS). This funding will let us support local campaigns through providing materials for poster campaigns and environmental scans. It will also allow us to continue our participation on the national level by attending the CFMS lobby day.

Held in February, the CFMS lobby day involves representatives from medical schools across the country meeting in Ottawa to lobby the government on issues of importance to medical students. It is also an opportunity to make important contacts and generate ideas for the future. None of this would be possible without DMAA funding, so I would like to extend my thanks on behalf of the PAC.

Timothy Holland '11



Dr. Dan Paul (centre) with students

The Aboriginal Health Interest Group

The Aboriginal Health Interest Group (AHIG) would like to thank the DMAA for their generous support. The AHIG is interested in improving the health of Aboriginal people by strengthening the cultural competencies of future health-care providers and increasing the enrolment of Aboriginal students in the health-professional schools at Dalhousie.

This year we are hosting our inaugural Aboriginal Health Speaker Series. Our first lecture is by Dr. Daniel Paul, author of *First Nations History: We Were Not the Savages*.

Our second lecture may be incorporated with the Lifestyles in Medicine event and will give medical students the opportunity to ask physicians about their experiences working with Aboriginal patients. For the final lecture, we are hoping to have a professor who teaches the cultural-competency component of the medical curriculum at the Northern Ontario School of Medicine.

Finally, we will be visiting schools in the area to give Aboriginal high school students the chance to ask Dalhousie medical students questions about pursuing careers in health care. We would discuss what kind of courses to take, volunteering opportunities, applications and opportunities for funding.

We are also trying to make this project interprofessional and not just for medical students. This is a big project and so we hope to begin planning this year and start visiting schools the following year.

Leisha Hawker '11

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Alumni and Student Mentorship Program

Throughout the past two and a half years I have spent here at Dalhousie, I have had the privilege of working with a number of fantastic Dalhousie alumni. Whether as tutors during the first two years of our curriculum or as preceptors during our in-hospital learning sessions, they are always happy to share with us their knowledge and experience.

It has been through these positive experiences that the idea of the DMSS/DMAA Alumni Mentorship Program grew. The DMSS and DMAA are partnering to create a more formalized mentorship program that will connect undergraduate medical students with DMAA alumni who share similar professional and personal interests. The goals of this program are to provide medical students with positive role models who can offer both personal and career guidance while encouraging professional interaction between medical students and physicians.

If you are interested in learning more about the DMSS/DMAA Mentorship Program or would like to become a mentor, please contact the DMSS or the DMAA for more information.

Sarah Lea '10

Past President, DMSS



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Interdisciplinary Community Health Clinic

I'd like to thank the DMAA for funding student projects. The project I am spearheading is the establishment of a student-led, interdisciplinary community health clinic. We are in the preliminary stage and will be using the funding to build a cohesive student body working toward this initiative.

Our vision is to create a centre of interdisciplinary service-based learning, providing holistic community care where students can gain an understanding of health and the social issues affecting local communities. Exciting service learning! Thanks to the DMAA again—your support is acknowledged among students and is highly appreciated.

Mary England '12

Médecins Sans Frontières

Many of us start our day with a glance through the newspaper over breakfast, a quick listen of the radio or a skim of news headlines in our email inboxes. The headlines we read and the stories we hear provide much of the content and substance of what we understand to be happening in the world around us.

Whether it is a report on the humanitarian crisis in Gaza, an article on the cholera outbreak in Zimbabwe or an occasional snippet about military violence in Myanmar, our perspective on conflict and disaster in the world comes in one-minute or 1,200-word segments.

As students and health professionals, it can be difficult to take a step back and analyze what we hear and read—let alone to find ways to actively engage in efforts to mitigate the effects of conflict and disasters on people around the world. The Dalhousie Médecins Sans Frontières Affiliated Group provides an opportunity for students, faculty and community members to do just that—learn about events, reflect on their results and causes and critically analyze responses to them. Ultimately, the goal is to educate and challenge ourselves so that we can provide care in a responsible and sustainable way.

Why do this through Médecins Sans Frontières (MSF)? MSF is an independent international organization that provides medical aid where it is needed, particularly during conflicts and natural disasters. The organization is built on the pillars of universal access to medical care and the responsibility to act as witnesses where gross violations of human dignity and rights are committed. It is also an organization that upholds the value of self-reflection, reinventing itself and its priorities with changing global circumstances.

The MSF Affiliated Group at Dalhousie is a student-run initiative, which hopes to become formally associated with MSF Canada. We currently have a membership of about 30 students and are planning a series of events for the 2009 academic year. As an MSF Affiliated Group, we will be organizing at least two events, helping the MSF Canada Atlantic Association with local events and publishing one item in a campus publication.

As a student group, we have established a mandate for ourselves to educate group members and the local community on the work of MSF, encouraging critical thinking about humanitarian relief and aid and providing a forum for open discussion. Our activities are made possible with the generous support of the DMSS and the DMAA. Their contributions are much appreciated.

Alyson Horne-Douma

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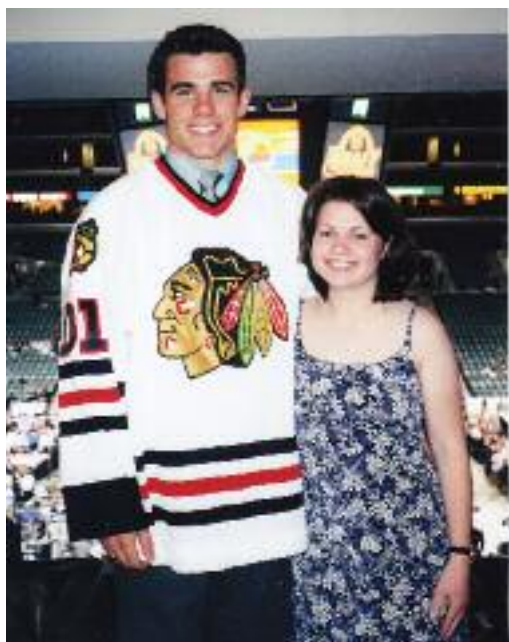


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The journey

Life before med school



The trade of a lifetime

Brenton John MacLellan '12

Six years ago, if you had told me that I would someday go to medical school, I would have laughed in disbelief. My mind was set on an NHL hockey career. As a teenager, life was all about hockey. At 14, I had an agent before I knew what an agent actually does. At 15, I left home for a prep school in Minnesota, where we won the national championship. At 16, I began junior hockey in Quebec, winning another national title. At 18, I was fortunate to be drafted by the Chicago Blackhawks and to try out for our national team. My dream was becoming a reality.

While my stint in Chicago proved unfruitful, in 2003 I was invited to try out for the Montreal Canadiens. For one memorable week I competed with the players I grew up idolizing. The Canadiens offered me a contract to start playing for their affiliate team.

After years of sacrifice, I swallowed my pride and traded in an NHL offer for university textbooks. I yearned for job security, which frankly does not exist in professional hockey. At the time, my sister Erin was a future med student and my father was in severe pain waiting for spinal surgery. My passion for health made medicine a logical choice. I thank my family and friends for guiding me through such a pivotal time. Today I am surrounded by 100 unique classmates with interesting stories of their own, who remind me every day that medicine is my true calling in life.



Making the journey

Jason Emsley '12

Running the Boston Marathon, getting accepted at Dalhousie Medical School and moving back to Halifax were three major and wonderful highlights for me in 2008.

The 26.2 miles of road from Hopkinton, Massachusetts to the fabled finish line in the heart of Boston can be challenging, to say the least. But making that journey past thousands of cheering supporters and being met by my wife Sarah and our infant daughter Gail made the whole race an exhilarating and unforgettable adventure.

The road to medical school, for me, has also been an incredibly challenging, rewarding and fulfilling adventure that I wouldn't trade for anything. All through my undergraduate years and beyond, I was torn over whether to pursue academic "bench" science or to become a physician. I did my undergraduate training in Neuroscience at the University of Alberta and then came to Dalhousie, where I earned an M.Sc. in Neuroscience and a PhD from the Department of Anatomy and Neurobiology.

Being at Dal and being part of the vibrant neuroscience community here was a great experience, as was being able to walk across the stage on convocation day with Sarah, who was receiving her PhD in English the same day I received my PhD.

After graduating from Dalhousie, we left for Boston where I worked for several years as a post-doctoral fellow and then as a junior faculty member at Harvard Medical School/ Massachusetts General Hospital. While there, I conducted research on growth and regeneration of the central nervous system, making some exciting discoveries about the role of prions and identifying a gene critical for nervous-system development and degeneration.

But something was missing. I still wanted to be a doctor. I wanted to be able to make a direct difference in people's lives and I felt called to move from the bench to the bedside. I've had lots of jobs in my life and I thoroughly enjoyed my career as a scientist. But becoming a doctor doesn't feel like just a job or even just a career to me. It's a calling. And that's how I ended up happily back in Halifax among my many friends (and family) at Dal. It's been a long run but worth every step!



A personal mission

Jeff MacDonald '12

I was born in Calgary in 1970, so I'm pretty long in the tooth and a long way from home as I find myself at Dalhousie. I have a journal from my grade-school days and there is one year where I said that I wanted to become a doctor but then I also wanted to become an astronaut, disco dancer and a marine biologist, so I'm really not convinced that my med-school dream was alive back then.

Instead, a few years after leaving an indistinguishable high school career behind, I joined the navy in 1991 for what I thought would be a three-year adventure. It turns out that I've got a lot more out of my 18 years in the military than I could have imagined.

As an electrical technician in the navy, I had plenty of opportunity to employ technical knowledge towards problem solving. While many aspects of life in the navy were (and still are!) appealing to me, I believe there must have been something missing. Looking back, it seems as if I was constantly seeking out ways to challenge myself in the hopes of increasing my level of satisfaction with what I was doing.

I qualified as a diver and as a member of the boarding party and filled both roles during two separate tours in the Persian Gulf, quickly embracing the team dynamic inherent in both. Working as a

member of a small group, I soon realized that I enjoyed the social aspect of military life and that I preferred working with the people (some of the most genuine, hardest-working folks from all the different regions of Canada) to the work itself. Thankfully, as I increased in rank, I found myself in positions that allowed me to positively affect the lives of the people I worked with.

I pursued the opportunity to accept even greater responsibility by accepting an offer to attend the Royal Military College of Canada, complete a degree in civil engineering and become a marine systems engineering officer. Halfway through my undergraduate degree, however, factors combined that would lead my life in a totally new direction.

I had discovered the existence of the Military Medical Training Program and was giving it serious thought when my wife developed complications while pregnant with our second child. Over the course of several months, I had the good fortune to witness numerous medical professionals at work using modern science and technology to save the life of our child. I was hooked and the deal was sealed when our daughter was born healthy: I knew that I wanted to help people feel the same way I was feeling at that moment. From that point on, I devoted myself to preparing for medical school.

While challenging at times (I really was too old for O-week), I have thoroughly enjoyed every step along the path that has led me to Dalhousie. I appreciate daily the opportunity that I have been given as I work with some of the brightest young minds in Canada. With the support of my wife and our two daughters, I look forward to every minute that the future has in store for me.

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Taking on a new challenge

Katherine Quackenbush '12

Coming from an athletic family, I've been involved in sports for as long as I can remember. As a child I did it all: soccer, swimming, volleyball, track-and-field, horseback riding, gymnastics and, if you know me you'd be surprised to hear, even ballet. I only stumbled across basketball after following in my older brother's footsteps and I'm so glad I did.

That was 16 years ago and since that point my life has revolved around a leather ball, two mesh nets and a hardwood court. Describing the sport like that makes it seem strange that your life can be so profoundly shaped by something so trivial. But basketball is more than just a game—it teaches invaluable lessons that help to build your character.

My relationship with the sport began in Grade 4 and as my love of basketball grew so did my talent. By Grade 12, I was offered scholarships to pursue my education and further my basketball career. After a two-year stint at the University of Maine in Orono, I arrived at Memorial University of Newfoundland. It was there that I encountered great success with basketball, the highlights being the two Atlantic University Sport Championships and the national bronze medal that my

team won, solidifying in my mind that great things can be accomplished when people work together towards a common goal.

As my basketball career was coming to an end, my desire to become a physician was in full force. Wanting to be a physician developed as a natural progression and reached its peak during my final season as a Sea Hawk. Thankfully my years as an athlete prepared me for this next phase of my life. Although I've traded my uniform for a white coat and my basketball sneakers for a stethoscope, I'm still using the lessons I learned playing the sport I love.

When people ask me if it is difficult being a medical student my answer is still the same as when they asked me if it was difficult being a varsity athlete. Nothing is ever truly difficult if you love what you're doing.



From sediments to sexual health

Mary England '12

There is something fascinating about studying minerals, sediments and rocks. It's interesting to observe how they form continents that race around the planet, smack into one another and get buried deep into the planet. There's something quite chilling and awesome about descending three kilometres underground into the sweltering pitch-black tunnels of South African gold mines or sitting high on a peak in the Rocky Mountains looking at miniature wave ripples that once crossed an enormous shallow sea.

Despite being quite gob-struck with the physical earth, it was a slow but gradual

realization that rocks, no matter how hard I looked at them, were not quite dynamic enough for me to fathom a lifetime of studying them. I kid you not but my move towards the health sciences was sparked by the most surprising of all classes: organic chemistry. I whirled through my geology degree gathering the odd biology and biochemistry class, while contemplating a move into the most engaging, stimulating and dynamic profession imaginable: medicine.

After graduating from the University of Saskatchewan, I spent the last of five summers tree planting in the northern Boreal. Nothing like back-breaking, fly-swatting labour and long fireside chats with strange and diverse characters to serve as a gentle reminder that the whole world is out there waiting to be explored. Hunkering down for a quick few months of intensive MCAT studying, writing and forgetting (a process of which I thankfully had to go through only once due to the incredible generosity of a stranger who donated dozens of practice exams), I was free to follow up personal interests before I began the dreaded applications.

A growing interest of mine was the trafficking of women into the sex trade. Today I couldn't begin to recall when I was first exposed to this phenomenon. Over time, I gathered information that revealed the extent of this industry (both local and global) that displaces millions and exploits the vulnerable. I found the opportunity to move to Chernivtsi, Ukraine and after madly trying to learn the basics of Ukrainian, I found work in a women's organization devoted in part to human trafficking. It was humbling and eye-opening to witness the incredible efforts of a small group working in support of women affected by a phenomenon so taboo.

It also revealed an area that I could imagine a physician's work addressing: the wellbeing of affected women. Overall, living in Ukraine was no cakewalk but was one of the most interesting times of my life: witnessing a country still recover-

ing from the Soviet era. There were enormous rusting factories, ancient trolley bus behemoths rattling over cobblestoned streets and equally ancient women hunched in physical labour because their Soviet-era pensions are worthless.

I enjoyed teaching language classes to young university students and trying my utmost to have coherent Ukrainian conversations with shopkeepers and new friends. Despite not scrambling to find the nearest hospital for "clinical experience," I found the simple observation of people and the places they live to be insightful; it convinced me that medicine is a profession where even a science-geek such as myself can engage with humans on a fundamental level.

With money running out and a boyfriend beginning his studies in London, England, I too decided to try my luck in the metropolis. My interests led me to a job in a sexual-health clinic for young people deep in the heart of South London. With reggae tunes blasting from Brixton market, fish mongers advertising their catch and young moms swaggering by with nails as colourful and long as the hair piled high on their heads, I opened up the clinic every morning for a long line of anxious teens.

I can't begin to say how much I learned coordinating the Brook clinic—an amount owing to a serious baptism-by-fire. It was all pretty incredible: scrambling to understand child-protection laws; liaising with social workers; testing anxious teens for chlamydia and gonorrhoea; sitting with a recently raped 14-year-old girl as the nurse scrambles to make late-night referrals; and giving condom demos to groups of rowdy but hilarious school boys. I worked alongside a team of passionate, creative and committed people that were role models for how primary health care workers can make huge differences.

And here we are, year one of a medicine degree, each of us with an equally unique and meaningful story and anxious to learn what the profession of medicine has in store for us. Exciting!

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Left to right: Dr. Robert Grant, Dr. Larry Sutherland, Dr. Lloyd Cox, Dr. Lloyd Allen, Dr. Doug Roy and Dr. Nathan Epstein, class of '48.

Class of 1948 celebrates 60 years

The class of 1948 celebrates with lobster and song and plans for the next 60.
Doug Roy '48

Wedding Bells, class of '48

Dr. Larry Sutherland '48 is pleased to announce his wedding to Ms. Joan MacMillan. This happy occasion took place on September 29, 2008.



Class of '58 celebrates 50th reunion on a DMAA Medical Research Tour at Tupper.

Class of 1958 celebrates 50 years

The class of 1958 celebrated on October 16 and 17, 2008. We had a wonderful turn out of 28 people, including those from Canada, United States, St. Kits and Guyana. From all reports it was no less than a howling success.
Denny Johnston '58

Class of 1963 celebrates 45 years

The class of 1963 celebrated on October 2 to 4, 2008. We attended the Med Alumni Association's 50th Anniversary Gala Dinner at the Westin and a wonderful time was enjoyed by all. Our class of '63 bus tour was superb

with an excellent tour guide. After a pleasant visit to Peggy's Cove and



Class of 1963, 45th reunion class.

the Swissair Memorial, we celebrated a great evening at the Shore Club, sharing old memories and great food.

Class of '68 participating in Anatomy Lab Tour.



Class of 1968 celebrates 40 years

The class of 1968 had its 40-year reunion in Halifax October 2 to 4, 2008. We attended the Med Alumni Association's 50th Gala Dinner at the Westin and this gave us an opportunity to meet with old friends from other years. We spent the evening of October 3 at the Dalhousie Faculty Club over a lavish meal reviewing our progress over the years.

We were lucky to have some memorabilia from Dr. Tabby Bethune's house in Baddeck and items were given out to various classmates for various trivial accomplishments. We followed this with late-night drinks at Winston Parkhill's—nothing changes. Of great interest to some of us who were not playing golf was the tour of the Tupper Building and the Interactive Anatomy Lab with the first-year medical students...it is taught better today than 40 years ago!

We are organizing the next reunion to be held in two or three years by Steve Brown, the mayor of Sanibel Island in Florida (this will be held in the winter, of course). I can't think of a better group to be associated with than our class of '68...they improve with time!
Art Coakley '68



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Class of 1973 celebrates 35 years



The setting for the reunion of the class of 1973 was the Keltic Lodge near

Ingonish Harbour, Cape Breton. Forty-three classmates gathered from

September 12 to 14, 2008 for a weekend of remembrances past and new ones to be made.

We gathered on Friday evening at Ceilidh Hall for a reception and buffet dinner while enjoying entertainment from fiddler-extraordinaire Jennifer Roland and friends. We held CME sessions Saturday and Sunday mornings with surprising attendance and penetrat-

ing questions. The gathering on Saturday night was for lobster and a wonderful night of dancing to the sounds of The Usual Suspects, who entertained until 1 a.m.

One group of classmates and friends took to the golf course on Saturday afternoon with a highlight hole-in-one on number five by Bill Barton. Another group of 17 set off on a whale-watching expedition. They were entertained for well over an hour by a humpback whale that was longer than their boat. The whale dove, surfaced, rubbed on the boat and basically did everything except talk to the boaters.

A number of individuals were off to golf again on Sunday afternoon. Others stayed to enjoy the sunshine and the property. There never seems to be enough time to just sit and chat with folks we see only every so often. We were gratified with the presence of three first-time reunion participants. For many, this reunion seemed better than the preceding ones with outstanding entertainment, food and setting.

Alf Bent '73

Generous Giving from the class of 1984

The DMAA wishes to acknowledge the generous efforts of the classmates of Dr. David Salgado. As a result of their generosity, the DMAA was able to issue a cheque to Dr. Salgado for the amount of \$3,198.00 just prior to Christmas. Dr. Salgado is doing very well and plans to attend his class reunion in July.

Birth announcement: Class of 2000

Mary Ann (Kent) Haines '00 and Craig Haines, B. Comm. '97, are pleased to announce the arrival of Katelyn Cedel Haines who was born April 29, 2008 in New York City. Her big sister, Shannon, aged two, is thrilled!

Class of 1993 celebrates 15 years

About 45 members of the class of 1993 got together for a fantastic and fun-filled weekend marking our 15-year reunion. Former classmates came from as far away as British Columbia and parts of the United States. The theme for the

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1993 class celebrates reunion

weekend in mid August was "Back to the Future." Attendees enjoyed a meet-and-greet on Friday night in the Tupper Link.

Saturday's highlight was a tour of the Anatomy Lab led by the gracious Dr. Sinha, as well as a family scavenger hunt in the afternoon. The evening included a banquet for classmates and families followed by an evening water tour of Halifax Harbour. Sunday morning had a concurrent family brunch and classmate-produced CME, which were both excellent. The weather generally cooperated and a great time was had by all participants. We parted looking forward to our 20th reunion get together in 2013!

Stephen Miller '93



Former Alpha Eta Phi Rho Fraternity House

Phi Rho notice

Phi Rho Alumni and partners are invited to a Reunion Dinner at the Ashburn Golf Club in Halifax on May 15, 2009 at 6 p.m. Please RSVP before May 1 by contacting Carlyle Phillips at (902) 423-3285 or cphillips@ns.sympatico.ca. You may also contact Ed Rafuse at (902) 275-2115 or erafuse@eastlink.ca or contact the DMAA office at (902) 494-8800 or medical.alumni@dal.ca.

Dean hosts alumni breakfast

Part of the DMAA's 50th Anniversary Celebration, the annual Dean's Breakfast on Saturday, October 4, 2008 provided

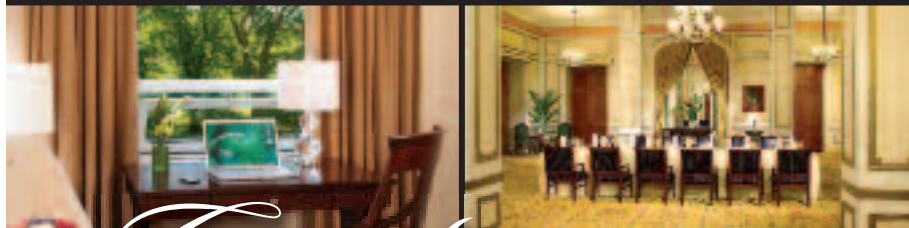
an excellent opportunity for Dean Harold Cook to review the academic accomplishments and visions of the Faculty of Medicine.

More than 35 members from various reunion classes were in attendance. They were enthusiastic about the expansion of our undergraduate enrolment in Halifax in the fall of 2008 and the creation of additional New

Brunswick enrolment opportunities through the new Dalhousie MD program in New Brunswick that will be launched in September, 2010. Many people present expressed a strong sense of pride and appreciation for the progress being made within their medical school.

Dr. Harold Cook

Dean, Faculty of Medicine



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Exam results for MCC QE Part 1

I am happy to report that Dalhousie medical graduates performed very well in the recent Medical Council of Canada Qualifying Examinations (MCC QE) Part 1. The Medical Council of Canada Qualifying Exams assess the competency of candidates who have obtained their medical degree for entry into supervised

clinical practice in postgraduate training programs.

Among all Canadian medical school graduates, Dalhousie students placed fifth overall in their total scores and third overall in pass rate. They scored in the top half of all medical graduates in nine discipline areas and in the top quartile in three areas. Results are based on 17 Canadian

medical schools and 10 categories.

This year's results cap a trend of steady improvement for Dalhousie students over the past six years and are a testament to the quality of both our graduates and of our undergraduate medical-education program.

I congratulate our graduates on this year's excellent achievement and also recognize the contribution of our teachers and all involved in administering and evaluating the undergraduate medical-education program. Well done all!

Dr. Harold Cook

Dean, Faculty of Medicine

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Dr. Robert Roberts '66 awarded Royal Society of Canada's highest medal of honour



The Royal Society of Canada, representing Canada's highest level of learning and research, recently honoured Dr. Robert Roberts, President and CEO of the University of Ottawa Heart Institute for his pioneering work in cardiovascular science. On November 15, Dr. Roberts was awarded the prestigious McLaughlin Medal, one of Canada's most significant tributes for research excellence.

"The research undertaken by Dr. Roberts has led to new screening techniques for heart disease," said Dr. Yvan

Guindon, President of the Royal Society of Canada. "His work has also led to the identification of genes that are responsible for, or influence, the development of cardiovascular disorders."

An internationally renowned scientist, physician and educator, Dr. Roberts' landmark research in molecular cardiology has opened new frontiers in cardiovascular medicine by focusing on the causes and personalized treatments of inherited heart diseases. In his current research, he is using molecular genetics to unravel the DNA puzzle in heart failure and irregular heart beat.

"I am extremely honoured to be recognized in this way by the country's senior national body of scientists and scholars," said Dr. Roberts. "This recognition underscores the important work and contributions of Canada's research community, which is second to none."

A native of Grole, N.L., Dr. Roberts finished his studies at Dalhousie University and the University of Toronto before leaving for the University of California at San Diego. Appointed to the Heart Institute as President and CEO in 2004, his research accomplishments there include founding the Ruddy Canadian Cardiovascular Genetics Centre, Canada's only genetics research centre dedicated to heart disease.

His early research focused on diagnosing coronary artery disease. He created a screening method for identifying patients susceptible to cardiac arrest and heart attack. His subsequent research on the molecular genetics of heart failure earned him recognition as one of the founders of molecular cardiology. He edited and co-authored the first textbook on molecular cardiology in 1993 and has authored the section on molecular cardiology in numerous textbooks.



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2008 Dr. Ron Stewart Award winner: Erica Corbett



The Dr. Ron Stewart Award for Student Leadership in Global Health is presented to Erica Corbett in recognition of exemplary leadership in global health. Erica Corbett is a leader with a passion to create better and more equitable health-care service for all. She is currently a master's student in Community Health and Epidemiology.

While she started her international career working as an educator in Guatemala, she later found her niche after spending three years working in sub-Saharan Africa. Her passion is to fight for the reproductive rights of vulnerable women, which has led her to work on programs that prevent the mother-to-child transmission of HIV. She is focusing her research in Tanzania.

Erica has also worked close to home and joined Dalhousie's Global Health Initiative. She has been an active member helping to coordinate events, raise awareness and ensure that global health is discussed, explored and studied by students, faculty and staff.

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Awards and accolades

At the time of printing, we received results from the Medical Council of Canada Qualifying Exams (MCC QE) Part 1. Congratulations to our Dalhousie medical graduates who performed extremely well, placing fifth overall in total scores and third overall in pass rate. Our students scored in the top half of all medical graduates in nine discipline areas and in the top quartile in three areas. The results are based on 17 Canadian medical schools and 10 categories.

This year's results cap a trend of steady improvement for Dalhousie students over the past six years and are a testament to the quality of our graduates and of our undergraduate medical-education program.

Three Dalhousie medical alumni are among the 10 outstanding physicians honoured as Canada's Family Physician of the Year for 2008 by the College of Family Physicians of Canada (CFPC). Congratulations to Dr. Susan Atkinson of Halifax, Dr. Tom Laughlin of Moncton and Dr. Douglas Meek of Charlottetown. A fourth alumni, Dr. David Gass, was awarded the equally prestigious Ian McWhinney Family Medicine Education Award. Dr. Gass retired from Dalhousie recently and is currently District Chief of Medical Staff at the Cumberland Health Authority in Nova Scotia. Congratulations to all!

We would also like to congratulate alumni Dr. Dana Hanson of Saint John who has been named President of the World Medical Association. Dr. Hanson is a former President of the Canadian Medical Association.

We can all take pride in the outstanding achievements of these individuals and other remarkable alumni who honour our medical school through their accomplishments, service, professionalism and integrity. As medical alumni, you are our most prominent and effective goodwill ambassadors. Your good work and deeds in your communities and your support for your alma mater do us all proud and I thank you!



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*Is your class reunion coming up? Planning is underway for several reunions.
Contact the DMAA office at medical.alumni@dal.ca for further information.*

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Class of 1949

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Class of 1959

50th Reunion
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medical.alumni@dal.ca

Class of 1964

45th Reunion
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2010
Lou Simon, Reun.rep.

Class of 1969

40th Reunion
Stanhope Resort, PE
Sept. 8-10, 2009
James Hickey, Reun.rep.

Class of 74 Pre Inter.

35th Reunion
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Arthur Zilbert, Reun.rep.

Class of 1974 Post Inter.

35th Reunion
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Class of 1979

30th Reunion
Caribbean Cruise
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Vance Logan, Reun.rep.

Class of 1984

25th Reunion
Saint Andrews, NB
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Class of 1994

15th Reunion
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Khrista Burchill,Reun.rep.

Class of 1999

10th Reunion
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Class of 2004

5th Reunion
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If you know of anyone to note in this section, forward the information to the DMAA by mail or email medical.alumni@dal.ca.

Dr. Stephen E. Copp '52

Passed away July 27, 2008

Dr. Donald Folkins '61

Passed away Aug.4, 2008

Dr. William Gardiner '52

Passed away Nov.19, 2008

Dr. Carl Giffin '82

Passed away Aug.8, 2008

Dr. James G. Holland '63

Passed away Jan.29, 2009

Dr. James Jodrey '62

Passed away July 30, 2008

Dr. Douglas Keating '49

Passed away Jan.5, 2009

Dr. Herbert MacWilliam '50

Passed away Aug.31, 2008

Dr. Patrick Madore '43

Passed away (no exact date)

Dr. James A. McCully '60

Passed away Sept.18, 2008

Dr. David G. McCurdy '41

Passed away Dec.29, 2008

Dr. Magbul Ahman Mian '56

Passed away Feb.17, 2006

Dr. J.E. Harris Miller '52

Passed away Jan.14, 2009

Dr. James B. Murphy '80

Passed away Nov.20, 2008

Dr Byron L. Reid '61

Passed away Jan.10, 2009

Dr. Athol L. Roberts '54

Passed away Oct.27, 2008

Dr. Samuel H. Rothfeld '40

Passed away Aug.7, 2008

Dr. George M. Saunders '47

Passed away July 30, 2008

Dr. Gregorio L. Sayat '59

Passed away Nov.27, 2008

Dr. Arthur Shainehouse '41

Passed away April 18, 2008

Dr. Allan H. Shlossberg '64

Passed away Dec.15, 2008

Dr. Hugh Murray Simms '53

Passed away (no exact date)

Dr. A.K. Jay Singh '72

Passed away July 25, 2008

Rev. Dr. Roland Smith

Passed away Oct. 20, 2008

Dr. Pierce Spurrell, '53

Passed away Jan.25, 2009

Mrs. Kathleen Stewart

Passed away Oct.21, 2008

Dr. Helen M. Wilks, '55

Passed away Sept.18, 2008

Dr. Desmond G. Woods, '60

Passed away Jan.7, 2009

Dr. John Sydney Wright, '43

Passed away Aug.22, 2008

Paula Marie Jones-Wright

Passed away June 29, 2008



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